ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN MYANMAR

COUNTRY	**MYANMAR**
RESIDENT/HUMANITARIAN COORDINATOR	**Ashok Nigam**

I. SUMMARY OF FUNDING IN 2011 – US$

Funding	1. Total amount required for the humanitarian response		45,570,852 First Round: 27,465,791 Second Round: 18,105,061
	2. Breakdown of total response funding received by source	2.1 CERF	4,983,445
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	N/A
		2.3 OTHER (Bilateral/Multilateral) (First Round) (Second Round)	23,049,962 14,189,448 8,860,175
		2.4 TOTAL	28,033,068
	3. Breakdown of funds received by window	☒Underfunded	4,983,445
		1. First Round	2,993,060
		2. Second Round	1,990,385
		☐ Rapid Response	N/A
	4. Please provide the breakdown of CERF funds by type of partner	4.1 Direct UN agencies/IOM implementation	3,962,742
		4.2 Funds forwarded to NGOs for implementation	1,020,703
		4.3 Funds forwarded to government partners	
		4.4 TOTAL	4,983,445

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

1. FIRST UNDERFUNDED ROUND – Cyclone GIRI, South East, Chin State and an urgent polio vaccination campaign

Total number of individuals affected by the crisis	The maximum-targeted population is 1,456,403 based on all individual project proposals. The minimum targeted population is 1,388,765 taking into account the highest number of targeted people for each of the emergency supported by CERF UFE 1	1,388,765
Total number of individuals reached with CERF funding	Female	741,004
	Male	711,869
	Total individuals (Female and male) Reached with CERF Up to 1,452,873 individuals based on the individual project reports. Note that an additional 1,830,625 were reached by UNICEF as they received funding for the entire polio vaccination campaign. The target for CERF was 1,035,000 as the funding was used to initiate the campaign which needed additional funding to reach a total of 2,875,625 children.	1,452,873
	Of total, children under 5	1,035,000

2. SECOND UNDERFUNDED ROUND - Rakhine State

Total number of individuals affected by the crisis	1,655,013 individuals (based on total population in the areas considered for this application). Source: Health Management System (HMIS)/ Ministry of Health 2009 The targeted population is estimated to be up to a maximum of 909,161 individuals when adding the highest number of targeted people for each project funded by CERF UFE 2 but not excluding the risk of duplication between individual numbers (e.g. in the case of WHO the targeted beneficiaries equal the total population of their covered townships)	909,161
Total number of individuals reached with CERF funding	Female	429,188
	Male	412,686
	Total individuals (Female and male) In effect the estimated total population reached with CERF funding does not exclude the risk of duplication of numbers (see above with regards to the estimation of the total number of individuals affected by the crisis)	841,874
	Of total, children under 5	106,026

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

1. First Underfunded Round – Cyclone GIRI, south-east, Chin State and an urgent polio vaccination campaign

Rakhine State, southern Chin State, Sagaing, Magway, and Bago Regions and Kayin, Kayah, Shan, Mon State as well as south-east Myanmar

By project:

FAO
The project was implemented in Myebon Township, Rakhine State, covering 18,886 small farmers and landless labourers, including a total of 10,387 women (constituting 55 per cent of the targeted beneficiaries).

UNICEF
The sub-national polio campaign was implemented in 126 townships of 11 State/Regions of Myanmar, namely Mandalay, Sagaing, Magway, Bago (east and west), Shan (south and north), Kayah, Kayin, Rakhine and Mon. The State/Regions and townships were selected based on perceived risk of spread of infection due to proximity to outbreak townships and transport linkages - main routes and busy roads- stretching out from the outbreak township as per WHO advice.

The number of townships was extended from the 109 originally proposed to 126 because of (i) new administrative boundaries introduced in 2011 and (ii) the inclusion of 12 additional townships in Sagaing Region and Rakhine State bordering India and Bangladesh. The implementation of the 'treatment of acute malnutrition among children under age 5 took place in northern Rakhine State.

UNHCR
UNHCR distributed medical equipment and supplies (including enhanced clean delivery kits) to 24 Community Health Care Centres (CHCCs) and 20 Rural Sub-Health Centres (RHSCs), as well as impregnated long-lasting mosquito nets in the areas served by these RHSCs. The specific townships where this action was implemented were, in Kayin State: 1) Hlaing Bwe, 2) Hpa-an, 3) Hpa-pun, 4) Kawkareik, 5) Kya-In Seikkyi, 6) Myawaddy, 7) Thandaung. In Tanintharyi Division: 1) Dawei, 2) Launglon, 3) Myeik, 4) Palaw, 5) Tanintharyi, 6) Thayetchaung, 7) Yebyu, 8) Boat Pyin.

IOM
Mon State, situated in south-east Myanmar, with Kayin State to the north and east, along the coast of the Andaman Sea to the west, Bago region to the north, a border with Thailand at Three Pagoda Pass in the south-east, and Tanintharyi region in the South. This project was implemented in 27 villages in Yae, Billin, Mudon, and Thanbyuzayat Townships of Mon State.

UN HABITAT
Myebon Township, Rakhine State – Cyclone Giri affected area

WFP
Kyaukpyu, Myebon and PaukTaw townships, Rakhine State.
Kanpetlet and Mindat Townships, Chin State

UNDP (1)
This project was implemented in 40 villages of three townships of cyclone Giri affected eastern Rakhine State i.e. 30 villages in Myebon, three villages in Minbya and seven villages in PaukTaw covering a total of 7,296 landless labourers and most vulnerable households i.e. 43,776 people (Female: 22,643 and Male: 21,133).

UNDP (2)
This project was implemented in 94 villages in three townships of southern Chin State (40 villages in Kanpetlet,20 villages in Mindat and 34 villages in Matupi) covering a total of 2,383 landless, labourers and most vulnerable households (i.e. 13,636 people).

2. SECOND UNDERFUNDED ROUND

Seven townships in Rakhine State including northern and eastern parts (Maungdaw, Rathedaung, Buthidaung, Myebon, Minbya, PaukTaw and Kyaukpyu).

By project:

WHO
Kyaukpyu, Minbya, Myebon, PaukTaw townships of Rakhine State

UNFPA
Southern Buthidaung and Rathedaung townships of northern Rakhine State of Myanmar

WFP
Maungdaw, Buthidaung and Rathedaung townships, northern Rakhine State.

UNDP
This project was implemented in 253 villages (NRS: 188 villages and ERS: 65 villages) of six townships of Rakhine State covering a total of 5,565 landless, labourers and most vulnerable households (i.e. 29,019 people). Northern Rakhine State: 96 villages in Maungdaw, 36 villages in Buthidaung and 56 villages in Rathedaung, (188 villages in three townships of NRS). Eastern Rakhine State (Giri Cyclone affected area): 30 villages in Myebon, 15 villages in Minbya and 20 villages in PaukTaw (A total of 65 villages in three townships of ERS)

FAO
Maungdaw, Buthidaung, Rathedaung Townships in northern Rakhine State.

UNICEF
Maungdaw and Buthidaung Townships in northern Rakhine State.

IV. PROCESS AND CONSULTATION SUMMARY

I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
YES ☒ NO ☐

On 1 February 2012 guidelines and narrative reporting template, timeline and email from ERC were shared with Heads of UN Agencies recipients of CERF funds in 2011 (WFP, UNHCR, UNICEF, UNFPA, UNDP, FAO, UNHABITAT,IOM). Since Myanmar received two allocations in 2011, clear explanation on the need for the consolidated report to include separate chapters for each allocation was also provided. For the first allocation from CERF covered projects due to be completed by 31 December 2011 the agencies reported on completed projects. The second allocation from CERF covered projects due to be completed by 30 June 2012 the agencies reported on progress in implementation.
For a timely submission of the consolidated report, the following timeline was agreed:

- By 22 February, UN recipient agencies sent their inputs to OCHA on the use and results achieved through CERF allocations.
- From 27February to 3 March, technical support was provided by OCHA for consolidating the report and clarified arising issues if needed with each recipient agency.
- On 5 March OCHA, shared the draft consolidated report with recipient agencies and by 9 March sent the draft consolidated report to the HC/RC for his review.

The inputs provided by recipient agencies to consolidate the report were discussed and prepared in close collaboration with specific sector members and implementing partners.

II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

All UN recipient agencies: WFP, FAO, UNDP, UNICEF, UNFPA, WHO, IOM, UNHCR who were requested to provide inputs in close collaboration with their specific partners for each project. The list of additional partners include Swanyee Development Foundation, Solidarites International (SI), Adventist Development and Relief Agency (ADRA), Border Development Association (BDA), Danish

Refugee Council (DRC), Noble Compassionate Volunteer Group (NCV), Myanmar Enhancement to Empower Tribals (MEET), Social Vision Services (SVS), ACF, AVSI, Care, Consortium of Dutch NGO's the Netherlands (CDN), Myanmar Heart Development Organization (MHDO), LEAD, Wan-Lark Foundation, Myanmar Medical Association, Border Development Association (BDA).

V. ANALYSIS 1. FIRST UNDERFUNDED ROUND – Cyclone GIRI, South East, Chin State and an urgent polio vaccination campaign

1. *The humanitarian context*

Myanmar faces numerous humanitarian challenges, which are further aggravated by regular disasters both natural and man-made. The task of the humanitarian agencies operating in Myanmar is further complicated by a chronic lack of funding which does not support the easy prioritization of activities at the national level. CERF has been called upon for this first allocation to respond to no less than four underfunded emergencies. The prioritization process was not the result of a comprehensive strategy, and several discussions took place with the CERF secretariat to agree to fund four different "underfunded emergencies". The main issues concerned the inclusion of the polio campaign and of several projects in cyclone GIRI affected areas, the former usually being funded through regular funding mechanisms and the second had already received S$ 6,029,657 through a CERF rapid response allocation in December 2010. The strong call from UN partners, including donors in Myanmar, supported the inclusion of cyclone GIRI affected areas while the need for an urgent polio campaign beyond the regular programming due to the identification of additional cases was understood and agreed upon by CERF.

Cyclone Giri: On 22 October 2010, Cyclone Giri, reached category four (Saffir-Simpson scale) and heavily impacted Rakhine State on the western coast of Myanmar. The townships of Kyaukpyu, Myebon, Minbya and PaukTaw were the most affected by the storm, which caused severe damage to houses and infrastructure, including roads and bridges in coastal areas. At the height of the disaster, the Government confirmed at least 45 deaths, with over 100,000 people made homeless. Approximately 20,380 houses were destroyed, with a total of about 260,000 people, or 52,000 households, affected.

Partners in the field conducted initial rapid assessments and a web page dedicated to cyclone response was created on the Myanmar Information Management Unit (MIMU) website. The RC/HC and the Humanitarian Country Team (HCT) in Myanmar activated the cluster system for the response to Cyclone Giri on 5 November 2010.

The food security and livelihoods assessment carried out in Giri-affected areas in December 2010 by WFP and FAO, together with NGO partners, indicated 9 per cent of households are severely food insecure; 85 per cent of the sample was in debt; and that 681 embankments protecting nearly 70,000 acres of paddy fields, being cultivated by 11,000 farming households, were damaged. The survey concluded that while the food security situation had stabilised due to the emergency food assistance provided for three months, there was an urgent need to restore the production capacity of affected farmers.

The Emergency Shelter Cluster and its members completed a comprehensive joint shelter assessment in December 2010/January 2011. Critical findings from the completed Shelter Sector Field Assessment were as follows:

- Myebon was the most affected township with 97 per cent of all shelters affected and
- approximately 50 per cent of the houses were completely destroyed;
- two months after the cyclone, half of the sampled villages indicated more than 91 per cent of destroyed/severely damaged houses remained without rehabilitation.
- Houses that suffered little damage during the cyclone were found to be the ones that people have already repaired partially or fully.
- The houses that were completely destroyed or partially damaged remained without support, in the context that cross-cutting impact of livelihoods of people has also not recovered.
- As of January 2011 an estimated 104,000 people were homeless.
- For those households that have attempted to repair their dwellings themselves, the repair work was far below the minimum humanitarian standards. The poorest households (i.e. small scale farmers 11 per cent, fishermen 18 per cent, or landless labourers and casual workers 24 per cent[1]) used to have the worst

[1]Per cent age head of households with farmers, fishermen and casual laborers that have poor to borderline food security /consumption score and hence are classified as poorest households. Figures from Livelihoods Cluster presentation from Food Security and Livelihoods Joint Assessment, January 2011

shelters amongst the community prior to Giri, and then accounted for the majority of households whose homes were totally destroyed.

- Furthermore vulnerable groups such as women headed households, pregnant women, persons with disabilities, and those in remote and most inaccessible island villages required dedicated support.

In terms of critical community infrastructure, one of the devastating effects of cyclone Giri was the damage of farmer's embankments, which form the first line of defence from salty water intrusion of the many acres of paddy fields on which entire communities rely on for their food security. Overall estimated loss of rice production was 61 per cent compared to 2009 in the four affected townships. Monsoon paddy cultivation in 2011 was at risk due to severe embankment damage.

Rodent infestation and food insecurity: In 2008, a massive rodent infestation due to the bamboo flowering (a once-every-50-year phenomenon) affected Chin State. The rat infestation peaked in 2010, particularly in the southern area of the State. In September 2010, Solidarities International conducted a survey in Mindat and Kanpetlet in Chin State. The findings confirmed that the two townships continued to face a rodent infestation, which lead to widespread food insecurity. The damages varied between 90 per cent and 100 per cent for the main crops (maize, rice and millet). In October 2010, WFP and its partners carried out a food security assessment throughout Chin State. The results indicated that: 81 per cent of the households had an inadequate food consumption score. The major constraint was the infestation by rodents; and over 50 per cent of the households spent large portion of their expenditures on food. Both surveys confirmed the massive destruction of crops and stocks, and concluded that the food security situation was critical and affected households were in urgent need of food assistance.

Polio outbreak: With the exception of a small number of cases in 2006 and 2007, Myanmar has enjoyed polio-free status since February 2000. After a three year absence of polio cases, the active case-based surveillance system reported one acute flaccid paralysis case on 6 December 2010. The child was initially diagnosed as suspected Poliomyelitis (or polio) and subsequent stool specimens examined at National Health Laboratory Yangon and Global reference Laboratory, Mumbai, confirmed this case as VDPV type 2 (Vaccine derived polio virus, type 2). This initial case was followed by the detection of two more suspected polio cases in January 2011, one in the same township as the first case. The second case was detected in southern Mon State.

The occurrence of one case of polio in a previously polio free area is considered a public health emergency by WHO and requires a rapid and high quality response as an utmost priority, focusing on rapid immunization of all children under age 5 in communities at risk.

This VDPV outbreak was a public health emergency of international concern. It was important that the virus' spread be contained before it reached Myanmar's border areas, where immunization coverage is low, as this could have posed a serious threat to its polio-free neighbours. A large-scale immunization campaign was considered urgent to remove gaps in population immunity and halt VDPV transmission to surrounding areas.

Access to basic health services South-east Myanmar (Tanintharyi Region, Kayin State, Mon State) is an area of the country that has been most significantly affected by prolonged insurgency and insecurity, giving rise to acute vulnerabilities for the population, and a significant number of vulnerable people. The region is also characterized by poor basic services and severe constraints on humanitarian access to the affected populations. This has had a direct impact on the general health of these populations, who rank among the lowest in the country. For example, the 2010 Myanmar Health Statistics confirm only 6 medical doctors in Mon State and 7 medical doctors in Kayin State were available per 100,000 people (less than half of the already low national average of 17 per 100,000). Similarly, the hospital bed availability was far below the national average and the under-five mortality rates in Tanintharyi Division are double of that found in Mandalay or Yangon. According to the same publication, and confirmed by UNHCR surveys, the two main causes of morbidity are "infectious and parasitic diseases", "pregnancies and childbirth" with 20.5 per cent and 16.1 per cent of the cases respectively. UNHCR surveys in the operational area in the south-east indicate that 70 per cent of deliveries take place at home and 45 per cent happen without any assistance by

a trained Traditional Birth Attendant (TTBA) or midwife. Easily treatable diseases such as neonatal jaundice is the fourth largest cause of morbidity in health facilities and the seventh leading cause of recorded mortality of children aged 5 (Ministry of Health publication 2009). While health services in rural parts of southeast Myanmar are minimal at best, population movements have added considerable stress to the system and increased mortality rates, according to UNHCR internal assessments. High prevalence rates and above-average fatality rates for treatable diseases, such as malaria, low numbers of midwives and other medical staff are further indications of the neglect of the health services in the region, resulting in a high number of preventable deaths among the local, mainly rural population.

In addition to the sobering situation described in the three states and divisions of the southeast region, renewed fighting broke out along the border with Thailand around the November 2010 election, affecting thousands of communities and villages adding to the already 200,000 vulnerable individuals. A large number relocated to safer areas across the border and even more found refuge inside Myanmar.

Ongoing low-intensity conflicts in Mon State exacerbate human security, including health, in communities already affected by infectious diseases and poverty. This induces already vulnerable populations to move out of the line of fire to more secure areas where basic livelihood can be preserved. All these coping options imply displacement and additional risk to mobile people.

These vulnerable families are composed of men, women and children who have experienced livelihood vulnerability in their communities of origin and have moved to new locations to look for opportunities. These vulnerable people tend to live in “cluster communities” situated on the periphery of villages and in remote areas – sometimes situated near worksites. They are marginalized from accessing basic health services due to distance, lack of health-seeking behaviour, economic, and time impediments. While at increased vulnerability to ill health due to living and working conditions, they lack basic preventive health knowledge and behaviour such as hygiene and malaria prevention. Coming from other parts of Myanmar, they are not well integrated into society, and this further marginalizes them from accessing health services – partly due to negative attitudes towards them as outsiders.

2. ***Provide brief overview of CERF’s role in the country***

A series of discussions and consultation meetings were organised by OCHA. Lead agencies and representatives of the HCT (sectoral chairs and co-chairs including NGOs and the NGO liaison) were invited to CERF meetings during which the prioritisation was discussed and agreed upon based also on consultations between the partners and, in some cases, with the beneficiaries. For example WFP, together with its partners, carried out meetings with communities in Giri-affected areas to discuss their needs. All monitoring visits confirmed that embankments were the first priority throughout the affected townships. To restore the productive capacity of farmers by the monsoon season, the embankments, designed to protecting agricultural land from intrusions of salty water, were repaired through Food-for-Work projects. This allowed farmers to plant and cultivate new crops, thereby minimizing the risk of deterioration of their fragile food security situation and their already high level of indebtedness.

Partners were ensured that gender considerations were taken into account beyond the social circumstances that were already highlighted in the project justification. The Shelter Working Group noted in addition that, “*Women comprise more than half of the population particularly in this project intervention area where men are going out of home villages for better income but only limited number of men can support to family. Therefore, women’s empowerment was one of the important factors for the resilience of the community. In addition, women-headed families were listed as first priority for temporary shelter assistance. All implementing agencies maintained gender balance in forming Village Shelter Committee (VSC) so that the women also had the right to participate in the implementation project activities which in turn generated greater confidence in taking initiative*.”

The allocation of CERF funding also supported the mobilisation of additional funds, as donors see CERF prioritization as a guarantee. UNICEF has, for example, managed to secure the remainder of the required

funding from other donors to meet the overall requirements for the sub-national polio campaign. Nonetheless, the response of donors has not always been at the level required as Myanmar is in direct competition with other emergencies around the world.

3. ***What was accomplished with CERF funding***

Based on the analysis of the results achieved with CERF-funded activities, CERF funds allowed the Humanitarian Country Team to address a number of urgent issues in several areas of the country. The formulation of a comprehensive strategy, however, would have allowed for more focused interventions in a limited number of areas, which was the case for the second allocation of CERF funding. Nonetheless, the magnitude of the problems that Myanmar is facing renders the task of prioritising activities difficult. Further, the UN and its partners are regularly requested to provide support all over the country in response to small and to medium emergencies and deplete their emergency stocks - making it even more difficult to mobilise relief to respond to emerging issues.

Cyclone Giri: Rakhine State is one of the least developed parts of Myanmar, and suffers from several chronic and emergency challenges including high population density, malnutrition, low income poverty and weak infrastructure compounded by storms and flood. Rakhine State ranks second position in terms of overall poverty with 44 per cent as compare to national average of 25 per cent. While CERF funding provided additional support to address needs in the areas affected by cyclone GIRI, it is likely that the area will be affected again by similar events, during upcoming monsoon season, as it has been the case almost every year. The chronic poverty and isolation of some of the poorest people in the State call for sustained attention, while the root causes of the prevailing situation need to be addressed by the Government with the support of the humanitarian / development community.

Some of the key outcomes of the projects implemented with CERF funding include:

- A total of 301,449 ft length (91.9 km) of embankment (Myebon: 228650 ft, Minbya: 31435 ft and PaukTaw: 41364 ft) was renovated by UNDP in 40 villages benefitting 3,473 affected farming families (i.e. 20,838 people: 10,623 Female and 10,215 Male) to protect and cultivate 15,727 acres (Myebon: 12,224 acres, Minbya: 833 acres and PaukTaw: 2,670 acres). The total length of the embankment renovated far exceeded the target i.e. 91.9 km of embankment repaired as against the plan of 15 km. The target of repairing the 15 km of embankment was set measuring the actual damaged part of the embankment. However, while repairing the embankment, some minor repair and topping-up to the height of embankment was also done here and there, covering the entire length of the embankment of 91.88 km (301,449 ft). As envisaged in the proposal, small tools such as 400 chopping hoes, 400 sharp knives, 400 shovels and 400 baskets were bought and used for embankment repair. A total of 10 model houses were built by the carpenters during their on-the-job trainings and these houses were transferred to the most vulnerable beneficiaries.

The provision of shelter packages to 2,250 households (11,796 beneficiaries) and the training of 50 community carpenters in disaster resilient construction techniques. Three hundred and seventeen (317) carpenters were trained in disaster resilient shelter construction and retrofitting through carpenter trainings provided by UN-HABITAT. Carpenters were provided with IEC materials and carpenter toolkit boxes to implement the project and further uses.

- At least 14,600 beneficiaries received food assistance from WFP for a period of two months.
- FAO reported that a total of 18,886 beneficiaries were reached by the project which exceeds the initial target of 18,240 people. One hundred and four MT of rice seeds, 130 MT of urea, 65 MT of triple super phosphate (TSP), and MT 32.5 of Muriate of Potash (MoP) were distributed to 1,300 households for monsoon rice production, allowing for the restoration of the production of the most important cereal crop and increasing its local availability. According to the result of FAO's monitoring and evaluation assessment, the average yield was close to 2 MT/ha (which equals the pre-Giri production levels), with an increase of 0.9 MT/ha when compared to the previous year (2010). It is estimated that 3,157 Mt of paddy was produced. Some additional 2,500 households received a kit composed of six different types of vegetables in addition to one bottle of 250 ml of Neem bio-pesticide. The allocation allowed for the establishment of 2,500 vegetable gardens producing vitamin and mineral rich vegetables for improved

dietary intake. Seventy-five farmers were also randomly selected from the landless and smallholder farmers who received vegetable seeds and bio-pesticides. All 75 beneficiaries planted vegetables seeds with good production levels. The produce was mainly used for home consumption and a small surplus was sold in local markets generating cash. Farmers reported to have earned from Kyats 15,000 to 20,000 (equivalent to $25).

- The support given for the production of crops avoided the loss of two consecutive seasons which would have further rendered the population food insecure and susceptible to increased indebtedness.
- A total of 5,421 women and men received sexual and reproductive health services. CERF funding has been used to operate static and mobile clinics to cover 45 villages in Rathedaung and southern Buthidaung townships. Antenatal care, post-natal care, referral of high-risk pregnancy, provision of birth spacing services and essential kits were provided to affected communities. Patients affected by sexually transmitted infections and complications linked to abortions were also supported for treatment and care.

Among the most notable impediments to the implementation, some recipient agencies noted the following:

Access

- INGOs were permitted by the authorities to travel in the field for only 10 days in every three weeks. A request had to be submitted to the authorities three weeks in advance to get a Travel Authorization (TA) for a maximum of 10 days. However, Local NGOs and national staff based at Sittwe enabled project activities to run without any major hindrance.

Logistics

- Travel distances are long, and rivers and sea channels are not always passable. At low tide, the access to most of the target villages was uneasy, especially where village jetties were in very poor condition. The long travel distances had a negative impact on the project implementation schedule.

Weather

- Early monsoon, strong wind, and heavy rain increased implementation challenges. In the coastal areas of Rakhine, the weather changes fast and sometimes unpredictable especially during monsoon.

Shelter material

- The shelter projects encountered difficulties due to lack of shelter materials and transportation constraints. Consequently, shelter materials had to be purchased from other areas, which resulted in high transportation cost, and took time.
- In some cases, due to the scale of purchases, more complex administrative and logistical procedures had to be followed, which took additional time.
- The availability of wood and bamboo mats was a problem even though these items used for this kind of shelter are abundant in this part of the country. The partners involved in shelter construction ordered the items at the same time thus decreasing the availability of material, provoking price increases. A challenge was also linked to the capacity of the suppliers to provide the requested quantities in a short timeframe. A significant boat fleet was necessary to carry the needed quantity of bamboo items, nails and pillars with the correct number of kits to each village, despite weather and tide constraints.

Rodent infestation and food insecurity

Chronic poverty and food insecurity have been major humanitarian concerns in Chin State. According to the 2009-2010 UNDP Integrated Household Living Conditions Survey (IHLCA) in Myanmar, Chin State has the highest poverty and food poverty[2] rates at 73 per cent and 25 per cent, respectively, compared to the country average of 29 per cent and 5.6 per cent. Chin State is highly vulnerable to disasters, particularly landslides, due to its hilly and mountainous terrain, interspersed with deep valleys and loose soil. The bad condition of the roads is a further impediment to the implementation of projects or the organization of emergency response. The situation in Chin State is likely to persist for the foreseeable future.

Some of the key outcomes of the projects implemented with CERF funding include:

- Protection of crops from rat infestation in 94 villages which helped 2,382 farmers ensure food production;

[2] 'Food poverty' line represents a level of extreme hardship, corresponding to the amount required to meet caloric requirements assuming that all household income is spent on food.

- Restoration of a total 7,670 feet of irrigation canals that benefited 412 household in 17 villages for land improvement;
- Restoration of 173.03 acres of paddy fields for 284 households in 21 villages;
- Food assistance was provided by WFP and production capacity restored for 13,000 farmers.

Polio outbreak

In order to prevent the loss of lives and the incidence of paralysis, UNICEF and WHO, in close partnership with the Department of Health, local authorities and NGOs, organized a sub-national polio campaign in 11 States and Regions deemed at risk. The planning and organization of the campaign suffered some delays as it coincided with the formation of the new Government. However, once the Government was sworn in on 30 March 2011, the crucial timing of the campaign was recognized. The already secured funding (partially through CERF) further encouraged the Government to approve the implementation as a priority.

The objective of this activity was to contain the outbreak of polio through immunization of 3.34 million children. As noted above in section II, the target was revised down to 2,925,700 based on more realistic head-count. Of this total, 2,875,625 (98.3 per cent) were immunized. Intensified surveillance after the campaign did not reveal any more wild virus or VDPV cases, indicating the effectiveness of the intervention. One of the objectives of this activity was also to reduce the risk of exportation of the polio virus to neighbouring countries. China reported an outbreak of poliomyelitis (wild virus) in 2011, but the virus originated in Pakistan.

With CERF funding, one-third of the required doses of OPV vaccine could be procured at an early preparatory stage. CERF and other funding allowed for 6,408 immunization teams (Basic Health Staff and two volunteers) and to carry out the campaign in 126 townships. On average, each team covered 547 children. Extra teams were formed with local volunteers to cover children in remote and in conflict-affected areas. Altogether, the activities were supervised by 1,619 people, including health assistants (HA), township health nurses (THN) and lady health visitors (LHV), from the public health system. The actual campaign was preceded by the training of 6,408 Basic Health Staff and 1,906 supervisors for proper planning, conduct, mobilisation, monitoring and reporting. The campaign also involved a cascade of central, state and township level advocacy meetings involving government officials, local partners and media. Communication materials (including 1,200 advocacy packages; 24 billboards; 710 streets banners; 40,000 stickers, and; 47,640 posters) were disseminated to prompt public awareness and media coverage.

Access to basic health services

The support provided by CERF allowed UNHCR to support the provision of basic primary health care for the rural population, with a special emphasis on high maternal and infant death. The essential supplies and equipment provided to Community Health Care Centres (CHCC) and RHSCs enhanced the life-saving capacity of these facilities. To reduce maternal/child health risks, emergency obstetric supplies, clean delivery kits and mosquito nets were procured and supplied through RHSCs targeted by this intervention.

UNHCR reported the following key outcomes of the projects:

- Provision of kits containing emergency surgical tools and basic medical equipment, including for comprehensive obstetrical care, to 24 Community Health Care Centres (CHCC) serving communities affected by conflict;
- Procure and distribute kits containing life-saving basic medical equipment to 20 Rural Health Sub Centres serving Communities affected by conflict, including basic emergency obstetric care (BEMOC);
- Procure and distribute 6,285 Enhanced Clean Delivery and Midwifery Kits through 20 RHSC to improve reproductive health care for women;
- Procure and distribute mosquito nets to 6,500 families (2 nets per family) to reduce malaria morbidity and mortality.

IOM reported that in addition to improving the health standing of vulnerable populations in targeted communities through direct service provision and emergency referrals, the project has succeeded in raising awareness of community members on priority health concerns. During the reporting period, IOM outreach health workers facilitated group discussions on emergency treatment, prevention of communicable diseases, reproductive health (including family planning), immunization, and nutrition. They encouraged communities to

address their own health problems. Through this community-based approach, the project succeeded in linking vulnerable men, women, and children to a package of basic primary care, including reproductive health, maternal-child health, and diagnosis / treatment for malaria, tuberculosis, and other priority diseases. Services were either provided directly by IOM, through mobile health units, or access was facilitated to government basic health staff through referrals. A stronger patient referral network mechanism was recognised among project stakeholders in all targeted villages through VHV and OHW who served as a bridge between communities and the nearest Sub-rural Health Centre and Rural Health Centre. There primary health care services were offered by MOH basic health staff. Partners developed a patient referral guideline, through which IOM referred severe or complicated cases for treatment in hospitals. Persons seeking diagnosis and treatment were referred to IOM field staff for care, support, transport and supplementary food. IOM performed individual and group health education in "clusters" and host communities, and conducted large-scale community health awareness campaigns for the prevention of life-threatening communicable and infectious diseases. Mobile clinic visits were made to affected people's workplaces and their home communities to provide on-site treatment for a full range of primary health conditions. Regular home visits to patients to follow up on treatment and support referrals through village health volunteers, outreach health workers, and mobile clinic teams recruited and trained by the Department of Health and IOM were also carried out.

IOM's key project outcomes included:

- 20 health volunteers, 27 outreach health workers, and 4 mobile medical teams with twelve members (4 medical doctors, 4 nurses, and 4 health educators) recruited and trained;
- 178 vulnerable affected persons received life-saving support for referrals and support for emergency and medical management at basic health facilities and/or secondary/tertiary health facilities;
- 6,361 persons reached by community health education and promotion through 481 health education sessions and 853 one-on-one and group discussion sessions (total of 1,334 sessions);
- 5,019 consultations provided for health screening and treatment through mobile medical teams;
- 46 patients received followed-up home visits to ensure drug adherence and treatment success for malaria and other illnesses;
- 1,824 consultations for health screening, treatment and referral for diagnosis of communicable diseases such as : diarrhoeal diseases, acute respiratory tract Infection (ARI) or pneumonia, acute viral infections, measles, and other infectious diseases such as tuberculosis (TB), and HIV and other Sexually Transmitted Infections (STIs), and vector-borne diseases (e.g. malaria, dengue haemorrhagic fever (DHF) etc.);
- 783 mobility-affected women of reproductive age received counselling for family planning and services such as provision of condoms, contraceptive pills or injection, and referrals for introduction of Intra-Uterine Contraceptive Devices (IUCD);
- 43 women received and/or referred to antenatal care (in collaboration with IOM and government basic health staff).

The CERF contribution initiated this programme – primarily through procurement of medicine, the set-up of referral networks and treatment schemes targeting 23,500 persons throughout 2012. IOM has mobilised additional resources until January 2013, with negotiations underway for further expansion to assist vulnerable communities. The community cohorts and remaining medicines, supplies, and IEC materials will be utilised in ongoing activities. In order to achieve the sustainable improvement in the health status of pregnant and lactating women and children under age three living in marginalized "cluster" communities, IOM will collaborate with World Food Programme (WFP) to provide food assistance to 300 women and 1,500 children. Through this food assistance, incidence of malnutrition among targeted affected children under age three will be reduced.

Several impediments to the implementation of the projects were noted:

- Delayed start-up, human resource gaps, restricted access due to unusually severe monsoon and armed tensions/conflict, and a prolonged process of international procurement;
- IOM's project onset was delayed four months due to slow official approval processes related to changes in governmental structures and the new administration system in the post-election environment. To resolve access challenges, IOM collaborated with the DoH to facilitate 34 advocacy and coordination meetings at the State, township, and village level. Involved stakeholders included State Health Director, Public Health Officer, Maternal and Child Health Officer, Nutrition Officer; and at village level, outreach health workers, village health volunteers, and community leaders.

- IOM was only able to begin staff recruitment (including outreach health workers), advocate with village authorities, identify remote clusters of movement affected people, and recruit health volunteers in July 2011.
- Procurement processes also took longer than anticipated, and IOM therefore borrowed medicine and IEC materials from other IOM projects and partner agencies to temporarily fill the gap.

4. An analysis of the added value of CERF to the humanitarian response

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?
YES ☒NO ☐

The general agreement among the recipient agencies is that CERF funding did add value to the humanitarian response, as the allocation targeted underfunded emergencies i.e. where a lack of funding or a persistent situation calls for support.

The presence of agencies that have been well established in affected areas has also supported the rapid implementation of the proposed projects, though it was at times challenged due to a lack of clarity with government authorities who were adapting to the post-election environment. This resulted in some cases, in delays in procurement, staff deployments or training.

CERF did allow recipient agencies to jump-start activities whilst continuing efforts. In some cases, it proved difficult to convince donors to complement CERF funding. This could raise the question of how much those donors would need to be involved or committed to support such projects.

b) Did CERF funds help respond to time critical needs?
YES ☒NO ☐

CERF helped humanitarian partners respond to time-critical needs and supported the resolving or stabilisation of situations. The torrential rains in October and November 2010 caused flash floods in 94 villages in three townships in southern Chin State and destroyed agricultural infrastructure (such as lowland paddy fields, irrigation canals and footpaths and bridges). According to needs assessments, over 310 acres of paddy fields were damaged and more than 10,015 feet of canals were damaged, impacting food production. The situation was further exacerbated by the rat infestation during the 2010 harvest season, which caused an estimated paddy yield loss of 30 per cent. CERF funding was received in time to help control the impact of the rat infestation by providing rattraps well before the infestation started in late September. Renovation of the agricultural infrastructure (irrigation canals) and re-establishment of paddy fields in lowland areas will also increase the yield during the 2012 monsoon-planting season.

The implementation of projects linked to agriculture has also supported the creation of employment opportunities in time for the planting season, hence generating income. In areas where health projects were implemented, CERF contributed to mitigating the risks of illness and disease linked to reproductive and child health. Those interventions also strengthened the improve resilience of community systems.

Thanks to CERF funding, WFP was able to implement food assistance activities for communities hit by cyclone Giri in Rakhine State as well as those in Chin State affected by the rodent infestation. A total of 27,600 of the most vulnerable people were supported for two months to overcome a very critical food security situation. A timely and effective intervention helped cover the most urgent food needs, improving food-consumption for vulnerable farmers and their families, while restoring the production capacity.

c) Did CERF funds result in other funds being mobilized?
YES ☒NO ☐

The CERF allocations for underfunded emergencies usually attract the attention of the donors as it is a signal that humanitarian needs continue to persist beyond the acute phases of an emergency. It supports the

mobilisation of additional funding to cover the identified gaps though not always, as Myanmar continues to compete with other countries around the world.

As an illustration of the positive effect of CERF funding, the Shelter Working Group (SWG) has noted that the CERF UFE grant has triggered further attention by other donors and hence Norway and ECHO, covering remaining needs in Giri areas, provided an additional $5 million. For most of the NGOs that worked under the SWG umbrella to implement emergency shelter packages, funds cascaded received from UN-HABITAT acted as a matching fund in their appeals to ECHO. CERF UFE grants not only benefited 2,250 families to receive emergency shelter packages, but also acted as a catalyst to attract more funding. CERF-UFE allocation for SWG, has become the cornerstone of the Shelter Working Group's effort to help the those families who were forced to live on the ground in makeshift tents, or to double up with relatives or neighbours in crowded, squalid conditions, as their homes were either fully or partially destroyed by the Cyclone.

In the southeast, CERF funding has supported the mobilisation of nearly $1 million in additional funds to assist the highly vulnerable population covered by the IOM project. The support given to the sub-national campaign on polio has triggered additional funding from several donors who contributed together to match the total envelope needed for the response, thus helping UNICEF and WHO to fulfil their objectives.

In other cases, the support of CERF for an underfunded emergency did not result in the mobilisation of additional funding. UNHCR notes that the action for which CERF support was obtained was for a population, which has been of concern for a prolonged period, rather than for a newly developed or changing emergency situation. For this reason, donor support had been limited. Although donor interest in this area had significantly increased in view of a potential end to the armed conflict, CERF funds were vital to providing life-saving interventions to an underfunded emergency at the time. With the possibility of 2012 seeing an end to armed conflict in the project area, donor interest in health and other sectors may increase considerably, with the CERF funding having allowed the provision of some relief to the population in 2011.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ NO ☐

The need to agree on a coherent approach supported coordination, especially during the second UFE round. Such strategies contributed to more efficient use of funding and less redundancy.

The existence of coordination mechanisms at the central level and in the field has also contributed to better consultation and planning of activities implemented with CERF funding, avoiding duplications and addressing operational issues. For example, UNHCR and IOM implemented complementary primary health interventions that ensured coverage of critical needs in Mon state (covered by IOM), Kayin state (covered by UNHCR) and Tanintharyi Region (covered by UNHCR). These complementary primary health care actions by the two agencies ensured coverage of a critical portion of unmet humanitarian needs in the three States and regions that comprise the ongoing complex emergency in Myanmar’s critically affected southeast region.

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
UNDP 02 Real situation are explored and communities take full responsibility on their real need on restoration of agriculture infrastructure.	The community suggested to create a repair and maintenance fund by collecting some nominal amount from the users. UNDP will make sure that the fund is established and regular repair and maintenance of the renovated agricultural infrastructure is done by the communities	UNDP and Communities
Participatory feasibility study was jointly conducted by township project offices and local NGOs at the affected areas together with target communities.	Community capacity will be further strengthened and essential support will be provided by UNDP to conduct assessment and feasibility studies in the future.	UNDP (HQs,township) communities
UNDP 03 Unless embankments can be repaired on time, farmers will face a total loss of their farmland as rising tides during the monsoon season will destroy their paddy fields.	A repair and maintenance fund will be established at the community level by collecting some nominal amount from the users. UNDP will make sure that the Embankment Maintenance Committee uses the repair and maintenance fund for timely repair and maintenance of the embankment..	UNDP and Embankment Maintenance Committee
Project facilitated formation/strengthening of the Embankment Maintenance Committee.	Embankment Maintenance Committee renovated the parts of embankment which was damaged. Continuation of EMC activities.	UNDP and Embankment Maintenance Committee
By providing same labour cost to women and men for various types of work under cash-for-work initiatives, gender discrimination against is prevented.	Continue ensuring same labour wages among men and women	UNDP and Embankment renovation committee
UN-HABITAT Community involvement was difficult during the emergency phase. The impact of Giri left the community with bare hands; it caused less involvement in community development as they needed to concentrate on their livelihoods.	Ensure distribution of emergency shelter packages, as it allows victims to have more time for their daily livelihood.	UN-HABITAT Implementing Partners
In the intervention areas, waterways are the main transportation routes between villages. Travel distances are long, and rivers and sea channels are not always passable. At low tide, access to most of the target villages was uneasy, especially where village jetties were in poor condition. This long and difficult transportation had a negative impact on the project implementation schedule.	Cooperation and collaboration among partners shall be prioritised as in the case of renting boats and materials, so that all implementing partners can save time and cost to get the right qualities and quantities of the materials effectively and efficiently.	UN-HABITAT Implementing Partners
Communication challenges between people of different ethnic groups speaking different dialects and having different cultural backgrounds. However; implementing agencies had recruited local people during the implementation	Some locals should be recruited during implementation in order to resolve communication problems and cultural sensitivities as they are familiar with the local context.	UN-HABITAT Implementing Partners

Transparency is important during any CERF intervention to enhance partnership. Interventions must pave way for the recovery of affected communities	The emergency CERF shelter projects should not only deliver packages, but must be coupled with sufficient training and instruction of people in how to erect their shelters to make them last given recurring cyclones. The project documents submitted to OCHA by appealing UN agencies must be shared with HCT and other respected cluster members to enhance transparency and trust among the partners.	Agencies, HCT
UNICEF Poliomyelitis outbreaks, either through wild virus or from vaccine derived virus, demand an emergency response. The total campaign cost about $2 million and CERF provided the first contribution to the effort, assisting further resource mobilisation	The response to the outbreak should be swift and CERF funding will be sought as necessary in the future. However, efforts will focus on strengthening routine immunisation to avoid outbreaks. The outbreak in central Myanmar, not in far-flung remote areas, further stresses the need for stronger routine immunisation in all areas of the country.	UNICEF, WHO

VII. ANNEX I. First Underfunded Round – Cyclone GIRI, South East, Chin State and an urgent polio vaccination campaign

<table>
<tr><th colspan="6">WFP - FOOD SECURITY</th></tr>
<tr><td>CERF PROJECT NUMBER</td><td>11-WFP-013</td><td>Total Project Budget</td><td>$ 5,000,000</td><td rowspan="4"><table><tr><th>Beneficiaries</th><th>Targeted</th><th>Reached</th></tr><tr><td>Individuals</td><td>27,600</td><td>27,600</td></tr><tr><td>Female</td><td>15,180</td><td>15,180</td></tr><tr><td>Male</td><td>12,420</td><td>12,420</td></tr><tr><td>Total individuals (Female and male)</td><td>27,600</td><td>27,600</td></tr><tr><td>Of total, children under 5</td><td></td><td></td></tr><tr><td>TOTAL</td><td>27,600</td><td>27,600</td></tr></table></td><td rowspan="4">Gender Equity

Male 12,420 and d Female 15,180 participated in the activities.</td></tr>
<tr><td>PROJECT TITLE</td><td>Food assistance to populations affected by Cyclone Giri in Rakhine State and by rodent infestation in Chin State</td><td>Total Funding Received for Project</td><td>$ 4,425,615</td></tr>
<tr><td>STATUS OF CERF GRANT</td><td>Completed</td><td>Amount disbursed from CERF</td><td>$574,385</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="2">OBJECTIVES
AS STATED IN FINAL CERF PROPOSAL</td><td colspan="3">ACTUAL OUTCOMES</td><td>MONITORING AND EVALUATION MECHANISMS</td></tr>
<tr><td colspan="2">Meet the food needs of 14,600 targeted people affected by the rodent infestation in Southern Chin State for two months.

Improve the short-term food consumption of 13,000 vulnerable farmers and their families in Cyclone Giri-affected areas for 2 months.</td><td colspan="3">▪ 14,600 beneficiaries of emergency food assistance for two months.
▪ 285 MT of rice distributed to targeted relief beneficiaries.
▪ Food assistance provided (398 MT of Rice) and production capacity restored for 13,000 farmers.

Note: WFP used the average price for the local purchase of Rice $500 per metric ton for Rakhine State and Chin State in the proposal. The total amount of metric tons procured was decreased by 77 metric tons due to the price increase at the time of purchase. However, WFP managed to compensate with other contributions received for this operation, thus reaching the planned number of beneficiaries without any change in the food ration.</td><td>WFP and its partners used the standard monitoring tools to make sure that the intended beneficiaries receive their entitlements, carry out distributions or are present during distribution days, and undertake post-distribution monitoring.

Monitoring of the distribution was carried out based on WFP checklists.</td></tr>
</table>

FAO - AGRICULTURE

CERF PROJECT NUMBER	11-FAO-011	Total Project Budget	$ 7,850,000
PROJECT TITLE	Restoration of the production capacity of small farmers and vulnerable households in the most Cyclone Giri affected Township of Myebon	Total Funding Received for Project	$ 822,810
STATUS OF CERF GRANT	Completed (December 2011)	Amount disbursed from CERF	$ 367,451

Beneficiaries	Targeted	Reached
Individuals	18,240	18,886
Female	9,302	10,387
Male	8,938	8,499
Total individuals (Female and male)	18,240	18,886
Of total, children under 5	2,189	4,412
TOTAL	18,240	18,886

Gender Equity

Small farmers and landless labourers in Myebon Township in SRS. Women, girls, boys and men equally benefited from the outcome of the project as indicated in the previous table on distribution of beneficiaries.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL

To restore the rice paddy production capacity of small farmers and the vegetable production by landless labourers in the cyclone GIRI affected area of the Township of Myebon.

ACTUAL OUTCOMES

A total of 18,886 beneficiaries (or 3,800 households) were reached by the project. Such figure represents 104 per cent of the initial targeted beneficiaries (18,240 beneficiaries).

- One hundred and four MT of Rice seeds, 130 MT of Urea, 65 MT of Triple Super Phosphate (TSP), and MT 32.5 of Muriate of Potash (MoP) were distributed to 1,300 households for monsoon rice production allowing the restoration of the production of the most important cereal crop and increasing its local availability It is estimated that 3,157 Mt of paddy was produced.

- Some additional 2,500 households received a kit composed of 6 different types of vegetables in addition to 1 bottle of 250 ml of Neem bio-pesticide. Such allocation allowed the establishment of 2,500 vegetable gardens producing vitamin and mineral rich vegetables for improved dietary intake.

To Note: *According to the result of the FAO monitoring and evaluation assessment, the average yield was close to 2 MT/ha (which equals the pre-Giri production levels), with an increase of 0.9 MT/ha when compared to the previous year (2010).*

The vegetables yield also reached good levels, the produce was mainly used for home consumption, and a small surplus was sold in local markets generating cash. Farmers reported to have earned from Kyats 15,000 to 20,000 (equivalent to $25).

MONITORING AND EVALUATION MECHANISMS

The project staff carried out a post distribution assessment. Forty farmers were randomly selected from the beneficiaries who had received rice seeds and fertilizers. According to the results of the survey, all beneficiaries planted rice in due time and on an average area of 3 acres. All interviewed beneficiaries also used fertilizers. The farmers indicated that the germination rate of the rice seed was high.

Seventy-five farmers were also randomly selected from the landless and smallholder farmers who received vegetable seeds and pesticides.

UNDP - AGRICULTURE

CERF PROJECT NUMBER	11-UDP-002	Total Project Budget	$ 630,000
PROJECT TITLE	Restoration of agriculture infrastructures, affected by torrential rain and containment of crop pest (rat infestation) for food security in Southern Chin State	Total Funding Received for Project[3]	$ 360,000
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	$ 108,085

Beneficiaries	Targeted	Reached
Individuals	10,323	13,636
Female	5,201	6,711
Male	5,122	6,925
Total individuals (Female and male)	10,323	13,636
Of total, children under 5	3,011	3,011
TOTAL	10,323	13,636

Gender Equity

The project was able to maintain gender equality in terms of targeted beneficiaries.

A total of 6,711 (49 per cent) female population and 6,925 (51 per cent) male population including 3,011 children under 5 years were able to have increased access to nutritious food through this intervention.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL

Restoration of agriculture infrastructures, affected by torrential rain and containment of crop pest (rat infestation) for food security in Southern Chin State

ACTUAL OUTCOMES

- 147,790 bamboo mouse traps were produced by the 2,382 poor farmers from 94 villages which control the rat infestation in timely manner and food production is also increased.
- Restoration of a total 7,670 feet of irrigation canals were benefited 412 household from 17 villages for land improvement.
- 173.03 acres of damaged paddy field re-developed was benefited 284 households from 21 villages have improved food production.

To Note: *While developing the project proposal for CERF funding, an estimated 149,600 bamboo traps were planned to be produced and used by 1,640 farmers from 94 villages. However, after having a systematic assessment done in the area by subcontracted local NGOs, the actual needs of bamboo mousetraps decreased to 147,600 for 2,382 poor farmers in 94 villages. Similarly, an estimated 200.45 acres of paddy land were planned to be repaired in the project proposal. However, after conducting the detailed participatory need assessment a total of 173.03 acres of paddy field were repaired as needed.*

MONITORING AND EVALUATION MECHANISMS

The village based Community Development Facilitators (CDF) ensured the timely and quality implementation of activities through regular and frequent monitoring and facilitating the beneficiary communities throughout the implementation processes.

UNDP Myanmar adopted a results-based monitoring and evaluation (M&E) system which includes: i) Financial and Input Tracking, ii) Output and Activity Monitoring, iii) Outcome/Impact Assessment and iv)Learning and Beneficiary Feedback Mechanism.

Regular monitoring and evaluation was in place in line with the UNDP standard monitoring and evaluation framework. The Community Development Facilitators did field monitoring on regular basis and Technical Specialists from the UNDP Township Offices and reports were produced on monthly basis. LNGO took responsibility for assessment and monitoring and evaluation as sub-contracting while UNDP have comparative advantages of social mobilization and existing human resources in the target area to provide technical support along with field implementation.

UNDP - AGRICULTURE

CERF PROJECT NUMBER	11-UDP-003	Total Project Budget	$ 645,791
PROJECT TITLE	Protection of Food Security through the Repair of Community Embankments in Villages Most Affected by Cyclone Giri.	Total Funding Received for Project	$ 352,321
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	$ 227,140

Beneficiaries	Targeted	Reached
Individuals	40,265	43,776
Female	21,677	22,643
Male	18,588	21,133
Total individuals (Female and male)	40,265	43,776
Of total, children under 5	5,033	5,472
TOTAL	40,265	43,776

Gender Equity

Both women and men participated in the Village Recovery Committee and embankment renovation work. Women were also involved in selecting the beneficiaries (farmers), cash-for-work (51 per cent) as well as in purchasing the small tools.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
To protect and ensure food security of vulnerable local communities in most cyclone Giri affected villages through the repair of community embankments, which is a necessary pre-condition for restoring the agricultural production capacity.	Food security of 40 most Giri affected villages protected through: ▪ 15,725 acres of paddy field (Myebon: 12,224 acres, Minbya: 833 acres and PaukTaw: 2,670 acres) protected from salt-water intrusion in 40 targeted villages. ▪ 3,473 (i.e. 20,838 people: 10,623 Female and 10,215 Male) affected farming families (Myebon: 2754, Minbya: 192 and PaukTaw: 527 households) were able to resume agricultural production thereby contributingto the food security of all 8,109 households / 40,265 people of the 40 target villages.	The Technical Specialist (Engineer) and village based Community Development Facilitators (CDFs) ensured the timely and quality implementation of the activity. Project facilitated formation and strengthening of Embankment Renovation and Maintenance Committee. These committee members managed all the steps of embankment renovation activity according to facilitation and guideline from project staffs. For cash disbursement to labour contributing households, Embankment Renovation Committee members delivered cash to these households in front of project staffs. The process was done according to cash-for-work principle and format. In Pauk Taw, Swanyee Development Foundation implemented the activity and project staffs monitored the completion status of renovated embankment and reported to Township UNDP office, after that, project recommended to disburse cash to SDF. Project staffs also monitored the cash disbursement of SDF to beneficiary households. Implementation progress was reported by the respective township staff.

UNICEF- HEALTH

CERF PROJECT NUMBER	11-CEF-011	Total Project Budget	$,040,000
PROJECT TITLE	Rapid response for Polio outbreak	Total Funding Received for Project	$,010,731
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	$ 368,585

Beneficiaries	Targeted	Reached
Individuals	2,925,700	2,875,625
Female		
Male		
Total individuals (Female and male)	2,925,700	2,875,625
Of total, children under 5	2,925,700	2,875,625
TOTAL	2,925,700	2,875,625

To Note: *The targeted population proposed for CERF funding (1,035,000) represented a third of the total population that would need to be covered (3,340,000). As the campaign was well funded and the total population in need of coverage revised downward, the table shows the actual, not the projected figures.*

Gender Equity

The project aimed to reach all under-five children, irrespective of gender.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL

To contain the outbreak of polio by emergency immunization of 3.34 million children under five years of age at risk

To reduce risk of exportation to neighbouring countries

ACTUAL OUTCOMES

- 2,875,625, or 98.3 per cent of all targeted children under-five were immunised against polio. At the time of the final proposal, the targeted number of beneficiaries (3,340.000) was based on population growth assumptions against the last census of 1983. Subsequently, the target under-five population was revised downwards to 2,925,700, which was considered a more realistic figure based on head count.
- China reported in 2011 outbreak of poliomyelitis with wild virus, related to Pakistan origin.

MONITORING AND EVALUATION MECHANISMS

Activities were monitored by 84 central and state/regional level departments of health staff together with TMO from each township. Teams were instructed to report immediately if there was any adverse event following immunization (AEFI). Township-wise final written reports were sent to respective state/regional levels and CEPI three days after completing the campaign.

Independent monitoring of implementation as well as rapid assessment of coverage rates in selected hard- to-reach townships and some mobile populations were carried out by UNICEF and WHO staff. In total, 38 UNICEF and WHO staff monitored 262 immunization posts in 48 townships and conducted household survey of 1,560 houses in 45 townships during the first round. Findings were discussed in a review meeting, in which it was agreed to increase the budget for transportation and ice to better support the campaign in the hard-to-reach areas in selected townships. In the second round, UN staff monitored 87 posts in 20 townships and conducted 1,006 house-to-house visits in 17 townships.

Disease surveillance was intensified with WHO guidance and funding.

UNHCR - HEALTH

CERF PROJECT NUMBER	11-HCR-008	Total Project Budget	$ 2,200,000
PROJECT TITLE	Provision of basic health services in south-eastern Myanmar	Total Funding Received for Project	$ 1,332,296 (The figure includes US$ 754,500 mobilised internally by UNHCR)
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	$ 577,796

Beneficiaries	Targeted	Reached
Individuals	290,000	290,000
Female	154,000	154,000
Male	136,000	136,000
Total individuals (Female and male)	290,000	290,000
Of total, children under 5	165,000	165,000
TOTAL	290,000	290,000

Gender Equity

The beneficiaries of this individual project include a somewhat higher component of women as a large part of the activities and supplies there under (e.g. enhanced clean delivery kits, emergency obstetric supplies and equipment) targeted provision of maternal/child health care. Hence, mothers and children under one are relatively over-represented.

However, men and boys and the general population also benefited as the medical/surgical supplies and equipment was designed to cover all-round healthcare/surgical needs.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL

Reduce the overall mortality in rural, conflict-affected areas through the provision of basic health care through CHCC and smaller RHSCs.

Reduce maternal and neonatal mortality through provision of improved (reproductive) health care.

ACTUAL OUTCOMES

- 960 villages with about 240,000 individuals enjoy improved medical faculties through 24 CHCC, reducing mortality rates. The provision of kits of emergency surgical tools and basic medical equipment, incl. for comprehensive obstetrical care, to 24 Community Health Care Centres (CHCC) serving communities affected by conflict is assumed to have led to reduced mortality. No impact evaluation could be conducted due to the insecurity of the area and lack of governmental permissions for such activity.
- 100 villages with about 50,000 individuals enjoy improved medical faculties through 20 RHSC, reducing mortality rates. The procurement and distribution of kits of life saving basic medical equipment to 20 Rural Health Sub Centres serving Communities affected by conflict incl. basic emergency obstetric care (BEMOC) conflict improved available health services (since previously no such materials/equipment had been available) and is assumed to have led to reduced mortality. No impact evaluation could be conducted due to the insecurity of the area and lack of governmental permissions for such activity.
- 6,000 births will be assisted by skilled health personnel with this project leading to a substantially lower mortality rate. With 6,285 Enhanced Clean Delivery and Midwife Kits having been [procured and distributed through 20 RHSC reproductive (maternal) health care for women has been improved and over 6,000 births assisted. Given the improved hygiene made possible through these kits, maternal/neonatal mortality is thus assumed to have been reduced. No impact evaluation could be conducted due to the insecurity of the area and lack of governmental permissions for such activity.
- 8,000 families have received mosquito nets (WHO recommend LLITN). The actual number of nets procured and distributed was somewhat lower than planned, with 6,500 families having received 2 nets per family.

MONITORING AND EVALUATION MECHANISMS

This project was directly implemented by UNHCR, relying on implementing partner Myanmar Red Cross only to conduct the physical transport of the supplies/equipment procured to the health facilities designated. UNHCR Field Staff and Community Facilitators (CFs) had selected facilities and locations in greatest need to ensure no duplication of efforts would occur. Monitoring of distributions at the recipient institution location was carried out by national UNHCR field staff/CFs in the course of regular project monitoring missions. Locations that could not, due to temporary security restrictions, be reached by Field Unit staff were visited by resident CFs based in the respective townships where distributions were made. Regular monitoring reports were provided through the Field Units to UNHCR Yangon.

As a result of the difficulties accessing these relatively remote locations, including due to insecurity in the face of ongoing low-intensity conflict and the lack of governmental permission for such activity, no evaluation of the public health impact (e.g. mortality) could be conducted.

IOM - HEALTH

CERF PROJECT NUMBER	11-IOM-010	Total Project Budge	$ 2,100,000
PROJECT TITLE	Provision of Lifesaving Primary, Maternal & Child Health Care and Disease Prevention/Control Measures among Movement-affected Populations in South-East Myanmar	Total Funding Received for Project	$ 1,347,612
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	$ 269,714

Beneficiaries	Targeted	Reached
Individuals	23,500	12,206
Female	12,000	8,568
Male	11,500	3,638
Total individuals (Female and male)	23,500	12,206
Of total, children under 5	2,900	1,101
TOTAL	23,500	12,206

To Note: *The target of 23,500 was erroneously inserted. The CERF contribution initiated this programme – primarily through procurement of medicine, the set-up of referral networks and treatment schemes. Within the scope of the larger programme, IOM (with CERF funding) effectively reached 12,206 persons and will continue to contribute towards the overall programme beneficiary target of 23,500 persons throughout 2012.*

Gender Equity

Women benefited from access to antenatal care and reproductive health services. Majority of VHV and OHW are female and thus able to directly address health issues pertinent to women. Children were able to benefit from growth monitoring and promotion, as well as referral for immunizations. All populations benefited from disease control and prevention measures.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
To reduce incidence of preventable and endemic life-threatening communicable diseases through effective prevention interventions.	Health volunteers and outreach health workers will be trained and re-trained *Indicators:* ▪ Number of trainings conducted for each group of health personnel ▪ monitoring and evaluation 1 OHW training; 1 VHV training; 1 training for four mobile teams ▪ Improved level of knowledge and skills among trained personnel To be captured in end line assessment o Level of involvement of trained personnel in project implementation o All trainees directly involved as front-line staff in providing health services to beneficiaries Community health referral system established, functioning, and strengthened *Indicators:* ▪ Number and type of health personnel recruited ▪ Four mobile teams recruited (4 physicians, 4 nurses, 4 health educators) ▪ 27 Outreach Health Workers and 20 Village Health Volunteers recruited ▪ Community health referral system established, functioning, and strengthened o Referral system is well established, functioning, and receiving ongoing support through project o Number and type of stakeholders and role-layers involved in the network o 110 stakeholders at state (4), township (30), and village (76) levels o Comprises state and township health staff, basic health staff, VHV, OHW, and 29 village leaders	Monitoring mechanism included weekly staff meetings, monthly team planning and review meetings, visits to programme sites by IOM field managers and Yangon management level, regular ad-hoc meetings with government counterparts Project data capture tools and database developed, staff trained on it, and the system regularly reviewed including through monthly data validation processes. Baseline surveys undertaken at project onset, with end line survey planned in January 2013
To reduce mortality caused by preventable and endemic life-threatening communicable diseases through active case finding and improved quality diagnosis and effective care and treatment.	Approximately 23,000 displacement- and movement-affected people to receive health education for disease prevention *Indictors:* ▪ Number of health education sessions and campaigns conducted and number of participants o 481 group discussions and 853 one-to-one consultations performed, reaching 6,361 and 978 persons respectively	

	▪ Improved levels of knowledge / awareness among target groups on various health topics o 338,500 pamphlets and 6,950 posters produced on various topics for trainings and promotion. Impact indicators to be captured through end line assessment ▪ Increased number of persons in target population adopts sound hygiene practices o Impact indicators to be captured through end line assessment	
To build the capacity of displacement- and movement-affected people in self- and community healthcare, as well as to enhance the capacity of health staff and local communities hosting displacement- and movement-affected people to better manage health programmes.	Approximately 23,000 movement affected people will receive health screening and consultation for primary health care concerns *Indicators:* ▪ Number of mobile clinic visits conducted to target villages o 168 mobile clinic visits conducted to target villages. ▪ Number of persons receiving services (disaggregated) o 4,288 of patients received medical consultations (See Annex 4 for disaggregating) ▪ Increased access to health care at network government health facilities and other service points o 178 patients referred to primary, secondary, or tertiary health care centres All displacement- and movement-affected people who need follow-up treatment and consultation will receive regular home visits *Indicators:* ▪ Number of home visits conducted by OHW and volunteers (disaggregated) o 53 patients: Under-fives: 4 Males, 1 Female; Adults: 17 Males, 31 Female (See Annex for disaggregating)	
To reduce the mortality of children aged under-5 through improving knowledge and practice of proper child-bearing among mothers and other caretakers, including immunization, child growth monitoring and nutrition, etc.	Approximately 23,000 movement affected people, including mothers and children under five, will receive health diagnosis for communicable diseases *Indicators:* ▪ Number of persons receiving diagnosis, treatment, care and/or referral for diseases (disaggregated) o 1,824 patients diagnosed and received treatment, care and/or referral services related to communicable diseases (See Annex V for disaggregating). Approximately 5,000 movement-affected women of reproductive age will receive appropriate counselling and family planning service *Indicators:* ▪ Number of women in target communities that have received education and counselling on RH o 783 women received education and counselling on reproductive health ▪ Increased knowledge and rate of use of contraceptive use among target women o Increase in knowledge and use of contraceptives to be measured in assessment	
To reduce high rates of maternal, foetal, and infant mortalities due to unplanned pregnancy and/or unsafe delivery.	Approximately 200 movement-affected mothers will receive appropriate pre- and post-natal care *Indicators:* ▪ Increased knowledge among mothers on prenatal care and sound child-bearing practices o To be captured in end line assessment ▪ Increased proportion of mothers among the target communities that have received full course of ante- and post-natal care o 498 mothers received full course of pre- and post-natal care ▪ Increased proportion of mothers among target communities that have received support for safe delivery, either directly or through referral o 43 mothers received support for safe delivery	

UNHABITAT - SHELTER

CERF PROJECT NUMBER	11-HAB-002	Total Project Budget	$7,000,000
PROJECT TITLE	Emergency Shelter Support for Homeless and Vulnerable Populations in Giri Affected Areas	Total Funding Received for Project	$6,531,123
STATUS OF CERF GRANT		Amount disbursed from CERF	$ 499,904

Beneficiaries	Targeted	Reached
Individuals	11,475	11,796
Female	5,755	6,015
Male	5720	5,754
Total individuals (Female and male)	11,475 (2,250 families)	11,796 (2,250 families)
Of total, children under 5	1,607	1,651
TOTAL	11,475	11,796

Gender Equity

Under the scope of its intervention, the project gave equal attention to involvement and empowerment of local women in target areas of selected villages. Women went through rigorous discussion with male shelter committee members before finalizing selection of beneficiaries and common activities for their villages. Myanmar culture does not segregate women from discussion, decision-making and community development participation. Women community facilitators played key roles in empowering and involving local women in different activities of the project in the field.

After the initiation of the project, more women were found openly attending the meetings, and on many occasions, women were seen taking the lead and even presenting their cases in front of male-dominated large gatherings.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL

Provision of the relevant type of emergency shelter support needed, based on needs and damage assessment on the ground, to 2,250 families in Myebon Township classified as most-vulnerable as per identified beneficiary criteria, before July 2011.

ACTUAL OUTCOMES

- 2,250 families in Myebon Township classified as most-vulnerable provided with materials packages that allowed to repair their shelters
- 317 carpenters trained in disaster resilient shelter construction and retrofitting through carpentry by UN-HABITAT. Carpenters were provided with IEC materials and carpenter toolkit boxes to implement the project and further uses.
- 276 (87 per cent) community carpenters were members of beneficiary families (2,250); remaining 41 (13 per cent) community carpenters were from families that did not receive any shelter support.

MONITORING AND EVALUATION MECHANISMS

UN-HABITAT also adopted the modality of monitoring system in which field coordinator and project engineers in collaboration with staff from implementing partners conducted regularly inspection visits during implementation. Based upon findings, monthly coordination meeting was held at township level and progress status was updated to respective agencies as well as UN-HABITAT. Field coordinator and project engineers developed a practice of meeting all shelter committees' chairpersons and discussing the activities and progress of the project on the ground. In addition to this, frequent monitoring visits were also made by Yangon Office based staffs.

Communities were too responsible for monitoring the progress of the project activities with the support of UN-HABITAT and implementing partners technical staff. Joint monitoring committees (which included shelter communities, UN-HABITAT and IP, and community members) were also formed to supervise and monitor project activities, which were implemented in different villages. Meetings of the local

		level monitoring committees took place at regular intervals in all target villages which helped them to keep track of the quality and quantity of progress on the ground. Simple and systematic formats were used to organize project reporting and monitoring activities throughout the project period, each Implementing Partner submitted monthly reports to UN-HABITAT as per agreed in contract, however verbal reports were provided by each at the weekly meeting of SWG. Both manual filing and computer based data storage system were used for the documentation purpose of these reporting formats. In Yangon the monthly reports were used to track the progress in the field and to compare the work progress between the target villages. The reporting format was designed to provide comprehensive information on the overall progress in the field. The information gathered has been storage at UN-HABITAT's data base. It was mentioned in the project proposal that in order to avoid conflict of interest, two organizations that were not implementing partners but which are members of the Shelter Cluster would fulfil monitoring and evaluation functions. This was not possible since there were no other organizations than the Implementing Partners working in the area, and to bring those to the target villages would have implied transportation and accommodation. The project fund was limited to shelter packages, in addition to training and toolkits and others that UN-HABITAT cost shared an extra amount of $31,219.36 had to be used as matching fund, although the project had an approved budget for monitoring travel expenses (transportation from Yangon to Sitwee/Sitwee to villages) for two NOT implementing organizations members of SWG, UN-HABITAT and implementing partners had to cover expenses from their own resources due to the difference caused by exchange rate fluctuation.

V. ANALYSIS 2– Second Underfunded Round - RAKHINE STATE

1. *The humanitarian context*

Rakhine State borders Bangladesh and is separated from the rest of the country by mountains and rivers. Of the population of 940,000 in the northern part of the state (northern Rakhine State) about 85 per cent is Muslim, and most of them are 'stateless'. Rakhine State is one of the least developed parts of Myanmar, and suffers from high population density, malnutrition, low-income poverty and poor infrastructure. NRS ranks below the national averages in most demographic and socio-economic indicators. The area is also prone to natural disasters where floods, cyclones and mudslides block access to towns and villages and pose serious challenges to an already vulnerable population during at least six months every year. Two significant disasters in 2010[3] further worsened the situation in the area causing considerable damage to life, livelihoods and physical infrastructure. Those two emergencies prompted international response across several sectors. Despite the concerted efforts of humanitarian agencies over the last decade, the nutrition situation of women and children remains critical. The combination of poor food security, sanitary conditions, infant and child care practices and weak health services remain fundamental in the continuation of this precarious situation.

With regards to sectors, the Myanmar Humanitarian Country Team (HCT) agreed that priority should be given to a) food and food security; b) nutrition; c) health. While other sectors such as protection and WASH indicated that the situation of stateless people remains of concern, they agreed on giving priority to other sectors. The result was a comprehensive strategy that was approved by the Emergency Relief Coordinator.

The recipient agencies and their partners (local, international and government authorities in some cases) undertook a series of comprehensive assessments for the past several months. Access to recent data is a recurrent issue in Myanmar where assessments carried out with the Government have to receive clearance and the results need to be endorsed by the authorities hence rendering access to updated figures more difficult.

The following recent assessments are referred to by the respective sectors / specialised agencies:

Food and food security
- Food security assessment conducted in October 2010 by WFP and partners;
- Food basket bulletin covering the period January to March 2011;
- Food survey of February 2011;
- Nutrition Survey 2010 conducted by UNHCR and UNICEF.

Health
- Myanmar Health Statistics of 2010 (Government data).

Nutrition
- Assessment of ACF on malnutrition (2010-2011).

A number of additional statistics and indicators derive from project implementation monitoring practices and are not necessarily the result of a comprehensive inter-agency assessment though partners recognise their validity.

Food and food security

Access to food is a year-round problem, particularly during the lean season (July-September), when malnutrition and food insecurity are at their highest level of the year and food stocks are at their lowest, and populations are using extreme coping mechanisms. The deterioration in the food security situation during the lean season worsens the already critical living conditions of the populations. It is also to be noted that chronic food insecurity has been one of the major factors contributing to instability of NRS in recent years.

[3] June 2010 flood and mudslides in Northern Rakhine and October 2010 cyclone Giri in eastern Rakhine.

According to the 2010 Integrated Household Living Conditions Assessment (IHLCA) report, Rakhine State has the second highest poverty index within Myanmar (44 per cent compared to 25 per cent countrywide). The October food security assessment in NRS led by WFP in close partnership with CARE, FAO, UNHCR, and UNHCR-CSSEP indicates that the food security situation has worsened since 2009[4] due to a decrease in food consumption and an increase in share of food expenditure. Furthermore, the January-March 2011 Food Basket Bulletin indicates a further deterioration of food security during the first quarter of 2011 in parts of NRS due to a decrease in wage rates and the number of employable days and an increase of price for some food commodities.[5] A June 2008 assessment in NRS indicates that less than 30 per cent of households rely on markets to access food[6] and some ethnic groups are more impacted than others as their ability to access market areas is impacted by movement restrictions. However, contrary to the past, food insecurity does not only affect the 'stateless' as poverty is becoming a more widespread phenomenon due to limited employment, high indebtedness and food insecurity, combined with natural disasters and poor access to services. Most of the population is landless and relies on daily labour, fishing, or subsistence farming on leased land. In NRS over 90 per cent of the population is dependent, either directly or indirectly on farming for its survival. Currently, the region is experiencing a food deficit, including 20 per cent for rice, the main staple food, and 70 per cent for cooking oil (mustard). Other food grains like peas and beans are no exception[7]. The existing pressure on land is further compounded by high birth rates and the vicious circle generated by increased food deficit and population pressure could further affect social stability. Increasing production per land unit could increase local food availability and enhance sustainability of return to this area.

Across Rakhine State, livestock rearing and fishing are significant sources of income, contribute to food security and are an important economic safety net for the landless and most vulnerable households. In northern Rakhine, goats and poultry are the preferred livestock, including because of cultural factors and because of the immediate availability of products such as eggs and goat milk. In eastern Rakhine, poultry is the preferred livestock, whilst 10 per cent to 27 per cent of households are engaged in fishery activities. Floods and cyclones in 2010 resulted in significant losses of livestock and fishery based assets.

Nutrition

Food insecurity is directly linked to the poor nutritional status of the population, and there are indications that – here again, the situation is worsening. The 2009 FAO/WFP crop and food security assessment indicates that 25 per cent of the population in NRS suffered from global acute malnutrition (GAM), 61 per cent of children under five years of age in NRS were moderately underweight (59 per cent in rural areas and 80 per cent in urban areas) and 27 per cent were severely underweight (10 per cent in rural and 41 per cent in urban areas). Current MoH/UNICEF nutrition surveillance statistics in NRS further confirm significant child under-nutrition (13-15 per cent) and GAM prevalence in some of the most vulnerable areas of 20 per cent, above the WHO GAM (>15 per cent) for critical situations where therapeutic and supplementary feeding are recommended. The 2010 ACF monitoring further confirmed this analysis, with GAM at 19.7 per cent in Maungdaw and 20.3 per cent in Buthidaung Townships during the harvest, when access to food and job opportunities were available. ACF further indicates that the number of people registering for support at its nutrition centres has tripled since 2006. Based on the available demographic data and the prevalence of GAM, it is estimated that 24,000 under-five children are acutely malnourished[8].

[4] This is despite the fact that the 2009 data collection took place during the beginning of the rice harvest while in 2010 it was carried out before the harvest. Findings indicate that 30 per cent of households are severely food insecure, 38 per cent moderately food insecure, and 32 per cent food secure. Households relying on markets spent more than 70 per cent of their total expenditures on food.

[5] An analysis of the changes in the food basket indicated that in the first quarter of 2011, households are worse off compared to the same period of the last three years and the fourth quarter of 2010, in Buthidaung Maungdaw and Rathedaung townships. During the same period, rice prices increased in the markets of Buthidaung (9 per cent) and Rathedaung (14 per cent). The increase in Zedi Pyin (Rathedaung Township) was as high as 20 per cent. The possible reasons for rice price increases could be the decreased availability of milled rice in the market. In these areas summer paddy is harvested from January to March but only constitutes a small portion of the total production, particularly in the south-eastern part of Maungdaw and Buthidaung.

[6] The price of rice in local markets rises during the 'lean' months (July to September), prior to the main harvest in November-December. However, while food availability improves and priced decrease following the harvest, this does not necessarily imply greater accessibility for chronically poor households lacking cash to purchase food.

[7] Pulses have about 24 per cent protein. If consumed in proper quantity they eliminate protein-malnutrition. Pulses are also rich in minerals and together with vegetables can provide nutritional meals to food insecure populations.

[8] With the under 5 years old representing 12 per cent of the population, and a prevalence of GAM at 20 per cent.; includes both moderate and severe acute malnutrition

Health

Isolation, geographical conditions, travel restrictions imposed by the authorities and socio-cultural barriers, including poor knowledge on Reproductive Health (RH) care practices[9] affect the health situation of the population across Rakhine. Basic standard of health care (medical equipment, supplies and human resources) are poor across the State despite the involvement of several agencies in service provision, also in view of funding constraints. healthcare service provision is further compounded by poor accessibility to hospitals and referral services because of geography, lack of regular transport facilities and economic factors. Factors contributing to poor reproductive health status include

1. Poor socio-economic and nutritional status,
2. Inadequate number of health care providers,
3. Restriction of marriage authorization leading to unwanted pregnancy and significant number of induced abortion,
4. Low literacy rate of Rohingya women and
5. Restriction of travel of Rohingya people to tertiary level health facility located in Sittwe, and
6. gender-based violence (GBV) and cultural taboos leading to harmful practices. Salient findings of the Reproductive Health Assessment conducted by UNFPA and UNHCR in 2006 shows that antenatal coverage is only 7 - 22 per cent (Myanmar - 64.6 per cent) together with lack of routine screening for anaemia as well as limited coverage of tetanus immunization is only 2 - 3 per cent of deliveries were conducted in health facilities. The remaining 96.5 per cent deliver at home (Myanmar- 76 per cent), total fertility rate in NRS is more than six children per woman on an average (other part of Myanmar is 2.03 children per women – FRHS, 2007), and under 5 Mortality Rate in NRS is 135/ 1000 (Buthidaung) and 224/1000 (Maungdaw) (Myanmar- 66/1000). Furthermore, in NRS, WHO estimates that 15 per cent of the pregnancies are at high risk of complications.

The health facilities in northern Rakhine State are below standard in terms of basic medical equipment, supplies and human resources and these facilities are not easily accessible by women from rural and remote areas due to isolation, travel restrictions and poor transportation facilities. Bengali women are prohibited/restricted to travel outside the village/township by local authority and by their husbands. The community is not aware of the possible interventions, which can bring down the maternal and neonatal mortality. There is a need for increased awareness for supporting high-risk pregnant women. Men are usually not aware of and supportive for the proper birth plan of their pregnant wives. Northern Rakhine State is in need of life-saving interventions to meet health and reproductive health needs in order to contribute to the reduction of high maternal and neonatal mortality and morbidity. UNFPA, WHO and health partners have provided health care services for several years across Rakhine State, but limited funding affects programme delivery.

2. ***Provide brief overview of CERF's role in the country***

A series of discussions and consultation meetings were organised by OCHA. Lead agencies and representatives of the HCT (sectoral chairs and co-chairs including NGOs and the NGO Liaison) were invited to CERF meetings during which the prioritisation was discussed and agreed upon based also on consultations between the partners and in some cases with the beneficiaries.

The partners were asked to ensure that gender considerations would be taken into account beyond the social circumstances that were already highlighted for the justification of the projects.

The allocation of CERF funding supported the strengthening of on-going interventions which already pulled in resources from various donors. The CERF funding was sought to narrow the gap in funding to continue to provide life saving interventions.

[9] Antenatal care (at least 3 AN visits) 12.6 per cent; Health care facilities deliveries 2-3 per cent; Rate of deliveries by midwives who are based at RHC or sub RHC 30.5 per cent Maungdaw, 24.6 per cent Buthidaung, 41.5 per cent in Rathedaung (national 50 per cent); Deliveries at home 96.5 per cent; Total Fertility Rate (TFR) more than 6 children per woman; Contraceptive Prevalence Rate (CPR) 20 per cent (national TFR 2.03 children per women; CPR 38 per cent).

3. *What was accomplished with CERF funding*

This CERF funding provided immediate assistance to the most disadvantaged segments of the communities such as landless labourers, women headed households, children, orphans, subsistence fishermen, economically inactive older persons, and persons with disability. The provision of medicine and medical supplies was critical in areas where isolation, geographical conditions, and socio-cultural barriers, including poor knowledge on health care practices affect the health situation of the population

Rakhine State is one of the least developed parts of Myanmar, and suffers from several chronic and emergency challenges including high population density, malnutrition, low-income poverty and weak infrastructure compounded by storms and flood. Rakhine state ranks second position in terms of overall poverty with 44 per cent compare to the national average of 25 per cent. While CERF funding provided additional support to address needs in the areas affected by cyclone GIRI, it is likely that the area will be affected in the coming months by the upcoming monsoon season as it has been almost every year. The chronic poverty and isolation of some of the poorest people in the State will call for sustained attention while the root causes of the prevailing situation need to be addressed by the Government with the support of the humanitarian / development community.

UNDP

The main objective of this project was to improve the food security of landless, poor and the most vulnerable households in Rakhine State through increased food production and improved nutrition and income. Through this CERF funding the project has been able to achieve the following three major outcomes which were envisaged in the proposal.

- 910 households from NRS (Maungdaw: 465 HH, Buthidaung: 175 households and Rathedaung: 270 households) have already received a pregnant/lactating goat each and started rearing goat for improved nutrition.
- 3,357 households (NRS: Maungdaw: 900 HH, Buthidaung: 337 HH and Rathedaung: 525 HH and ERS**:** Myebon: 740 HH, Minbya: 364 HH and PaukTaw: 491 households**)** have already received four layers chicken and one cock each and have started raising poultry mainly for consumption of eggs and meat for improved nutrition. A part of it is also being sold in order to buy some other food items and very urgent basic things.
- 1,166 landless and most vulnerable householdsfrom Cyclone Giri affected areas of ERS (Myebon: 550 HH, Minbya: 227 HH and PaukTaw: 359 households**)** have already received four female and one male ducks each and have started raising ducks for improved food security.

As per the target in the proposal, 5,433 households were covered. However, the estimates of beneficiary population (32,598 people, 16,625 female and 15,973 male) were revised after headcount to 29,019-15,802 female and 13,217 male.

Through this intervention, beneficiary households especially, the landless poor and most vulnerable households have started consuming goat milk, meat (chicken and ducks) and eggs as important sources of supplementary nutrients such as protein and calcium. This support has helped such vulnerable households for achieving improved food security and nutrition.

UNICEF

With GAM rates still hovering around 20 per cent, ACF carries out nutrition surveys on a regular basis and implements supplementary and therapeutic feeding. CERF funding was sought for ACF to continue regular nutrition screening of children aged 6-59 months and treat severe acute malnutrition amongst at least 2,770 children (6-59 months) in Maungdaw and Buthidaung townships in the period of November 2011 to June 2012. ACF recorded 8,396 new admissions in 2011 in its supplementary and therapeutic feeding programmes in these townships. Of these, 1,393 children under 5 (513 male and 880 female) benefited in the last two months of the year in which CERF funding was used to co-fund the programme.

Performance standards over the two-month period were:

- Cured rate – 67.2 per cent
- Defaulter rate - 6.3 per cent
- Death rate - 0.2 per cent
- Non responder rate – 15.5 per cent

To reach this result, CERF funds were used to procure 2,770 cartons of life-saving ready to use therapeutic food (RUTF). Timely and rapid importation of therapeutic food was assured through the CERF contribution to the nutrition response. CERF funds were also used for field staff workers, hospitalization costs, freight charges and monitoring to implement its Community Management of Acute Malnutrition (CMAM) programme. CERF-supported activities were part of a larger integrated nutrition response by ACF, supported by UNICEF and other donors.

WHO

Since the interventions are still on going the overall impact cannot be determined as yet. Twelve IEHK kits have been sent to the affected townships in which adequate supplies of essential life saving drug kits for medical care to 4 hospitals, 16 RHCs and 4 MCH centres. Supply of life saving drugs is also focused towards MCH centres which are mainly for mothers and children.
With the availability of life saving drugs at township hospitals, RHCs and MCH centres, the affected population in these 4 townships both in urban as well as rural population has improved access to life saving medicines through the formal health care system.

WFP

Relief food assistance helped the most vulnerable groups to improve their household food security by bridging the six-month food gap during the lean season. With the contribution from CERF, WFP distributed 726 MT of Rice to the 59,615 beneficiaries in 3 townships of northern Rakhine State.

UNFPA

The project still being implemented. As a result there are only a few preliminary outcomes available which include the provision of dignity kits, the provision of antenatal care services to pregnant women, the provision of clean delivery kits to pregnant women in remote areas, health education and awareness sessions on reproductive health were given to over 2,000 women and static and mobile health teams were formed.

FAO

While the project is still under implementation, FAO reports that 4,000 households consisting of 32,946 individuals (vs. the 27,200 indicated in the project document) have undertaken agricultural activities to improve their food, nutrient and livelihood security.

- 2,000 households received MT 60 of rice seeds, MT 50 of compound fertilizer (NPK); one kit including six different types of vegetables and one bottle of 250 ml of Neem insecticide
- 1,000 households received MT 25 of cowpea seeds, MT 25 of compound fertilizer (NPK); one kit including six different types of vegetables and 1 bottle of 250 ml of Neem Insecticide
- 1,000 households received MT 25 of groundnut seeds, MT 25 of compound fertilizer (NPK); one kit including six different types of vegetables and one bottle of 250 ml of Neem insecticide**.**

4. *An analysis of the added value of CERF to the humanitarian response*

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?

YES ☒ NO ☐

The general agreement among the recipient agencies is that CERF funding did add value to the humanitarian response, being allocated for underfunded emergencies i.e. where a lack of funding or a persistent situation did call for support.

The provision of CERF funding also contributed to the timely procurement of goods necessary for the implementation of ongoing project activities. The timely provision of funding also supported critical inputs to farming activities thus supporting cropping campaigns that will contribute to improving food security in the area.

The need to implement the project within a relatively short period of time also supported a faster delivery of goods. In some cases, it facilitated a faster, more efficient importation of goods as was the case for WHO which reports that the clearance of IEHK kits was fast-tracked and goods directly delivered to project locations without going through the Government's depot. In normal circumstances, after customs clearance in Yangon, those kits would be delivered to the Central Medical Store Depot in Yangon. The supplies would then be transferred to the Regional Warehouses after which they would be distributed to the affected townships.

b) Did CERF funds help respond to time critical needs?
YES ☒NO ☐

CERF helped partners respond to time critical needs as is the case of WHO with the provision of much-needed medical supplies and equipment in hospitals that were affected by numerous disasters in the area of intervention. WHO has mobilised all their existing stocks to provide for emergency care. As northern Rakhine State is generally underserved, the provision of those kits responded to prevailing urgent needs.

UNFPA reported that as health facilities in northern Rakhine State are not easily accessible by women from rural and remote areas due to isolation, travel restrictions and poor transportation facilities among others, the community is less aware of critical health information and need for services especially for high risk pregnant women. CERF-funded activities resulted in the provision of life saving reproductive health services including health education, ante-natal care (ANC), post natal and referral of high risk pregnant women and distribution of reproductive health kits to the community members most at risk.

UNDP reported that CERF funds received in October 2011 for improving food security of the most vulnerable households and communities in Rakhine State enabled implementation of critical livelihoods activities for the most disadvantaged segments of the population, such as landless labourers, women-headed households, children, subsistence fishermen, economically inactive older persons, persons with disability in northern Rakhine State, as well as Cyclone Giri affected communities. Small livestock (poultry, goats and ducks), were distributed, and provided eggs, goat milk and meat to the beneficiary households, as important sources of supplementary nutrients during the lean season. As UNDP was already present in all the six targeted townships with fully-fledged offices and staff set up, the delivery of the funds to support the target communities was very fast.

FAO reported that with CERF support, all agricultural targets were fully met. The project reached a total of 4,000 households, of which 2,000 households received inputs and training for increasing the production of rice, 1,000 households for the production of pulses and 1,000 for the cultivation of groundnut. All 4,000 households received vegetable seeds and bio-pesticides for the establishment of vegetable gardens producing vitamin and mineral-rich vegetables for improved dietary intake. All inputs were distributed at the right time and the monsoon cropping campaign could proceed successfully, greatly improving the food security in the area and responding to critical needs at the beginning of the main cropping season.

c) Did CERF funds result in other funds being mobilized?
YES ☒NO ☐

This allocation supported the fulfilling of funding gaps to address the most urgent needs of the communities considered in the project proposals.

The CERF allocation also supported the mobilisation of agencies to seek additional funding. UNICEF reports that its implementing partner managed to attract additional resources much needed to cover the funding gap of around 90 per cent of the total budget needed to implement the project.

Funding from CERF triggered WHO's Regional Office for South-East Asia and several of its Country Offices to submit a joint proposal which included three Townships of Rakhine State along with other areas in the Region. The objective of the proposal was "Ensuring health facilities'/hospitals are safer from disasters in the South-East Asia Region" this increasing the visibility of the issue and securing some funding for 2012.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ NO ☐

The need to agree on a coherent approach can support coordination, especially in an area or sector where several recipients will be working at the same time. Such strategies can contribute to more efficient use of funding and less redundancy.

Prioritising areas of concern and sectors also supports the establishment of a clearer leadership from sector leads or agencies that have the most relevant footprint in an area. The promotion of joint projects and the use of implementing partners following consultations within sectors also contribute to greater coordination.

The existence of coordination mechanisms in the field has also contributed to a better consultation and planning of activities implemented with CERF funding, avoiding duplications and addressing operational issues.

UNDP and FAO worked actively together on the ground to complement each other's inputs and ensure that there would be no duplication of beneficiaries. The other agencies involved in the implementation of this particular allocation also reported using established coordination mechanisms at field level to exchange information and coordinate.

UNFPA used the services of mobile outreach teams composed of representatives from different humanitarian agencies and promoted joint monitoring visits and awareness raising sessions.

The implementation of the CERF funded projects also allowed for the expansion of the number of beneficiaries that could be covered with life-saving activities, as was the case for UNICEF and ACF. This expansion also contributed to an increased coordination between different clinics and health centres in the targeted areas.

The complementarity between the different CERF windows also supported greater coverage at a strategic level. WHO noted that while the response to cyclone Giri, which involved numerous partners including WHO and the Myanmar Medical Association (MMA), focused on providing life-saving emergency medical care and support through fixed and mobile clinics. The follow-up interventions, which included the provision of drugs but also support to referral services, strengthening of disease surveillance and training of voluntary health workers, complemented the previously funded activities.

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
UNDP 08 By providing the technical assistance through trained Livestock Extension Workers (LEWs) the communities' knowledge and skill on livestock rising improved.	The Livestock Extension Workers (LEWs) Training should be provided repeatedly and the LEWs should be mobilized effectively to provide technical assistance to the communities.	UNDP and LEWs
Active participation of line department.	Improvement on coordination with concern line departments (example, Agriculture, Livestock etc) is in progress. It will improve more in the future as they are willing to provide technical inputs to the community linking with project.	Myanmar Agriculture Service (MAS), Livestock Breeding and Veterinary Division (LBVD) UNDP, CBO, resource persons
It is better to support the locally adaptable livestock breeds rather than bringing the new breeds from outside without testing.	Meanwhile, the concerned government line department and other organizations should try to introduce some improved breeds for experimentation and once found better than the local, should be distributed in wider scale.	Line department, other related organizations.
UNICEF Pre-existing partnership with ACF and technical expertise on therapeutic feeding within ACF and UNICEF helped in an effective response. However, caring practices especially focussing on IYCF for prevention of acute malnutrition at community level can be further strengthened in collaboration with partners.	The partnership between UNICEF and ACF will be further expanded to include exclusive breastfeeding communication activities to promote adequate infant and child care practices	UNICEF/ACF
UNFPA Implementing partner requested for administrative cost which is part of the AOS. This project does not include AOS and implementing partner finds difficulty to implement it with limited administrative fund.	AOS for implementing partners shall be considered to be part of the future CERF fund.	CERF
FAO It is of extreme importance that CERF projects aimed at the support of agricultural activities are linked to the cropping calendar and therefore sufficient time is provided for their timely implementation.	CERF contribution aimed at the support and rehabilitation of agricultural production should take into considerations the limitations posed by the agricultural calendar and its high seasonality. As a result, contributions should be closely planned so as to be in line with the agricultural calendar and ensuring timely support to farmers.	CERF
WHO Adequate supplies of medicine and effective referrals save lives in recovery period.	To ensure adequate supplies and to build a system for effective referrals.	MOH need to ensure adequate supplies for hospitals and develop a system for timely referral.
Effective cooperation and coordination between authorities and communities improved health service deliveries and save the lives of critically ill patients.	Close contact and working together with local authorities and communities are critical	All implementing partners
Standard monitoring and evaluation tools are needed that can be used by all partners	Development of tools in close collaboration with partners	All implementing partners
Capacity building for local staff needed for disaster preparedness and emergency response	Technical assistance and hands on training for health staff	MOH and agencies active in disaster risk reduction

VII. ANNEX I. SECOND UNDERFUNDED ROUND - RAKHINE STATE

<table>
<tr><th colspan="6">WFP - FOOD SECURITY</th></tr>
<tr><td>CERF PROJECT NUMBER</td><td>11-WFP-058</td><td>Total Project Budget</td><td>$ 6,419,448</td><td rowspan="3"><table><tr><th>Beneficiaries</th><th>Targeted</th><th>Reached</th></tr><tr><td>Individuals</td><td>60,000</td><td>59,615</td></tr><tr><td>Female</td><td>31,200</td><td>40,038</td></tr><tr><td>Male</td><td>28,800</td><td>19,577</td></tr><tr><td>Total individuals (Female and male)</td><td>60,000</td><td>59,615</td></tr><tr><td>Of total, children under 5</td><td>7,200</td><td>7,153</td></tr><tr><td>TOTAL</td><td>60,000</td><td>59,615</td></tr></table></td><td rowspan="3">Gender Equity

Male 19,577 and Female 40,038 received the food from WFP</td></tr>
<tr><td>PROJECT TITLE</td><td>Protracted Relief and Recovery Operation 200032: Relief Food assistance to highly vulnerable households in northern Rakhine State</td><td>Total Funding Received for Project</td><td>$ 5,769,480</td></tr>
<tr><td>STATUS OF CERF GRANT</td><td>Completed</td><td>Amount disbursed from CERF</td><td>$ 649,968</td></tr>
<tr><td colspan="2">OBJECTIVES
AS STATED IN FINAL CERF PROPOSAL</td><td colspan="3">ACTUAL OUTCOMES</td><td>MONITORING AND EVALUATION MECHANISMS</td></tr>
<tr><td colspan="2">To improve the food security of the most vulnerable households in northern Rakhine State by bridging the food gap during the most critical period of the year</td><td colspan="3">Improved food consumption over assistance period of targeted households
▪ 59,165 beneficiaries received relief food assistance for 1 Month
▪ 726 MT of Rice distributed in 3 townships

To Note: WFP used the current price for the local purchase of rice $430 per metric ton during the preparation of the proposal. At the time of purchase, the price increased to $505 per metric ton. Due to the price changes, the tonnage reduced by 259 metric tons. However food rations were not cut as WFP could compensate with other contributions received for the operation; the number of beneficiaries reached was as planned</td><td>WFP and its partners used the standard monitoring tools to make sure that the intended beneficiaries receive their entitlements, carry out distributions or are present during distribution days, and undertake post-distribution monitoring.

Monitoring of the distribution was carried out based on WFP checklists.</td></tr>
</table>

FAO - FOOD SECURITY

CERF PROJECT NUMBER	11-FAO-034	Total Project Budget	$ 4,500,000
PROJECT TITLE	Enhancing Food and Nutritional Security through Crop Production in NRS Myanmar	Total Funding Received for Project	$ 1,154,038
STATUS OF CERF GRANT	Fully disbursed and activities are ongoing ending 30 June 2012.	Amount disbursed from CERF	$ 380,000

BENEFICIARIES	Targeted	Reached
Individuals	27,200	28,254
Female	13,872	14,827
Male	13,328	13,427
Total individuals (Female and male)	27,200	28,254
Of total, children under 5	4,624	4,710
TOTAL	27,200	28,254

Gender Equity

Female-headed or vulnerable households (inclusive of small farmers) in Maungdaw, Buthidaung and Rathedaung townships in NRS.

Women, girls, boys and men are benefiting from the outcome of the project as per previous table on beneficiaries distribution

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL

To improve the nutrition, food security and livelihood of marginalized landless, female-headed and/or otherwise vulnerable households, mitigating or averting the direct loss of life and physical harm that can result from malnutrition and food insecurity.

To anchor vulnerable households to their communities and to enhance the standing of vulnerable households within the community through the provision of agriculture inputs

ACTUAL OUTCOMES

A total of 4,000 households consisting of 28,254 individuals (vs. the 27,200 indicated in the project document) have undertaken agricultural activities to improve their food, nutrient and livelihood security.

- 2,000 households received MT 60 of rice seeds, MT 50 of compound fertilizer (NPK); one kit including 6 different types of vegetables and 1 bottle of 250 ml of Neem insecticide
- 1,000 households received MT 25 of cowpea seeds, MT 25 of compound fertilizer (NPK); one kit including 6 different types of vegetables and 1 bottle of 250 ml of Neem Insecticide
- 1,000 households received MT 20 of groundnut seeds, MT 25 of compound fertilizer (NPK); one kit including 6 different types of vegetables and 1 bottle of 250 ml of Neem insecticide.

Project activities started at the beginning of November 2011 and are currently ongoing.

MONITORING AND EVALUATION MECHANISMS

Beneficiaries were selected in accordance to the established criteria set in the Letter of Agreement signed with the implementing partner AVSI. Lists provided by AVSI, include detailed information such as name of beneficiary, number of family members, occupation, vulnerability status.

All inputs have been already distributed and the post-distribution monitoring assessment was jointly conducted by the implementing partner and FAO project staff. Results were extremely good as all inputs have been utilized in due time by the beneficiaries.

The monitoring and evaluation of crops performance will be carried out starting from April 2012 on a random sample of beneficiaries divided according to the type of inputs received.

UNDP - FOOD SECURITY

CERF PROJECT NUMBER	11-UDP-008	Total Project Budget	$ 697,979
PROJECT TITLE	Improving food security of most vulnerable households and communities in Rakhine State through increased food production and nutrition.	Total Funding Received for Project	$ 697,979
STATUS OF CERF GRANT	Completed.	Amount disbursed from CERF	$ 319,984

Beneficiaries	Targeted	Reached
Individuals		
Female	16,625	16,625
Male	15,973	15,973
Total individuals (Female and male)	32,598	32,598
Of total, children under 5	4,075	4,075
TOTAL		

Gender Equity

A total of 16,625 (51 per cent) female population and 15,973 (49 per cent) male population including 4,075 children under age five were able to have increased access to nutritious food through this intervention.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	Monitoring and Evaluation Mechanisms
To improve the food security of landless, poor and the most vulnerable households in Rakhine State through increased food production, nutrition and income.	▪ 910 households from NRS (Maungdaw: 465 HH, Buthidaung: 175 households and Rathidaung: 270 households) received a pregnant/lactating goat each and started rearing goats for improved nutrition. ▪ 3,357 households (NRS: Maungdaw: 900 households, Buthidaung: 337 households and Rathidaung: 525 households ERS: Myebon: 740 households, Minbya: 364 households and Pauktaw: 491 households) received four chickens and one cock each and have started raising poultry mainly for consumption of eggs and meat for improved nutrition. ▪ 1,166 landless and most vulnerable households from Cyclone Giri affected areas of ERS (Myebon: 550 HH, Minbya: 227 households and Pauktaw: 359 HH) received four female and one male ducks each and have started raising ducks for improved food security To Note: *The targeted population in outcome and budget calculation in the project proposal was based on the number of households to be covered not the number of people. However, for estimating the number of people benefitted by the project as per the requirement of the template (under Section III point 6) a standard family size of Rakhine state which is "six" was used. The real target of beneficiary household of 5,433 has been exactly met by the project. However, in the real term the family size of 5.34 was recorded for the beneficiaries while project implementation therefore the progress achievement of 29,019 beneficiary populations was mentioned in the report. As we have provided all the planned supports to the target households there is no implication on the cost. However, the revision has been made in the report for the number of population using the standard family size of six.*	The village based Community Development Facilitators (CDF) ensured the timely and quality implementation of activities through regular and frequent monitoring and facilitating the beneficiary communities throughout the implementation processes. UNDP Myanmar adopted a results-based monitoring and evaluation (M&E) system which includes: i) Financial and Input Tracking, ii) Output and Activity Monitoring, iii) Outcome/Impact Assessment and iv) Learning and Beneficiary Feedback Mechanism. Progress of implementation was reported by the respective Township CDF and Livelihood Technical Specialist in Yangon, which is consolidated as the final report.

WHO - HEALTH

CERF PROJECT NUMBER	11-WHO-055	Total Project Budget	$ 450,000
PROJECT TITLE	Fulfilling Critical Unmet Health Needs of the Population	Total Funding Received for Project	$ 163,499
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	$ 169,595

BENEFICIARIES	Targeted	Reached
Individuals	714,593	12,000
Female	352,116	N/A
Male	362,477	N/A
Total individuals (Female and male)	714,593	N/A
Of total, children under 5	88,695	N/A
TOTAL	714,593	12,000

Gender Equity

Supply of life-saving drugs is focused towards MCH centres, which is mainly for mothers and children. Provision is also towards township hospitals and RHCs in which both males, females and under 5 children are provided treatment

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
To provide life-saving drugs to township hospitals, Rural Health Centres (RHC) and Maternal Child Health (MCH) centres	12 IEHK kits cover basic health needs of 12,000 people for a minimum 3 months Essential medicines available for medical care at 4 hospitals, 20 RHC and 6 MCH centres Procurement still in process Finalized implementation process with MOH / DOH	Commodity tracking Receiving reports from townships
To support transportation / referral of critically ill patients to township hospitals from Rural Health Centres (RHCs) and remote villages	Improved access to health services and emergency care through well stocked drugs in health facilities and through outreach services with adequate supply of essential life saving drugs Effective referral of critically sick patients to hospitals from RHCs and remote villages Effective diagnostic laboratory examinations using rapid diagnostic kits provided ▪ Essential Life saving drugs kits for medical care to four hospitals, 20 RHC and 6 MCH centres. ▪ 100 per cent distributed to four township hospitals, 20 RHC and six MCH. ▪ Number of patients attended at hospitals and clinics and through outreach services.12,000 patients attended No of patients subjected to laboratory examination using Rapid diagnostic test kits. 22 patients from four townships ▪ Number of critically ill patients referred with support from CERF grant. 172 patients form four township hospitals ▪ Number of monitoring and supervision visits by WHO and local health staff. Five field visits by township health staff.	Monitoring missions by township and DOH Indicators – no. of critically ill patients in hard to reach areas provided referral support by CERF Commodity tracking Receiving reports from townships Indicators - No of patients subjected to laboratory examination using Rapid diagnostic test kits Township medical officers ensured the timely and effective implementation of activities through regular and frequent monitoring which facilitated / improved access to health services including emergency care, referral of critically sick patients and effective laboratory diagnosis Evaluation will be township wise to be conducted based on key indicators at the end of project duration
To strengthen diagnostic capacity of township hospitals by providing rapid diagnostic kits to hospitals	Access to quality health services and emergency care provided for 12,000 individuals through health facilities and outreach services ▪ Effective referral system established for critically sick patients to hospitals from reproductive health centres and remote villages ▪ Laboratory capacity enhanced at township level for diagnosis using rapid test kits	

	To Note: *Since the IEHK kits are made available to township hospital, MCH centres in urban and rural health centres in rural areas—for accessibility targeted and reached are assumed to be the same. However, one IEHK kit covers the basic health needs of 1,000 people for a minimum of three months. For 12 IEHK kits-it covers 12,000 people for a minimum of three months*	

UNFPA - HEALTH

CERF PROJECT NUMBER	11-FPA-043	Total Project Budget	$ 500,000
PROJECT TITLE	Provision of life-saving reproductive health care	Total Funding Received for Project	$ 433,803
STATUS OF CERF GRANT	Ongoing. Ending on 30 June 2012	Amount disbursed from CERF	$ 163,499

Beneficiaries	Targeted	Reached
Individuals	72,000	5,421
Female	60,000	4,702
Male	12,000	719
Total individuals (Female and male)	72,000	5,421
Of total, children under 5		
TOTAL	72,000	5,421

Gender Equity

Beneficiaries are women of reproductive age group and their spouses. They all received awareness raising on reproductive health equally.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL

To improve access to life-saving reproductive health services by the beneficiaries in southern Buthidaung and Rathedaung townships of northern Rakhine State.

ACTUAL OUTCOMES

Selected emergency reproductive health kits procured and distributed

- 174 Dignity kits and 1831 condoms were procured and distributed in the first quarter of the project. 2005 beneficiaries benefited.

Pregnant women received quality ANC

- 214 women in mobile clinics and 647 women at static clinics received ANC services

Pregnant women in third trimester from remote areas received support for referral for hospital deliveries

- 144 high-risk pregnant women were supported for referral to the nearest health facilities for further treatment

Pregnant women in remote areas provided with clean delivery kits

- 220 clean delivery kits were distributed to pregnant mothers

Women of reproductive age received health education and awareness on reproductive health

- 2158 women received health education and awareness on reproductive health through 24 health education sessions at mobile clinics and 45 health education sessions at static clinics

Static and mobile health teams formed to provide reproductive health services and referral

- One static clinic was established in Rathedaung Township a total of 45 days were opened for the clinic. A mobile team has been formed and 24 mobile visits were made during first quarter of October to December 2012
- Four government hospitals in NRS strengthened for quality reproductive health services

Note: *1,373 women with reproductive age received contraceptive services. (The total when added up is 5,900 but some women received more than one service. Thus, the total head count will be less than total number of services provided.)*
Note: The project is on-going and the procurement of reproductive health kits will be done in the second quarter (January-March 2012) and the targeted hospitals will be strengthened in last quarter (April – June 2012) of the project period

MONITORING AND EVALUATION MECHANISMS

.
One project coordinator and one medical officer were assigned alternative schedule to conduct monitoring and evaluation of activities at static and mobile clinics.

UNICEF - NUTRITION

CERF PROJECT NUMBER	11-CEF-050	Total Project Budget	$ 3,037,634
PROJECT TITLE	Treatment of acute malnutrition among children under five in northern Rakhine State	Total Funding Received for Project	$ 2,575,665
STATUS OF CERF GRANT	ongoing	Amount disbursed from CERF	$ 307,339

BENEFICIARIES	Targeted	Reached
Individuals	2,770	1,393
Female		880
Male		513
Total individuals (Female and male)	2,770	1,393
Of total, children under 5	2,770	1,393
TOTAL	2,770	1,393

Gender Equity

Malnourished children under age 5 were monitored and treated when indicated irrespective of gender. Admission data indicate that between 40- and 60 per cent more female children than male children are admitted every month.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL

To treat severe acute malnutrition amongst at least 2,770 children (6-59 months) in Maungdaw and Buthidaung townships of NRS

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ACTUAL OUTCOMES

- ACF admitted and treated during the months November and December 2011 1,393 children under 5 years of age (513 Male and 880 Female children) in their Therapeutic Feeding Programme. Given that there are more donors funding the ongoing programme, the number of children reached by CERF funding cannot reliably be estimated.

Performance standards over the two months period are:

  - per cent of 6-59 month old children detected as Severely Acute Malnourished received therapeutic feeding; - 100 per cent
  - per cent of 6-59 month old children receiving therapeutic feeding who recovered within two months – 67.2 per cent
  - per cent of 6-59 month old children receiving treatment that were absent for 4 consecutive weeks without any information – 6.3 per cent
  - per cent of 6-59 month old children receiving treatment who did not survive – 0.2 per cent

- ACF runs this programme since a number of years and is supported by several donors, including UNICEF, CERF, ECHO UNHCR, DANIDA and ACF core funds. Implementation of activities under this funding started on 1 November 2011 and will continue until 30 June 2012.

MONITORING AND EVALUATION MECHANISMS

Routine monitoring of the nutrition status of children in NRS is carried out by ACF's regular nutritional screening of children through MUAC - the measuring of the Mid Upper Arm Circumference in children under five years of age. This monitoring itself is at the same time one of the activities prescribed in the CERF proposal. The Government also conducts nutrition surveillance in NRS with the support of UNICEF.

Based on this monitoring, children at GAM risk go through a three-step intervention mechanism, depending on the severity of the indicated status of the child.

Overall programme implementation of nutrition screening and the therapeutic feeding is monitored by ACF field based staff and technical staff in Yangon. They submit progress report to UNICEF quarterly. As partner, UNICEF resident programme officer based in Maungdaw routinely visits the implementation site to monitor and discuss the implementation status with ACF staff This resident programme officer informs his findings and discussion points in his monthly monitoring report. He also follows up the action points and recommendation from the Yangon nutrition programme team.

ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

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
11-FAO-011	Agriculture	FAO	IRC	INGO	20,464.68	28/4/2011	01/4/2011	Activities were carried out prior to the first payment in order to catch the monsoon season planting dates
11-HAB-002	Shelter	UNHABITAT	Adventist Development and Relief Agency, ADRA Myanmar	NGO	89,228.15	29/4/2011	01/5/2011	$80,000 from CERF fund and additional $9,228.15 from UN-HABITAT Cost sharing (Matching fund)
11-HAB-002	Shelter	UNHABITAT	Border Development Association (BDA)	NGO	33,475.59	18/5/2011	20/5/2011	$30,000 from CERF fund and additional $3,475.59 from UN-HABITAT Cost sharing (Matching fund)
11-HAB-002	Shelter	UNHABITAT	Danish Refugee Council (DRC) / Social Vision Services	NGO	80,048.48	06/5/2011	01/4/2011	$80,000 from CERF fund and additional $48.48 from UN-HABITAT Cost sharing (Matching fund)
11-HAB-002	Shelter	UNHABITAT	Myanmar Enhancement to Empower Tribals (MEET)	NGO	55,787.70	02/5/2011	01/5/2011	$50,000 from CERF fund and additional $5,787.70 from UN-HABITAT Cost sharing (Matching fund)
11-HAB-002	Shelter	UNHABITAT	Noble Compassionate Volunteer Group (NCV)	NGO	83,664.68	11/5/2011	01/4/2011	$75,000 from CERF fund and additional $8,664.68 from UN-HABITAT Cost sharing (Matching fund)
11-HAB-002	Shelter	UNHABITAT	Solidarities International	NGO	95,010.08	18/5/2011	11/5/2011	$95,000 from CERF fund and additional $10.08 from UN-HABITAT Cost sharing (Matching fund)
11-HAB-002	Shelter	UNHABITAT	Swanyee Development Foundation	NGO	44,004.68	28/4/2011	01/5/2011	$40,000 from CERF fund and additional $4,004.68 from UN-HABITAT Cost sharing (Matching fund)
11-UDP-002	Food Security	UNDP Myanmar	1-Green Hand, 2-Taungzarlat, 3-All Country Agency, 4-	NNGO	9,996	14/08/2011 16/11/2011 14/08/2011	03/5/2011 07/9/2011 09/5/2011	UNDP Township Offices implemented this project in the three targeted townships

			New Generation Social Dev Org, 5-Dai Tribal Group, 6-Myanmar Enhancement to Empower Tribals			17/11/2011 22/08/2011 20/11/2011	07/9/2011 24/5/2011 07/9/2011	through the Village Livelihoods Committee in the respective villages.
11-UDP-003	Food Security	UNDP Myanmar	In PaukTaw Township implemented by Swanyee Development Foundation.	NNGO (in PaukTaw only)	36,599.5	19/5/2011	19 /6/2011	Embankment renovation activity was in 7 villages of PaukTaw township was done by Local NGO, Swanyee Development Foundation (SDF).
11-WFP-013	Food	WFP	Consortium of Dutch NGO's	INGO	28,159	15/3/2011	30/3/2011	Monthly Payment
11-WFP-013	Food	WFP	Solidarites	INGO	24,492	15/4/ 2011	30 /4/2011	Monthly Payment
11-FAO-034	Agriculture	FAO	AVSI	INGO	24,248	01/12/2011	07/11/2011	Activities were carried out prior to the first payment not to miss the dry season planting dates
11-FPA-043	Health	UNFPA	MMA (Myanmar Medical Association)	NNGO	163,499	24/10/2011	25/10/2011	This project period is from 1/10/2010 to 30/6/2012
11-CEF-050	Nutrition	UNICEF	Action contre la Faim	INGO	137,233	29/11/2011	01/11/2011	ACF runs ongoing programme. CERF was use to procure and deliver RUTF and cash to support programme implementation. Total funds commitment was $277,961 as of 6 Feb 2012.

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	Action contre La Faim
ADRA	Adventist Development and Relief Agency
AEFI	Adverse event following immunization
AFP	Acute flaccid paralysis
AIDS	Acquired Immune Deficiency Syndrome
AMW	Auxiliary midwife
ANC	Ante-natal care
APW	Agreement of performance of work
ARI	Acute respiratory tract infection
AVSI	International Services of Volunteer Association
BDA	Border Development Association
BHS	Basic health staff
CBO	Community Based Organisation
CDF	Community Development Facilitators
CDRT	Community Development for Remote Township
CEPI	Central (level) Expanded Program on Immunization
CERF	Central Emergency Response Fund
CHW	Community health worker
CHCC	Community Health Care Centre
CMAM	Community Based Management of Acute Malnutrition
CMSD	Central Medical Stores Depot
DDR	Disaster Risk Reduction
DHF	dengue haemorrhagic fever
DoH	Department of Health
DRC	Danish Refugee Council
ECHO	European Commission Humanitarian Aid
EPI	Expanded programme on immunization
ERS	Eastern Rakhine State
FAO	Food and Agriculture Organization of the United Nations
GAM	Global Acute Malnutrition
GPS	Geographic positioning satellite
HA	Health Assistant
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HH	Household
HIV	Human immunodeficiency virus
IEC	Information, education, and communication materials
IEHK	Interagency Emergency Health Kit
INGO	International NGO
IOM	International organization for migration
IRC	International Rescue Committee
IUCD	Intra-uterine contraceptive device
IYCF	Infant & Young Child Feeding
JCV	Japanese Committee on Vaccination
KAP	knowledge attitude and practice
LBVD	Livestock Breeding and Veterinary Division
LHV	Lady Health Visitor
MAM	Moderate Acute Malnutrition
MAS	Myanmar Agriculture Service

MCH	Maternal and Child Health
MEET	Myanmar Enhancement to Empower Tribals
MIMU	Myanmar Information Management Unit
MMA	Myanmar Medical Association
MMC	Mobile medical clinic
MOH	Ministry of Health
MoP	Muriate of Potash
MRCS	Myanmar Red Cross Society
MT	Metric Tones
MUAC	Mid-Upper Arm Circumference
NCV	Noble Compassionate Volunteer Group
NGO	Non-governmental Organisation
NNGO	National Non-governmental Organisation
NRS	Northern Rakhine State
OHW	Outreach health worker
ORS	Oral rehydration solution
RC/ HC	Resident Coordinator/Humanitarian Coordinator
RH	Reproductive health
RHC	Rural Health Centre
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
S-CHIN	Southern Chin
SDF	Swanyee Development Foundation
SI	Solidarities International
SRS	Southern Rakhine State
STI	Sexually-transmitted infection
SVS	Social Vision Services
TB	Tuberculosis
THN	Township Health Nurse
TMO	Township Medical officer
TTBA	Traditional birth attendant
U5C	Children under five years of age
UFE	Underfunded Emergency Window
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
VSC	Village shelter committee
VDPV	Vaccine Derived Polio Virus
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

ANNEX 4: 11-CEF-001

#	State/Region	Target Population	No. of Team	Child/ Team	Planned No. of Days	Child/team/day	Achievement	
							Round I per cent	Round II per cent
1	Mandalay	771462	1300	593	3	198	98.2	98.4
2	Nay Pyi Taw	140240	311	451	3	150	97.2	97.5
3	Shan (S)	155667	372	418	3	139	91	92.5
4	Shan (N)	153777	564	273	3	91	98.2	98.3
5	Sagaing	211210	594	356	3	119	100	99.9
6	Rakhine	363104	517	702	3	234	98.6	99.7
7	Mon	224927	691	326	3	109	100.3	100
8	Magway	342522	766	447	3	149	99.9	100
9	Kayin	176501	360	490	3	163	95.3	96.1
10	Kayah	29172	111	263	3	88	94.9	97
11	Bago (E)	260860	506	516	3	172	99.3	100
12	Bago (W)	96267	316	305	3	102	100.3	100
	Average	2925709	6408	457	3	152	98.3	98.6

ANNEX 5: 11-IOM-010

Number of related communicable diseases and primary health consultations, disaggregated by gender and age

Type	Diseases		Male				Female				Total	Under 5			Above 5		
			<5		>5		<5		>5			<2 Total	2 to 5 Total	Total Under 5	5 to 15	>15	Total Above 5
			<2	2 to 5	5 to 15	>15	<2	2 to 5	5 to 15	>15							
Communicable Diseases	Diarrhea (ORS)		20	16	2	3	23	18	4	1	87	43	34	77	6	4	10
	Diarrhea (referral)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Dysentery		1	3	3	0	1	3	2	3	16	2	6	8	5	3	8
	Dengue Fever (treated)		0	0	1	0	0	1	0	0	2	0	1	1	1	0	1
	Dengue Fever (refer)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	ARI	No Pneumonia	65	52	15	0	58	69	14	6	279	123	121	244	29	6	35
		Pneumonia	24	17	10	15	31	21	7	15	140	55	38	93	17	30	47
		Bronchiolitis	0	0	1	0	0	0	0	0	1	0	0	0	1	0	1
		Acute bronchitits	5	14	14	3	11	7	10	14	78	16	21	37	24	17	41
		URTI	33	34	50	45	44	41	64	121	432	77	75	152	114	166	280
		LRTI	9	19	18	13	4	6	14	21	104	13	25	38	32	34	66
	Severe pneumonia with referral		1	0	0	0	0	0	0	0	1	1	0	1	0	0	0
	Avian Influenza		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Measles		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Meningococaemia		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Cholera		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	STI (treated)		0	0	0	6	0	0	0	15	21	0	0	0	0	21	21
	STI (refer)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	AFP		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Communicable Diseases	Malaria(RDT)	RDT(-)	2	6	20	82	1	10	16	49	186	3	16	19	36	131	167
		Pf (Rx)	0	0	1	4	0	0	1	0	6	0	0	0	2	4	6
		non pf (Rx)	0	2	5	16	0	0	1	7	31	0	2	2	6	23	29
		mix (Rx)	0	0	2	4	0	0	1	1	8	0	0	0	3	5	8
		refer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TB	Suspected Refer	4	7	23	13	4	5	18	11	85	8	12	20	41	24	65
	HIV	VCCT Refer	0	0	0	9	0	0	1	3	13	0	0	0	1	12	13
		OI Patient Treatment	0	1	0	0	0	0	0	0	1	0	1	1	0	0	0
		OI Patient Refer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		ART refer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Family Health Care	ANC	1st ANC	0	0	0	0	0	0	0	473	473	0	0	0	0	473	473
		2nd ANC	0	0	0	0	0	0	0	97	97	0	0	0	0	97	97
		3rd ANC	0	0	0	0	0	0	0	28	28	0	0	0	0	28	28
		more than 3 time ANC	0	0	0	0	0	0	0	30	30	0	0	0	0	30	30
	PNC	Once time	0	0	0	0	0	0	0	22	22	0	0	0	0	22	22
		More than once time	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1
	Family Planning	Depo	0	0	0	0	0	0	0	118	118	0	0	0	0	118	118
		OC	0	0	0	0	0	0	0	46	46	0	0	0	0	46	46
		Condom	0	0	0	1	0	0	0	33	34	0	0	0	0	34	34
		IUCD	0	0	0	1	0	0	0	2	3	0	0	0	0	3	3
Other	Cardiovascular diseases		0	0	4	55	0	1	1	166	227	0	1	1	5	221	226
	Haematological disorders		1	0	1	4	1	0	1	46	54	2	0	2	2	50	52
	Gastrointestinal disorders		10	37	16	83	15	25	33	144	363	25	62	87	49	227	276
	Neurological disorders		0	4	0	0	0	1	1	3	9	0	5	5	1	3	4
	Renal diseases		0	0	1	16	0	0	0	19	36	0	0	0	1	35	36
	Connnective tissue disorders		0	0	0	0	0	0	1	7	8	0	0	0	1	7	8
	Musculoskeletal diseases		7	14	26	242	10	10	33	741	1083	17	24	41	59	983	1042
	Endocrine disorder		0	0	0	1	0	0	1	14	16	0	0	0	1	15	16
	Gynecological disease		0	0	0	0	0	0	0	35	35	0	0	0	0	35	35
	Eye and ENT diseases		7	8	10	10	2	5	12	28	82	9	13	22	22	38	60
	Oral and dental diseases		0	0	4	5	0	3	1	13	26	0	3	3	5	18	23
	Dermatological diseases		23	21	34	41	13	18	15	73	238	36	39	75	49	114	163
	Trauma		1	2	3	10	4	0	3	4	27	5	2	7	6	14	20
	Malignancies		0	0	0	0	0	0	0	3	3	0	0	0	0	3	3
	Other viral diseases		25	38	57	61	29	25	42	56	333	54	63	117	99	117	216
	Chronic inflammatory lung diseases		0	0	0	8	0	0	2	41	51	0	0	0	2	49	51
	Vitamin deficiency		2	3	6	5	4	2	4	19	45	6	5	11	10	24	34
	PEM	Red	0	1	0	0	0	0	0	0	1	0	1	1	0	0	0
		Yellow	8	5	3	0	14	9	0	0	39	22	14	36	3	0	3
Grand Total			**248**	**304**	**330**	**756**	**269**	**280**	**303**	**2529**	**5019**	**517**	**584**	**1101**	**633**	**3285**	**3918**

ANNEX 6: 11-IOM-010
NUMBER OF COMMUNICABLE DISEASE CONSULTATIONS (DISAGGREGATED BY SEX, AGE AND TYPE OF ILLNESS

Communicable disease (diagnosis, treatment and care)

Diseases		Male				Female				Total	Under 5			Above 5		
		<5		>5		<5		>5			<2 Total	2 to 5 Total	Total Under 5	5 to 15	>15	Total Above 5
		<2	2 to 5	5 to 15	>15	<2	2 to 5	5 to 15	>15							
Diarrhea (ORS)		20	16	2	3	23	18	4	1	87	43	34	77	6	4	10
Dysentery		1	3	3	0	1	3	2	3	16	2	6	8	5	3	8
Dengue Fever (treated)		0	0	1	0	0	1	0	0	2	0	1	1	1	0	1
ARI	No Pneumonia	65	52	15	0	58	69	14	6	279	123	121	244	29	6	35
	Pneumonia	24	17	10	15	31	21	7	15	140	55	38	93	17	30	47
	Bronchiolitis	0	0	1	0	0	0	0	0	1	0	0	0	1	0	1
	Acute bronchitits	5	14	14	3	11	7	10	14	78	16	21	37	24	17	41
	URTI	33	34	50	45	44	41	64	121	432	77	75	152	114	166	280
	LRTI	9	19	18	13	4	6	14	21	104	13	25	38	32	34	66
Avian Influenza		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Meningococaemia		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cholera		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
STI (treated)		0	0	0	6	0	0	0	15	21	0	0	0	0	21	21
AFP		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Malaria(RD	RDT(-)	2	6	20	82	1	10	16	49	186	3	16	19	36	131	167
Malaria(RD	Pf (Rx)	0	0	1	4	0	0	1	0	6	0	0	0	2	4	6
Malaria(RD	non pf (Rx)	0	2	5	16	0	0	1	7	31	0	2	2	6	23	29
Malaria(RD	mix (Rx)	0	0	2	4	0	0	1	1	8	0	0	0	3	5	8
HIV	OI Patient Treatment	0	1	0	0	0	0	0	0	1	0	1	1	0	0	0
Other viral diseases		25	38	57	61	29	25	42	56	333	54	63	117	99	117	216
Total		**184**	**202**	**199**	**252**	**202**	**201**	**176**	**309**	**1725**	**386**	**403**	**789**	**375**	**561**	**936**

Communicable disease (diagnosis and referral)

Diseases		Male				Female				Total	Under 5			Above 5		
		<5		>5		<5		>5			<2 Total	2 to 5 Total	Total Under 5	5 to 15	>15	Total Above 5
		<2	2 to 5	5 to 15	>15	<2	2 to 5	5 to 15	>15							
Severe pneumonia with referral		1	0	0	0	0	0	0	0	1	1	0	1	0	0	0
STI (refer)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TB	Suspected Refer	4	7	23	13	4	5	18	11	85	8	12	20	41	24	65
HIV	VCCT Refer	0	0	0	9	0	0	1	3	13	0	0	0	1	12	13
HIV	OI Patient Refer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HIV	ART refer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total		**5**	**7**	**23**	**22**	**4**	**5**	**19**	**14**	**99**	**9**	**12**	**21**	**42**	**36**	**78**