

# **Independent Review of the value added of the Central Emergency Response Fund (CERF) in Myanmar**



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Cover illustration: IDP camp in Rakhine state (photo J. Baker)

## List of Acronyms

AAP	Accountability to Affected Populations
AAR	After-Action Review
CCCM	Camp Coordination and Camp Management (cluster)
CERF	Central Emergency Response Fund
DRR	Disaster Risk Reduction
ERC	Emergency Relief Coordinator
ERF	Emergency Response Fund
GBV	Gender Based Violence
GOV	Government of the Republic of the Union of Myanmar
FTS	Financial Tracking Service
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
ICCM	Inter-Cluster Coordination Mechanism
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
INGO	International Non-Governmental Organisation
IOM	International Organisation for Migration
NCE	No-Cost Extension
NFI	Non-Food Item
NGO	Non-Governmental Organisation
NNGO	National Non-Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs (United Nations)
OHCHR	Office of the High Commissioner for Human Rights (United Nations)
PAF	Performance and Accountability Framework (CERF)
PCA	Project Cooperation Agreement
RC/HC	Resident Coordinator/Humanitarian Coordinator
RR	Rapid Response
TOR	Terms of Reference
SAFE	Safe Access to Fuel and Energy
SRP	Strategic Response Plan
UFE	Under-Funded Emergency
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation (United Nations)

## Acknowledgements

The support and involvement of all the agency staff and community members in Rakhine during this CERF Country Review was very much appreciated. OCHA staff in Yangon and Sittwe facilitated the process at every stage by helping to organize interviews, arrange transport, accommodation, office space and provide administrative support whenever necessary. Staff of recipient agencies and their implementing partners were very helpful in arranging project site visits and focus group discussions.

The open dialogue was very constructive and the openness to explore lessons learned was critical to understanding the context, especially given the limited time available to carry out the assessment and analysis.

This is an independent review and the author therefore assumes responsibility for all opinions, recommendations and any inadvertent errors that appear in this report.

## EXECUTIVE SUMMARY

This review of Central Emergency Response Fund (CERF) funding to Myanmar assesses the added value of the CERF and its performance against the indicators of the CERF's Performance and Accountability Framework (PAF). The findings in this report are based on desk research, interviews with the Resident and Humanitarian Coordinator (RC/HC), representatives of CERF-recipient agencies, international and national non-governmental organisations (NGOs) and a site visit to Rakhine State where discussions were also held with displaced communities. Interviews took place during 13 to 24 October 2014.

### CERF Funding to Myanmar

Myanmar has received CERF funding each year since 2006 and, by the end of 2014, had received over \$60 million in rapid response (RR) grants and more than \$24 million in under-funded emergency (UFE) funds giving a total of \$84 million overall. There were two years when relatively large injections of CERF funding were released in the aftermath of two humanitarian crises; cyclone Nargis in 2008 and following conflict-related displacements in Rakhine and Kachin states in 2012. CERF funding during these two years amounted to a total of \$45 million, or 53% of the total amount of CERF funds allocated to Myanmar during 2006-2014.

The current CERF country review for Myanmar focuses on the two-year period during 2013 and 2014 when three grants (two UFE grants and one RR grant) were allocated totalling just under \$13.5 million. This amount was distributed amongst 25 projects designed to address the humanitarian impacts of conflict related displacement in Rakhine and Kachin states. According to OCHA data, CERF funds accounted for 8.8% and 3.3% of the total humanitarian funding allocated to Myanmar for 2013 and 2014 respectively to support efforts of humanitarian agencies dealing with the aftermath of widespread displacement in Kachin and Rakhine states due to inter-ethnic conflicts. Subsequent incidents during 2013 and 2014 in both areas not only created additional humanitarian needs, but also raised inter-ethnic tensions that have posed obstacles to humanitarian access and made it difficult to plan longer-term interventions.

### Value-Added of the CERF

The CERF added value to the humanitarian response in Myanmar in a number of ways during 2013-2014. CERF-supported activities were closely aligned with priorities identified by sectors/clusters included in Humanitarian Response Plans CERF and played an important gap-filling role, notably with regard to meeting humanitarian needs in internally displaced person (IDP) sites with infrastructure, food aid and WASH support..

UNFPA was able to successfully use CERF as a strategic "catalyst" to reinforce capacities to scale up their prevention gender-based violence (GBV) activities together with a local partner and leverage additional resources for sustained engagement. If not for CERF grants, four agencies; the World Health Organisation (WHO), the UN Population Fund (UNFPA), the Food and Agricultural Organisation (FAO) and Office of the High Commissioner for Human

Rights (OHCHR), would have faced difficulties in scaling up responses and establishing an operational presence in crisis-affected areas.

### **Inclusiveness and Transparency of the Allocation Process**

The 2014 CERF prioritization process was only one of many tasks awaiting the incoming RC/HC and Head of OCHA office when they arrived to take up their respective positions in January 2014. This resulted in some differences between the UFE allocation processes in 2013 and 2014. A common positive element during both 2013 and 2014 was relatively good communication between the RC/HC, OCHA, HCT and clusters that helped to achieve a common understanding regarding both the availability of CERF funding and the prioritization criteria. Allocations were prioritized based a review against standardised criteria (including CERF life-saving criteria) before submission to the Emergency Relief Coordinator (ERC). For the 2013 UFE, recommendations were agreed by a working group of the HCT and the HCT was informed afterwards. In 2014, a proposed prioritization for the UFE grant was shared with cluster coordinators via email and agreed during an ad hoc meeting of the inter-sector group organized the day before the deadline for submission to the ERC. A lack of leadership of the process and hurried nature of the 2014 UFE prioritisation contributed to a shared feeling of frustration amongst most HCT members.

Most recipient agencies made genuine attempts to involve partners in proposal development, but participation of partners was at times limited by time constraints and capacity, especially of local partners working in non-government controlled areas in Kachin. While awareness of CERF availability and prioritization criteria was relatively good, there was much less awareness about how CERF had been used, particularly amongst staff based in field locations.

### **Monitoring and Evaluation**

In line with findings from the 5-year global evaluation of CERF, the ability to attribute project outputs to CERF support was largely dependent on two factors:

1. Whether funds were used in a specific project or whether they contributed to a broader program (where attribution was more difficult).
2. The existing monitoring and evaluation capacities of the individual recipient agencies and their implementing partners.

UN agencies mainly used monitoring data gathered from implementing partner reports to monitor project implementation and undertook periodic field monitoring adapted to their specific programmes (e.g. WFP's post distribution monitoring). Amongst the challenges that agencies face include variable capacities of partners and in monitoring assistance in camps where there is no official camp registration.

An After Action Review (AAR) was carried out for the 2013 RR allocation. However, the HCT felt that it was not particularly useful for the HCT to review projects of individual donors. This may have been due different expectations regarding the purpose of the AAR process and methodologies.

## **Strengthening Humanitarian Reform and Response**

CERF grants have played a role as a convener in Myanmar to a certain extent, something that has been facilitated by effective information management by OCHA and cluster coordinators. Good practice examples include a joint WASH and Shelter/CCCM proposal for Kachin during 2014 that helped to ensure compatibility of shelter and WASH designs. CERF also facilitated UNFPA and UNICEF collaboration around prevention of gender based violence (GBV).

However, as described above, HCT members were generally frustrated by the 2014 UFE process and, in the case of the HCT, there was a shared sense that the CERF was more of a divisive factor than a convener during 2014.

## **Coverage and Division of Labour**

The bulk of CERF resources during 2013-14 were targeted at WASH and Shelter/Non-Food Items (NFI), followed by Food Assistance. This division was judged to be a reasonable reflection of the needs, given that significant investments in infrastructure were (and still are) required for displaced populations, particularly in Rakhine where the movements of IDPs are severely restricted. Coverage was judged to be satisfactory overall and in line with priorities in the Humanitarian Response Plans. Remaining gaps identified that are potentially relevant to CERF include cooking fuel in Rakhine, stronger health coordination and the need for a more conflict sensitive approach.

## **Timeliness of CERF Funding**

There was general satisfaction amongst recipient agencies regarding the timeliness of approval and disbursement processes at the level of the CERF Secretariat. Among other positive effects, the timeliness of the CERF RR funding facilitated a timely response to reduce risks to a vulnerable population of some 69,000 IDPs living in flood-prone areas in Rakhine state.

The time taken for CERF funds to be transferred from recipient agency HQs to their country office in Myanmar and on to implementing partners varied considerably. Timeliness of transfers did not always affect implementation, and there were several instances of NGO partners starting activities with their own funds once the CERF allocation had been approved. On the other hand, some partners of FAO, WHO and UNICEF were forced to delay activities while waiting two months or more for contract processes to be completed. FAO resolved this problem in 2014 by beginning preparations as soon as they learned that a UFE grant had been approved for Myanmar. Most partners of recipient agencies were able to start activities fairly quickly once they had the funds, although some partners experienced delays of a month or more in starting up due to difficulties of working in non-government areas and other factors.

## **Application of CERF Life-Saving Criteria**

The scale of the displacement and continuing inter-ethnic tensions has meant that there was a dependence on external assistance and protection, particularly in Rakhine where IDP movement outside camps is severely restricted. Clusters have a relatively good understanding of needs for their particular sector/cluster,

and it has often been more of a question of what assistance is provided from other sources, most notably by the government.

The RR grant for Myanmar in early 2013 differed somewhat in that CERF supported early action activities prior to the onset of the monsoon season rather than supporting an emergency response following a disaster event. While the rains were not as severe as feared, interventions prioritised for CERF funds were consistent with CERF's early action objectives and life-saving criteria and were judged to be an appropriate use of CERF resources. Deficiencies in the 2014 UFE prioritisation process meant that the process at resembled more of a "cake-cutting" exercise amongst recipient agencies than the previous year.

### **Harmonization with the Emergency Response Fund (ERF)**

Up until recently, the ERF in Myanmar has had access to limited resources and proposals have been submitted on an ad hoc basis. The main formal link with CERF has been a shared definition of life-saving criteria. A single unit in OCHA manages both CERF and the ERF and there has thus been *de facto* coordination between the CERF and the ERF.

The ERF is in the process of transitioning to a more strategic role as donors are increasing their contributions. After a number of years with a relatively low profile, the ERF is now identified (along with the CERF) in the 2015 Humanitarian Response Plan as a key resource for supporting strategic humanitarian objectives.

### **Accountability to Affected Populations (AAP)**

Accountability to Affected Populations was one of 8 indicators in the PAF where significant gaps were identified during this Country Review. Agencies are making efforts to increase community participation and the WASH cluster has commissioned an AAP review using another funding source, but HCT members acknowledged more should be done to improve AAP.

### **Using the CERF PAF as a Measurement Tool during Country Reviews**

The Myanmar Country Review was the third such review where the PAF was used to facilitate a participative reflection by the HCT to assess performance on use of CERF. HCT members generally felt this was a useful approach since it provided a systematic and objective basis for assessing performance and it helped raise awareness the practical implications of the commitments in the PAF. Some HCT members felt that a similar tool could be used to facilitate needs-based decision-making around prioritizing resource allocations.

### **Recommendations**

A series of recommendations are provided at the end of this report, targeted separately at the Humanitarian Country Team in Myanmar, OCHA Myanmar, five recipient agencies and the CERF Secretariat.

**Recommendations targeted at the RC/HC and HCT** highlight the need for stronger leadership of CERF processes and use of user-friendly tools to facilitate decision-making, notably in terms of identifying overall priority humanitarian

needs and integration of conflict sensitivity elements. Other recommendations targeted at the HCT are directed at covering remaining critical humanitarian needs, notably cooking fuel supplies, more systematically addressing accountability to affected populations and improving utility of After Action Reviews (AARs).

**Recommendations targeted at OCHA Myanmar** suggest a key supporting role to facilitate needs-based decision-making by the HCT and improving the utility of AARS, ways to increase coverage of CERF-related orientation and training, and enhancing complementarity with other emergency funding.

**Recommendations targeted at specific recipient agencies** are:

- For OCHCR, clarify and communicate their support to CERF life-saving activities in Rakhine;
- For WFP and UNHCR, investigate ways of improving their reporting of funding status of regional operations;
- For UNICEF and WHO, improve the timeliness of transferring funds to implementing partners.

**Recommendations targeted at the CERF Secretariat** encourage the development of “toolkits” for recipient countries to facilitate needs-based prioritisation decision-making by HCTs and improve the utility of AARs. Another recommendation supports findings of a previous CERF Country Review to update CERF’s Performance Accountability Framework (PAF) to ensure it remains a relevant measurement tool. Finally, with visits to project sites now becoming routine, it is recommended that – whenever feasible – future CERF country reviews attempt to look more systematically at outcomes.

## INTRODUCTION

The CERF secretariat developed a Performance and Accountability Framework (PAF) in 2010, which proposes that the Emergency Relief Coordinator (ERC) select between three to five countries each year where CERF country-level reviews<sup>1</sup> will be carried out. This CERF review in Myanmar is one of three such country-level reviews undertaken during 2014.

### Objectives of the Myanmar CERF Country Review

The Terms of Reference (ToR) for this review (attached as an annex) outlines the objectives and key questions of the review. The overriding objective of these country reviews, is to assess the extent to which CERF has added value to the broader humanitarian endeavour. Specific areas of interest highlighted for the Myanmar Country Review include:

- The extent to which CERF submissions were based on an inclusive planning process and adhered to established quality criteria.
- Whether transparent systems are in place for correct allocation, efficient flow and use of CERF allocations by agencies.
- What monitoring and evaluation systems are in place at the agency level for measuring and reporting on results on CERF-funded operations?
- Assess the extent of harmonization between the CERF and the Myanmar Emergency Response Fund (ERF).

### Methodology

This report is based on desk research and a field visit to Myanmar during a two-week visit in October 2014 with follow-up by email where needed. The main sources of information used in the analysis included:

- Interviews with a total of 86 staff (45 men and 41 women) in Yangon and Rakhine state with staff of UN agencies, NGOs (international and national), cluster coordinators and a local government representative. 62 community representatives amongst displaced populations in Rakhine state in five camps were also interviewed during focus group discussions. A list of interviewees is provided as an annex.
- A desk review that included annual reports, RC/HC reports on utilisation of CERF funds for the 2013 RR and UFE grants, the 2013 CERF Performance Accountability Framework review, selected project documents, previous CERF country reviews and the 2011 5-year global evaluation of the CERF.
- An analysis of funding data from the CERF secretariat and OCHA's Financial Tracking Service.

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<sup>1</sup> CERF Country Reviews can be downloaded from the CERF website at <http://www.unocha.org/cerf/reportsevaluations/evaluations/country-reviews/performance-and-accountability-framework>

Debriefings were held in Sittwe for field-based staff from OCHA and cluster lead agencies on October 20<sup>th</sup> and in Yangon for the Humanitarian Country Team on October 24<sup>th</sup> to present and validate provisional findings. The debriefing with the HCT was a 1½-hour session consisting of a guided discussion to review provisional ratings and evidence in the PAF (a revised version based on subsequent feedback is attached as Annex 1).

### **Limitations and Constraints**

As described in the Monitoring and Evaluation section, the ability to track and attribute outputs and outcomes to CERF varied according to whether funds were used in a specific project or as a contribution to a broader programme. As described in the TOR for this review, it does not attempt to link beneficiary-level changes to CERF activity in a systematic way nor does it provide detailed narratives and contextual analysis around how and why results are being achieved. Rather this country review focuses on providing an external assessment on the operational impact of CERF.

11 days was allocated for the field visit, including in-country travel, which meant that it was only possible to visit one of the two CERF operational areas. Given the value-added of the site visit to Rakhine state, a major limitation of this review is that there was insufficient time to also visit Kachin given the significant differences in operational contexts. The lack of a field visit was partially compensated by prioritising those key informants who had experience of working in Kachin.

### **Humanitarian context in Myanmar**

Since transitioning from a military to a civilian government in 2011, Myanmar has undertaken a series of measures to reform governance, attract foreign investment and reintegrate into the global economy. Economic reforms have paid off and Myanmar's economy is estimated to have grown by 8.3% during the past two years, driven mainly by construction, manufacturing, and services. The country's per capita GDP is however still just over \$1,000, which is amongst the lowest in the region. A household-level assessment carried out during 2010 estimated that 26% of the population lives below the poverty line.<sup>2</sup>

Years of conflict and unresolved ethnic differences have contributed to the displacement of hundreds of thousands of people within Myanmar and to neighbouring countries. Humanitarian needs, mainly related to violence and conflict, are most pronounced in Kachin and Rakhine States.

Despite Myanmar's vulnerability to disasters, donor support for humanitarian action in Myanmar has been variable. While donor support to the 2013 Rakhine Response Plan covered 81% of the total estimated requirements, contributions amounted to only 53% for the 2013 Response Plan for Kachin and 59% of the 2014 combined Response Plan for Rakhine and Kachin.<sup>3</sup>

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<sup>2</sup> Source: The World Bank <http://www.worldbank.org/en/country/myanmar/overview#1>

<sup>3</sup> Source: Financial Tracking Service <http://fts.unocha.org/> (as of January 31, 2015)

Access to conflict-affected areas for humanitarian agencies has been improving during the past years, but international agencies continue to face various challenges,<sup>4</sup> including a perception of bias towards particular ethnic groups.<sup>5</sup>

The 2015 Humanitarian Needs Overview<sup>6</sup> lists four key humanitarian issues for Myanmar:

1. The prolonged displacement resulting from on-going inter-communal tensions and unresolved armed conflict; the fact that local communities in conflict-affected areas are severely affected; and serious protection concerns in these areas that need to be addressed;
2. The unequal and inadequate access of crisis-affected people to basic services and livelihoods opportunities, particularly in Rakhine State;
3. The challenges in finding durable solutions for the displaced, including the fact that the camps in Rakhine and Kachin were established as temporary ones with shelters designed to last for only two years; and
4. The importance of enhancing the resilience of communities and preparing for new emergencies, taking into consideration the fact that Myanmar is one of the countries at highest risk of natural disasters in South-East Asia.

Based on this, the Humanitarian Country Team agreed on three strategic objectives that will provide a basis for prioritization of projects supported by the CERF or the ERF during 2015:

1. Ensure that the life-saving protection and assistance needs of people affected by conflict and/or disasters are met;
2. Ensure that people affected by conflict and/or disasters have equitable access to basic services and livelihoods opportunities;
3. Enhance the resilience of communities to conflict and natural disasters and contribute to early recovery and durable solutions.

### **Operating Environment for Humanitarian Agencies**

The previous military junta in Myanmar expelled a former RC/HC in 2007 for issuing a “critical statement” about human rights violations in Myanmar.<sup>7</sup> While reforms that started in 2011 makes a similar occurrence in Myanmar unlikely in

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<sup>4</sup> IRIN (2012) Analysis: Reassessing international access in Myanmar <http://www.irinnews.org/report/95188/analysis-reassessing-international-access-in-myanmar> and OCHA (2014) Humanitarian Bulletin Myanmar Issue 11| 1 – 30 November 2014 [http://reliefweb.int/sites/reliefweb.int/files/resources/Humanitarian\\_Bulletin\\_OCHA\\_Myanmar\\_November\\_2014.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/Humanitarian_Bulletin_OCHA_Myanmar_November_2014.pdf)

<sup>5</sup> Offices and residences of international NGOs and UN agencies in Rakhine were attacked and looted in March 2014 – Radio Free Asia (2014) “Mobs Attack Offices of UN, Aid Groups in Myanmar’s Rakhine State” <http://www.rfa.org/english/news/myanmar/flag-03272014173432.html>

<sup>6</sup> OCHA (2014) 2015 Humanitarian Response Plan for Myanmar [http://reliefweb.int/sites/reliefweb.int/files/resources/2015%20Myanmar%20Humanitarian%20Response%20Plan\\_0.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/2015%20Myanmar%20Humanitarian%20Response%20Plan_0.pdf)

<sup>7</sup> [http://www.nytimes.com/2007/11/02/world/asia/02iht-03myanmar.8161667.html?\\_r=0](http://www.nytimes.com/2007/11/02/world/asia/02iht-03myanmar.8161667.html?_r=0)

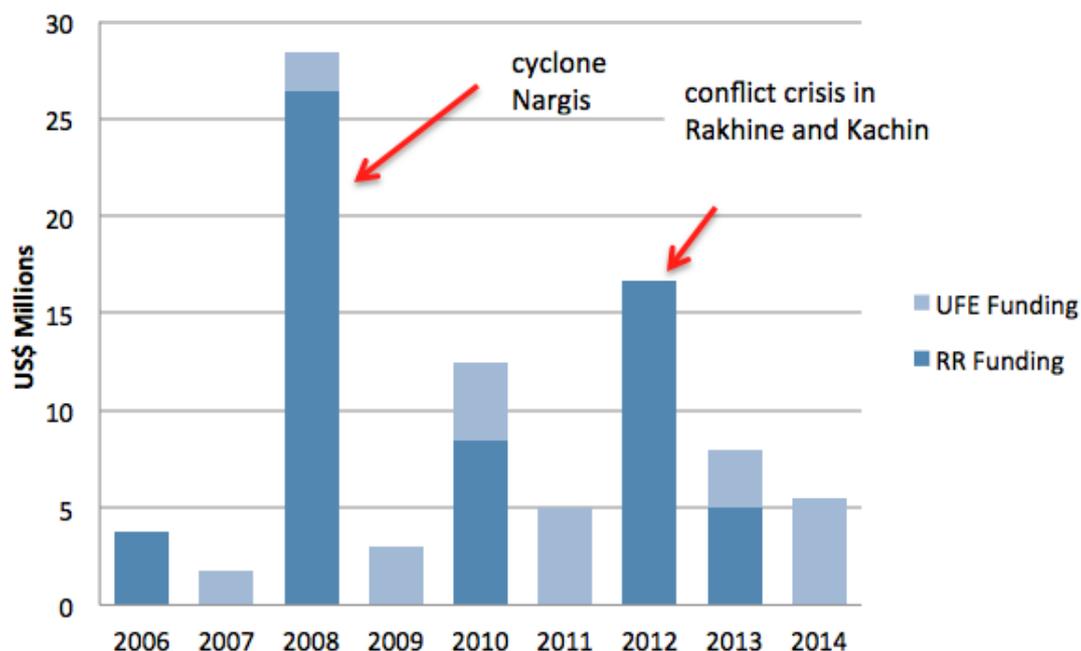
future, the current government has shown that it is not averse to suspending activities of major international NGOs.

The government drafted a document in mid 2014 entitled “Rakhine State Action Plan”, whose main aim is to resolve the plight of internally displaced persons (IDP) in Rakhine state. The Action Plan includes raising awareness of government staff about international human rights instruments and also acknowledges the need to coordinate and cooperate with UN agencies and NGOs. At the same time, the Action Plan stresses the need to monitor NGOs and Community-Based Organizations (CBOs) in Rakhine State to ensure that their activities are within the law. The Action Plan was shared in draft form with UN agencies, who have since registered their concerns about some of its elements. A revised version was awaited at the time this country review took place.

### CERF funding to Myanmar

Myanmar has received CERF funding each year starting from 2006 amounting to over \$60 million in rapid response (RR) grants and over \$24 million in under-funded emergency (UFE) funds, giving a total of over \$84 million up until the end of 2014. There were two years when relatively large injections of CERF funding were released in the aftermath of two humanitarian crises; for cyclone Nargis in 2008 and in 2012 following conflict-related displacements in Rakhine and Kachin states. CERF funding during those two years amounted to a total of \$45 million, or 53% of the total CERF funds allocated to Myanmar during 2006-2014.

**Figure 1 – CERF Grants to Myanmar: 2006 - 2014<sup>8</sup>**



The current review focuses on the two-year period during 2013 and 2014 when three grants (two UFE and one RR grant) were allocated totalling just under \$13.5 million. This amount was allocated amongst 25 projects aimed to address humanitarian needs resulting from the conflict related displacement in Rakhine

<sup>8</sup> Source data: CERF Secretariat

and Kachin states. CERF funds accounted for 8.8% and 3.3% of the total humanitarian funding allocated to Myanmar respectively for 2013 and 2014.<sup>9</sup>

Table 1 below provides a breakdown of CERF funding received during 2013 and 2014 by recipient agency and project. UNICEF received 37% of total CERF funding, followed by UNHCR (29%) and WFP (20%). While this differs from CERF funding patterns at a global level where WFP is the largest recipient of CERF funding (followed by UNICEF, IOM and UNHCR),<sup>10</sup> the difference can be mainly attributed to relatively large investments in camp infrastructure.

**Table 1 - Breakdown of Funding by Recipient Agency and Project**

	Agency	Approved (US\$)	Sector
2013 RR	UNFPA	150,099	Health
	WHO	150,453	Health
	UNICEF	199,020	Health
	UNICEF	2,000,044	Water, sanitation and hygiene
	UNHCR	2,500,000	Shelter and non-food items
2013 UFE	FAO	274,512	Agriculture
	UNFPA	100,294	Health
	WHO	99,778	Health
	UNICEF	99,971	Health
	UNICEF	550,000	Water, sanitation and hygiene
	UNHCR	650,000	Camp Management
	UNFPA	275,277	Protection, Human Rights & Rule of Law
	WFP	950,000	Food
2014 UFE	FAO	198,501	Agriculture
	UNFPA	160,180	Health
	WHO	173,023	Health
	UNICEF	166,643	Health
	UNICEF	700,000	Water, sanitation and hygiene
	UNHCR	845,835	Shelter and nonfood items
	UNICEF	502,430	Education
	UNFPA	237,466	Protection, Human Rights & Rule of Law
	OHCHR	100,054	Protection, Human Rights & Rule of Law
	UNICEF	248,775	Protection, Human Rights & Rule of Law
	UNICEF	500,001	Health and Nutrition
	WFP	1,700,000	Food

<sup>9</sup> Allocations as reported on Financial Tracking Service (FTS)

2103: [http://fts.unocha.org/reports/daily/ocha\\_R24c\\_C145\\_Y2013\\_asof\\_1412280301.pdf](http://fts.unocha.org/reports/daily/ocha_R24c_C145_Y2013_asof_1412280301.pdf)

2014: [http://fts.unocha.org/reports/daily/ocha\\_R24c\\_C145\\_Y2014\\_asof\\_1412280301.pdf](http://fts.unocha.org/reports/daily/ocha_R24c_C145_Y2014_asof_1412280301.pdf)

<sup>10</sup> Global CERF allocations for 2014 by recipient agency can be viewed at

<http://fts.unocha.org/pageloader.aspx?page=cerf-cerfreports&year=2014&datatype=cerfbyappealingagency&filetype=pdf>

Some recipient agencies chose to implement parts of their CERF projects through partners. The related sub-grant amounts as reported to the RC/HC (along with amounts used directly by the recipient agencies) are shown in Table 2 below.

**Table 2 – CERF Grants to Myanmar 2013-2014<sup>11</sup>**

<b>2013 Rapid Response (Rakhine)</b>			<b>2014 UFE (Rakhine and Kachin)</b>		
Type	Fund	% allocation	Type	Fund	% allocation
UN	3,112,789	62%	UN	2,976,510	54%
GOV	131,204	3%	GOV	22,216	0%
NNGO	192,937	4%	NNGO	1,884,393	34%
INGO	1,562,686	31%	INGO	649,789	12%
<b>TOTAL</b>	<b>4,999,616</b>	<b>100%</b>	<b>TOTAL</b>	<b>5,532,908</b>	<b>100%</b>

<b>2013 Underfunded (Kachin)</b>		
Type	Fund	% allocation
UN	1,830,703	61%
GOV	6,500	0%
NNGO	1,121,166	37%
INGO	41,463	1%
<b>TOTAL</b>	<b>2,999,832</b>	<b>100%</b>

### **Myanmar Emergency Response Fund (ERF)**

Established in 2007, the ERF<sup>12</sup> is a country-level pooled fund managed by OCHA on behalf of the Humanitarian Coordinator. The ERF aims to allocate and disburse funds quickly to NGOs in order to facilitate emergency response to sudden onset crises and situations where there are newly identified needs because of improved access and/or information.

Eligibility criteria for the Myanmar ERF provides funding are:<sup>13</sup>

- a) Provide immediate emergency response to unforeseen emergencies through life-saving interventions and/or preventing the further erosion of livelihood assets and coping mechanisms of the affected communities.
- b) Support high priority humanitarian projects within the on-going humanitarian response that have not received funding from other sources (gaps in the core humanitarian response). These projects must correspond with the Myanmar Humanitarian Response Plan.

Between 2007 and 2014, the Myanmar ERF managed a total of US\$9.5 million in contributions from three donors (United Kingdom, Sweden, and Australia).<sup>14</sup> The average ERF allocation has been around \$250,000, with a range of between \$170,000 - \$400,000 (although there is no formal ceiling). The maximum

<sup>11</sup> Data from OCHA Myanmar based on RC/HC Reports.

<sup>12</sup> Prior to 2013, the ERF was known as the “Humanitarian Multi-Stakeholder Fund”

<sup>13</sup> Myanmar Emergency Response Fund Strategy Paper endorsed by ERF Advisory Board in August 2014.

<sup>14</sup> OCHA (2014) Myanmar Emergency Response Fund Newsletter April 2014.

implementation period is one year. Between 2007 and September 2014, the ERF has funded 29 projects across 8 sectors targeting more than 443,000 vulnerable people.<sup>15</sup>

The proposal process has been largely ad hoc in the past, but the first Request for Proposals took place in October 2014 on the theme of “Myanmar Peace Process or to a reduction in inter-communal violence in Myanmar”.<sup>16</sup>

## MAIN FINDINGS

Key findings are categorised below based on questions highlighted in the ToR along with specific issues that surfaced during a participatory review of the PAF carried out with the HCT.<sup>17</sup> The ToR asked for a concise report and these findings aim to provide the ERC with a reasonable level of assurance regarding the achievement of key performance benchmarks while providing the basis for recommendations to improve operational aspects of the CERF and relevant policy issues.

### Value-Added of the CERF

This section focuses on the extent to which the CERF has added value to humanitarian response in Myanmar (mainly based on indicators 17, 18, 19 and 21 in the CERF PAF).

During 2013 – 2014 agencies were dealing with the aftermath of displacements in Kachin and Rakhine sparked by conflict during 2011 and 2012. Recurring incidents during 2013 and 2014 in both areas not only created additional humanitarian needs but also raised inter-ethnic tensions that posed obstacles to humanitarian access, including the suspension of activities in early 2014 of some international NGOs working in Rakhine state.

Humanitarian agencies have been faced with a challenging operating environment. Agencies working in Rakhine are constantly challenged by the uncertain status of the IDP camps that, among other things, makes planning difficult and results in reduced efficiency and sustainability. In Kachin, access to non-government controlled areas has been a constant challenge. Since the large-scale displacements occurred in 2012, the position of most international donors has been that the camps should only offer temporary refuge and that assistance should not anchor displaced populations. This position has translated into a reluctance to invest in durable infrastructure. The government then stepped in to construct infrastructure and it has since become clear that the camps are unlikely to disappear in the immediate future.

In this context, CERF has been seen to add value to the humanitarian response in a number of ways:

- *Availability of CERF funding recognized by recipient agencies as being fundamental to ability to respond to life saving needs and gaps:* If not for the

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<sup>15</sup> OCHA (2014) Myanmar Emergency Response Fund bulletin September 2014.

<sup>16</sup> <http://www.themimu.info/calls-for-proposals>

<sup>17</sup> See Annex 1 for the assessment against PAF indicators.

2013 and 2014 UFE grants, four agencies – WHO, FAO, UNFPA and OHCHR would have faced difficulties in scaling up responses or, in the case of OHCHR, even establishing a field-based presence in the disaster-affected area (Rakhine) at all. WHO used 2014 UFE funding to support mobile health clinics after MSF activities had been suspended in Rakhine and OHCHR was able to set up a presence in Sittwe to support the delicate task of promoting a rights-based approach with local authorities.

- *Extent to which gaps have been addressed through use of CERF funds:* with minor exceptions described below, prioritization of CERF-funded activities was in line with cluster priorities during both years and CERF played a gap-filling role, particularly with regard to filling gaps amidst the lack of clarity around the status of the IDP sites. Many donors were unwilling to invest in infrastructure in Rakhine since they wished to avoid anchoring IDPs and creating internment camps.<sup>18</sup>
- *Leveraging donor confidence for future contributions:* CERF grants were used to support priorities identified by the clusters and included in the Response Plans.<sup>19</sup> Amongst recipient agencies, UNFPA provided the best example of the use of CERF funds under the 2014 UFE as a strategic “catalyst” to reinforce their presence along with a national partner in order to scale up their prevention gender-based violence (GBV) activities. CERF grants helped to get programming going in 8 centres (including centres in non-government controlled areas in Kachin), provide rape training to health staff and distribute dignity kits to women. DFID provided additional funds at the beginning of 2014 to fund a Coordinator position for Rakhine and activities in Rakhine and Kachin are now part of a planned 3-5 year program that is likely to be funded by several donors.

The investment made in infrastructure is nevertheless likely to be only a stopgap solution. Due to the timing of the arrival of CERF funding, most of the procurement of bamboo in Rakhine took place during the rainy season, which reduced their durability. Even with the injection of RR grant, cluster members were already expressing concern about the degraded conditions of shelters and warned there would need to be a substantial renovation in a year’s time to meet needs of 140,000 IDPs.<sup>20</sup>

The other sector/cluster that was prioritized was WASH after an assessment in 2013 attributed 35% of morbidity rates to water-borne disease.

WFP Myanmar has received CERF funding every year, but since CERF grants are relatively small in relation to the agency’s total requirements it proved to difficult to attribute to specific outcomes beyond helping to avoid disruptions in

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<sup>18</sup> This proved to be an unrealistic hope, especially once the government went ahead and constructed camps.

<sup>19</sup> At the same time it should be noted that, since CERF funds are managed at a global level and donors do not participate in the HCT, there was relatively little knowledge amongst donors how CERF had been used.

<sup>20</sup> Shelter/NFI/CCCM National Cluster meeting minutes, 4 June 2014

their pipeline.<sup>21</sup> The justification for inclusion of food aid in the 2014 UFE allocation was an advance warning from one of their major donors that they would be substantially cutting contributions. At the time this review took place, WFP had sufficient funding for their pipeline until the end of 2014.

By and large, critical humanitarian gaps appear to have been addressed by CERF and other forms of support (including interventions by the Myanmar government itself, notably mobile health services and camp infrastructure). The main remaining gaps potentially relevant to CERF that were observed during this country review included:

- Cooking fuel – limited livelihood opportunities and restrictions on movements out of camps in Rakhine that cooking fuel has remained an unmet humanitarian need that also poses protection risks, notably for women, and discriminates against vulnerable groups. The International Committee of the Red Cross (ICRC) has been partially filling this gap by distributing fuel sticks made from compressed rice husks to some communities.<sup>22</sup> Cooking fuel had been recognized as a gap some time ago, but the extended debate about who is responsible had yet to be resolved. Some HCT members felt that that a recent assessment by FAO may help move in moving forward the Safe Access to Fuel and Energy (SAFE) initiative to finally find a suitable solution.
- The Department of Health assumed responsibility for mobile clinics after MSF's activities in Rakhine were suspended in February 2014. Camp residents interviewed during this review all reported receiving regular visits from government mobile clinics. However, these camps were all in the vicinity of Sittwe, and some agency staff reported that more remote communities were being neglected. CERF could potentially have helped in filling some of these gaps, but WHO has been without a country representative for more than a year and the agency lacks operational capacity. UNFPA has agreed to fill a lead role for the health cluster in Rakhine on an interim basis.
- Conflict sensitivity has been an important gap in Myanmar for a number of years. This came to a head in February 2014 when a perceived lack of equity in provision of medical treatment in Rakhine state led to a decision by the government to suspend MSF's operations.<sup>23</sup> In Kachin, a continuing challenge to implementation for both the 2013 and 2014 UFE grant has been access to areas not under government control. The international community is now giving conflict sensitivity much more attention; including improving communication with communities and providing equitable forms of

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<sup>21</sup> This finding is consistent with a recent WFP evaluation of the agency's use of pooled funds (including CERF) that found that, while there was clear value-added with RR grants, particularly in large-scale L3 emergencies, it was unclear how the CERF UFE window contributed to ensuring adequate response to underfunded emergencies. See WFP (2015) for more detail.

<sup>22</sup> OCHA (2014) Humanitarian Bulletin: Myanmar November 2014.

<sup>23</sup> "Burma tells Médecins sans Frontières to leave state hit by sectarian violence" The Guardian – 28 February 2014. <http://www.theguardian.com/world/2014/feb/28/burma-medecins-sans-frontieres-rakhine-state>

assistance to support conflict resolution and peace building.<sup>24</sup> While support to peace building may not necessarily meet CERF life-saving criteria, the Myanmar experience illustrates the importance of acknowledging that rapid injections of short-term funding (like CERF) targeted at specific groups have the potential to “do harm”. The approaches currently being piloted in Rakhine could provide some useful lessons for other conflict-affected contexts.

### **Inclusiveness and Transparency of the Allocation Process**

This section examines the extent to which CERF allocation processes in Myanmar were transparent and included key stakeholders. It addresses indicators 1, 2, 3, 6 and 25 of the PAF. Allocations for CERF’s RR and UFE windows are somewhat different, with the RR being a field- driven process led by the HC and the UFE led by the Emergency Relief Coordinator (ERC) at a global level to prioritise countries. At the same time, CERF guidance on prioritisation for both windows is similar in terms of stressing transparency and inclusivity.

There were significant changes in humanitarian leadership at the UN in Myanmar at the beginning of 2014, with the arrival both of a new HC/RC and a new OCHA Head of Office. These changes influenced both the extent of involvement of the HC in CERF processes and the approach taken during the allocation process.

A common positive element during both years was the effective communication between the RC/HC, OCHA, HCT and cluster members regarding the availability of CERF funding. For 2013 RR and UFE grants, CERF allocations, eligibility criteria and application processes were discussed during both HCT and cluster meetings, where NGOs participated. Even though the CERF 2014 UFE grant allocation was not actually discussed by the HCT, there was nevertheless widespread awareness regarding the existence of the CERF grant and the prioritization criteria based on information communicated via OCHA and the clusters.

#### **2013 RR for Rakhine**

CERF funded activities were specifically linked to reducing vulnerabilities of camp populations living in flood-prone areas before the monsoon season and it was therefore decided that resources would focus on three clusters/sectors; shelter/NFI, WASH and health.

#### **2013 UFE for Kachin**

Following notice that Myanmar would receive the CERF UFE grant during the second round, during their meeting on 16 July 2013, the HCT delegated the task of developing prioritization criteria to a Working Group. The Working Group, consisting of sector/cluster coordinators and one NGO representative, met on 26 July 2013 and developed the following prioritization criteria:

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<sup>24</sup> There was a recent Request for Proposals for ERC grants to provide WASH, Education, Livelihoods and Health assistance in both Rakhine and Muslim communities, and support social cohesion and peaceful coexistence.

- Projects must meet CERF life-saving criteria
- Highest priorities funded, not spread thinly – response to have substantial impact
- Agencies should have ongoing programmes and operational presence - Not for start up
- Based on recent assessment of needs
- 60-70% budget for relief items – staffing and operational costs 30-40%
- CERF funds only 10-20% of total requirement

After reviewing proposals against these criteria, 8 projects were retained covering 6 sectors/clusters.

### **2014 UFE Prioritisation (Rakhine and Kachin)**

The process to develop this Myanmar Prioritization Strategy included an analysis of (1) the sector funding priorities, (2) the funding requirements of the 2014 Myanmar Humanitarian Strategy, (3) the sector allocation of 2013 donor funding contributions, and (4) likely changes to 2014 donor funding trends.

Each of the eight humanitarian sectors then prepared a one-page sector priorities paper outlining the most urgent humanitarian actions which corresponded with the 2014 Humanitarian Strategy and the CERF life-saving criteria. In addition, the sector analyses described the humanitarian needs in each sector, the funding requirements to address these needs, and other likely donor funding for the sector during 2014 to estimate potential funding gaps. To gauge the relative levels of "underfunding" of each sector, the funding requirements of each sector in the 2014 Myanmar Humanitarian Strategy were compared with the overall 2013 donor contributions.

A proposed prioritization was shared by email with sector/cluster coordinators, and a revised allocation was proposed. The CERF allocation was originally scheduled to be discussed by the HCT, but was dropped from the agenda since the RC/HC felt that there were other more important priorities. The inter-sectoral group then convened an ad hoc meeting the day before the proposed allocation was due to be submitted to the ERC by the RC/HC. The final allocation submitted by the RC/HC to the ERC differed slightly from the intersectoral group's version, as it re-instated FAO's proposal (which had been cut by the intersectoral group).

At the end of the process, 12 projects were submitted by the RC/HC covering 8 sectors/clusters. It was evident from document review and interviews with HCT members that the 2014 UFE prioritization process had been an unsatisfactory, frustrating and at times acrimonious process for the RC/HC and other HCT members.

### **Inclusivity of the Prioritisation Process and Information Management**

While awareness of availability of funding and about associated CERF processes was relatively good, there was variable involvement of NGOs (PAF indicator 2). Interviews with cluster/sector leads indicated that efforts have been made to involve partners in proposal development. In cases such as education, the partners actually did most of the work when preparing the proposals. However, the relatively short timeframe was seen as an obstacle to a participatory process,

with particular challenges around consulting with national NGOs in non-government controlled areas in Kachin during the 2013 and 2014 UFE processes. There was also relatively little awareness amongst interviewees in terms of how funds had been allocated or used (PAF indicator 25). These communication gaps were particularly apparent at field level and appeared to be a problem that went beyond CERF and can be partly attributed to a combination of rapid turnover of staff (both international and national) and lack of reliable internet access outside Yangon.

## Monitoring and Evaluation

This section addresses indicators 13 - 16 of the PAF and assesses how agency monitoring systems and, if available, agency accountability frameworks, were applied to CERF funding. This section also looks at the adequacy of reporting guidance provided to recipient agencies along with the quality of their input.

While OCHA has a formal monitoring role for the ERF, for CERF-funded activities recipient agencies themselves are responsible for measuring and reporting on results. Apart from UNFPA and WHO, none of the recipient agencies in Myanmar claimed to have carried out evaluations of CERF-funded projects, so the section below is mainly based on interviews and review of selected documents.

Consistent with the findings of the 5-year global evaluation of CERF, the ability to attribute outputs to CERF support in Myanmar was largely dependent on two factors:

1. Whether funds were used in a specific project or whether they contributed to a broader program (where attribution is more difficult).
2. The monitoring and evaluation capacities of the individual recipient agencies and their implementing partners.

UN agencies mainly use monitoring data gathered from implementing partner reports to monitor project implementation and undertakes periodic field monitoring adapted to their specific programmes (e.g. WFP's post distribution monitoring).

Challenges to monitoring in Myanmar were not specific to CERF, but nevertheless affect monitoring of activities supported by CERF. These include:

- Difficulties in gathering accurate data where there was no official camp registration.<sup>25</sup>
- Relatively low technical capacity of some of the implementing partners, notably national NGOs working in non-government areas in Kachin.
- While access for humanitarian staff is relatively easier than in many other conflict-affected contexts, the government continues to closely monitor activities of international staff. In October 2014, the government began requiring that their staff accompany cross line missions to non-government

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<sup>25</sup> Shelter/NFI/CCCM National Cluster Meeting minutes, 4 June 2014. One of the problems faced was that host community members moved into empty shelter to benefit from assistance.

controlled areas. At the time this report was being drafted, no cross-line missions were being conducted since the UN had not agreed.

UNFPA's carried out a participatory evaluation in June 2014 with the implementing partner and a range of service providers. The purpose was to reflect on the effectiveness, appropriateness, quality and sustainability of the activities and document lessons learned. Overall results were satisfactory, though it was clear that more time was needed to increase the coverage and improve sustainability of the response and prevention activities funded by CERF. WHO also reportedly carried out an evaluation that included CERF-funded activities, but the resulting report was not shared with the consultant.

There was evidence again of good communications by OCHA Myanmar; interviewees involved in compiling reports for CERF allocations understood the requirements and were satisfied with the format. There was no discussion of the reports, which were finalised following an e-mail exchange. OCHA Myanmar was kept abreast of the status of implementation of most CERF-funded projects and reporting quality was satisfactory overall.

### **After Action Reviews**

After Action Reviews (AAR) have been recently promoted by the CERF Secretariat as a useful tool to support CERF-related processes. According to the guidelines,<sup>26</sup> AARs should be relatively light processes that offer the HCT and/or other key CERF stakeholders with an opportunity to reflect on the overall CERF process to identify key points and strategic issues for the RC/HC report. AARs should allow open and frank learning-focused discussions regarding achievements and challenges, capture lessons-learned and identify needed improvements.

An AAR was carried out during December 2013 but the HCT unfortunately did not find it particularly useful. Based on the brief written record of the session, members felt it was not appropriate for the HCT to review how funds from different donors were used and the HCT recommended that for future CERF allocations, the AAR should be at the level of the inter-cluster coordination group. Interviews with some of the members indicated that the unsatisfactory result may have also been linked to lack of necessary leadership, facilitation of the AAR, or other factors.

### **Strengthening Humanitarian Reform and Response**

A key aim of CERF is to consolidate humanitarian reform by empowering the RC/HC improve the quality of coordination. PAF indicators 29, 30 and 31 focus on the extent to which the RC/HC and cluster coordinators use CERF funding as an incentive for coordination and whether CERF funding has helped to strengthen the function of clusters and the inter-cluster forum as well as the leadership and role of the RC/HC. To a certain extent, CERF grants have played a convening role in Myanmar. A relatively good awareness amongst staff of recipient agencies and their partners regarding the objectives of CERF funding should be seen as an indicator of effective communication by OCHA and cluster

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<sup>26</sup> CERF Secretariat (2014)

coordinators. Other examples of good practice examples identified during the current review include:

- A joint WASH and Shelter/CCCM proposal for Kachin as part of the 2014 UFE that helped to ensure compatibility of shelter and WASH designs.
- UNFPA's and UNICEF's collaborative work with midwives in CERF-supported activities for the 2014 UFE has helped in advancing strategic thinking on this issue. At the time this country review took place, the two agencies were looking at how they can combine forces to increase effectiveness.

It was evident from the meeting notes and interviews that virtually all HCT members felt that CERF prioritization processes could be significantly improved. HCT members found the UFE round in early 2014 especially frustrating, resulting in the low score given to PAF indicator 31 (*Leadership and involvement of RC/HC in humanitarian operation improved*). The UFE process in Myanmar during 2014 resonated strongly with one of the main findings in the 2011 global evaluation of CERF:

*The CERF's operational management, however, continues to be undermined by structural weaknesses, in particular those stemming from competition between agencies for funding. In this sense, the CERF reflects the fault-lines in the humanitarian system, and the competitive nature of funding as an influence on decision-making among the UN agencies themselves, and between the UN and NGOs.<sup>27</sup>*

The CERF global evaluation found several examples of such "fault lines", but the good news was that an analysis of good practice examples discovered that leadership was a critical factor in addressing these structural weaknesses.

*"Effective leadership is a key factor determining whether the CERF reinforces humanitarian reform, and in turn whether the humanitarian reform also reinforces the CERF. Where there is strong leadership in the Humanitarian Country Team (HCT), UN Country Team, and the humanitarian clusters, the prioritisation of sectors and levels of funding is simplified. The process is better able to contextualise the CERF life-saving criteria together with the time critical requirement, and this helps to ensure project selection is consistent with CERF and common country-level humanitarian priorities."<sup>28</sup>*

It should be emphasized again that two underlying factors contributed to this situation that related to at the beginning of 2014:

- *Change in top UN leadership in Myanmar* – both the RC/HC and Head of OCHA took up their current positions in January 2014 and the CERF UFE allocation process was only one of many things on their plates while they were introducing themselves and familiarizing themselves with a new, and quite complex, working environment. There is thus every reason to believe that, should Myanmar receive another CERF grant in 2015, the process would be much improved.

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<sup>27</sup> Channel Research (2011) page 5

<sup>28</sup> Ibid (2011) page 3.

- *Operating context* – Myanmar’s government is dealing with a number of ethnic conflicts in the country where humanitarian agencies are operating and the situation in Rakhine is particularly sensitive.<sup>29</sup> Myanmar is not the only conflict-affected country where double-hatted RC/HCs have grappled with dealing with the continuous tensions between these two roles.<sup>30</sup>

As the CERF global evaluation also found, interventions were often not sufficiently conflict sensitive and, in Myanmar, up until recently international development assistance (to complement humanitarian aid) was very limited in scope.<sup>31</sup>

One of the results of this leadership transition was that the \$5.5 million 2014 UFE grant was spread amongst 12 projects (compared to 8 projects to a comparable 2013 UFE allocation), which some interviewees felt may not have been an optimal distribution.

Other challenges faced by the HCT in prioritization of activities for CERF (and other humanitarian resources) were gaps in needs assessments and resource availability. The last coordinated assessment was conducted in 2012 and, while most clusters appeared to be doing a reasonable job of updating their own needs assessments, there is no generally accepted overview of need that could help the HCT to make informed decisions on priorities.

The other side of the equation is resource availability. CERF funds accounted for 8.8% and 3.3% of the total humanitarian funding allocated to Myanmar respectively for 2013 and 2014<sup>32</sup> (see figure below), which is a relatively small contribution, notably during 2014.

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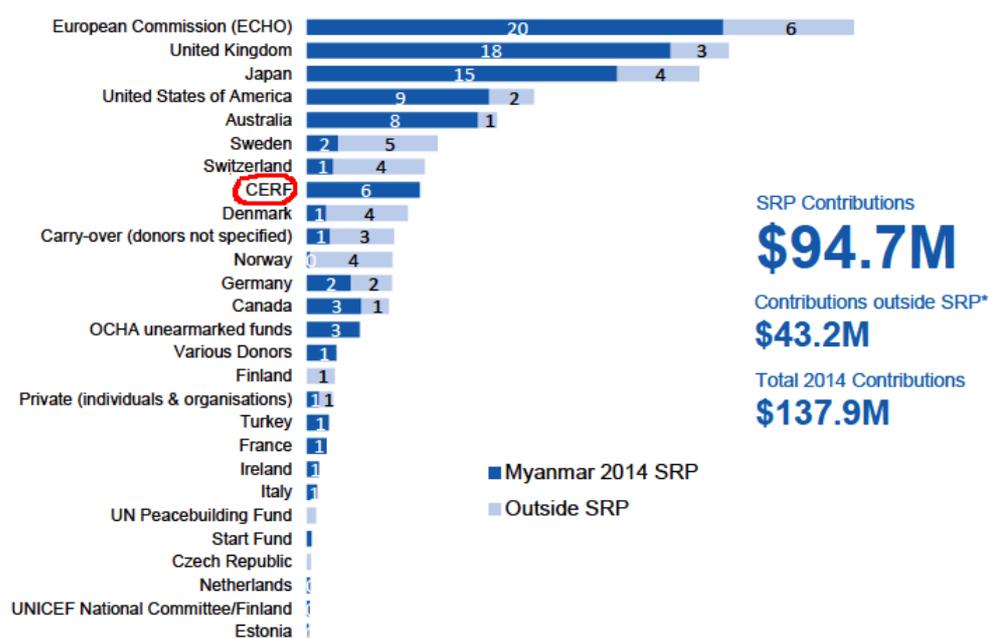
<sup>29</sup> International Crisis Group (2014)

<sup>30</sup> See, for example, Ferris (2011) and Stobbaerts et al. (2011).

<sup>31</sup> This issue received attention during the September 2014 joint visit by the UNDP Assistant Administrator, Haoliang Xu, and OCHA’s Director of Operations, John Ging, to look at durable solutions for the plight of displaced persons in Rakhine state.  
<http://www.mm.undp.org/content/myanmar/en/home/presscenter/pressreleases/2014/09/joint-press-release--undp-assistant-administrator-haoliang-xu-an/>

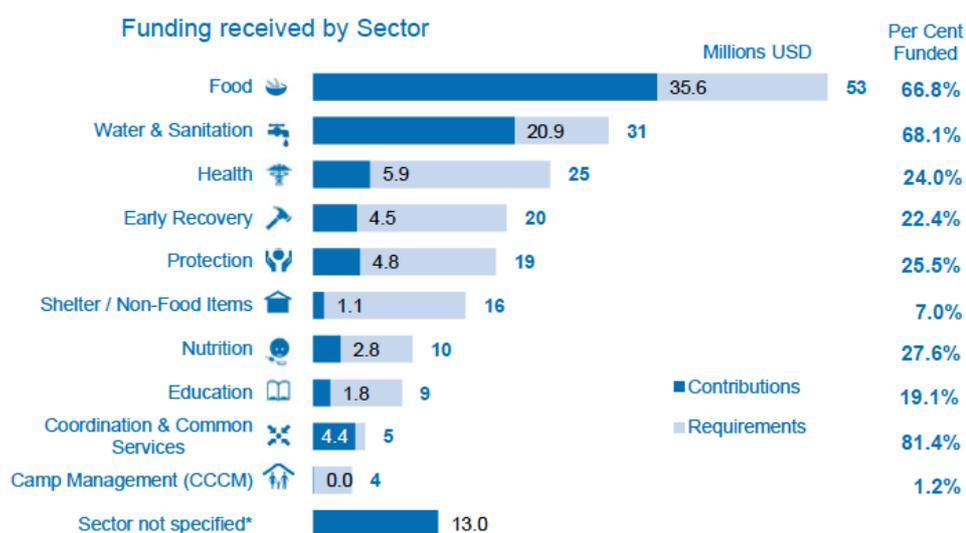
<sup>32</sup> Allocations as reported to OCHA:  
 2103: [http://fts.unocha.org/reports/daily/ocha\\_R24c\\_C145\\_Y2013\\_asof\\_1412280301.pdf](http://fts.unocha.org/reports/daily/ocha_R24c_C145_Y2013_asof_1412280301.pdf)  
 2014: [http://fts.unocha.org/reports/daily/ocha\\_R24c\\_C145\\_Y2014\\_asof\\_1412280301.pdf](http://fts.unocha.org/reports/daily/ocha_R24c_C145_Y2014_asof_1412280301.pdf)

**Figure 2 – 2014 Contributions by Donor<sup>33</sup>**



There is a lack of clarity about status of funding allocations of some agencies, notably UNHCR and WFP, both of whom manage significant resources that lie outside the Strategic Response Plan. In late 2014, for example, UNHCR and WFP were holding \$13.4 million and \$8.4 million respectively which had not yet been allocated to the Strategic Response Plan. This, as illustrated by the figure below, conveys an incomplete picture of the funding status of the sectors/clusters led by these agencies.

**Figure 3 – Funding of the 2014 SRP by Sector/Cluster<sup>34</sup>**



<sup>33</sup> OCHA (2014) Myanmar: Humanitarian Funding Update – October 15, 2014

<sup>34</sup> ibid. WFP leads for food and UNHCR is the lead on protection, shelter/NFI and CCCM.

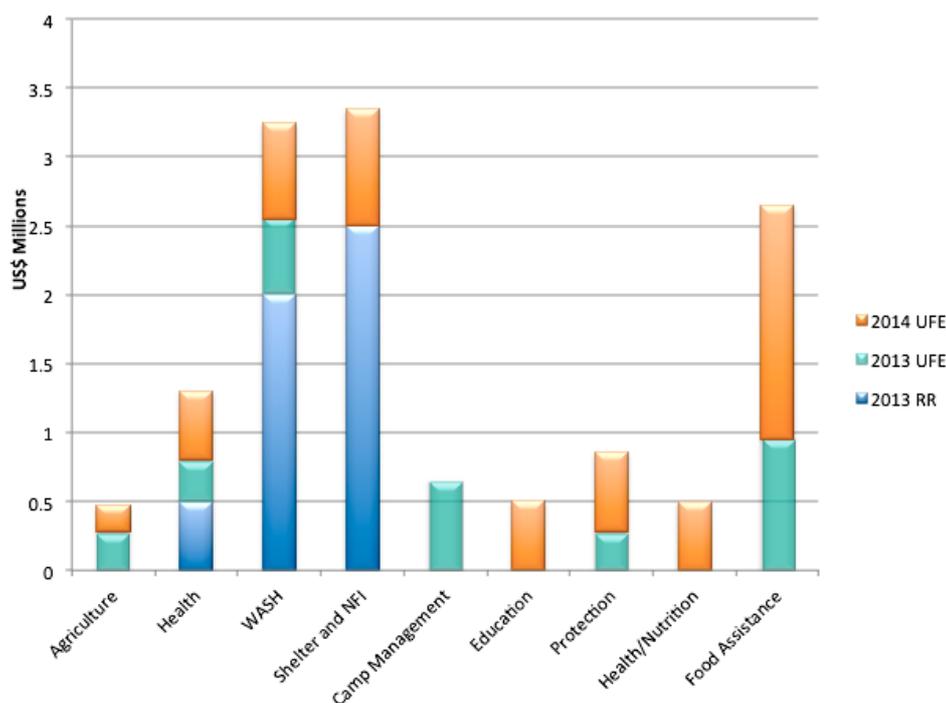
In summary, while a number of examples were identified where CERF supported humanitarian reform processes at cluster level (indicators 29 and 30 in the PAF), at the level of the HCT, the 2014 CERF UFE process unfortunately had more of a divisive effect.

### Coverage and Division of Labour

CERF aims to ensure adequate coverage, eliminate gaps and facilitate an effective division of labour among humanitarian (especially smaller) actors. Maps illustrating coverage by year and by sector can be seen in the annex.

As can be seen in the graph below, most resources were targeted at WASH and shelter/NFI, followed by food assistance. This allocation is a reasonable reflection of the needs, given that significant investments in infrastructure were (and still are) required for displaced populations – particularly in Rakhine where the movements of IDPs are severely restricted.

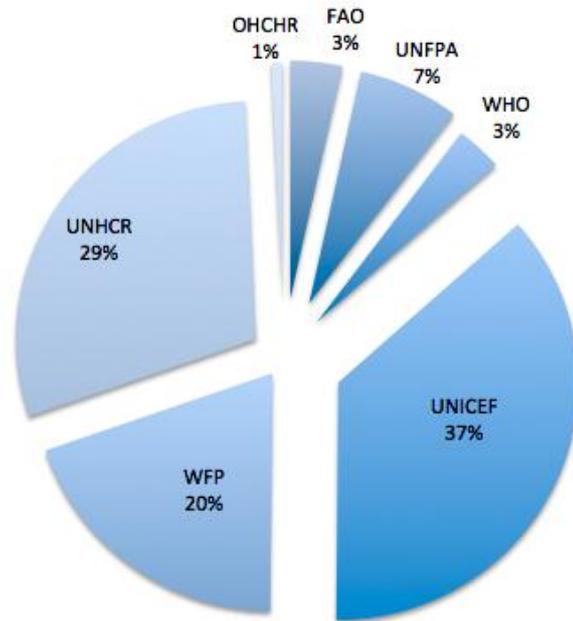
**Figure 4 – Allocation of CERF by Sector/Cluster**



The allocation amongst recipient agencies in turn reflects their lead cluster/sector roles. Due to the relatively low operational capacity of WHO, UNFPA used CERF funding in 2014 to temporarily assume responsibility for the health sector coordination role in Rakhine.

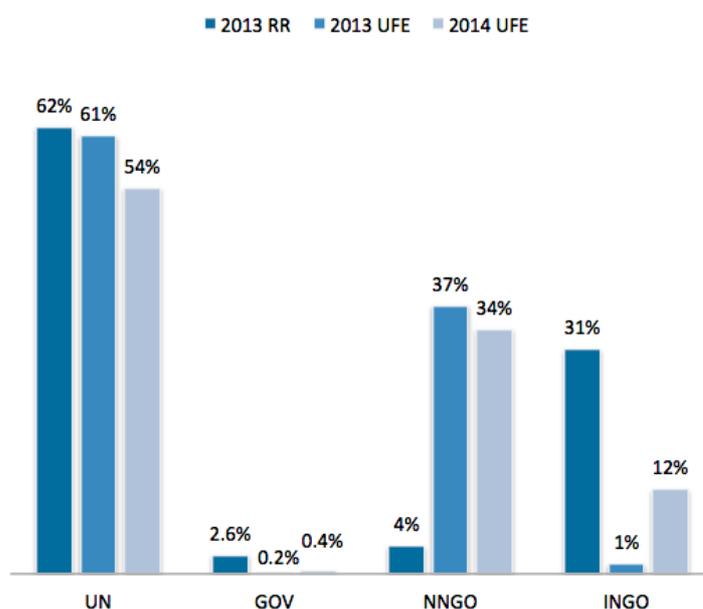
OHCHR used CERF funds to establish a field presence in Rakhine to promote a rights-based approach. While this is consistent with CERF life-saving criteria, notably with regard to access to health services, many agency staff in Rakhine were not clear on what OHCHR’s strategy and approach are, which indicates a possible gap in communication/coordination.

**Figure 5 – Allocation of CERF Funds between UN Agencies (2013-2014)**



According to information in CERF narrative reports around 60% of CERF allocations were implemented directly by UN recipient agencies, the remaining 40% was implemented through partners with most sub-grants going to national NGOs, followed by international NGOs and government partners. For the RR grant, INGOs implemented the majority of funding that was sub-granted by UN agencies.

**Figure 6 – Use of CERF funds by recipient agencies and their partners <sup>35</sup>**



As noted above, coverage was satisfactory overall with remaining gaps being cooking fuel in Rakhine, stronger health coordination and a need for a more conflict sensitive approach.

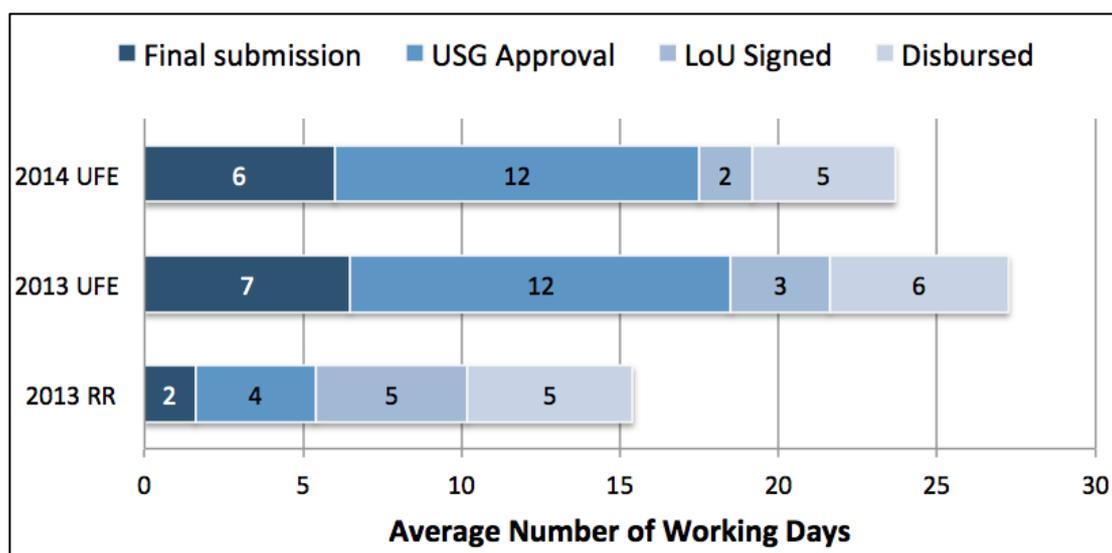
### Timeliness of CERF Funding

A focus on CERF life-saving and time-critical emergency response has led to an emphasis on tracking the timeliness during different stages of the CERF funding approval and disbursement process. This section relates to indicators 8, 9, 10, 11, 12 and 20 of the PAF and assesses the timeliness of the approval and disbursement along with the timeliness of pass through to implementing partners.

As can be seen in the chart below, timeliness of approval and disbursement processes at the level of the CERF Secretariat was within acceptable parameters. Recipient agencies expressed general satisfaction with the timeliness of CERF processes during 2013. The sole exception was a request for a no-cost extension by UNHCR that is described in the relevant section below. As described above, among other contributions, the timeliness of the CERF RR funding facilitated a timely response to reduce risks to a vulnerable population of some 69,000 IDPs living in flood-prone areas. What does not appear on this chart is the time taken for recipient agency HQs to pass on funds to country offices. In WHO's case, for example, CERF (and other funds) needs to pass first through their regional office to country office which adds an additional 10 days to the timeline.

<sup>35</sup> Source: CERF narrative reports from individual recipient agencies. Acronym key: GOV: Govt. of the Republic of the Union of Myanmar; NNGO: National Non-Governmental Organisation; INGO: International Non-Governmental Organisation.

**Figure 7 – Timeliness of Approval and Disbursement Processes<sup>36</sup>**



### Timeliness of Onward Funding to Implementing Partners

Whereas global processes were relatively timely, there was considerable variation in the time it took to transfer funds from UN recipient agencies to their implementing partners. UNICEF and WHO implementing partners provided examples of delays of several months with transfers due to extended contractual processes. This did not necessarily interfere with implementation for most large international NGOs since they were usually able to pre-finance activities using their own funds, but national partners were clearly less happy about the delays and usually did not have their own funds to start activities.

FAO has similar protracted contractual processes for partners that take around two months before funds can be released. Because of this delay, during 2013 FAO partners only managed to distribute seeds for the winter crop (maize, rape seeds) to 35% of the target population. The remainder had to be stored. Having learned from this experience, FAO started preparations for the 2014 allocation soon after they received news that a UFE grant would be forthcoming (with an understanding with their partners that funding would be conditional on FAO receiving CERF funding). FAO’s timely action ensured that funds were transferred to partners in time to procure and distribute seeds at the beginning of the planting season in early May. This good practice example could be replicated by other agencies.

The last step in the process is how long it takes the partners to start implementation once they receive funds. As can be seen in Annex 2, of the 38 transfers to implementing partners during 2013-14, in 9 cases there were delays of more than a month between funds being received and starting implementation. In 8 cases, implementation started before funds were transferred since their partners pre-financed the activities.<sup>37</sup>

<sup>36</sup> CERF Secretariat data

<sup>37</sup> Data is as reported by agencies at country level in their CERF narrative reports, which was double-checked with implementing partners when feasible.

## **No-Cost Extensions (NCEs) and Reprogrammed Allocations**

The only related issue within the scope of this review was a request from UNHCR to reprogram \$650,000 to use in other infrastructure activities since the intended infrastructure improvements had been carried out with other funds. UNHCR submitted their NCE request via the RC/HC on February 20<sup>th</sup> and a (positive) reply was received only on 2<sup>nd</sup> of May, some 10 weeks after the request had been submitted. UNHCR was not officially informed of the reasons for the delay.

## **Application of CERF's Life-Saving Criteria**

CERF favours the delivery of relevant life-saving actions at critical moments. Most interviewees had reasonable knowledge of CERF life-saving criteria; at least for the particular sector/cluster they were involved. This was seen as a positive outcome of the awareness-raising efforts by OCHA with clusters.

As described above, the scale of the displacement and continuing inter-ethnic tensions has meant that there has been a continuing dependence on external assistance and protection, particularly in Rakhine where movement outside camps is severely restricted. Clusters have a relatively good understanding of needs for their particular sector/cluster, and it has often been more of a question of what kinds assistance is provided from other sources (notably by the government). UN agencies therefore found CERF funding very useful for responding to immediate needs. However, as found in other country reviews, some interventions (notably protection activities) face challenges in demonstrating concrete outcomes within a relatively short period of time.

### **2013 RR grant (Rakhine)**

RR grants generally tend to more easily satisfy CERF life-saving criteria than UFE grants since they are usually triggered by a humanitarian crisis. The RR grant for Myanmar in early 2013 differed somewhat from the norm in that CERF supported early action activities prior to the onset of the monsoon season rather than supporting an emergency response following a disaster event.

Promoting early action and response to reduce loss of life has been one of CERF's underlying objectives and there is certainly evidence of genuine humanitarian needs and potential life-threatening hazards in early 2013 in Myanmar. Inter-communal conflict in Rakhine State that erupted in 2012 resulted in widespread displacement and left almost 70,000 IDPs living in sub-standard conditions in emergency shelters flood-prone areas with the 2013 monsoon season approaching. The general reluctance within the international community to invest in resilient camp infrastructure to avoid building "internment centres" was also contributing factor to increasing vulnerability of IDPs. In the event, the monsoon rains during 2013 were not as severe as feared, but it is not difficult to imagine lots of finger pointing if there had been serious flooding as the area has witnessed during past years.

### **2013 UFE grant (Kachin)**

As described above, evidence indicates that there was a systematic review of proposals during which CERF life-saving criteria were considered. In two cases

(education and nutrition) the project was not submitted by the RC/HC since they did not satisfy CERF life-saving criteria.

### **2014 UFE grant**

As described above, while the review of proposals for the 2014 UFE allocation included a review of CERF life-saving criteria, most HCT members felt that the prioritisation process was flawed due largely to a combination of changes in humanitarian leadership and competing priorities.

The proposed allocation submitted to the RC/HC by the intersectoral group for forwarding to the ERC did not include two proposals that had been originally submitted since they were not felt to have satisfied the criteria. The two proposals cut were a UNICEF vaccination campaign in Rakhine and a FAO early recovery intervention in Kachin. The final allocation submitted by the RC/HC to the ERC differed slightly from the intersectoral group's version, as it re-instated FAO's proposal. The CERF Secretariat approved the version of the proposal submitted by the RC/HC.

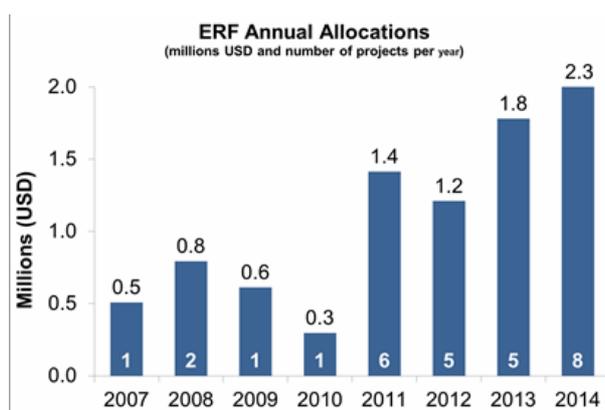
As described above, there was insufficient time to include a visit Kachin during this country review so it was not possible to provide an informed assessment of the extent to which the FAO project satisfied life-saving criteria or was a priority. It is nevertheless worth noting that, as described in the timeliness section, FAO had already invested a considerable amount of time and effort in preparatory work in anticipation of the CERF grant to ensure that their implementing partners would receive agricultural inputs at the right time and avoid the contracting delays experienced the previous year.

By and large, based on a review of documentation and observations during the site visit to Rakhine state, projects appeared to satisfy CERF life-saving criteria.

### **Harmonization with the ERF**

Up until recently, the ERF has been seen as a relatively limited resource and there were no formal strategy and proposals have been submitted on an ad hoc basis (see below). The main formal link with CERF has been a shared definition of life-saving criteria. A single unit in OCHA manages both CERF and the ERF and there has thus been *de facto* coordination between the CERF and the ERF, such as an ERF-funded education in emergencies project in during 2013 Kachin that supported the CERF UFE prioritization process.

**Figure 8 – Myanmar ERF Annual Disbursements<sup>38</sup>**



In practice, however, since the same unit in OCHA manages the CERF and ERF and some NGOs have received both ERF and CERF allocations, there has been *de facto* coordination between the two funds. An example of this was observed in an IDP camp in Rakhine where a NGO implementing WASH activities had used ERF funds to procure water storage tanks to improve the functioning of a water system that had been installed using CERF funds made available to them via UNICEF.

As donors are increasing their contributions, the ERF is now in the process of transitioning to a more strategic role. The call for proposals mentioned in the introductory section designed to address conflict sensitivity issues is an example of this. After a number of years with a relatively low profile, the ERF is now identified (along with the CERF) in the 2015 Humanitarian Response Plan as a key resource for supporting strategic humanitarian objectives.

### Other Gaps Identified during the PAF Review

The sections above were highlighted as a focus in the TOR for the Myanmar Country Review. When the PAF was reviewed together with the HCT, significant gaps (with a score of 1 or below) were identified in 8 out of the 24 indicators that are applicable at country level.<sup>39</sup> Almost all of these 8 indicators have been included in the analysis above, the exception being accountability to affected populations (AAP). Some agencies are making efforts to increase community participation and the WASH cluster has commissioned an AAP review using other funding, but HCT members acknowledged more could be done in this area.

### Using the CERF PAF as a Measurement Tool during Country Reviews

The 2013 CERF PAF Review recommended that the CERF secretariat develop a performance measurement system based on the PAF that could be used during CERF Country Reviews. The potential advantages of such a system was that this could be a useful, and accountable, way of summarizing findings and that use of a qualitative scoring system against benchmarks could track progress over time.

<sup>38</sup> OCHA (2014) ERF Leaflet – September 2014.

<sup>39</sup> The scoring along with a brief justification for all 24 indicators is attached as an annex.

The Myanmar Country Review was the third such review where this approach has been tested (the previous tests were in DRC and Sudan).

As described in the Methodology section, relevant PAF indicators were rated based on the findings and a draft version was used to guide the discussion during a 1½-hour debriefing session with the HCT facilitated by the consultant. The version attached as Annex 1 incorporates revised scores and additional justifications based on feedback from the HCT. Feedback from participants were generally positive, who felt that:

- The approach provided a reasonably systematic and objective basis for assessing performance; and
- It helped to raise awareness about what the commitments in the PAF meant in practice and therefore provided the basis for a self-assessment during future CERF allocations.

Although awareness of the PAF was relatively low amongst the HCT (and other interviewees), once they saw how the PAF could be used for assessment feedback was generally positive. In fact, some key informants suggested using a similar approach for discussions to agree on overall priorities, i.e. use an appropriate tool to facilitate needs-based decision-making around resource allocations.

## CONCLUSION

While this PAF country review has highlighted some gaps that will need to be addressed during future CERF-related processes, overall performance during the period under review is judged as satisfactory. CERF life-saving criteria and Humanitarian Response Plan objectives were used to prioritise CERF allocations and, with some exceptions, CERF-supported activities were timely. New UN leadership arriving in a sensitive and complex operating environment at the beginning of 2014 contributed to the consensus amongst HCT members that CERF prioritisation processes during 2013 were of higher quality.

## RECOMMENDATIONS

The recommendations below are separately targeted at the Humanitarian Country Team, OCHA Myanmar, specified recipient agencies and the CERF Secretariat.

### Humanitarian Country Team in Myanmar

1. Request OCHA Myanmar and sector coordinators to support the development and testing of resources allocation tools to facilitate needs-based decision-making on priorities. Such tools should not necessarily be CERF-specific or overly complicated, but rather something that facilitates decision-making about overall humanitarian priorities that at the same time highlights those specific projects and activities where CERF could potentially add the most

value.<sup>40</sup> Given the context of Myanmar, it will be critical to incorporate conflict sensitivity elements into these tools.

2. Strengthen leadership of CERF processes. As highlighted in the Five-Year Global Evaluation of the CERF, a critical factor for effective use of CERF resources is joint leadership from the Humanitarian Coordinator, sector/cluster coordinators and the OCHA country presence. While individual leaders are clearly capable, the required level of leadership and teamwork seemed to be lacking in Myanmar and should be addressed to make more effective and efficient use of humanitarian resources such as CERF in future.
3. Provision of cooking fuel has long been recognised as a critical humanitarian gap that would have potentially qualified for CERF support. The HCT should take appropriate action to ensure this gap is addressed, whether with CERF support or from other sources.
4. Findings from this review support the decision by the HCT at the end of 2013 that an AAR for the HCT that specifically focuses on CERF may not add value. An alternative approach could be to hold a CERF specific AAR at a technical level, involving OCHA, CERF focal points in the different agencies and cluster coordinators. However, HCT needs to ensure that there is external facilitation and results are recorded. Results from these AAR can then be presented to the HCT and also fed into annual reviews looking at the overall humanitarian response.
5. HCT members should carry out a self-assessment of accountability to affected populations for their agencies and their partners to identify key gaps and develop an action plan to address gaps.

### OCHA Myanmar

6. Support the HCT and ICCM in adapting and testing of appropriate resource allocation tools to facilitate needs-based decision-making on priority interventions. As noted above, this tool should not necessarily be CERF-specific, but rather something that facilitates overall prioritisation processes which at the same time highlights for the HCT specific projects and activities where CERF can potentially add the most value.
7. For orientation on humanitarian financing, employ a "Training of Trainers" approach targeted at cluster coordinators and CERF focal points to enable them to replicate orientation and training. Continuing awareness raising at field/implementation level to help improve understanding of CERF objectives and reporting on outcomes.
8. Facilitate discussions within clusters on use of funding streams (e.g. how CERF compliments ERF and other emergency funding).
9. Support the HCT in finding an AAR process that maximises value-added.

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<sup>40</sup> This prioritization tool should not only facilitate decision-making on the basis of funding availability, but also consider CERF life-saving criteria and strategic priorities. An example of such a tool that could be potentially adapted to the Myanmar context can be seen at [http://www.humanitarianresponse.info/system/files/Prioritisation\\_Tool\\_Technical\\_Note\\_0.pdf](http://www.humanitarianresponse.info/system/files/Prioritisation_Tool_Technical_Note_0.pdf)

## UN Agencies and Cluster Leads in Myanmar

10. OHCHR should clarify and communicate their strategy and role in supporting CERF life-saving activities in Rakhine.
11. To facilitate decision-making around prioritisation, WFP and UNHCR should investigate ways of improving their reporting of funding status of regional operations.
12. UNICEF and WHO should improve their contracting processes to enable timely response of funds to partners. Using existing systems this could be done through earlier preparation of UFE submissions (rather than waiting until funds are released) based on lessons-learned from FAO's experience or from other countries.

## CERF Secretariat

13. Improve country-level guidance for certain specific issues to improve CERF effectiveness, including:
  - a. Reinforce guidance for prioritisation processes<sup>41</sup> with a practical toolkit with guidance and examples of tools that HCTs and cluster leads can adapt (with OCHA's support) to use when facilitating HCT or inter-cluster discussions. This toolkit should not be CERF-specific, but rather facilitate overall needs-based decision making that, as one of the outputs, highlight those projects and activities where CERF is likely to add most value. Tools planned for development in Myanmar following this review should provide useful practical examples.
  - b. Review the AAR guidance based on lessons-learned from facilitation of CERF and other processes and, based on findings, develop a toolkit for field-based staff on AARs that includes guidance not only for participants but also specific guidelines for facilitators. Based on lessons from Myanmar, the review should also assess whether it adds more value to have CERF-specific AARs, or as a component part of a lessons-learned exercise looking at the broader response. Include appropriate indicators for the AAR in a future revision of the PAF.
  - c. Improved guidance around conflict sensitivity needs to be addressed in the PAF for application in operating contexts similar to Myanmar.
14. Increase the relevance and utility of the CERF PAF by:
  - a. Updating the PAF to reflect current quality and accountability commitments (e.g. the Transformative Agenda).<sup>42</sup>
  - b. Revising CERF reporting formats to be more closely aligned with the PAF in a user-friendly "dashboard format" to make it easy to identify areas of concern, track progress, and help to raise the awareness of recipient

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<sup>41</sup> This was a follow up action by the CERF Secretariat to recommendations in the Management Response to the 5-Year Evaluation of the CERF. A similar recommendation was also made in the 2013 PAF Review.

<sup>42</sup> This was also a recommendation in the recent CERF Country Review for the Democratic Republic of Congo

agencies about what they are actually accountable for. For example, cases where there were significant delays in recipient agencies transferring funds to implementing partners that delayed implementation of priority activities cannot be easily spotted since data for sub-contracts is currently separate from other timeliness data.

- c. Future CERF country reviews should include a pilot using the PAF assessment tool (along with related tools and guidelines) and provide an opportunity for HCT members and other key humanitarian stakeholders to provide standardised feedback and suggestions on the process, PAF format, usefulness of guidelines, etc.
  - d. Agree on a fixed lifespan for the CERF PAF so that it can be revised periodically to ensure that it remains relevant.<sup>43</sup>
15. With evidently heightened awareness and interest amongst agency staff about CERF objectives and processes, there is an opportunity for more in-depth outcome-level measurement. This could involve revising the scope to, for example, better integrate site visits into the ToR. In the case of Myanmar, while the visit to Rakhine proved very useful, a brief visit to Kachin would have added considerably to the analysis given the significantly different operating environments.

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<sup>43</sup> The longer the lifespan, the more general the PAF will need to be.

## ANNEXES

### Annex 1- Ratings against PAF indicators during 2013-2014

PAF Indicator	Scoring Scale	Score	Justification
1 All members of Humanitarian Country Team (HCT) and clusters aware of CERF availability	<p>0 = not aware (HCT and clusters not aware of CERF availability)</p> <p>1 = somewhat aware (HCT or clusters are somewhat aware)</p> <p>2 = mostly aware (HCT and clusters are mostly aware of CERF availability)</p> <p>3 = completely aware (HCT is completely aware of CERF availability)</p>	3	Effective communication about CERF availability during both 2013 and 2014
2 Intra- and inter-cluster prioritization process is inclusive of all relevant stakeholders (including INGOs and NGOs), (for RR and UFE) and adheres to Principles of Partnership <sup>44</sup>	<p>0 = Not at all (i.e. prioritisation process does not include relevant stakeholders and the Principles of Partnership are not taken into account)</p> <p>1 = Somewhat (i.e. prioritisation process takes into account some relevant stakeholders and/or the Principles of Partnership are somewhat taken into account, however prioritisation process is mainly driven by a few stakeholders)</p> <p>2 = Mostly (i.e., prioritisation process takes into account most relevant stakeholders and/or the Principles of Partnership are taken into account, however not all relevant stakeholders are included)</p> <p>3 = Fully (i.e. prioritisation process takes into account all relevant stakeholders and the Principles of Partnership are fully taken into account)</p>	1	Last comprehensive/consolidated needs assessment process that could inform CERF prioritisation was carried out 2012. Humanitarian priorities were identified through consultative processes during 2013 and 2014 although involvement of NGOs, particularly national NGOs, was marginal in some clusters. A Humanitarian Needs Overview supported CERF prioritisation (and related humanitarian processes) during 2014.
3 Analysis of funding undertaken to inform prioritization process and facilitate appropriate direction of funds	<p>0 = None (i.e. there is no analysis of funding)</p> <p>1 = Low (i.e. very basic analysis of funding informs prioritisation process)</p> <p>2 = Acceptable (i.e. analysis of funding to inform prioritisation based on available FTS data)</p> <p>3 = Adequate (i.e. analysis of funding and donor/agency</p>	3	Comprehensive funding analysis done to inform the allocation process.

<sup>44</sup> Endorsed by the Global Humanitarian Platform, 12 July 2007

PAF Indicator	Scoring Scale	Score	Justification
	<i>consultation informs prioritisation process)</i>		
5 Cluster submission to the RC/HC is of high quality and reflects views of cluster members	<p>0 = Not at all (i.e. there is no cluster submission, or question NA)</p> <p>1 = Partly (i.e. cluster submission mainly driven by CLA and does not necessarily reflect standards)</p> <p>2 = Mostly (i.e. cluster submission partly driven by CLA and does not necessarily reflect standards)</p> <p>3 = Fully (i.e. cluster submission follows guidance and best practices and reflects the views of cluster members)</p>	1.5	Quality of initial proposals varied, but OCHA worked with the agencies to improve the proposals so that the quality submitted to the RC/HC and then New York was relatively good. The degree to which cluster members were consulted varied by cluster – some sectors/clusters, including shelter, WASH, protection, education, consulted well with partners. Others, including health and early recovery had little/no consultation.
6 Agency performance (capacity to implement within the timeframe of the grant, past performance, speed of distribution and absorptive capacity) is considered when developing proposal	<p>0 = None (i.e. agency's performance and capacity are not considered in proposal)</p> <p>1 = Low (i.e. agency's performance is occasionally/partially taken into account or only some aspects of performance are considered)</p> <p>2 = Acceptable (i.e. agency's performance is well taken into account and most aspects of performance are considered, however further review could be considered)</p> <p>3 = Adequate (i.e. agency's performance is fully taken into account and all aspects of performance are considered according to a standardised methodology)</p>	1.5	Capacities not always considered. Allocation process ensured no agencies were left out. Relatively low allocation of funding to health sector, despite withdrawal of main international actor during early 2014, takes capacity into account relatively low capacity of Health Cluster Coordination.
7 CERF request adheres to cluster standards and CERF Life Saving Criteria	<p>0 = Not at all (i.e. CERF requests do not adhere to cluster/sector standards and/or Life-Saving Criteria)</p> <p>1 = Partly (i.e. CERF request somewhat adheres to cluster/sector standards and/or Life-Saving Criteria, however other criteria are taken into account and/or different interpretations of Life-Saving Criteria and Sector/Cluster standards are prevalent)</p> <p>2 = Mostly (i.e. CERF request usually adheres to cluster/sector standards and/or Life-Saving Criteria, however Life-Saving Criteria and Sector/Cluster standards are prevalent)</p> <p>3 = Fully (i.e. CERF requests follows cluster guidance and fully adhere to Life-Saving Criteria)</p>	3	Initial proposal did not always reflect lifesaving criteria, but final proposal (following feedback from OCHA and the CERF Secretariat) corresponded to need. Health could have been more prominent in RR request.
12 Time from UN agency country	<p>0 = NA</p> <p>1 = Slow</p>	2	NGOs generally satisfied with funding timeliness. Exceptions were UNICEF and WHO partners, due to PCA processes that took between 1-4 months

PAF Indicator		Scoring Scale	Score	Justification
	offices signing project agreement with implementing partners to them receiving funding	2 = <i>Acceptable</i> 3 = <i>Optimal</i>		resulting in delayed implementation.
13	Agencies receiving grants have internal evaluation and accountability mechanisms	0 = <i>Not at all (i.e. agencies do not have an accountability framework or evaluation policy, or field staff are unfamiliar with these)</i> 1 = <i>Partly (i.e. some agencies have evaluation and accountability mechanisms)</i> 2 = <i>Mostly (i.e. most agencies have and use evaluation and accountability mechanisms)</i> 3 = <i>Completely (i.e. all agencies have accountability frameworks, which staff are familiar with and consistently apply)</i>	2	Agencies having monitoring systems in place, but not necessarily accountability frameworks.
14	CERF Secretariat has provided adequate global guidance on the standards for reporting	0 = <i>Not at all (i.e. OCHA and UN agency country-level staff members are not aware of this guidance/ don't understand it/do not ensure adequate reporting from implementing partners)</i> 1 = <i>Somewhat (i.e. OCHA and UN agency country-level staff members are aware of this guidance, however they have not fully understood them and/or do not ensure adequate reporting from IPs)</i> 2 = <i>Mostly (i.e. OCHA and UN agency country-level staff members are aware of this guidance, understand it and ensure adequate reporting from implementing partners, however more can be done)</i> 3 = <i>Fully (i.e. OCHA and UN agency country-level staff members are fully aware of this guidance, understand it and ensure adequate reporting from implementing partners)</i>	2	Relevant guidance provided by CERF Secretariat and OCHA in Yangon, but there was limited awareness of CERF-related objectives and expectations about outcome reporting, particularly at field level.
15	OCHA CO, in support of the HC, provides guidance to agencies, and facilitates input for CERF reports.	0 = <i>Not at all (i.e. OCHA does not provide guidance to agencies nor facilitate input for the annual report)</i> 1 = <i>Limited (i.e. OCHA provides limited guidance to agencies and does not play a facilitators' role for the annual report)</i>	3	Both the CERF Secretariat and recipient acknowledged the timeliness and quality of OCHA Myanmar during CERF reports.

PAF Indicator	Scoring Scale	Score	Justification
<p><b>16</b> Agencies, both at HQ and in the field provide satisfactory input (as defined by CERF Secretariat Guidelines) to the RC/HC CERF reports which adheres to reporting guidelines</p>	<p>2 = Mostly (i.e. OCHA usually provides good guidance and plays a facilitators' role for the annual report. However more could be done)</p> <p>3 = Fully (i.e. OCHA CO provides excellent guidance and is a good facilitator for the annual report)</p> <p>0 = Very weak (i.e. agencies do not provide satisfactory input to the Annual Report and do not adhere to reporting guidelines)</p> <p>1 = Weak (i.e. agencies provide input, however they often do not adhere to reporting guidelines)</p> <p>2 = Satisfactory (i.e. agencies provide good input and usually adhere to reporting guidelines, however, they can improve)</p> <p>3 = Good (i.e. agencies provide very good input and adhere to reporting guidelines)</p>	3	See 15 above
<p><b>17</b> CERF funds allow agencies to demonstrate capability to leverage donor confidence for future contributions</p>	<p>0 = No leverage or negative effect (i.e. following CERF contributions, the perception is that other donor funding goes to other projects or future contributions are unrelated to CERF funding)</p> <p>1 = Limited leverage (i.e. some funding complemented)</p> <p>2 = Partial leverage (i.e. future contributions are partly related to CERF funding)</p> <p>3 = Significant Leverage (i.e. CERF funds significantly leverage donor confidence in a given agency for future contributions)</p>	1	Apart from the UNFPA example, where this is part of an explicit strategy, no other examples identified.
<p><b>18</b> Availability of CERF funding recognized by recipient agencies as being fundamental to ability to respond to life saving needs and gaps</p>	<p>0 = Not at all (i.e. agencies do not recognise CERF funding as fundamental to the ability to respond to life-saving needs and gaps)</p> <p>1 = Somewhat (i.e. agencies recognise in specific cases that CERF funding has been fundamental to the ability to respond to life-saving needs and gaps)</p> <p>2 = Mostly (i.e. most agencies almost always recognise that CERF funding has been fundamental to the ability to respond to life-saving needs and gaps, however sometimes CERF funding serves other purposes)</p> <p>3 = Fully (i.e. all agencies recognise CERF funding as crucial)</p>	2	Some agencies (UNFPA, FAO, WHO, OCHCR) recognised CERF as the foundation of their response. Other agencies found CERF very useful in both reinforcing the response and filling critical gaps.

PAF Indicator	Scoring Scale	Score	Justification
	<i>to the ability to respond to life-saving needs and gaps)</i>		
<b>19</b> Extent to which gaps, both geographic and sectoral, have been identified and addressed through use of CERF funds	<p><i>0 = Not at all (i.e. CERF funding does not contribute to identifying and addressing geographical or sectoral gaps)</i></p> <p><i>1 = Partly (i.e. CERF funding does not always contribute to identifying and addressing geographical and/or sectoral gaps; geographical and sectoral gaps remain overlooked or other sources of funding contribute more to identifying and addressing these gaps)</i></p> <p><i>2 = Mostly (i.e. CERF funding contributes to identifying and addressing geographical and/or sectoral gaps, but CERF has not necessarily been the initial source or funding is limited)</i></p> <p><i>3 = Significantly (i.e. CERF funding contributes to a large extent to identifying and addressing geographical and/or sectoral gaps)</i></p>	<b>2</b>	Rapid response allocation provides a good example of strategic priorities. Only significant gap identified during Rakhine field visit that was agencies did not attempt to address in CERF submissions was cooking fuel.
<b>20</b> Number of No-Cost Extensions requested	<p><i>0 = More than 50% no-cost extension requests</i></p> <p><i>1 = 20-50% no-cost extension requests</i></p> <p><i>2 = 5-20% no-cost extension requests</i></p> <p><i>3 = less than 5% no-cost extension requests</i></p>	<b>2</b>	One no-cost extension in 2013 and two no-cost extensions during 2014.
<b>21</b> CERF funds fill a critical time gap as measured in relation to time that other contributions are received	<p><i>0 = Not at all (i.e. CERF funding does not fill a critical time gap; funds of other donors arrive earlier than CERF funding)</i></p> <p><i>1 = Limited (i.e. CERF funding sometimes fills a critical time gap, how ever it is not significant in relation to other contributions received and critical time gaps remain)</i></p> <p><i>2 = Mostly (i.e. CERF funding usually, but not always, fills a time critical time gap)</i></p> <p><i>3 = Significantly (i.e. CERF funding fills a critical time gap)</i></p>	<b>2</b>	Related to 18 above - Some agencies (UNFPA, FAO, WHO, OCHCR) recognised CERF as the foundation of their response. Other agencies found CERF very useful in both reinforcing the response and filling critical gaps.
<b>23</b> Response capacity is strengthened given knowledge that CERF is a reliable source of funding	<p><i>0 = Not at all (i.e. CERF is not seen as a reliable source of funding)</i></p> <p><i>1 = Partly (i.e. CERF funding reliability does not necessarily improve response capacity)</i></p> <p><i>2 = Mostly (i.e. UN Agencies have sometimes improved capacity to respond, given the knowledge that CERF is a</i></p>	<b>1</b>	Linked to 17 above – apart from UNFPA, there does not seem to be concrete plans for sustaining emergency capacity.

PAF Indicator	Scoring Scale	Score	Justification
	<p><i>reliable source of funding. However, this is not a trend and it is difficult to attribute increases in capacity to CERF's funding)</i></p> <p><i>3 = Significantly (i.e. UN agencies have definitely improved capacity to respond given the knowledge that CERF is a reliable source of funding. Examples are readily found)</i></p>		
24 Operations deployed more rapidly due to 'predictability' of quick funding source	<p><i>0 = NA (i.e. CERF is not regarded as a predictable source of funding)</i></p> <p><i>1 = Limited (i.e. operations are not deployed more rapidly due to predictability of funding)</i></p> <p><i>2 = Mostly (i.e. operations are sometimes deployed more rapidly due to predictability of funding, however problems remain in terms of ensuring rapidness)</i></p> <p><i>3 = Significantly (i.e. operations are unquestionably deployed more rapidly due to predictability of funding, UN agencies feel confident enough to advance funds anticipating CERF grants and examples of frontloading are easy to find)</i></p>	2	Several agencies used CERF funds to deploy operations. There were various delays were attributed to various factors, including context (e.g. uncertainty about IDP site locations), contracting processes (UNICEF) and deployment capacities (UNFPA local partner, OCHCR roster).
25 Transparent information management of recipient agencies on status of CERF projects	<p><i>0 = None (i.e. no agencies share information on the status of projects)</i></p> <p><i>1 = Limited (i.e. low level of transparency on information management regarding the status of CERF projects. Information is not shared and it is difficult to obtain information even when requested)</i></p> <p><i>2 = Mostly (i.e. medium level of transparency on information management regarding the status of CERF projects. Information is mostly shared, however no standardisation or information sharing mechanisms exist. Most agencies share information)</i></p> <p><i>3 = Significantly (i.e. good level of transparency on information management regarding the status of CERF projects. Information is shared by all and systematic credible information sharing mechanisms exist)</i></p>	1	Limited awareness, particularly at field level. Not all implementing partners of recipient agencies had seen the CERF proposals. This is not seen as only a CERF-related phenomenon, but rather as a general information gap between Yangon and the field, partly due to relatively poor internet connectivity in field locations for most agencies.
26 Accountability to affected populations, as outlined in the Accountability to	<p><i>0 = Not incorporated at all</i></p> <p><i>1 = Occasionally included</i></p> <p><i>2 = Regularly included</i></p>	1	Agencies have made efforts to promote participation of IDP communities during CERF-supported activities. Not yet systematic (feedback systems, etc.) although WASH cluster has

PAF Indicator	Scoring Scale	Score	Justification
Affected Populations (AAP) criteria, is incorporated into project submissions	<i>3 = Always included</i>		commissioned an Accountability to Affected Populations review (not CERF funded).
<b>28</b> Real-Time and internal agency evaluations, when conducted, demonstrate CERF's contribution to a more coherent response	<i>0 = No RTEs or internal evaluations or these do not show CERF's contribution</i> <i>1 = A few evaluations conducted that demonstrate CERF's contribution</i> <i>2 = A number of evaluations conducted that demonstrate CERF's contribution</i> <i>3 = All projects evaluated and demonstrate CERF's contribution</i>	<b>1</b>	Only UNFPA and WHO reported commissioning an evaluation that considered use of CERF.
<b>29</b> Extent to which Cluster leads and RC/HC leverage CERF as a tool to incentivize coordination	<i>0 = Not at all (i.e. CERF is not used to incentivise coordination. No cluster/sectoral meetings discuss CERF)</i> <i>1 = Partly (i.e. coordination is partly incentivised through CERF grant discussions in coordination structures)</i> <i>2 = Mostly (i.e. CERF grants discussions and joint applications increase coordination)</i> <i>3 = Significantly (i.e. CERF grants significantly increases coordination through discussion, implementation and monitoring, and review processes)</i>	<b>1</b>	Some good practice examples (WASH/Shelter joint proposal).
<b>30</b> Strengthened function of clusters and of inter-cluster forum	<i>0 = Not at all (i.e. no cluster system in place)</i> <i>1 = Partly (i.e. CERF funding has, on specific points, strengthened the functioning of clusters, however, this is not generally observed)</i> <i>2 = Mostly (i.e. CERF funding is considered to strengthen the functioning of clusters, however, other factors contribute to the strengthening of the cluster system, or the cluster system in many sectors and ICC remains weak)</i> <i>3 = Significantly (i.e. CERF funding has unquestionably strengthened the functioning of clusters)</i>	<b>2</b>	CERF supported a significant amount of activities undertaken by cluster members and generally appears to have strengthened coordination (even though cluster members, and even some cluster leads, were not that well-informed about CERF funding and objectives).
<b>31</b> Leadership and involvement of RC/HC in humanitarian	<i>0 = Not at all (i.e. leadership and involvement of the HC did not improve due to CERF funding)</i> <i>1 = Partly (i.e. weak relation between leadership and CERF, or CERF has not contributed to strengthening leadership)</i>	<b>1</b>	During 2013 there was a reasonable amount of involvement of HC. Rather than reinforcing HCT, evidence suggests that the allocation processes surrounding the 2014 CERF UFE were relatively divisive. This can be attributed to a number of

PAF Indicator	Scoring Scale	Score	Justification
operation improved	<p><i>2 = Mostly (i.e. HC leadership has been somewhat strengthened given CERF funds, however, this relationship is not crucial)</i></p> <p><i>3 = Significantly (i.e. HC leadership has been significantly strengthened by CERF and the relationship is crucial)</i></p>		<p>factors, including functional challenges in the HCT during 2013, turnover/restructuring of key leadership positions in early 2014 (HC and OCHA) and lack of a WHO representative for 1½ years and lack of a shared assessment of overall needs and relevant tools/processes.</p>

## Annex 2- Sub-Grantee Timelines<sup>45</sup>

### 2013 RR (Rakhine)

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-FPA-020	Health	UNFPA	MNMA	NNGO	\$48,297	16-May-13	1-May-13	
13-FPA-020	Health	UNFPA	AFXB	INGO	\$8,226	3-Sep-13	1-Jul-13	
13-CEF-057	Health	UNICEF	MHAA	NNGO	\$88,090	25-May-13	7-Jun-13	
13-CEF-058	Water, Sanitation and Hygiene	UNICEF	RI	INGO	\$531,270	28-May-13	18-Jun-13	
13-CEF-058	Water, Sanitation and Hygiene	UNICEF	OXFAM	INGO	\$544,390	19-Jun-13	25-Jun-13	
13-CEF-058	Water, Sanitation and Hygiene	UNICEF	SI	INGO	\$478,800	1-Jul-13	14-Jul-13	
13-CEF-058	Water, Sanitation and Hygiene	UNICEF	DRD	GOV	\$116,204	7-Jul-13	1-Sep-13	

<sup>45</sup> Source: RC/HC Report to the CERF Secretariat (including comments). An **ORANGE** highlight indicates significant delays (1 month or more) in passing through funds to partner. A **YELLOW** highlight indicates that the partner started activities using their own resources and was reimbursed later.

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-WHO-026	Health	WHO	MHAA	NNGO	\$56,550	28-Aug-13	1-Sep-13	30 Health Assistants from MHAA were deployed to Sittwe, Kyauktaw, Minbya, Myebon and Pauktaw Township for provision of primary health care services by mobile medical team and surveillance of communicable diseases outbreaks and preventive measures.
13-WHO-026	Health	WHO	DOH	GOV	\$15,000	30-Sep-13	1-Oct-13	State Health Department managed to support referral services for severely ill patients from their IDP camps or isolated villages to nearest hospital. Re

### 2013 UFE (Kachin)

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
13-UF-CEF-114	Health	UNICEF	Kachin Baptist Convention (KBC)	Yes	NNGO	\$56,810	31-Dec-13	15-Oct-13	Partner implemented humanitarian health response with lifesaving medicines and supplies for IDPs and affected community in both within and beyond government controlled areas in Kachin and northern Shan States.

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
13-UF-WHO-061	Health	WHO	State Health Department	Yes	GOV	\$6,500	25-Feb-14	30-May-14	Partner provided the primary health care to IDPs and surrounded community in Kachin State by the mobile clinics teams.
13-UF-CEF-115	Water, Sanitation and Hygiene	UNICEF	Karuna Myanmar Social Services (KMSS)	No	NNGO	\$203,034	28-Feb-14	1-Feb-14	
13-UF-CEF-115	Water, Sanitation and Hygiene	UNICEF	Nyein Foundation (Shalom)	No	NNGO	\$207,141	6-Feb-14	1-Feb-14	
13-UF-FAO-035	Livelihoods	FAO	AVSI Foundation	No	INGO	\$41,463	8-Nov-13	7-Oct-13	Partner pre-financing.
13-UF-WFP-056	Food Assistance	WFP	Karuna Myanmar Social Services (KMSS)-Kachin	Yes	NNGO	\$14,656	1-Oct-13	1-Oct-13	Pre-existing partnership agreement
13-UF-WFP-056	Food Assistance	WFP	World Vision (Kachin)	Yes	NNGO	\$19,088	1-Oct-13	1-Oct-13	Pre-existing partnership agreement
13-UF-WFP-056	Food Assistance	WFP	Karuna Myanmar Social Services (KMSS)-northern Shan	Yes	NNGO	\$4,690	1-Oct-13	1-Oct-13	Pre-existing partnership agreement
13-UF-WFP-056	Food Assistance	WFP	Network Activities Group (NAG)-northern Shan	Yes	NNGO	\$1,328	1-Oct-13	1-Oct-13	Pre-existing partnership agreement

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
13-UF-WFP-056	Food Assistance	WFP	Myanmar's Heart Development Organization (MHDO)nNorthern Shan	Yes	NNGO	\$6,942	1-Oct-13	1-Oct-13	Pre-existing partnership agreement
13-UF-HCR-054	Shelter & NFI	UNHCR	Kachin Baptist Convention (KBC)	No	NNGO	\$184,285	10-Mar-13	1-Jan-14	Partner pre-financing.
13-UF-HCR-054	Shelter & NFI	UNHCR	Karuna Bhamo Social Services (KBSS)	No	NNGO	\$204,388	28-Feb-14	1-Jan-14	Partner pre-financing.
13-UF-HCR-054	Shelter & NFI	UNHCR	Karuna Myanmar Social Services (KMSS)	No	NNGO	\$92,732	8-Feb-14	1-Jan-14	Partner pre-financing.
13-UF-HCR-054	Shelter & NFI	UNHCR	Nyein Foundation (Shalom)	No	NNGO	\$126,072	10-Apr-14	1-Jan-14	Partner pre-financing.

**2014 UFE**

CERF Project Code	Cluster/ Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
13-UF-CEF-114	Health	UNICEF	Kachin Baptist Convention (KBC)	Yes	NNGO	\$56,810	31-Dec-13	15-Oct-13	Partner implemented humanitarian health response with lifesaving medicines and supplies for IDPs and affected community in both within and beyond government controlled areas in Kachin and northern Shan States.
13-UF-WHO-061	Health	WHO	State Health Department	Yes	GOV	\$6,500	25-Feb-14	30-May-14	The fund was used for the establishment of Emergency Information and Operation Management Unit at State Health Department and for training of disease surveillance and prevention and control of outbreak which were started on 30 May and finished before the project completion date. Partner(State Health Department)applied the knowledge gained from the training in provision of primary health care to IDPs and surrounded community.
13-UF-CEF-115	Water, Sanitation and Hygiene	UNICEF	Karuna Myanmar Social Services (KMSS)	No	NNGO	\$203,034	28-Feb-14	1-Feb-14	As KMSS has been working in Kachin since 2011, they have resources onboard already so that they could prefinance the project once the PCA was signed. As a result, they were able to make project arrangements before the fund transfer date. These arrangements included mobilizing the IDPs and orienting camp committees and volunteers on the project in advance of WASH facility provision.

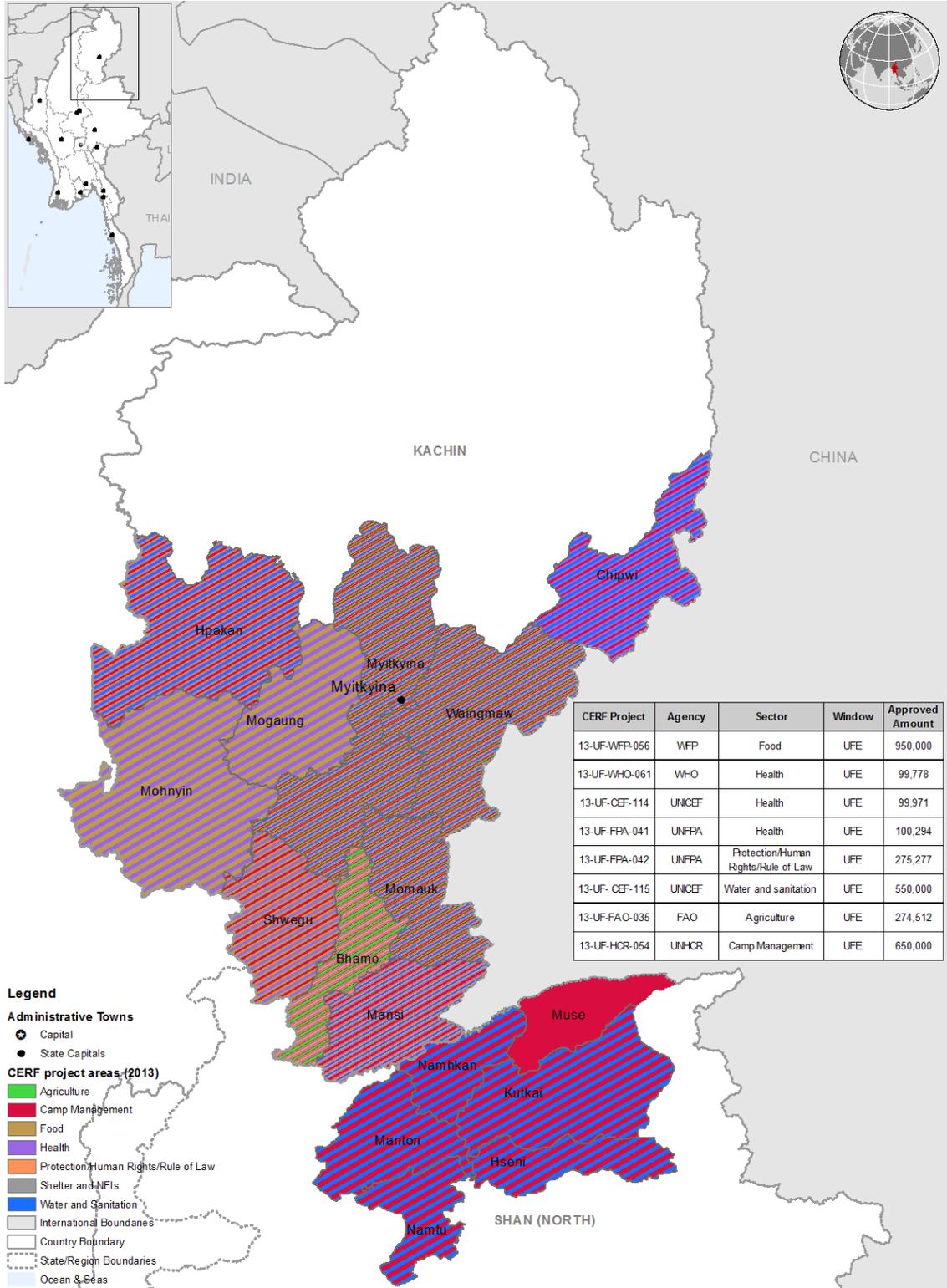
13-UF-CEF-115	Water, Sanitation and Hygiene	UNICEF	Nyein Foundation (Shalom)	No	NNGO	\$207,141	6-Feb-14	1-Feb-14	Shalom also has been working in Kachin since 2012, they have resources onboard already so that they could prefinance the project once the PCA was signed. As a result, they were able to make project arrangements before the fund transfer date. Those include mobilizing the IDPs and orienting camp committees and volunteers on the project in advance of WASH facility provision.
13-UF-FAO-035	Agriculture	FAO	AVSI Foundation	No	INGO	\$41,463	8-Nov-13	7-Oct-13	Partner pre-financing.
13-UF-WFP-056	Food Assistance	WFP	Karuna Myanmar Social Services (KMSS)-Kachin	Yes	NNGO	\$14,656	1-Oct-13	1-Oct-13	Pre-existing partnership agreement
13-UF-WFP-056	Food Assistance	WFP	World Vision (Kachin)	Yes	NNGO	\$19,088	1-Oct-13	1-Oct-13	Pre-existing partnership agreement
13-UF-WFP-056	Food Assistance	WFP	Karuna Myanmar Social Services (KMSS)-northern Shan	Yes	NNGO	\$4,690	1-Oct-13	1-Oct-13	Pre-existing partnership agreement
13-UF-WFP-056	Food Assistance	WFP	Network Activities Group (NAG)-northern Shan	Yes	NNGO	\$1,328	1-Oct-13	1-Oct-13	Pre-existing partnership agreement
13-UF-WFP-056	Food Assistance	WFP	Myanmar's Heart Development Organization (MHDO)nNorthern Shan	Yes	NNGO	\$6,942	1-Oct-13	1-Oct-13	Pre-existing partnership agreement
13-UF-HCR-054	Shelter & NFI	UNHCR	Kachin Baptist Convention (KBC)	No	NNGO	\$184,285	10-Mar-13	1-Jan-14	Partner pre-financing.
13-UF-HCR-054	Shelter & NFI	UNHCR	Karuna Bhamo Social Services	No	NNGO	\$204,388	28-Feb-14	1-Jan-14	Partner pre-financing.

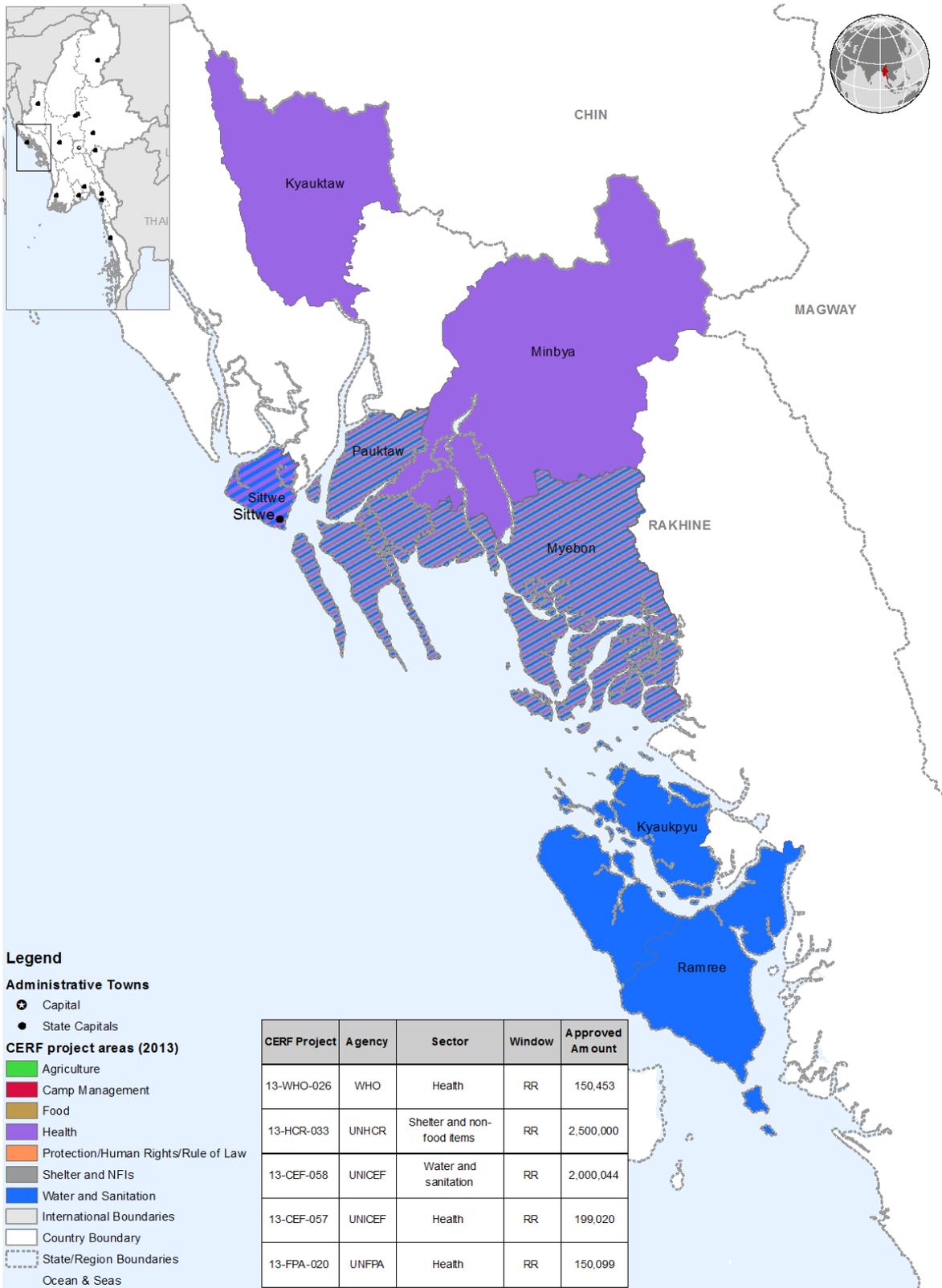
			(KBSS)						
13-UF-HCR-054	Shelter & NFI	UNHCR	Karuna Myanmar Social Services (KMSS)	No	NNGO	\$92,732	8-Feb-14	1-Jan-14	Partner pre-financing.
13-UF-HCR-054	Shelter & NFI	UNHCR	Nyein Foundation (Shalom)	No	NNGO	\$126,072	10-Apr-14	1-Jan-14	Partner pre-financing.
13-UF-FPA-042	Gender-Based Violence	UNFPA	Metta Development Foundation	Yes	NNGO	\$122,064	22-Jan-14	???	There was a delay in transfer to the implementing partner as a number of sensitive issues were required to be navigated including the means of operating in the non-Government controlled areas in Kachin state. The total amount that was transferred to Metta Development Foundation exceeded that of the proposal which was USD\$109,090. This was as a result of underestimation at the time of the proposal development. Further, additional funds were also granted to Metta during the course of the project to meet the unexpected costs of mobile services. In total Metta Development Foundation were allocated and additional USD\$12,974 over the anticipated grant amount, totalling less than 15% of the overall budget.

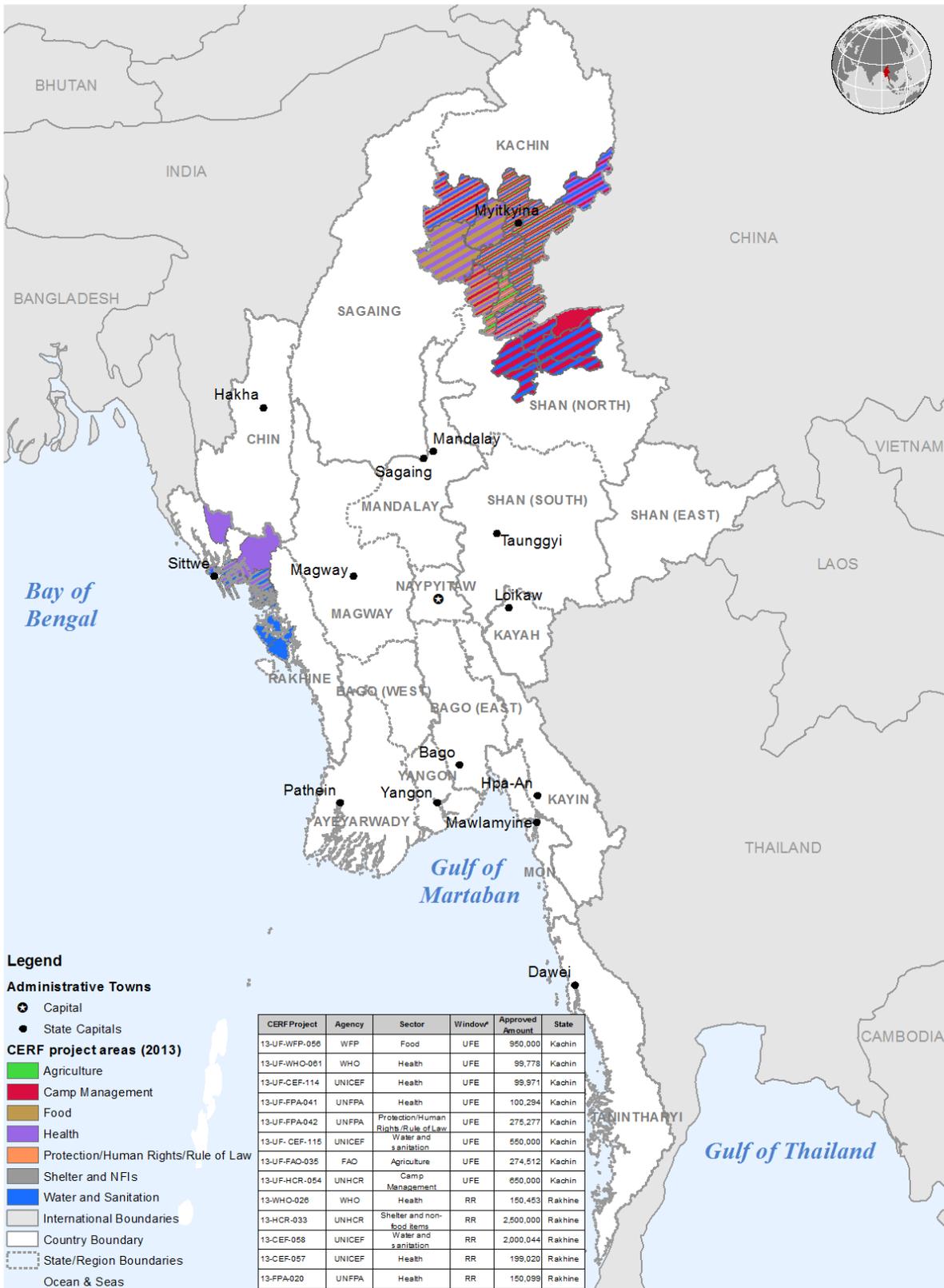
### Annex 3 – Maps of CERF Intervention Areas

## MYANMAR: CENTRAL EMERGENCY RESPONSE FUND (CERF) OCHA

Project areas (Kachin and Shan North) covered in 2013



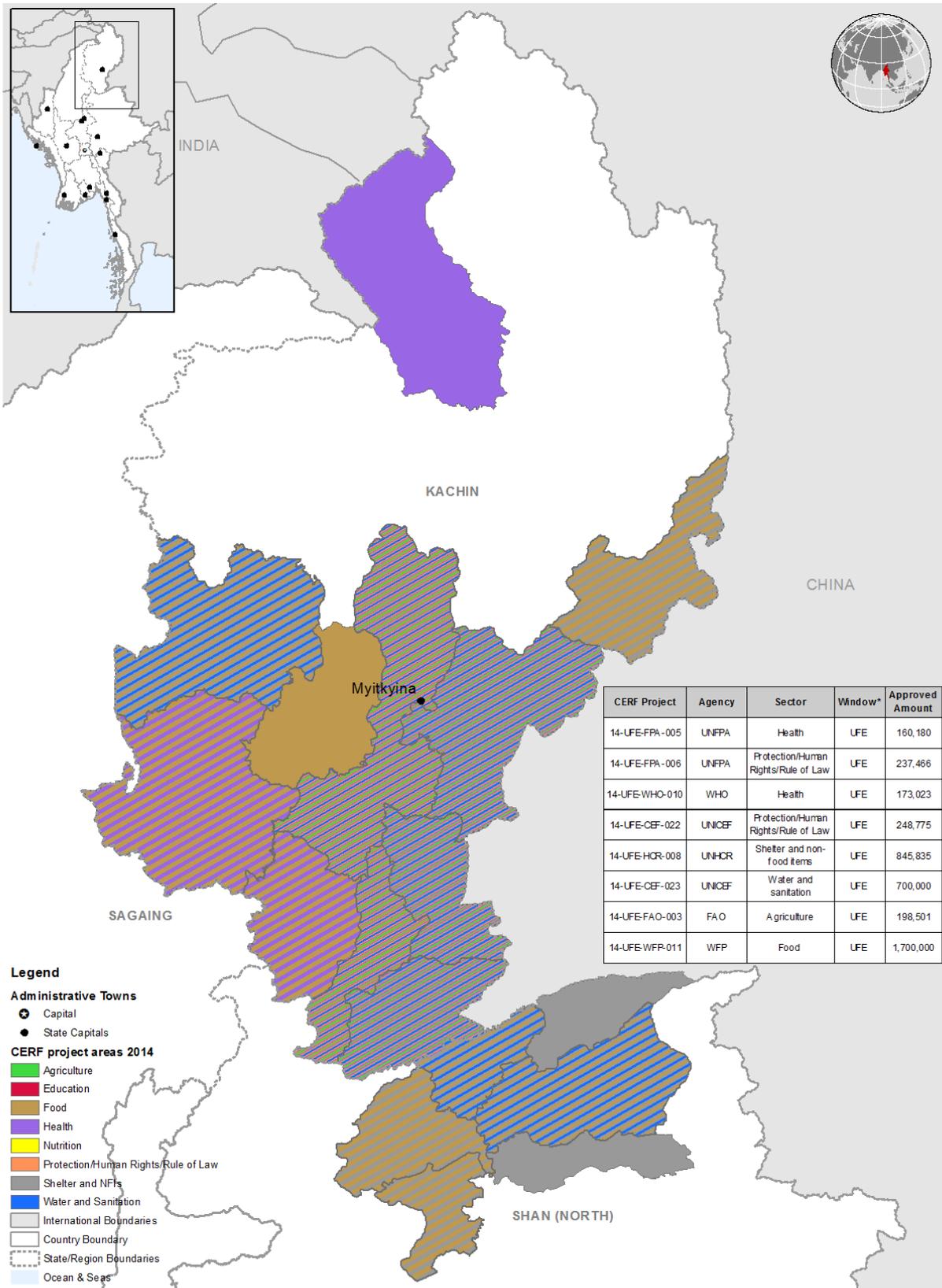




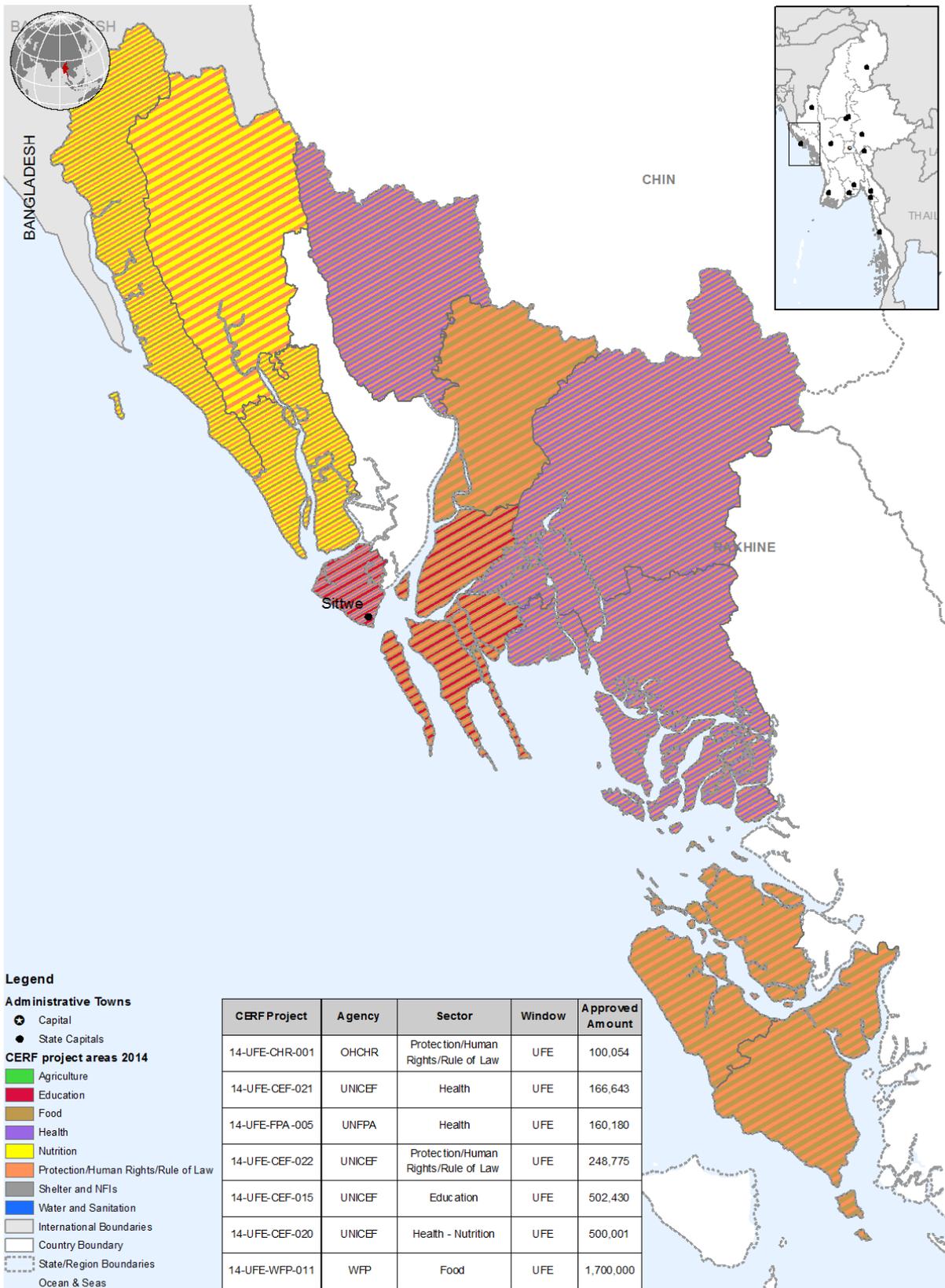
**MYANMAR: CENTRAL EMERGENCY RESPONSE FUND (CERF)**  
Project areas (Kachin and Shan North) covered in 2014

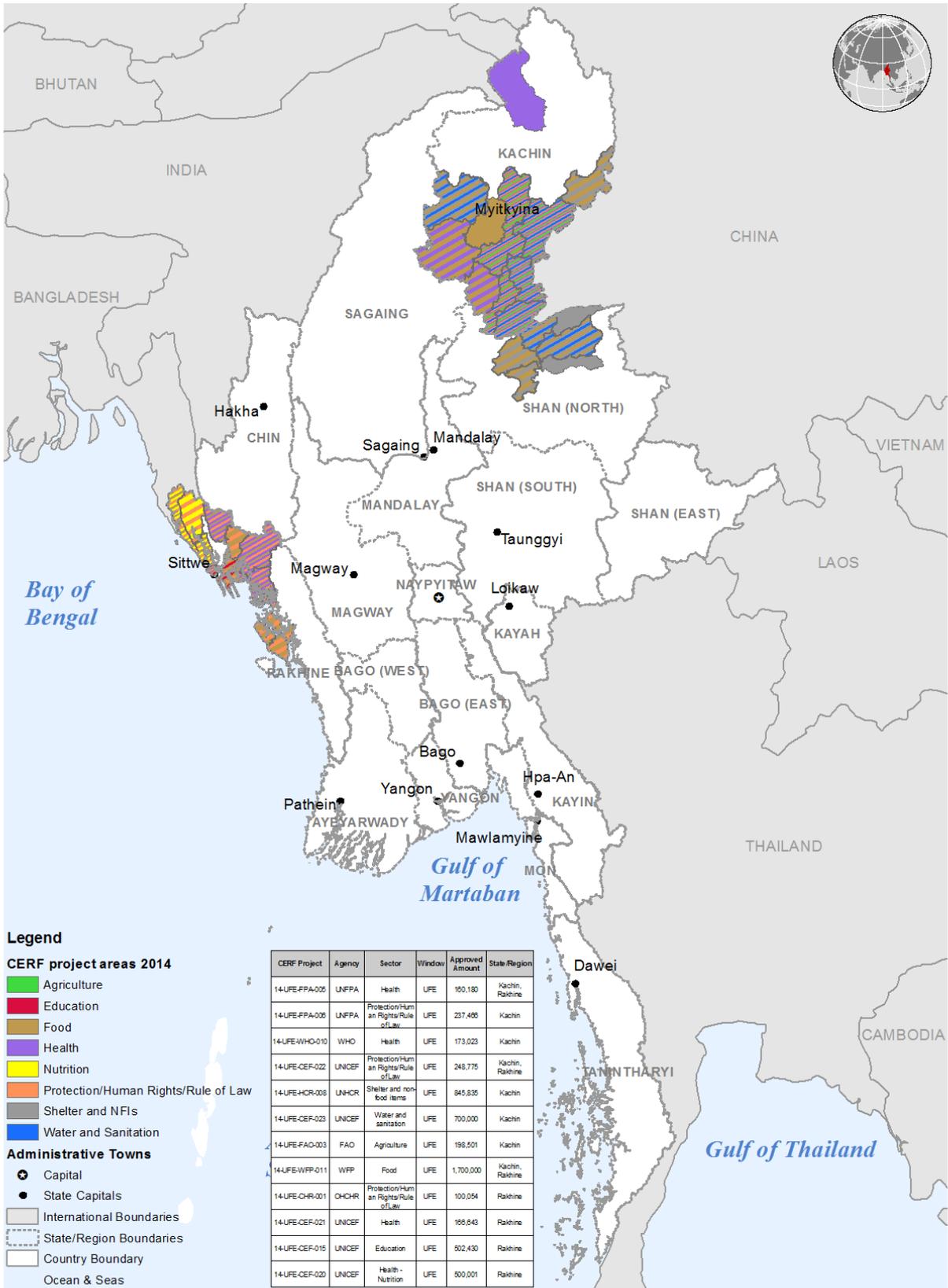


**OCHA**



**MYANMAR: CENTRAL EMERGENCY RESPONSE FUND (CERF)**  
Project areas (Rakhine) covered in 2014





## Annex 4 – Key Reference Documents

CERF Secretariat (2014) After Action Reviews: CERF Guidance.

Channel Research (2011) 5-Year Evaluation of the Central Emergency Response Fund <http://www.unocha.org/cerf/reportsevaluations/evaluations/general-assembly-mandated-evaluations/five-year-evaluation>

Ferris, Elizabeth (2011) The Politics of Protection: The Limits of Humanitarian Action.

Hidalgo, Silvia (2013) Review of the Central Emergency Response Fund (CERF) Performance and Accountability Framework  
<http://www.unocha.org/cerf/reportsevaluations/evaluations/country-reviews>

International Crisis Group (2014) Myanmar: The Politics of Rakhine State. Asia Report No. 261 <http://www.crisisgroup.org/en/publication-type/media-releases/2014/asia/myanmar-the-politics-of-rakhine-state.aspx>

OCHA (2011) CERF Rapid Response Window: Procedures and Criteria  
<http://www.unocha.org/cerf/resources/how-apply/rapid-response-0>

OCHA (2014) CERF 2013 Annual Report

Stobbaerts, Eric, Martin, Sarah and Derderian, Katharine (2011) Integration and UN Humanitarian Reforms. Humanitarian reform: fulfilling its promise? Forced Migration Review 29 - p. 18-20  
<http://www.fmreview.org/en/FMRpdfs/FMR29/18-20.pdf>

WFP (2015) Summary Evaluation Report of WFP's use of Pooled Funds for Humanitarian Preparedness and Response (2009–2013)  
<http://documents.wfp.org/stellent/groups/public/documents/eb/wfpdoc063674.pdf>

In addition to the above, a collection of documents specific to Myanmar were reviewed, including Humanitarian Response Plans, cluster action plans, HCT and cluster meeting minutes and agency/cluster-specific reports.

## Annex 5 – List of Interviewees

### UN Staff based in Myanmar

Name	Org. and function	♂	♀	Date	Location
James Weatherhill	HAO, Humanitarian Financing Unit, OCHA	1		14-Oct	Yangon
Naw Gay Htoo	HFO, Humanitarian Financing Officer OCHA		1	14-Oct	Yangon
Mark Cutts	Head of Office, OCHA	1		14-Oct	Yangon
Chris Hyslop	Deputy Head of Office, OCHA	1		14-Oct	Yangon
Renata Lok-Dessallien	Humanitarian Coordinator		1	14-Oct	Yangon
Amy Martin	Rakhine Coordinator, OCHA		1	15-Oct	Sittwe
Dr. Ma Myo Aye	Humanitarian Response Coordinator, UNFPA		1	15-Oct	Sittwe
Hamish Weatherly	Communication with Communities, OCHA	1		15-Oct	Sittwe
Sarah Toner	Human Rights Officer, OHCHR		1	17-Oct	Sittwe
Wilfredo Tiangco Jr.	Associate Site Planner, UNHCR	1		17-Oct	Sin Tet Maw
Aung Ze Ya	Shelter Associate, UNHCR	1		17-Oct	Sin Tet Maw
Victoria Ta-Asan	Head of Sub-Office, WFP		1	20-Oct	Sittwe
Pann Nilaz Htun	Sr. Program Assistant, WFP		1	20-Oct	Sittwe
Melissa Adoum	WASH Cluster Coordinator, UNICEF		1	20-Oct	Sittwe
Kayan Flyint Floe	Education Field Monitor, UNICEF	1		20-Oct	Sittwe
Nay Wisi Myint	Education Officer, UNICEF	1		20-Oct	Sittwe
Than Tin	Education Field Officer UNICEF	1		20-Oct	Sittwe
Tun Tun Oo	Education Field Monitor, UNICEF	1		20-Oct	Sittwe
Anne-Laure Rambaud	Education Specialist, UNICEF		1	20-Oct	Sittwe
Dr. Tun Wai	Emergency Nutrition Officer, UNICEF	1		20-Oct	Sittwe
Thiha Htun	Health & Nut Officer, UNICEF	1		20-Oct	Sittwe
Sei Nyan Soe	Technical Officer, WHO	1		20-Oct	Sittwe
Kaung Myat	National Project Manager, FAO	1		21-Oct	Sittwe
Andreas Thulstrup	Natural Resources Mgmt Officer, FAO	1		21-Oct	Sittwe
Naw Day Nyon Paw	Child Protection Specialist, UNICEF	1		21-Oct	Sittwe
Nithiaraj Sellappu	Child Protection Officer, UNICEF	1		22-Oct	Sittwe
Julie Latigo	Head of Office, UNFPA		1	21-Oct	Sittwe
Bola Han	Field Officer (Protection), UNHCR		1	20-Oct	Sittwe
Khet Khet	Social Services Assistant, UNHCR		1	18-Oct	Sittwe
Oliver Mouquet	Senior Field Coordinator, UNHCR	1		20-Oct	Sittwe
Richard Tracey	Shelter/NFI/CCCM Cluster Coordinator	1		20-Oct	Sittwe
Olivia Wellesley-Cole	CCCM/NFI Cluster Coordinator		1	20-Oct	Sittwe
Dr. Krongthong Thimasarn	Medical Officer, Malaria and acting WHO Representative		1	22-Oct	Yangon
Dr. Maung Maung Lin	National Professional Officer, WHO	1		22-Oct	Yangon
Dr. Gabriel Novelo	Technical Officer (EHA), WHO	1		22-Oct	Yangon
Gullaume Foliot	Deputy Country Director, WFP	1		22-Oct	Yangon
Ayuke Ibe	Partnerships Officer, WFP		1	22-Oct	Yangon
Michael Flachaire	Emergency Specialist, UNICEF	1		22-Oct	Yangon
Janet Jackson	Representative, UNFPA		1	22-Oct	Yangon
Alexandra Robinson	GBV Program Specialist, UNFPA		1	22-Oct	Yangon
Mi Mi Thin Aung	National GBV Coordinator, UNFPA		1	22-Oct	Yangon

<i>Name</i>	<i>Org. and function</i>	♂	♀	<i>Date</i>	<i>Location</i>
Noriko Takaga	Sr. Programme Officer, UNHCR		1	22-Oct	Yangon
Steven O'Brien	Donor Relations Officer, UNHCR	1		22-Oct	Yangon
Edward Benson	Shelter/NFI/cccm Cluster Coordinator, UNHCR	1		22-Oct	Yangon
Monica Rijal	Early Recovery Cluster Coordinator, UNDP		1	Fri 24 Oct	Yangon

### Other Interviewees in Myanmar

<i>Namer</i>	<i>Org. and function</i>	♂	♀	<i>Date</i>	<i>Location</i>	<i>Category</i>
Pierre Vischoioni	Rakhine Programme Coordinator, DRC	1		16-Oct	Pweyargone Camp	INGO
Khin Phyu	Sr. Hygiene Promoter, DRC		1	16-Oct	Pweyargone Camp	INGO
	Program Coordinator, MMA		1	16-Oct	Sittwe	NNGO
Stephane Senia	Dep Humanitarian Manager, SCI	1		16-Oct	Set Rone Sue Camp and Sittwe	INGO
Woi Zin Aung	Education Officer, SCI		1	16-Oct	Set Rone Sue Camp	INGO
Daw Chaw Su Hlaing	Nurse, Health Centre		1	16-Oct	Sittwe	Govt
Dan Yee Ley	Supervisor, MNMA		1	16-Oct	Thay Chaung Village	NNGO
Medical Team	IRC	1	2	16-Oct	Thay Chaung Village	INGO
	WASH Adviser, SCI	1		17-Oct	Sintetmaw Camp	INGO
Xavier Lacith	Field Coordinator, Solitarites Int'l	1		20-Oct	Sittwe	INGO
Thet Paing Htoo	Sr. WASH Coordinator, IRC	1		20-Oct	Sittwe	INGO
Magnus Tulloch	WASH Officer, SCI	1		20-Oct	Sittwe	INGO
Trisha Buny	Head of Office, Relief Int'l		1	20-Oct	Sittwe	INGO
Blaire Davis	Field Office Manager, Plan Int'l		1	20-Oct	Sittwe	INGO
Sonn Htay	Education Officer, LWF	1		20-Oct	Sittwe	INGO
Yembu W. W.	Education Coordinator LWF	1		20-Oct	Sittwe	INGO
Da Tun Winn Kyaw	Sr. Project Medical Officer, MMA		1	20-Oct	Sittwe	NNGO
Da Ye Luni	Program Manager (ER), IRC	1		20-Oct	Sittwe	INGO
Sherry Hadondi	Nutrition Program Manager, SCI		1	20-Oct	Sittwe	INGO
Daw Yee Yer Lay	Field Supervisor, MNMA		1	20-Oct	Sittwe	NNGO
San Lin Oo	Project Officer, MHAA		1	20-Oct	Sittwe	NNGO
Saw Emaric Aye	Project Coordinator, SCI	1		20-Oct	Sittwe	INGO
Valentina Clementelli	Program Officer, AVSI		1	23-Oct	Yangon	INGO
	VSP	1	2		Yangon	NNGO
Aisling Phelan	Humainitarian Ops Officer, SCI		1	23-Oct	Yangon	INGO
Ben Mascall	Chair, INGO Forum	1		23-Oct	Yangon	INGO
Gum Sha Aung	Program Coordinator, Metta Development Foundation	1		24-Oct	Yangon	NNGO
Mary Tawn	Director, WPN		1	24-Oct	Yangon	NNGO
Nu Pan	GIE (PA), Klunpawng Ninghtoi (WPN)	1		24-Oct	Yangon	NNGO
Rose Mary	ER Prog Coordinator, Karuna Myanmar Social Services		1	24-Oct	Yangon	NNGO

<i>Namer</i>	<i>Org. and function</i>	♂	♀	<i>Date</i>	<i>Location</i>	<i>Category</i>
Em Htoo	President, Myanmar Heart Development Organisation (MHDO)		1	24-Oct	Yangon	NNGO
Zam Awn	KMSS	1		24-Oct	Yangon	NNGO
Stephen Williams	Technical Expert, ECHO Myanmar	1		23-Oct	Yangon	Donor
Ashley Sarangi	Humanitarian Adviser, DFID Myanmar	1		23-Oct	Yangon	Donor

### Focus Group Discussions: Community Members

<i>Role and Function</i>	♂	♀	<i>Date</i>	<i>Location</i>
Community members	8	3	15-Oct	Phwe Yar Camp
Committee plus community	21	15	15-Oct	Baw Du Pa Camp
Camp chairperson	1		15-Oct	Sittwe
Camp committee	6		15-Oct	Set Yone Su Camp
Camp committee	8		15-Oct	Sin Tet Maw Camp

### CERF HQ

<i>Name</i>	<i>Org. and function</i>	♂	♀	<i>Date</i>	<i>Location</i>
Mads Frandsen	Humanitarian Affairs Officer	1		09 Sep	New York
Michael	Head, Performance, Monitoring and Policy Section	1		09 Sep	New York
Shelley Cheatham	Programme Officer		1	09 Sep	New York

## Annex 6: Terms of Reference

### INDEPENDENT REVIEW OF THE VALUE ADDED OF THE CENTRAL EMERGENCY RESPONSE FUND (CERF) IN MYANMAR

#### Terms of Reference

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#### 1. Background to the CERF and Performance and Accountability Framework (PAF)

It is widely recognized that the key strengths of the CERF lie in its ability to respond quickly and in the relatively high degree of flexibility it affords users compared with other sources of humanitarian funding. Member States and private donors require appropriate assurances that the considerable funds involved are managed appropriately and meaningful results are being achieved. The ERC function is charged with a formal fiduciary responsibility over the proper use of CERF funds, and relies upon the CERF Secretariat to assist with the proper discharge of these responsibilities. In this context, the development of a PAF for the CERF is regarded as an effective tool.

Paragraph 19 of General Assembly Resolution 60/124 calls for “the establishment of an appropriate reporting and accountability mechanism to ensure that the funds allocated through the Fund are used in the most efficient, effective and transparent manner possible.” Consequently, the CERF Advisory Group at its meeting on 12 October 2006 called for the development of a Performance and Accountability Framework (PAF). In addition, the 2008 CERF Two-year Evaluation gave as Key Recommendation 4: “The multiple lines of accountability for CERF need to be clarified, in consultation with the UN Controller and the operational agencies, to specify the roles of each actor.” In response, the CERF Secretariat worked on developing a PAF, a first draft was circulated in 2009 and a PAF adopted in 2010.

The CERF PAF proposes, among other things, the introduction of independent reviews to be conducted annually within a sample of three to five countries as determined by the ERC. The CERF Advisory Group supported the inclusion of such an independent country-level mechanism. Following a pilot review conducted in Kenya in early 2010, the CERF AG met on 1 July and endorsed the PAF. Since then, the CERF secretariat has aimed to conduct between three and five country-level reviews per year<sup>46</sup>.

#### 2. Scope and Purpose

The main purpose of the present country-level review will be to assess the value-added of CERF funding towards the humanitarian response in Myanmar during 2013 and early 2014.

A major aim of the review will be to provide the ERC with an appropriate level of assurance around the achievement of key performance benchmarks and planned results for the CERF mechanism. The review will also include recommendations aimed at improving operational aspects of the CERF and may also identify relevant policy issues which need to be addressed at a global level.

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<sup>46</sup> A full list of reviews conducted to date and final reports are available online at: <http://www.unocha.org/cerf/reportsevaluations/evaluations/country-reviews/performance-and-accountability-framework>

### 3. Key issues

The critical overriding question on which assurance is sought by the ERC is: **Have CERF operations in the country successfully added value to the broader humanitarian endeavor?**

Using the PAF indicator sets, assurances will be sought around the following specific broad areas of concern to the ERC:

1. *CERF processes are achieving key management benchmarks in that::*
  - CERF submissions are based on an inclusive planning process and adhere to established quality criteria.
  - Transparent systems are in place for correct allocation, efficient flow and use of CERF by agencies.
  - Adequate monitoring and evaluation systems are in place at the agency level for measuring and reporting on results.
  
2. *There are reasonable grounds to believe that CERF operations favour the following results:*
  - CERF consolidates humanitarian reform by empowering the RC/HC and enhancing the quality of coordination within the cluster approach and across clusters.
  - CERF facilitates adequate coverage, eliminates gaps and facilitates an effective division of labour among humanitarian (especially smaller) actors.
  - CERF contributes to a more timely response to needs.
  - CERF favors the delivery of relevant life-saving actions at critical moments.

The review will also assess the extent of harmonization between the CERF and the Myanmar Emergency Response Fund (ERF).

### 4. Review Methodology

During the PAF development process, UN agencies emphasized that the formal assessment of agency performance vis-a-vis CERF-funded activities remains the prerogative of recipient agencies via their own internal oversight procedures (internal performance reporting, audit and evaluation etc.). The review approach will therefore be designed in a manner which avoids duplication with such procedures and meets only the immediate assurance needs of the ERC in relation to the PAF.

Recognizing that CERF funds are often co-mingled with other donor funds by agencies and that the in-depth assessment of beneficiary-level impact is formally the charge of recipient agencies, the review will not attempt to link beneficiary-level changes to CERF activity, except where recipient agencies already have this data. The review mechanism will not seek to provide comprehensive coverage linked to detailed narratives and contextual analysis around how and why results are being achieved. Rather it will focus instead on providing an assurance around issues of the Fund's operational impact.

Key components of the methodology will include a rapid desk review and field visits by the consultant to Myanmar including interviews with key stakeholders. The analytical approach will be deliberately kept rapid and light.

Prior to leaving Myanmar, the Consultant will leave with the RC/HC a short analytical report consisting of a series of short observations and recommendations in relation to the key assurance issues identified above. The RC/HC, together with the HCT, will subsequently be requested to provide a “management response” to the recommendations contained in the report.

Desk review: A quantitative analysis will be conducted on the data, reports and files available at the HQ and Country level. These include:

- Funding data, including funding from sources other than the CERF (e.g. OCHA’s Financial Tracking System);
- Timelines on sums requested, allocated from CERF database;
- CERF country-level reports on context, needs, status of implementation, activities, results and lessons learned;
- CERF meeting minutes at HQ and country-level and notifications of application decisions;
- CERF Project files at HQ and country-level.

Semi-structured interviews at country level will include: RC/HC, Cluster leads, Heads of Agencies, I/NGO partner implementing CERF projects and those without access to CERF funds, host government, donors. Interviews will also take place with selected CERF Secretariat staff to get further background and perspective. UN Agencies and IOM will be asked to provide relevant documents and indicate interview partners to facilitate the review.

- Select project site visits: These may be included as appropriate and time permitting to help provide some limited anecdotal information regarding the use of funding at the affected population level and can provide a field-level snapshot and some direct contact with affected populations.

In-Country briefings will be used as learning opportunities to discuss and validate the findings, explore possible recommendations and further refine the analytical approaches.

## **5. Proposed Consultants**

The consultant will be independent and he/she has not been previously involved with any aspects of the country-level operations being reviewed. He/she should have the following skills:

- Expertise in UN humanitarian reform & financing and knowledge of the CAP and Flash Appeal process;
- Expertise and extensive experience in humanitarian evaluation;
- Expertise in analyzing financial data in tandem with other types of information;
- Expertise in project management and implementation;
- Knowledge, including field experience, with a broad range of humanitarian actors, such as UN agencies, Red Cross/Red Crescent Movement, local government disaster response structures and systems, and NGOs;
- Fluency in written and spoken English,
- Familiarity with natural and man-made disaster settings.

## **6. Management and Support**

The review will be managed by the CERF Secretariat, who will identify country-level focal points to support the review mission. Their responsibilities will include to:

- Provide necessary administrative, coordination and logistical support to the consultant;
- Facilitate the consultant's access to specific information or expertise necessary to perform the assessment;
- Monitor and assess the quality of the review and its process;
- Ensure sufficient engagement by UNCT on initial findings prior to dissemination;
- When appropriate, recommend approval of final report;
- Disseminate final report; and
- Facilitate management response to the final report and subsequent follow up.

## **7. Deliverables**

The main output will be one concise report in English to the ERC, through the CERF Secretariat, of no more than 25 pages (excluding appendices) in an electronic version plus an Executive Summary (up to two pages). The report will be structured in the form of short observations and conclusions around the different assurance concerns linked to the PAF. The reports will include, as appropriate, a set of specific, well-targeted and action-oriented recommendations whose purpose should be to improve the performance of the CERF within the country or raising any policy issues. The annexes will include a brief description of the methods used and the tests performed and a list of persons interviewed.