

**ANNUAL REPORT OF  
THE RESIDENT/HUMANITARIAN COORDINATOR  
ON THE USE OF CERF GRANTS**

<b>Country</b>	<b>Myanmar</b>
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<b>Reporting Period</b>	<b>January – December 2008</b>

**I. Executive Summary**

The population of Myanmar in 2008 faced several humanitarian challenges. The Central Emergency Response Fund (CERF) made three allocations in order to help agencies respond to these needs. One allocation was made in February 2008 under the underfunded emergencies (UFE) window and further two allocations were made in May and July 2008 under the rapid response (RR) window. In total, US\$28,437,349 was allocated to Myanmar out of which the vast majority (\$26,417,370) were aimed at supporting the relief efforts in the wake of cyclone Nargis. Out of a total of 21 CERF-funded projects, 17 were implemented in the cyclone-affected areas of the Ayeyarwady Delta and Yangon Division.

Cyclone Nargis struck on 2 and 3 May 2008 causing wide-spread devastation in the Ayeyarwady Delta and Southern Yangon Division. It was undoubtedly one of the worst natural disasters to affect Myanmar in its modern history and caused extensive loss of life and physical damage. According to official figures, an estimated 84,537 people died, another 53,836 remain missing and 33,754 suffered injuries. Approximately 2.4 million people are thought to have been severely affected. According to the Post-Nargis Joint Assessment (PONJA) carried out in June 2008 under the aegis of the Tripartite Core Group (TCG), about 450,000 homes were destroyed and an additional 350,000 were damaged. Seventy-five per cent of health facilities and 4,000 schools in the affected areas were destroyed or severely damaged. Over 600,000 hectares of agricultural land were flooded, killing up to 50 per cent of working animals, destroying fishing boats and sweeping away food stocks as well as agricultural implements.

The cluster approach was activated immediately after the disaster and a UN-NGO Flash Appeal was issued for Myanmar on 9 May, originally asking for an amount of \$187 million. The Inter-agency Standing Committee (IASC) Country Team (CT) later substantially revised the original Flash Appeal into a year-long response plan for the period from May 2008 to April 2009, requesting a total amount of slightly over \$477 million.

CERF funds were disbursed promptly to support life-saving interventions during the first months of the response. Out of the total \$28,437,349 allocated to Myanmar, the vast majority (\$26,417,370) was allocated to the relief efforts in the wake of Cyclone Nargis. These included activities in the areas of health; food; emergency shelter; logistics and telecommunications; agriculture; and water and sanitation. Through these activities, CERF funding contributed to the provision of basic relief items such as food and shelter materials to the beneficiaries as well as medical care. It allowed the international community to deliver services more efficiently through the use of the common logistics and emergency telecommunications clusters. Through the provision of basic farm implements and working animals, it contributed to the immediate re-establishment of farmers' livelihoods during the essential planting season.

The speed of the allocations and disbursements enabled agencies to start their projects immediately after the disaster. Allocations also gave additional momentum to agencies' ongoing activities, through both the May and July allocations. The cluster approach was used for the prioritisation of projects as well as the development of plans for implementation and broader consultations with all IASC partners. Nevertheless, one of the lessons drawn from the process is the necessity to provide detailed information on the suggested distribution of funds to implementing partners at all stages of the decision making process.

In parallel, humanitarian needs in other parts of the country persisted. CERF funds from the UFE window allowed the international community to respond and provide support in areas with acute humanitarian needs which have historically been chronically underfunded. A total of \$2,019,979 was allocated to activities in the health sector as well as to a multi-sector project in Northern Rakhine State. As part of the UFE window allocation, this contribution enabled agencies to continue to address the needs of particularly vulnerable groups, particularly in Northern Rakhine State, as well as in several areas of the South-eastern border and parts of Sagaing and Magway Divisions. Activities covered include tuberculosis and human immunodeficiency virus (HIV) control, reproductive health as well as malaria treatment for vulnerable populations. Despite these additional contributions from the CERF, Myanmar continues to remain among the countries which receive the least amount of humanitarian funding globally.

### Summary of the CERF money requested and received status

Total amount of humanitarian funding required and received during the reporting year	<b>REQUIRED TOTAL:</b> Nargis Response (Flash Appeal) <sup>1</sup> :		not available	
	RECEIVED: Outside of Nargis response: Nargis Response (Total) <sup>2</sup> :		\$ 477,078 mln not available \$ 481,844 mln	
Total amount requested from CERF	<b>FUNDS (IN TOTAL REQUESTED):</b>		\$ 28,607,556	
Total amount of CERF funding received by funding window	<b>RAPID RESPONSE:</b>		\$ 26,417,370	
	<b>UNDERFUNDED:</b>		\$ 2,019,979	
	<b>GRAND TOTAL:</b>		\$ 28,437,349	
Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners	<b>UN AGENCIES/IOM:</b>		\$ 23,555,765	
	<b>NGOS:</b>		\$ 3,954,450	
	<b>GOVERNMENT:</b>		\$ 927,134	
	<b>OTHER:</b>			
	<b>TOTAL(Must equal the total CERF funding allocated):</b>		<b>\$ 28,437,349</b>	
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	<b>TOTAL</b>	<b>under 5 years of age</b>	<b>Female (If available)</b>	<b>Male (If available)</b>
	4,334,123 <sup>3</sup>	approx. 310'115 <sup>4</sup>	-	-
Geographic areas of implementation targeted with CERF funding (please be specific)	<b>Rapid Response:</b> 37 affected townships in the Ayeyarwady and Yangon Divisions <b>Under-Funded Emergencies:</b> Northern Rakhine State; Parts of Bago Division, Mon State, Kayin State, Shan State and Tanintharyi Division; Sagaing and Magwe Divisions			

<sup>1</sup> According to OCHA's Financial Tracking Service (FTS) accessible at <http://ocha.unog.ch/fts2>. This represents funding requested through the Revised Flash Appeal only, and does not represent the total financial need for the Nargis response. Last accessed on 16/03/2009.

## II. Background

In 2009, Myanmar faced several humanitarian challenges. Most evidently, of course, cyclone Nargis caused vast devastation, loss of life and humanitarian needs in the Ayeyarwady Delta. CERF funds were disbursed promptly to support life-saving interventions during the first months of the response. In parallel, however, humanitarian needs in other parts of the country persisted. As in previous years, the levels of funding were not commensurate with the level of needs faced by the population. CERF funds allowed the international community to respond to these needs and support areas which have historically been chronically underfunded.

### Cyclone Nargis

Cyclone Nargis was undoubtedly one of the worst natural disasters to affect Myanmar in its modern history. The cyclone struck on 2 and 3 May 2008, causing wide-spread devastation in the Ayeyarwady Delta and Southern Yangon Division. Wind speeds reached 240 kilometers per hour (km/h) and parts of the Delta saw a three to four metre high storm surge which dramatically increased Nargis's impact. The cyclone caused extensive loss of life and physical damage. According to official figures, an estimated 84,537 people died, another 53,836 remain missing and 33,754 suffered injuries. Approximately 2.4 million people are thought to have been severely affected.

The impact on the Ayeyarwady Delta - a remote and heavily populated area - was severe. The direct loss of shelter, food, water, destruction of schools and health facilities as well as the loss of farmland were compounded by the timing of the natural disaster. Significant quantities of seeds and harvested crops were lost in this agriculturally important region of Myanmar. With about 60 per cent of families engaged in agriculture as their primary source of income<sup>5</sup>, many of the farmers, fishers and labourers lost their livelihood. According to the PONJA carried out in June 2008 under the aegis of the TCG, about 450,000 homes were destroyed and an additional 350,000 damaged. Seventy-five per cent of health facilities and 4,000 schools in the affected areas were destroyed or severely damaged. Over 600,000 hectares of agricultural land were flooded, killing up to 50 per cent of working animals, destroying fishing boats and sweeping away food stocks and agricultural implements.

The cluster approach was activated immediately after the disaster, building on discussions which had taken place within the IASC CT on contingency planning. The IASC CT had been established in February 2007 to foster a more equitable partnership between all humanitarian actors present in the country. After an initial discussion, it was decided that three of the clusters (Health, Education and Protection of Children and Women) would be co-chaired by NGOs, which has been considered as a best practice. The clusters served as the essential fora for information-sharing and operational coordination during the emergency response.

A UN-NGO Humanitarian Appeal was issued for Myanmar on 9 May, originally asking for an amount of \$187 million. Several reasons, including issues of access, logistics, infrastructure/transportation, weather and seasonal imperatives, subsequently prompted the IASC CT to substantially revise the original Flash Appeal into a year-long response plan for the period from May 2008 to April 2009. The total amount requested was slightly over \$477 million. The Flash Appeal is currently 66 per cent funded<sup>6</sup>. In early 2009, the TCG finalized the Post-Nargis Recovery and Preparedness Plan (PONREPP) which sets out a three year framework to guide recovery efforts. The stated financial requirements are approximately \$690 million.

At the end of 2008, significant achievements had been made by the various humanitarian actors in responding to the needs of the affected population. Although under-served areas

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<sup>2</sup> This number represents the total amount of humanitarian funding received for the Nargis response, both within and outside of the Revised Flash Appeal.

<sup>3</sup> Beneficiaries having received assistance one or several times

<sup>4</sup> Based on information received by a limited amount of agencies only

<sup>5</sup> According to the Post-Nargis Recovery and Preparedness Plan (PONREPP)

<sup>6</sup> According to FTS, last accessed 16 March 2009.

remained and gaps still had to be addressed for some sectors, all 37 severely affected townships had been covered by humanitarian assistance. In November, 11 UN organizations, 49 international NGOs (INGOs) and 34 local NGOs (LNGOs) were working in the affected areas. Humanitarian needs in the Delta remained, particularly in shelter, water supply for the dry season and agriculture. During October and November 2008, the TCG conducted one of three planned periodic reviews, which are mechanisms for jointly monitoring progress in the humanitarian response and are based on the PONJA exercise. The first report demonstrated both significant progress in the provision of humanitarian aid, but also outlined remaining gaps to be urgently addressed.

### Humanitarian Needs in Other Parts of Myanmar

As mentioned above, humanitarian needs in other parts of Myanmar not affected by Cyclone Nargis persisted alongside the needs resulting from the cyclone. Myanmar does not constitute a typical emergency situation. Rather, pockets of chronic and acute humanitarian needs are found throughout the country. The overall weakening of the humanitarian situation is mostly defined by accelerating impoverishment and the limited capacity of social service provision structures to address the overwhelming essential needs of the general population.

A recent household living-conditions survey conducted with assistance of the United Nations Development Programme (UNDP) revealed that more than 30 per cent of the population live well below the poverty line. The average expenditure for food is as high as 73 per cent of total household expenditure. Almost half of children are unable to complete primary education due to economic hardship. Myanmar's rates of HIV/ acquired immunodeficiency syndrome (AIDS) and tuberculosis (TC) infection remain among the highest in Asia. Malaria is endemic in many parts of the country.

Myanmar has historically received significantly less international assistance than many other countries. According to the Organisation for Economic Co-operation and Development (OECD), Myanmar (not taking into consideration the funding received during cyclone Nargis) received less overseas development assistance (ODA) (\$2.88 per person) than any of the poorest 50 countries. In comparison, countries such as Cambodia and the Lao People's Democratic Republic (PDR) have in recent years received ODA of \$34 and \$49 per person respectively.

Despite the funding received during the Nargis response, which has approximately tripled the total amount of humanitarian funding received in 2008 for Myanmar, the lack of funding for activities in other parts of the country has remained a problem. The IASC chose this year to focus the submission for the 2009 UFE round on Northern Rakhine State (NRS) where the humanitarian needs are acute and the funding shortfall is the most obvious. However, many other areas of the country require additional funding to address humanitarian needs.

One of the major challenges in Myanmar to date remains the limited amount of information available on the humanitarian situation gathered through needs assessments. Access to vulnerable populations, especially in the eastern border areas, is often very difficult to obtain. There is, therefore, no overall humanitarian strategic plan for Myanmar by which the UNCT could identify projects to be proposed for CERF funding.

### Analysis of How Sectors/Projects Were Prioritised for Allocations

Myanmar received three CERF allocations in 2008. The first allocation of \$2 million was announced under the UFE window in February 2008. Two large allocations were subsequently made to assist agencies responding to the destruction caused by cyclone Nargis. The first one was in May 2008 for \$20,400,000 and the second one was in August 2008 for \$4 million. In total, therefore, CERF funds received for humanitarian programmes in Myanmar during 2008 amounted to \$28,437,349.

An IASC CT had been formed in early 2007. Until cyclone Nargis in May 2008, the IASC was

composed of UNCT members, approximately 28 NGOs and the Red Cross and Red Crescent Movement organizations. Following the influx of additional NGOs and UN agencies, it grew substantially in the ensuing months. With the exception of the Flash Appeal of May 2008 (and subsequently the revised Flash Appeal), the IASC CT in Myanmar does not have a humanitarian planning instrument such as a Consolidated Appeal Process (CAP) detailing the financial requirements for humanitarian operations in the whole country. The revised Flash Appeal was strictly limited to the cyclone Nargis response and therefore limited to the Ayeyarwady Delta. It is planned that the recovery efforts in the cyclone-affected areas will be coordinated through a structure established within the framework of PONREPP. Following on from the revised Flash Appeal, it proposes sectoral recovery strategies as well as indicative funding needs for a period of three years starting from mid-2009, although exclusively focused on longer-term recovery efforts in the Delta.

Given the absence of a consolidated humanitarian planning instrument, the identification and prioritisation of CERF projects had to be undertaken based on a collective understanding among IASC agencies. In the case of the February 2008 allocation, a broad-based consultation and prioritisation process was started in advance of the announcement of the allocation to Myanmar. The IASC CT created a CERF Working Group (WG) to support this process. Based on the CERF's overall criteria and the humanitarian situation in Myanmar as described above, it was the members of the WG who identified the priority sectors and vulnerable groups in a consultative manner. IASC members were then asked to provide the Humanitarian Coordinator's (HC) office with relevant information on projects falling within these criteria and which were facing critical funding gaps in early 2008. The projects received, including INGO projects, were then evaluated by the IASC CERF WG against the global CERF criteria and the IASC needs prioritisation. A final decision was taken once the final amount of the allocation was announced by the CERF Secretariat.

In May 2008, CERF allocated \$22,417,366 to the cyclone Nargis response efforts from the rapid response window. Although the prioritisation process had to be undertaken significantly quicker than in February 2008, many of the IASC members were consulted directly. Nevertheless, the final distribution of the amount to UN agencies and then to NGOs remained unclear to some partners. Upon a specific request by NGO members of the IASC, OCHA documented the process and provided these details to the IASC membership.

An additional allocation of \$4 million under the CERF rapid response window was announced in July 2008. The process benefited from the indications provided to the HC's office in advance of the official announcement. The time available allowed the HC's Office to inform the IASC CT partners ahead of time as well as for detailed consultations at cluster lead meetings. IASC CT partners were informed that they would be able to contact UN agencies for the submission of proposals. Once a basic prioritisation of sectors and activities had been decided upon by the cluster leads, the clusters consulted with their members for the inclusion of project activities. The final prioritisation and inclusion of projects was undertaken by the cluster leads. This allowed for proposals to be ready for submission to the CERF Secretariat by the time the allocation was officially announced.

### **III. Implementation and results**

#### **HEALTH**

##### Under-Funded Emergencies Window:

#### **Reproductive Health Access, Information and Services in Emergencies (UNFPA)**

- The project addressed emergency obstetric care (EmOC) with the aim of contributing to saving lives of mothers and reducing maternal mortality. Marie Stopes International (MSI) Myanmar carried out the activities to EmOC in eight townships, namely: Kungyangon, Dedaye and Pyapon in the Ayeyarwady delta

which were seriously affected by cyclone Nargis and Bago, Shwegyin and Kyaukkyi in Bago Division and Ye in Mon State. It provided equipment and supplies to nine EmOC facilities, of which eight are now providing comprehensive EmOC and one provides basic EmOC. Community mobilisation and education was done through individual and group discussion, community forums on maternal health and through information, education and communication (IEC) materials. In addition, the project successfully facilitated referral mechanism for EmOC.

- MSI also implemented advocacy activities with the Department of Health, UNFPA and other stakeholders to promote maternal health in project communities.

### **Maintaining Life-Saving Malaria Diagnosis and Treatment (UNFPA)**

- Population Services International (PSI)/Myanmar worked to increase the use of life-saving, affordable, quality, public and private sector malaria diagnosis and treatment services amongst the poor through the procurement, packaging and distribution of malaria rapid diagnostic test kits (RDTs) and pre-packaged artesunate combination therapy malaria treatment to franchisees of the Sun Health Network. PSI/Myanmar successfully procured the planned commodities (90,451 courses of Coartem and 201,000 RDTs). PSI/Myanmar integrated the project with its ongoing activities surrounding the provision of services through the Sun Network of franchised private sector doctors. Approximately 59,000 malaria test kits were distributed and 29,147 marginalised and vulnerable people were diagnosed with and received treatment for malaria (artesunate combination therapy). PSI/Myanmar's commodity distribution is monitored with regular reports from field offices and Sun clinics.
- Due to the savings made on the project commodities and significant import delays, PSI/Myanmar was granted a no-cost extension for the project on 9 February 2009. PSI/Myanmar will continue to distribute commodities to provide malaria diagnosis and treatment services under this project until 31 May 2009.

### **Saving Lives by Providing HIV and TB/HIV Control and Treatment to Vulnerable Communities in the Hard-to-Reach Regions of Myanmar Border Areas (WHO)**

- The project provided life-saving services to populations among the most vulnerable in the country living on the Myanmar/Thailand border as well as in Sagaing and Magway Divisions. In total, 18,248 new TB cases (of which 39 per cent were among women) were identified and treated. Over 10,000 TB contact tracing visits were conducted. Ten TB laboratories in these areas were equipped with binocular microscopy and other related equipment allowing them to diagnose TB. In addition, 41 new sputum collection points were established. A total of 5,300 TB/HIV education sessions were conducted at village level by rural health staff reaching a substantial number of people. In six townships bordering Thailand (Myawaddy, Tachileik, Dawei, Kawthaung, Myeik and Kyaung Tone) 716 people living with HIV were enrolled in HIV care services and 218 (of which 56 per cent are women) have started receiving life-saving antiretroviral therapy (ART). An additional 67 patients are currently starting ART services giving a total of 285 patients under ART. Basic health staff and people living with HIV received 240 community home-based care and positive living training sessions. Additionally, 40 HIV awareness raising sessions were organised in each of these townships and 80,000 HIV and TB related leaflets in local language produced and mostly distributed.
- At the township level, the Ministry of Health (MoH) sexually transmitted diseases (STD) team provided the coordination with the hospital and implementing partners, using the comprehensive continuum of care (CCC) approach where the patient is in the centre of multi stakeholder care. WHO regularly visited the site and hospital and coordinated with stakeholders. All activities were monitored through 114 monitoring visits organised at district and State/Divisional levels by staff from the National TB

## Rapid Response

### **Addressing Priority Health Needs of the Affected Population of Cyclone Nargis in the Ayeyawaddy and Yangon Divisions (WHO)**

- The immediate aim of the health sector was to prevent disease outbreaks and to prevent avoidable morbidity and mortality in areas of greatest need. As WHO was the lead in health, this project enabled it to introduce the “cluster approach” for an effective coordination mechanism to be established at Yangon and in the townships amongst health partners. These included UN agencies such as WHO, UNICEF, international and national NGOs, and the MOH. This provided the platform to enhance partnerships with health INGO and NGOs, complement joint efforts, the sharing of resources, avoided overlap of interventions, identified gaps and the addressing of urgent needs together. For example, national NGOs like the Myanmar Medical Association (MMA) were quickly able to mobilize their numerous community professionals to conduct emergency and mobile medical services whilst international partners provided much-needed emergency medicines and supplies, logistics and technical support.
- More than 300,000 people, including women and children, directly benefited from this project, with an additional two million indirect beneficiaries through the implementation of preventive health activities. The provision of safe delivery kits, counselling, especially to women groups. and the provision of child care services, for example, highlighted women and children as being more vulnerable during emergency situations. In the end, the CERF-funded project prevented the outbreak of epidemic diseases and the further loss from preventable morbidities. It also provided emergency curative and preventive health services and access to primary health care services, strengthened existing health care systems, and established one early warning and response system (EWARS) amongst health partners with the MOH.

### **Rapid Establishment of up to 10 Temporary/Emergency Primary Health Care Clinics in Priority Locations in the Irrawaddy Delta region (IOM)**

- With emergency funding from the CERF, IOM deployed 10 mobile clinics to respond to the most urgent health needs of cyclone survivors. Under this project, mobile clinics treated 30,541 patients in 472 villages throughout the three townships of Bogale, Mawlamyinegyun and Pyapon, focusing on hard to reach areas. While the project provided the funds necessary to procure and transport medical tents, in the immediate emergency period it was quickly determined that the scattering of survivors over an extensive area could be better served by mobile medical clinics. CERF funding supported the mobile clinics and the establishment of logistics and communications mechanisms. In-kind donations from partners AmeriCares and International Medical Corps (IMC) equipped the clinics with medicines and medical supplies. Coordination took place at the township level with other health service providers particularly Township Medical Officers. The 10 medical tents procured and transported under this project were essential to IOM’s emergency response when mobile clinic operations became fixed.

### **Emergency Medical Referrals and Assisted Return Services for Cyclone Affected Communities in the Ayeyarwady Delta Region (IOM)**

- When the health cluster received funding under the Flash Appeal, IOM drew from its previous emergency experience and proposed an emergency referral mechanism and evacuation system to facilitate referrals and transportation of patients to tertiary and secondary health facilities in Bogale, Mawlamyinegyun, Pyapon and Yangon.

The Health Cluster endorsed the proposal and IOM set-up a referral and transportation system as a common service for all health partners working in the eastern delta region. IOM provided the details of the service to all cluster partners in health cluster meetings. A hotline, manned by an IOM medical focal point in each office was established and IOM teams were supplied with extra boats to transport patients and their family. CERF funds supported both operational costs and the treatment of referred patients. Americares donated five boats for the transportation of patients. From 25 August–28 November 2008, IOM medical teams and partners referred and transported a total number of 348 patients of which 144 were male and 204 female.

### **Prevention of Maternal Morbidity, Sustaining Reproductive Health post-Cyclone Nargis (UNFPA)**

- The CERF-funded project was implemented to meet the essential reproductive health needs of the populations affected by Cyclone Nargis through three main service activities: establishment of static clinics, establishment of maternity waiting homes and mobile health care services. In order to provide health care and essential obstetric care to women, the project has provided birth spacing service, ante-natal care, basic reproductive health treatment as well as referral to the higher health facilities. About 64 per cent of patients were female. The project was implemented using the guidelines on the “Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations”.
- Morbidity data was collected and shared regularly with respective Township Medical Officers (TMOs) as well as with the health cluster in Myanmar. The project strategy was well accepted by the Government of Myanmar and acknowledged by the cluster mechanism in the country. In addition, the project concept has been adopted by other humanitarian actors working in the cyclone affected delta.

### **Prevention of Child and Maternal Deaths and Illnesses (UNICEF)**

- Through the CERF-funded project UNICEF vaccinated over 112,000 children against measles; provided essential commodities to 7,600 families, clean delivery kits and drugs to prevent post-partum haemorrhage for 31,000 women as well as essential drugs for 200,000 cases of pneumonia, diarrhoea and other critical illnesses. To prevent and treat malaria and dengue hemorrhagic fever, UNICEF provided insecticide-treated bed nets to 140,000 women and children as well as diagnostics and medicines for 125,000 suspected malaria cases. There has been no major infectious diseases outbreak or excess mortality caused by diarrhoea, pneumonia, measles, malaria or dengue hemorrhagic fever. There has also been no increase in the number of maternal and child deaths in the severely affected areas.
- UNICEF took the lead in the coordination of health activities on the ground in several severely affected townships even before the establishment of sub-national cluster coordination. UNICEF has played an important role as a facilitator to bring the local government health officers and NGO partners together for the planning and implementing of the emergency health response at the early stage when such coordination seemed difficult. UNICEF established five field offices in severely affected townships and over 10 health field officers implemented and monitored health activities. Through CERF funding, UNICEF has assisted the Ministry of Health and township medical offices in implementing the above activities. UNICEF also established partnerships with NGOs such as Cooperazione e Sviluppo (CESVI), Arsen Zonder Grenzen (AZG), MMA and Save the Children, to improve the availability of and access to essential family commodities and child and maternal health services. CERF funds played a significant role in contributing to gender equity, with UNICEF prioritizing maternal and women’s along with children’s health. UNICEF benefited from a strong monitoring operation with UNICEF field officers



ensuring that supplies were properly utilized and distributed by working closely with TMOs and the basic health staff.

### **Prevention of malnutrition and micronutrient deficiencies among children and pregnant women (UNICEF)**

- CERF funding for the nutrition sector was mainly used to procure urgently required core supplies to prevent morbidity and mortality due to acute malnutrition and micronutrient deficiencies. These essential supplies were pooled for the overall relief efforts and complemented other resources received by UNICEF for the nutrition emergency response. The nutrition emergency response was coordinated by the UNICEF-led nutrition cluster. The cluster had more than a dozen partners, including the Ministry of Health nutrition unit which strongly participated. The overall response was implemented based on a common nutrition cluster plan and employed response standards developed or endorsed by the cluster. Equipment for regular monitoring of nutritional status, including weighing scales, measuring boards, height weight charts and tapes, were procured and a nutrition surveillance system was established within the first few weeks of project implementation in 12 townships through a network of NGOs and the public health system of MOH. Nearly 500,000 screenings were conducted and this data guided the nutrition response. CERF funds supported the multiple micronutrient and Vitamin B1 supplementation of around 20,000 beneficiaries. This constituted around 20 per cent of the cluster response target and was implemented mainly through the 600 health sub-centres of the MOH. Also, 90 per cent of children aged 6-59 months received a dose of vitamin A within the last six months. CERF funds enabled Action contre la Faim (ACF), Save the Children and MOH to provide blanket or targeted feeding to more than 8,000 young children representing around 14 per cent of a total of 60,000 reached by the end of December by UNICEF partners. The results from the food and nutrition survey conducted in October 2008 found that 11 per cent of 6-59 month children had acute malnutrition against a baseline of 9.8 per cent in the affected division of Ayerawaddy in 2003. This difference was not statistically significant.
- To contribute to gender mainstreaming UNICEF targeted the most vulnerable and aimed to prevent micronutrient deficiencies amongst pregnant and lactating women. A strong and comprehensive monitoring system was supported by UNICEF and the cluster. Nearly 500,000 screenings of children under-5 for acute malnutrition were conducted in the affected areas. Implementing partners and the MOH provided monthly reports to UNICEF describing progress in reaching their agreed targets. Furthermore, 120 days after the emergency response began, a comprehensive house-to-house nutrition survey was conducted by the MOH, UNICEF and the World Food Programme (WFP). This will be followed up by a further survey in March/April of 2009.

### **MULTI-SECTOR**

#### **Under-Funded Emergencies Window:**

#### **Assistance to Vulnerable Residents of Northern Rakhine State (UNHCR):**

- In NRS, CERF funding reinforced and expanded humanitarian life-saving services to vulnerable stateless people. CERF funds enabled NGOs and UNHCR to expand their programmes to underserved areas, to provide essential items such as mosquito nets, sanitary materials, tarpaulins, safe delivery kits and blankets to more than 40,000 extremely vulnerable individuals. Furthermore, UNHCR protection activities included regular visits to communities in NRS in order to report, follow-up on and support 1,010 identified protection cases of which 35 were Sexual and Gender Based Violence (SGBV) cases.

- ACF screened 14,089 children under the age of ten for malnutrition and admitted 1,577 children (778 boys and 799 girls) to its therapeutic feeding centre in Sittwe, where they were treated. The children had an 82 per cent cure rate, a 2.5 per cent default rate and 1 per cent death rate. More than 3,000 pregnant and lactating women of malnourished children received essential non-food items (NFIs) such as mosquito nets and blankets. UNHCR provided 7,500 sachets of oral rehydration salts (ORS) to the Maundaw hospital during a diarrhoea outbreak and to affected communities. Malteser International tested 24,172 patients for Malaria and TB and treated 9,356 persons. ACF, Malteser and Aide Medicale Internationale (AMI) established an effective referral system for Malaria, TB, malnutrition and safe deliveries. A database containing information on health baseline data was established with the contribution of all partners.
- UNHCR coordinated with local authorities, NGOs and other UN agencies to identify the most vulnerable people to benefit from its projects. UNHCR's vulnerability criteria were applied when selecting beneficiaries. Projects were implemented by UNHCR directly and through Malteser International and ACF. Monitoring was conducted through UNHCR staff field visits, evaluation of narrative and financial reports as well as feedback from beneficiaries.

## **AGRICULTURE**

### **Rapid Response**

#### **Emergency Support to Restore Food Security in Cyclone Nargis-affected Areas Through the Provision of Agriculture Inputs and Technical Assistance (FAO):**

The project areas covered eight cyclone affected townships in the delta area. Two hundred metric tonnes (MT) of rice seeds were distributed to 2,380 households. In addition, 407 MT of urea and potash were distributed to 1,947 households as well as 600 litres of insecticides to 12,000 households, 1,900 units of sprayers to 19,000 households and 13,700 hand tool sets to 13,700 households. These agriculture inputs enabled beneficiaries to resume cultivation on 1,943 ha of land. For livestock and poultry inputs, 300 families received buffaloes and 5,500 families received chickens and ducks. These agriculture and livestock inputs were distributed to farmers' doors through implementing partners.

Myanmar women play an essential role in agriculture. Poor, landless and woman-headed households who lost all their assets are the most vulnerable and needy group of beneficiaries for the project. Providing these beneficiaries with agricultural inputs allowed them in a very short time to acquire eggs and meat for their own consumption and for sale, thus generating cash income.

FAO has taken responsibility as agriculture cluster lead to coordinate agriculture related activities with government agencies, NGOs, and implementing partners at the national and field level. Under the umbrella of the FAO-led agriculture cluster, technical working groups (TWG) on livestock and animal health and a TWG on fisheries were established and chaired by FAO's international advisors.

Monitoring and evaluation has also been carried out through this mechanism. Impact assessments were carried out by another implementing partner, Myanmar Egress. In cooperation with governmental agencies (Ministry of Agriculture and Irrigation and Ministry Livestock and Fisheries), international/local NGOs and UN agencies namely International Development Enterprises (IDE), CESVI, German Agro Action (GAA), Livestock Breeding and Veterinary Cooperative Limited (LBVCL), Myanmar Livestock Federation (MLF), and UNDP have participated in the implementation of the project. In collaboration with the Livestock

Breeding and Veterinary Department, Ministry of Livestock and Fisheries, technical guidelines for the distribution of livestock and poultry in Cyclone Nargis affected areas were developed.

## **COORDINATION SUPPORT SERVICES**

### **Rapid Response**

#### **Logistics Augmentation and Coordination in Support of the Humanitarian Community in Myanmar (WFP):**

WFP's fleet of air-bridge, helicopters, boats, barges and trucks delivered food and other relief materials to 24 warehouses with a storage capacity of 30,076 square meters established in the Delta on behalf of the entire humanitarian community. With the air-bridge, WFP facilitated a total of 230 air cargo shipments consisting of 4,200 tons of food and relief supplies as well as 10,400 tons of humanitarian supplies through road and inland waterway. Since the launch of the helicopter operation on 2 June 2008 (originally 10 helicopters, now reduced to one), over 3,300 rotations were made to remote areas, transporting over 23,700 passengers and 1,100 tons of supplies to the Delta. The logistics cluster operations ceased on 10 August 2008 as planned. Individual organisations are managing their own logistical operations, except the use of the helicopter. In total, 41 humanitarian agencies used the logistics cluster's services. The logistics cluster received extensive support from partner organizations in terms of seconded staff: over 21 staff members from 13 organizations provided support staff for the operation.

#### **Emergency Telecommunications Cluster (ETC):**

UNICEF and WFP shared coordination of the emergency telecommunications cluster. The ETC was divided into a data communications sector under the coordination of UNICEF and a security communications sector coordinated by WFP. This methodology ensured a predictable and effective inter-agency response and established a broader partnership base. This emergency also allowed the establishment of new collaborative and working partnerships amongst UN agencies, INGOs and other partner agencies on the ground, with an increase in the efficiency of coordination of emergency communications by optimizing and standardizing information and communications technology (ICT) solutions.

#### **Emergency Telecommunication Cluster (ETC) Services for Humanitarian Assistance to the cyclone-affected population of the Union of Myanmar (WFP):**

The ETC provided technical ICT support to the humanitarian community in Yangon, Laputta, Bogalay, Pyapon, and Mawlamyanyun. It also coordinated Inter-Agency telecommunications activities in support of staff security, and established common Inter-Agency security telecommunications services. To date, 535 staff members from humanitarian agencies have been trained on radio operations on various modules. Through the ETC Cluster, WFP also assisted UNDSS to liaise with the Government of the Union of Myanmar and relevant authorities to facilitate UN-wide licensing of radio frequencies and importation of radio equipment. Five radio-rooms have been established in the Delta region and kept fully operational as per MOSS requirement for UN Security Phase 1 with common security telecommunications networks. Access to sufficient power supply, telephone, and data connectivity has been ensured by WFP's ICT team.

#### **Emergency Telecommunication Cluster (ETC) – Data Connectivity Services for Humanitarian Assistance to the cyclone-affected population of the Union of Myanmar (UNICEF)**

The CERF grants enabled the set up of data communications infrastructure in five operation centres, ensuring availability of data telecommunication services in support of emergency operations (Laputta, Bogalay, Mawlgyn, Pathein and Pyapon). The deployment of a connectivity hub at a central site in all five centres allowed UN and INGOs to interconnect to the

hub, via quick deployable technology, to gain access to their respective corporate networks and/or internet. This approach reduced costs due to the use of a shared bandwidth and single installation, which required the purchase of less satellite equipment. A total of 43 different UN agencies and INGOs made use of at least one of the hubs. To identify and respond to any constraints in the delivery of services regular meetings were organised with participation from UN agencies and INGOs. Monitoring activities included the establishment of a system of virtual private network links in all five centres, which are connected to the UNICEF Yangon office. This allowed the real time monitoring of data communications connectivity availability and remote control of data communications equipments.

## **FOOD**

### **Food Assistance to Cyclone-Affected Populations in Myanmar (WFP)**

With the assistance of CERF and other funding, WFP and partners in the Food Cluster provided approximately 63,403 mt of food commodities to over 1.1 million victims of cyclone Nargis through General and Targeted Food Distribution in 2008. The number includes pregnant and lactating mothers and children who received fortified Blended Food through Supplementary Feeding programme. In addition, Food-for-Work activities with 50,000 beneficiaries started in January.

The establishment of the Food Cluster provided to be an effective way to coordinate the relief activities among agencies, ensuring a wider area coverage, the avoidance of service duplication, and the identification of service gaps. Currently, approximately 12 organizations regularly attend the Food Cluster meeting both in Yangon and the field. As part of monitoring efforts, a Post Distribution Monitoring system was established in collaboration with partners.

## **SHELTER AND NON- FOOD ITEMS**

### **Rapid Delivery of Life-saving Non-food Shelter Items to Survivors of Cyclone Nargis (IOM)**

CERF funding allowed IOM to take prompt action to meet the urgent needs of survivors living in emergency shelter and temporary facilities throughout the affected region. IOM procured, shipped and distributed 29,661 tarpaulins and 14,202 pieces of rope in the most severely affected areas of the townships of Bogale, Pyapon and Mawlamyinegyun. IOM was assigned by the Shelter Cluster to provide transitional shelter materials as a means for survivors to make a smooth transition from immediate emergency shelter relief being provided by partners. Specifications for tarpaulins and rope were determined in collaboration with the Shelter Cluster. Once these were determined, IOM ordered stocks from suppliers in India and transported them by air to Yangon. There was some delay in distribution due to a shortage of tarpaulins internationally and poor quality of tarpaulins in-country. Warehouses were secured in Yangon, Bogale and Mawlamyinegyun and were made available to partners. IOM coordinated with the Logistics Cluster to provide transportation, storage, communication and coordination support for the delivery of transitional shelter items. Operations were supervised by Field Coordinators in each hub and Yangon head office.

### **Rapid Delivery of Life-saving Non-food Shelter Items to Survivors of Cyclone Nargis (IOM)**

CERF funding allowed IOM to continue distributing basic household necessities. IOM distributed 10,005 household kits throughout Bogale (4,066), Mawlamyinegyun (3,000) and Pyapon (2,939) townships. 5,248 jerry cans donated by CARE Australia were distributed simultaneously, at no additional cost. Some 46,000 people in 25 devastated village tracts directly benefited from the project. Women attending IOM mobile clinics were the principal recipients of the kits. A Joint Procurement Initiative coordinated by World Concern, Bangkok, allowed speedy procurement of

quality household kits. Pro bono shipping (Bangkok-Yangon) of 5,500 of the kits and customs clearance from oil company Total allowed cost and time savings. The saved funds allowing the procurement and distribution of 2,000 kits beyond the 8,000 planned. IOM identified priority distribution areas and partners through Shelter Cluster coordination – particularly with World Concern who also distributed 10,000 identical kits. IOM staff in the three townships and Yangon head office monitored the transportation by private contractors and distribution by IOM and partners.

### **Emergency Shelter Assistance in Areas Affected by Cyclone Nargis (UNHCR)**

A few days after cyclone Nargis hit the Delta and Yangon area, CERF funding enabled UNHCR to immediately start its emergency response operation by procuring and distributing life-saving food and non-food items to survivors. Plastic sheets, mosquito nets, kitchen sets, blankets, jerry cans were flown to Yangon from UNCHR pre-positioned stockpile in Dubai and shipped to the Labutta and Bogale and affected areas around Yangon. Other items such as food, sanitary napkins and soap were purchased locally. Thus UNHCR was among the first agencies distributing emergency shelter supplies, food and non-food items in the Delta. Through CERF funding, 5,319 households which could not be reached by WFP in Bogale received two-weeks food rations, corresponding to 25,000 individual two-week rations. In addition, additional 13,533 two-week rice rations, 7,423 two-week pulse rations and 1,667 two-week oil rations were distributed in the first weeks of the operation. More than 12,500 households (ca. 65,000 individuals) received plastic sheets and non-food items. Distributed goods respected the Emergency Shelter Cluster standards. Stoves were also dropped from the list of procurement and replaced with mosquito nets and blankets as not necessary and lifesaving.

For the first two months of the Nargis operation UNHCR acted as the Shelter Cluster lead coordinating with all UN agencies and national and international NGOs the distribution of shelter material and non-food items with a focus on avoiding overlap, adhering to Sphere and UN Emergency Standards and collecting and recoding data on needs and corresponding to them accordingly. All agencies were called upon to consider needs of extremely vulnerable individuals such as elderly, handicapped, female headed households as a priority. UNHCR implemented its distribution activities directly and through NGO partners such as ACF, Malteser and other local NGOs. UNHCR staff from the Emergency Teams based in Yangon, Bogale and Labutta monitored distributions.

## **WATER AND SANITATION**

### **Emergency WASH response for affected populations (UNICEF)**

The CERF funds played an important part in contributing to an effective WASH emergency response. Key outcomes included 400,000 people benefiting from access to safe drinking water through the provision of water containers, water purification items, water treatment plants and the rehabilitation of ponds and dug wells, along with the construction of sanitary latrines. With the CERF funding a population of around 400,000 benefited from access to safe drinking water at 3 litres per capita per day (lpcd) and clean water for bathing, cooking and cleaning at 10 lpcd through the provision of water containers, water treatment plants and water purification items, along with the rehabilitation of ponds and dug wells. Around 360,000 people were reached with hygiene promotion messages emphasising clean and safe food, proper usage of water and latrines, and hand washing, with 600,000 bars of soap also distributed. Over 80,000 latrine pans and pipes were distributed to affected communities, with more than 40,000 built Hygiene promotion activities were supported across the affected areas. No outbreak of water and sanitation related diseases occurred. The key role of women in Myanmar family life was fully recognized in order to deliver maximum benefit from the WASH emergency response to women. Women are most directly affected by a water and sanitation programme and are best placed to help derive maximum benefit from it. Special attention was also given to stimulate the participation of women in group discussions during village meetings, as well as to separately consult women on the water and sanitation needs. Furthermore, the requirements for the

sanitary privacy of women were taken into consideration through the construction of separate sanitary facilities for men and women and boys and girls in temporary shelters and schools.

Partnerships, especially with local NGOs, were crucial for enabling utilized funds to reach the worst affected communities in hard to reach areas of the delta. UNICEF leadership and support to the WASH cluster helped provide a coordinated and effective response, which spread best practices (e.g. for pond rehabilitation and latrine construction) within the sector and ensured all gaps were filled, which was particularly important for monitoring and responding to water shortages during the dry season. CERF funds received by UNICEF were utilized by UNICEF, CESVI, PARTNERS' Myanmar and PACT Myanmar in relief activities. These partnerships were crucial for ensuring a timely and effective response. They played a particularly key role in accessing hard to reach areas within the delta, which were also often the worst-affected. UNICEF's implementing partners monitored progress against their work plans and set objectives. The cluster coordinating role helped to avoid wastage and overlap.

#### IV. Results:

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
<b><u>Under-Funded Emergencies Window</u></b>							
Health	<b>08-WHO-015</b>  <b>Saving lives by providing HIV and TB/HIV control and treatment to vulnerable communities in the hard-to- reach regions of Myanmar border areas</b>	\$771,149	Overall 3 million people in the project areas will have access to TB and HIV services			<ul style="list-style-type: none"> <li>▪ 25000 TB patients receive treatment.</li> <li>▪ 285 patients enrolled on ART.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 18 248 TB cases treated.</li> <li>▪ Over 30000 contacts traced.</li> <li>▪ 41 new sputum collection points established.</li> <li>▪ 10 new laboratories with capacity to diagnose TB.</li> <li>▪ 159000 people estimated participated in health education sessions.</li> <li>▪ Over 114 monitoring visits organised.</li> <li>▪ 2050 Basic Health Staff were trained for sputum collection techniques.</li> <li>▪ 218 people living with HIV (adults) on ART therapy.</li> <li>▪ Over 7200 people participated to HIV raising awareness sessions.</li> <li>▪ Over 750 people living with HIV receive cotrimoxazole prophylaxis.</li> <li>▪ 38 health care workers (doctor and nurses) were trained to HIV care and OI and ART management.</li> <li>▪ 240 basic health staff and people living with HIV received training in community home based care and HIV positive living.</li> </ul>
Health	<b>08-FPA-009</b>  <b>Reproductive Health Access , Information and Services In Emergencies</b>	\$120,000	Total Beneficiaries: 671.000  Male: 337.300 Female: 333.700  Number of deliveries requiring c- section: 1,258 pregnant women	Marie Stopes International (MSI) Myanmar		<ul style="list-style-type: none"> <li>▪ Increase the rate of delivery at EmOC facilities by 5% from 2007.</li> <li>▪ Increase the rate of delivery by skilled attendants by 5% from 2007.</li> <li>▪ Support 3 EmOC facilities with EmOC equipment and EmOC supplies.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 23% increase during 5 months of CERF implementation period compared to 5 months before CERF roll out.</li> <li>▪ 68% increase in hospital delivery during 5 months of CERF implementation.</li> <li>▪ 10% increase in home delivery assisted by skilled attendant.</li> <li>▪ 9 EmOC facilities supported.</li> </ul>

Health	<p><b>08-FPA-010</b></p> <p><b>Maintaining Life-saving Malaria Diagnosis and Treatment</b></p>	\$411,442	200,000 marginalised and vulnerable people	Population Services International (PSI)		<ul style="list-style-type: none"> <li>▪ 200,000 marginalised and vulnerable people tested for malaria.</li> <li>▪ 90,000 marginalised and vulnerable people diagnosed with malaria.</li> <li>▪ 90,000 marginalised and vulnerable people treated for malaria.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Project supports the use of life-saving, affordable, quality, public and private sector malaria diagnosis and treatment services amongst the poor in Myanmar.</li> <li>▪ Project has thus far distributed 59,049 malaria test kits and 29,147 malaria treatments to poor and vulnerable people through PSI/Myanmar's Sun Network of franchised private sector doctors.</li> </ul> <p><b>Project has been extended through May 2009.</b></p>
Multi-Sector	<p><b>08-HCR-010</b></p> <p><b>Assistance to Vulnerable Residents of NRS</b></p>	\$717,388	<p>24,172 patients screened 9,356 treated/referred</p> <p>Approx. 20,000 for distribution of items</p>	<p>Malteser International 65,000 USD</p> <p>UNHCR 90,000 USD NFI 24,000 USD staffing</p>	<ul style="list-style-type: none"> <li>▪ Less than 10% of birth are attended by medical personel.</li> <li>▪ Maternal mortality rate: 3.8/1,000 life birth.</li> <li>▪ Malaria/mixed infection rate: 68.4%.</li> <li>▪ No common health indicator database for NRS.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Approx. 5,000 malaria/TB patients referred.</li> <li>▪ At least 8,400 Malaria suspected patients treated.</li> <li>▪ 20,000 persons received ORS, a blanket, mosquito nets and other items.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2,200 clean delivery kits provided to pregnant women.</li> <li>▪ 11,200 mosquito nets and 10,800 blankets distributed to patients at health and nutrition centres.</li> <li>▪ 7,400 sachets of ORS distributed to hospital during diarrhoea outbreak and to affected communities.</li> <li>▪ 20,900 sanitary napkins dstrubuted to women.</li> <li>▪ Common health indicator database established with NGO and UN.</li> <li>▪ 24,172 patients screened for TB/malaria and 9,356 treated.</li> </ul>
			14,089 chidren below 10 screened 1,577 treated	ACF 365,000 USD	<ul style="list-style-type: none"> <li>▪ Severe malnutrition rate: 1.4%.</li> <li>▪ Moderate malnutrion rate: 18.9%.</li> </ul>	<ul style="list-style-type: none"> <li>▪ At least 1,000 children with severe/acute malnutrition treated (cure above 70%, default rate under 15%, death under 5%).</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1,577 children (778 boys and 799 girls) were admitted to therapeutic feeding centre in Sittwe, and treated (82.3 % cured rate, 2.5 % default rate and 1.0% death rate).</li> </ul>
			2,600	<p>UNHCR 14,827 for NFI 111,231 for staffing and travel UNHCR 46,932 (PSC)</p>	<ul style="list-style-type: none"> <li>▪ More than 100,000 individuals classified as extremely vulnerable.</li> <li>▪ Number of SGBV cases in communities</li> </ul>	<ul style="list-style-type: none"> <li>▪ All identified SGBV cases receive legal/medical or psycho-social support.</li> </ul>	<ul style="list-style-type: none"> <li>▪ UNHCR staff made more than 3,000 visits to communities during which 1,010 protection cases were identified among which 35 were SGBV cases, which were supported.</li> <li>▪ 1,680 extremely vulnerable families were supported with NFI such as blankets, tarpauline (where houses were damaged during storms).</li> </ul>



**Rapid Response Window**

<p align="center"><b>Agriculture</b></p>	<p align="center"><b>08-FAO-019</b></p> <p align="center"><b>Emergency support to restore food security in cyclone NARGIS-affected areas through the provision of agriculture inputs and technical assistance</b></p> <p align="center">Livestock Sector</p>	<p align="center">\$2,000,000</p>	<p>- 300 families received 600 buffaloes (13% of the beneficiaries are woman-headed households)</p> <p>- 5,500 families received poultry packages (15,000 chickens and 60,000 ducks) (appx. more than 30% of the beneficiaries are woman-headed households)</p>	<ul style="list-style-type: none"> <li>▪ <b>Myanmar Livestock Federation (MLF)</b> (US\$24,276)</li> <li>▪ <b>Livestock Breeding and Veterinary Cooperative Limited (LBVCL)</b> (cost of activities was funded by other project only inputs from the subject project)</li> <li>▪ <b>Livestock Breeding and Veterinary Department (LBVD), Minsitry of Livestock and Fisheries</b> (FAO established a close collaboration with the Department in order to facilitate the distribution campaign by INGOs or NGOs working in affected areas as LBVD is the competent authority of the country in animal movement control.)</li> </ul>		<ul style="list-style-type: none"> <li>▪ 3,000 hard hit families recover their livelihoods and resume household food production through supply of livestock inputs.</li> <li>▪ Strengthen technical knowledge and skills of the beneficiary families on household-level agriculture and livestock practices.</li> <li>▪ Restore draught animal capacity for rice production and support to livestock and poultry production for increased production of egg and meat.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Project supported the eight townships in Ayeyarwaddy and Yangon Division affected by Cyclone Nargis hit with draught animals, poultry, emergency animal feed, veterinary drugs and supplies, technical assistance and logistic support.</li> <li>▪ 600 buffaloes, 15,000 chickens, 60,000 ducks, 60 tonnes of animal feed, and essential veterinary drugs were procured and delivered to affected households in affected areas.</li> <li>▪ In collaboration with Livestock Breeding and Veterinary Department, township veterinary officers and animal health care workers (know as Blue Cross workers) were assigned to contribute to a better animal health service for affected households.</li> <li>▪ MLF and LBVCL worked on the distribution of livestock inputs and emergency animal feed to the beneficiary families in cyclone Nargis affected areas.</li> <li>▪ One international consultant on Animal Health and Livestock and one national livestock specialist provided technical assistance according to assignments to most affected areas and other international and local NGOs. They also played a key role in assisting the establishment of Technical Working Group (TWG) as part of FAO Agriculture Cluster Lead and monitoring the overall implementations of emergency response.</li> <li>▪ Due to supports of the CERF project, government, NGOs, and private sectors, approximately 2.4% of the total lost buffaloes were restored in affected townships in Ayeyarwaddy Delta and many other families need similar assistance to regain their livelihoods.</li> </ul>
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	Crop Sector		<ul style="list-style-type: none"> <li>▪ 2,380 households received 200 MT rice seed</li> <li>▪ 1,947 households received 407 MT urea and potash fertilizer</li> <li>▪ 12,000 households received pesticide</li> <li>▪ 19,000 households received sprayers</li> <li>▪ 13,700 households received hand tools</li> </ul> <p>(around 20% of the beneficiaries are woman-headed households)</p>	<ul style="list-style-type: none"> <li>▪ CESVI (US \$7,443)</li> <li>▪ GAA (US \$16,873)</li> <li>▪ EGRESS (out of the total US \$91,905 cost for M&amp;E for the entire FAO activities in the Delta US \$12,136 was covered by the subject CERF project)</li> <li>▪ IDE (cost of activity was covered by another FAO project and inputs were covered from this project )</li> <li>▪ UNDP (received only in kind inputs and covered cost of activity itself)</li> </ul>		<ul style="list-style-type: none"> <li>▪ 13,000 hard hit families recover their livelihoods and resume household food production through supply of agricultural and livestock inputs.</li> <li>▪ Strengthen technical knowledge and skills of the beneficiary families on household-level agriculture and livestock practices.</li> <li>▪ Appropriate crops/cropping systems introduced by targeting the forthcoming monsoon season and yield increased.</li> <li>▪ Restore draught animal capacity for rice production.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rice production system maintained and hard hit families recovered their livelihood and resumed household food production through supply of agricultural inputs.</li> <li>▪ Strengthened technical knowledge and skill of the farmers on household level agricultural practices.</li> <li>▪ Appropriate cropping system introduced for monsoon season and yield increased.</li> <li>▪ In some areas maintained rice yield as before.</li> <li>▪ Increased income to support other basic needs through the sale of surplus produce.</li> </ul>
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<p><b>Coordination and Support Services</b></p>	<p><b>08-WFP-057 08-WFP-051</b></p> <p><b>Logistics Augmentation and Coordination in Support of the Humanitarian Community in Myanmar</b></p>	<p>\$1,300,005</p> <p>\$3,951,510</p>	<p>Humanitarian agencies</p>	<p>41 Humanitarian agencies</p>		<ul style="list-style-type: none"> <li>▪ Ensure an uninterrupted supply chain of relief items to the affected areas by setting up and operating common logistics services.</li> <li>▪ Deployment of sufficient air, river- and road transport assets.</li> <li>▪ Set up of temporary forwarding hubs consisting of temporary storage facilities, office space and staff accommodation as well as MOSS-compliant emergency telecommunication equipment.</li> <li>▪ Deployment of logistics and emergency telecommunication staff.</li> <li>▪ Provide coordination and information management for the logistics response.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A total of 230 air cargo shipments with 4,200 tons of food and relief supplies delivered (May-Aug 08).</li> <li>▪ 10,400 tons of humanitarian supplies through road and inland water way dispatched (May-Aug 08).</li> <li>▪ 24 warehouses with the total space of 30,076 sq. meters established.</li> <li>▪ 12 office space and staff accommodation set up.</li> <li>▪ 7 barges and boats with the total capacity of 3,900 mt deployed.</li> <li>▪ 33 trucks contracted.</li> <li>▪ A total of 10 helicopters deployed.</li> <li>▪ Over 3,300 rotations in and out of the Delta made.</li> <li>▪ Over 1,970 hours flown.</li> <li>▪ Over 23,700 passengers transported.</li> <li>▪ Over 1,100 tons of relief items transported.</li> <li>▪ A total of 53 international staff deployed.</li> </ul>
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<p><b>Coordination and Support Services</b></p>	<p><b>08-WFP-050</b></p> <p><b>Emergency Telecommunication Cluster (ETC) Services for Humanitarian Assistance to the cyclone-affected population of the Union of Myanmar</b></p>	<p>\$275,399</p>	<p>Humanitarian agencies</p>	<p>Humanitarian agencies</p>		<ul style="list-style-type: none"> <li>▪ Ensure telecommunications capabilities for the humanitarian community to respond to the crisis.</li> <li>▪ Provision of basic data connectivity and voice services in all common operational areas.</li> <li>▪ Standardization of procedures to ensure that security communications requirements are met.</li> <li>▪ Assist UNDSS to liaise with the government and relevant authorities to facilitate UN-wide licensing of radio frequencies and importation of radio equipment.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Installation and maintenance of the common security telecommunications network in Yangon, Labutta, Bogale, Pyapon, Mawlamyainegyun, and Pathein.</li> <li>▪ The network include 1 x 24/7 and 5 x 24/7-capable radio rooms in the above mentioned sites to ensure MOSS compliancy.</li> <li>▪ Network deployment and maintenance services are provided through Telecommunications Officers.</li> <li>▪ As of 5 February, email capacity, data connectivity, long and short distance radios, telephone lines, radio rooms are maintained and available in all 5 locations.</li> <li>▪ 535 staff in humanitarian agencies were trained for radio operators and users' training.</li> </ul>
<p><b>Coordination and Support Services</b></p>	<p><b>08-CEF-040</b></p> <p><b>Emergency Telecommunication Cluster (ETC) – Data Connectivity (DC) Services for Humanitarian Assistance to the cyclone-affected population of the Union of Myanmar</b></p>	<p>\$ 224,216</p> <p>Programmable Amount: \$209,552 7% recovery cost: \$14,663</p>	<p>All UN/INGO missions to five operation hubs (Laputta, Bogalay, Mawlgyun, Pathein and Pyapon).</p> <p>In Bogalay, 27 agencies regularly used the hub; Laputta 16; Mawlgyun 10; Pyapon 14; Pathein 3.</p>	<p>UNICEF 188,751</p>		<ul style="list-style-type: none"> <li>▪ Identify the requirement for emergency operations and establish operations hubs fully equipped with IT &amp; telecom equipment.</li> <li>▪ Provision of basic voice, fax and web-based e-mail access by installing portable high-speed data satellite terminals.</li> <li>▪ Provision of wireless data-connectivity from Internet “hot spots” using portable high-speed data satellite terminals (iDirects), or through local Internet Service Providers.</li> <li>▪ Provision of administrating and billing of all costs for</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assessment missions conducted for affected areas. The assessment revealed the need for establishing data telecom connectivity for UN/INGOs missions operating in the cyclone affected areas.</li> <li>▪ Five operational hubs (Laputta, Bogalay, Mawlgyun, Pathein and Pyapon) created with required data communications equipment. A total of 43 different UN agencies and INGOs made use of at least one of the hubs.</li> <li>▪ Deployment of equipment and IT personnel took place and affected areas were fully covered with data connectivity.</li> <li>▪ BGAN and Thuraya DSL systems with wifi capability installed in all five operations hubs and four IPStar VSAT systems in the four main operations hubs.</li> <li>▪ The improvement of telecommunication infrastructure for data and voice connectivity resulted in removing the obstacles on UN/INGOs staff ability to work effectively and efficiently within the affected areas in response to the emergency.</li> </ul>

						the delivered services.	
Food	<p><b>08-WFP-079</b></p> <p><b>08-WFP-049</b></p> <p><b>Myanmar EMOP 10749.0 ‘Food Assistance to Cyclone-Affected Populations in Myanmar’</b></p>	<p>\$1,750,000</p> <p>\$5,023,602</p>	<p>1,100,600</p> <p>(M 540,796 ;F 559,806)</p> <p>Pepeople affected by Cylone Nargis</p>	<p>17 INGOs/NGOs: ADRA,ACF, AFXB, CARE, CESVI, KMSS, LA, AZG, NCV, PACT, Samarina’s Purse, SC, Solidarites, TGH, WV, MRCS, UNDP</p>		<ul style="list-style-type: none"> <li>▪ Respond to the most urgent food needs in order to secure lives and livelihoods.</li> <li>▪ Ensure adequate food consumption among the targeted populations.</li> <li>▪ Contribute to preventing a nutritional decline amongst targeted women and children.</li> <li>▪ Restore livelihoods of targeted beneficiaries to pre-cyclone levels.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 447 mt of rice and high energy biscuits were distributed immediately after the cyclone.</li> <li>▪ In total, 63,403 mt of food commodities were distributed through Emergency Operation including: <ul style="list-style-type: none"> <li>▪ 49,416 mt of rice</li> <li>▪ 9,877 mt of pulses</li> <li>▪ 2,917 mt of vegetable oil</li> <li>▪ 563 mt of fortified Blended Food</li> <li>▪ 472 mt of iodised salt</li> </ul> </li> <li>▪ In total, 1,100,602 people affected by the cyclone benefited from the food assistance.</li> <li>▪ 74,106 children and pregnant and lactating women received additional fortified blended food through supplemental feeding.</li> </ul>
Health	<p><b>08-IOM-014</b></p> <p><b>Rapid Establishment of up to 10 Temporary/Emergency Primary Health Care Clinics in Priority Locations in the Irrawaddy Delta Region</b></p>	<p>\$250,006</p>	<p>IOM Mobile clinics treated 3,395 patients under 5 (1,704 male, 1,691 female) and 27,146 patients over 5 (8,768 male and 18,378 female). IOM teams covered 472 villages throughout the cyclone affected region.</p>	<p>Americares – in kind donation of medical supplies and equipment</p> <p>International Medical Corps (IMC) – in kind donations medical supplies, equipment and furniture</p>		<ul style="list-style-type: none"> <li>▪ Reduced morbidity and mortality among affected populations and host communities.</li> <li>▪ Improved access to health care services for up to 50,000 persons particularly the women, children, the injured, the elderly, persons at risk of communicable diseases, persons with special/chronic medical needs.</li> <li>▪ Operational relief to the current strain on functioning health centers in affected areas.</li> </ul>	<ul style="list-style-type: none"> <li>▪ IOM established mobile medical services to address the most urgent health needs of cyclone survivors, especially women, children, the elderly and those with special needs. Teams provided diagnosis and primary treatment of injuries and communicable diseases through establishing, equipping and staffing temporary/emergency primary health clinics in key sites throughout the delta.</li> </ul>
Health	<p><b>08-IOM-019</b></p> <p><b>Emergency Medical Referrals and Assisted Return Services for</b></p>	<p>\$300,000</p>	<p>IOM medical teams and partners referred and transported a total number of</p>	<p>Ministry of Health, Myanmar, district and township health authorities and</p>		<ul style="list-style-type: none"> <li>▪ Improve access to emergency health care and services for up to 150 cyclone affected, displaced families who are critically injured women and children,</li> </ul>	<ul style="list-style-type: none"> <li>▪ IOM medical teams and partners referred and transported a total number of 348 patients: 144 male and 204 female surpassing the target of 150 individuals.</li> <li>▪ Target beneficiaries received secondary and tertiary level care for life saving and emergency cases for which they would not otherwise have been able to access.</li> </ul>

	<b>Cyclone Affected Communities in the Ayeyarwady Delta Region</b>		348 patients: 144 male and 204 female.	NGO partners – all use the referral service		<ul style="list-style-type: none"> <li>elderly, persons at risk of communicable disease, persons with special medical needs, and host communities who require secondary and tertiary level of health care.</li> <li>▪ Improve access to secondary/tertiary level medical care at functioning township hospitals following referral of patients by medical staff working for the project.</li> <li>▪ Operational relief to the current strain on functional primary health care facilities in the affected areas of the delta region.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Decreased the burden on township hospitals, freeing up beds for less serious cases.</li> <li>▪ Accepted referrals from partners including MoH thus reducing the strain on their services.</li> </ul>
<b>Health</b>	<b>08-FPA-021 Prevention of Maternal Morbidity, Sustaining Reproductive Health (Post Cyclone Nargis)</b>	\$99,510	Total Beneficiaries: 32,928 Male: 11,288 Female: 21,640	<ul style="list-style-type: none"> <li>▪ Myanmar Medical Association ( US\$99,510)</li> </ul>		<ul style="list-style-type: none"> <li>▪ Contribute to the prevention of morbidity and mortality among women affected by the Cyclone Nargis</li> <li>▪ The reproductive health care, essential obstetrics care to women (including live saving services such as basic emergency obstetric care) provided and complemented by services offered by the public health facilities.</li> <li>▪ First aid and trauma care to women affected by the Cyclone.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A total of 11,288 men and 21,640 women (Total clients: 32,928 people) benefited from general medical services.</li> <li>▪ A total of 2,604 pregnant women benefited from ante and post natal care.</li> <li>▪ A total of 30,000 packages of Clean Delivery Kits were distributed to pregnant women across the delta region.</li> <li>▪ A total of 2,285 clients benefited from birth spacing services.</li> <li>▪ A total of 14,400 birth spacing commodity (i.e.: condoms) distributed during mobile health care services and in Maternity Waiting Homes.</li> <li>▪ A total of 77 high-risk pregnancies were made safer at “Maternity Waiting Homes”. In addition, the psychosocial support and counselling benefited women and other members in the communities.</li> <li>▪ A total of 80 cases referred to the nearest district hospitals.</li> <li>▪ Forty eight health education sessions were conducted and reached out to communities; In addition, 16 school health activities were conducted in selected primary and middle/secondary schools.</li> </ul>

							<ul style="list-style-type: none"> <li>▪ Toys distributed to 375 children.</li> <li>▪ A total of 123 hygiene promotion campaign sessions conducted and reached out to local communities at 8 selected and severely affected townships through mobile clinics as well as in Maternity Waiting Homes.</li> </ul>
Health	<p><b>08-CEF-039-C</b></p> <p><b>Prevention of Child and Maternal Deaths and Illnesses</b></p>	<p>\$2,000,900</p> <p>Programmable Amt. \$1,870,041</p> <p>7%Recovery cost \$130,858</p>	<p>400,000 (300,000 under 5 children ; 100,000 pregnant &amp; lactating women)</p>	<p>CESVI (\$4,156)</p> <p>Save The Children (\$92,798)</p> <p>Myanmar Medical Association (\$88,773)</p> <p>MSF-Holland (\$604,580)</p> <p>MSF-Switzerland (\$150,416)</p> <p>Ministry of Health (supplies valued at \$789,367 provided through township medical offices)</p>	<ul style="list-style-type: none"> <li>▪ Monthly average number of Under 5 child and maternal deaths in pre-cyclone period (Nov 2007-Apr 2008) was 61.7 and 7.3, respectively.</li> <li>▪ The number of malaria cases and deaths in pre-cyclone period (Jun-Dec 2007) was 3,647 and 13, respectively.</li> <li>▪ Dengue hemorrhagic fever cases and deaths in the same period were 577 and 2, respectively.</li> <li>▪ &lt;80% children immunized by routine measles vaccination in some affected townships</li> <li>▪ Availability of essential drugs (no</li> </ul>	<ul style="list-style-type: none"> <li>▪ Prevent excess morbidity and mortality of children.</li> <li>▪ Prevent infectious diseases outbreaks of malaria and dengue hemorrhagic fever.</li> <li>▪ 80% measles vaccine coverage among children.</li> <li>▪ Improved availability of essential drugs and supplies, especially for pneumonia and diarrhea.</li> <li>▪ Affected families are provided with essential commodities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ No excess morbidity or mortality, shown by the monthly average number of under 5 child and maternal deaths of 45.2 and 5.5, respectively in post-cyclone period (Jun-Dec 2008).</li> <li>▪ No outbreaks of malaria, shown by the number of its cases and deaths of 4,128 and 3, respectively in post-cyclone period (Jun-Dec 2008).</li> <li>▪ No outbreaks of Dengue hemorrhagic fever, shown by the number of its cases and deaths of 112 and 2, respectively in post-cyclone period (Jun-Dec 2008).</li> <li>▪ Over 112,000 children immunized with Measles vaccines (over 85% in high risk areas).</li> <li>▪ Improved availability of and access to emergency/essential drugs and supplies among most of the vulnerable target population (essential drugs for 200,000 cases of pneumonia, diarrhea and other child illnesses, protected 140,000 children/women by insecticide-treated bed nets from malaria, diagnosis and treatment to 125,000 suspected malaria cases, clean delivery kits to 31,000 deliveries, etc.).</li> <li>▪ Essential family kits provided to 7,600 families.</li> </ul>

					data available)		
Health (Nutrition)	08-CEF-039-B  Prevention of Malnutrition and Micronutrient deficiencies among children and pregnant women	\$1,000,450  Programmable amt: \$935,020  7% Recovery cost \$65,429  <u>Remaining Funds :</u> <u>\$5,731</u>	1,000 (acute malnourished children)	ACF (Action Contre La Faim) 194,205.68		<ul style="list-style-type: none"> <li>Approximately 180,000 under five children and 40,000 pregnant women will receive health and nutrition messages on proper breastfeeding, infant and young child feeding and nutritious and hygienic cooking and food practices.</li> <li>All children between 6 months and 5 years and all lactating women will receive vitamin A supplementation; All pregnant women will receive iron foliate supplementation.</li> <li>Acutely malnourished under-5 children, pregnant and lactating mothers will receive supplementary and therapeutic foods.</li> <li>Acute malnutrition and associated diseases among children, pregnant and lactating will be prevented.</li> <li>Distribution of supplementary/ therapeutic food done at relief camps, health facilities and in community.</li> </ul>	<ul style="list-style-type: none"> <li>An estimated 200,000 care providers of under five children received nutrition messages through 600,000 IEC materials printed by UNICEF from other resources.</li> <li>90% of the estimated 200,000 children aged 6-59 months had received Vitamin A within the last six months according to the Food and Nutrition Survey conducted in October Also, CERF funds supported the multiple micronutrient and Vitamin B1 supplementation of around 20,000 beneficiaries which constitutes 20% of the total cluster response target.</li> <li>3-The CERF funds enabled ACF, Save the Children and MOH to provide blanket or targeted/therapeutic feeding to more than 8,000 young children representing around 14% of a total of 60,000 reached by end December by UNICEF partners.</li> <li>4- The results from the Food and Nutrition Survey conducted in October 2008 in worst affected areas found 11% of 6-59 month children having acute malnutrition against a baseline of 9.8% in the affected division of Ayerawaddy in 2003 (MICS). This difference was not statistically significant.</li> <li>Despite logistics constraint in initial phase the supplies were distributed to partners. UNICEF provided technical support for 2 months in most affected township.</li> </ul>
			4,720 (acute malnourished children)	Save the Children 577,881.89( total value of agreement)			
			1,000 (children aged 5 to 59 months)	Ministry of Health – 37,203.53			
			20,000 (pregnant and lactating women)				
Health	08-WHO-030  Addressing Priority Health Needs of the Affected	\$1,877,315	300,000 direct beneficiaries and 2 million indirect beneficiaries	Community development Association (CDA) – USD 19,999  CESVI –		<ul style="list-style-type: none"> <li>Health cluster coordination mechanism established and strengthened.</li> <li>Capacity of health officials at national</li> </ul>	<ul style="list-style-type: none"> <li>Health cluster coordination mechanism established and strengthened.</li> <li>As direct beneficiaries, life saving emergency medical care and services were provided to population affected area. Mobile teams were able to deliver care and support to indirect beneficiaries in the villages.</li> </ul>



	<b>Population of Cyclone Nargis in the Ayeyarwaddy and Yangon Divisions</b>			<p>USD 81,500</p> <p>PACT- USD 47,520</p> <p>MMA – USD 198,335</p> <p>Ministry of Health – USD 137,767</p>		<p>and sub national levels strengthened to respond to the emergency.</p> <ul style="list-style-type: none"> <li>▪ Essential drugs and supplies in place.</li> <li>▪ Existing health facilities strengthened to deliver health care services, and outreach health services implemented.</li> <li>▪ Surveillance and reporting system in place and effective outbreak response and control activities implemented.</li> <li>▪ Capacity of health officials for sharing of information from the field to the central level enhanced.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Emergency medical care received by villagers with essential medical supplies and kits.</li> <li>▪ The support assisted the health facilities to be functional.</li> <li>▪ WHO and MOH through the establishment of EWARs system in the affected areas to complement the existing disease surveillance system. No major outbreaks have been identified due to the rapid response by the key partners.</li> <li>▪ Concrete cooperation and collaboration among partners have lead to effective implementation of the projects.</li> </ul>
<b>Shelter and NFI</b>	<b>08-IOM-013</b> <b>Rapid Delivery of Life-Saving Transitional Shelter and Non-Food Items to Survivors of Cyclone Nargis</b>	\$1,200,000	37,398 households living in emergency shelter or temporary facilities throughout the affected region.	<p>Made in-kind donation to Save the Children (9925 tarps)</p> <p>Received in-kind donation from IFRC (3000 shelter tool-kits)</p>		<ul style="list-style-type: none"> <li>▪ Essential shelter and non-food items are distributed to up to 120,000 cyclone victims.</li> <li>▪ A transportation, storage, communication and coordination logistics system is maintained and fully operational for the transportation and distribution of relief goods to affected regions in close coordination and complement to logistics cluster distribution systems.</li> </ul>	<ul style="list-style-type: none"> <li>▪ IOM procured, shipped and distributed 29,661 tarps and 14,202 pieces of rope in the most severely affected areas of the townships of Bogale, Pyapon and Mawlamyinegyun.</li> <li>▪ This assisted targeted household in the construction of adequate and safe transitional shelter.</li> </ul>
<b>Shelter and NFI</b>	<b>08-IOM-018</b> <b>Rapid Delivery of Life-saving Non-food Shelter Items</b>	\$649,999	Some 46,000 people in 25 devastated village tracts in Bogale (12), Pyapon	<p>CARE Myanmar - (donation of jerry cans)</p> <p>TOTAL – probono</p>		<ul style="list-style-type: none"> <li>▪ Household Relief Kits are distributed to up to 10,000 households in areas affected by the cyclone.</li> <li>▪ A transportation, storage,</li> </ul>	<ul style="list-style-type: none"> <li>▪ It is estimated that some 46,000 individuals directly benefited from the project.</li> <li>▪ The beneficiaries received household kits, procured via the World Concern Development Organization in Bangkok, valued at around US \$54 each, comprising the following items:</li> </ul>

	<b>to Survivors of Cyclone Nargis</b>		(6) and Mawlamyine gyun (7)	shipping World Concern – coordinated distribution		communication and coordination logistics system is maintained and fully operational for the transportation and distribution of relief goods to affected regions in close coordination and complementing the logistics cluster distribution systems.	<ul style="list-style-type: none"> <li>▪ 2 Blankets (double size, 4 mm thick)</li> <li>▪ 2 mosquito nets (double size, impregnated WHO standard)</li> <li>▪ 1 cooking pot, 7 litre with lid</li> <li>▪ 1 cooking pot, 2.5 litre with lid</li> <li>▪ 5 bowls (melamine)</li> <li>▪ 5 plates (melamine)</li> <li>▪ 5 cups (stainless steel)</li> <li>▪ 5 tablespoons</li> <li>▪ 1 kitchen knife (15 cm)</li> <li>▪ 1 stirring spoon (stainless steel, 30 cm)</li> <li>▪ 1 x 14-litre bucket with lid</li> </ul>
<b>Shelter and NFI</b>	<b>08-HCR-022</b> <b>Emergency Shelter Assistance in Areas Affected by Cyclone Nargis</b>	\$1,646,858	More than 12,500 households (approx. 65,000 individuals)	- ACF 388,434 - Malteser International, local NGOs without direct funding	<ul style="list-style-type: none"> <li>▪ At the time of Nargis it was estimated that 2.4 million people were effected by Nargis to varying degrees but most in need of non-food items and shelter material</li> </ul>	<ul style="list-style-type: none"> <li>▪ At least 50,000 households (25% funded by CERF) benefit from the distribution of life saving non-food items, food and/or shelter and restart their lives.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 6,000 households received essential food rations for 2 weeks until they could be reached by other agencies.</li> <li>▪ More than 12,500 households benefited from shelter material distributions and/or other non-food items (UNHCR reports that in reality, the number of beneficiaries is much higher, counting also the initial distribution of partial NFI kits during the first weeks of the emergency.).</li> </ul>
<b>Water and Sanitation</b>	<b>08-CEF-039-A</b> <b>Emergency WASH Response for Affected Populations</b>	\$2,867,600 Programmable amt. \$2,680,058. 7% recovery cost \$187,541	800,000 people in Cyclone Nargis affected areas	PARTNERS' Myanmar (US\$ 62,134) PACT Myanmar (US\$ 47,000) CESVI (US\$ 282,000)		<ul style="list-style-type: none"> <li>▪ 800,000 of affected population have access to sufficient quantity of safe drinking water to meet their immediate needs.</li> <li>▪ 700 damaged water systems rehabilitated, or replaced with sustainable alternative solutions.</li> <li>▪ 70 relief camps and 1500 severely damaged schools provided with necessary water and sanitation services.</li> <li>▪ People in affected areas have access to hygiene promotion messages and</li> </ul>	<ul style="list-style-type: none"> <li>▪ Around 400,000 people, predominantly in the worst affected areas have access to safe drinking water at 3 litres per day per capita and clean water for bathing , cooking and cleaning at 10 litres per day per capita through the provision of water containers, water purification items, water treatment plants and the rehabilitation of ponds and dug wells.</li> <li>▪ 531 contaminated ponds were rehabilitated benefiting 400 villages or 150,000 people of worst affected areas.</li> <li>▪ 300 sanitary latrines provided to temporary settlements, more than 1,000 provided to schools and health centres and over 80,000 sets of latrine pans and pipes distributed to affected communities, with more than 40,000 family sanitary latrines estimated to have been built with the pans and pipes. (high water table is a constraint in building pits for latrines).</li> <li>▪ Around 360,000 people reached with</li> </ul>

						support activities in prevention of water- and excreta related diseases.	hygiene promotion messages emphasising clean and safe food, proper usage of water and latrines, and hand washing, along with the distribution of over 600,000 bars of soap.
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## **VI. CERF IN ACTION:**

### **FAO - Buffalo Pull Myanmar Delta Farmers Into Recovery**

"I thought our lives had gone with the storm. There was nothing left to restart our life," said U Myint Lwin, a 52 year old rice farmer. He lives in Mawlamyaingyun Township, an area hit hard by Cyclone Nargis.

Nargis devastated Myanmar's Ayeyarwady Delta on 2-3 May 2008. Buildings and farm implements in U Myint Lwin's village were destroyed by the cyclone. So were the buffalo.

Buffalos play a key role in rice farming in Myanmar's Ayeyarwady Delta, but more than half of all draft animals in the areas most affected by the cyclone died because of the storm.

"Buffaloes are a very important part of farming, but we cannot replace them because they are very costly," said U Myint Lwin's wife. Since Nargis, Delta markets have had few buffalo for sale. FAO's buffalo restocking projects bring animals to the Delta by truck and boat from nearby parts of the country that escaped the storm's wrath.

"I am so happy that FAO provided both buffalo and power tillers so farmers can plant both monsoon and summer crops," said a sixty-five year old grandmother, Daw Kyin Yon, who has farmed rice her entire life. Almost all the buffalo where Daw Kyin Yon lives died because of the cyclone.

"Buffaloes are more useful in low land and in flooded and swampy areas, where power tillers do not work well. But power tillers are good for working hard soil in the summer so we can cultivate beans. Buffalo and power tillers both have advantages," explained Daw Kyin Yon. Although widowed by the storm, Daw Kyin Yon and her remaining family have resumed farming thanks in part to FAO interventions.

FAO's projects to restock Ayeyarwady Delta buffalo have changed the lives of rice farmers like Daw Kyin Yon. "I am very grateful to FAO. I never thought that anyone would replace my buffalo," said U Maung Maung Myint, another rice farmer.

U Maung Maung Myint's two buffalo were swept away in the Nargis storm surge, but he matched FAO's beneficiary criteria and received two replacement animals in June. Even though farmers in his village had received paddy seeds for cultivation, most could not grow monsoon paddy after Nargis because they lacked animals and power tillers to prepare the land.

"Power tillers cost approximately USD 25 per acre to hire, and even medium size farmers lacked the cash to rent the machines," explained U Maung Maung Myint. His FAO buffalo were delivered in time for monsoon rice threshing and U Maung Maung Myint could then prepare land for a summer rice crop.

Buffalo are easy to share with other farmers and require few cash inputs. By reproducing, buffalo also increase a farmer's and a community's assets. One of U Maung Maung Myint's FAO buffalo has already given birth, allowing him to offer the baby to other villagers and share his good fortune.

Despite the interventions of FAO and others, less than 3% of Delta buffalo have been replaced. U Maung Maung Myint received buffalo because he met beneficiary selection criteria, but in U Myint Lwin's village all the buffalo had died because of Nargis and all the farmers were eligible.

The community discussed the problem. They decided that the fairest way to distribute FAO's pair of buffalo would be to give them to the winner of a drawing.

"When my family received FAO's buffalo, we regained our strength," said U Myint Lwin, who won the lottery. "We now have the energy to work in the fields and to make our lives better than in the past. I know I am one of the lucky ones."



*U Maung Maung Myint with buffalo*



*U Maung Maung's buffalo calf and mother*



*U Myint Lwin and his buffalo*



*U Myint Lwin's wife discusses buffalo and farming with Dr. Yan Naing Soe and Dr Thanawat Tiensen, FAO livestock consultants*

## WFP

### A Village in Bogale Township

"I'VE SEEN STRONG winds and rising water before," says Daw Khin Myint who is in her 60s, "but I'd never in my life experienced anything like this cyclone." When the cyclone hit Thama Thuka village, where Khin Myint lives, most of the villagers ran straight to the pagoda – the only solid building nearby. They huddled together during the night as the water rose up around them. Everyone who made it into the pagoda building survived, but around 40 villagers who sought shelter elsewhere died during the storm.

Before the cyclone, Khin Myint lived in a small house with her son, his wife and a small brood of grandchildren. The adult members of the household



worked as day labourers, helping out on fishing boats and occasionally doing some fishing of their own. Cyclone Nargis changed their lives overnight.

When they emerged from the pagoda the morning after the storm, they saw that the entire village had been destroyed. There was nothing left of Khin Myint's house. "I wasn't able to save anything," she says. "All I had left with was the tamein [sarong] and the blouse I was wearing when I fled to the pagoda."

At first, the villagers stayed in the ruins of their village. They salvaged some sodden stores of rice and cooked a communal porridge in the temple grounds. They cut meat off the carcasses of pigs and buffalo that had drowned during the cyclone. Because the water supplies were contaminated by salt water, they drank from fallen coconuts they found amid the debris. "I felt as if I was going crazy," says Khin Myint. "I had no home left. There was no food to eat and no water to drink. What were we going to do? How was my family going to survive?"

After a while, WFP's food and relief items began arriving in the village with food. Khin Myint and her family joined one of the boatloads of villagers travelling up to the nearest large town of Bogale to take shelter in impromptu relief camps there. A month later, they returned to their village and had to start life anew. They rebuilt their home, using donated tarpaulin sheets with planks and bamboo poles salvaged from the debris. The family now works with a shrimp net Khin Myint's son was able to purchase; each day, they wade through the flooded paddy fields around the village collecting tiny shrimp which they sell to the markets in Bogale. It is a meagre living and far from enough to feed a family of seven people. Until the fishing industry is rehabilitated and they can return to their old work, they will continue to rely on regular WFP food distributions.

In this village, WFP supplies are distributed by UNDP. Stores are kept safe in the monastery where everyone sheltered during the storm and distributed to families through a Food Management Committee set up within the village. "These donations are very important for my family," says Khin Myint. "I don't know what we would do without this food. We would probably have to borrow from people and end up living off rice porridge like we did in the days after the cyclone."

## **UNICEF**

CESVI, an Italian INGO, has been playing a leading role in the humanitarian efforts in Dedaye Township and elsewhere, arriving in Dedaye only two days after cyclone Nargis struck. UNICEF and CESVI have been working closely together, with CERF funding provided to CESVI through UNICEF to support the relief efforts for water and sanitation.

"Thanks to the WASH cluster, we signed an agreement with UNICEF, with all beneficiaries selected in close coordination with other humanitarian actors, so to avoid any overlap and fill up any gaps," said Mr Paolo Cosimo Felice, Country Representative at CESVI, Myanmar.

CESVI (World Aid From ITALY) has been present in Myanmar since 2002 implementing long term development projects in the field of health (malaria prevention), water and sanitation and food security in Mandalay Division and Shan State.

CESVI signed an agreement with UNICEF in May 2008 to undertake the emergency response in water and sanitation as part of a multi-sectoral programme, aiming to provide an adequate supply of safe water, to reduce the risk of water borne diseases in affected populations and to support appropriate hygiene and sanitation measures in the worst-affected villages of Dedaye Township in Ayeyarwaddy Division.

Dedaye lies 100 kilometres south-west of Yangon, and had a population of more than 200,000 people prior to cyclone. It is estimated that nearly 180,000 people affected by the cyclone – a very large percentage of the townships population.

The CESVI project targeted its assistance to nearly 100,000 people from 135 villages in Dedaye, which was one of the seven priority townships identified by the government in which more than 80 per cent of the infrastructure was destroyed.

According to the agreement signed with UNICEF, CESVI distributed NFI (Non Food Items) such as tarpaulins, family kits, and buckets, which covered more than 5,200 households in hard to reach areas.

With more than 75 staff working on the ground, CESVI also utilized the CERF funding to widely distribute water purification materials.

Likewise, temporary rainwater harvesting kits consisting of plastic buckets were provided to help villagers catch and store drinking water during the rainy season.

Due to the urgent need to clean and rehabilitate contaminated ponds, 186 ponds in 36 villages were cleaned by CEVIS staff with the participation of the villagers, which was vital for enabling these villages to store water for the rainy season.

“The work that villagers were willing to do for free in pond cleaning was the nicest thing that happened in emergency response and enabled us to clean more ponds than our target,” explained Mr Felice.

Along with the dissemination of hygiene messages to increase the community’s awareness of hygienic behaviour, CESVI also provided 16,000 households with hygiene kits consisting of small and large towels, soap bars, toothbrushes and toothpastes, nail clippers and buckets.

Although the initial project agreement was for three months(May to August), CESVI requested for a no-cost extension from UNICEF until 31 December to be able to complete the institutional latrine construction programme, as high water tables in the worst affected areas delayed the implementation. The construction of 102 sanitary latrines in schools, rural health centres and hospitals was completed by the end of November, Mr Felice said.

“We hope for more collaboration with UNICEF with WASH activities in Dedaye and also to take the partnership forward to other parts of Myanmar and after the emergency phase,” he said.



*Bucket distribution at school in Dedaye Township(photos from cesvi)*



New latrine and septic tanks at Sa U Chaung village in Dedaye Township (Photos from cesvi)

**UNFPA**

**“.....I can see our future now.  
Thank you very much for saving our lives.....”**

A 22 years old woman, Ma Htay Hlaing, was frustrated with her own life right after Cyclone Nargis. “My dear husband and lovely son died during Cyclone Nargis. By that time, I was almost 9 months pregnant ...” said Ma Htay Hlaing. “One day I saw people gathering at the monastery in my village. I approached them and learned that UNFPA-MMA mobile clinic team was providing free medical services there. Then I decided to seek services and doctors checked my pregnancy’s condition. I was happy. They were very polite and patient to the clients....” she added.

The doctor found out that Ma Htay Hlaing might be in the higher risk pregnancy and advised her to go to Laputta Township Hospital. She was diagnosed with pregnancy induced hypertension (eclampsia). “It was a serious situation and I did not want to get trouble during delivering my baby. I had to save my baby’s life” said Ma Htay Hlaing.

Dr. Cho Cho Mar Kyaw, the head of UNFPA-MMA mobile clinic team explained that Ma Htay Hlaing’s condition was not stable by that time. She was stressed because she lost some of her family members during the Cyclone Nargis. She stayed alone at her own house. In addition to that she was not eating properly. “In post emergency situation, such as the Cyclone Nargis, Ma Htay Hlang as well as many other women in the Delta affected area must overcome many obstacles to receive health care. In the situation like this, women become very vulnerable to unplanned pregnancy, unassisted childbirth, sexual transmitted infections, HIV/AIDS as well as other reproductive health problems. These would lead to even death and disability of women” Dr. Cho Cho Mar Kyaw



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said. “Through CERF-funded project, the UNFPA-MMA’s Maternity Waiting Homes in three severely affected Cyclone Nargis areas have benefited a total of 77 high-risks pregnant women. In addition to



that, we also provided a comprehensive life-saving Reproductive Health services to communities through mobile clinic teams and static clinics in order to provide immediate referral mechanism during emergency phase to prevent maternal morbidity and mortality” she added.

The medical team then advised Ma Htay Hlaing to stay temporarily at UNFPA-MMA’s Maternity Waiting Home at Laputta while waiting for delivery. After having signed the Informed Consent Form, the Medical Team brought Ma Htay Hlaing to Maternity Waiting Home. She stayed there for 9 days then was referred to Laputta Township Hospital for safe delivery. During her stay at Maternity Waiting Home, Ma Htay Hlaing got regular check-up (ante natal care), and anti tetanus toxoid vaccine. In addition, the medical doctors checked her urine protein routinely, and educated her with various health issues such as: post natal care, breast feeding, birth spacing and other related topics. Moreover, she also received basic psychosocial counseling from trained medical staff.

“I am very happy that my baby boy was delivered safely. He is very cute and healthy. I initiated breastfeeding very early – and will breastfeed exclusively until six months. I learned a lot from UNFPA-MMA team.” Ma Htay Hlaing said. “Now I am not lonely anymore. I have my baby with me. After I delivered my baby safely, I want to be empowered so that I can bring him up well. I can see our future now. Kyay Zu Tin Par Tel (Thank you very much) for saving our lives” she ended with her beautiful smile. **Ma Htay Hlaing – Laputta Township**

#### **UNICEF - Integrated approach at community level:**

Considering limited resources for the huge amount of urgent needs, UNICEF advocated and supported supplies and operational costs for the government and health cluster partners to conduct “EPI PLUS”, an integrated package of high impact Maternal-Neonatal and Child Health services together with routine immunization activity. EPI PLUS has included the treatment of pneumonia, diarrhea and other common childhood illnesses, antenatal/postnatal care, distribution of clean delivery kits, insecticide treated bed nets and other commodities, vitamin A and other micronutrients supplementation, health and hygiene education, etc. This is the success story during the emergency that through this activity the limited resources reached most of the children and women, even in the hard-to-reach areas of severely affected areas with synergic effects of various services. Although the government has taken the initiative in this activity, many of the partners in the health cluster provided technical and operational support.



## UNHCR

Based on an interview with Ma Myint Kine, Koak Ko villager Labutta:

Ma Myint Kine who survived cyclone Nargis at Koak Ko village, narrated that the houses of the entire village were destroyed. None of the villagers recovered any of their belongings. Miraculously, Myint and fellow villagers survived in the village for three days without food and water relying only on coconut juice and nuts as there was neither food to cook nor the utensils to prepare it.

After three days, rescue boats arrived at her village and took some of the survivors to Labutta Su Taung Pyae rescue camp where they were served hot meals. She stayed at this camp for 15 days after which she and her fellow villagers opted to return to their village. But before their departure, they received non-food items such as tarpaulin, blankets, mosquito nets, kitchen ware, jerry cans and others from UNHCR. She said that she was very surprised at that moment because she did not believe that she would get any assistance to replace some of the lost personal effects that soon. With tears welled up in her eyes, Myint expressed gratitude and thanks to Buddha and UNHCR for this assistance. With the NFIs, she now had the courage and confidence to return to her village to restart a dignified life.

When she reached her village, she immediately embarked on collecting sticks, bamboos and timber from the debris and used it together with the tarpaulin for rebuilding a makeshift shelter. She also used the other items especially the kitchen set for cooking.

Now with tears running down her cheeks, she said without that tarpaulin, kitchen set, blanket and mosquito net she can not imagine what her life would be like today.



*(Pictures taken by UNHCR in Labutta)*



## UNICEF

### **Ensuring effective and timely Emergency Operations in Cyclone-affected areas**

Laputta, 2 March 2009 – As a new morning dawns for another day of emergency work in Laputta, humanitarian workers are crowded in UNICEF office carrying their laptops in order to access to internet connectivity. Communications network has become partial fulfillment for effective operations of emergency work in the cyclone-affected areas.

While emergency operations started soon after Cyclone Nargis struck at the beginning of May last year, it was very difficult in terms of communications as the infrastructure such as electricity

and roads were badly damaged. In order to ease the burden of communication gap between headquarters in Yangon and the field of operations, CERF granted funds to UNICEF Myanmar to establish data communications infrastructure.

### **Filling the Communication Gap**

Since internet connectivity HUB was deployed in June 2008 at UNICEF Laputta office, communications in the cyclone-affected areas has become much easier especially for all those working in the field of emergency operations. They include INGOs, NGOs and UN agencies.

"The internet connection in UNICEF has been a life-saver. It is extremely effective for my work. We do have wireless connection in our office but the line drops every 3 to 5 minutes," says Marvin Vandervalk, Technical Advisor of World Concern who has been working in Laputta since January.

Internet connections not only ease the burden of communication gap between Headquarters in Yangon and the field of operations, it also enabled those working in the field to directly communicate with their donors outside of the country.

"Internet connection has been a great help to us as we have to communicate constantly with donors sending project proposals, and reports on the status. Of course, some times it is slow but today the connection is very good," adds Keshava Koirala, Project Manager of ACTED (Agency for Technical Cooperation and Development) whose INGO started operations in Laputta since June 2008.

Because the internet connection is very good, data communication has been timely and effective for emergency operations as well. "...because I was able to download reports and data in time, we can at once call our main office in Yangon if there is any misunderstanding thereby enabling our operations to be effective and timely." says Htein Soe, Manager of UNDP's Early Recovery Unit in Laputta.

Since the deployment of internet connectivity HUB in June 2008, aid workers have already frequented UNICEF Laputta over 2400 times and are reaping the benefits of data communication network.



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*UNICEF IT staff working on the installation of  
Data Communication network in UNICEF Laputta*



©UNICEF Myanmar/2009/Wendy Myint-Myint Hla  
*Humanitarian workers using internet facility*

## **Annex I: Acronyms and Abbreviations**

<b>ACF</b>	Action Contre la Faim
<b>ADRA</b>	Adventist Development and Relief Agency
<b>AFXB</b>	Association Francois-Xavier Bagnoud
<b>AMI</b>	Aide Medicale Internationale
<b>ART</b>	Antiretroviral Therapy
<b>AZG</b>	Artsen Zonder Grenzen (MSF Holland)
<b>CERF</b>	Central Emergency Response Fund
<b>CESVI</b>	Cooperazione e Sviluppo
<b>EmOC</b>	Emergency Obstetric Care
<b>EMOP</b>	Emergency Operation
<b>ERC</b>	Emergency Relief Coordinator
<b>ETC</b>	Emergency Telecommunication Cluster
<b>FAO</b>	Food and Agriculture Organisation
<b>FTS</b>	Financial Tracking System
<b>GAA</b>	German Agro Action
<b>HC</b>	Humanitarian Coordinator
<b>HIV</b>	Human Immunodeficiency Virus
<b>IASC</b>	Inter-Agency Standing Committee
<b>ICT</b>	Information and Communication Technology
<b>IDE</b>	International Development Enterprises
<b>IDPs</b>	Internally Displaced persons
<b>INGO</b>	International Non-Governmental Organization
<b>IMC</b>	International Medical Corps
<b>IOM</b>	The International Organization for Migration
<b>KMSS</b>	Karuna Myanmar Social Services
<b>LA</b>	Law Ka A Lin
<b>LBVCL</b>	Livestock Breeding and Veterinary Cooperative Limited
<b>LBVD</b>	Livestock Breeding and Veterinary Department
<b>MoH</b>	Ministry of Health
<b>MLF</b>	Myanmar Livestock Federation
<b>MOSS</b>	UN Minimum Operating Security Standards
<b>MRCS</b>	Myanmar Red Cross Society
<b>MSF</b>	Médecins Sans Frontières
<b>MSI</b>	Marie Stopes International
<b>MT</b>	Metric tonne
<b>NFI</b>	Non- Food Items
<b>NCV</b>	Noble Compassionate Volunteers
<b>NGO</b>	Non-Governmental Organisation
<b>NRS</b>	Northern Rakhine State
<b>ODA</b>	Official Development Assistance
<b>PONJA</b>	Post-Nargis Joint Assessment
<b>PONREPP</b>	Post-Nargis recovery and Preparedness Plan
<b>PSI</b>	Population Services International
<b>RC</b>	UN Resident Coordinator
<b>RDT</b>	Rapid Diagnostic Test Kits
<b>SGBV</b>	Sexual and Gender Based Violence
<b>SOP</b>	Standard Operating Procedures
<b>STD</b>	Sexually Transmitted Disease
<b>TB</b>	Tuberculosis
<b>TCG</b>	Tripartite Core-Group
<b>TWG</b>	Technical Working Group

<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNCT</b>	United Nations Country Team
<b>UNDSS</b>	United Nations Department on Safety and Security
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>UNOCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>WASH</b>	Water Sanitation Hygiene
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization

# ANNEX II: Map of CERF Projects in 2008

Myanmar Information Management Unit

## CERF Funds Allocated to Myanmar in 2008

As at 30 March 2009

