

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

<b>Country</b>	<b>Myanmar</b>
<b>Resident/Humanitarian Coordinator</b>	<b>Mr. Bishow Parajuli</b>
<b>Reporting Period</b>	<b>1 January 2009 – 31 December 2009</b>

**I. Summary of Funding and Beneficiaries**

Funding (US\$)	Total amount required for the humanitarian response:	Northern Rakhine State (2009): \$18,648,000		
	Total amount received for the humanitarian response:	\$11,201,304 <sup>1</sup>		
	Breakdown of total country funding received by source:	CERF	\$2,998,439	
		CHF/HRF COUNTRY LEVEL FUNDS	\$612,092	
		OTHER (Bilateral/Multilateral)	\$209,676,769 <sup>2</sup>	
	Total amount of CERF funding received from the Rapid Response window:	N/A		
	Total amount of CERF funding received from the Underfunded window:	\$2,998,439		
Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	\$2,180,781		
	b. Funds forwarded to NGOs for implementation:	\$817,658		
	c. Funds for Government implementation:	0		
	<b>d. TOTAL:</b>	<b>\$2,998,439</b>		
Beneficiaries	Total number of individuals affected by the crisis:	969,185 individuals (Male: 472,971, Female: 496,214) <sup>3</sup>		
	Total number of individuals reached with CERF funding:	895,122 <sup>4</sup>		
		6,805 children under 5		
		458,357 females		
Geographical areas of implementation:	Northern Rakhine State			

<sup>1</sup> Source: Financial Tracking Service (FTS), <http://ocha.unog.ch/fts/>, accessed 10 March 2010

<sup>2</sup> Source: Financial Tracking Service (FTS), <http://ocha.unog.ch/fts/>, accessed 25 March 2010

<sup>3</sup> This number represents the total population of Northern Rakhine State (NRS). Source: Health Management Information System (HMIS), MOH, 2007

<sup>4</sup> Number of beneficiaries having received assistance at least once.

## II. Analysis

Although there was no large-scale disaster in Myanmar during the course of 2009, the country continues to face various humanitarian challenges. In addition to the recovery needs that persist in the Ayeyarwady Delta, affected by cyclone Nargis in 2008, several areas of Myanmar face chronic humanitarian needs. The latest comprehensive household survey conducted by UNDP in 2007 indicated that over 30 percent of the population in Myanmar remain below the poverty line. The resources and capacity of social service provision structures also remain limited and are unable to meet the needs of the population. Historically, Myanmar has received less Official Development Assistance (ODA) than many other countries in similar situations. In 2007, Myanmar received a total of US\$190 million in ODA according to Organisation for Economic Co-operation and Development (OECD) sources, which represents \$3.89 per capita, versus \$67.1 for Laos and \$ 46.67 for Cambodia. In 2009, the Financial Tracking System (FTS) has recorded a total of slightly over \$213 million in humanitarian aid contributions for Myanmar.

Northern Rakhine State (NRS) remains an area of particular concern. Given the limited access to NRS, and the great needs, organisations operational in NRS complement each other without overlap. Nevertheless, the current response still falls short of responding to all the needs of the population. The humanitarian community works together with the authorities in supporting the population through the provision of services in five sectors of the humanitarian response. NRS continues to rank below average on most demographic and socio-economic indicators. Food insecurity, for instance, remains a major concern, with 85 percent of household incomes spent purely on food. In addition, the region remains vulnerable to natural disasters, such as cyclones. Underlying issues, such as the legal status of residents, age, gender and other cross-cutting issues add to the complexity of the challenges faced by the population.

Despite certain progress which has been made over the last years in some areas, needs remain important in the five sectors which have been identified in 2009 as the priority sectors for the response, both by the Government of the Union of Myanmar (GoUM) and the agencies operational in NRS: agriculture, food security and livelihoods; education; health and nutrition; infrastructure; water, sanitation and hygiene (WASH). Household access to food remains a problem year-round, with fewer than 30 percent of households meeting their food needs through their own production, according to an assessment carried out in June 2008. Education also remains a major concern, with only a small percentage of the population being able to communicate effectively in Myanmar or Rakhine language, and educational structures are unable to reach the entire population. Access to health services remains extremely limited, in particular in rural areas, leading among others to very high maternal mortality figures (380/100,000). Nutrition statistics are alarming, with a global acute malnutrition rate of 16.3percent. In addition, 40 percent of the population obtains their drinking water from unprotected sources, while many further contaminate the water due to the lack of health education.

Organisations active in NRS have regularly faced funding shortfalls in the past, with the requirements in 2010 being estimated at approximately \$40 million. In both 2008 and 2009, NRS was determined by the Humanitarian Country Team (HCT) as being the area of the country most deserving of funding from CERF's Underfunded Emergencies window. This clearly illustrates both the seriousness of the humanitarian situation as well as the willingness of the humanitarian community to address the needs in the area. However, organisations are also conscious of the fact that populations in other areas of Myanmar may be equally deserving of assistance. However, access limitations (and therefore in terms of data quality), and therefore

also of capacity to implement the projects within the specified time-frame, have made implementation of CERF-funded projects in other parts of the country difficult.

As mentioned above, NRS is one of the regions in Myanmar with the most urgent humanitarian needs. By providing funding to humanitarian assistance activities in this region, the CERF has ensured the continuation of essential services in several sectors which would otherwise have had to reduce activities, with a decisively positive impact on the population. The sectors covered with this CERF allocation of US\$ 2,998,439 included: Agriculture, Food (Food for Education, FFE), Health and Nutrition, Non-Food Items (NFIs) and Water, Sanitation and Hygiene (WASH).

Almost every project funded through this contribution surpassed the number of beneficiaries mentioned in the initial proposals. Interventions were time-critical, pipeline breaks were avoided, and the CERF contribution allowed agencies to bridge gaps during the lean season, when the population in NRS is at its most vulnerable.

Through the CERF contribution to the ongoing agriculture projects, marginalised landless poor and women-headed households were empowered and their food, nutrient and livelihood security improved. A total of 5,000 women-headed households were assisted through the provision of seeds, fertiliser, as well as chickens and feed. In conjunction with the CERF-funded activities, training on agriculture and livestock practices was provided to increase skills at the household level. Such support to livelihood security and income generation is vital to stabilise the beneficiary population, who would otherwise opt for migration. With 90 percent of households in Northern Rhakine State making their living from agriculture, introduction of CERF funding in this area was crucial to meeting the population's needs and provided enough resources to increase the number of beneficiaries.

Food insecurity continues to be a serious problem in NRS, with structural causes related to restrictions on movement placed on the majority of the Muslim population. CERF-supported food for education activities undertaken in NRS averted a pipeline break during the peak of the lean season, when food insecurity is at its highest and food is scarce. The contribution played a significant role in covering the food gap of the targeted households, while allowing children to go to school. A total of 135,600 primary students from acutely vulnerable families were assisted through the procurement and distribution of a monthly ration of ten kg per household (1,696mt of food were purchased with the CERF contribution). This intervention helped to maintain or improve the food security situation of the targeted households during the lean season and allowed children to attend school on a regular basis.

In NRS, beneficiaries solely rely on this food assistance programme during this critical period as it is the only food assistance they receive. The food for education component created a safety net mechanism which allowed targeted households to meet their minimum food consumption requirements while their children were attending school regularly. With rations distributed on a monthly basis, it ensured families did not have to resort to extreme or negative coping mechanisms. Whereas in 2008, nearly all households interviewed reported resorting to coping strategies, 30 – 50 percent of the households in 2009 indicated practicing a varied combination of coping strategies. Nearly 70 percent of households in Buthidaung and Rathedaung had adequate food consumption patterns and dietary diversity in 2009. As a result of the food for education programme, World Food Programme (WFP) increased the number of assisted schools by 9 percent (35 schools) from 375 to 410 in 2009. The number of children has also increased from 120,142 in 2008 to 135,600 in 2009. The gross enrollment rate in NRS increased from 47 percent in 2008 to 63 percent in 2009.

The CERF contribution made an important impact on reducing maternal and newborn mortality in NRS. Maternal mortality indicators remain above the national average (380/100,000 versus 316/100,000 for the rest of the country) as do the coverage of ante-natal care (7-22 percent versus 64.4 percent for the rest of Myanmar). The maternal mortality reproductive health project co-funded by CERF was given sector priority in NRS. Through this project, essential antenatal and postnatal care was provided to 20,000 women without access to (reproductive) health care in remote areas of NRS was provided. The women received access to safe delivery and postnatal care. This was possible through assistance to trained birth attendants and the provision of safe delivery kits to pregnant women. Essential drugs and equipment were also provided to traditional birth attendants (TBAs). The intervention has also led to increased awareness among the humanitarian community of the problems faced by women in NRS and their limited access to reproductive health care.

Malnutrition rates in NRS remain alarming. CERF funding for the United Nations Children's Fund (UNICEF) and the United Nations High Commissioner for Refugees (UNHCR) and their implementing partners (in particular Action Contre la Faim (ACF)) allowed for both the treatment and the prevention of severe acute malnutrition. It enabled partners to close the gap in the provision of ready-to-use therapeutic food (RUTF) to a total of 1,600 children under 5, suffering from severe acute malnutrition, thereby allowing the continuation of life-saving activities. Timely, rapid importation of therapeutic food was assured through the CERF contribution to the nutrition response. In addition, CERF funding enabled the further treatment of 3,400 children, thereby preventing potential death and illness due to severe acute malnutrition.

CERF-supported activities were part of a larger integrated nutrition response by ACF, supported by UNICEF, UNHCR and other donors. Contributions by CERF encouraged very close collaboration on the ground between agencies. Through regular monitoring of nutritional status more than 17,000 cases of severe acute malnutrition were identified and treated by ACF between March and December 2009. Of these, the RUTF procured through CERF funding enabled the treatment of more than 1,600 children as of the end of December 2009 with high cure rates (around 84 percent). The overall treatment outcome was very successful as the project achieved a case-fatality rate of only 0.1 percent and a defaulter rate of only 4.7 percent. Those figures are within the Sphere Standards of less than 5 percent and 15 percent, respectively, that were initially set out in the proposal. A community awareness team sensitized community leaders in a total of 40 village tracts (an administrative entity grouping several villages) in the three townships in order to improve self referral of severely malnourished children. The primary caregivers/mothers were also empowered through breastfeeding counselling and promotion of positive care practices.

CERF funding to water and sanitation (WASH) activities of ongoing projects in NRS enabled the United Nations Development Programme (UNDP) to fill a funding shortage and complemented the on-going efforts to improve the situation in a total of 40 hard-to-reach villages. These activities increased access to safe water and contributed to reducing the impact of water borne diseases, which remain a major concern in NRS. Approximately 36,000 beneficiaries (52 percent female, 48 percent male) were targeted through water supply activities and 14,400 beneficiaries (52 percent female, 48 percent male) targeted through sanitation activities including: pond renovation, shallow tube wells, hand-dug wells, fly proof latrines and filtration pots. These were developed by village health development committees in the project villages. The project achieved results far above expectations, reaching 62,725 people (33,037 female and 29,688 male) through water supply activities and 39,344 people (20,725 female and 18,619 male) reached through sanitation activities. An additional 2,500 households will be reached by the end of May 2010 through the provision of water filters and storage tanks by UNHCR.

Through the provision of CERF funding, UNHCR was also able to deliver time-critical assistance in the form of non-food items (NFIs) to extremely vulnerable individuals. The assistance was provided to 2,000 families whose houses had been severely struck by the recurrent rains and floods in 2008. The families were supported with items such as bed nets and basic shelter material.

The CERF contribution to the humanitarian response gave an additional impetus to strengthening coordination of humanitarian activities in NRS, not only through the allocation and prioritisation process at the capital level, but also in terms of operational coordination of activities at the field level, as well as the future development of a longer-term strategy. It made a contribution in its own right to the development of the Joint Humanitarian Initiative (JHI) for NRS, which is currently being finalised and represents a clear and decisive effort by the humanitarian community in NRS to move towards a more strategic and coordinated response.

At the capital level, the decision-making process for the CERF allocation was undertaken by the Humanitarian Country Team with the support of OCHA. The allocation was announced on 17 February 2009 by the RC/HC to HCT members, and a presentation followed at the HCT meeting thereafter. It was decided at that meeting that a CERF Working Group, consisting of UN agencies and NGOs, would be established to agree on priorities, criteria for project selection, review submissions and provide the RC/HC with recommendations on the best way to allocate the funds. The Working Group met for the first time on 27 February, with participation from that Food and Agriculture Organization (FAO), OCHA, UNHCR, UNICEF, WFP and on behalf of non-governmental organizations (NGOs), CARE International and Merlin. The group reviewed the mandatory criteria for the CERF (including the life-saving criteria) and agreed that due to evidence of acute needs and limited available funding, activities should focus exclusively on Northern Rakhine State (NRS). It also agreed on additional criteria for project selection, including priority sectors and the need for recipients to have existing programmes and capacity to operate in NRS. HCT partners subsequently liaised with UN agencies to develop project proposals, during which time OCHA provided ongoing support. The CERF Working Group met for the second time on 10 March to review the submitted project proposals and select the priority list for CERF funding.

At the project and field level, coordination was encouraged through the CERF process both at the project formulation and implementation stages. The humanitarian response for NRS continues to be coordinated through mechanisms both at the field and capital levels. During 2009, coordination meetings in all sectors regularly took place locally in Maungdaw, under the leadership of UNHCR. In parallel, regular coordination meetings have been taking place at the Yangon level under the leadership of the UN Humanitarian Coordinator (HC). The HC also visited the region twice during the implementation period of this CERF grant, following which the support of OCHA and the Myanmar Information Management Unit (MIMU) was identified as needed and has since been provided. There was regular information exchange between Maungdaw and the HCT, thereby ensuring effective feedback on important policy issues and essential developments. In particular, in sectors where CERF funded several projects of different agencies, coordination was facilitated in the context of the CERF Working Group, as agencies had to ensure that project implementation did not overlap, but rather complemented each other's activities. Similarly, coordination with local officials was ongoing during project implementation. Overall, the CERF contribution has helped to keep the momentum in the humanitarian response as well as these coordination fora.

### III. Results:

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Agriculture	09-FAO-008 Empower marginalized landless poor and vulnerable women headed households in Northern Rhakine State through vegetables and poultry productions support	\$400,000	\$4.5 million	3,000 landless and women headed households through vegetable production and 1,600 women headed households through poultry production	3,000 landless poor and women headed households enabled to produce assorted vegetables in their backyards.  1,600 landless poor and women headed households producing poultry products.	The project expected to assist 3,000 households in vegetable production and actually assisted 5,000 households.  Actual result on poultry production was 1,600 households i.e. same as expected.  Additionally 1,100 paddy and vegetable growing households were provided inorganic fertilizer to increase their production.	Allowed the expansion of number of target beneficiaries.	Monitoring took place at different stages of the project by FAO and IP staff and finally technical experts evaluated the project.	For the vegetable production support of the project both landless and women headed households benefited and for the poultry production only women headed households were targeted.

Food	09-WFP-017 Food assistance to vulnerable families through FFE in Northern Rakhine State	\$1.1 million	\$4.8 million	135,600 primary students. (73,000 boys and 62,600 girls)	<p>Reduced incidence of destitution and extreme poverty among targeted communities during the lean season.</p> <p>Increased ability to meet food needs in targeted households in crisis situation or vulnerable to shocks.</p> <p>Increased school attendance/enrolment in WFP assisted schools.</p>	<p>70% of households in Buthidaung and Rathedaung had adequate food consumption patterns.</p> <p>Lowered reliance on coping strategies - In 2008 nearly all the targeted households reported resorting to coping strategies. In 2009 it was seen that 30 - 50% indicated practicing various combinations of coping strategies.</p> <p>The gross enrolment rate increased from 47% in 2008 to 63% in 2009</p>	<p>CERF contribution provided 135,600 primary students with a take home ration for 45 days.</p> <p>The number of students increased by 12%, from 120,142 in 2008 to 135,600 in 2009.</p> <p>Food assistance provided through CERF funding reached a higher number of vulnerable and food-insecure households, from 375 to 410.</p> <p>In total, 678,000 people received food assistance.</p> <p>During the lean season, the percentage of expenditure devoted to food decreased from 100% to 81%.</p>	<p>In addition to programme staff, the sub-office deployed food monitors who were permanently based in the field visiting project sites to supervise and ensure the quality of the activities and proper distributions of the food to the targeted beneficiaries. All monitoring activities have been carried out according to the monitoring plan prepared beforehand. WFP monitors conducted distribution site monitoring as well as post-distribution monitoring at the household level. This included school enrolment and attendance monitoring exercises. The Country Office M&amp;E system was updated online with quantitative and qualitative monitoring data.</p> <p>Food security assessments are conducted every year in NRS to capture the prevailing food security situation in the State, as well as any improvement or deterioration of the situation.</p>	<p>135,600 primary students benefited from this assistance (46% were girls).</p> <p>While this percentage is below the national average, it can be considered a good achievement in NRS where, due to cultural reasons, girls' education is not given the same importance as boys'.</p> <p>When WFP started the food for education programme, only 23% of girls attended school. This programme promoted gender equality and had a positive impact on addressing the gender gap in education.</p>
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Health	09-HCR-008 Providing essential and life saving antenatal and postnatal care to women without access to (reproductive) health care services	\$267,618	\$1.2 million	20,000 women in reproductive age	<p>17,000 women use clean delivery kits.</p> <p>700 TBAs receive TBA kits and assisted 10,000 – 15,000 pregnant women and babies.</p> <p>Reduced maternal and child mortality at birth among assisted women (under 2/1,000).</p> <p>400 TBA, 20 auxiliary midwives and 100 community health care workers are provided with essential drugs to attend to pregnant women and new born babies during and after delivery to reduce mortality rates.</p>	Maternal mortality and newborn mortality were reduced through the provision of essential antenatal and postnatal care for 20,000 women without access to (reproductive) health care in remote areas of NRS. and distribution of safe delivery kits to pregnant women and provision of essential drugs and equipment through TBAs.	Rapid allocation of the CERF funds allowed UNHCR to purchase life-saving drugs and delivery kits for pregnant women.	UNHCR and its four partners ACF, AMI, AZG and Malteser International undertook regular field monitoring. The results of the monitoring were shared in the monthly health coordination meetings.	Project targeted women and their newborn babies.
Health (Nutrition)	09-CEF-014 Treatment and prevention of severe acute malnourished under five children in North Rakhine	\$149,265	\$300,000	1,600 (children aged 6-59 months with severe acute malnutrition)	Approximately 1,600 children with severe acute malnutrition received therapeutic feeding.	More than 17,000 cases of severe acute malnutrition were enrolled and treated by ACF between March and December 2009. Of these, the RUTF procured through CERF funding enabled treatment of around 1,600 children as of the end of December 2009.	UNICEF was able to fill the therapeutic food supply gap for more than 1,600 children.	The therapeutic feeding activities were regularly monitored by ACF's national and international field based nutrition teams as well as by the medical and nutrition coordinator based in Yangon. The UNICEF field officer also visited the feeding centres and timely periodic reporting from ACF to UNICEF was received.	The gender disaggregated data did not show a significant gender difference amongst children enrolled in the programme.

Health (Nutrition)	09-HCR-006 Treatment of severe acute malnutrition among children under five in Maungdaw, Buthidaung and Sittwe Townships, NRS	\$395,900	\$3.7 million	3,000 beneficiaries, children below the age of 5 years	3,000 children under 5 suffering from severe malnutrition are treated.  At least 2,100 severely malnourished children under 5 are cured (more than 70 %).	Overall, 3,403 children under 5 with severe acute malnutrition were treated and 3,502 severely malnourished children under 5 were cured over the reporting period UNHCR component.	Rapid import of therapeutic food was assured with the CERF fund.	ACF nutrition and mortality survey conducted every year to monitor impact of the nutrition programmes/ joint UNHCR/ ACF field monitoring.	An equal number of boys and girls were supported.
WASH	09-UDP-001 Improving Critical Access to Safe Drinking Water Supply and Sanitation	\$309,016	\$1.5 million	Approx. 36,000 people through water supply activities  Approx. 14,400 people through sanitation activities	An estimated 6,000 households with a population of 36,000 in 40 remote and hard-to-reach villages have improved access to safe drinking water with a significant reduction in the time it takes women to fetch water and reduced risk of water-borne diseases.  An estimated ,2400 households with a population of 14,400 in 40 remote and hard-to-reach villages have improved access to fly proof latrines.	The following activities were implemented by village health development committees from CERF-WASH project villages: pond renovation (49); shallow tube well (18); hand dug well (68); fly proof latrine (5204); filtration pot (7166).  These activities reached 62,725 people through water supply activities and 39,344 people through sanitation activities and produced the following results:  Sufficient and safe water within reach  Safer and healthy sanitation facilities  Hygiene knowledge  Reduced water born diseases and household health expenditure (medium and long term)  Reduced social/household burden in terms of time and distance required to fetch water and look after ill people  Beneficiaries trained in participatory processes	CERF added value to the project by filling the gap in the UNDP-Community Development for Remote Townships project in NRS. It proved to be a timely and efficient funding source. Additionally, the focus of the funding provided incentive for inter-agency coordination in regard to a common plan for the area.	Assigned project staff from the respective township ensured the timely and quality implementation of activities through regular and frequent monitoring and facilitating the beneficiary communities throughout the implementation process.  Project Monitoring and Information System (PMIS)  Monthly reports	Women had opportunities to participate in planning, implementation and monitoring processes to express their concerns.  Women participated in decision making bodies such as implementation committees.  Women and children reduce household burden in terms of water fetching time and distance and looking after ill members of water born diseases.  Improved dignity for women with safer sanitation facilities.

<p style="text-align: center;"><b>WASH and NFIs</b></p>	<p>09-HCR-007 Basic provision of non-food items to extremely vulnerable people without citizenship in NRS</p>	<p>\$376,640</p>	<p>\$3.2 million</p>	<p>40,000 individuals  and  2,000 households (14,000 individuals)</p>	<p>Extremely Vulnerable Individuals (EVIs) whose houses were destroyed in the 2008 natural disaster, amongst many women headed households, received NFIs such as e.g. blankets and mosquito nets.</p> <p>Increased number of beneficiaries (altogether 14,000 individuals) and more than 2,000 individuals have access to safe drinking water in order to prevent mortality caused by water borne diseases.</p>	<p>40,000 individuals, in particular, elderly and children received blankets and other NFIs for protection from cold weather and heavy storms, which led to a decrease in respiratory disease.</p> <p>1,000 Colloidal Water Filters kits and 1,500 Chulli Water Purifier kits were purchased in 2009. At the end of 2009, only 872 Chulli Water Purifiers were distributed. Distribution of Chulli purifiers will finish in April and distribution of ceramic filters will be conducted until May 2010.</p> <p>The distribution of water filters started late because of conflicting priorities. ACF had to conduct an urgent needs assessment for another project. Furthermore, delays caused by supplier occurred. By providing water filters to 2,500 households by May 2010, the distribution of 2,500 jerry cans and 2,500 plastic jugs, the CERF target will be exceeded.</p>	<p>The rapid allocation of the CERF funds allowed the program to expand the ongoing WASH project to 11 additional villages.</p>	<p>ACF WASH-survey and regular field assessments through ACF and UNHCR.</p>	<p>Family members of all targeted households equally benefited from the project.</p>
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## Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded	Date Funds Forwarded
Action Contre la Faim (ACF)	Nutrition	09-CEF-014	\$139,503.07 (as supplies- no cash)	21/05/09
	WASH	09-HCR-007	\$55,000	23/04/2009
	Nutrition	09-HCR-006	\$350,000	07/05/2009
	Health	09-HCR-008	\$105,000	04/05/2009
Aide Medicale International (AMI)	Health/ NFI distribution	09-HCR-008	\$115,000	04/05/2009
CARE	Agriculture	09-FAO-008	\$ 3,200	In instalments
GRET	Agriculture	09-FAO-008	\$ 49,955	In instalments

## Annex 2: Acronyms and Abbreviations

<b>ACF</b>	Action Contre la Faim
<b>AMI</b>	Aide Medicale Internationale
<b>AZG</b>	Artsen Zonder Grenzen (MSF Holland)
<b>CERF</b>	Central Emergency Response Fund
<b>EVI</b>	Extremely Vulnerable Individual
<b>FAO</b>	Food and Agriculture Organisation
<b>FFE</b>	Food for Education
<b>FTS</b>	Financial Tracking System
<b>GoUM</b>	Government of the Union of Myanmar
<b>GRET</b>	Groupe de Recherche et d'Echanges Technologiques
<b>HC</b>	Humanitarian Coordinator
<b>HCT</b>	Humanitarian Country Team
<b>JHI</b>	Joint Humanitarian Initiative
<b>MIMU</b>	Myanmar Information Management Unit
<b>MT</b>	Metric tonne
<b>NFI</b>	Non-Food Items
<b>NGO</b>	Non-Governmental Organisation
<b>ODA</b>	Official Development Assistance
<b>NRS</b>	Northern Rakhine State
<b>PMIS</b>	Project Monitoring and Information System
<b>RC</b>	UN Resident Coordinator
<b>RUTF</b>	Ready-to-use Therapeutic Food
<b>TBA</b>	Traditional Birth Attendant
<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 and Hygiene
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization