



**MYANMAR
RAPID RESPONSE
STORM
2023**

23-RR-MMR-59095

Marcoluigi Corsi

Resident/Humanitarian Coordinator a.i.

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

3 September
2024

On 3 September 2024, OCHA Myanmar convened and facilitated the After-Action Review (AAR) for this CERF Rapid Response grant for Cyclone Mocha. Eleven organizations participated in the AAR session, including all 6 CERF recipient UN agencies – IOM, UNFPA, UNICEF, UNHCR, WFP and WHO – along with 5 of their local implementing partners: Chin Human Rights Organization, Development of Society Myanmar, Karuna Mission Social Solidarity, M-DoS and the University of Medicine Magway Alumni Association. A total of 31 people participated in the AAR: 19 representatives from the recipient UN agencies, 9 from local CSOs/NGOs and 3 staff members from OCHA. Twenty of the 31 participants were national staff from both local and international organizations.

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

Yes No

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

Yes No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The passage of Cyclone Mocha, one of the strongest cyclones ever recorded in Myanmar, left a trail of destruction in communities across Rakhine, the Northwest and Kachin. The devastating cyclone affected more than 3 million people, creating a crisis within a crisis as years of protracted conflict and widescale displacement, compounded by the COVID-19 pandemic, left people with limited coping capacities and reduced ability to recover from the storm.

Cyclone Mocha created an additional caseload of 500,000 people in affected areas beyond the planning figures for the 2023 Humanitarian Response Plan (HRP) and intensified displacement and the severity of needs for those already covered by the HRP. This US\$10 million CERF grant provided a time-critical injection of funding to help UN agencies and partners overcome resource shortfalls and kick-start emergency relief operations in the hardest-hit areas. CERF funding facilitated the procurement and transportation of critical emergency relief supplies, supported the delivery of lifesaving health and protection services as well as the provision of cash support to address multi-sectoral needs.

Amid severe underfunding, this CERF grant provided critical complementarity funding to the Myanmar Humanitarian Fund's allocations for Cyclone Mocha (\$7 million), which helped the humanitarian community quickly expand the geographical and sectoral scope and scale of the response to help keep pace with new displacement and needs, demonstrating the added value of coordinated pooled fund prioritization processes in making the most strategic use of limited resources.

This CERF grant also advanced strategic partnerships with local CSOs and NGOs, leveraging their local connections and knowledge to support modest access breakthroughs in some locations amid an extremely constrained operating environment, with increased bureaucratic impediments, physical access barriers and worsening conflict making it extremely difficult to reach the most vulnerable people in cyclone-affected areas.

CERF's Added Value:

This CERF Rapid Response grant was critical in supporting lifesaving humanitarian interventions in the aftermath of Cyclone Mocha – the worst disaster in Myanmar in nearly a decade. Amid an extremely constrained operating environment, CERF's flexibility allowed agencies to shift activities and locations to better navigate operational challenges and tailor responses to a rapidly changing operating environment, while no-cost extensions (NCE) granted agencies the time necessary to negotiate access where possible and to roll out alternative, flexible response modalities to overcome access barriers and other constraints, including procurement challenges.

This CERF grant supported partnerships with 15 local organizations, which not only promoted enhanced localization of the response but also proved indispensable in navigating an extremely restrictive access environment. Strategic partnerships with local CSOs and NGOs facilitated modest access breakthroughs in some locations that helped agencies reach the most vulnerable populations despite a myriad of access and logistics constraints. This grant also supported capacity strengthening for local partners, including on important cross-cutting issues such as accountability to affected populations (AAP), disability inclusion as well as prevention of sexual exploitation and abuse (SEA), which will support the scale-up and better mainstreaming of these priority response areas in local communities beyond the lifespan of this CERF grant.

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

Yes

Partially

No

Yes. During the AAR, UN agencies highlighted that CERF funds facilitated a rapid response to the multifaceted impacts of Cyclone Mocha, including through the quick distribution of pre-existing stocks such as food and NFIs later replenished using CERF funds, allowing assisted people to receive much-needed support in the first days after the devastating cyclone. Amid severe underfunding, CERF's support allowed partners to quickly scale-up relief efforts through the procurement of critical relief supplies and the resumption of lifesaving services, including those related to health and protection, and supported the establishment of robust partnerships with local organizations with a strong presence and networks in *affected* communities that helped accelerate the pace of response activities. Additionally, at the AAR, the prioritization of cash assistance through this CERF grant was underscored by many UN agencies as a flexible response modality which allowed for the quick delivery of support to assisted people, where markets were functioning, avoiding the lengthy processes associated with in-kind procurement and distribution as well as access negotiations and securing travel authorization in a heavily constrained operational environment after Cyclone Mocha.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Yes, CERF's funds helped UN agencies and partners scale-up response efforts to address the most pressing needs and protection risks of cyclone-affected people. CERF funds supported the delivery of lifesaving food, health, protection, shelter and WASH support, including emergency food aid, rehabilitation of health facilities and delivery of medicines and medical supplies, provision of safe water and hygiene items, GBV case management and psychosocial support, as well as emergency cash assistance for GBV referrals and shelter support, as scores of damaged or destroyed homes, loss of access to safe water, and severe impacts on livelihoods and food security left people in urgent need of assistance and protection. These interventions not only address the time-critical needs of affected people but also provided them the support required to begin recovering and building resilience to endure the remainder of the monsoon season, as heavy rains and associated flooding continued to affect the same locations battered by Mocha in the weeks and months after the cyclone.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

The emphasis placed on localization through this CERF grant helped UN agencies build strong relationships with local organizations and facilitated their inclusion and participation in the response coordination architecture, ensuring better and more regular communication and collaboration within and across clusters at both the national and sub-national levels. In the Northwest, for instance, CERF funds helped strengthen cluster and inter-cluster area-based coordination, as well as coordination on key cross-cutting response priorities, such as GBV and Mine Action, demonstrating CERF's added value in bolstering nascent coordination structures at the sub-national level and promoting more coordinated action on underfunded priority response areas.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Yes. At the AAR, multiple UN agencies highlighted that securing CERF funds acted as a catalyst for their resource mobilization efforts to scale-up the cyclone response, as receipt of CERF funds demonstrated that agencies and their partners had the capacity to deliver lifesaving aid under difficult circumstances and put them in a better position to advocate for additional resources within their respective organizations or from other donors and funding mechanisms. Some agencies

highlighted the importance of the complementary use of CERF funds and other resources in helping scale-up response efforts to rapidly growing displacement and needs against a backdrop of severe underfunding. In the case of UNICEF, complementary funding was secured through the Myanmar Humanitarian Fund's (MHF) second Reserve Allocation for Cyclone Mocha. Additionally, some agencies' NGO implementing partners, including local organizations, received direct funding through the MHF's reserve allocations for the cyclone, complementing the funding they received indirectly through CERF.

Considerations of the ERC's Underfunded Priority Areas¹:

Of the underfunded priority areas, support for women and girls, including for prevention and response to gender-based violence (GBV) and sexual and reproductive health and rights (SRHR), as well as specific protection interventions, including child protection and mine action, required the most urgent funding following Cyclone Mocha, as the protection landscape significantly deteriorated putting women and girls, including those with disabilities, at heightened risk. As a result, this CERF allocation prioritized several interventions directly targeting women and girls affected by the cyclone, delivering context-appropriate responses to their specific needs including through SRHR, MHPSS and GBV services. The delivery of these services as well as the provision of critical relief supplies, including clean delivery and dignity kits, reached the most vulnerable women and girls with the assistance they desperately needed, including GBV survivors, pregnant women and adolescent girls, helping them address their immediate health and protection needs and vulnerabilities. UN agencies also made concerted efforts to ensure women's active participation in decision-making and supported advocacy on gender equality and women's empowerment.

Protection monitoring rolled out with the support of CERF assessed protection risks faced by targeted beneficiaries to help better inform the design and implementation of tailored responses, while community-based protection activities directly involved communities in protection outcomes and enabled them to improve their resilience. Additionally, all activities funded through this grant promoted the mainstreaming of gender and protection considerations, including PSEA and Explosive Ordnance Risk Education (EORE). All projects included specific targeting for disability, ensuring that activities were tailored to the differentiated needs of persons with disabilities. Partnerships with local organizations, including local Organizations of Persons with Disabilities (OPD), helped overcome challenges in identifying and addressing the specific barriers faced by women and girls with disabilities. Beyond mainstreaming, targeted assistance was also provided to persons with disabilities through the delivery of specialized victim assistance. Moreover, EORE mainstreaming helped raise awareness on the risks of landmines and explosive ordnance (EO) and helped improve safety in communities facing growing levels of contamination and acquired disability from landmine/EO incidents.

CERF can continue to support these priority underfunded areas by focusing on enhanced support for local organizations, including local women's organizations and local OPDs, leveraging the knowledge and networks of these partners in affected communities to deliver these sensitive response activities in a more effective and safe way in hard-to-reach areas. Equitable resource and capacity sharing with these organizations through CERF-funded projects will ensure greater impact and sustainability in these response areas. For instance, providing local partners with the capacity strengthening and resources they require to improve disability inclusion will be key moving forward, as UN agencies' reports highlight the challenges associated with the collection and analysis of disability-related data in their projects which

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](#).

created difficulties for identifying and targeting persons with disabilities as well as monitoring and reporting on the assistance they received. The key operational challenges hindering enhanced efforts on this front remain the restrictive access environment and deteriorating security situation in many locations, the sensitivities and increased scrutiny surrounding gender and protection-related activities, and the need for greater resource and capacity sharing with local partners.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	\$886,738,899
CERF	10,000,614
Country-Based Pooled Fund (if applicable)	34,230,779
Other (bilateral/multilateral)	397,084,536
Total funding received for the humanitarian response (by source above)	441,315,929

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

Agency	Project Code	Sector/Cluster	Amount
IOM	23-RR-IOM-020	Shelter and Non-Food Items	1,500,000
UNFPA	23-RR-FPA-023	Protection - Gender-Based Violence	500,000
UNFPA	23-RR-FPA-023	Health - Sexual and Reproductive Health	500,000
UNHCR	23-RR-HCR-018	Shelter and Non-Food Items	1,507,500
UNHCR	23-RR-HCR-018	Protection	742,500
UNICEF	23-RR-CEF-031	Water, Sanitation and Hygiene	2,007,500
UNICEF	23-RR-CEF-031	Protection - Child Protection	550,000
UNICEF	23-RR-CEF-031	Protection - Mine Action	192,500
WFP	23-RR-WFP-024	Food Security - Food Assistance	1,000,000
WHO	23-RR-WHO-023	Health	1,500,614
Total			10,000,614

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

Total funds implemented directly by UN agencies including procurement of relief goods	5,996,446
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	1,721,348
Funds sub-granted to national NGO partners*	2,546,125
Funds sub-granted to Red Cross/Red Crescent partners*	0

Total funds transferred to implementing partners (IP)*	4,267,473
Total	10,000,614

* 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:

Extremely Severe Cyclone Mocha hit Myanmar’s Rakhine State with brutal force on 14 May. One of the strongest cyclones ever recorded in Myanmar, the eye made landfall between Cox’s Bazaar and Kyaukpyu Township, approaching the coast with maximum sustained winds of around 250 km/h and wind gusts of up to 305 km/h, before continuing inland and impacting communities with heavy rain and winds on 15 May. Cyclone Mocha wrought havoc across Rakhine, the Northwest (Chin, Sagaing, Magway) and Kachin, affecting more than 3 million people. The cyclone and flooding that followed hit an area of high pre-existing need and vulnerability, with large numbers of displaced, returned, stateless and other crisis-affected people struggling to cope with the cyclone’s multi-faceted impacts due to limited coping capacities and adequate resources for humanitarian partners to deliver a response commensurate with the levels of new displacement and need. Cyclone Mocha created an additional caseload of 500,000 people in affected areas beyond the planning figures for the 2023 HRP and intensified displacement and the severity of needs for those already covered by the HRP. This significant increase in needs occurred against a backdrop of severe underfunding, with the HRP just 10 per cent funded when Mocha made landfall.

Heavy rainfall, storm surge and strong winds associated with the cyclone caused widespread damage across affected locations, including flooding in low-lying areas of Rakhine, particularly in and around the state capital, Sittwe, as well as the townships of Kyauktaw, Maungdaw, Pauktaw, Ponnagyun, and Rathedaung. Almost all buildings in Sittwe and Rathedaung suffered damage, leaving hundreds of thousands of people either homeless or living in damaged houses. Significant damage was suffered by displacement camps, where long houses were left in splinters and access bridges washed away. Extensive areas of farming land and coastal areas were affected, with severe losses of assets that are crucial for the agriculture and fishery sectors, with significant implications for an already dire livelihoods and food security situation. Even prior to the cyclone, the affected areas were characterized by heavy humanitarian needs resulting from years of conflict, displacement, statelessness, COVID-19 and economic instability. This new disaster added a devastating new dimension to the humanitarian situation, leaving people in desperate need of lifesaving assistance and protection.

The cyclone also added an additional layer of complexity to the already severely constrained access and operational environment in cyclone-affected areas. Bureaucratic impediments imposed by the State Administration Council (SAC), including the denial of travel authorizations and UN joint distributions, severely hindered the speed and efficiency of response operations, while physical access constraints including severe damage to infrastructure – which was already limited in many areas – made reaching remote communities even more challenging. Telecommunications were cut in the initial days following Mocha and remained patchy in the weeks and months that followed, while Sittwe airport and many roads were inaccessible and badly damaged affecting the size of aircraft and vehicles that could access the impact zone in the cyclone’s immediate aftermath.

Operational Use of the CERF Allocation and Results:

On 18 May 2023, the Emergency Relief Coordinator allocated \$10 million from CERF's Rapid Response window to kick-start emergency relief efforts following the destruction wrought by Cyclone Mocha. This time-critical funding enabled UN agencies and their partners to provide lifesaving assistance to 283,000 people, including 98,430 women, 66,140 men, 118,430 children, and 9,485 persons with disabilities in Food Security, Health (including Sexual and Reproductive Health), Protection (including GBV and Child Protection), Shelter and Non-Food Items, and Water, Sanitation and Hygiene (WASH). With CERF's support, UN agencies and their partners delivered critical humanitarian aid and services that helped affected people cope and recover from the multifaceted impacts of the cyclone, prevented a dangerous accumulation of unmet needs and compounding vulnerabilities, and facilitated timely interventions to help combat the heightened risk of waterborne and other communicable disease outbreaks, such as cholera, dengue and malaria, in Mocha's aftermath.

This response provided lifesaving support to the most vulnerable, including people whose homes were destroyed by the devastating cyclone, and people displaced by conflict and past inter-communal violence in Rakhine, Chin, Sagaing and Magway. This funding supported a desperately needed scale-up in the response to new needs in areas of extreme pre-existing need and vulnerability already facing significant humanitarian challenges due to conflict, displacement as well as political and economic instability before the cyclone. This timely injection of CERF funding was crucial amid chronic underfunding of the humanitarian response, with the 2023 HPR only 10 per cent funded when Mocha made landfall, ultimately only securing just \$394 million (44 per cent) of the \$764 million requirement. This CERF allocation strategically complemented two MHF allocations (\$7 million) to support cyclone response efforts, with more funds disbursed from an \$8 million MHF allocation in October 2023 providing additional support to further expand the cyclone response, including early recover and recuperation.

People Directly Reached:

CERF-funded projects directly reached approximately 283,000 people with lifesaving assistance, representing an overachievement of more than 50 per cent against the original target of 188,000 people despite seemingly insurmountable operational challenges faced by UN agencies and partners. For each project, the number of people reached was disaggregated first by cluster and then by location at the 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 283,000. To estimate the number people reached by category (see Table 5), each agency's estimates of the number of host community members, IDPs, returnees and other crisis-affected people reached were first summed up. The percentage of each category (host community, IDPs, returnees and others) was then determined. Using these percentages, the total number of people reached 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 by sex and age in Table 6.

The average percentage of persons with disabilities across cluster estimates was first determined, then the value (3 per cent) was applied to the total number of people reached (283,000) to calculate the total number of persons with disabilities reached (9,485). Each agency's estimates of the number of persons with disabilities reached by sex and age were summed up. The percentages of men, women, boys and girls for persons with disabilities were calculated, and those percentages were then applied to disaggregate the number of persons with disabilities reached (9,485) by sex and age. UN agencies reported challenges with collecting data on persons with disabilities and therefore, monitoring and reporting on the allocation's reach and impact for persons with disabilities is likely lower than the actual figures. UN agencies have identified additional capacity strengthening and resource sharing with implementing partners, particularly local organizations, moving forward as a possible solution to help overcome these challenges in difficult to reach areas.

Health (planned 50,000, reach 89,788, 80 per cent increase), Protection, including Child Protection and GBV (planned 146,911, reach 230,381, 57 per cent increase), and WASH (planned 63,000, reach 97,358, 55 per cent increase) interventions reached significantly more beneficiaries than originally planned. UNICEF reached significantly more beneficiaries with safe water for drinking, cooking and personal hygiene use as a result of shifting its programming to address the WASH needs of new IDPs arriving in project locations. Additionally, UNICEF leveraged diverse remote communication tools and strategies to increase the reach and impact of EORE awareness-raising and expanded victim assistance for survivors of landmine/EO incidents. UNHCR managed to reach more beneficiaries with in-kind Shelter/NFI assistance following budget adjustments to reflect the actual cost of procuring and distributing these items, allowing for greater reach and impact. UNFPA's protection interventions, including GBV psychosocial support and case management, menstrual hygiene management and dignity kits as well cash assistance, reached more people than originally planned as huge pre-existing needs for GBV and MHPSS services and severe economic hardship faced by affected communities necessitated an expansion of services and cash support to additional beneficiaries without changes required in the budget.

Amid severe operational constraints, some project activities fell short of their planned targets for people reached despite the best efforts of UN agencies and their partners to adjust and adapt programming, as well as CERF's flexibility on reprogramming and NCEs. For instance, in Rakhine, IOM was unable to distribute NFIs in target locations due to the denial of travel authorizations and joint UN distribution plans by the de facto authorities. CERF has donated these NFIs to IOM, which will distribute these items as soon as conditions on the ground allow. Similarly, WFP could not distribute all of the food procured using CERF funds due to increased conflict and significant delays in authorization from the de facto authorities to transport food from Yangon to central and northern Rakhine for onward distribution. WFP could only start delivering food in target locations following approval received from the de facto authorities in July 2024, more than a year after Cyclone Mocha's landfall in Rakhine.

People Indirectly Reached

Approximately 809,000 people were indirectly reached through this CERF grant. The largest number of indirect beneficiaries were reached through health activities implemented by WHO and UNFPA (760,000 and 137,196 people, respectively), while protection activities delivered by UNFPA, UNHCR and UNICEF indirectly reached a combined 229,893 people.

WHO indirectly reached approximately 760,000 people through the delivery of health supplies and health surveillance activities, such as risk communication and community engagement efforts to help raise awareness on malaria. Additionally, WHO procured fogging machines to help prevent and control dengue following Cyclone Mocha, which benefitted the wider community in project locations beyond those specifically targeted by its health interventions. The positive impact of WHO's CERF-funded health response will continue to benefit affected communities long after this project ends.

After WHO, UNFPA and UNICEF reached the largest number of people indirectly through their CERF projects (approximately 335,025 and 52,550, respectively). UNFPA reached around 137,196 indirect beneficiaries through their health activities and 197,828 through protection-related interventions across the Northwest and Rakhine. Family and community members benefitted indirectly from awareness-raising activities on both health and protection issues, as well as from expanded access to health and protection services. Additionally, training for service providers resulted in improved care available on GBV, MHPSS, and SRHR, and contributed to enhanced coordination among SRHR, GBV and MHPSS partners.

UNICEF's protection activities reached approximately 22,550 indirect beneficiaries, while their WASH activities indirectly reached around 30,000 people in the Northwest, Rakhine and Kachin. Their Child Protection interventions supported increased awareness-raising and dissemination of important information on child protection concerns, risks associated with landmines/EO and the detection of ERW.

UNHCR indirectly reached nearly 18,740 people from host communities, including 9,525 through protection activities and 9,215 through shelter/NFI support. IOM reached around 100 vendors and 2,000 host community members as indirect beneficiaries through its unconditional sector-specific cash transfers across Chin, Magway, Sagaing, and Rakhine. WFP only reached targeted beneficiaries through food assistance, although procurement and distribution of food certainly had positive knock-on effects in local economies struggling to recover after Cyclone Mocha.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Food Assistance	31,500	25,200	16,200	17,100	90,000	21,820	17,457	11,222	11,845	62,344
Health	20,000	6,000	12,000	12,000	50,000	35,913	10,775	21,550	21,550	89,788
Health - Sexual and Reproductive Health	25,183	5,456	5,516	1,662	37,817	21,846	7,933	2,945	1,575	34,299
Protection	26,400	24,800	15,200	13,600	80,000	30,785	29,207	18,624	16,618	95,234
Protection - Child Protection	10,000	8,000	7,000	5,000	30,000	6,877	4,199	37,834	36,780	85,690
Protection - Gender-Based Violence	21,264	5,326	8,556	1,765	36,911	30,577	11,205	5,571	2,104	49,457
Protection - Mine Action	6,200	4,000	4,000	2,800	17,000	9,061	6,347	3,944	3,666	23,108
Shelter and Non-Food Items	37,012	34,468	29,112	26,658	127,250	33,483	33,512	22,883	21,375	111,253
Water, Sanitation and Hygiene	21,962	18,112	11,577	11,349	63,000	35,205	30,904	15,448	15,801	97,358

* 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	1,000	1,800
Internally displaced people	72,000	76,720
Host communities	90,000	175,430
Other affected people	25,000	29,050
Total	188,000	283,000

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

Sex & Age	Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	70,500	98,430	5,600	3,300
Men	46,400	66,140	3,800	2,215
Girls	38,600	61,120	3,000	2,050
Boys	32,500	57,310	2,600	1,920
Total	188,000	283,000	15,000	9,485

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-IOM-020

1. Project Information			
Agency:	IOM	Country:	Myanmar
Sector/cluster:	Shelter and Non-Food Items	CERF project code:	23-RR-IOM-020
Project title:	Emergency Shelter and NFI response for cyclone affected communities in Rakhine and Northwest of Myanmar		
Start date:	14/06/2023	End date:	13/06/2024
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency’s sector response to current emergency:		US\$ 21,800,000
	Total funding received for agency’s sector response to current emergency:		US\$ 2,625,000
	Amount received from CERF:		US\$ 1,500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 535,000
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

This CERF project complemented IOM’s ongoing efforts in Rakhine and the Northwest to respond to the unmet emergency shelter and non-food item (NFI) needs of people affected by Cyclone Mocha. Through this CERF grant, IOM and its partners – Chin Human Rights Organisation (CHRO), Social Care and Volunteer Group (SCVG) and Youth and Community Development Network (YCDN) – provided cash for shelter repairs and NFI items, reaching 18,726 people across targeted locations in Chin, Magway and Sagaing, where the impacts of the cyclone were significant but markets remained relatively functional and capable of meeting the needs of affected people. Additional cash for shelter support was provided in Rakhine with savings resulting from lower costs for warehousing and transportation. EORE awareness-raising was conducted alongside cash distributions to increase understanding of the elevated risks associated with the movement of unexploded ordnance in contaminated areas during extreme weather events like Cyclone Mocha.

In Rakhine, where markets had been severely affected by the cyclone and no longer functioning, IOM procured 7,150 emergency shelter kits, 7,150 shelter tool kits, and 7,150 kits with household items with the intention of reaching 7,150 households (35,750 people). However, due to the challenges outlined in the next section, these items remain in the IOM warehouse in Sittwe. As per CERF approval communicated to IOM on 24 June 2024, these items were donated to IOM at the end of this project for distribution in cyclone-affected areas once circumstances allow. Money from the project that remains unspent due to inability to complete the distribution will be returned to CERF.

3. Changes and Amendments

NFIs for this project were procured in Yangon in June and July 2023 and, utilizing the joint approach for transportation and distribution requested by the Humanitarian Country Team (HCT) and coordinated through OCHA, transported from Yangon to the IOM warehouse in Sittwe in September 2023, following delays in approval of the joint shipment by the SAC. While this process was ongoing, a joint distribution plan for these items was coordinated by OCHA on behalf of UN agencies and submitted to the de facto authorities. Despite the back-and-forth dialogue between OCHA and the de facto authorities, this plan was not approved on time and subsequently, Travel Authorisations for UN agencies to reach cyclone-affected people were not approved either. The approval the distribution plan at a later stage, albeit with considerable restrictions, was derailed by the escalation of conflict following the breakdown of the ceasefire agreement between the Arakan Army (AA) and the Myanmar Armed Forces (MAF) in November 2023, after which security conditions significantly deteriorated. Additionally, checkpoints and restrictions on movements of goods and humanitarian personnel increased considerably. As a result, IOM has been unable to move these goods from the warehouse in Sittwe for distribution in target locations.

In a continued effort to move the NFIs from the warehouse and distribute them in target locations, IOM requested two NCEs for this project – the first request was for a further three months and was approved on 21 November 2023 and the second for another three months approved on 28 February 2024. IOM pursued several alternative options for the distribution of these NFIs, including:

- Attempting to move the items ourselves instead of through implementing partners.
- Exploring different routes from Sittwe to target locations using alternative, low-visibility means of transportation.
- Searching for new partners through the Shelter/NFI/CCCM Cluster with the capacity to move and distribute the items in target locations.
- Attempting to move the items to other cyclone-affected areas in the Northwest for distribution.

Unfortunately, these alternative solutions were unsuccessful. The primary challenge was the movement of the goods within Sittwe town as well as out of the town for onward distribution in target locations. Neither IOM nor existing or potential partners could overcome this obstacle to the movement of goods. As per CERF approval communicated to IOM on 24 June 2024, these items have been donated to IOM for distribution in the agreed target locations as soon as circumstances allow. IOM will continue to coordinate with the Shelter/NFI/CCCM Cluster and, as soon as conditions allow, will either donate the items to implementing partners, cluster partners, or conduct distributions with funding from another donor. Money from the project that remains unspent due to inability to complete the distributions will be returned to CERF.

4. Number of People Directly Assisted with CERF Funding*

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	2,880	2,630	3,609	3,381	12,500	1,488	1,249	588	542	3,867
Host communities	2,880	2,630	3,609	3,381	12,500	4,994	4,430	2,738	2,697	14,859
Other affected people	5,760	5,260	7,218	6,762	25,000	0	0	0	0	0
Total	11,520	10,520	14,436	13,524	50,000	6,482	5,679	3,326	3,239	18,726
People with disabilities (PwD) out of the total										
	1,497	1,367	1,876	1,760	6,500	161	196	21	29	407

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

5. People Indirectly Targeted by the Project

Beneficiaries of the sector-specific unconditional cash transfers purchased shelter and NFI items from local vendors. It is estimated that at least 100 vendors across targeted locations in Chin, Magway, and Sagaing as well as Rakhine benefitted from these transactions. For displaced populations, the host community are often first responders to urgent needs, including in the aftermath of Cyclone Mocha. However, given the number of overlapping emergencies in target locations, host community resources have been largely depleted over time as they also struggle to cope with the multi-faceted impacts of the ongoing crisis in Myanmar. As people in need were given financial resources to respond to their urgent needs, host communities also indirectly benefited as a result. An estimated 2,000 host community members who likely would have directed some of their limited resources to support IDPs indirectly benefitted by using those resources to meet their own basic needs.

6. CERF Results Framework

Project objective	Support vulnerable Cyclone Mocha affected households in the Northwest of Myanmar through cash for shelter repairs and/or household items (NFI) and in-kind emergency shelter and NFI in Rakhine.			
Output 1	14,250 vulnerable Cyclone Mocha affected people in Northwest Myanmar receive cash for shelter repairs and/or household items.			
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 1.1	Cash.2a Number of people receiving sector-specific unconditional cash transfers	14,250	18,726	Distribution record
Indicator 1.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	327,000	US\$ 443,885	Distribution record and financial report
Indicator 1.3	AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs	70	99	Post-distribution monitoring surveys
Explanation of output and indicators variance:		<p>A total of four grants to partners were made for unrestricted sector-specific cash assistance, with cash distributed in MMK. The total distributed amounts to US\$443,885 equivalent to MMK 1,043,870,000.</p> <p>Due to the fluctuating UN exchange rate throughout the project's duration, different exchange rates are applied to the cash amounts for conversion to USD as follows:</p> <ul style="list-style-type: none"> • 450,480,000 MMK / 2,100 = 214,514.29 USD • 315,180,000 MMK / 2,100 = 150,085.71 USD • 145,550,000 MMK / 3,509 = 41,479.05 USD • 132,660,000 MMK / 3,509 = 37,805.64 USD 		
Activities	Description	Implemented by		

Activity 1.1	Rapid market assessment	CHRO, SCVG, YCDN, IOM
Activity 1.2	Beneficiary identification, verification	CHRO, SCVG, YCDN, IOM
Activity 1.3	Distribution of cash for shelter repairs and household items, including guidance on shelter construction/use of items	CHRO, SCVG, YCDN, IOM
Activity 1.4	Post-Distribution Monitoring	CHRO, SCVG, YCDN, IOM

Output 2 Vulnerable cyclone affected populations receive lifesaving emergency shelter/NFI

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SN.1a Number of people receiving in-kind shelter assistance	35,750	0	[N/A]
Indicator 2.2	SN.1b Number of in-kind shelter kits distributed	7,150	0	[N/A]
Indicator 2.3	SN.2a Number of people receiving in-kind NFI assistance	35,750	0	[N/A]
Indicator 2.4	SN.2b Number of in-kind NFI kits distributed	7,150	0	[N/A]
Indicator 2.5	AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs	70	0	[N/A]

Explanation of output and indicators variance: A total of 7,150 NFI kits, rapid response tarp kits, and emergency shelter kits were procured and stored in IOM's warehouse in Sittwe. These kits could not be distributed during the project timeframe due to bureaucratic impediments imposed by the de facto authorities which prevented the movement of kits out of Sittwe town to target locations in Rakhine State. These kits will be distributed by IOM as soon as the situation allows, as agreed to with CERF.

Activities	Description	Implemented by
Activity 2.1	Emergency procurement, transportation and warehousing of shelter/NFI kits/items	IOM
Activity 2.2	Beneficiary identification, verification	IOM, SCVG, YCDN
Activity 2.3	Distribution of shelter/NFI including guidance on the use of items	Not implemented
Activity 2.4	Post-distribution monitoring	Not implemented

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:

IOM engaged in consultations with diverse individuals and groups among the affected populations, not just those in positions of power, but also women, youth, persons with specific needs and those with disabilities. Affected populations were consulted on a range of issues including targeting, assistance modalities, risk and mitigation measures, while partners were guided to communicate changes and delays in a timely and context-appropriate manner. Given security challenges and information sharing sensitivities, consultations and monitoring were conducted remotely in most cases, although in-person interviews, community discussions and field-level observations were prioritised where possible. All projects included debriefs and lessons learned discussions to adapt activities, as necessary, during implementation due to the myriad challenges faced by IOM and its partners.

b. AAP Feedback and Complaint Mechanisms

In the absence of joint mechanisms and given the increasing safety and security concerns, language differences and lack of access to internet and phones, complaints and feedback were channelled through several mechanisms: calls/messages (through secure channels such as Signal) to an IOM focal point, designated focal points speaking local languages, written feedback left in partner/IOM locations, or through IOM mobile clinics and partner psychosocial mobile teams, when active in the same locations. Follow-up calls took place when numbers were provided and information was stored on secure systems. Additionally, IOM conducted monitoring calls with beneficiaries who provided numbers, supplementing partner monitoring.

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

IOM's Policy and Procedures for Preventing and Responding to Sexual Exploitation and Abuse, IN/234, is binding for all staff members who receive mandatory training on PSEA. SEA among affected populations constitutes gross misconduct and is grounds for disciplinary action, including summary dismissal and referral for criminal prosecution, where appropriate. In Myanmar, IOM has designated PSEA focal points and an established PSEA reporting mechanism, communicated through awareness-raising activities to communities. During this project, IOM continued to provide refresher trainings to staff and partners on PSEA and other protection-related matters. Adherence to the PSEA Code of Conduct was included in all contracts with partners, suppliers and service providers.

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

The needs of gender groups were considered in program design and implementation through consultations during needs assessments, through gender-balanced teams, selection of partners with demonstrated commitment to gender equity, ensuring distribution locations were safe for women, girls, boys and men through consultation with alternative approaches identified if necessary, and sex-disaggregated beneficiary data collection during assessments, registration and post-distribution monitoring (PDM).

e. People with disabilities (PwD):

IOM and its partners collected disability data throughout implementation using beneficiary registration forms that have incorporated Washington Group questions. Tailored solutions, such as assistance delivered directly to the homes of beneficiaries, were implemented where required to minimize risks and accommodate the needs of persons with disabilities during distributions.

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](#).

f. Protection:

As part of protection mainstreaming, partners have been trained to identify, report and refer beneficiaries needing protection services, in coordination with local networks, partners, communities and religious groups. As IOM provides some protection services in the Northwest – counselling, cash for mine victims, reporting and referrals of vulnerable cases – partners were trained on core protection concepts and made aware of available services. Risk analysis and mitigation planning preceded implementation, ensuring conflict-sensitive approaches and commitment to doing-no-harm.

g. Education:

IOM works collaboratively with partners to design, review and monitor projects, not only as a capacity building initiative, but also to ensure programming is context-appropriate rather than driven by top-down guidance. IOM has provided technical guidance and capacity building to partners both during this project and prior, on psychological first aid, general protection principles, needs assessments and community consultations, so that program design and implementation were driven by local actors and the inputs of the affected population, leading to enhanced localization and increased sustainability.

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	18,726

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.

Through its implementing partners, IOM distributed unrestricted sector-specific cash assistance following market and needs assessments conducted in Magway, Sagaing, Chin and Rakhine, which identified shelter among the most pressing needs of affected populations and confirmed the availability of shelter items in local markets. The transfer values were determined using recommendations from the Cash Working Group (CWG) and the Shelter/NFI/CCCM Cluster for emergency shelter kits. The distribution of cash assistance enabled beneficiaries to purchase tarpaulin, rope and other emergency shelter items to meet their shelter needs following the cyclone.

This assistance was accompanied by technical guidance on emergency shelter construction and repairs which was done through a training-of-trainers approach for partner staff and community members in targeted villages, as well as engaging local carpenters to provide technical support on the use of shelter items.

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. Distribution of cash for shelter repairs and household items, including	18,726	US\$ 443,885	Shelter and Non-Food Items	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
<i>Not applicable – no visibility was undertaken due to the context and political sensitivity</i>	n/a

3.2 Project Report 23-RR-FPA-023

1. Project Information

Agency:	UNFPA	Country:	Myanmar
Sector/cluster:	Protection - Gender-Based Violence Health - Sexual and Reproductive Health	CERF project code:	23-RR-FPA-023
Project title:	Provision of lifesaving sexual and reproductive health services, gender-based violence response, and mental health and psychosocial support to vulnerable people affected by Cyclone Mocha		
Start date:	16/06/2023	End date:	15/03/2024
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\$ 9,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 6,534,016
	Amount received from CERF:	US\$ 1,000,000
	Total CERF funds sub-granted to implementing partners:	US\$ 692,471
	Government Partners	US\$ 0
	International NGOs	US\$ 484,318
	National NGOs	US\$ 208,153
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF project, UNFPA and its partners provided 83,756 people with access to quality, integrated SRH, GBV and MHPSS support services (54,423 women, 19,138 men, 8,516 girls and 3,679 boys, including 2,186 persons with disabilities, and 55,486 people from host communities and 28,270 people from IDP communities) in Chin, Sagaing, Magway and Rakhine. This CERF project ensured

the continuity of SRHR service provision, including through community-based organizations, in Chin, Sagaing, Magway and Rakhine, reaching 32,299 people with these services and 105 people with cash assistance to access appropriate medical care. In order to ensure quality SRHR service provision, 30 health staff were trained in emergency obstetric and neonatal care. Additionally, three rural health centers/sub-centers damaged by the cyclone were rehabilitated using CERF funds, while one more static health clinic was supported to continue operations. A total of 14,899 people received GBV services, such as case management and psychosocial support, delivered through Women and Girls' Centers, hotlines/helplines and mobile teams, and 30,558 people were reached through awareness-raising activities on GBV prevention and available SRHR, GBV and MHPSS services.

UNFPA locally procured 2,000 clean delivery kits (Kit2A) and 4,000 dignity kits, which were distributed by partners to ensure safe delivery in a resource-constrained setting to meet the menstrual hygiene and protection needs of women and girls of reproductive age. Information, education, and communication (IEC) materials, containing key messages on SRHR, GBV, MHPSS, PSEA as well as complaints and feedback mechanisms, were distributed together with clean delivery and dignity kits, with UNFPA facilitating orientation sessions for CSOs on these kits before distributions. In addition to service provision, UNFPA provided technical support to ensure the quality of services provided. Despite several operational challenges, access constraints and a deteriorating security situation, humanitarian assistance provided under this CERF project ensured the availability of and access to critical SRHR, GBV and MHPSS support for women, girls and other vulnerable groups and addressed their health and protection needs after the cyclone.

3. Changes and Amendments

During the project period, some modifications as described below were required, and these were communicated to OCHA:

- (i) The planned procurement of Emergency Reproductive Health Kits 6a and 6b could not be conducted by WHO, which initially agreed to procure these kits on behalf of UNFPA. This was due to concerns in obtaining the Tax Exemption Certificate from the de facto Ministry of Health in a timely manner.
- (ii) Support for the resumption of operations at the affected station hospitals in Buthidaung, Rathedaung, Sittwe, and Ponnagyun was not feasible due to pending approval from the de facto State Health Department. Alternatively, renovation of rural health centers/sub-centers damaged by the cyclone was carried out in Buthidaung, and the remaining budget from first and second modifications were reallocated to partners (including two new CSO partners in Rakhine: RCB and RDF) to provide SRHR services and awareness-raising activities.
- (iii) Training budget initially allocated for a local partner, PATH, was reprogrammed to UNFPA due to PATH's inability to arrange the planned training.
- (iv) Partnership with SCVG could not be finalized due to increasing scrutiny from the Central Bank of Myanmar on fund transfers to CSOs without organizational bank accounts. Therefore, minimum incurred expenditures since the signing of the agreement were covered, but the majority of the allocated budget was reprogrammed to other NGO/CSO partners for GBV and MHPSS service provision.

There is a small balance of unspent funds from the project (estimated at around US\$50,000), which will be refunded to CERF as per UNFPA policies and procedures.

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	10,162	2,202	2,226	671	15,261	13,416	1,711	2,606	585	18,318
Host communities	15,021	3,254	3,290	991	22,556	17,161	9,494	2,965	1,519	31,139
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	25,183	5,456	5,516	1,662	37,817	30,577	11,205	5,571	2,104	49,457
People with disabilities (PwD) out of the total										
	1,762	0	386	0	2,148	879	363	43	19	1,304

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	13,058	3,271	5,254	1,083	22,666	7,334	1,226	983	409	9,952
Host communities	8,206	2,055	3,302	682	14,245	14,512	6,707	1,962	1,166	24,347
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	21,264	5,326	8,556	1,765	36,911	21,846	7,933	2,945	1,575	34,299
People with disabilities (PwD) out of the total										

* 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.

914	0	367	0	1,281	526	298	41	17	882
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Around 335,025 people are estimated to have indirectly benefited from this CERF project. Family and community members in targeted locations indirectly benefited from awareness-raising activities on both health and protection issues as well as from expanded access to health and protection services. Additionally, training for service providers resulted in improved care available related to GBV, MHPSS and SRHR, and contributed to enhanced coordination among SRHR, GBV and MHPSS partners, helping increase the efficiency of the humanitarian response provided to affected populations.

To calculate the number of people who indirectly benefited from this project, UNFPA used the average household size in Chin (5.5), Rakhine (5), Sagaing (4.9) and Magway (4.3) from the 2019 inter-censal survey, estimating that for each beneficiary an additional four household members indirectly benefited from access to health and protection services, information and commodities. Given the project's 83,756 direct beneficiaries, UNFPA estimates that 335,025 people indirectly benefited from this project (137,196 people for Health-SRHR and 197,828 people for Protection-GBV).

6. CERF Results Framework

Project objective	Cyclone-affected women, girls and young people have 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			
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	35516	32,299	M&E Report
Indicator 1.2	SP.2a Number of inter-agency emergency reproductive health kits delivered (clean delivery kits)	2000	2,000	Clean Delivery Kit Distribution Tracking Sheet
Indicator 1.3	SP.3 Number of health care providers receiving training on the minimum emergency response package for sexual and reproductive health (including midwives, EmONC simulation training)	30	30	EmONC training report
Indicator 1.4	H.7 Number of functional health facilities supported (EmONC/maternity health services)	4	4	Facilities Tracker, M&E Report
Indicator 1.5	Number of barriers for persons with disabilities to access humanitarian support services removed	4	4	Facilities Tracker, M&E Report
Indicator 1.6	Cash.3a Number of people receiving conditional cash transfers	192	105	M&E Report
Indicator 1.7	Cash.3b Total value of conditional cash transfers distributed in USD	12,000	10,788	M&E Report
Explanation of output and indicators variance:	Indicators 1.1, 1.6 and 1.7 were slightly underachieved, reflecting the challenging operational environment in cyclone-affected areas, including but			

		not limited to access constraints, movement restrictions, difficulties in obtaining travel authorization and escalating conflict.
Activities	Description	Implemented by
Activity 1.1	Provide life-saving SRHR services to affected populations, including persons with disabilities	Myanmar Medical Association (MMA), Relief International (RI), PATH /Myintmo Myitta Charity consortium, People Health Foundation (PHF), University of Medicine Magway Alumni Association (UMMGAA), Servants of Vulnerable People (SVP), Community and Family Services International (CFSI)/Youth Capacity Building Center (YCBC), Resources and Capacity Building (RCB), Rakhamandaing Development Foundation (RDF)
Activity 1.2	Procure and distribute clean delivery kits and other maternal health/family planning commodities	Servants of Vulnerable People (SVP), Community and Family Services International (CFSI), University of Medicine Magway Alumni Association (UMMGAA), UN interagency distribution in Sagaing and Magway through CSO We love Chin, Relief International (RI)
Activity 1.3	Recruit and support midwives to provide SRH services in the affected areas, including capacity building support	Myanmar Medical Association (MMA), Relief International (RI), PATH /Myintmo Myitta Charity consortium, People Health Foundation (PHF), University of Medicine Magway Alumni Association (UMMGAA), Resources and Capacity Building (RCB), Rakhamandaing Development Foundation (RDF)
Activity 1.4	Support station hospitals (Buthidaung, Rathedaung, Sittwe, Ponnagyan) for functionality of EmONC/maternity services	Community and Family Services International (CFSI)
Activity 1.5	Ensure better accessibility for persons with disabilities when rehabilitating the station hospitals	Community and Family Services International (CFSI)
Activity 1.6	Support referral services for women and girls in need of emergency health care	Myanmar Medical Association (MMA), Relief International (RI), PATH /Myintmo Myitta Charity consortium, People Health Foundation (PHF), University of Medicine Magway Alumni Association (UMMGAA), Servants of Vulnerable People (SVP), Community and Family Services International (CFSI)/Youth Capacity Building Center (YCBC), Resources and Capacity Building (RCB), Rakhamandaing Development Foundation (RDF)

Output 2	Increased availability of life-saving GBV and MHPSS response for women, girls and other vulnerable population groups affected by the cyclone			
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.2 Number of people receiving GBV psychosocial support and/or GBV case management	8560	14,899	M&E Report
Indicator 2.2	SP.1b Number of people receiving menstrual hygiene management kits and/or dignity kits	4000	4,000	Dignity Kit Distribution Tracking Sheet, Dignity Kit Distribution Report

Indicator 2.3	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)	24351	30,558	M&E 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	98	Client Exit Interview
Indicator 2.5	Cash.3a Number of people receiving conditional cash transfers	70	119	M&E Report
Indicator 2.6	Cash.3b Total value of conditional cash transfers distributed in USD	3,710	5,020	M&E Report

Explanation of output and indicators variance:

Overall, despite the challenging environment, UNHCR achieved more than the original planned targets. Regarding the overachievement of targets for Indicators 2.1, 2.3, 2.4 and 2.6, this reflects the huge pre-existing needs for GBV and MHPSS services at the community level. While more beneficiaries were reached with psychosocial support/case management and awareness-raising activities, this was done within the allocated budget amount as the budget is costed based on the number of service providers and awareness-raising sessions, rather than the number of beneficiaries. As part of the GBV case management service provision, the number of people who needed to receive cash support to access to required specialized services, such as health support and legal aid, was more than the originally planned target given overall economic hardship of the affected communities.

Activities	Description	Implemented by
Activity 2.1	Provide emergency response, including GBV case management and psychosocial support	Karuna Mission Social Solidarity (KMSS) Hakka, Danish Refugee Council (DRC), Relief International (RI), International Rescue Committee (IRC)/Peace and Development Institute (PDI), Servants of Vulnerable People (SVP), Community and Family Services International (CFSI)/Youth Capacity Building Center (YCBC)
Activity 2.2	Procure and distribute dignity kits to vulnerable women and girls affected by the cyclone	Servants of Vulnerable People (SVP), Community and Family Services International (CFSI), IRC, DRC, University of Medicine Magway Alumni Association (UMMGAA), UN interagency distribution in Sagaing and Magway through CSO We Love Chin
Activity 2.3	Conduct awareness raising sessions on GBV, MHPSS, PSEA and available services	Karuna Mission Social Solidarity (KMSS) Hakka, Danish Refugee Council (DRC), Relief International (RI), International Rescue Committee (IRC)/Peace and Development Institute (PDI), Servants of Vulnerable People (SVP), Community and Family Services International (CFSI)/Youth Capacity Building Center (YCBC)
Activity 2.4	Post-distribution monitoring undertaken (or client satisfaction surveys conducted)	Servants of Vulnerable People (SVP), Community and Family Services International (CFSI), IRC, DRC, University of Medicine Magway Alumni Association (UMMGAA), UN interagency distribution in Sagaing and Magway through CSO We Love Chin

Activity 2.5	Support referral services for women and girls in need of protection/GBV/health services	Karuna Mission Social Solidarity (KMSS) Hakka, Danish Refugee Council (DRC), Relief International (RI), International Rescue Committee (IRC)/Peace and Development Institute (PDI), Servants of Vulnerable People (SVP), Community and Family Services International (CFSI)/Youth Capacity Building Center (YCBC)
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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 developed and implemented a 2023-2024 Action Plan to bolster its commitment to AAP. In November 2023, UNFPA facilitated an AAP session for implementing partners during the annual program review meeting. Recognizing the sensitivity surrounding SRHR, GBV and MHPSS, UNFPA and its partners have invested in expanding engagement and coordination with local actors and leaders to secure their essential buy-in and support. UNFPA and its partners collected feedback from affected populations through diverse channels, including suggestion boxes, hotline, SMS, client satisfaction survey, and sex, age and disability-disaggregated focus group discussions. PDM after providing clean delivery and dignity kits, as well as cash support informed adjustments to kit contents and delivery methods to ensure the appropriateness of the assistance provided and the safety and security of people receiving this support. UNFPA has been an active participant in the inter-agency AAP/Community Engagement (AAP/CE) Working Group and strongly encourages all implementing partners to consistently integrate the agreed-upon AAP questions and tools into project design, planning and implementation.

b. AAP Feedback and Complaint Mechanisms:

UNFPA and its partners collaboratively established and verified feedback and complaint mechanisms, incorporating client feedback indicators into routine monitoring. Information on how to report concerns was included in updated informational materials distributed with dignity and clean delivery kits. Regular PDM of these kits, conducted by UNFPA and its partners, incorporated feedback from affected populations to refine kit contents and distribution strategies. Recognizing diverse preferences, UNFPA and partners offered multiple channels for feedback collection, including suggestion boxes, hotlines, and focus group discussions, with particular attention placed on ensuring accessibility for women and girls. Discussions on feedback mechanisms were a standing agenda item in regular meetings between UNFPA and its partners.

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

UNFPA maintains a robust Code of Conduct and reporting mechanism for SEA. It has strengthened support for SEA survivors through its GBV partners, ensuring confidential and survivor-centered assistance. In line with its 2019 policy, UNFPA conducted a mandatory PSEA assessment of all implementing partners. Based on this assessment, partners developed capacity building plans to address PSEA risks,

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](#).

with UNFPA providing regular technical support and monitoring. UNFPA also organized PSEA sessions for partners during an annual program review meeting in November 2023 as well as upon request. It stressed the importance of training all volunteers and incentive workers on PSEA, and supported partners in disseminating key information on reporting channels and available services. Additionally, UNFPA encouraged local partners to participate in the PSEA Network and make use of available technical resources.

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

The overall objective of this project was to ensure protection, safety, good health and dignity of women and girls affected by the cyclone through the provision of SRHR, MHPSS and GBV services. Vulnerabilities of women and girls were exacerbated in the aftermath of Mocha, further compounded by the escalation of conflict and associated displacement that followed the devastating cyclone. 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 address immediate health and protection needs, and access required services. Whenever feasible, community-level awareness-raising sessions attempted to question prevailing negative socio-cultural norms, which are the root causes of gender inequality and GBV, facilitating positive changes, such as more equal sharing of household responsibilities and promoting women's leadership in the public sphere.

e. People with disabilities (PwD):

This project was built on UNFPA's overall initiative to strengthen disability inclusion in its programming. UNFPA continued its partnership with a local OPD, the Disability Development Initiative, which had been established during a previous CERF project. This partnership was strategic in meeting the specific needs of persons with disabilities, especially women with disabilities, who often miss out on much-needed assistance due to different physical and socio-cultural barriers. Some implementing partners conducted self-assessments of their services from a disability inclusion perspective, and follow-up actions were taken to ensure disability-sensitive SRHR, GBV and MHPSS service provision. UNFPA continued to provide technical and capacity building support to partners through online and/or in-person disability inclusion training. The aim was to ensure that SRHR/GBV/MHPSS services provided were accessible to persons with disabilities, and some partners incorporated targeted interventions for persons with disabilities in order to meet their specific needs.

f. Protection:

The project was designed in response to protection risks identified through various assessments, safety audits, and inter-agency coordination meetings, including those by the Protection Cluster/WGs and GBV sub-cluster/WGs. Project outcomes specifically addressed protection issues faced by women and girls and other vulnerable groups, such as persons with disabilities, including violence and neglect of their health and hygiene needs. UNFPA collaborated with partners which have strong community relationships to ensure safe access to services, particularly for women, girls and persons with disabilities. Through service provision, coupled with community-level sensitization and mobilization activities, the project fostered a safer environment at multiple levels (i.e., individual, household, and community) and empowered women and girls, leading to improved protection outcomes.

g. Education:

This project included activities to help raise awareness among target beneficiaries on SRHR, MHPSS, GBV, PSEA, mine risk and disability inclusion, covering basic concepts, why they are important in humanitarian settings and how to access relevant services. These activities were aimed at enhancing the knowledge of the target beneficiaries on these issues and promoting help-seeking behaviour to be able to access needed services and take prevention/mitigation actions based on acquired knowledge and information. Under this project, UNFPA also conducted orientation sessions to partners on clean delivery and dignity kits before distribution to ensure do-no-harm approaches. UNFPA continuously organised capacity-building sessions, especially for CSO partners, to enhance their knowledge and skills primarily on basic SRHR, GBV and MHPSS concepts as well as on issues related to disability, CVA and AAP.

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	224

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 used for SRH and GBV services including emergency referral support. This included transportation costs for emergency obstetric care and delivery assistance, cash support for SRH services and family planning. Cash assistance was also provided for GBV survivors as part of GBV case management and response services aimed at facilitating referral to other required services and/or mitigating the risk of or exposure to GBV incidents and related threats in the longer term.

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	105	US10,788	Health - Sexual and Reproductive Health	Unrestricted
Activity 2.5 Support referral services for women and girls in need of protection/GBV/health services	119	US\$ 5,020	Protection - Gender-Based Violence	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
"I want my baby safe, this is all I need." Supporting women and girls in Myanmar after Cyclone Mocha tears a path of destruction	https://myanmar.unfpa.org/en/news/%E2%80%9Ci-want-my-baby-safe-all-i-need%E2%80%9D-supporting-women-and-girls-myanmar-after-cyclone-mocha-tears-0

3.3 Project Report 23-RR-HCR-018

1. Project Information			
Agency:	UNHCR	Country:	Myanmar
Sector/cluster:	Shelter and Non-Food Items Protection	CERF project code:	23-RR-HCR-018
Project title:	Protection and Shelter / NFI assistance to displaced communities affected by Cyclone Mocha in Myanmar		
Start date:	14/06/2023	End date:	13/03/2024
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\$ 25,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 2,250,000
	Total CERF funds sub-granted to implementing partners:		US\$ 1,650,156
	Government Partners		US\$ 0
	International NGOs		US\$ 1,010,000
	National NGOs		US\$ 640,156
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Despite the challenging operational environment after Cyclone Mocha's passage across Rakhine and the Northwest, further complicated by the countrywide escalation of conflict that erupted in October 2023, UNHCR was able to deliver lifesaving assistance to cyclone-affected populations in line with the planned targets for this CERF grant. At the end of the implementation period, for which UNHCR received a 3-month no-cost extension, all the targets initially planned under this CERF grant were met.

With the support of CERF, some 95,246 people were reached by protection monitoring, either in-person or remotely, in Rakhine State. This enabled UNHCR and partners to identify persons with specific protection risks and facilitate the distribution of assistance, and to identify people in urgent need of legal aid. A total of 1,500 people benefited from legal counselling and were supported to access documentation in Rakhine State. Additionally, 22 people (both from host and displaced communities) affected by the cyclone benefitted from community-based initiatives, including peaceful coexistence projects, communal infrastructure rehabilitation and awareness-raising campaigns on trafficking risks through UNHCR partners. At the end of the project, 92 per cent of the target cyclone-affected population indicated that they are aware of feedback and complaints mechanisms established for their use.

UNHCR was also able to exceed its initial target regarding the provision of shelter for those with the most urgent needs, with a total of 18,258 beneficiaries living in Rohingya/Kaman camps, geographical locations affected by escalating AA-MAF clashes, as well as Rakhine villages. Similarly, some 60,488 people received much-needed NFIs which greatly improved their living conditions following the

cyclone. Finally, cash assistance enabled the support of 3,135 people who received sector-specific unconditional cash transfers, while another 10,255 benefitted from multi-purpose cash to meet their basic needs.

3. Changes and Amendments

The project benefitted from a 3-month NCE in order to ensure adequate implementation of activities and overcome delays from a combination of factors, including heightened bureaucratic impediments related to the new NGO registration requirements, challenges in obtaining Travel Authorization from the de facto authorities in Rakhine, and an extremely volatile security situation in the Northwest.

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	23,760	22,320	13,680	12,240	72,000	28,276	26,574	16,287	14,573	85,721
Host communities	2,640	2,480	1,520	1,360	8,000	3,143	2,953	1,810	1,619	9,525
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	26,400	24,800	15,200	13,600	80,000	31,419	29,526	18,097	16,192	95,246
People with disabilities (PwD) out of the total										
	3,960	3,720	2,280	2,040	12,000	4,715	4,429	2,715	2,429	14,287
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	22,943	21,553	13,209	11,820	69,525	27,634	25,706	15,754	14,098	82,922
Host communities	2,549	2,395	1,468	1,313	7,725	3,040	2,857	1,751	1,566	9,214
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	25,492	23,948	14,677	13,133	77,250	30,404	28,563	17,505	15,664	92,136
People with disabilities (PwD) out of the total										
	3,824	3,592	2,201	1,970	11,587	4,561	4,284	2,625	2,350	13,820

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

5. People Indirectly Targeted by the Project

Close to 18,740 people from host communities affected by Cyclone Mocha indirectly benefited from this CERF project, including 9,525 through protection activities and some 9,215 from Shelter/NFI interventions.

6. CERF Results Framework

Project objective	Provide lifesaving assistance to displaced populations affected by the cyclone to enable them to meet their basic needs and enhance access to protection services and shelter assistance
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Output 1 Access to protection services strengthened

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

Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	PP.1b Number of people accessing protection referral mechanisms and/or pathways through Protection Monitoring	80000	95,246	UNHCR and partner reports
Indicator 1.2	PP.1b Number of people accessing protection referral mechanisms and/or pathways through legal counselling and supported to access documentation	1500	1,500	UNHCR and partner reports
Indicator 1.3	Number of individuals (both from host communities and displaced communities affected by the cyclone) benefiting from Community initiatives, events, social campaigns and peaceful coexistence projects, communal infrastructure rehabilitation and awareness raising campaigns on trafficking risks	20000	22,000	UNHCR and partner reports
Indicator 1.4	AP.2b Percentage of affected people who state that they are aware of feedback and complaints mechanisms established for their use	90	92%	UNHCR and partner reports
Explanation of output and indicators variance:		The final number of beneficiaries includes both individuals reached by in-person protection monitoring as well as those who reached remotely (i.e., through phone calls), which exceeds the original planned target.		
Activities	Description	Implemented by		
Activity 1.1	Undertake protection monitoring activities	KMSS		

Activity 1.2	Legal aid and support for civil documentation	Legal Clinic Myanmar (LCM); International Legal Foundation (ILF) ; Norwegian Refugee Council (NRC)
Activity 1.3	Community led initiatives for rehabilitation enhancing protection outcome, and peaceful coexistence, including awareness raising campaigns and initiatives for social cohesion	Centre for Social Integrity (CSFI) Bridge Asia Japan (BAJ) Lutheran World Federation (LWF); Danish Refugee Council (DRC); Norwegian Refugee Council (NRC) Legal Clinic Myanmar (LCM); International Legal Foundation (ILF) ; ACTED KMSS

Output 2 Emergency shelters and temporary shelter material are provided

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SN.1a Number of people receiving in-kind shelter assistance (Emergency shelter kits and local shelter materials)	15000	18,258	UNHCR and partner reports
Indicator 2.2	N.2a Number of people receiving in-kind NFI assistance (kitchen sets, sleeping mats and tarps)	50000	60,488	UNHCR and partner reports
Indicator 2.3	Cash.2a Number of people receiving sector-specific unconditional cash transfers	2250	3,135	UNHCR and partner reports
Indicator 2.4	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	330000	330,000	UNHCR and partner reports
Indicator 2.5	Cash.1a Number of people receiving multi-purpose cash	10000	10,255	UNHCR and partner reports
Indicator 2.6	Cash.1b Total value of multi-purpose cash distributed in USD	200000	200,000	UNHCR and partner reports
Explanation of output and indicators variance:		Internal budget readjustments, based on the cost of items, enabled UNHCR to reach more beneficiaries with shelter and NFI in-kind assistance. Besides, in light of the number of individuals per households (on which the initial target calculations were based) that varies significantly, the total number of beneficiaries is slightly higher than anticipated.		
Activities	Description	Implemented by		
Activity 2.1	Distribution of in-kind shelter assistance (Emergency shelter kits) and repair of shelter with local materials in Rakhine	DRC, LWF		
Activity 2.2	Direct Procurement of NFI assistance (in-kind) to be delivered through partners or directly	UNHCR		

Activity 2.3	Provisions of cash shelter assistance (in lieu of temporary shelter assistance) in Chin	KMSS
Activity 2.4	One-off provision of multipurpose cash grants in the Northwest	KMSS
Activity 2.5	Conduct post distribution monitoring (PDM) surveys	All partners

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority 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:

As part of its commitment to AAP, UNHCR's comprehensive needs assessment was considered at every phase of the programme cycle, engaging people of concern, affected communities and partners through surveys, key informant interviews and discussions. Additionally, UNHCR amplified community engagement initiatives in 2023, including for this CERF project, through age, gender and diversity (AGD) initiatives, seeking the broad participation of diverse groups. All interventions were developed and prioritized by communities, and helped enhance protection by presence as well as social cohesion and reintegration.

b. AAP Feedback and Complaint Mechanisms:

UNHCR strengthened AAP through improved tracking and response to complaints and feedback. In 2023, 100 per cent of IDP camps were reporting on a standard camp profile format and 171 IDP camps were equipped with community-based feedback and complaints mechanisms. Also in 2023, UNHCR was successful in meaningfully involving stateless people in its planning through Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) and cross-cutting discussions. Each was adapted according to AGD considerations. In Rohingya and Kaman camps, community groups played a strong role in ensuring that the Camp Management Agencies, Camp Management Committees, and humanitarian service providers heard feedback from different community perspectives. UNHCR has also been reinforcing its multi-functional approach, in which UNHCR staff from different units work together to reinforce AAP and strengthen two-way communication between UNHCR and the people it serves. Dedicated AAP staff positions have been created as well.

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

In 2023, UNHCR ensured PSEA through the expansion of communication channels and capacity building for UNHCR and partner staff. Throughout the year, PSEA information brochures and posters, including information on how to report incidents, were developed, translated into local languages, and disseminated through UNHCR and partners. UNHCR facilitated access to online PSEA courses for 52 partner staff, including KBC-NSS, KMSS, Meikwe Myanmar, DRC, ACTED, LWF, ILF, LCM, NRC, CFSI, MRCS, AYO, SHALOM, KBC, Smile Myanmar, Braveheart Foundation, and the Shelter/NFI/CCCM Cluster. UNHCR met regularly with partners to monitor compliance with PSEA Core Standards, strengthen capacity to prevent and address SEA, and improve complaint and feedback mechanisms.

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](#).

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

UNHCR's sex and age disaggregated data (SADD) in its Protection Incident Monitoring System (PIMS), Camp Profiles, rapid needs assessments, solutions' needs assessments, as well as post distribution and Persons with Specific Needs (PSN) assistance monitoring facilitated analysis around the intersections between gender and other specific needs of populations at risk. Additionally, UNHCR continued supporting advocacy on gender equality and women's empowerment at the UN Gender Theme Group (GTG) and Gender Equality Women Empowerment Cooperation Partners Group (GEWE CPG), ensuring the inclusion of people of concern in programming. The Protection Cluster mainstreamed gender considerations in humanitarian planning and responses across all sectors. For this project, special attention was given to women and girls particularly for protection-related activities, taking into account the specificities of their situations and risks, with relevant referral and assistance mechanisms and support put in place.

e. People with disabilities (PwD):

UNHCR's work is guided by a rights-based approach. In line with this, and as part of this project, UNHCR focused on meaningful engagement with persons with disabilities in all decisions that affected them. This included sharing relevant information on protection and assistance services, identification of their particular needs and designing relevant response modalities through increased participation in programme design on equal basis with other beneficiaries and stakeholders. Similarly, focus group discussions helped capture persons with disabilities' preferences and needs and facilitated engagement on the best ways to respond to them, particularly for shelter assistance.

f. Protection:

UNHCR mainstreamed protection actions ('do no harm,' conflict sensitivity, rights/needs-based assistance targeting) across all activities. Protection monitoring assessed the 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/NFI assistance, were designed to mitigate protection issues for persons at heightened risk, especially single heads of households, persons with disabilities as well as women and girls without adequate support.

g. Education:

Not applicable.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	13,390 individuals

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

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

Multi-purpose cash assistance was provided to 13,390 people through a one-time unrestricted payment of US\$100, in line with the recommendations of the CWG, which was complemented by other in-kind shelter assistance.

Parameters of the used CVA modality:

Specified CVA activity	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
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(incl. activity # from results framework above)				
Multi-purpose cash Activity 2.4	10,255	US\$ 200,000	Multi-Purpose Cash	Unrestricted
Cash for shelter Activity 2.3	3,135	US\$ 330,000	Shelter and Non-Food Items	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Multi-donor social media post	https://x.com/UNHCRMyanmar/status/1785543206178009271
Multi-donor social media post	https://x.com/UNHCRMyanmar/status/1738053750265438283
Multi-donor social media post	UNHCR - [English below] လစဉ်ထုတ်ကျွန်ုပ်တို့၏ဒေသအတွင်း... Facebook
Multi-donor social media post	https://twitter.com/UNHCRMyanmar/status/1706579749106077970
Multi-donor social media post	https://twitter.com/fabienfaivre/status/1696792976671072342
Multi-donor social media post	https://twitter.com/UNHCRMyanmar/status/1684145349114605570
Multi-donor social media post	https://twitter.com/UNHCRMyanmar/status/1684144863833620481
CERF-specific social media post	https://x.com/UNHCRMyanmar/status/1616311411722027010

3.4 Project Report 23-RR-CEF-031

1. Project Information			
Agency:	UNICEF	Country:	Myanmar
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	23-RR-CEF-031
	Protection - Child Protection Protection - Mine Action		
Project title:	Provision of integrated lifesaving assistance to the most vulnerable cyclone Mocha affected population, including children and women in Myanmar		
Start date:	17/05/2023	End date:	16/05/2024
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\$ 36,232,000
	Total funding received for agency's sector response to current emergency:		US\$ 800,000
	Amount received from CERF:		US\$ 2,750,000
	Total CERF funds sub-granted to implementing partners:		US\$ 1,348,170
	Government Partners		US\$ 0
	International NGOs		US\$ 194,307
National NGOs		US\$ 1,153,863	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Lifesaving child protection services were provided to 85,690 cyclone-affected children, families, and community members in Rakhine, Sagaing, Magway, Chin and Kachin. Services included age and needs-appropriate MHPSS activities through fixed and mobile child and women-friendly spaces, referrals to child protection and other services alongside awareness-raising on safe migration and the prevention of abuse, exploitation and violence. Child protection kits were delivered to 5,248 children in cyclone-affected areas despite severe access constraints and bureaucratic impediments which hindered effective project implementation. Considering that areas affected by the cyclone were also hardest-hit by ongoing conflict and mass displacement, this CERF grant was also utilized to raise the awareness of 23,108 children, parents and community members around the risks associated with landmine/EO contamination, including 922 people with disabilities. Obtaining accurate data and information on persons with disabilities proved to be a challenge, and it is evident that implementing partners will require additional support to bolster their knowledge, skills and resources to effectively identify and tailor responses to persons with disabilities. UNICEF will continue to enhance the capacities of partners on issues related to persons with disabilities and data collection and analysis on this front.

Thanks to CERF's support, clean drinking water was provided to 97,358 cyclone-affected people. This included 24,000 people reached through water boating immediately after Cyclone Mocha's landfall. Gender-segregated sanitation services were provided to 33,283 people. Additionally, 95,969 cyclone-affected people received critical WASH supplies, and 65,525 people benefited from hygiene promotion activities. WASH services and supplies were provided to people affected by Cyclone Mocha in Rakhine, the Northwest (Chin, Magway, Sagaing) and Kachin. Key interventions included dewatering rainwater harvesting ponds in Rakhine, which were contaminated due to storm surge, as well as water trucking and boating services to ensure uninterrupted access to safe water service, and the distribution of water filters and water purification chemicals to promote point-of-use treatment. UNICEF also constructed or rehabilitated water supply systems and renovated gender-segregated sanitation facilities. Additionally, family hygiene kits, refill kits, and rainwater collection tanks were distributed. Staff and community volunteers received training and materials for community mobilization and hygiene promotion, and operation and maintenance training was also provided to communities. Despite challenges, UNICEF exceeded its WASH targets with the help of partners and local communities.

3. Changes and Amendments

Since September 2023, securing travel authorization has become increasingly complicated, creating significant challenges for implementing partners in Rakhine. These administrative obstacles caused delays in completing activities and affected the overall implementation of this CERF grant. Frequent movement restrictions and the establishment of checkpoints further impeded UNICEF's implementing partners from reaching affected children and families. Consequently, the project implementation timeframe was extended through a six-month NCE due to these access and bureaucratic constraints.

Following the escalation of conflict in October 2023, the WASH situation in communities affected by Cyclone Mocha became increasingly volatile and dynamic. Despite access constraints and staff security concerns, UNICEF provided support to local CSOs and NGPs, who have a deep understanding of the local context and networks which can be leveraged to support project implementation under very challenging circumstances. This support included capacity building, local procurement of supplies and ICE materials.

UNICEF and its partners closely monitored transportation routes, employing local transporters to ensure staff security, AAP and PSEA. Furthermore, UNICEF and its partners coordinated with relevant UN agencies, cluster members, and township authorities to negotiate access and expedite implementation. Child Protection partners in Rakhine closely collaborated with local CSOs and NGOs to maximize their reach and impact in affected communities. Engagement with local actors, familiar with both formal and informal working methods, proved critical in accessing difficult to reach affected communities. Operating through flexible, context-appropriate response modalities required partners to avoid checkpoints and security forces as much as possible amid heightened scrutiny of humanitarian activities. Cyclone-related infrastructure damage and destruction, including damaged roads and bridges, also hindered the safe delivery of humanitarian assistance, including child protection kits. Consequently, UNICEF only managed to distribute around 26 per cent of the planned 20,000 child protection kits in cyclone-affected communities.

As many individuals displaced by the cyclone returned to their communities shortly after being temporary displaced, the project reached more people in host communities than in displacement camps and sites. Scaling up awareness-raising activities, such as EORE, predominantly targeted host community members, resulting in a higher than anticipated reach.

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	6,000	3,750	3,650	2,600	32,000	0	0	0	0	0
Host communities	200	250	350	200	2,000	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	12,400	8,000	8,000	5,600	34,000	9,061	6,437	3,944	3,666	23,108
People with disabilities (PwD) out of the total										
	186	120	120	84	1,020	362	257	157	146	922

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	23	19	12	11	65	0	0	0	0	0
Internally displaced people	17,244	14,221	9,090	8,912	49,467	26,404	23,178	11,586	11,851	73,019
Host communities	3,179	2,621	1,676	1,642	9,118	5,281	4,635	2,317	2,370	14,603
Other affected people	1,516	1,251	799	784	4,350	3,520	3,091	1,545	1,580	9,736
Total	21,962	18,112	11,577	11,349	63,000	35,205	30,904	15,448	15,801	97,358
People with disabilities (PwD) out of the total										
	1,098	906	579	567	3,150	1,760	1,545	772	790	4,867

* 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.

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	0	0	0
Internally displaced people	9,300	7,200	6,250	4,250	27,000	1,406	339	1,099	1,054	3,898
Host communities	700	800	750	750	3,000	5,471	3,860	36,703	35,669	81,703
Other affected people	0	0	0	0	0	0	0	32	57	89
Total	10,000	8,000	7,000	5,000	30,000	6,877	4,199	37,834	36,780	85,690
People with disabilities (PwD) out of the total										
	300	240	210	150	900	21	11	14	16	51

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

5. People Indirectly Targeted by the Project

Child Protection interventions indirectly benefited 22,540 people through awareness-raising on child protection concerns, risks associated with landmines/EO, and the detection of ERWs. With the support of local volunteers, information related to services were indirectly disseminated through peer-to-peer engagement and engagement with community members.

A total of 30,000 people, including 1,500 persons with disabilities, in host communities indirectly benefited from WASH activities. This included pond dewatering, water purification, the provision of community water filters, and the renovation and improvement of water sources. Additionally, these host communities were positively impacted by hygiene promotion activities conducted by community volunteers.

6. CERF Results Framework

Project objective	Child Protection and Mine Action: To ensure that the protection, mental health, and psychosocial well-being of boys and girls and their caregivers affected by cyclone Mocha are addressed and their access to essential life-saving, EORE messages and supplies enhanced in Rakhine and Kachin states and the Northwest regions. WASH: The key objective of the project is to provide life-saving emergency WASH assistance to 63,000 people affected by cyclone Mocha, to prevent disease outbreak and associated deaths through the restoration/ new provision of WASH services, including access to sufficient quality and quantity of water, safe and well-designed child-friendly and gender-sensitive latrines, the installation of handwashing facilities and hygiene promotion.			
Output 1	30,000 cyclone Mocha affected children and families are provided with psychosocial support, community-based protection services, supplies, and protection messages			
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.3 Number of children receiving protection support (e.g. family tracing, reunification, reintegration, case management services, etc)	10,000	30,343 children (15,002 boys and 15,341 girls)	5Ws monitoring tool, CPIMS+
Indicator 1.2	# of child protection kits provided to children in need to support their mental wellbeing including children with disabilities	20,000	5,248 Kits	5Ws monitoring tool
Indicator 1.3	CP.4 Number of people accessing protection activities and/or services through child-friendly spaces	20,000	55,347 people (21,788 boys, 22,483 girls, 4,199 men, 6,877 women)	5Ws monitoring tool
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	21,000	21,240 (70%)	Partner reports
Indicator 1.5	(Disability) number of barriers for persons with disabilities to access	5	0	Partner reports

	humanitarian support services removed			
Explanation of output and indicators variance:		<p>Indicator 1.1 (Target: 10,000 Achieved: 30,343). Reason for overachievement: MHPSS services were delivered through a combination of digital platforms and in-person case management, enabling us to reach a much larger audience than initially planned. The use of digital platforms allowed broader access and reach, especially in conflict-affected areas, where face-to-face services were limited. Additionally, the escalating conflict and growing emergency needs significantly increased the demand for child protection interventions, prompting more awareness sessions and raising participation levels. Social media outreach further expanded our reach, allowing us to connect more children with referral pathways and service providers.</p> <p>Indicator 1.2 (Target: 20,000 Achieved: 5,248). Reason for underachievement: Since September 2023, the process of securing travel authorisations has become increasingly challenging due to the escalation of conflict, severely restricting access to cyclone-affected communities in Rakhine. Despite the best efforts of UNICEF and its partners to adapt and adjust by collaborating with local CSOs and using low-visibility approaches for the transportation of humanitarian supplies, these methods proved less effective in reaching the targeted population. Restricted access and logistical difficulties led to a significant underachievement.</p> <p>Indicator 1.3 (Target: 20,000 Achieved: 55,347). Reason for overachievement: The heightened conflict and emergency situations resulted in an increased demand for child protection services. UNICEF adapted and adjusted the project by increasing the number of awareness sessions to meet requests from affected communities. This, combined with effective use of social media platforms, facilitated outreach to a much broader audience, particularly children, who were then referred to service providers for further support. As a result, the number of beneficiaries far exceeded the initial target.</p> <p>Indicator 1.5 (Target: 5 Achieved: 0). Reason for underachievement: Despite the inclusion of this indicator in child protection partners' monitoring frameworks, the project was unable to reach the targeted number of persons with disabilities. One reason for this shortfall is the ineffective identification of persons with disabilities within cyclone-affected communities, which prevented proper targeting. Additionally, persons with disabilities who may have been reached through digital platforms were likely underreported or not fully captured in the data collected. Moving forward, UNICEF will reinforce its commitment to ensuring its programming is more inclusive and responsive to the needs of persons with disabilities.</p>		
Activities	Description	Implemented by		
Activity 1.1	Timely identify children (including children with disability) in distress and provide rapid reunification, case management services, including in child- and adolescent friendly spaces	FSI, TPAC, Ar YoneOo (AYO); Servants of Agape Love (SOAL) Magway: Social Care Volunteer Group (SCVG), Religions for Peace (RfP) and local CSOs		
Activity 1.2	Children (including children with disability) and women receive critical Child Protection kits and RCCE messaging to prevent violence, exploitation, abuse, neglect, and harmful practices	FSI, TPAC, Ar YoneOo (AYO); Servants of Agape Love (SOAL) Magway: Social Care Volunteer Group (SCVG), Religions for Peace (RfP) and local CSOs.		

Activity 1.3	Children (including children with disability) are provided MHPSS services through child friendly space (CFS)	FSI, TPAC, Ar YoneOo (AYO); Servants of Agape Love (SOAL) Magway: Social Care Volunteer Group (SCVG), Religions for Peace (RfP) and local CSOs.
Activity 1.4	Monitoring and reporting on end-user satisfaction with services provided during the cyclone response	FSI, TPAC, Ar YoneOo (AYO); Servants of Agape Love (SOAL) Magway: Social Care Volunteer Group (SCVG), Religions s for Peace (RfP) and local CSOs
Activity 1.5	Facilitating access to services by PWDs	FSI, TPAC,Ar YoneOo (AYO); Servants of Agape Love (SOAL) Magway: Social Care Volunteer Group (SCVG), Religions for Peace (RfP) and local CSOs

Output 2	Children and adults access explosive weapons-related risk education and victim assistance referrals in NW, Kachin and Rakhine			
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	PM.4 Number of people receiving training to deliver explosive ordnance risk education	17,000	23,108	EORE /Mine data base
Indicator 2.2	PM.3 Number of explosive ordnance survivors receiving legal, health, rehabilitation and psychosocial care, and/or economic support	30	48	EORE /Mine data base
Indicator 2.3	AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs	11,050	16,176 (70%)	EORE/Mine data base
Indicator 2.4	(Disability) number of barriers for persons with disabilities to access humanitarian support services removed	5	5	EORE/Mine data base
Explanation of output and indicators variance		<p>Indicator 2.1 (Target: 17,000 Achieved: 23,108). Reason for overachievement: The project successfully reached 6,000 more people than originally planned as a result of the effective implementation of remote programming for risk education and awareness-raising. By utilizing remote communication tools and strategies, UNICEF was able to disseminate critical information to a broader audience than initially anticipated, which was particularly important given the intensified fighting in cyclone-affected areas during the project period. Furthermore, the demand for face-to-face training sessions increased, leading to higher participation per session, allowing us to exceed the initial target.</p> <p>Indicator 2.2 (Target: 30 Achieved: 48). Reason for overachievement: Victim assistance services exceeded the original target, assisting 48 people compared to the planned 30. This was partly the result of an unexpected increase in victims, which stemmed from the rising number of explosive ordnance (EO) incidents caused by intensified conflict in project</p>		

locations. Fortunately, not all victims suffered severe health complications, allowing the project to use the allocated budget more efficiently and extend assistance to more affected people. Additionally, the project's ability to quickly refer victims to appropriate service providers contributed to this overachievement. Enhanced remote programming also allowed for a faster response, ensuring that essential victim support services were delivered effectively despite challenging response conditions.

Overall justification for variance in all indicators: The combination of remote risk education and heightened awareness efforts, along with responsive victim assistance programs, significantly expanded the project's reach. These adaptive strategies allowed UNICEF to surpass initial targets and support a greater number of conflict-affected people than originally envisioned. The ability to quickly respond to increased demand, particularly through digital platforms, played a key role in amplifying the project's overall impact.

Activities	Description	Implemented by
Activity 2.1	Provision of EORE risk education to affected communities including children with disability	CFSI, Ar YoneOo (AYO); Servants of Agape Love (SOAL) Magway: Social Care Volunteer Group (SCVG), Religions for Peace (RfP) and local CSOs
Activity 2.2	Survivors of explosive ordnance are identified and assisted with age- and needs- appropriate services, including through case management services, in-kind assistance, and referral to health, rehabilitation, and psychosocial support.	CFSI, Ar YoneOo (AYO); Servants of Agape Love (SOAL) Magway: Social Care Volunteer Group (SCVG), Religions for Peace (RfP) and local CSOs
Activity 2.3	Provision of approx 13,793 CP kit tailored to the needs of children; adolescent girls and boys	CFSI, Ar YoneOo (AYO); Servants of Agape Love (SOAL) Magway: Social Care Volunteer Group (SCVG), Religions for Peace (RfP) and local CSOs
Activity 2.4	Facilitating access to services by PWD	CFSI, Ar YoneOo (AYO); Servants of Agape Love (SOAL) Magway: Social Care Volunteer Group (SCVG), Religions for Peace (RfP) and local CSOs

Output 3 63,000 people affected by cyclone Mocha are provided with access to life-saving emergency WASH services and supplies

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

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use, as per agreed sector standards	63,000	97,358	Partner Report
Indicator 3.2	WS.9a Percentage of people who report using a safe, dignified and functional sanitation facility with	40,000	33,283 (83.2%)	Partner Report

	functional handwashing facility (with soap/cleaning agent and water)			
Indicator 3.3	WS.16a Number of people receiving critical WASH supplies (e.g., WASH/hygiene kits)	63,000	95,969	Partner Report
Indicator 3.4	WS.17 Number of people receiving WASH/hygiene messaging	63,000	65,525	Partner Report
Indicator 3.5	Cash.1a Number of people receiving multi-purpose cash	2,520	6,802	Partner Report
Indicator 3.6	Cash.1b Total value of multi-purpose cash distributed in USD	37,800	US\$ 12,776 (44,832,000 MMK @3,509 per USD)	Partner Report
Indicator 3.7	Number of public institutions (learning spaces/ community health centers) provided with water filters	125	80	Partner Report
Indicator 3.8	AP.3b Percentage of affected people who state that they were consulted on the humanitarian response	12,600	19,470 (154%)	Partner Report
Indicator 3.9	(Disability) number of people with disabilities reached with disability-specific services	3,150	4,867	Partner Report

Explanation of output and indicators variance:

Overall comments for indicators 3.1, 3.3, and 3.9: The influx of IDPs into project locations from conflict-affected areas far exceeded initial estimates, leading to a significant rise in the number of households needing WASH services. This shift from the originally targeted beneficiaries has increased the demand for water supply and critical WASH items. As a result, interventions funded by this CERF grant, including the renovation of rainwater harvesting ponds and water systems, have benefited a larger portion of the community than anticipated, resulting in an overachievement of the project's goals.

Indicator 3.2 (Target: 40,000 | Achieved: 33,283). Reason for underachievement: Access constraints in certain project locations, due to escalating conflict, caused significant delays, particularly in the transportation of supplies and access for technical personnel. In these instances, due to safety and security concerns, the interventions were temporarily paused. The initial target considered IDP camps and evacuation sites. However, during project implementation, as some households moved back to their places of origin, the intervention provided household latrines for families where housing and sanitation infrastructure damages were reported. Overall, the intervention provided longer-term solutions for the affected households.

Indicator 3.3 (Target: 63,000 | Achieved: 95,969). Reason for overachievement: The initial plan was to undertake repeat distributions of hygiene kits, but in some instances, this was not possible due to the affected populations moving back to their places of origin. In these instances, a one-time distribution of hygiene supplies was carried out, resulting in a higher number of beneficiaries supported.

Indicator 3.4 (Target: 63,000 | Achieved: 65,525). Reason for overachievement: The increase in achievements is attributed to the increase

in displacement in the project locations, and the increased number of participants at the organized hygiene promotion awareness sessions.

Indicators 3.5 & 3.6: Originally, cash transfers were envisaged for the environmental cleaning of IDP sites and also, as an option to meet the critical WASH needs of IDPs in Chin, Sagaing and Magway, in case of access restrictions. 6,802 people were reached with cash assistance to meet their hygiene supply needs.

Indicator 3.7 (Target: 125 | Achieved: 80). Reason for underachievement: The intervention targeted people in IDP camps and evacuation sites, including schools and health centers, for the provision of safe water. Due to significant access constraints, only 80 units could be installed.

Indicator 3.8 (Target: 12,600 | Achieved: 19,470). Reason for overachievement: Due to the increase in the number of displaced populations in the project locations, an increase in the number of people reached for this indicator was reported. The reported figures include both the number of people consulted, as well as those that provided feedback through established AAP mechanisms.

Indicator 3.9 (Target: 3,150 | Achieved: 4,867). Reason for overachievement: The influx of displaced people into the project locations also resulted in an increase in the number of persons with disabilities in these areas, who were also included in the WASH assistance provided.

Activities	Description	Implemented by
Activity 3.1	Procurement and distribution of water purification chemicals (including tablets and flocculant), household/ community water filters and water storage containers	UNICEF, CFSI, CDA, MEET, KMSS, AYO
Activity 3.2	Rehabilitation/augmentation and construction of water systems, including installation of shallow tube-wells, communal water storage tanks, water trucking and restoration of ponds (to mitigate salt-water intrusion).	UNICEF, CFSI, CDA, MEET, KMSS, AYO
Activity 3.3	Construction/ rehabilitation of emergency latrines (ensuring accessibility for PwDs), handwashing facilities, and communal/ private bathing facilities where feasible and environmental clean-up of the IDP sites.	UNICEF, CFSI, CDA, MEET, KMSS, AYO, KBC, Positive Action
Activity 3.4	Distribution of critical WASH supplies or cash, where supply routes are constrained. Hygiene kits to be distributed and complemented with hygiene promotion/social and behaviour change communication	UNICEF, CFSI, CDA, MEET, KMSS, AYO, Positive Action

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:

AAP training was conducted for all Child Protection partner staff. The training covered crucial issues such as engaging targeted beneficiaries, including children, listening to community voices, understanding local contexts, developing feasible project designs and interventions, and anticipating risks and unexpected challenges. This training aimed to ensure project staff understood the communities they intended to serve. AAP benchmarks were established to enhance programme efficiency and effectiveness. Affected people in project areas were informed and consulted about the project's aims and its intended beneficiaries. UNICEF and its partners actively engaged diverse community members, including women, girls, boys and men, as well as the most marginalized groups, from programme design through to implementation. Local communities were pivotal in identifying needs and shaping responses according to their self-identified needs and preferences. Despite challenges, UNICEF Child Protection partners managed to reach affected populations and maintained accountability benchmarks throughout project implementation.

Particularly for WASH, information was systematically gathered through UNICEF's extensive networks, other relevant UN agencies, WASH Cluster partners and local networks. Essential WASH supply kits were developed in consultation with national and sub-national WASH clusters, CSO partners, and beneficiaries, based on local needs and preferences. For example, hygiene kits, including menstrual hygiene management materials, were meticulously designed through consultations in gender-separated focus groups.

b. AAP Feedback and Complaint Mechanisms:

Community feedback mechanisms were established in collaboration with implementing partners. Affected communities were informed about the physical locations of partners' offices, where individuals could report or discuss confidential issues and seek information about project objectives, beneficiary criteria and the selection processes. Complaints were handled by designated focal points, ensuring anonymity and confidentiality.

The project systematically engaged communities from programme design to monitoring. Consultations with diverse groups were conducted throughout the duration of the project to maximize engagement, and feedback was consistently communicated to UNICEF through monthly reports. Respondent selection purposely prioritized vulnerable groups, such as persons with disabilities, to enhance feedback and response mechanisms, ensuring the delivery of high-quality services to at-risk communities.

Independent third-party monitoring was conducted routinely to identify action points. UNICEF and its implementing partners promptly implemented corrective actions as needed.

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

UNICEF has a zero-tolerance policy towards SEA and ensures that all implementing partners undergo PSEA assessments as a prerequisite for partnership. Based on findings, partners develop capacity development plans to strengthen their systems and procedures related to PSEA. UNICEF also routinely monitors PSEA implementation, covering areas such as access by beneficiaries to reporting

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](#).

mechanisms. Implementing partners also participated in capacity-building training on PSEA and related concepts, and were supported to establish a mechanism by which any such incidents could be reported while ensuring confidentiality and effective follow-up. In the event of non-compliance with PSEA guidance, standards and principles, project activities are discontinued if the partner is found to be in breach of them. UNICEF is also an active member of the inter-agency PSEA Network, contributing to and capitalizing on this collective approach.

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

Gender-sensitive approaches were implemented across Child Protection activities, targeting both project staff and affected communities. Partners underwent comprehensive capacity building to adopt these approaches, such as ensuring gender balance in staff recruitment. During project implementation, partners utilized gender-sensitive methods to enhance the inclusion of women and girls among beneficiaries, supported by disaggregated data collection and analysis.

For WASH activities, infrastructure designs, especially for toilets and bathing facilities, prioritized accessibility and gender segregation. Tailored hygiene messages and WASH supplies, including menstrual hygiene management items, focused on preventing GBV and enhancing protection. Various engagement strategies, such as small group discussions and women's focus groups held in diverse venues, were employed. Additionally, gender-balanced teams facilitated community interactions and feedback activities, contributing to gender equality and safeguarding the rights of women and children.

e. People with disabilities (PwD):

UNICEF and its partners prioritized the needs of persons with disabilities, particularly through victim assistance support. Child protection services were extended to include children with disabilities, although challenges were encountered in accurately documenting their inclusion despite specific monitoring indicators. Some persons with disabilities accessing services remotely or digitally may not have been adequately accounted for. There is a recognized need for UNICEF to enhance capacity development in this response area to effectively reach and properly document outcomes for persons with disabilities.

In community engagement initiatives, including for WASH, efforts were made to involve people with disabilities in the design and execution of activities, ensuring their participation in decision-making processes. The project focused on creating accessible meeting places and inclusive WASH facilities that consider gender and social inclusivity, and accessible toilets and bathing facilities. Community consultations guided the use of engagement methods such as small focus group discussions, women's meetings, diverse meeting venues, and the establishment of gender-balanced teams for community interactions and feedback.

f. Protection:

UNICEF has provided a series of training to its staff and partners on AAP, PSEA and key humanitarian principles, highlighting core commitments for children. By consistently raising awareness on rights and engaging vulnerable communities in programme design, implementation and monitoring, UNICEF ensures that the concerns and rights of vulnerable communities are integrated across response activities. Particularly for Child Protection activities, all child protection-related issues including violence against children, child safeguarding, GBV and PSEA, and child-sensitive communication, including obtaining consent, were covered during project staff training. Awareness-raising for parents and community members on protection risks and referral mechanisms was also conducted for this project.

g. Education:

Education is integrated into WASH activities wherever possible and appropriate. Through this CERF grant, water filters were provided to learning spaces to ensure access to safe water. Also, EORE awareness-raising activities were conducted for improved knowledge on child protection concerns, risks related to landmines/EO, and how to detect ERWs. These interventions were critical given the significant

landmine/EO risks in conflict-affected areas which were only exacerbated following the large-scale flooding associated with Cyclone Mocha.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)? Not applicable

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	6,802 (through WASH activities)

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 used in WASH activities in the Northwest. UNICEF's partner, KMSS, distributed cash to households to meet their basic hygiene supply needs. Cash was adopted as the preferred modality to help mitigate the impacts of persistent access constraints on activities in the Northwest. The cash distribution was accompanied by intensive messaging on the appropriate utilisation of cash to buy hygiene items.

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 3.4	6,802	US\$ 12,776	Water, Sanitation and Hygiene	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Not applicable	Not applicable

3.5 Project Report 23-RR-WFP-024

1. Project Information			
Agency:	WFP	Country:	Myanmar
Sector/cluster:	Food Security - Food Assistance	CERF project code:	23-RR-WFP-024
Project title:	Cyclone Mocha Response		
Start date:	15/06/2023	End date:	14/06/2024
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 23,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 9,428,165
	Amount received from CERF:		US\$ 1,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 41,676
	Government Partners		US\$ 0
	International NGOs		US\$ 32,723
	National NGOs		US\$ 8,953
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Using CERF funds, WFP procured 912.425 metric tons (mt) of rice and other food products to help replenish food stocks used to address pressing food and nutrition needs in the immediate aftermath of Cyclone Mocha. WFP quickly responded right after the devastating cyclone hit Rakhine and the Northwest, assisting more than 432,000 people across Rakhine, Magway and Sagaing with emergency food security and nutrition support. These people were reached using food stocks procured before the rollout of this CERF project.

The cyclone severely affected the livelihoods of more than 40 per cent of farming households in Ayeyarwady, Chin, Kachin, Magway, and Sagaing, a figure that reached more than 80 per cent in Rakhine – the hardest hit part of the country. More than 800,000 people were left in need of food assistance. In the first three weeks following the cyclone, WFP provided direct food, fortified biscuits and cash assistance to 394,400 affected people using existing resources. However, the de facto authorities restricted access to cyclone-affected areas from 8 June onward, before allowing a partial restart of cyclone-related humanitarian assistance again in August.

WFP resumed its food and cash assistance from August to October 2023, reaching 52,564 people with the approval of the SAC in Rakhine. Additionally, WFP continued to provide cash assistance, reaching 340,857 people in Rakhine. CERF provided a time-critical injection of funds to complement WFP's ongoing cyclone response using existing resources.

Food procured with CERF funds were received in November 2023 to replenish existing food stocks for Sittwe. The volume of food procured is enough to assist more than 62,000 people. Since its procurement in November, there were no Travel Authorizations for food movement from Yangon to central or northern Rakhine until July 2024.

The amount of rice procured was less than planned. WFP could only procure 912.425 mt due to increased rice prices, although our initial target was to distribute a one-month ration of 15 kg of rice to 90,000 people with 1,350 mt. The price of rice at the proposal stage was US\$478 per mt, which increased to more than \$700. This is approximately a 51 per cent increase compared to the proposal.

Following a revision request approved by CERF for reprogramming, WFP has completed the distribution of food procured with CERF funds. During the first round, WFP provided assistance to 19,437 individuals affected by Cyclone Mocha in Sittwe. In the second round, WFP reached 42,907 individuals impacted by floods in southern Shan.

The following figures are the estimated number of people reached with the CERF-procured food aid.

Sector/cluster	Food Security - Food Assistance				
Category	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total ⁱ
Host communities ⁱ	17,457	21,820	11,845	11,222	62,344
Refugees ⁱ	0	0	0	0	0
Returnees ⁱ	0	0	0	0	0
IDPs ⁱ	0	0	0	0	0
Other affected persons ⁱ	0	0	0	0	0
Total ⁱ	17,457	21,820	11,845	11,222	62,344

Persons with disabilities (PwD)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total ⁱ
(Out of the total targeted)	524	654	355	337	1,870

Project objective	Ensure target populations have equitable access to sufficient, safe and nutritious food
Output 1	Emergency food transfers distributed to targeted populations for one month, as part of a 3-month assistance package

Sector/cluster	Food Security - Food Assistance	
Indicators	Description	Estimated beneficiaries:
Indicator 1.1	Number of people receiving in-kind food assistance	62,344
Indicator 1.2	Quantity of food assistance distributed in MT	912,425
Indicator 1.3	Number of people with disabilities receiving food assistance	1,870

3. Changes and Amendments

Operational challenges driven by the ongoing conflict and heavy access restrictions imposed by the de facto authorities prevailed in cyclone-affected areas. The increase in conflict in Rakhine State and transport authorization delays posed challenges to transporting and distributing food and nutrition commodities in a timely manner. As a result, in November 2023, WFP submitted an NCE request, which was approved for a 6-month extension until 14 June 2024.

Despite the NCE received, Rakhine remained inaccessible, with no food movements approved since July 2024. To prevent further delays and ensure life-saving assistance, WFP proceeded with distributing one-third of the CERF-funded rice in Rakhine as planned. However, due to the access restrictions, the remaining two-thirds of the CERF-funded food was repurposed for an emergency flood response outside the original scope of the project, which was approved by CERF.

After completing this distribution, WFP submitted a post-facto revision request to reallocate the remaining CERF-funded food to the new areas. This request was approved, allowing WFP to make necessary adjustments to the project's original outputs. The revision was essential due to the continued access challenges in Rakhine, where food movements were not approved, and WFP had to ensure that resources were used efficiently to meet urgent humanitarian needs while adhering to the original objectives of the project.

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	0	0	0	0	0	0	0	0	0	0
Host communities	31,500	25,200	16,200	17,100	90,000	21,820	17,457	11,222	11,845	62,344
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	31,500	25,200	16,200	17,100	90,000	21,820	17,457	11,222	11,845	62,344
People with disabilities (PwD) out of the total										
	945	756	486	513	2,700	654	524	337	355	1,870

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

5. People Indirectly Targeted by the Project

There were no indirect beneficiaries targeted by this project as lifesaving food and nutrition assistance was directly provided to targeted cyclone-affected households. However, the procurement, transportation and distribution of food aid certainly had positive knock-on effects for local economies struggle to recover from Mocha.

6. CERF Results Framework

Project objective Ensure target populations have equitable access to sufficient, safe and nutritious food

Output 1 Emergency food transfers distributed to targeted populations for one month, as part of a 3-month assistance package

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

Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	F.1a Number of people receiving food assistance (in-kind food assistance)	90,000	62,344	MDR
Indicator 1.2	F.1b Quantity of food distributed (in metric tons)	1350	912.425	MDR and LESS
Indicator 1.3	Number of people with disabilities receiving food assistance	2700	1,870	MDR
Indicator 1.4	AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs (people who state that they are aware of their rights and entitlements)	60	37	PDM Survey

Explanation of output and indicators variance:

The amount of rice procured was less than planned. WFP could only procure 912.425 mt due to increased rice prices, although our initial target was to distribute a one-month ration of 15 kg of rice to 90,000 people with 1,350 mt. The price of rice at the proposal stage was US\$478 per mt, which increased to more than \$700. This is approximately a 51 per cent increase compared to the proposal.

Moreover, increased conflict in Rakhine State and transport authorization delays posed challenges to transporting and distributing food. There were not Travel Authorizations for food movement from Yangon to central or northern Rakhine State until July 2024.

Activities	Description	Implemented by
Activity 1.1	Identification and selection of cyclone-affected townships and villages	[WFP and Cooperating Partners] CPs are Myanmar Heart Development Organization (MHDO), Save the Children (SC), Youth & Community Development Network (YDCN), Community Centre (CC), People for People

		(PFP), Wan Lark Development Foundation (WL), Action Based Community Development (ABCD)
Activity 1.2	Provision of food assistance to targeted 61,000 people	People for People (PFP) and Save the Children (SC)
Activity 1.3	Distribution monitoring and reporting	NA

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:

WFP integrated gender, protection, AAP and conflict sensitivity into all of its operations and activities. As part of efforts to better enable women to make spending decisions, WFP continues to list more women as the holders of household entitlements. Similar efforts are underway to include and protect people with disabilities.

WFP Myanmar's commitment to AAP are mainstreamed across its full operations at every stage of the programme cycle. AAP commitments are operationalized through three interdependent and continuous processes: 1) Information Provision, 2) Meaningful Participation, and 3) Feedback and Adaptation.

Information Provision – WFP works both directly and through cooperating partners and stakeholders to provide accessible, accurate, timely, and trusted information on WFP, its programming, and specific entitlements directly to affected people in their diversity. Communication channels in use include word- and picture-based banners and information, education, and communication (IEC) materials, recorded audio messages in local languages played in camp and community settings, project site helpdesks, face-to-face engagement through cooperating partners and trusted interlocutors, and CFM channels where WFP can provide on-demand answers to specific questions. To ensure accessibility, information is shared face-to-face through trusted interlocutors within communities, and information products are regularly translated into 10 languages: Myanmar, Kachin, Shan, Ta'ang, Wa, Chinese, Mon, Kayin, Nagamese and English. WFP is also exploring greater use of picture-based and easy-to-read messaging.

b. AAP Feedback and Complaint Mechanisms:

During the reporting period, WFP managed 2,016 CFM cases across project locations. CFM users represented a broad diversity of affected people including 41 per cent women in all project-related states/regions reflecting the growing accessibility to and trust in WFP's CFM. Common issues raised via CFM were requests for inclusion, specifically for Cyclone Mocha-affected households, and new-born babies to be added to existing beneficiary lists, concerns over potential household exclusion errors, and feedback to increase cash assistance due to inflation. Key examples of programmatic adaption influenced by CFM data include regular retargeting and appeals processes to identify and reduce exclusion errors and increases in cash transfer value in select areas to protect beneficiary purchasing power.

CFM cases were received through a diverse set of accessible communication channels including a telephone helpline, SMS, Viber, and email-based communication, in-person helpdesks and suggestion boxes at project sites and reporting from CP-operated CFMs. Cases

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](#).

were managed by 17 CFM and Protection, Gender and Accountability to Affected People (PGAAP) employees based in all WFP sub-offices and country offices and overseen by a high-level AAP Advisory Group within the Country Office.

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

As per the SOP on PSEA, allegations or suspicions of SEA linked to WFP interventions can be reported to:

- **The WFP Office of the Inspector General of Investigations (OIGI)** by phone, email or online. OIGI has exclusive authority and responsibility to conduct investigations into allegations of SEA against WFP personnel. Any allegations or report of SEA against WFP personnel shall therefore immediately be reported to OIGI.
- **The WFP PSEA Focal Points.** As PSEA Focal Points, Deputy Country Director for Operations and the Head of Crisis Response/Emergency Preparedness and Response have been trained to ensure the strictest of confidentiality including as to the alleged perpetrator. In addition to the Country Office PSEA Focal Points, WFP has a PSEA Champion Network including PSEA Focal Points from field offices and supply chains which have been trained on community sensitization and WFP and CP staff/vendors' awareness on PSEA. WFP Myanmar updated its PSEA SOP and developed and implemented a PSEA risk matrix and action plan in June 2024.
- **The WFP Community Feedback Mechanism.** CFM operators are trained in a victim-centred intake approach, immediately registering the case in the CFM data system (SugarCRM) in accordance with the CFM SOP. The case is assigned to the Country Office's main PSEA Focal Point, and the case is referred directly to OIGI. CFM operators know to maintain the strictest confidentiality including as to the alleged perpetrator. The CFM, which has coverage across all WFP project sites, has seven communication channels.
- **The inter-agency PSEA Network.** WFP continues to participate in the meetings of this Network. WFP is a member of the inter-agency SEA risk assessment in 2024.
- **The UN IP PSEA Capacity Assessment.** WFP has initiated an online evaluation of partners' capacities on SEA in the UN Partner Portal (UNPP) to ensure those who WFP serves are not put at risk of SEA, working together with partners to better prevent and respond to allegations and to take concrete actions to support to Zero Tolerance on SEA.

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

All WFP outcome indicators are disaggregated by gender. WFP remains committed to addressing gender inequality and enhancing women's empowerment through its programmes, in line with its PGAAP Strategy and Action Plan.

WFP completed the Gender Equality Certification Programme and successfully achieved 38 of 39 benchmarks where one benchmark - partnering with government entities - was not applicable under UN guidelines on engagement with the de facto authorities in Myanmar.

WFP has increased the sensitization of crosscutting social and behavioural change communication (SBCC) efforts with communities, reaching 11,521 women, 10,874 men and 68 other beneficiaries, of them 422 persons with disabilities. This aimed to gradually shift community attitudes and behaviour towards inclusive and equitable assistance. Key messages on risks and rights, including GBV, PSEA and CFM, were disseminated. Sensitization sessions with communities were paused due to active conflict in most operational areas in November 2023. In 2024, this sensitisation resumed in a few targeted areas where access and security conditions permitted.

WFP continuously made efforts to support the inclusion and empowerment of women through their meaningful participation in joint decision-making. According to 2023 post-distribution monitoring results, joint decision-making over the use of WFP assistance has increased from 43 per cent in December 2022 to 70 per cent in December 2023.

WFP launched a gender e-learning platform in Myanmar language for national staff, cooperating partners and the Food Security Cluster to allow a deeper understanding and application of gender equality in project design and implementation. However, user registration is very low because national partner staffs' access to the platform remains very challenging due to limited or lack of mobile/internet connectivity and electricity, and staff relocation due to the active fighting.

e. People with disabilities (PwD):

WFP employs a twin-track approach to increase disability inclusion: mainstreaming programming to prevent persons with disabilities from slipping through the cracks, while simultaneously providing more targeted assistance to persons with disabilities. WFP continues its efforts to integrate disability inclusion across its activities by engaging local partners for advocacy and technical assistance, enhancing staff and partners' capacities, and collecting disability-disaggregated data.

During this reporting period, WFP continued its efforts to integrate disability inclusion across its activities by mainstreaming inclusion through the 2024 field-level agreement review process. Most WFP offices have integrated disability assessable roads as per universal design features, pending incorporation of disability-friendly equipment.

f. Protection:

Myanmar's protection environment deteriorated significantly in 2023 as armed conflict intensified. In addition, ongoing fighting in Rakhine severely increased the needs of Rohingya, Rakhine and other minority groups. The major issue of the de facto authorities' control and monitoring of personal data continued to impede WFP's ability to transfer assistance through digital cash.

WFP prioritizes the safety and security of its beneficiaries in accessing food distribution points and meetings. WFP developed a set of guidelines on safe distributions for different kinds of distributions which were used to train WFP and cooperating partner staff, including practical training sessions with distribution staff and camp-based volunteers. Despite tightly restricted humanitarian access, almost all beneficiaries in conflict-affected areas reported having unhindered access to WFP's assistance and this was likely due to WFP's concerted efforts to support partners in improving safe distribution practices in different scenarios and increased distribution support from established food management committees, cooperating partners and camp-based volunteers. Almost all beneficiaries (99 per cent) receiving emergency relief assistance in cyclone- and conflict-affected areas reported feeling safe and dignified when accessing assistance.

g. Education:

WFP provided online orientation training to new implementing partners and informed existing partners about programme-related changes in 2023. WFP also launched a gender e-learning platform in Myanmar language for national staff, cooperating partners and the Food Security Cluster to allow a deeper understanding and application of gender equality in project design and implementation

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

WFP planned to provide emergency in-kind food assistance in the wake of the cyclone, considering the extensive damage and disruptions to markets. However, the situation in Rakhine was very unstable, and the de facto authorities placed significant restrictions on the movement of food. As such, future emergency plans may be adapted to make use of more cash-based assistance.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Not applicable	Not applicable

Project Report 23-RR-WHO-023

1. Project Information

Agency:	WHO	Country:	Myanmar
Sector/cluster:	Health	CERF project code:	23-RR-WHO-023
Project title:	Access to life-saving essential and emergency healthcare services to Cyclone Mocha affected people		
Start date:	22/05/2023	End date:	31/12/2023
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\$ 11,500,000
	Total funding received for agency's sector response to current emergency:	US\$ 450,000
	Amount received from CERF:	US\$ 1,500,614
	Total CERF funds sub-granted to implementing partners:	US\$ n/a
	Government Partners	US\$ n/a
	International NGOs	US\$ n/a
National NGOs	US\$ n/a	
Red Cross/Crescent Organisation	US\$ n/a	

2. Project Results Summary/Overall Performance

Through this CERF grant, WHO delivered 2,442 emergency health kits, including 1,250 Interagency Emergency Health Kits (IEHK), which cover the primary health care needs of approximately 1,250,000 people for three months, as well as the procurement of essential medicines for 10,000 non-communicable disease patients and 200 portable water purification devices for public health facilities areas affected by Cyclone Mocha. This grant provided 6 portable ultrasound machines together with 6 sets of inverters, batteries and solar energy to ensure early diagnosis to help save lives, as well as 14 portable power stations for 35 mobile clinics in Rakhine, the Northwest and Kachin. Moreover, 20 fogging machines, 6,000 dengue rapid diagnostic tests and medical supplies for the treatment of dengue, as well as 760,000 health education pamphlets and posters for malaria together with orientation sessions on WHO's Early Warning, Alert and Response System (EWARS) and vaccine preventable diseases, were distributed to help prevent a dengue and/or malaria outbreak in the aftermath of Cyclone Mocha. Additionally, CERF funds supported the procurement and distribution of 2,000 hygiene kits, 5,000 community new borne kits and 36,800 amoxicillin tablets, 125 clean delivery kits, 150 contraceptive implants and other supplies to provide reproductive, maternal, neonatal and child health services for some 9,450 people.

Project implementation was informed by the multi-sectoral field observation mission conducted by WHO staff, and the rapid needs assessment carried out by health partners. The establishment of a WHO sub-office and the recruitment of a dedicated logistics assistant (local staff) in Sittwe facilitated logistics management while WHO technical staff, including sub-national coordinators, ensured overall technical support and supportive monitoring across the project cycle.

As an immediate health response in Mocha's aftermath, the project assisted 29,873 people between 14 May and 21 June 2023 (6 weeks after Mocha's landfall). In total, this CERF grant benefited 89,788 people between 14 May to 31 December 2023, with WHO integrating MHPSS and GBV services across its health response. Ultimately, the beneficiaries of this CERF grant will increase after conclusion of this project as the supplies, including emergency health kits, portable ultrasound machines and power stations, together with the nearly 130 local health staff trained through this project, will help save lives by ensuring the continuity of essential health services while filling the gap in basic radio imaging services and electric lighting at health service provision points in difficult to reach cyclone-affected areas.

3. Changes and Amendments

This project received an NCE until 31 December 2023, extending it a little more than one month, to allow for the arrival of all procured supplies given the delays faced in the importation process. Both security and non-security related access constraints, including the denial of travel authorization and approval of distribution and transportation plans by the de facto authorities, significantly hindered project implementation. However, there were no changes to the planned targets for this project, although some adjustments were required for the redeployment of funds.

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	400	120	240	240	1,000	718	216	431	431	1,796
Internally displaced people	8,000	2,400	4,800	4,800	20,000	14,365	4,310	8,620	8,620	35,915
Host communities	3,600	1,080	2,160	2,160	9,000	6,465	19,39	3,879	3,879	16,162
Other affected people	8,000	2,400	4,800	4,800	20,000	14,365	4,310	8,620	8,620	35,915
Total	20,000	6,000	12,000	12,000	50,000	35,913	10,775	21,550	21,550	89,788
People with disabilities (PwD) out of the total										
	3,250	1,300	975	975	6,500	5,836	2,334	1,751	1,751	11,672

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

5. People Indirectly Targeted by the Project

Human resources and health supplies support and surveillance activities indirectly benefitted approximately 400,000 people in cyclone-affected areas. WHO supported the establishment of essential emergency obstetric, new-born care as well as primary health care services that will remain in place over the longer-term to serve a broader population beyond just those affected by Cyclone Mocha, including affected people targeted by this CERF project. Additionally, approximately 760,000 people were indirectly reached by risk communication and community engagement activities to raise awareness on malaria, while 20,000 people were indirectly reached through the procurement of 20 fogging machines to help prevent dengue outbreaks in Mocha's aftermath. In the longer-term, an estimated 31,200 vulnerable people living in difficult to reach and underserved areas will indirectly benefit from early diagnosis using 6 portable USG machines within 5 years, while an estimated 910,000 people will be reached through the distribution of 14 portable power stations to 35 mobile clinics over 5 years. WHO's CERF-funded health response will continue to have a positive impact in affected communities long after the lifespan of this project.

6. CERF Results Framework

Project objective	Ensuring availability of critical, lifesaving essential basic and emergency care, including emergency obstetrical and neonatal care, medicines and necessary medical equipment, and improve access to people affected by Cyclone Mocha and floods to help reduce avoidable, excess morbidity, mortality and disability
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Output 1	Provision of critical, lifesaving essential and emergency health care services, including emergency obstetric and neonatal care and clinical management of GBV, to people affected by Cyclone Mocha and floods to improve access to these lifesaving interventions
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Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.1 a Number of emergency health kits delivered to healthcare facilities	400	2442	Shipment documents and payment with delivery service contractors
Indicator 1.2	H.5 Percentage of public health alerts generated through community-based and/or health-facility-based surveillance or alert systems investigated within 24-48 hours	90%	100%	EWARS dashboard, weekly analysis reports
Explanation of output and indicators variance:		WHO used these funds for the procurement of humanitarian health supplies, equipment and freight costs, which enabled the transportation of different health emergency kits and supplies from WHO warehouses through international shipment. Therefore, the number of emergency health kits delivered to healthcare facilitates was considerably more than the original target.		
Activities	Description	Implemented by		

Activity 1.1	Support basic commodities for fixed health facilities, mobile clinics and community-based mechanisms to provide emergency and essential healthcare services	WHO, cluster partners, public health facilities, and national programmes
Activity 1.2	Strengthen surveillance for timely detection and coordinated response to notifications of outbreaks for epidemic-prone diseases	WHO, cluster partners, public health facilities, and national programmes
Activity 1.3	Provide treatment (consultations) including emergency and essential medical care, ensure early detection, treatment and continued care with follow-ups]	WHO, cluster partners, public health facilities, and national programmes

Output 2 Ensuring availability of essential medical equipment for lifesaving emergency and basic health care for people affected from Cyclone Mocha and floods to improve access to these services and to help reduction of excess, avoidable morbidity, mortality and disability

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

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of individuals reached through lifesaving emergency and basic health services, including emergency obstetric and neonatal care by CERF funded interventions, disaggregated by age and sex	50000	89788	Health Cluster Bulletins, Health Cluster 4W, Shipment documents and payment with delivery service contractors
Indicator 2.2	Number of health workforce trained on delivering quality comprehensive emergency and primary healthcare services by CERF project, disaggregated by age and sex	100	127	Participants list
Indicator 2.3	H.8 Number of primary healthcare consultations	100,000	179576	Health Cluster Bulletins, 4W. Shipment documents and payment with delivery service contractors

Explanation of output and indicators variance: WHO used these funds for the procurement of humanitarian health supplies, equipment and freight costs, which enabled the transportation of different health emergency kits and supplies from WHO warehouses through international shipment. This strategy complemented the delivery of lifesaving emergency health services through different health partners at the field level. The number of beneficiaries will increase even after the conclusion of this project as supplies, equipment and trained health workforce will sustain the provision of critical health services in targeted locations.

Activities	Description	Implemented by
Activity 2.1	Emergency procurement of required commodities, supplies and equipment, including essential laboratory reagents and supplies and reproductive health kits	WHO, cluster partners, public health facilities, and national programmes

Activity 2.2	Provision of technical expertise and enabling the health workforce and disseminating knowledge and skills for delivering quality comprehensive emergency and primary healthcare services	WHO, cluster partners, public health facilities, and national programmes
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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:

WHO, in collaboration with the Health Cluster, partners and local communities, formulated this CERF project using an inclusive process grounded in the self-identified needs and priorities of affected people in areas impacted by Cyclone Mocha. WHO identified the most critical needs and context-appropriate interventions for this project in line with the Health Cluster section of the Flash Appeal for Cyclone Mocha, consulting the Health cluster on the identification of targets and necessary resources for the health response. Previous projects of a similar nature were also taken into consideration in proposal design, and this project also reflects previously applied and tested accountability measures intended for target beneficiaries.

b. AAP Feedback and Complaint Mechanisms:

This project aligned with the Health Cluster's overarching AAP strategy. The package of basic essential medicines and basic lifesaving equipment for health facilities were identified using WHO's standard list which has been agreed to with the de facto Ministry of Health. WHO facilitated operational health partners' meetings at the sub-national and national level and solicited health-related feedback from health partners and other stakeholders. WHO continued coordination with health partners who received equipment, including power stations, to support the collection of feedback and complaints from communities, which informed project implementation and any necessary adjustments including technical support to improve health services delivery. WHO, as a cluster lead agency (CLA), regularly coordinated with OCHA and other cluster/sectors to receive feedback through non-health partners.

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

WHO has well-established policies on preventing and responding to sexual exploitation, abuse and harassment, as it is highly concerned by any reports of sexual misconduct by WHO staff and implementing partners, with specific measures taken to increase awareness on preventing and addressing reports of sexual misconduct through pre-employment or pre-contract agreements. All WHO contracts have a clause on prevention of and response to sexual misconduct and all partners are assessed on their capacities for prevention and response to sexual exploitation, abuse and harassment before contracting. WHO takes all reasonable steps to prevent SEA and is prepared to take

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](#).

any necessary actions to address reports of SEA or any other misconduct, in accordance with its internal rules, regulations, policies and procedures.

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

WHO has robust policies on inclusiveness and equity to ensure women, girls and sexual and gender minorities will not be discriminated. The equitable participation of men and women health staff was ensured in project design, implementation, monitoring and reporting processes. WHO ensured all reasonable steps to prevent GBV in its various engagements and partnerships. Escalation of GBV is a known phenomenon in emergencies characterized by mass displacement. Therefore, the basic primary care package supported by this project specifically included activities to support the clinical management of GBV. WHO has the organizational capacity and technical expertise to help prevent and manage GBV cases. WHO is a member of the gender thematic group as well as the PSEA Network in Myanmar.

e. People with disabilities (PwD):

WHO ensured that all health activities, including service provision and service delivery points, were fully accessible to persons with disabilities, tailoring assistance and services to their differentiated needs.

f. Protection:

This project ensured effective protection mainstreaming for both beneficiaries and service providers. The existing monitoring system tracking attacks on health care provided evidence-based data and information to help ensure that the protection and safety of staff and affected people was meaningfully integrated into project design and implementation. WHO, as a CLA, partook in advocacy efforts to ensure the protection of all affected people and at-risk individuals was mainstreamed in project design, implementation and monitoring.

g. Education:

Not applicable.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

In the project design phase, WHO considered several different response modalities, including cash and voucher assistance, to ensure that aid reached the most vulnerable people in an effective and timely manner. In this process, WHO identified several challenges associated with the direct provision of cash and/or vouchers to affected people or to support service provision given the considerable operational challenges faced by humanitarian organizations in the current context. These included the limited availability and quality assurance guarantees for medicines and health supplies available in local markets, lack of accessibility to non-SAC controlled health care facilities, and complementary with ongoing health response activities, such as emergency referral support, being implemented by various partners and stakeholders. As a result, WHO determined that CERF funds would be best used to internationally procure medical supplies and other resources which met Health Cluster standards. Under the technical and operational guidance of WHO, these supplies and resources were directly distributed to various health partners to deliver lifesaving interventions. This approach proved to be an efficient and effective way to help save lives and sustain essential health service provision in an increasingly challenging response landscape.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Health Cluster Bulletin- Quarter Three - 2023	https://cdn.who.int/media/docs/default-source/searo/myanmar/documents/health-cluster-bulletin_q3_2023_final.pdf?sfvrsn=ab8ae789_3
Flash update Sitrep #6 : 13 June 2023	https://cdn.who.int/media/docs/default-source/searo/myanmar/documents/6sitrep_myanmar_cyclone-mocha_flashupdate_13jun23.pdf?sfvrsn=6672b11d_3
WHO responding to Cyclone MOCHA	https://www.who.int/southeastasia/news/detail/12-06-2023-who-responding-to-cyclone-mocha

ANNEX: CERF FUNDS DISTRIBUTED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Partner Type	CERF Funds Transferred to Partner
23-RR-IOM-020	Shelter and Non-Food Items	IOM	NNGO	\$225,000
23-RR-IOM-020	Shelter and Non-Food Items	IOM	NNGO	\$210,000
23-RR-IOM-020	Shelter and Non-Food Items	IOM	NNGO	\$50,000
23-RR-IOM-020	Shelter and Non-Food Items	IOM	NNGO	\$50,000
23-RR-FPA-023	Gender-Based Violence	UNFPA	NNGO	\$100,992
23-RR-FPA-023	Gender-Based Violence	UNFPA	INGO	\$50,999
23-RR-FPA-023	Sexual and Reproductive Health	UNFPA	INGO	\$115,304
23-RR-FPA-023	Gender-Based Violence	UNFPA	INGO	\$77,824
23-RR-FPA-023	Gender-Based Violence	UNFPA	INGO	\$84,047
23-RR-CEF-031	Child Protection	UNICEF	NNGO	\$0
23-RR-CEF-031	Child Protection	UNICEF	NNGO	\$0
23-RR-CEF-031	Child Protection	UNICEF	NNGO	\$0
23-RR-CEF-031	Child Protection	UNICEF	NNGO	\$0
23-RR-CEF-031	Child Protection	UNICEF	NNGO	\$43,494
23-RR-CEF-031	Child Protection	UNICEF	NNGO	\$51,653
23-RR-CEF-031	Mine Action	UNICEF	NNGO	\$99,704
23-RR-CEF-031	Mine Action	UNICEF	NNGO	\$15,814
23-RR-CEF-031	Mine Action	UNICEF	NNGO	\$25,827
23-RR-CEF-031	Mine Action	UNICEF	NNGO	\$56,471
23-RR-CEF-031	Mine Action	UNICEF	NNGO	\$51,654
23-RR-CEF-031	Mine Action	UNICEF	NNGO	\$85,427
23-RR-CEF-031	Water, Sanitation and Hygiene	UNICEF	NNGO	\$250,974
23-RR-CEF-031	Water, Sanitation and Hygiene	UNICEF	NNGO	\$161,669
23-RR-CEF-031	Water, Sanitation and Hygiene	UNICEF	NNGO	\$112,783
23-RR-CEF-031	Water, Sanitation and Hygiene	UNICEF	NNGO	\$75,127
23-RR-CEF-031	Water, Sanitation and Hygiene	UNICEF	INGO	\$186,433
23-RR-CEF-031	Water, Sanitation and Hygiene	UNICEF	INGO	\$7,874
23-RR-CEF-031	Water, Sanitation and Hygiene	UNICEF	NNGO	\$113,266
23-RR-CEF-031	Water, Sanitation and Hygiene	UNICEF	NNGO	\$10,000
23-RR-HCR-018	Protection	UNHCR	NNGO	\$49,856
23-RR-HCR-018	Protection	UNHCR	NNGO	\$60,000
23-RR-HCR-018	Protection	UNHCR	INGO	\$60,000
23-RR-HCR-018	Protection	UNHCR	INGO	\$80,000
23-RR-HCR-018	Protection	UNHCR	INGO	\$25,000
23-RR-HCR-018	Protection	UNHCR	INGO	\$25,000
23-RR-HCR-018	Protection	UNHCR	INGO	\$25,000
23-RR-HCR-018	Protection	UNHCR	INGO	\$100,000
23-RR-HCR-018	Protection	UNHCR	INGO	\$125,000
23-RR-HCR-018	Shelter and Non-Food Items	UNHCR	INGO	\$300,000
23-RR-HCR-018	Shelter and Non-Food Items	UNHCR	INGO	\$270,000
23-RR-HCR-018	Shelter and Non-Food Items	UNHCR	NNGO	\$330,300
23-RR-HCR-018	Multi-Purpose Cash	UNHCR	NNGO	\$200,000
	Food Assistance	WFP	NNGO	\$8,953
	Food Assistance	WFP	INGO	\$19,924

	Food Assistance	WFP	INGO	\$4,258
	Food Assistance	WFP	INGO	\$4,262
	Food Assistance	WFP	INGO	\$4,279
23-RR-FPA-023	Sexual and Reproductive Health	UNFPA	NNGO	\$16,961
23-RR-FPA-023	Sexual and Reproductive Health	UNFPA	INGO	\$143,148
23-RR-FPA-023	Sexual and Reproductive Health	UNFPA	INGO	\$12,996
23-RR-FPA-023	Sexual and Reproductive Health	UNFPA	NNGO	\$11,023
23-RR-FPA-023	Gender-Based Violence	UNFPA	NNGO	\$1,198
23-RR-FPA-023	Sexual and Reproductive Health	UNFPA	NNGO	\$38,865
23-RR-FPA-023	Sexual and Reproductive Health	UNFPA	NNGO	\$39,114