

**MYANMAR
UNDERFUNDED EMERGENCIES
ROUND I
MULTIPLE EMERGENCIES
2022**

22-UF-MMR-51342

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

25 July 2023

Supported by the OCHA Regional Office for Asia and the Pacific (ROAP), OCHA Myanmar convened and facilitated an After-Action Review (AAR) for the CERF Underfunded Emergencies (UFE) allocation on 25 July 2023. Forty-two people participated in the AAR, with 22 representing the receiving UN agencies and programmes (FAO, UNFPA, UNICEF, UNHCR and WFP) as well as OCHA and 20 representing implementing partners – 15 from national NGOs and CSOs (Hualngo Land Development Organization, Matupi Women Organization, Karuna Mission Social Solidarity, Sympathy Hands, Shwe Kanbawza, Thantlang Placement Affairs Committee, Medical Action Myanmar), 4 from international NGOs (World Vision, DanChurchAid, Terre des Hommes, Community Partners International), and 1 from the Myanmar Red Cross Society. To facilitate participation, particularly from local partners, the AAR was conducted online through Zoom in both English and Myanmar language, with simultaneous interpretation provided by the inter-agency translation service funded by the MHF and managed by IOM.

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:

People in Myanmar are facing an unprecedented political, socioeconomic, human rights and humanitarian crisis with needs escalating dramatically since the military takeover and a severe COVID-19 third wave in 2021. The expansion of armed conflict into new areas is driving increased displacement and generating new protection and assistance needs. This multi-dimensional humanitarian crisis now affects the whole country. In 2022, humanitarian actors estimated that around 14.4 million people across the country required humanitarian assistance. A record 6.2 million of the most vulnerable people were prioritized for support, dependent on increased funding and improved access.

This 2022 CERF UFE allocation supported a desperately needed expansion of the humanitarian response into new areas with emerging needs due to escalating conflict, particularly enabling sectors for whom protracted funding shortfalls have prevented a scale-up of humanitarian operations. It also advanced partnerships with local NGOs and local responders, who have better access, a wider geographic presence, and are more cost-efficient and sustainable in their work in the longer-term. This grant thus enabled stronger localization while ensuring that people in conflict areas were not left behind.

CERF's Added Value:

This UFE allocation contributed to strengthening the overall humanitarian response in Myanmar, including collaboration across sectors, which allowed aid to reach people more efficiently in high displacement areas despite worsening access challenges. In the AAR, the receiving agencies and implementing partners noted that funding for activities in these locations is difficult to secure, and that this CERF allocation thus enabled coverage of underserved locations in addition to being a stimulus for further funding from other sources, providing positive impact beyond the duration of this allocation. UNHCR indicated that protection monitoring provided data for advocacy and planning, while WFP noted that the mainstreaming of gender and protection in all activities helped improve targeting and was critical in enabling the 98 per cent access satisfaction rate reported by the people they reached.

Local NGOs and CSOs participating in the AAR affirmed that this UFE allocation also helped demonstrate to UN agencies the added value of working with and through local partners, who expressed appreciation for the technical support and capacity building they received through this allocation. As such, this allocation supported the strengthening of localization efforts whose positive impact will extend beyond the duration of this CERF grant, supporting better partnerships with local and national organizations who play a critical role in delivering a context-appropriate humanitarian assistance, including in areas where humanitarian organizations did not previously have a presence or networks prior to this CERF allocation.

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

Yes ☐

Partially ☒

No ☐

CERF funding was critical to enabling lifesaving activities in project implementation areas. Assistance at this scale and to these locations would not have been possible without these CERF funds. Additionally, CERF funding played a critical role in forging new partnerships with local and national partners in areas where humanitarian organizations did not previously have a presence or networks, allowing for the quicker delivery of assistance to more people in need. However, given the challenges and longer lead times required, longer-term funding (1 year or more) would better support the delivery of key outcomes across (sub)clusters and thematic areas, including Child Protection and Accountability to Affected People (AAP), among others. Operational challenges on the ground also reduced the speed with which assistance could be delivered, e.g. bureaucratic access restrictions, checkpoint crossings, procurement challenges and COVID-19 travel authorization restrictions, etc. These operational challenges are however not CERF-specific and continue to hinder the delivery of humanitarian assistance by actors across the response in many of the worst-affected areas.

Did CERF funds help respond to time-critical needs?

Yes ☒

Partially ☐

No ☐

During the implementation of CERF-funded projects, a combination of intensifying conflict, displacement and waves of COVID-19 across the country drove a dramatic surge in humanitarian needs that recipient agencies were better positioned to respond to because of CERF's support. UNHCR in particular noted that CERF's flexibility in permitting them to reprogramme their activities in response to changing circumstances on the ground proved to be critical in enabling a quick response to time-critical needs. Additionally, primary health care provided with this CERF funding saved lives by enabling timely and effective treatment of life-threatening diseases, especially where hospitals were no longer operating/accessible. Moreover, UNFPA's delivery of SRHR and GBV services, including the provision of clean delivery and dignity kits, as well as case management, psychosocial support and awareness-raising on GBV prevention, provided a time-critical response to the differentiated needs of women and girls amid a rapidly deteriorating protection environment and worsening access to critical, lifesaving services.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒

Partially ☐

No ☐

Through this allocation, FAO provided COVID-19 personal protective equipment (PPE), coordinating with WHO for efficient distribution. WHO also assisted the UFE allocation receiving agencies in producing COVID-19 information, education and communication (IEC) products, while UNICEF made Protection from Sexual Exploitation and Abuse (PSEA) IEC materials available to the humanitarian community. With CERF's support, UNFPA ensured close collaboration and linkages with existing coordination mechanisms for SRHR, GBV and MHPSS in order to enhance coordination and avoid duplication, enabling humanitarian partners, including local and national organizations, to benefit from information sharing and access to technical resources.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒

Partially ☐

No ☐

This CERF allocation enabled receiving agencies and their implementing partners to demonstrate the credibility and effectiveness of their activities in the project areas, which have been difficult to secure funding for. As a result, agencies including UNHCR and FAO were able to secure additional internal/external funding to supplement/complement CERF-funded activities. Beyond financial resources, local resources to provide effective humanitarian responses were also bolstered through the various capacity building activities and the opportunity for local partners to demonstrate their capability, fostering localization and the operationalization of resources particularly for the Southeast and Northwest. Please note that the names of local partners mentioned in this report are highly sensitive and should not be included in any further reporting.

Considerations of the ERC's Underfunded Priority Areas¹:

This UFE Allocation addressed priority needs in clusters with increased caseloads of people in need and less capacity to mobilize funding. The following priorities were targeted under this allocation: Education, Nutrition, Health, Protection, Child Protection, Gender-Based Violence (GBV), Mine Action, WASH, Shelter/NFI, Food Security, Emergency Agriculture, and gender-responsive lifesaving activities.

In terms of geographical coverage, while needs in emerging conflict areas remain a critical priority, protracted humanitarian situations prior to the 1 February 2021 military takeover (e.g., in Shan, Kachin and Rakhine) were also considered. The humanitarian response in areas with new humanitarian needs continued to rely heavily on local responders to meet the needs of the displaced population, with localization strategies aimed at ensuring that local responders were better supported to deliver assistance in an agile, safe and context-adapted manner. CERF funding played a critical role in forging new partnerships and building responsive systems in areas where international humanitarian organizations did not previously have a presence or networks. It must however be noted that local organizations are now shouldering an increasing burden of risk in delivering aid, as they are being directly targeted as part of the ongoing military crackdown. Access constraints due to conflict and COVID-19 health precautions, as well as bureaucratic impediments for travel authorisations, registration processes and visa issuance, continued to hinder the ability of humanitarian organizations to reach people in need with lifesaving assistance.

Recipient agencies worked with different actors, including the Protection Cluster and the Gender in Humanitarian Action (GiHA) Working Group, to ensure that gender aspects, including the prevention and mitigation of GBV, were integrated in the design and implementation of projects. The participation and leadership of women and girls in project design and implementation was fostered, addressing the differentiated needs of women and girls within planned activities and ensuring the access of women and girls to critical services.

Promoting protection mainstreaming, including actions related to AAP, meaningful participation, age and gender equality as well as disability inclusion, was mandatory for all projects under this allocation. This aimed to ensure adherence to accepted standards related to protection of specific vulnerable groups, including children, PSEA and protection from GBV, as well as the availability of complaint and feedback mechanisms.

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 1: Allocation Overview (US\$)

| | |
|-------------------------------------------------------------------------------|--------------------|
| Total amount required for the humanitarian response | 285,230,259 |
| CERF | 12,002,670 |
| Country-Based Pooled Fund (if applicable) | 24,595,347 |
| Other (bilateral/multilateral) | 103,723,129 |
| Total funding received for the humanitarian response (by source above) | 140,321,146 |

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

| Agency | Project Code | Sector/Cluster | Amount |
|---------------|---------------------|-----------------------------------------|-------------------|
| FAO | 22-UF-FAO-009 | Food Security – Agriculture | 500,000 |
| UNFPA | 22-UF-FPA-013 | Health - Sexual and Reproductive Health | 600,000 |
| UNFPA | 22-UF-FPA-013 | Protection - Gender-Based Violence | 400,000 |
| UNHCR | 22-UF-HCR-009 | Shelter and Non-Food Items | 2,460,000 |
| UNHCR | 22-UF-HCR-009 | Protection | 540,000 |
| UNICEF | 22-UF-CEF-016 | Protection - Child Protection | 837,638 |
| UNICEF | 22-UF-CEF-016 | Protection - Mine Action | 279,213 |
| UNICEF | 22-UF-CEF-017 | Education | 1,117,129 |
| UNICEF | 22-UF-CEF-018 | Health | 759,500 |
| UNICEF | 22-UF-CEF-019 | Nutrition | 894,750 |
| UNICEF | 22-UF-CEF-020 | Water, Sanitation and Hygiene | 1,114,440 |
| WFP | 22-UF-WFP-018 | Food Security - Food Assistance | 2,500,000 |
| Total | | | 12,002,670 |

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

| | |
|----------------------------------------------------------------------------------------------|-------------------|
| Total funds implemented directly by UN agencies including procurement of relief goods | 7,103,875 |
| Funds sub-granted to government partners* | 0 |
| Funds sub-granted to international NGO partners* | 2,208,101 |
| Funds sub-granted to national NGO partners* | 2,510,489 |
| Funds sub-granted to Red Cross/Red Crescent partners* | 180,205 |
| Total funds transferred to implementing partners (IP)* | 4,898,795 |
| Total | 12,002,670 |

* 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:

The people of Myanmar are facing an unprecedented political, socioeconomic, human rights and humanitarian crisis with needs increasing dramatically since February 2021. The expansion of armed conflict into new areas is driving increased displacement and generating new protection and assistance needs. It is estimated that 14.4 million people across the country required humanitarian assistance in 2022. A total of 6.2 million of the most vulnerable people were prioritized for support in 2022. As of August 2023, more than 1.6 million people have been displaced since early 2021. This is in addition to the 306,200 people living in protracted displacement before February 2021. Most displaced people, unable to return home due to ongoing hostilities, continue to experience significant challenges in accessing basic support. The escalation of conflict between the military and ethnic armed groups continues to present safety challenges for humanitarian personnel.

Operational Use of the CERF Allocation and Results:

In response to the crisis, CERF allocated US\$12 million on 13 January 2022 from its UFE window for the immediate implementation of lifesaving activities. CERF funding was aimed at playing a critical role in forging new partnerships and building responsive systems in areas where international humanitarian organizations have not previously had a presence or networks. In addition to new needs, this CERF allocation also supported activities that addressed critical and underfunded needs in areas with protracted humanitarian situations from prior to the February 2021 military takeover (e.g., in Shan, Kachin and Rakhine). The Country Team prioritized sectors for CERF funding where protracted funding shortfalls have prevented a scale up of humanitarian operations. Localization is a top priority for the HCT in Myanmar and the CERF allocation contributed to advancing partnerships with local NGOs and local responders, who have better access, a wider geographic presence, and are more cost-efficient and sustainable in their work in the longer-term. This CERF allocation supported lifesaving activities for a total of 427,200 people – more than double the original target of 204,000 people – across the education, nutrition, health, shelter/NFI, protection, WASH, and food security clusters through projects implemented by FAO, UNICEF, UNHCR, UNFPA and WFP.

People Directly Reached:

CERF-funded projects directly reached 427,200 people with lifesaving assistance, more than double the 204,000 people originally targeted for assistance, including 24,500 persons 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 427,200. To estimate the number people reached by category (see Table 5), each agency's estimates of the number of host community members, internally displaced persons (IDPs), returnees and other 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 (427,200) 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 (427,200) by sex and age in Table 6.

For people with disabilities (PwD), the average percentage of PwD across cluster estimates was first determined. The value (6 per cent) was then applied to the total number of people reached (427,200) to calculate the total number of PwD reached (24,500). Each agency's estimates of the number of PwD reached by sex and age 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 (24,500) by sex and age.

For its Child Protection and Mine Action response, UNICEF scaled-up activities using innovative methods, especially the use of digital platforms and social media, to expand the reach of awareness-raising and capacity building activities, allowing UNICEF to reach nearly triple its target population in these sub-clusters. Combined, UNICEF Child Protection and Mine Action interventions reached nearly 96,500 more people than originally targeted in the project proposal. Moreover, amid growing displacement, UNICEF stepped up its health interventions to keep pace with mounting needs across many of its project locations, increasing the delivery of relief supplies through the distribution of pre-positioned stocks, including Inter-Agency Emergency Health Kits (IEHK) and Family Newborn Kits, and expanding access to health services, including increased numbers of consultations and referrals to specialised services, which helped UNICEF reach nearly four times the number of people originally targeted for its health response. Modest access improvements (e.g., the lifting of COVID travel authorization restrictions) facilitated more frequent outreach services in some project locations, contributing to a greater number of people receiving health assistance.

Amid worsening food insecurity, WFP adjusted its implementation strategy in order to reach a larger population with a full month of assistance rather than providing a smaller population with six months of support, allowing WFP to surpass its target population (95,000 people) by around 75 per cent, reaching more than 166,300 people. In doing so, WFP reached an additional 71,343 people with more than \$1.9 million in unconditional cash assistance. However, based on the findings of post-monitoring distribution (PDM), WFP fell short on some of its project indicators due to the impacts of food and fuel price increases and the ongoing political and socio-economic crisis.

People Indirectly Reached:

Approximately 438,500 people indirectly benefited from the project activities funded by CERF. Indirect beneficiaries of this allocation included local retailers who were indirectly supported through direct beneficiaries of cash-based transfers to procure commodities from local markets; communities who will benefit from increased availability of vegetables in local markets and improved knowledge of vegetable production techniques and pest management; and vulnerable community members, such as women and people with disabilities, who benefit from the enhanced financial inclusion skills of local financial service providers and partner organizations.

Some 320,000 people are estimated to have benefitted from primary healthcare services becoming available close to their communities, while populations living in implementation areas also indirectly benefitted from awareness-raising activities and messaging conducted by partners. Approximately 258,780 people from underserved communities, including adolescents, community-based social workers and case workers, youth and women's groups, indirectly benefitted from awareness-raising activities on Explosive Ordnance Risk Education (EORE) and protection issues, such as Child Protection, GBV and PSEA. Around 21,600 host community members in project implementation areas reportedly benefited indirectly from protection activities as well as shelter and NFI support, and parents and other community members in areas where learning centres were rehabilitated benefited indirectly from access to the resources made available through these centres.

Local partner organisations and local financial service providers were also indirect beneficiaries, having improved their capacity for timely service delivery through this allocation. In some cases, the projects also enhanced their financial inclusion skills, such as providing electronic financial transfer services to women, persons with disabilities and other vulnerable groups.

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 |
| Education | 409 | 331 | 8,320 | 7,680 | 16,740 | 240 | 155 | 18,939 | 17,399 | 36,733 |
| Food Security - Agriculture | 5,341 | 4,295 | 2,741 | 2,623 | 15,000 | 4,670 | 4,277 | 2,289 | 2,370 | 13,606 |
| Food Security - Food Assistance | 33,883 | 27,145 | 17,417 | 16,555 | 95,000 | 56,612 | 49,702 | 30,021 | 30,008 | 166,343 |
| Health | 6,150 | 3,750 | 7,500 | 7,500 | 24,900 | 23,675 | 14,205 | 29,410 | 27,416 | 94,706 |
| Health – Sexual and Reproductive Health | 9,616 | 250 | 500 | 234 | 10,600 | 6,836 | 112 | 269 | 90 | 7,307 |
| Nutrition | 33,000 | 0 | 11,940 | 12,960 | 57,900 | 34,486 | 0 | 14,701 | 15,926 | 65,113 |
| Protection | 24,862 | 23,888 | 13,387 | 12,863 | 75,000 | 26,895 | 26,080 | 14,670 | 13,854 | 81,499 |
| Protection - Child Protection | 8,525 | 6,975 | 11,550 | 9,450 | 36,500 | 11,090 | 5,031 | 46,117 | 39,178 | 101,416 |
| Protection - Gender-Based Violence | 19,017 | 5,000 | 940 | 0 | 24,957 | 17,456 | 1,555 | 1,677 | 416 | 21,104 |
| Protection - Mine Action | 5,824 | 2,650 | 8,900 | 7,450 | 24,824 | 14,447 | 9,773 | 16,893 | 15,289 | 56,402 |
| Shelter and Non-Food Items | 14,586 | 14,014 | 7,854 | 7,546 | 44,000 | 14,845 | 14,397 | 8,099 | 7,648 | 44,989 |
| Water, Sanitation and Hygiene | 10,653 | 9,447 | 5,247 | 4,653 | 30,000 | 12,237 | 10,742 | 5,370 | 5,493 | 33,842 |

* 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 | 100 | 10,200 |
| Internally displaced people | 162,600 | 292,300 |
| Host communities | 32,000 | 118,000 |
| Other affected people | 9,300 | 6,700 |
| Total | 204,000 | 427,200 |

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

| | | | Number of people with disabilities (PwD) out of the total | |
|--------------|----------------|----------------|-----------------------------------------------------------|---------------|
| Sex & Age | Planned | Reached | Planned | Reached |
| Women | 70,600 | 132,100 | 7,500 | 8,900 |
| Men | 46,300 | 80,700 | 4,900 | 5,200 |
| Girls | 45,100 | 111,100 | 4,800 | 5,300 |
| Boys | 42,000 | 103,300 | 4,500 | 5,100 |
| Total | 204,000 | 427,200 | 21,700 | 24,500 |

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-UF-FAO-009

| 1. Project Information | | | |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|
| Agency: | FAO | Country: | Myanmar |
| Sector/cluster: | Food Security - Agriculture | CERF project code: | 22-UF-FAO-009 |
| Project title: | Emergency Support to Safeguard Food Security and Livelihoods for Most Vulnerable Farming Households in Kayin and Shan (South) States. | | |
| Start date: | 21/03/2022 | End date: | 20/03/2023 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 20,800,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 6,700,000 |
| | Amount received from CERF: | | US\$ 500,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 77,734 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 47,363 |
| | National NGOs | | US\$ 30,371 |
| | Red Cross/Crescent Organisation | | US\$ 0 |

2. Project Results Summary/Overall Performance

This CERF UFE grant enabled FAO and its implementing partners (IP) to provide much-needed agriculture inputs, related technical awareness-raising sessions on good agricultural practices and orientation on COVID-19 safety measures to 13,606 people (3,000 farming households). Each beneficiary received 50 kilograms of compound (15-15-15) chemical fertilizer, a vegetable seed kit (containing eggplant seeds; pumpkin/squash seeds; yard-long/string bean seeds; water spinach seeds); and packoy/bokchoy seeds. Hygiene and protective items (e.g., facemasks and soap bars) were provided along with information materials (e.g., leaflets) on good agricultural practices, nutrition and COVID-19 mitigation measures. Brief orientations on these leaflets were conducted prior to distributions.

CERF support helped improve the food security and nutrition of the most vulnerable conflict- and COVID-19-affected small-scale farmers and host communities in the Nyaungshwe (1,000 HH) and Hsihseng (500 HH) townships in Shan (South) State and in Kawkareik (500 HH) and Hlaingbwe (1,000 HH) townships in Kayin State. The demographic of people reached comprises 6,959 female and 6,647 male beneficiaries, including 4,659 children (below 18 years old).

All project activities were completed as planned with the support of IPs – local CSO Karuna Mission for Social Solidarity (KMSS), Taunggyi in Shan (South) State and the international NGO Premiere Urgence Internationale (PUI) in Kayin State. The IPs facilitated community mobilization consultations, beneficiary validation, beneficiary communication, provision of agriculture inputs procured by FAO and awareness-raising activities. Project activities commenced in September 2022 and were completed by March 2023.

PDM with 605 respondents across the four project townships in Shan (South) and Kayin states indicate improvement from 82.1 per cent to 91.7 per cent in terms of Acceptable Food Consumption Score (FCS), with 8.3 per cent (50 respondents) registering Borderline FCS compared to 17.2 per cent at the start of the project. An average of 86 per cent of respondents reported 'Very Satisfactory' and 13 per cent reported 'Satisfactory' on: (i) distribution process of vegetable seeds and fertilizer; (ii) role of community development committees/village committees; (iii) beneficiary selection and registration process; and (iv) conduct and behaviour of project staff. Overall beneficiaries received the right types and quantities of farm inputs and information materials on vegetable production and COVID-19 mitigation.

3. Changes and Amendments

Under this project, in addition to vegetable seeds, green gram seeds (17 kg/HH) were supposed to be distributed to 1,500 HHs in Kayin State to grow during the winter season. However, during final confirmation and field validation of the project location, it became evident that most HHs do not grow green gram in winter due to limited access to water. As such, green gram was excluded from the provided inputs.

Over the course of project implementation, one location change was also made. In Kayin State, implementation was initially planned for Kyainseikgyi and Kawkareik townships, with a total target of 1,500 beneficiary HHs. FAO had worked in these townships in 2021-22 and recognised the implementation challenges in these locations. In a previous project implemented in Kyainseikgyi township, several delays were experienced due to the inaccessibility of certain villages due to ongoing conflict. Upon consultation with previous and current IPs and given the more volatile security situation and build-up of armed forces in Kyainseikgyi, the decision was made to not implement activities in this township and instead, provide the planned support in Hlaingbwe, where a high number of displaced people were located. As the CERF UFE project had a much shorter duration and no leeway for significant extension, this further reinforced the decision to replace Kyainseikgyi township with Hlaingbwe township, a community located in the same state (Kayin) that has high needs but with better access and a less volatile security situation that makes the delivery of aid quicker and more effective.

No other deviations or amendments were made in the project.

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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Host communities | 2,848 | 2,291 | 1,462 | 1,399 | 8,000 | 2,426 | 2,327 | 1,027 | 1,152 | 6,932 |
| Other affected people | 2,493 | 2,004 | 1,279 | 1,224 | 7,000 | 2,244 | 1,950 | 1,262 | 1,218 | 6,674 |
| Total | 5,341 | 4,295 | 2,741 | 2,623 | 15,000 | 4,670 | 4,277 | 2,289 | 2,370 | 13,606 |
| People with disabilities (PWD) out of the total | | | | | | | | | | |
| | 373 | 300 | 191 | 183 | 1,047 | 125 | 155 | 0 | 0 | 280 |

5. People Indirectly Targeted by the Project

The total estimated number of indirect beneficiaries was about 40,800. Indirect beneficiaries were mainly people who benefitted from the increased availability of vegetables in local markets and boosts in income because farmers were able to grow and harvest staple vegetables for sale in their respective villages. Local communities also indirectly benefited from the sharing of technical information with farmers on improved techniques for vegetable production and good agriculture practices. Family members of selected households gained knowledge and received hygiene/protective items needed to support COVID-19 mitigation measures. Around 99 per cent of PDM respondents reported continuing to practice COVID-19 mitigation measures in their homes and in public, benefiting their respective communities. Additionally, the capacity of local partners has been strengthened through training and monitoring aspects of the project, as well as the experience gained on basic input support to beneficiaries.

6. CERF Results Framework

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------------|
| Project objective | To address the adverse impacts of the conflict, COVID-19 and worsening of existing food security in Myanmar, the project aims to urgently rebuild, protect, and improve the agriculture livelihoods of the most vulnerable small-scale farmers by providing critical emergency assistance in the form of quality agriculture inputs, and related awareness building on COVID-19 and safety measures. | | | |
| Output 1 | Provision of cereal seeds and fertilizers to support winter crop production provided to improve agriculture livelihoods and food security of 15,000 people living in 3,000 vulnerable farming households. | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" 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 support production packages) | 15,000 | 13,606 | Distribution reports, signed distribution forms, IPs' final reports |
| Indicator 1.2 | FS.2 Percentage of households who report being able to meet the basic needs of their households according to their priorities | 75% | 91.7% | Post-distribution monitoring, harvest report |
| Indicator 1.3 | Ag.6 Number of people receiving training on agricultural skills, practices and/or technologies (vulnerable farming people provided with quick awareness orientation and good agriculture practices and nutrition leaflets as part of the cereal production package assistance) | 15,000 | 13,606 | IP progress and final reports, training report and attendance sheet |
| Indicator 1.4 | AP.5b Percentage of affected people who state that they were able to access humanitarian assistance and services in a safe, accessible, accountable and participatory manner | 80% | 93% | Post-distribution monitoring / harvest report |
| Explanation of output and indicators variance: | | The target number of beneficiaries is 15,000 people (equivalent to 3,000 HH) under the assumption prior to start of the project of 5 people per HH. The project did reach 3,000 HH with support, but the actual number of people per HH averaged to only 4.5 members per HH. | | |

| | | <p>The percentage for Indicator 1.2 is based on those assessed to have Acceptable Food Consumption Score (FCS) at the end of the project.</p> <p>The achievement for Indicator 1.4 is the total of 86% stating 'Very Satisfactory' and 13% 'Satisfactory' in PDM surveys.</p> |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activities | Description | Implemented by |
| Activity 1.1 | Procurement of (i) 25 500 Kilograms (Kg.) of green gram seeds, (ii) 1 500 Kg. of vegetable seeds, and (iii) 150 metric tons (MT) of compound fertilizer (15-15-15) chemically mixed and quality testing as per FAO's global seed and fertilizer quality standards and technical clearance for transport and distribution of these inputs. | FAO |
| Activity 1.2 | Provision of production package comprising 17 Kg green gram seeds for beneficiaries in Kayin State and 100 g vegetable seeds for Shan (South) State and 50 Kg of compound fertilizer to all beneficiaries in both states. | IPs with support from FAO: Karuna Mission for Social Solidarity (KMSS)-Taunggyi in Shan (South) State and Premiere Urgence Internationale (PUI) in Kayin State. |
| Activity 1.3 | Provision of emergency awareness orientation and leaflets on appropriate cultivation techniques for certified seed / improved varieties, integrated pest and nutrient management, and nutrition. | IPs with support from FAO: Karuna Mission for Social Solidarity (KMSS)-Taunggyi in Shan (South) State and Premiere Urgence Internationale (PUI) in Kayin State. |
| Activity 1.4 | Provision of COVID 19 hygiene and protective items (hand soap and face masks), and awareness orientation and leaflets on COVID 19 mitigating measures. | IPs with support from FAO: Karuna Mission for Social Solidarity (KMSS)-Taunggyi in Shan (South) State and Premiere Urgence Internationale (PUI) in Kayin State. |
| Activity 1.5 | Post-distribution monitoring, post-harvest assessment, and overall regular monitoring of all project activities and reporting. | FAO M&E Unit and IPs: Karuna Mission for Social Solidarity (KMSS)-Taunggyi in Shan (South) State and Premiere Urgence Internationale (PUI) in Kayin State. |

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:

The project ensured that targeted communities, including vulnerable population groups, were provided with appropriate, accessible, and timely information on the type of assistance available and beneficiary selection criteria. Adequate time for community mobilization was ensured before community-level meetings to ensure broad participation of all stakeholders.

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](#).

FAO and IP field staff factored in dynamics within the village/village tracts and ensured that all concerned parties were heard. Local communities, target beneficiaries, and formal and informal village leaders were consulted. Regular coordination with IPs ensured the proper management of sensitive information so as not to jeopardize the security of beneficiaries and staff.

Prior to commencement of IP Letter of Agreements (LoA), orientation/training was provided to all IP staff and FAO Extension Field Assistants (EFA) to ensure they understood the activities, required processes and outputs, as well as key crosscutting issues, such as AAP and PSEA.

b. AAP Feedback and Complaint Mechanisms:

FAO trained its IPs and operationalized a complaints and feedback mechanism (CFM) consisting of a complaint box, e-mail account and a telephone hotline. Regular communication about the CFM was conducted to ensure that beneficiaries and stakeholders were aware of how to access and use it. Additionally, a CFM desk was established at each distribution site, manned by a member of the IP field staff, as well as a CFM box. Distribution reports were prepared by the IP immediately after distributions to flag any issues or problems encountered during the distributions.

A total of 743 complaints/feedback were received through complaints/feedback drop boxes located in distribution sites and in the project villages. No complaints/feedback were made through the project's hotline numbers or other means (i.e., email). Of the 743 submissions in the complaints/feedback drop boxes, around 63 per cent expressed appreciation for the support and the remaining 37 per cent requested more agriculture inputs (e.g., seeds, fertilizer, sprayers, mechanization, cash, and training).

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

All FAO and IP staff were trained on PSEA, and PSEA information materials were posted at distribution sites. Brief orientation on PSEA and the information materials was provided to project beneficiaries prior to the distribution of farm inputs. The project's CFM also explained the importance of reporting SEA in addition to complaints and feedback on project activities. No reports related to SEA were made via any of the complaints and feedback channels.

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

Gender-based vulnerability criteria was applied and prioritized during the process of selecting project beneficiaries. The project established a detailed selection criteria for beneficiaries to ensure that the most vulnerable farming households were targeted. In addition, a wealth ranking criterion was also used to select the poorest farmers.

Project selection criteria (with access to land as a required condition): The HH wealth ranking and vulnerability criteria included the following:

- Women head of HH and HH headed by orphans
- HH with multiple children under 5
- HH with persons suffering from chronic diseases
- HH with persons with disabilities
- HH with pregnant/lactating mothers; and
- HH with reported/identified malnourished children or members admitted to a nutritional/health centre for malnutrition.

During consultations, with support from IPs, women were encouraged to participate in meetings. Where needed, a separate meeting was conducted. Of the total 13,606 people (3,000 HH) who benefited from the project, 51 per cent were female, including 2,289 girls.

e. People with disabilities (PwD):

Data related to PwD was systematically collected and the presence of someone with disabilities was a prioritised criterion in the selection of beneficiary HH. In organising/reorganising the village selection committees, PwD and elderly persons were encouraged to join the committees. Of the 13,606 project beneficiaries, 280 were PwD.

f. Protection:

FAO's project team actively participated in various coordination meetings, including working groups and other collaborative structures, to collect inputs on social risk and protection issues in addition to field situation updates. FAO organized weekly meetings with IPs to discuss

critical issues, including protection issues in project implementation. The CFM also enabled the community to notify FAO and its IPs in the event of protection risks or any other issues related to the project.

Community feedback was included at all stages of the project cycle, and beneficiaries were involved in the project activities to improve ownership and flag any issues. Consultation with community members was conducted on a regular basis to address the specific needs, vulnerabilities and interests of the village population whilst adhering to the 'Do No Harm' approach.

g. Education:

This project had no direct Education-in-Emergencies component. However, information materials on good agriculture practices, nutrition and COVID-19 mitigation were provided in Myanmar language so that these can be easily understood and shared with other HHs and HH members as part of informal adult education.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|----------------|-----------------|----------------------------------------------------------|
| No | No | 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.

Based on consultations with IPs and other stakeholders, FAO determined that due to the erratic availability of fertilizers and seeds in planned locations, it was more cost-effective to procure the items in Yangon and facilitate distribution to project beneficiaries by the respective IPs. Additionally, to ensure the quality of inputs, especially fertilizers, proper sampling and testing needs to be done, particularly because of Myanmar's limited supply of quality fertilizers. The provision of multi-purpose cash along with inputs (i.e., Cash+) is normally part of FAO's strategy. However, in this particular case, it was deemed suboptimal to use this approach.

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 | N/A | N/A |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Note: Due to the low-profile implementation approach for project activities because of the volatile security and access situation in project locations, no visibility activities were conducted. | N/A |
| Project leaflets on Good Agriculture Practices in vegetable production & nutrition display the CERF logo | N/A |
| Fertilizer bags & seed kit bags display the CERF logo | N/A |

3.2 Project Report 22-UF-FPA-013

| 1. Project Information | | | |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|
| Agency: | UNFPA | Country: | Myanmar |
| Sector/cluster: | Health - Sexual and Reproductive Health Protection - Gender-Based Violence | CERF project code: | 22-UF-FPA-013 |
| Project title: | Provision of life saving sexual and reproductive health services, gender-based violence response and mental health and psychosocial support in Chin, Kayah, Mon, and Shan (northern and southern) States | | |
| Start date: | 01/03/2022 | End date: | 28/02/2023 |
| 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\$ 4,000,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 2,656,389 |
| | Amount received from CERF: | | US\$ 1,000,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 453,171 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 273,794 |
| | National NGOs | | US\$ 85,907 |
| | Red Cross/Crescent Organisation | | US\$ 93,470 |

2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA and its partners provided 28,411 people with access to quality, integrated sexual and reproductive health and rights (SRHR), GBV and mental health and psychosocial support (MHPSS) services (9,993 people from host communities; 18,418 IDPs) in Chin, Kayah, Shan and Mon states from March 2022 to May 2023.

This CERF grant enabled the continuity of SRHR service provision, including by community-based organisations, reaching 7,307 people with SRHR services and 941 people with cash assistance to access medical care. A total of 1,492 people received GBV services, such as case management and psychosocial support, and more than 19,600 people were reached through awareness-raising activities on GBV prevention and available services. Operation of safe houses continued in Mon State. UNFPA locally procured 5,000 clean delivery kits (Kit2A) and 10,000 dignity kits that were distributed by UNFPA and its partners despite challenges in transportation and limited access.

In addition to service provision, UNFPA provided technical support to ensure the quality of services provided. UNFPA also updated IEC materials containing key messages on SRHR, GBV, MHPSS, PSEA and feedback mechanisms, which were distributed together with clean delivery and dignity kits, as well as facilitated orientation sessions for CSOs on clean delivery kits before distribution. Additionally, UNFPA ensured close collaboration and linkages with existing coordination mechanisms for SRHR, GBV and MHPSS in order to avoid duplication and to enable partners to benefit from the sharing of information, technical resources and experiences.

3. Changes and Amendments

A three-month no-cost extension (NCE) was granted until 31 May 2023 due to uncontrollable factors related to the security situation and operational challenges, especially related to procurement. At the time of the NCE request, some changes in the project were also communicated to CERF: one of the planned IPs – Global Family – could not implement the planned interventions and was replaced by Matupi Women Organization. Additionally, procurement of PPE was no longer needed and local procurement of primary health care/SRHR drugs and supplies was not feasible due to quality control-related concerns from UNFPA HQ. The budget for these procurements was used to absorb the increased unit costs and transportation costs for dignity kits, as well as to increase the number of dignity kits.

The International Humanitarian Response Specialist was reassigned to another office during the project period, and two international positions (heads of field offices) remained vacant due to visa issues. These salary costs were instead used for national colleagues who supported these functions. The IP, Mi Organization, was sub-contracted under CARE in 2022, but in 2023 worked under the Association Francois-Xavier Bagnoud (AFXB) due to a realignment of IPs/sub-contractors.

The project did not reach the planned number of beneficiaries, reflecting the overall worsening security situation, limited humanitarian access and low-profile approach of partners. The Myanmar Red Cross Society (MRCS) planned to operate a Mobile Delivery Unit but was unable to obtain the necessary approval from the de-facto Ministry of Health despite continuous negotiation. This resulted in significant underachievement in the of number of persons accessing SRHR services.

Unspent funds will be refunded to CERF.

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 | 13,312 | 3,500 | 658 | 0 | 17,470 | 12,015 | 369 | 440 | 74 | 12,898 |
| Host communities | 5,705 | 1,500 | 282 | 0 | 7,487 | 5,441 | 1,186 | 1,237 | 342 | 8,206 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 19,017 | 5,000 | 940 | 0 | 24,957 | 17,456 | 1,555 | 1,677 | 416 | 21,104 |

People with disabilities (PWD) out of the total

| | | | | | | | | | | |
|--|-----|-----|----|---|-----|-----|----|----|----|-------|
| | 380 | 100 | 19 | 0 | 499 | 873 | 78 | 84 | 21 | 1,056 |
|--|-----|-----|----|---|-----|-----|----|----|----|-------|

| 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 | 6,731 | 175 | 350 | 164 | 7,420 | 5,271 | 72 | 89 | 88 | 5,520 |
| Host communities | 2,885 | 75 | 150 | 70 | 3,180 | 1,565 | 40 | 180 | 2 | 1,787 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 9,616 | 250 | 500 | 234 | 10,600 | 6,836 | 112 | 269 | 90 | 7,307 |

People with disabilities (PWD) out of the total

| | | | | | | | | | | |
|--|-----|---|----|---|-----|-----|---|----|---|-----|
| | 193 | 5 | 10 | 4 | 212 | 342 | 6 | 13 | 4 | 365 |
|--|-----|---|----|---|-----|-----|---|----|---|-----|

5. People Indirectly Targeted by the Project

Around 139,213 people (35,804 people for SRHR and 103,109 people for GBV protection) are estimated to have indirectly benefited from this CERF project. Families and community members in targeted locations benefitted indirectly from 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, MHPSS and SRHR, and contributed to enhanced coordination among SRHR, GBV and MHPSS partners to increase the efficiency of humanitarian assistance provided to affected populations.

6. CERF Results Framework

| | | | | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| Project objective | Women, girls and young people have an increased access to quality, integrated sexual and reproductive health (SRH), gender-based violence (GBV) and mental health and psychosocial support (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 persons accessing SRHR services | 5,600 | 1,366 | IP data matrix report |
| Indicator 1.2 | SP.2a Number of inter-agency emergency reproductive health kits delivered (# Pregnant women receiving clean delivery kits) | 5,000 | 5,000 | UNFPA CDK distribution report |
| Indicator 1.3 | Cash.3a Number of people receiving conditional cash transfers (women and girls, including pregnant women and GBV survivors, supported to access medical assistance (emergency obstetric care, post-rape treatment, etc.) | 236 | 941 | IP data matrix report |
| Indicator 1.4 | Cash.3b Total value of conditional cash transfers distributed in USD | 14,160 | 34,023 | IP data matrix report |
| Indicator 1.5 | # local partners oriented on clean delivery kit distribution for improved targeting and distribution | 10 | 10 | IP report |
| Explanation of output and indicators variance: | | Indicator 1.1 (Number of persons accessing SRHR services) was significantly underachieved. This is due to the fact that a planned Mobile Delivery Unit operation by MRCS was not approved by de-facto Ministry of Health, and hence, MRCS could not provide SRHR services, but instead, focused on awareness-raising and capacity building activities. Indicators 1.3 and 1.4 were overachieved given that physical access constraints resulted in increased use of cash-based support. | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Provide SRHR Services to affected populations | <ul style="list-style-type: none">Marie Stopes International (MSI)Nway Htway Thaw Yinkhwin (NHTYK) | | |

| | | |
|--------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <ul style="list-style-type: none"> • Myanmar Red Cross Society (MRCS) • Relief International (RI) • Nam Khone Charity Group • Matupi Women Organization (MWO) |
| Activity 1.2 | Distribute emergency health kits (clean delivery kits) to pregnant women | <ul style="list-style-type: none"> • Global Family • HLDO • ACTED/AMT (Ahmannthit) • MSI • NHTYK • RI • MRCS • Nam Khone Charity Group • Matupi Women Organization (MWO) |
| Activity 1.3 | Support referral services for women and girls in need of emergency health care | <ul style="list-style-type: none"> • Global Family • HLDO • ACTED/AMT (Ahmannthit) • MSI • NHTYK • RI • MRCS • Nam Khone Charity Group |
| Activity 1.4 | Orientation sessions for CSO/WLOs distributing clean delivery kits | <ul style="list-style-type: none"> • Global Family • HLDO • AMT • Mi Organization • NHTYK • Nam Khone Charity Group • Matupi Women Organization (MWO) |

| | | | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------|----------------------------------------|
| 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 <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Protection - Gender-Based Violence | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | PS.3: Number of persons at risk of GBV and GBV survivors receiving psycho-social support and case management. | 1,000 | 1,492 | IP data matrix report |
| Indicator 2.2 | 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) | 14,600 | 19,612 | IP data matrix report |
| Indicator 2.3 | SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed | 9,357 | 10,000 | Kits distribution report |

| Indicator 2.4 | AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs | 80 | 80 | PDM report |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------|
| Explanation of output and indicators variance: | | Service-related targets were exceeded. The number of dignity kits procured/distributed was increased due to increasing needs and unspent budget for other procurement. | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Provide emergency response, including GBV case management and psychosocial support | <ul style="list-style-type: none"> • Arr Man Thit • Nway Htwe Thaw Yin Khwin • Mi Organization • CARE • Association Francois-Xavier Bagnound (AFXB) • ACTED • HLDO • Matupi Women Organization | | |
| Activity 2.2 | Conduct awareness raising sessions on GBV, MHPSS, PSEA and available services | <ul style="list-style-type: none"> • Global Family • HLDO • AMT • Nway Htwe Thaw Yin Khwin • Mi Organization • CARE • AFXB • ACTED • Matupi Women Organization | | |
| Activity 2.3 | Distribute dignity kits to vulnerable women and girls affected by humanitarian situation | UNFPA and implementing partners: <ul style="list-style-type: none"> • HLDO • ACTED • PATH • Matupi Women Organization • Mi Organization • Tahan Zomi Youth Association • COLDA • Care Link • KMSS | | |
| Activity 2.4 | Post-distribution monitoring undertaken | <ul style="list-style-type: none"> • Arr Man Thit • Nway Htwe Thaw Yin Khwin • Mi Organization • CARE • ACTED | | |

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, and has invested in expanded efforts to engage and coordinate with local actors and leaders where possible. Community buy-in and support is extremely important due to the sensitivities around issues related to SRHR, GBV and 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 across partners/grantees. However, UNFPA verified client feedback indicators during routine monitoring, and updated IEC materials distributed alongside dignity and clean delivery kits with information on how affected people can report their concerns. UNFPA and partners conducted PDMs to the extent possible to provide a channel for affected people to provide feedback. By having different modalities to collect community feedback, such as suggestion boxes, helpline/phone number, focus group discussions, etc., UNFPA and partners strove to make complaints and feedback mechanisms as accessible as possible as the preference of sharing feedback may be different among diverse population groups. Discussions on feedback mechanisms were integrated as standing agenda items for regular meetings between UNFPA and its partners.

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 IPs 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 emphasized 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, 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 to access much-needed services.

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](#).

e. People with disabilities (PwD):

This project benefitted from UNFPA's overall initiative to strengthen disability inclusion in its programming. Some of the Ips 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 persons with disabilities, and some partners incorporated targeted interventions for persons with disabilities in order to meet their distinct humanitarian needs.

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 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 disability, 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 | 941 |

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 women and girls, including pregnant women and GBV survivors, requiring referral for SRHR care, including costs of services and transportation.

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: Support referral services for women and girls in need of emergency health care | 941 | US\$ 34,023 | Health - Sexual and Reproductive Health | Unrestricted |
| | | | | |

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 22-UF-HCR-009

| 1. Project Information | | | |
|------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------|
| Agency: | UNHCR | Country: | Myanmar |
| Sector/cluster: | Shelter and Non-Food Items Protection | CERF project code: | 22-UF-HCR-009 |
| Project title: | Emergency grant to support life-saving protection, shelter and non-food items humanitarian response activities in Myanmar | | |
| Start date: | 18/03/2022 | End date: | 17/03/2023 |
| Project revisions: | No-cost extension <input 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\$ 14,559,742 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 10,962,000 |
| | Amount received from CERF: | | US\$ 3,000,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 415,845 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 133,047 |
| | National NGOs | | US\$ 196,063 |
| | Red Cross/Crescent Organisation | | US\$ 86,735 |

2. Project Results Summary/Overall Performance

Despite the volatile response environment, UNHCR expanded its operational footprint to respond to existing and emerging displacement. At the end of the implementation period, UNHCR met all the targets planned under this CERF UFE allocation. A total of 51,243 people were reached with Protection Monitoring in Rakhine State, the Southeast, Kachin and Shan (North). Protection Monitoring was conducted by partners and community-based focal points, both in person and remotely. This enabled UNHCR and partners to identify people with specific protection risks and facilitate the appropriate distribution of assistance. Data collected by UNHCR and partners fed into broader analysis and information products, supporting the development and dissemination of 45 Monthly Protection Updates (covering Rakhine, the Southeast, Kachin, Shan and the Northwest). These reports identified key issues on the ground, assessed contextual developments and protection trends, and enabled evidence-based protection and human rights advocacy efforts at different levels, with various stakeholders/interlocutors.

Additionally, some 24,989 people received core relief support (kits or items), and 20,000 people benefited from shelter assistance. This included the affected population in the Northwest (Chin State, Magway and Sagaing regions), who were included following a reprogramming request granted in May 2022, despite severe challenges related to access and security. In Rakhine (Central), UNHCR was able to complete the reconstruction of 200 longhouse shelters that benefited 8,800 vulnerable Rohingya people.

UNHCR and partners also established new community-based protection mechanisms (CBPM) to boost affected communities' capacities and resilience. CBPMs enable communities to identify protection risks, be better equipped to identify community needs (including needs of people at heightened risk/with specific needs), and design appropriate community-led activities to address protection issues. In total, some 30,250 people from affected communities benefited from this activity, notably within protracted IDP camps, through training and awareness-raising sessions, the establishment of complaint mechanisms and material support.

3. Changes and Amendments

At the end of April 2022, UNHCR requested a slight reprogramming of the project to expand the geographic coverage of planned activities in light of the growing number of IDPs and pressing humanitarian needs in the Northwest (Chin State, Magway and Sagaing regions). This was formally approved by CERF in a letter dated 20 May 2022.

The geographic areas of implementation for Shelter/NFI activities were therefore expanded from four (Kayah, Shan (South), Kayin and Rakhine states) to seven states/regions with the inclusion of Chin State as well as Magway and Sagaing regions. Up to 2,000 households (or 10,000 individuals) were targeted in Chin State, Magway and Sagaing regions. No other changes were made to the project budget, indicators or targets.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Protection | | | | | | | | | |
|--------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| 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 | 24,862 | 23,888 | 13,387 | 12,863 | 75,000 | 22,984 | 22,045 | 12,592 | 11,654 | 69,275 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 3,911 | 4,035 | 2,078 | 2,200 | 12,224 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 24,862 | 23,888 | 13,387 | 12,863 | 75,000 | 26,895 | 26,080 | 14,670 | 13,854 | 81,499 |
| People with disabilities (PWD) out of the total | | | | | | | | | | |
| | 2,983 | 2,867 | 1,606 | 1,544 | 9,000 | 3,228 | 3,130 | 1,761 | 1,664 | 9,783 |

| Sector/cluster | Shelter and Non-Food Items | | | | | | | | | |
|--------------------------------------------------------|----------------------------|---------------|--------------|--------------|---------------|---------------|---------------|--------------|--------------|---------------|
| 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 | 14,586 | 14,014 | 7,854 | 7,546 | 44,000 | 12,686 | 12,170 | 6,952 | 6,433 | 38,241 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 2,159 | 2,227 | 1,147 | 1,215 | 6,748 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 14,586 | 14,014 | 7,854 | 7,546 | 44,000 | 14,845 | 14,397 | 8,099 | 7,648 | 44,989 |
| People with disabilities (PWD) out of the total | | | | | | | | | | |
| | 1,750 | 1,682 | 942 | 906 | 5,280 | 1,782 | 1,727 | 971 | 917 | 5,397 |

5. People Indirectly Targeted by the Project

A total of 21,600 individuals from the host communities in the targeted areas of intervention indirectly benefited from this project. Protection monitoring activities and CBPMs involved some members of host communities in high displacement areas. Some Shelter/NFI support was also provided to host community families, especially the most vulnerable.

6. CERF Results Framework

| | | | | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Project objective | Population with heightened risks will be able to meet their basic needs through the provision of non-food items, improved access to shelters and community mobilization strengthened. | | | |
| Output 1 | Community mobilization strengthened | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Sector/cluster | Protection | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Number of community-based protection mechanisms established to identify, prevent, mitigate and respond to violations of International Humanitarian Law and Human Rights Law (individuals) | 25,000 | 30,256 | UNHCR reports, partner reports, feedback and complaints mechanism reports |
| Indicator 1.2 | PG.1 Number of human rights and/or protection monitoring missions, analyses and/or reports that inform the humanitarian response. Up to 50,000 individuals will be targeted. | 50,000 | 51,243 | UNHCR reports, partner reports, protection monitoring mission reports and analysis |
| Indicator 1.3 | Number of protection analyses conducted that inform the humanitarian response (Dissemination of 36 Protection Updates) | 36 | 45 | Monthly Protection Updates produced by UNHCR |
| Indicator 1.4 | AP.5b Percentage of affected people who state that they were able to access humanitarian assistance in a safe, accessible, accountable and participatory manner (target is conditioned on access) | 15 % | 50% | Based on the Shelter/NFI Cluster Persons in Need (PIN) reached by NFI assistance through UNHCR, and on UNHCR Post-Distribution Monitoring (PDM) exercises |
| Explanation of output and indicators variance: | | <p>Indicator 1.1: Over the course of 2022, a sharp increase in populations displaced as a result of the volatile security context and resurgence of violence resulted in more beneficiaries covered by this activity and, hence, target being exceeded.</p> <p>Indicator 1.2: Following a significant deterioration in the protection environment over the course of 2022, including emerging pockets of emergency situations, particularly in the Northwest (Sagaing, Magway and</p> | | |

| | |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Chin), where UNHCR declared an internal L2 Emergency in the second half of the year, a sharp increase in protection issues was reported by affected communities requiring coverage of people involved in the activity – hence exceeding the initially target. Indicator 1.3: As explained above, given the resurgence / intensification of violence in several parts of the country, the Monthly Protection Updates - initially covering Rakhine, Southeast, Kachin and Shan (North) - was extended to the Northwest through one additional monthly Protection Update (starting in March - April 2022). |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Activities | Description | Implemented by |
|--------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activity 1.1 | Establishment of up to 50 community-based protection mechanisms (CBPMs) | Implementing partners: Norwegian Refugee Council (NRC), Committee for Internally Displaced Karen People (CIDKP), Myanmar Red Cross Society (MRCS), Karuna Mission Social Solidarity (KMSS), World Vision, Meiksw Myanmar |
| Activity 1.2 | Undertake protection monitoring activities | Implementing partners: Norwegian Refugee Council (NRC), Committee for Internally Displaced Karen People (CIDKP), Myanmar Red Cross Society (MRCS), Karuna Mission Social Solidarity (KMSS), World Vision, Meiksw Myanmar |
| Activity 1.3 | Dissemination of protection analyses | UNHCR |

Output 2 Provision of shelters and non-food items (NFIs)

| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sector/cluster | Shelter and Non-Food Items | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | SN.2a Number of people benefitting from in-kind NFI assistance | 20,000 | 24,989 | UNHCR reports, partners' reports |
| Indicator 2.2 | SN.2b Number of in-kind NFI kits distributed | 4,000 | 4,000 | UNHCR reports, partners' reports |
| Indicator 2.3 | SN.1a Number of people benefitting from in-kind shelter assistance | 20,000 | 20,000 | UNHCR reports, partners' reports |
| Indicator 2.4 | SN.1b Number of shelter kits provided | 4,000 (Noting that some families might receive a combined in-kind NFI and shelter kit (depending on | 4,000 | UNHCR reports, partners' reports |
| Indicator 2.5 | SN.7 Percentage of households reporting adequate access to household non-food items | 15% (which equals to 3,000 individuals) | 15% | Based on the Shelter/NFI Cluster of Persons in Need (PIN) reached by NFI assistance through UNHCR, and on UNHCR Post-Distribution Monitoring (PDM) exercises |
| Explanation of output and indicators variance: | | N/A | | |

| Activities | Description | Implemented by |
|--------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activity 2.1 | Distribution of non-food items – including winterization items to IDP families and persons with specific needs | Implementing partners: Norwegian Refugee Council (NRC), Committee for Internally Displaced Karen People (CIDKP), Myanmar Red Cross Society (MRCS), Karuna Mission Social Solidarity (KMSS), World Vision, Meiksw Myanmar |
| Activity 2.2 | Provision of shelter kits to IDP families and persons with specific needs | Implementing partners: Norwegian Refugee Council (NRC), Committee for Internally Displaced Karen People (CIDKP), Myanmar Red Cross Society (MRCS), Karuna Mission Social Solidarity (KMSS), World Vision, Meiksw Myanmar |

| | | | | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|----------------------------------------|
| Output 3 | Access to dignified shelters for Rohingya IDPs living in camps | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Shelter and Non-Food Items | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | SN.3 Number of shelters and common shelter structures constructed or rehabilitated (4,000 individuals) | 200 | 200 | UNHCR reports |
| Explanation of output and indicators variance: | | N/A | | |
| Activities | Description | Implemented by | | |
| Activity 3.1 | Urgent reconstruction of longhouse shelters in Rohingya IDP camps | UNHCR (direct implementation) | | |

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 areas⁶ 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)⁷:

UNHCR conducted regular comprehensive needs assessments throughout the programme cycle via household surveys, key informant (community source) interviews and participatory discussions. Identification and targeting of beneficiaries were also based on needs

⁶ 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](#).

⁷ 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](#).

identified through protection monitoring by both UNHCR and IPs as well as through community leaders, in line with needs assessment criteria and specific vulnerabilities.

Focus group discussions (FGD) and participatory assessments took place regularly in-person (on-site missions in camps, villages and displacement sites where access was granted) and remotely through community networks. FGD and participatory assessments included participants of different ages, genders and minority groups, including adults and children, female and male single heads of households, older people, youth, persons with disabilities and community leaders. Needs and feedback were also captured in parallel through PDM, enabling UNHCR to assess beneficiary satisfaction with assistance received and to remain informed about other unmet or emerging needs.

b. AAP Feedback and Complaint Mechanisms:

UNHCR ensured AAP through diversified complaints and feedback mechanisms and improved recording of complaints and feedback, with more than 90 per cent of camps equipped with community-based complaints and feedback mechanisms. For example, in the 18 Rohingya and Kaman camps in Rakhine (Central), a harmonized complaint response mechanism (CRM) was established, employing a combination of static and mobile modalities. In 34 displacement sites, where mixed communities reside, a standardized CRM enabled complaints and feedback to be registered and referred as necessary with clear links to protection referral pathways. In Kayah and South Shan states, all 29 new IDP camps/sites have a dedicated camp committee structure. The number of households, population demographics and specific needs are recorded by the IDP camp committees after camp profile exercises. In addition, partners established a Camp Coordination Camp Management system which includes strengthening complaints and feedback mechanisms. In Kachin and Shan North, similar mechanisms were also established.

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

In 2022, UNHCR strengthened PSEA through the expansion of communication channels and capacity building of UNHCR and partner staff members. Throughout the year, PSEA information brochures and posters, including information on how to report incidents, were developed, translated into local languages, and disseminated by UNHCR and partners. Two training sessions on Age, Gender and Diversity (AGD), AAP and PSEA were conducted for 36 partner staff in Yangon. UNHCR also facilitated access to online PSEA courses for all partners. UNHCR met regularly with partners to monitor compliance with PSEA Core Standards, strengthen capacity to prevent and address SEA, and improve complaints and feedback mechanisms.

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

The meaningful participation of women and girls continued throughout UNHCR's programming cycle in 2022. Community-based protection in Kachin and Shan (North) sought to harness women and youth capacities in improving the protection environment. In Rakhine (North), women were engaged in community-based projects, built ownership and knowledge on maintenance of community infrastructure and participated in the feedback process. In the Southeast, UNHCR consulted communities before implementing community-based projects to ensure proper response for and participation of all groups. UNHCR's AGD-AAP Action Plan identified actions to amplify participation and empowerment of women and girls. For example, in Rakhine (Central), trainings were proposed for women within camps to support better communication with communities and diversify communication channels, while in Rakhine (North) trainings aimed to strengthen participation in and leadership skills of women in community groups and gender-sensitive persons of concern recruitment for distribution was completed to encourage greater participation in decision-making and economic activity.

e. People with disabilities (PwD):

Persons with Specific Needs (PSNs) remain particularly vulnerable to rights violations in situations of new and protracted displacement given several factors such as limited mobility (e.g., those with disabilities/medical conditions), lack of familial protection structures, or lack of other childcare support structures (e.g., single/woman-headed households). In line with its National AGD-AAP Action Plan, UNHCR ensured that PSNs were identified through protection monitoring, consulted as part of the FGD with beneficiary groups to identify their most pressing needs and available support, informed of the available protection services and facilitated for targeted assistance. Apart

from shelter and NFI support, activities involving PSNs and PwD ensured that their needs were taken into account in the development of community-based protection initiatives.

f. Protection:

UNHCR mainstreamed protection actions ('do no harm,' conflict-sensitivity, rights/needs-based assistance targeting) in all activities. Protection monitoring assessed protection risks faced by targeted beneficiaries and informed responses, while community-based protection involved communities in their protection outcomes and enabled them to improve resilience. All other types of assistance (particularly the provision of shelter and NFIs) were designed to mitigate protection issues for persons at heightened risk, particularly single heads of households, persons with disabilities as well as women and girls without access to adequate support.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|---------|----------|---------------------------------------------------|
| No | No | 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.

While the use of cash/vouchers was considered at the time in lieu of in-kind support for the shelter/NFI component of the project, UNHCR concluded that this modality was not viable in the 2022 context. Indeed, findings from UNHCR's early warning system/protection analysis over the course of 2021 and early 2022 indicated growing concerns among communities, including rising commodity prices and difficulty accessing markets, factors that would have hindered the effective use of cash transfers or vouchers.

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 | N/A | N/A |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Social media post | https://twitter.com/UNHCRMyanmar/status/1616311411722027010 |

3.4 Project Report 22-UF-CEF-016

| 1. Project Information | | | |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|
| Agency: | UNICEF | Country: | Myanmar |
| Sector/cluster: | Protection - Child Protection Protection - Mine Action | CERF project code: | 22-UF-CEF-016 |
| Project title: | Crisis-affected children, adolescents, and their caregivers are provided with mental health and psychosocial well-being (MHPSS) and case management (CM) services in Chin, Sagaing, Kayah, Kayin, Tanintharyi and Southern Shan. | | |
| Start date: | 18/03/2022 | End date: | 17/06/2023 |
| 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\$ 9,870,753 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 7,163,374 |
| | Amount received from CERF: | | US\$ 1,116,851 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 511,701 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 163,530 |
| | National NGOs | | US\$ 348,171 |
| | Red Cross/Crescent Organisation | | US\$ 0 |

2. Project Results Summary/Overall Performance

Under this CERF UFE grant from March 2022 to June 2023, UNICEF provided integrated lifesaving services to 101,416 people (11,090 women, 46,117 girls, 5,031 men and 39,178 boys), including MHPSS; conducted awareness-raising activities; delivered 6,443 kits; and provided case management services to 1,351 children (533 girls; 818 boys) in need of urgent care, survivors of violence, and victims of landmines and explosive ordnance. UNICEF also worked with 15,121 caregivers (10,485 women; 4,636 men), who, in addition to MHPSS, benefitted from positive parenting sessions to support their knowledge and skills to cope with the daily challenges that arise from childcaring under challenging conditions. This is 274 per cent more than the originally planned target.

To support these outcomes, 316 young people (173 girls; 143 boys) and 1,000 child protection workers and volunteers (605 female; 395 male) were trained to deliver psychosocial first aid and case management services to children in need and community child protection networks. In conflict-affected communities, EORE was delivered by 967 frontline workers (561 female; 406 male), reaching 56,402 people, including 32,182 children (16,893 girls; 15,289 boys) and 24,220 parents and community members (14,447 female; 9,773 male). This is more than 200 per cent above the originally planned target.

GBV messaging and awareness-raising sessions on the risk of GBV for parents were delivered as part of UNICEF's integrated approach to delivering child protection services, reaching 3,666 adolescent girls, 2,200 adolescent boys, 5,732 mothers and 2,682

fathers. Mechanisms to strengthen AAP and PSEA were also supported by this UFE grant, including through the setup of transparent community feedback mechanisms, hotlines and information sharing as well as awareness-raising sessions among key community members. For PSEA, 3,785 community members (846 adolescent girls; 785 adolescent boys; 1,447 women; 707 men) were trained to become the communities 'eyes and ears' for alleged violations against UN PSEA principles and procedures.

3. Changes and Amendments

This CERF UFE grant originally covered the period from March 2022 to March 2023. In February 2023, UNICEF requested a NCE to June 2023, which was granted by CERF on 14 March 2023. The reason for the NCE request was that the delivery of supplies and trainings for new frontline workers and community volunteers was delayed due to access limitations as well as safety and security. The project focused on severely affected crisis areas, where the programming environment remained highly volatile and unpredictable. During implementation, existing conflicts in non-government-controlled areas intensified and conflict expanded to new areas, such as Chin, Sagaing and Magway, where there was previously no conflict, causing a rapid increase in the number of IDPs in both the Southeast and Northwest.

The delivery of humanitarian assistance in these areas remained extremely challenging. The banking system, cash availability, and access posed significant challenges for UNICEF's IPs in Shan South and Kayah. Limitations in the operation of financial institutions in the country also had adverse effects on partners' access to funding for the implementation of lifesaving activities across all sectors. The banking system broke down, with almost all agencies facing financial issues because of cash withdrawal limits. The third wave of COVID-19 also slowed down the implementation of programme activities as it necessitated additional layers of Travel Authorization (TA) requirements, such as vaccination certificates, by the de facto authorities (DFA), causing delayed approvals or denial of TAs. Armed clashes in Kayah and some areas in Southern Shan posed serious challenges to the implementation of activities. During the clashes, IPs faced heightened insecurity and were occasionally arrested and interrogated by the DFA. Moreover, some areas in Southern Shan are controlled by ethnic armed organisations, with IPs experiencing significant challenges in reaching target communities. UNICEF was able to partially respond to this evolving and volatile programming environment by introducing wide-scale messaging, including digital messaging, and by training community volunteers and frontline workers remotely.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Protection - Mine Action | | | | | | | | | |
|-----------------------------|--------------------------|--------------|--------------|--------------|---------------|---------------|--------------|---------------|---------------|---------------|
| 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 | 4,400 | 1,700 | 7,700 | 6,200 | 20,000 | 4,975 | 2,751 | 3,264 | 3,250 | 14,240 |
| Host communities | 1,424 | 950 | 1,200 | 1,250 | 4,824 | 9,463 | 7,002 | 13,629 | 12,039 | 42,133 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 9 | 20 | 0 | 0 | 29 |
| Total | 5,824 | 2,650 | 8,900 | 7,450 | 24,824 | 14,447 | 9,773 | 16,893 | 15,289 | 56,402 |

People with disabilities (PwD) out of the total

| | | | | | | | | | | |
|--|-----|-----|-----|-----|-------|---|---|---|----|----|
| | 370 | 390 | 840 | 890 | 2,490 | 4 | 7 | 5 | 17 | 33 |
|--|-----|-----|-----|-----|-------|---|---|---|----|----|

| Sector/cluster | Protection - Child Protection | | | | | | | | | |
|-----------------------------|-------------------------------|--------------|---------------|--------------|---------------|---------------|--------------|---------------|---------------|----------------|
| 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 | 1 | 1 | 2 |
| Internally displaced people | 6,820 | 5,580 | 8,960 | 7,200 | 28,560 | 7,464 | 2,467 | 24,000 | 21,993 | 55,924 |
| Host communities | 1,705 | 1,395 | 2,590 | 2,250 | 7,940 | 3,194 | 2,196 | 21,858 | 16,936 | 44,184 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 432 | 368 | 258 | 248 | 1,306 |
| Total | 8,525 | 6,975 | 11,550 | 9,450 | 36,500 | 11,090 | 5,031 | 46,117 | 39,178 | 101,416 |

People with disabilities (PwD) out of the total

| | | | | | | | | | | |
|--|----|----|-----|-----|-----|----|----|-----|-----|-----|
| | 50 | 50 | 100 | 100 | 300 | 45 | 42 | 102 | 104 | 293 |
|--|----|----|-----|-----|-----|----|----|-----|-----|-----|

5. People Indirectly Targeted by the Project

Data from 5W indicate that approximately 258,781 people from underserved communities, including adolescents, community-based social workers and case workers, youth and women's groups, also benefitted indirectly from lifesaving interventions in Chin, Kayah, Kayin, Tanintharyi and Southern Shan states and Sagaing region. Most of the activities involved EORE and awareness-raising related to critical child protection information and knowledge, including GBV prevention, PSEA for humanitarian workers and information related to reproductive health and life skills, including referral information for adolescents and youth.

Field data from Child Protection and Mine Action implementing partners was collated using UNICEF's 5W database. The data was cross-checked and verified with partners' data and reporting focal points to ensure their accuracy. Additionally, the figures were also triangulated using reports submitted to the Child Protection Area of Responsibility (CP AoR) to avoid duplication and ensure the same figures are being reported on. Challenges regarding the timeliness of reports were noted, and slight modifications of reporting deadlines were made to make adjustments to accommodate late entries in a way that does not compromise the accuracy and veracity of the entire reporting process. The Information Management Officer in charge of the 5W created tables from the 5W upon request by partners and for various reporting purposes.

6. CERF Results Framework

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|------------------------------------|
| Project objective | Strengthening the protection, resilience and mental health and psychosocial well-being of crisis-affected boys and girls, adolescents, and their caregivers as well as essential frontline workers in Chin, Sagaing, Kayah, and Southern Shan. | | | |
| Output 1 | Age-appropriate MHPSS activities and appropriate referrals to child protection services are provided for vulnerable and at-risk children and adolescents/youths affected by the ongoing crisis in Chin, Sagaing, Kayah, and southern Shan. | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| Sector/cluster | Protection - Child Protection | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | CP.4 Number of people accessing protection activities and/or services through child-friendly spaces (UNICEF-targeted girls and boys in humanitarian situations provided with community-based mental health and psychosocial support, including access to child friendly spaces with intersectoral programming interventions) | 21,000 | 85,122 | 5W data from Implementing Partners |
| Indicator 1.2 | CP.3 Number of children receiving protection support (e.g. family tracing, reunification, reintegration, case management services, etc) (children who receive individual case management services (1,000 out of the 21,000)) | 1,000 | 1,351 | 5W data from Implementing Partners |
| Indicator 1.3 | # of child protection kits provided to children in need to support their | 6,650 | 6,443 | 5W data from Implementing Partners |

| | | | | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|
| | mental wellbeing (6,650 part of the 21,000) | | | and UNICEF supply tracking list |
| Explanation of output and indicators variance: | | Activities were scaled-up and reached other locations not initially targeted by this project. Additionally, innovative ways of reaching larger target populations with Child Protection awareness-raising messages were employed, particularly the use of digital platforms and social media, leading to significant overachievement on Indicator 1.1. | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Timely identify children in distress and provide comprehensive and tailored MHPSS services including in child- and adolescent friendly spaces. | Thantlang Placement Affairs Committee (TPAC), ArYoneOo (AYO) (For Sagaing), Shwe Kanbawza Organization, Sympathy Hand Community Development Organization | | |
| Activity 1.2 | Adapt case management training curricula to include continuity of care and key MHPSS topics levelled to the available workforce and identified needs of survivors of violence and provide timely and needs-based individualized referrals as part of child protection case management services. | Thantlang Placement Affairs Committee (TPAC), ArYoneOo (AYO) (For Sagaing), Shwe Kanbawza Organization, Sympathy Hand Community Development Organization | | |
| Activity 1.3 | Children and women receive critical Child Protection kits and RCCE messaging to prevent violence, exploitation, abuse, neglect, and harmful practices. | UNICEF direct implementation | | |

| | | | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------|
| Output 2 | MHPSS and child protection education activities to support resilience, well-being and parenting/caring capacity of parents/caregivers affected by the ongoing crisis in Chin, Sagaing, Kayah and southern Shan. | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Protection - Mine Action | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | CP.4 Number of people accessing protection activities and/or services through child-friendly spaces (UNICEF-targeted parents and primary caregivers in humanitarian situations provided with community-based mental health and psychosocial support, including access to child friendly spaces with intersectoral programming interventions and awareness raising | 14,400 | 15,121 | 5W data from Implementing Partners |
| Indicator 2.2 | AP.4b Percentage of affected people who state that the assistance and protection provided correspond with their needs | 65% | 72% | AAP monitoring tools and AAP Dashboard; UNICEF partner reports |
| Explanation of output and indicators variance: | | The programme saw a higher participation from parents and/or caregivers in parenting sessions, which were rolled out with the support of frontline workers trained on MHPSS and positive parenting awareness sessions as well as community volunteers. | | |
| Activities | Description | Implemented by | | |

| | | |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Activity 2.1 | Provide parenting orientation sessions on child protection to parents, caregivers and community members to prevent children from violence, exploitation, abuse and neglect and provide parenting support through face-to-face sessions and using virtual platforms | Thantlang Placement Affairs Committee (TPAC), AYO (For Sagaing), Shwe Kanbawza Organization, Sympathy Hand Community Development Organization |
| Activity 2.2 | Through AAP feedback and communication mechanisms, feedback from affected adults and caregivers are obtained to inform the assistance and protection services provided to them. This information is used to readjust/tailor the services to the needs of beneficiaries | Thantlang Placement Affairs Committee (TPAC), AYO (For Sagaing), Shwe Kanbawza Organization, Sympathy Hand Community Development Organization |

| | | | | |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| Output 3 | Strengthening the capacity of local child protection actors and service providers to deliver child protection services/support, including prevention, early identification of children with high protection risks and referral to case management services, including provision of MHPSS services in Chin, Sagaing, Kayah and southern Shan. | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Protection - Child Protection | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | CC.1 Number of implementing partner staff receiving training to support programme implementation (frontline workers receiving capacity building on case management) | 1,100 | 1,316 | 5W data from implementing partners |
| Explanation of output and indicators variance: | | To strengthen partnerships and further provide quality services to children and other beneficiaries, capacity building through training sessions using virtual and in-person methods was the cornerstone of the Child Protection intervention. The use of virtual modalities enabled greater reach. | | |
| Activities | Description | Implemented by | | |
| Activity 3.1 | The capacity of case workers and community-based workforce is strengthened to deliver Psychological First Aid and to provide case management services to children in need | UNICEF and Thantlang Placement Affairs Committee (TPAC), AYO (For Sagaing), Shwe Kanbawza Organization, Sympathy Hand Community Development Organization | | |

| | | | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------|----------------------------------------|
| Output 4 | Children and adults access explosive weapons-related risk education and victim assistance referrals in Shan South, Kayah, Kayin and Tanintharyi | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Protection - Mine Action | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 4.1 | # boys and girls, men and women accessing explosive weapons-related risk education | 24,504 | 55,435 | 5W data from Implementing Partners |
| Indicator 4.2 | PM.3 Number of explosive ordnance survivors benefitting legal, health, rehabilitation and | 20 | 33 | 5W data from Implementing Partners |

| | psychosocial care, and/or economic support. | | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------|
| Indicator 4.3 | PM.4 Number of people receiving training to deliver explosive ordnance risk education (frontline workers trained on EORE) | 300 | 967 | 5W data from Implementing Partners |
| Indicator 4.4 | AP.4b Percentage of affected people who state that the assistance and protection provided correspond with their needs | 65 | 74 | AAP monitoring tool and UNICEF AAP dashboard |
| Explanation of output and indicators variance: | | There was a far greater reach than initially planned due to the use of digital platforms and social media to raise awareness about EORE and Mine Action. | | |
| Activities | Description | Implemented by | | |
| Activity 4.1 | The development of EORE materials adjusted to the context and the provision of EORE risk education to affected communities | DanChurchAid (DCA); UNICEF | | |
| Activity 4.2 | Survivors of explosive ordnance are identified and supported with age- and needs- appropriate services, including through case management services, in kind assistance and referral to health, rehabilitation, and psychosocial support. | DanChurchAid (DCA) | | |
| Activity 4.3 | Enhance and expand EORE through capacity building on the provision of EORE and holistic child protection services to essential frontline workers, UNICEF Child Protection network partners and local partners in southern Shan | DanChurchAid (DCA); UNICEF | | |
| Activity 4.4 | Through AAP feedback and communication mechanisms, feedback from affected children and adults are obtained to inform the assistance and protection services provided to them. This information is used to readjust/tailor the services to the needs of beneficiaries. | DanChurchAid (DCA); UNICEF | | |

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 areas⁸ 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)⁹:

⁸ 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](#).

⁹ 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](#).

UNICEF adopts the Accountability Framework in line with the PSEA policy. All UNICEF partners are made aware of and trained on these guidelines, standards and policies related to accountability to the underserved population. On a regular basis, renewals of these commitments are required and monitored to ensure compliance, and where needed further assessments are done to bring partnership agreements up to date. Affected populations are deliberately engaged in and consulted to be part of the project design, planning and implementation phase. Community members are encouraged to actively participate and monitor all community-based activities, with a focus on women's empowerment, through several approaches for reporting and providing feedback that are designed at the community level. The approaches were adapted as the situation evolved to accommodate new developments.

To further ensure compliance with AAP guidance, an e-course on AAP in Myanmar language was developed and made accessible to all partners. Purposive respondent selection from among vulnerable groups, including persons with disabilities, was used to strengthen feedback from affected populations and to enable the provision of more responsive and accountable services of higher quality to vulnerable communities. Additionally, UNICEF monitoring tools used for field visits and third-party monitoring, both remote and in-person, included specific questions to meet AAP criteria.

b. AAP Feedback and Complaint Mechanisms:

Feedback and complaint mechanisms were established with UNICEF's support at the community level to promote and effectively gather feedback and inputs from beneficiaries. Partners were trained and received technical support in the implementation of feedback channels to ensure beneficiaries can provide direct feedback about services received as well as on the implementation and design of services. Feedback was gathered through a variety of methods, including through hotlines, one-on-one interaction with community AAP focal points, group meetings, field visit reports and satisfaction surveys. UNICEF ensured that beneficiaries were supported in a manner that maintains their dignity, confidence and self-worth. This is essential to empower beneficiaries to be active participants in the aid they receive.

UNICEF tracked AAP through its AAP dashboard, which showed that hotlines/phone were the most widely used means by beneficiaries to provide feedback and inputs. The data further showed that young people, including adolescent girls, boys and youth, were among the highest users of the feedback and complaint mechanisms made available at the community level.

One strong recommendation is to revise the approaches used to ensure that all mechanisms are accessible to adolescents and young people with different abilities. Among the key recommendations that were submitted was the request to continue to scale up MHPSS services, including through fixed and mobile child- and adolescent-friendly spaces. These spaces were regarded as often the only safe spaces where children and young people could interact with their peers in a safe and confidential environment. The second key piece of feedback received was to introduce innovative means to interact with children and young people, including sharing information over mobile phones, which would allow for wider access to information, including among children.

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

Initiatives to ensure PSEA, mitigate the risk of GBV, and promote AAP were integrated into programme design, implementation and monitoring. UNICEF implemented mechanisms to prevent SEA among beneficiaries by humanitarian workers, and every project was designed with PSEA assessments as a priority and in line with the global UNICEF Strategy to Prevent and Response to Sexual Exploitation and Abuse and Sexual Harassment. Partners and UNICEF counterparts undertake a full assessment before entering into a partnership and implementing a project. Moreover, the implementation of their PSEA Action Plan is closely monitored.

All UNICEF partners and affected communities are also oriented on safe mechanisms available at the community level as well as available UNICEF mechanisms such as the dedicated PSEA hotline, PSEA common email address, and use of U-report, among other reporting channels. UNICEF PSEA materials with all the reporting channels are distributed to partners and beneficiaries and posted in all service delivery structures in local languages to encourage further awareness on available mechanisms. Partners and beneficiaries were also free to utilize other available inter-agency reporting mechanisms. Hotlines were also established to report abuse and exploitation of partners and beneficiaries. These hotlines were regularly monitored and were housed with partners to ensure they were publicised and widely used. Complaints were channelled through focal points, and anonymity was encouraged to protect the complainant's identity and prevent compromising their identity for fear of reprisals.

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

UNICEF provided a gender- and age-sensitive response and specifically targeted girls for assistance in UNICEF-supported child-friendly spaces (50 per cent of attendees). UNICEF ensured female social worker/community outreach officers were trained in gender-sensitive prevention and response and minimum standards on Caring for Child Survivors of Sexual Abuse, and provided continuous support through the Case Management Taskforce. All IPs were also assessed and trained on gender-responsive programming and on PSEA to ensure UNICEF interventions adhere to the 'do no harm' principle. UNICEF also shared preventative and tailored information on where to access services. Most of the community volunteers that facilitated these meetings were women, contributing to the empowerment of women and ultimately, to greater gender equality.

e. People with disabilities (PwD):

UNICEF uses an inclusive approach to capture the needs of persons with disabilities of all ages and genders. Service delivery was made accessible to all persons irrespective of their physical ability, and assistive mechanisms and tools were introduced to ensure the safety and comfort of persons with disabilities, including wheelchairs for people needing mobility support. All efforts were made to ensure persons with disabilities were properly assisted, including children. Under this CERF allocation, disability screening was conducted in project locations to ensure that persons with disabilities, including children, were accounted for and included in the project. A total of 326 children and parents with disabilities received appropriate services, including victim assistance. While the number of children and adults with disabilities who were involved in awareness-raising and other prevention activities is much higher, for the purposes of this project UNICEF has only counted those who received individual targeted services for the purposes of its above reporting.

f. Protection:

Protection of all affected people, including children, was mainstreamed and protection principles were incorporated throughout the design, implementation and monitoring of project activities. As a cornerstone, the Child Protection response promotes meaningful access, safety and dignity of all children, particularly those at risk, and prioritises their safety and dignity. The 'do no harm' principle guided the design of programme interventions and mechanisms, such as PSEA and AAP feedback and complaint mechanisms, were put in place to ensure that beneficiaries have access and can meaningfully participate in the child protection response.

During the design and implementation of services, particular attention was paid to ensure the access of individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services, including children with disabilities or children belonging to marginalized groups. UNICEF provided support to community-based child protection networks, which provide a forum for community members to advocate for children's rights and protection and participate in project implementation. Awareness-raising activities, including parenting sessions and young people awareness sessions, encouraged participation and empowerment by focusing on the development of self-protection, capacities and assist children and young people to voice their concerns and advocate for their rights.

g. Education:

Capacity building for partners on Child Protection issues and EORE was a prominent feature of the empowerment process for local actors. The provision of EORE through schools and teachers was key to increasing community awareness on the risks of landmines and explosive ordnance.

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 | 0 |

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.

CVA was not implemented to provide the above-described interventions given that the project delivered activities and services aimed at raising awareness and building capacities related to Children Protection and Mine Action.

| 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 | 0 | US\$ 0 | N/A | N/A |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|--------------|----------------|
| N/A | N/A |

3.5 Project Report 22-UF-CEF-017

| 1. Project Information | | | |
|------------------------|---------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|
| Agency: | UNICEF | Country: | Myanmar |
| Sector/cluster: | Education | CERF project code: | 22-UF-CEF-017 |
| Project title: | Provision of emergency education services to crises affected girls and | | |
| Start date: | 18/03/2022 | End date: | 17/06/2023 |
| 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\$ 22,000,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 2,111,494 |
| | Amount received from CERF: | | US\$ 1,117,129 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 721,297 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 458,731 |
| | National NGOs | | US\$ 262,566 |
| | Red Cross/Crescent Organisation | | US\$ 0 |

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, 36,733 people in Chin, Sagaing, Kayah, Kayin, Bago (East), Mon and Tanintharyi regions/states were assisted between 18 March 2022 and 17 June 2023, a period that saw increased internal displacement that exceeded 2022 planning figures. UNICEF and its partners supported 36,338 children with access to formal or non-formal education; provided 126 learning centres with school kits; renovated/rehabilitated 40 community learning centres; provided 125 learning centres with necessary safety and COVID-19 prevention support; established/rehabilitated 183 temporary learning spaces; trained 395 volunteer teachers/facilitators on basic pedagogical, psychosocial and/or lifesaving skills; and provided monthly incentives for 193 volunteer teachers/facilitators.

3. Changes and Amendments

Despite the humanitarian situation in Myanmar deteriorating during 2022, UNICEF's Education Section was able to implement the planned emergency activities under the CERF-funded project. All activities were slightly behind schedule due to initial delays in selecting target areas and recruiting staff given the unstable security situation in project implementation areas. Increased armed clashes further disrupted ongoing activities, including the operability of implementing partners, and increased staff safety and security risks. UNICEF consequently requested an NCE to 17 June 2023 without change to the approved targets and implementation areas, which was granted by CERF on 15 March 2023.

Throughout the project implementation period, a sharp increase in displaced populations, including children, due to worsening insecurity and violence resulted in increasing needs among more beneficiaries and the number of temporary learning spaces and volunteer teachers covered by CERF-funded activities, exceeding original targets. Under-achievements are attributable to the impact of increases in commodity prices and transportation costs in recent months, a result of the ongoing economic and political crisis. All activities were completed by the end of the NCE period.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Education | | | | | | | | | |
|--------------------------------------------------------|------------|------------|--------------|--------------|---------------|------------|------------|---------------|---------------|---------------|
| 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 | 52 | 48 | 100 | 49 | 131 | 4,998 | 4,999 | 10,177 |
| Internally displaced people | 140 | 115 | 3,026 | 2,774 | 6,055 | 106 | 15 | 12,336 | 10,921 | 23,378 |
| Host communities | 258 | 202 | 4,046 | 3,754 | 8,260 | 85 | 9 | 1,604 | 1,479 | 3,177 |
| Other affected people | 11 | 14 | 1,196 | 1,104 | 2,325 | 0 | 0 | 1 | 0 | 1 |
| Total | 409 | 331 | 8,320 | 7,680 | 16,740 | 240 | 155 | 18,939 | 17,399 | 36,733 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 12 | 10 | 376 | 344 | 742 | 0 | 0 | 22 | 23 | 45 |

5. People Indirectly Targeted by the Project

More than 70,000 people indirectly benefited from this project. They include parents who have been sensitised about the importance of education, as well as parents and other community members who benefited from access to the resources made available in rehabilitated learning centres.

6. CERF Results Framework

| | | | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| Project objective | Ensure continuity of learning for the children affected by multiple crises. | | | |
| Output 1 | Communities and learning centres are adequately equipped to support education for the children, whose learning has been disrupted due to multiple crises. | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Education | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Ed.1 Number of children accessing formal or non-formal education | 16,000 | 36,338 | IP reports |
| Indicator 1.2 | Number of learning centres receiving school kits | 230 | 126 | IP reports |
| Indicator 1.3 | AP.4b Percentage of affected people (children) who state that the assistance and protection provided correspond with their education needs | 75% | 100% | IP reports |
| Indicator 1.4 | Ed.3 Number of people (teachers and/or children) accessing teaching, learning and/or recreational materials | 16,190 | 36,733 | IP reports |
| Explanation of output and indicators variance: | | Throughout the project implementation period, a sharp increase in displaced populations, including children, due to worsening insecurity and violence resulted in increasing needs among more beneficiaries covered by the activities for indicators 1.1, 1.3 and 1.4, hence exceeding the target. Under-achievements for indicator 1.2 are attributable to the impact of increases in commodity prices and transportation costs in recent months. | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Provide student kits to 16,000 children | Ar Yone Oo (AYO), Norwegian Refugee Council (NRC) | | |
| Activity 1.2 | Provide school kits to 230 learning centres | AYO, NRC | | |
| Activity 1.3 | Provide recreation kits to 230 learning centres | AYO, NRC | | |

| | | | |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| Output 2 | Community learning centres are safe and have necessary Covid19 preventions measures in place to promote meaningful learning environment. | | |
| Was the planned output changed through a reprogramming after the application stage? | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Education | | |

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|------------------------|
| Indicator 2.1 | Ed.2 Number of temporary learning spaces and/or centres established and/or rehabilitated (community learning centres are renovated/rehabilitated) | 51 | 40 | IP reports |
| Indicator 2.2 | Number of learning spaces meet necessary safety and Covid19 prevention standards | 230 | 125 | IP reports |
| Indicator 2.3 | Ed.2 Number of temporary learning spaces and/or centres established and/or rehabilitated (temporary learning spaces) | 100 | 183 | IP reports |

Explanation of output and indicators variance:

Throughout the project implementation period, a sharp increase in displaced populations, including children, created a need for increased assistance in a greater number of temporary learning spaces than originally planned. Under-achievements are attributable to the impact of increases in commodity prices and transportation costs in recent months.

| Activities | Description | Implemented by |
|--------------|--------------------------------------------------------------------------------------------|----------------|
| Activity 2.1 | Renovate/rehabilitate 51 existing community infrastructure to function as learning centres | AYO, NRC |
| Activity 2.2 | Provide Covid19 prevention measures across all the 230 learning centres/spaces | AYO, NRC |
| Activity 2.3 | Establish 100 temporary learning centres | AYO, NRC |

Output 3

Capacity of teachers and communities built to provide quality and effective learning to children affected by multiple crises.

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

| Sector/cluster | Education | | | |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------|------------------------|
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | Ed.4 Number of teachers receiving training on basic pedagogical skills, psycho-social skills and/or life-saving skills (volunteer teachers/facilitators) | 190 | 395 | IP reports |
| Indicator 3.2 | Number of volunteer teachers/facilitators confirm receiving monthly incentive | 190 | 193 | IP reports |
| Indicator 3.3 | Percentage of trainees show improved understanding of MHPSS, GBV and PSEA | 70% | 97% | IP reports |

Explanation of output and indicators variance:

Over the course of the project, a sharp increase in displaced populations, including children, created the need for more volunteer teachers to be covered by the activities funded by CERF, leading to an overachievement on these indicators.

| Activities | Description | Implemented by |
|------------|-------------|----------------|
|------------|-------------|----------------|

| | | |
|--------------|--------------------------------------------------------------------------------------------------------------------|----------|
| Activity 3.1 | Provide standard training to 190 volunteer teachers/facilitators using standard EiE resources available in country | AYO, NRC |
| Activity 3.2 | Provide agreed financial incentives to 190 volunteer teachers/ facilitators | AYO, NRC |
| Activity 3.3 | Provide training and awareness support to 740 volunteer teachers and community members on MHPSS/ GBV and PSEA | AYO, NRC |

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 areas¹⁰ 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)¹¹:

Relevant stakeholders, such as school principals, school management committees, education authorities in ethnic-controlled areas, communities as well as parents, were consulted in needs assessments and for the selection of schools/community infrastructure for renovation/rehabilitation to function as learning centres.

b. AAP Feedback and Complaint Mechanisms:

Monitoring mechanisms included feedback/complaints mechanisms where IPs could report any issues, including sexual exploitation and abuse in communities. Additionally, post-distribution monitoring and post-training monitoring were conducted, including awareness-raising on these mechanisms. Feedback received from interviewees as well as monitoring and evaluation results indicate that at least 80 per cent of beneficiaries stated that the supplies provided were adequate to meet key education needs.

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

UNICEF provided PSEA training to partners and their staff. Training mainly covered SEA-related complaints, including aspects of confidentiality, accessibility, and follow-up.

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

Gender awareness-raising training sessions were conducted to enhance the capacity of project staff and to increase gender awareness and sensitivity among volunteer teachers. Based on reports from IPs, 75 per cent of participants demonstrated an increase in their awareness on and knowledge of gender issues.

e. People with disabilities (PwD):

¹⁰ 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](#).

¹¹ 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](#).

Forty-five children with disabilities (23 boys, 22 girls) benefited from enhanced access to education through this project. IPs used guidelines for identifying disability provided by the UNOPS-managed Livelihood and Food Security Fund. In the process of delivering assistance to children with disabilities, IP staff increased their awareness and knowledge on disability inclusion and access to education for children with disabilities, building the capacity of IPs in these programmatic areas.

f. Protection:

Providing access to education contributes to the right to education of every child; incentives help improve the socioeconomic conditions of volunteer teachers while also supporting their capacity, thus reducing reliance on negative coping strategies; and the renovation of learning centres contributes to safe and protective learning environments.

g. Education:

This project contributed to enhancing cognitive and social aspects of education. Providing teacher training on effective teaching methods helped spur children's motivation for learning and education as a result of better instruction and support provided by teachers. MHPSS, PSEA and gender awareness trainings contributed to the strengthening of the social aspects of education.

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.

For this CERF project, the approved budget was submitted detailing implementation costs that did not include the use of CVA. In Education, UNICEF does not currently deliver any cash or voucher-based assistance programmes, though this is being considered for future programming. The project delivered capacity building activities (e.g., teacher training) and direct in-kind support (e.g., the procurement and delivery of school and recreation kits) and thus, CVA was not the most appropriate response modality.

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 | 0 | US\$ 0 | N/A | N/A |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|-------|---------|
| N/A | N/A |

3.6 Project Report 22-UF-CEF-018

| 1. Project Information | | | |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|
| Agency: | UNICEF | Country: | Myanmar |
| Sector/cluster: | Health | CERF project code: | 22-UF-CEF-018 |
| Project title: | Improved access to emergency primary health care services including Maternal Newborn and Child Health for vulnerable populations in Chin, Sagaing, Kayah, Kayin and Shan | | |
| Start date: | 18/03/2022 | End date: | 17/03/2023 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 1,500,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 915,187 |
| | Amount received from CERF: | | US\$ 759,500 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 486,376 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 406,014 |
| | National NGOs | | US\$ 80,362 |
| | Red Cross/Crescent Organisation | | US\$ 0 |

2. Project Results Summary/Overall Performance

UNICEF and its partners provided primary health care services to 94,706 people; referred 951 pregnant women for emergency obstetric care and 797 severely ill children under 5 for further treatment; provided key messages on family care practices, including messaging on COVID-19 prevention and care to 79,928 people.

Medical supplies and equipment from pooled stock were distributed to project sites in Kayin, Kayah, Shan, Sagaing and Chin. Distribution of 120 sets of IEHK – sufficient for 120,000 people – contributes to increased availability and improved access to primary health care. Family Newborn Kits (4,675 set packs) were also distributed, providing support that helps improve newborn survival by ensuring thermal and hygienic care for newborns.

Despite the intensification of conflict in project implementation areas, partners still managed to reach affected communities with much-needed assistance, and when the security situation permitted, provided basic health care services, exceeding the planned target. After the COVID-19 TA restriction for Nagaland was lifted, more frequent outreach services were able to be provided in combination with additional funding from other sources.

3. Changes and Amendments

As conflict intensified on the ground, displaced populations continued to grow, including many in project implementation areas requiring urgent assistance, such as access to health services. This contributed to an overachievement against certain planned targets, such as the number of healthcare consults carried out and the number of people referred to higher/specialised services. The constant movement of people as a result of unpredictable hostilities was a serious challenge. Other recurring challenges include access to certain areas limited by TA restrictions and active conflict, as well as obtainment of tax exemption certificates for offshore supply and local transport of medical supplies.

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 | 3,187 | 1,943 | 3,885 | 3,885 | 12,900 | 5310 | 3186 | 6372 | 6375 | 21,243 |
| Host communities | 2,963 | 1,807 | 3,615 | 3,615 | 12,000 | 18365 | 11019 | 23038 | 21041 | 73,463 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 6,150 | 3,750 | 7,500 | 7,500 | 24,900 | 23,675 | 14,205 | 29,410 | 27,416 | 94,706 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 615 | 375 | 750 | 750 | 2,490 | 2,604 | 1,562 | 3,235 | 3,015 | 10,416 |

5. People Indirectly Targeted by the Project

Around 320,000 people indirectly benefited from CERF-funded project activities, including primary health care services being made available close to the community, as well as referral support for emergency cases. Partners supporting the delivery of services in camps have fixed clinics close to displaced populations and opened mobile clinics in villages so that children, women and men requiring services, including emergency support, have access to it. These communities also indirectly benefited from health messaging provided by partners, including on COVID-19 prevention and care.

6. CERF Results Framework

| | | | | |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Project objective | Children, women and their families have access to safe MNCH and emergency health care, including referral support | | | |
| Output 1 | Children and women have access to safe MNCH and emergency health care | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Sector/cluster | Health | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | H.8 Number of primary healthcare consultations provided | 24,900 | 94,706 | Partner report |
| Indicator 1.2 | H.1a Number of emergency health kits delivered to healthcare facilities | 120 | 120 | Distribution Report |
| Indicator 1.3 | AP.5b Percentage of affected people who state that they were able to access humanitarian assistance and services in a safe, accessible, accountable and participatory manner | 80% | 80% | Program visit |
| Indicator 1.4 | H.10 Number of people referred to higher level and/or specialized health services. | 500 | 1,748 | Partner report |
| Explanation of output and indicators variance: | | Availability of services in public health facilities remains limited. As such, communities rely extensively on the services provided by INGOs/NGOs through mobile and fixed clinics as well as volunteer networks. Amid increased political unrest and displacement, partners tried to reach out and provide services when feasible and also managed to provide support for emergency referrals. With needs on the ground increasing, prepositioned stocks/pooled stocks were utilized and distributed in project implementation areas, including IEHKs and Family Newborn Kits. | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Procurement and distribution of essential medicines and equipment for emergency primary health care and MNCH services | UNICEF | | |
| Activity 1.2 | Provision of healthcare to women, children and families through mobile clinics and community health workers | Implementing partners: CPI, KMSS and MAM | | |
| Activity 1.3 | Assistance for referral support | Implementing partners: CPI, KMSS and MAM | | |

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 areas¹² 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)¹³:

AAP is mainstreamed in UNICEF partnerships. Local staff and volunteers who are part of affected communities were directly involved in program implementation and monitoring. Community health workers who engage with communities and bring feedback to the facilities help improve service provision to the affected population. Community feedback was taken into consideration by partners and activities were adapted as needed.

b. AAP Feedback and Complaint Mechanisms:

UNICEF provided AAP capacity building to its partners. Partners provided information sessions to the communities they served during advocacy meetings, including through the provision of IECs. Community feedback mechanisms were established in many of the project implementation sites through suggestion boxes, volunteers and hotlines, among others. UNICEF fully integrated indicators related to AAP feedback mechanisms in all its partnerships to enhance accountability and responsiveness to communities. Feedback was also collected during monitoring visits by field officers as well as by third-party monitors for corrective actions. The third-party monitors were from Mekong Economics Ltd., which is contracted by UNICEF to conduct program monitoring as per UNICEF guidelines. Strengthening is still needed as this concept is still new and not familiar to communities.

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

All UNICEF staff and consultants participate in mandatory PSEA training, which is also available in Myanmar language, via the UNICEF internal learning channel (Agora). All Partnership Cooperation Agreements (PCA) between UNICEF and partners have clauses mandating that PSEA is properly addressed within their management systems. UNICEF monitors this regularly and discontinues partnerships if any deviation is found. UNICEF has a dedicated hotline managed by the same IP that manages the MRM hotline, and all staff are trained on SEA calls, including confidentiality and follow-up. Furthermore, UNICEF can also make use of the interagency reporting mechanism.

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

The project focused primarily on women and children (50 per cent girls) as the main beneficiary groups, providing them with essential health care assistance. Many of the health care staff and volunteers assisting the project were women (more than 50 per cent), supporting the empowerment of women and gender equality.

e. People with disabilities (PwD):

The project did not specifically target persons with disabilities. Project implementation addressed the needs of the entire population of men, women, boys, and girls, including persons with disabilities. UNICEF recognizes that children (especially girls) and women with

¹² 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](#).

¹³ 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](#).

disabilities are at heightened risk due to inaccessible information about prevention, assistance and acute barriers to accessing health services. These factors were considered in programme design and implementation. For example, persons with disabilities were given priority during the provision of services to minimize their wait-time to receive assistance.

f. Protection:

Partners worked closely with the Protection team and participated in trainings on Caring for Child Survivors of Sexual Abuse in Emergencies. Awareness-raising on protection issues was provided to partner staff to enable appropriate support or referrals in the event of (suspected) cases. UNICEF's Protection officers were present at the field level to further assist with referrals. Many health care workers were women which facilitated the delivery of services centred more on women and children, and service provision was carried out close to communities which helped mitigate protection risks.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|----------------|-----------------|----------------------------------------------------------|
| No | No | 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.

CVA was not selected as an appropriate implementation modality during the project planning phase. The project mainly focused on the provision of health care services through mobile and fixed clinics as well as outreach services. The severity of the targeted cases required higher-level assessment and care by healthcare professionals. As such, CVA could not be considered for this project.

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 | N/A | N/A |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|---------------------------------------------------------------|----------------------------------------------|
| Appreciation to donors for support on humanitarian actions | Link to UNICEF Facebook page |
| Appreciation to donors for support on humanitarian actions | Link to UNICEF Facebook page |
| Distribution of health care supplies in Kayah (May-June 2022) | Link to UNICEF Facebook page |

Primary health care reach, including with CERF UFE support (March 2023)

[Link to UNICEF Facebook page](#)

Support of medicines and equipment for humanitarian response (Aug 2022)

[Link to UNICEF Facebook page](#)

3.7 Project Report 22-UF-CEF-019

1. Project Information

| | | | |
|--------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|
| Agency: | UNICEF | Country: | Myanmar |
| Sector/cluster: | Nutrition | CERF project code: | 22-UF-CEF-019 |
| Project title: | Emergency Nutrition services to conflict-affected areas and IDP camps during COVID-19 pandemic and military takeover | | |
| Start date: | 01/02/2022 | End date: | 31/01/2023 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |

| | | |
|---------|---------------------------------------------------------------------------|-----------------|
| Funding | Total requirement for agency's sector response to current emergency: | US\$ 23,000,000 |
| | Total funding received for agency's sector response to current emergency: | US\$ 2,239,568 |
| | Amount received from CERF: | US\$ 894,750 |
| | Total CERF funds sub-granted to implementing partners: | US\$ 394,635 |
| | Government Partners | US\$ 0 |
| | International NGOs | US\$ 394,635 |
| | National NGOs | US\$ 0 |
| | Red Cross/Crescent Organisation | US\$ 0 |

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNICEF and its partners provided nutritional screening for 30,627 children under 5; treated 325 severe acute malnourished children; provided micronutrient powders to 30,627 children aged 6-59 months and micronutrient tablets, including Infant and Young Child Feeding (IYCF) counselling, for 34,486 pregnant and lactating women (PLW); albendazole for 38,316 children aged 2-5 years and Vitamin B1 tablets for 2,650 PLW in the Southeast and Northwest. In total, the nutrition project reached 65,113 people, exceeding the total planned target of 57,900 people.

To support subnational Nutrition Clusters and the implementation of the emergency nutrition response in the Southeast and Northwest, two Nutrition Officers were recruited. Three hundred health workers were trained to implement nutrition interventions and ten mobile teams delivered nutrition interventions in hard-to-reach areas. Thirty-five community support groups were formed by communities themselves after advocacy and support from project staff. In this way, the project contributed to community resilience building and the humanitarian-development nexus by involving communities in both decision-making and project implementation.

3. Changes and Amendments

There were no changes or amendments to this project.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Nutrition | | | | | | | | | |
|--------------------------------------------------------|---------------|----------|---------------|---------------|---------------|---------------|----------|---------------|---------------|---------------|
| 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 | 11,426 | 0 | 11,040 | 11,960 | 34,426 | 34,486 | 0 | 14,701 | 15,926 | 65,113 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 11,426 | 0 | 11,040 | 11,960 | 34,426 | 34,486 | 0 | 14,701 | 15,926 | 65,113 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 2,530 | 0 | 608 | 649 | 3,787 | 3,793 | 0 | 1,617 | 1,752 | 7,162 |

5. People Indirectly Targeted by the Project

The project provided nutrition awareness-raising for the general population that reached about 100,000 people through the distribution of IEC materials and health education group sessions both in-person and online.

6. CERF Results Framework

| | |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Project objective | To provide lifesaving nutrition services and improve nutritional status of vulnerable children (boys and girls 0-59 months) and Pregnant and Lactating Women (PLW) through equitable and inclusive access to curative and preventative nutrition services. |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|-----------------|-----------------------------------------------------------------------------------------------------------------|
| Output 1 | Under five children in IDP camps and hard to reached communities are screen and treated for acute malnutrition. |
|-----------------|-----------------------------------------------------------------------------------------------------------------|

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

| | | | | |
|-----------------------|-------------------------------------------------------------------------------------------------|---------------|-----------------|------------------------------------|
| Sector/cluster | Nutrition | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | N.4 Number of people screened for acute malnutrition | 10,000 | 30,627 | Nutrition Information System (NIS) |
| Indicator 1.2 | N.3a Number of people admitted to SAM treatment programme (therapeutic feeding) | 1,900 | 325 | NIS |
| Indicator 1.3 | N.3b Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate) | 1,500 | 325 | NIS |

| | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Explanation of output and indicators variance: | Despite the overachievement in screening of acute malnutrition, SAM treatment did not reach the target. The main reason for the underachievement was the unavailability of ready-to-use therapeutic food (RUTF) due to custom clearance issues. UNICEF had to wait over 10 months for the required Tax Exemption Certificate (TEC) from the DFA to release the RUTF. All SAM cases were without complications, and did not require referral. |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|-------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activities | Description | Implemented by |
| Activity 1.1 | Screening of under five children for acute malnutrition | Implementing partners: Community Partners International (CPI), Premiere Urgence Internationale (PUI), Suwannimit Foundation (SNF), Medical Action Myanmar (MAM), Terre des Hommes (TDH) and World Vision International (WVI). |
| Activity 1.2 | Outpatient treatment of severe acute malnourished children without complication/s | Implementing partners: CPI, PUI, SNF, MAM, TDH and WVI. |
| Activity 1.3 | Referral of severe acute malnourished children with complication/s | Implementing partners: CPI, PUI, SNF, MAM, TDH and WVI. |

| | |
|-----------------|--------------------------------------------------------------------------------------------------------------------|
| Output 2 | Under five children and women in IDP camps and hard to reached communities received preventive nutrition services. |
|-----------------|--------------------------------------------------------------------------------------------------------------------|

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

| | |
|-----------------------|-----------|
| Sector/cluster | Nutrition |
|-----------------------|-----------|

| Indicators | Description | Target | Achieved | Source of verification |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------|
| Indicator 2.1 | N.5 Number of people receiving vitamins and/or micronutrient supplements (PLW) | 33,000 | 34,486 | NIS |
| Indicator 2.2 | N.5 Number of people receiving vitamins and/or micronutrient supplements (6-59 months children) | 23,000 | 30,627 | NIS |
| Indicator 2.3 | N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies (mothers/care givers) | 1,000 | 1,000 | Partner reports |
| Explanation of output and indicators variance: | | Micronutrient supplementation for PLW and children aged 6-59 months and IYCF counselling activities overachieved relative to the target as a result of the use of existing supplies before items procured through CERF UFE were received. | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Multi-micronutrient Supplementation for PLW | Implementing partners: CPI, PUI, SNF, MAM, TDH and WVI | | |
| Activity 2.2 | Multi-micronutrient Powder (home fortification) for 6-59 months children | Implementing partners: CPI, PUI, SNF, MAM, TDH and WVI | | |
| Activity 2.3 | Community IYCF counselling for PLW and caregivers | Implementing partners: CPI, PUI, SNF, MAM, TDH and WVI | | |

| | | | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| Output 3 | Capacity of project staff and EHO staff was increased through training and monitoring and supervision | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Nutrition | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies | 250 | 250 | Partner report |
| Indicator 3.2 | Number of people benefitting training on IMAM and micronutrient supplementation | 250 | 250 | Training report, partner report |
| Indicator 3.3 | AP.5b Percentage of affected people who state that they were able to access humanitarian assistance in a safe, accessible, accountable and participatory manner | 60% | 60% | Programme visit |
| Explanation of output and indicators variance: | | The targets were met due to prioritisation of pre-implementation capacity building of partners to ensure effective implementation. | | |
| Activities | Description | Implemented by | | |

| | | |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Activity 3.1 | Provide online or in person capacity building training for implementing partners on community IYCF, IMAM and micronutrient supplementation | Implementing partners: CPI, PUI, SNF, MAM, TDH and WVI |
| Activity 3.2 | Conduct monitoring of project activities through online programme visit and field visit when and if possible | Implementing partners: CPI, PUI, SNF, MAM, TDH and WVI |
| Activity 3.3 | Provide training to community on AAP and conduct two assessment within the project duration | Implementing partners: CPI, PUI, SNF, MAM, TDH and WVI |

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 areas¹⁴ 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)¹⁵:

Before developing humanitarian programme documents with UNICEF, IPs consulted communities on the targets, locations and interventions to be implemented. After receiving their feedback and suggestions, the project was adjusted and finalized in discussions between UNICEF and IPs. During implementation, the respective IP staff and volunteers regularly monitored activities and explored feedback from communities.

b. AAP Feedback and Complaint Mechanisms:

UNICEF's IPs set up complaint hotline numbers during the COVID-19 pandemic. This is permanently accessible for community members at any time, and is used as an avenue for community members to provide feedback and complaints. This mainstreaming of community feedback facilitates the building of trust, creates a space for exchange and for the community to voice its perspectives, and for any complaints/challenges raised to be addressed. The progress of project activities as well as feedback were reviewed, discussed and actioned in quarterly meetings between UNICEF and IPs.

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

As part of the regular partnership process, UNICEF and its partners agreed on the IPs' PSEA assessment, based on which the IPs built their PSEA systems and policies with support and guidance from UNICEF. IP PSEA focal points were identified to record and handle SEA-related complaints. All UNICEF IPs were required to have regular mandatory PSEA assessments conducted by UNICEF PSEA focal points, and PSEA is integrated into each PCA. UNICEF regularly monitors the PSEA/SEA risk rating of partners and takes relevant actions accordingly.

¹⁴ 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](#).

¹⁵ 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](#).

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

This project focused on pregnant and lactating women for IYCF counselling and micronutrient supplementation. It also aimed to empower women, including through the inclusion of more women during the recruitment of service providers and volunteers as well as the creation of community support groups. Mother-to-mother support groups were formed by women, targeting pregnant and lactating women.

e. People with disabilities (PwD):

UNICEF's partners identified malnourished children with disabilities, especially through community support groups, to ensure more frequent visits and counselling for those malnourished children due to their additional care requirements. Referral linkages were provided to those requiring assistive devices.

f. Protection:

Protection of all affected people and those at risk was mainstreamed during the implementation of this project. Staff and volunteers were assigned for each village and were in regular contact with affected and at-risk people to ensure availability, access, and utilisation of preventive and curative nutrition services. They provided information on prevention measures in advance and kept UNICEF and its partners abreast of the situation on the ground. Services were provided in daytime and close to their residences to ensure that beneficiaries did not need to travel too early or too late (i.e., in the dark) to receive services, effectively mitigating protection risks. Confidentiality related to the personal information of vulnerable populations was also ensured.

g. Education:

N/A

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.

CVA was not considered for the provision of nutrition services for children for the prevention and treatment of malnutrition as this requires specialized technical case management from trained staff.

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 | N/A | N/A |

8. Visibility of CERF-funded Activities

| Title | Weblink |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Nourishing hope: Village Health volunteers provide nutrition services amidst conflict | <u>Nourishing hope: Village health volunteers provide nutrition services amidst conflict UNICEF Myanmar</u> |

3.8 Project Report 22-UF-CEF-020

| 1. Project Information | | | |
|------------------------|---------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|
| Agency: | UNICEF | Country: | Myanmar |
| Sector/cluster: | Water, Sanitation and Hygiene | CERF project code: | 22-UF-CEF-020 |
| Project title: | Lifesaving WASH services to crisis-affected population | | |
| Start date: | 18/03/2022 | End date: | 17/06/2023 |
| 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\$ 29,800,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 9,849,213 |
| | Amount received from CERF: | | US\$ 1,114,440 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 611,533 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 159,143 |
| | National NGOs | | US\$ 452,390 |
| | Red Cross/Crescent Organisation | | US\$ 0 |

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNICEF and its partners provided immediate lifesaving WASH assistance to 33,842 affected people (12,237 women, 10,742 men, 5,370 girls, 5,493 boys) in the Southeast (Kayin, Shan, Kayah), Northwest (Chin, Sagaing, Magway) and Kachin. The beneficiaries included 1,880 persons with disabilities.

Sufficient quantity of safe water for drinking, cooking, and personal hygiene was provided to 32,676 people (including 16,992 females) through the provision of water collection and storage containers, water purification tablets, and the augmentation/rehabilitation of water systems. A total of 32,037 people were reached with safe and appropriately designed child-friendly and gender-sensitive latrines to ensure dignity and safe disposal of excreta with harmful pathogens. Latrine designs ensured accessibility for persons with disabilities. A total of 33,819 people were reached with the handwashing behaviour change programming. Hygiene promotion activities were carried out through trained community volunteers.

Critical WASH supplies, including hygiene kits, tarpaulins and ropes were distributed to 13,092 IDPs. Each family was provided with a standard kit of WASH-related NFIs comprised of six bars of laundry soap, six bars of bathing soap, one bowl with a handle, three women's undergarments and two packs of sanitary pads to meet beneficiaries' WASH needs. As a cluster lead agency, UNICEF also extended WASH cluster coordination support for the Southeast and Northwest.

3. Changes and Amendments

The CERF UFE grant originally covered a one-year period from March 2022 to March 2023. UNICEF requested a three-month NCE to June 2023 to complete its WASH interventions, which was approved on 15 March 2023. The key reasons for delays included:

1. Lifesaving WASH supplies were procured and distributed on time in Kachin, Sagaing, Magway and Kayin; however, distribution was delayed in remote locations of Kayah and Chin due to armed clashes and access constraints.
2. The rehabilitation/augmentation and construction of water systems, including installation of communal water storage and distribution network, was completed in Kachin, Chin, Magway and Sagaing. However, implementation was delayed in Kayah and Shan due to constrained access to target locations. Critical supplies such as UPVC pipes, fitting and storage tanks were not available locally.
3. The construction of sanitation and hygiene facilities (latrines, bathing station and handwashing facilities) was incomplete in Kayah and Shan due to delays in customs clearance of the SATO toilet pans consignment.

UNICEF and its IPs coordinated with UNHCR, clusters and local authorities to negotiate access to ensure project completion within the extended timeframe.

Other Affected People: 1,113 people (200 households) beyond the CERF project locations in Shan were provided with SATO toilet pans to improve access to sanitation facilities and awareness on improved hygiene practices.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Water, Sanitation and Hygiene | | | | | | | | | |
|--------------------------------------------------------|-------------------------------|--------------|--------------|--------------|---------------|---------------|---------------|--------------|---------------|---------------|
| 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 | 4,261 | 3,779 | 2,099 | 1,861 | 12,000 | 4,734 | 4,156 | 2,077 | 12,125 | 23,092 |
| Host communities | 6,392 | 5,668 | 3,148 | 2,792 | 18,000 | 7,101 | 6,233 | 3,116 | 3,187 | 19,637 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 402 | 353 | 177 | 181 | 1,113 |
| Total | 10,653 | 9,447 | 5,247 | 4,653 | 30,000 | 12,237 | 10,742 | 5,370 | 15,493 | 43,842 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 533 | 472 | 262 | 233 | 1,500 | 612 | 537 | 268 | 275 | 1,692 |

5. People Indirectly Targeted by the Project

An estimated 12,000 host community members were targeted by the project. In communities where water systems rehabilitation was carried out, host community members have benefitted from access to improved water systems. Additionally, host community members benefitted from the hygiene behaviour change campaigns that contributed to improving hygiene practices.

6. CERF Results Framework

| | | | | |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------|
| Project objective | Provide lifesaving WASH assistance to prevent diseases outbreak and associated deaths and meet critical needs of the affected populations, particularly vulnerable children and women among the IDPs and conflict-affected communities in Southeast (Shan, Kayah), Northwest (Chin, Sagaing, Magway) and Kachin. | | | |
| Output 1 | 30,000 people (9,447 men, 10,653 women, 4,653 boys and 5,247 girls) in conflict affected areas are provided with access to lifesaving emergency WASH supplies and assistance. | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Water, Sanitation and Hygiene | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard | 30,000 | 32,676 | Implementing partner reports, monitoring visits |
| Indicator 1.2 | WS.9a Number of people who report using a safe, dignified and functional sanitation facility with functional handwashing facility (with soap/cleaning agent and water | 30,000 | 32,037 | Implementing partner reports, monitoring visits |
| Indicator 1.3 | WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits) | 30,000 | 33,842 | Implementing partner reports, field monitoring |
| Indicator 1.4 | WS.20 Number of people with improved knowledge that demonstrate safe hygiene practices that have received hygiene promotion and/or distribution of hygiene items/materials | 30,000 | 33,819 | Implementing partner reports, field monitoring |
| Indicator 1.5 | AP.3a Number of affected people who state that they were consulted on the humanitarian response (- 20 per cent representing all marginalized group) | 6,000 | 7,608 | Implementing partner reports, field monitoring |
| Explanation of output and indicators variance: | | Overachievement is the result of additional people reached with critical WASH supplies and awareness-raising activities. | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Procurement and distribution of water purification tablets, flocculent, water filters, water storage tanks and containers | Karuna Mission Social Solidarity, Kachin Baptist Convention, Mawk Kon Local Development Organisation, Suwannimit Foundation, Mercy Corps, Health Poverty Action and Ar Yone Oo | | |

| | | |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Activity 1.2 | Rehabilitation/augmentation and construction of water systems including installation of communal water storage and distribution network and training of water users | Karuna Mission Social Solidarity, Kachin Batist Convention, SNF and Ar Yone Oo |
| Activity 1.3 | Construction of emergency latrines and handwashing facilities and communal/private bathing facilities where feasible | Karuna Mission Social Solidarity, Kachin Batist Convention, SNF and Ar Yone Oo |
| Activity 1.4 | Distribution of critical WASH supplies –hygiene kits to be distributed and complemented with social and behaviour change communication | Karuna Mission Social Solidarity, Kachin Batist Convention, SNF and Ar Yone Oo + UNICEF direct distribution |

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 areas¹⁶ 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)¹⁷:

As AAP is a strategic priority for UNICEF, significant efforts were made to ensure that affected children and families participated in humanitarian planning processes and in decision-making for protection services. AAP indicators were included in the approved programme document to ensure that complaints and feedback mechanisms were set up. A total of 8,454 people were consulted for the WASH response.

Key information on the humanitarian response was shared with beneficiaries through community meetings. Community leaders and project volunteers played key roles in the dissemination of project information to targeted communities. During the distribution of WASH supplies, beneficiaries were made aware of available products and their appropriate use were demonstrated at the time of distribution (e. g., hygiene kit contents and use of water purification sachets). IDP committees and community leaders were also consulted on the design of sanitation facilities (e.g., latrines and bathing shelters).

b. AAP Feedback and Complaint Mechanisms:

UNICEF's partners set up complaint hotline numbers that were easily accessible for community members. Additionally, UNICEF developed 'RapidPro' software-based applications operated through low-cost Viber messaging, which facilitates two-way communication. RapidPro was used to obtain feedback on WASH response satisfaction. It helped with overcome monitoring challenges and soliciting feedback. The app with the expanded scope includes complaint and feedback mechanisms on WASH services. Additionally, the WASH Cluster collects AAP information from IPs when filling out the 4W, cross-checking with Camp Coordination and Camp Management AAP data collection. UNICEF WASH staff carried out field visits, and a third-party agency was engaged to monitor the quality of programme implementation.

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

¹⁶ 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](#).

¹⁷ 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](#).

UNICEF has zero tolerance for SEA and ensures that PSEA requirements are met by all IPs. This includes conducting PSEA assessments of all partners before engaging in partnerships with them. PSEA is integrated into each PCA. UNICEF regularly monitored the PSEA and SEA risk rating of its partners and appropriate actions were taken to strengthen IP PSEA policies and mechanisms. PSEA orientation sessions were organized for project support staff prior to project implementation. At the field level, PSEA sessions were conducted with the participation of community volunteers who facilitated the implementation process.

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

The project considered the needs of women and girls, particularly by ensuring the establishment of gender-segregated sanitation facilities (e.g., latrines and bathing shelters) and the inclusion of relevant supplies (e.g., sanitary pads and undergarments) in hygiene kits.

e. People with disabilities (PwD):

The project targeted persons with disabilities in particular by ensuring that WASH services were accessible. The design of water points, latrines and bathing shelters included features to ensure barrier-free access for all. People with physical disabilities were consulted during the infrastructure design and construction.

f. Protection:

Consideration of protection mainstreaming and GBV considerations within UNICEF WASH activities align with WASH Cluster guidance notes and the WASH Cluster's strategic operational framework, which was developed based on global best practices and localised to specific contexts. These documents are regularly updated based upon inputs from all WASH Cluster partners through consultation with their beneficiaries in groups that amplify the voices of vulnerable people. WASH Cluster partners have gender advisors, and past/ongoing studies shared through the WASH Cluster shaped overall programming approaches. Feedback from girls and women were obtained in the design, construction and location of WASH facilities to prevent gender-based/sexual violence in accessing WASH facilities.

g. Education:

N/A

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.

CVA was not suitable to provide WASH services in the current context. Given the challenges faced by temporary IDPs located in jungles and forests, access to WASH NFIs remains a challenge. It was thus considered appropriate to prioritise procurement and distribution rather than CVA.

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 | 0 | US\$ 0 | N/A | N/A |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pond clean-up helps community feel safe | https://www.unicef.org/myanmar/stories/pond-clean-helps-community-feel-safe |

3.9 Project Report 22-UF-WFP-018

| 1. Project Information | | | |
|------------------------|---------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|
| Agency: | WFP | Country: | Myanmar |
| Sector/cluster: | Food Security - Food Assistance | CERF project code: | 22-UF-WFP-018 |
| Project title: | Cash Assistance to Displaced and Conflict-affected Persons | | |
| Start date: | 14/03/2022 | End date: | 13/03/2023 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 165,699,764 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 61,125,904 |
| | Amount received from CERF: | | US\$ 2,500,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 1,226,503 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 171,844 |
| | National NGOs | | US\$ 1,054,659 |
| | Red Cross/Crescent Organisation | | US\$ 0 |

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WFP and its partners provided lifesaving assistance to 166,343 internally displaced and food-insecure people in 22 townships across Kachin, Rakhine and Shan states through cash-based transfers valued at \$1,926,600. WFP successfully completed the implementation of this project together with seven IPs, including six local NGOs and CBOs. WFP also delivered assistance through direct distributions. In areas where e-cash transfers were not possible, WFP and its partners provided cash-in-envelopes. Of the beneficiaries, 51.7 per cent were women and 49.3 percent were men. During project implementation, WFP staff monitored the performance of IPs to ensure expected project outputs and outcomes were achieved on time and the desired level of quality.

3. Changes and Amendments

WFP planned to reach 95,000 people with 2 months of assistance, as noted in its original budget specification ("Two cash transfers to 95,000 beneficiaries at MMK 18,000 (18,000/1,776=\$10.14) per beneficiary per transfer (per month)"). However, based on evolving needs, the project was adjusted in order to reach 166,343 people through one month of assistance, including women-headed households and other vulnerable groups who have lost their homes and/or livelihoods. This was based on the profile of WFP beneficiaries. It was deemed more efficient and impactful for WFP to reach specific groups of beneficiaries with full months of assistance, based on the beneficiary caseloads of partners. As such, rather than reaching partial caseloads of beneficiaries over more months, WFP chose to direct support to partners to cover full caseloads for a one-month period. WFP also included coverage of a small number of people living in host

communities even though these beneficiaries were not considered in the original proposal. After the development of the proposal, WFP identified these beneficiaries as meeting the criteria for assistance, contributing to additional beneficiaries being reached above the originally planned target.

In terms of persons with disabilities, WFP originally estimated that 13 per cent of beneficiaries would be PwD, based on the national average. However, a recent analysis on disability among WFP beneficiary populations has found the rate to be closer to 3 per cent. As a result, the actual number of beneficiaries reached reflects the situation on the ground, which is different than the estimate at the time of proposal development.

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 | 33,883 | 27,145 | 17,417 | 16,555 | 95,000 | 55,411 | 48,358 | 29,280 | 29,283 | 162,332 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 1,201 | 1,344 | 741 | 725 | 4,011 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 33,883 | 27,145 | 17,417 | 16,555 | 95,000 | 56,612 | 49,702 | 30,021 | 30,008 | 166,343 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 4,337 | 3,475 | 2,229 | 2,119 | 12,160 | 1,698 | 1,491 | 901 | 900 | 4,990 |

5. People Indirectly Targeted by the Project

Local retailers were indirectly supported through direct beneficiaries who received cash assistance to procure food commodities from local markets. About a dozen local IPs and local financial service providers also indirectly benefited from this project as a result of having improved their capacity for timely service delivery by working in collaboration with WFP. Additionally, the project helped enhance their financial inclusion skills, such as providing electronic financial transfer services to women, people with disabilities and other vulnerable communities from project implementation areas.

6. CERF Results Framework

| | | | | |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|----------------------------------|
| Project objective | Ensure the targeted population has equitable access to sufficient, safe and nutritious food. | | | |
| Output 1 | Cash-based transfers are distributed to targeted populations over the course of six months in sufficient amounts to meet 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 | Cash.2a Number of people benefitting from sector-specific unconditional cash transfers (Number of people receiving cash) | 95,000 | 166,343 | WFP M&E tools |
| Indicator 1.2 | Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD (Quantity of cash assistance distributed in USD) | 1,926,600 | 1,926,600 | WFP internal accounting system |
| Indicator 1.3 | Number of affected people who state that they were able to access humanitarian assistance (through CVA) in a safe, accessible, accountable and participatory manner | 95,000 | 163,016 | WFP Post-Distribution Monitoring |
| Indicator 1.4 | AP.5b Percentage of affected people who state that they were able to access humanitarian assistance and services in a safe, accessible, accountable and participatory manner | 100% | 98% | WFP Post-Distribution Monitoring |
| Indicator 1.5 | FS.1b Percentage of households relying on stress livelihoods coping strategies | <47.2 | 40% | WFP Post-Distribution Monitoring |
| Indicator 1.6 | FS.1c Percentage of households relying on crisis livelihoods coping strategies | <21.1 | 35% | WFP Post-Distribution Monitoring |
| Indicator 1.7 | FS.1d Percentage of households relying on emergency livelihoods coping strategies | <2.6 | 10% | WFP Post-Distribution Monitoring |

| Indicator 1.8 | FS.3 Average reduced Coping Strategies Index (rCSI) | <10 | 1.8 | WFP Post-Distribution Monitoring |
|------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------|
| Indicator 1.9 | FS.5a Percentage of households with an acceptable food consumption score | >=80 | 66% | WFP Post-Distribution Monitoring |
| Indicator 1.10 | FS.5b Percentage of households with a borderline food consumption score | <=19 | 32% | WFP Post-Distribution Monitoring |
| Indicator 1.11 | FS.5c Percentage of households with a poor food consumption score | <=1 | 1.3% | WFP Post-Distribution Monitoring |
| Explanation of output and indicators variance | | WFP targeted a larger population with 1 month of assistance rather than a smaller population with 2 months of support. WFP collects data on safe, accessible, accountable, and participatory access as a percentage among a sample of beneficiaries. This data is collected based on both food and cash modalities. Underachievements in the indicators are attributable to the impact of food and fuel price increases in recent months, as well as the ongoing political, economic and social crises. | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Identification and selection of villages and beneficiaries | WFP and Cooperating Partners | | |
| Activity 1.2 | Provision of cash assistance targeting 95,000 people | WFP Cooperating Partners: <ul style="list-style-type: none"> • Karuna Mission Social Solidarity - KMSS (LSO) • Myanmar's Heart Development Organization (KKI) • Karuna Mission Social Solidarity - KMSS (BM) • Karuna Mission Social Solidarity - KMSS (MKN) • Myanmar's Heart Development Organization (STW) • People for People • Save the Children International and Financial Service Providers: <ul style="list-style-type: none"> • Wave Money | | |
| Activity 1.3 | Post-distribution monitoring, 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 areas¹⁸ 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.**

¹⁸ 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) ¹⁹:

WFP implements all aspects of AAP, primarily through its Community Engagement Mechanism (CEM) which operates in each of the states/regions where food security assistance was provided with CERF support. In March and April 2022, WFP conducted beneficiary awareness-raising on protection from PSEA, reaching more than 1,000 people. The sessions were delivered in partnership with a local CSO. Language-specific helplines operated by CEM focal points enabled beneficiaries to use the mechanism in their preferred language. Participation of different gender and age groups in WFP programme design and implementation was ensured through community committees with diverse membership and leadership; focus group discussions for women; visits to older people and persons with disabilities to collect their perspectives; and the provision of multiple avenues to access the CEM to suit those with different levels of literacy, vision and phone access, for example.

b. AAP Feedback and Complaint Mechanisms:

WFP's CEM operates in parallel to its relief assistance operations and ensures all community members can voice their opinions, complaints and suggestions. The CEM includes information provision, consultation, and feedback and complaints. Feedback collected through the CEM and during monitoring visits by WFP and its partners is collected and analysed to assess how satisfied beneficiaries are with the programme, and the results are used to develop more efficient interventions for future rounds of assistance. WFP received 9,097 case reports through its CEM that were related to cash-based programming in Kachin, Shan and Rakhine between March 2022 and March 2023. More than half were requests to be included as WFP beneficiaries.

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

WFP's CEM is available for SEA complaints with CEM focal points trained in handling sensitive complaints. PSEA sessions for WFP beneficiaries in Kachin, Shan, and Kayin were conducted in March and April 2022 through a local CSO, Myanmar Youth Stars Network. Efforts to prevent SEA risks have been further strengthened by the rollout of a 'PSEA at the frontline' initiative. Under this initiative, all frontline staff from WFP and IPs, as well as vendors who deal directly with beneficiaries, were provided with education materials on PSEA. WFP did not receive complaints related to SEA from beneficiaries during the CERF implementation period. PSEA Standard Operating Procedures are being updated following the release of a new WFP Executive Circular on PSEA. The Circular includes new terms of reference for PSEA focal points.

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

WFP continues to integrate cross-cutting issues across its response. This includes efforts to have women be the holders of household entitlements so that they can make decisions regarding spending. WFP has contributed to the development of guidance for safe houses for GBV survivors and a guidance note for the management of GBV prevention and response for children aged 13 years and below. WFP provided a Training-of-Trainers on digital and financial literacy for WFP and IP staff in late 2021 and early 2022, with the IPs then conducting trainings at camps in Rakhine, Kachin and Shan between March and December 2022. Subsequently, in August 2022, WFP conducted an assessment on gender and GBV related to cash-based transfers involving 200 participants (127 women, 73 men) – 62 per cent from Kachin and 38 per cent from northern Shan State. The findings show that 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; and 80 per cent of women and men reported they had participated in at least one GBV awareness session.

e. People with disabilities (PwD):

In January 2023, WFP surveyed 108 households with persons with disabilities to assess the impact of its disability cash top-up pilot in Kachin and Shan states. The 6-month pilot, which ran from July to December 2022, was launched in response to WFP data which showed

¹⁹ 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](#).

households with persons with disabilities experience higher levels of food insecurity. As part of the pilot, 1,400 households received monthly cash top-up payments. Analysis of the pilot showed the top-up improved food consumption scores in beneficiary households and allowed them to better meet their basic needs. WFP will expand the pilot to Rakhine later in 2023. WFP also conducted a series of focus group discussions and key informant interviews in February and March 2023 to deepen its understanding of the needs of persons with disabilities. In total, WFP conducted 39 focus group discussions and interviewed 52 key informants in central Rakhine, northern Shan, Kachin and Kayah. The discussions and interviews were used to collect greater insights on food security, nutrition and the overall multidimensional needs of households with persons with disabilities in WFP implementation areas.

f. Protection:

WFP Myanmar's programme teams use a risk matrix process to identify risks and mitigation measures. The risk matrix covers a range of risks including programmatic, financial, market, safety and security and cross-cutting issues. Cross-cutting issues continue to be integrated across WFP's response. WFP also ensures equitable inclusion and protection of persons with disabilities and applies a conflict sensitivity lens to its activities. Protection, Gender and Accountability to Affected Populations focal persons are trained in making protection referrals on general protection, GBV and handling any SEA allegations. Protection-related distribution methods were used such as priority lines, use of proxies or transportation assistance for people with mobility challenges.

g. Education:

WFP provided a Training-of-Trainers on digital and financial literacy for WFP and IP staff in late 2021 and early 2022. The IPs then carried out trainings at camps in Rakhine, Kachin and Shan between March and December 2022. One person per household participated in the trainings, with around 40 per cent of households in IDP camps reached through the training.

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 the sole intervention in the CERF project | Yes, CVA is the sole intervention in the CERF project | 166,343 |

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 assistance was provided through cash-based transfers. These were delivered to beneficiaries through e-cash transfers or physical cash-in-envelope. This cash assistance was unconditional.

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 1: Cash-based transfers are distributed to targeted populations over the course of six months in sufficient amounts to meet daily food and nutrition needs. | 166,343 | \$1,926,600 | Food Security - Food Assistance | Unrestricted |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|-------|---------|
| N/A | N/A |

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Sector | Agency | Implementing Partner Type | Funds Transferred in USD |
|--------------------------|-------------------------------|---------------|----------------------------------|---------------------------------|
| 22-UF-FAO-009 | Agriculture | FAO | NNGO | \$30,371 |
| 22-UF-FAO-009 | Agriculture | FAO | INGO | \$47,363 |
| 22-UF-HCR-009 | Protection | UNHCR | INGO | \$28,615 |
| 22-UF-HCR-009 | Protection | UNHCR | NNGO | \$15,929 |
| 22-UF-HCR-009 | Protection | UNHCR | RedC | \$86,735 |
| 22-UF-HCR-009 | Protection | UNHCR | INGO | \$104,432 |
| 22-UF-HCR-009 | Protection | UNHCR | NNGO | \$15,794 |
| 22-UF-HCR-009 | Protection | UNHCR | NNGO | \$164,339 |
| 22-UF-WFP-018 | Food Assistance | WFP | NNGO | \$14,328 |
| 22-UF-WFP-018 | Food Assistance | WFP | NNGO | \$9,784 |
| 22-UF-WFP-018 | Food Assistance | WFP | NNGO | \$76,681 |
| 22-UF-WFP-018 | Food Assistance | WFP | NNGO | \$242,247 |
| 22-UF-WFP-018 | Food Assistance | WFP | NNGO | \$337,536 |
| 22-UF-WFP-018 | Food Assistance | WFP | NNGO | \$374,083 |
| 22-UF-WFP-018 | Food Assistance | WFP | INGO | \$171,844 |
| 22-UF-CEF-019 | Nutrition | UNICEF | INGO | \$150,564 |
| 22-UF-CEF-019 | Nutrition | UNICEF | INGO | \$138,695 |
| 22-UF-CEF-019 | Nutrition | UNICEF | INGO | \$32,901 |
| 22-UF-CEF-019 | Nutrition | UNICEF | INGO | \$48,013 |
| 22-UF-CEF-019 | Nutrition | UNICEF | INGO | \$14,098 |
| 22-UF-CEF-019 | Nutrition | UNICEF | INGO | \$10,364 |
| 22-UF-CEF-018 | Health | UNICEF | INGO | \$41,470 |
| 22-UF-CEF-018 | Health | UNICEF | NNGO | \$80,362 |
| 22-UF-CEF-018 | Health | UNICEF | INGO | \$364,544 |
| 22-UF-CEF-020 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$367,433 |
| 22-UF-CEF-020 | Water, Sanitation and Hygiene | UNICEF | INGO | \$12,529 |
| 22-UF-CEF-020 | Water, Sanitation and Hygiene | UNICEF | INGO | \$85,266 |
| 22-UF-CEF-020 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$19,224 |
| 22-UF-CEF-020 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$53,050 |
| 22-UF-CEF-020 | Water, Sanitation and Hygiene | UNICEF | INGO | \$61,348 |
| 22-UF-CEF-020 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$12,683 |
| 22-UF-CEF-017 | Education | UNICEF | NNGO | \$262,566 |
| 22-UF-CEF-017 | Education | UNICEF | INGO | \$458,731 |
| 22-UF-CEF-016 | Child Protection | UNICEF | NNGO | \$50,819 |

| | | | | |
|---------------|--------------------------------|--------|------|-----------|
| 22-UF-CEF-016 | Child Protection | UNICEF | INGO | \$163,530 |
| 22-UF-CEF-016 | Child Protection | UNICEF | NNGO | \$47,556 |
| 22-UF-CEF-016 | Child Protection | UNICEF | NNGO | \$45,676 |
| 22-UF-CEF-016 | Child Protection | UNICEF | NNGO | \$66,603 |
| 22-UF-CEF-016 | Child Protection | UNICEF | NNGO | \$137,517 |
| 22-UF-FPA-013 | Sexual and Reproductive Health | UNFPA | INGO | \$50,379 |
| 22-UF-FPA-013 | Gender-Based Violence | UNFPA | INGO | \$101,550 |
| 22-UF-FPA-013 | Gender-Based Violence | UNFPA | INGO | \$19,544 |
| 22-UF-FPA-013 | Sexual and Reproductive Health | UNFPA | INGO | \$94,450 |
| 22-UF-FPA-013 | Gender-Based Violence | UNFPA | NNGO | \$20,073 |
| 22-UF-FPA-013 | Gender-Based Violence | UNFPA | NNGO | \$65,834 |
| 22-UF-FPA-013 | Sexual and Reproductive Health | UNFPA | RedC | \$93,470 |
| 22-UF-FPA-013 | Gender-Based Violence | UNFPA | INGO | \$7,871 |