RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS MYANMAR

RESIDENT/HUMANITARIAN COORDINATOR	**Mr. Ashok Nigam**

PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING2012[1]

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US$)		
Breakdown of total response funding received by source	CERF	16,651,567
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	1,209,862
	OTHER (Bilateral/Multilateral)	94,250,914
	TOTAL	110,902,481
Breakdown of CERF funds received by window and emergency	**Underfunded Emergencies**	
	First Round	0
	Second Round	0
	Rapid Response	
	Conflict	16,651,567

II. REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please confirm that the RC/HC Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒NO ☐

The RC/HC Report was elaborated in a collaborative manner. Inputs were provided by recipient agencies and sector/cluster leads then to OCHA. Consultation with humanitarian partners was done by sector/clusters lead agencies during regularly scheduled sector meetings.

b. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒NO ☐

CERF was reviewed with in-country stakeholders and drafts were completed by sector/clusters lead agencies, with partners including INGOs, LNGOs, CBOs and Government entities.

[1]Does not include late 2011 allocation.

PART 2: CERF EMERGENCY RESPONSE – CONFLICT (RAPID RESPONSE 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: US$103,468,853(Kachin and Rakhine revised response plans)		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	16,651,567
	EMERGENCY RESPONSE FUND	1,246,158
	OTHER (Bilateral/Multilateral) (FTS 13/12/2013)	114,381,005
	TOTAL	**132,278,730**

TABLE 2: CERF EMERGENCY FUNDING BY AGENCY (US$)			
Allocation 1 – Date of Official Submission: 13 January 2012			
Agency	**Project Code**	**Cluster/Sector**	**Amount**
UNHCR	12-HCR-001	Protection	74,814
UNHCR	12-HCR-002	Shelter and NFIs	125,190
UNICEF	12-CEF-002-A	Protection	100,050
UNICEF	12-CEF-002-B	Multi-Sector	500,000
WFP	12-WFP-001	Food	750,000
Sub-total CERF Allocation			**1,550,054**
Allocation 2 –Date of Official Submission: 19 April 2012			
UNICEF	12-CEF-049	Protection	37,477
UNICEF	12-CEF-050	Water and Sanitation	1,099,425
UNHCR	12-HCR-027	Shelter and NFIs	1,444,500
UNHCR	12-HCR-028	Multi-Sector	100,024
WFP	12-WFP-038	Food	2,299,999
Sub-total CERF Allocation			**4,981,425**
Allocation 3 –Date of Official Submission: 2 August 2012			
UNICEF	12-CEF-094	Water and Sanitation	702,075
UNICEF	12-CEF-095	Protection	89,940
UNICEF	12-CEF-096	Health-Nutrition	126,502
UNICEF	12-CEF-097	Health	19,474
WHO	12-WHO-057	Health	89,827
UNHCR	12-HCR-040	Protection	124,545
UNHCR	12-HCR-039	Shelter and NFIs	2,705,663
WFP	12-WFP-056	Food	1,000,000
Sub-total CERF Allocation			**4,858,026**
Allocation 4 –Date of Official Submission: 14 November 2012			
UNHCR	12-HCR-054	Shelter and NFIs	2,008,989
UNICEF	12-CEF-129	Water and Sanitation	444,050
UNICEF	12-CEF-130	Health-Nutrition	243,150

WFP	12-WFP-078	Food	2,000,091
UNICEF	12-CEF-131	Health	142,832
WHO	12-WHO-080	Health	140,108
UNFPA	12-FPA-045	Health	282,842
Sub-total CERF Allocation			**5,262,062**
TOTAL			**16,651,567**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of Implementation Modality	**Amount**
Direct UN agencies/IOM implementation	14,274,936
Funds forwarded to NGOs for implementation	1,998,147
Funds forwarded to government partners	378,484
TOTAL	16,651,567

In 2012 the people of Myanmar faced two upsurges of conflict which resulted in large scale displacement in different areas in the country. Four CERF Rapid Response allocations were made to Myanmar in 2012; two for the Kachin conflict and two to respond to the initial and renewed outbreak of violence in Rakhine State. These crises required a quick infusion of humanitarian funds to meet the urgent life-saving needs. CERF funds were made available for water, sanitation and hygiene (WASH), health, food, nutrition, protection, shelter and non-food items (NFIs).

In Kachin and Northern Shan States, the conflict between the Myanmar Army (Tatmadaw)and the Kachin Independence Organisation/Army (KIO/A) started in June 2011 and has resulted in the displacement of over 85,000 people, loss of lives and livelihoods, and damages to infrastructure. Upsurges of violence at various stages of the conflict continued to cause additional and secondary displacement during 2012. Up to 8,000 people were also displaced temporarily across the border into China. Although regular assistance continues to reach the population displaced in Government-controlled areas, more than 40,000 IDPs continue to be located in camps in conflict-affected areas that are hard to reach. In January 2012 the CERF funds served as the first substantial allocation to meet critical needs in Kachin. The second CERF allocation, in April 2012, provided much needed support to meet a sharp increase in the number of IDPs caused by the monsoon season and the vulnerabilities of the already displaced.

In Rakhine State, inter-communal violence erupted in June 2012 and resulted in the displacement of over 100,000 people. According to Government figures, 78 people were killed, 87 injured and more than 4,800 buildings damaged as a result of this first episode of violence. Some people returned home after the first violence, however, approximately 75,000 people remained displaced. In October 2012, violence again erupted and displaced an additional 36,000 people. During this second resurgence of violence, at least 89 people were killed, 136 injured and over 5,300 houses and religious buildings were destroyed. The two combined episodes resulted in over 115,000 IDPs that continue to be displaced. For both episodes of violence CERF funding was used to quickly respond to urgent needs and to fill gaps identified through initial rapid needs assessments.

II. FOCUS AREAS AND PRIORITIZATION

In 2012, the Humanitarian Country Team (HCT) in Myanmar applied for a total of four allocations from the CERF Rapid Response window, to respond to the two separate sudden-onset emergencies in Kachin and Rakhine States. Both emergencies led to a substantial displacement of people. Although the response strategies CERF supported were similar between the two situations, the two emergencies were very different in nature. Kachin State is located in the north of the country and affected by conflict between the Myanmar Army and the Kachin Independence Army (KIA). The population of Rakhine State, in the west of the country, faces the effects of inter-communal conflict. For both situations, the HCT jointly developed and launched response plans. All four CERF allocations were applied to the needs jointly agreed in the two response plans.

Instability in Kachin and northern Shan States restarted in early June 2011 and resulted in displacement of populations, loss of lives and livelihoods, and damages to infrastructure. Following the Government's invitation, the first independent inter-agency rapid needs assessment was conducted in September 2011 in 39 IDP locations (camps, host families, public buildings) of five townships (Bhamo, Momauk, Myitkyina, Khaunglanhpu and Waingmaw) targeting 5,900 IDPs. The assessment indicated that some 57 per cent of the IDPs

were women, 56 per cent were children under 18 years of age,17 per cent children under age 5, 12.5 per cent female or child headed IDP families and 0.96 per cent unaccompanied elderly. Of the assessed IDPs, some 4 per cent were identified as extremely vulnerable individuals (EVI). Although no report of child abuse/exploitation and missing children was recorded during the assessment, the relatively high number of separated and unaccompanied children and of female or child-headed IDP families were found. These finding also highlighted the need to take preventive measures to mitigate potential risk factors. Analysis of the September assessment indicated that 20 of the 39 locations were in urgent need of additional shelter, water and sanitation. Most of the assessed IDPs required additional NFI support, while over half of the assessed IDPs living in temporary camps/shelters and community buildings were faced with food access issues. While access to water for domestic and hygiene uses was reported to be sufficient in the assessed locations, less than half of the assessed IDPs had access to sufficient quantities of safe drinking water. Over half of the locations had access to health care services provided by basic health workers. Primary school children in all assessed locations had access to schooling support, to varying degrees. However, education materials were in short supply.

A local NGO, Relief Action Network for IDP and Refugee (RANIR),conducted needs assessments in 21 IDPs camps (19,700 IDPs) in hard-to-reach areas, not under Government control, in January2012, using a similar data collection format employed in the September assessment. The assessment indicated that urgent needs remained in several sectors, including education, food, health, NFIs, protection, shelter, and water and sanitation. The latest comprehensive assessment by RANIR was conducted from May to June 2012 and covered 22camps (34,190 IDPs) in hard-to-reach areas. The results identified significant needs in terms of food, health, WASH, shelter, education and protection assistance. Although the shelter situation had improved in some locations, most camps still need additional shelter and NFI assistance. Even though WFP and partners had been providing food assistance in some of the assessed locations, there was still need to continue and repeat food distributions in the camps along the border. Findings also indicated that many camps did not have a sufficient number of latrines. A lack of sufficient drinking water was reported in four of the 22 camps. Health concerns included shortage of medicines, insufficient intervention for patients with chronic diseases and lack of mosquito nets among many IDP households. There were not enough teachers and there was an urgent need for school supplies and furniture. In addition to the abovementioned assessments, humanitarian organizations providing assistance to IDPs also collected information and conduct monitoring in parallel to implementation of activities.

The Government continues to not recognize the existence of some cases of conflict-induced internal displacement – including those who are hiding in forest areas, refusing to settle in camps, due to protection concerns or because they want to monitor and access their assets in Kachin State–which prevents IDPs from enjoying basic rights and access to essential services. The Government also continues to deny full access to humanitarian actors to the majority of locations where IDP populations are located, especially in areas where non-state armed groups are present. IDPs have been exposed to risk of detention, landmines, forced labour, extortion, forced recruitment, gender-based violence (GBV) and land confiscation. Lack of civil documentation adds to the vulnerability of IDPs, especially in areas not controlled by the Government. In line with the recommendations of the inter-agency rapid needs assessment UNHCR identified 60 IDP sites where the resources of the local organization were exhausted and the resources committed by international agencies were running out.

The inter-community conflict in Rakhine State which started in early June 2012 and resurged in October has resulted in displacement and loss of lives and livelihoods. After each of the two violent episodes, inter-agency multi-sectoral rapid needs assessment were immediately deployed to identify needs and urgently respond with resources available. These assessments allowed partners to lay a more comprehensive response. The first multi-sectoral assessment was conducted between 20 June and 10 July in 121 locations in four townships (109 in Sittwe, four in Rathedaung, seven in Maungdaw, one in Pauktaw), covering 107,886 IDPs. The assessment identified major needs in food, shelter, NFIs, WASH and health, including access to sanitation facilities and drinking water. Of this initial caseload assessed, about a quarter of the people returned to their homes as the tensions somewhat subsided. By mid-October an estimated 75,000 people were in camps in Sittwe and Kyaukpyu.

The rapid assessment in response to the second wave of violence in October was completed on 7 November. Missions visited 18 locations in nine townships, covering over 36,374 IDPs (1,762 households) and carried out, where possible, distributions at the same time. The findings overall confirmed that food, shelter, WASH, health and nutrition were the most immediate priorities. Health and nutrition were major concerns as IDPs did not have adequate access to health facilities in the locations of displacement which was further complicated by community perceptions of how the UN and partners provided assistance to people in need. Poor sanitation, shelter and water availability compounded health issues. Shelter and WASH conditions of the newly displaced were and remain challenging. Although some tents had been distributed, many IDPs remained in open areas close to their burned villages, and some others were hosted by family and friends. Although no major disease outbreaks had been recorded, there have been reports of increasing numbers of diarrhoea cases in IDP camps as the WASH situation was critical.

The lack of access to basic services by the IDPs and some communities, whose freedom of movement is now even more limited than before the violence erupted in June, is also of serious concern. However, although it is understood that many cannot access schools, clinics or markets nor some of their original sources of income, partners decided that further assessments and information-gathering were required to identify their needs and plan for an adequate response, of humanitarian, recovery or development nature.

III. CERF PROCESS

Prioritization of CERF activities by sectors/clusters and use of Kachin and Rakhine Response Plan to prioritize needs.

CERF process for allocation 1: Kachin State
The Kachin response plan was presented to donors in December 2011 to collectively advocate for funding to ensure basic, life-saving support to people affected by the conflict. The plan was also shared with the authorities. Partners met again in early January 2012 taking into consideration of assistance provided, gaps and required resources to respond to the projected caseload of up to 50,000 people in Kachin State. The CERF request was developed on the basis of this joint stock-taking during the response planning process, the data gathered during the September assessment and additional reports from partners having access to camps and IDPs sites in KIO-controlled areas. UNICEF, UNHCR and WFP carried out additional consultations with partners and presented prioritized proposals for the food; WASH, health/nutrition; shelter/NFI/Camp Coordination and Management (CCCM); and protection sectors. Initial contact with the CERF secretariat was made in December 2011 during the elaboration of the Kachin Response Plan and sector prioritization process and continued through the application process.

CERF process for allocation 2: Kachin State
The HCT, under the leadership of the RC/HC, has been the primary forum for coordinating the response to the emergency in Kachin State. In addition to HCT meetings, regular operational coordination meetings took place Yangon, Myitkyina and in Bhamo. Coordination meetings were convened with increasing frequency with gains in access of the UN starting late March 2012. On 3 April the HCT agreed on the need to consolidate a request for a CERF allocation. Sector leads immediately consulted with their partners prior to an ad hoc HCT meeting held on 11 April to agree on priorities for the CERF request. HCT members agreed on priority sectors, including food, shelter/NFIs, WASH and, on a smaller extent, protection and health. The sector leads subsequently met to further prioritise the interventions and requirements toward a final submission.

CERF process for allocation 3: Rakhine State
By the end of July 2012, the number of IDPs stabilized and allowed sector leads to review the rapid inter-agency assessment and plan for a caseload of 80,000people. To ensure consensus on the decisions, a series of HCT meetings were held to prioritize the needs in the nine active sectors, including partners operating in Rakhine State, which were not members of HCT. The RC/HC a.i. chaired a series of meetings where the prioritization was jointly agreed. Seven sectors were included in the CERF request, including shelter, food, WASH, nutrition, health, protection and NFI. NFI was included despite already completing large distributions due to non-standard quality kits which did not include requirements and the need to replenish kit. The planning exercise resulted in the production of the Rakhine Response Plan which was shared with donors and the Government. OCHA consolidated sector inputs on behalf of the RC/HC. The CERF secretariat was consulted throughout the application process.

CERF process for allocation 4: Rakhine State
The HCT Core Group took a joint decision to submit an application to CERF at an ad hoc meeting on 29 October to better respond to needs in Rakhine State following renewed violence. On 5 November the RC/HC chaired a meeting with sector lead agencies to prioritize sector needs. Agencies agreed that only organisations with immediate capacity to implement – including access – in Rakhine State should be included. The application would cover only the new caseload of 36,000 people. A preliminary sector prioritization was done based on the outcomes of rapid needs assessments. Agreement on the approximate allocation by sector was made based on these findings. On 6 November the HCT Core Group met to agree on the timeline and contents of the Rakhine emergency CERF request. The division of the allocation between sectors was revisited and approved by the HCT. OCHA consolidated sector inputs on behalf of the RC/HC.

Prioritization of needs by sector

Food
WFP chaired and developed strategies for the Food Coordination Thematic Group. The sector raised concern over high malnutrition rates among IDPs and started programmes to support pregnant and lactating women (PLW) and children under age 5 with nutritious complement support. These activities have been coordinated with the nutrition sector. CERF funded food assistance has been provided to IDPs in the following eight townships of Rakhine State: Minbya, Mrauk-U, Myebon, Pauktaw, Kyauktaw, Rathedaung, Kyauk Phyu and Sittwe. Implementation is dependent on the location and available partners.

Shelter, CCCM and NFIs
UNHCR has been designated as cluster lead for shelter/CCCM/NFI and has been actively involved within the HCT with partners in thematic meetings and ad hoc prioritization meetings. Sector prioritization of emergency response activities has been guided by global strategic priorities as well as the following criteria: a) other essential protection and life-saving interventions; b) capacity of lead agency and partners; and c) assessed needs. Regular meetings took place at national and field levels to discuss priority needs, gaps, challenges

and achievements. Beneficiaries have been actively involved through needs assessments, field visits, and discussions with teams and authorities, etc. Implementation has been done directly with the support of international and/or national NGOs partners, especially for the shelter construction.

Protection
UNHCR is sector lead for protection and has convened regular meetings at field and national levels. Based on the inter-agency multi-sector rapid needs assessments, major IDP needs, including EVI identification and referral/assistance mechanisms, have been conducted. This includes, but is not limited to, individual victims of rights abuses and violence, such as women, the elderly, handicapped and other disadvantaged persons. These activities have been carried out in close collaboration with CCCM/Shelter and NFI activities, but also in collaboration with other sectors such as child protection, education, WASH, and health.. UNHCR coordinates with international and national NGOs. Beneficiaries of protection interventions include IDPs with special needs. Those identified have been assisted in conformity with international standards to ensure equitable access and that the most urgent needs have been prioritized. UNICEF and the Department of Social Welfare will work together in implementing child protection responses for affected children in Rakhine State during a six-month period.

WASH
As sector lead, UNICEF supported planned assistance primarily for emergency interventions of hygiene promotion, such as hygiene kits, water supply with storage facilities, water purification items, the construction of toilets at the temporary shelters as well as hand-washing and gender-segregated bathing areas. UNICEF implemented through local and international NGOs and governmental departments in areas where security permitted it.

Health
WHO and Merlin, as co-cluster lead agencies, worked to support emergency health care, strengthen health care services and disease surveillance. The cluster co-lead agencies and health sector partners conducted initial joint rapid need assessment in end of June and July 2012. Based on the data collected, needs were prioritized by health partners in cooperative and collective manner. The greatest needs for IDPs were primary health care services (mobile or static clinics), emergency referral to secondary and tertiary hospitals, maternal and child health care, nutritional assessment and management, establishment of early warning systems and control of communicable diseases.

Nutrition
The nutrition sector, through the Myanmar Nutrition Technical Network (MNTN), met and discussed response strategies as soon as the emergency occurred. The response plan included the following priority activities: (1) therapeutic feeding for Severe Acute Malnourished (SAM) under age 5children, (2) micronutrients supplementation for children under age 5and Pregnant and Lactating Women(PLW), (3) promotion, protection and support of infant feeding in emergency, (4) nutrition assessments, and (5) strengthening of partnerships and coordination. These activities mutually complement the blanket supplementary feeding programme by the WFP with fortified blended food to all children under age 5 and PLW through its general food distribution programme. Sector members include national authorities (Ministry of Health), UNICEF, Action Contre La Faim (ACF), Save the Children (SC) and WFP. Liaison and advocacy will continue by the Save the Children Nutrition staff with UNICEF, ACF, Myanmar Nurses and Midwives Association and other national stakeholders, to ensure a coordinated and appropriate nutrition response. Security concerns and uncertainties did not allow for a prompt and SPHERE standard compliant response by partners on the ground to all in need at the beginning of conflict, efforts have been made to improve this response.

Gender considerations
Gender equality mechanisms were included in project activities to ensure effective participation of women and men, and that their specific needs have been taken into consideration during implementation of CERF projects.

Complementarily by in-country pooled fund response
The Humanitarian Multi-Stake Holder Fund (HMSF) for Myanmar contributed to the emergency response and complemented CERF funding in Kachin. The flexibility of this in-country pooled fund allowed Solidarities International (SI) to provide additional support to the CERF project implemented with UNICEF which focused mainly on WASH needs in IDP camps in the geographic areas between Shwegu and border camps. The HMSF project implemented by SI consisted of distribution of hygiene kits and mobile shelter kits in six border area IDP camps and five IDP locations near Shwegu. SI identified one local partner, Local Development Organization (LDO), to support the implementation of CERF and HMSF project.

Since November 2012, the HMSF was activated for Rakhine to enable partners to respond to the emergency.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4-A: ALLOCATION 1 - KACHIN STATE - AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis: Over 50,000 individuals displaced by the conflict

	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Protection	3,803	3,484	7,287
	Shelter and NFIs	3,500	3,000	6,500
	Multi-Sector	42,270	33,250	75,520
	Food	10,687	10,313	21,000
	Water and Sanitation	0	0	0
	Nutrition	0	0	0
	Health	0	0	0

TABLE 4-B: ALLOCATION 2 - KACHIN STATE - AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis: Over 55,000 individuals

	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Protection	8,640	7,360	16,000
	Shelter and NFIs	19,440	16,560	36,000
	Multi-Sector	27,000	23,000	50,000
	Food	17,000	15,000	32,000
	Water and Sanitation	30,344	21,819	52,163
	Nutrition	0	0	0
	Health	0	0	0

TABLE 4-C: ALLOCATION 3 - RAKHINE STATE - AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis: 80,000 individuals

	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Protection	54,379	39,742	94,121
	Shelter and NFIs	7,200	4,800	12,000
	Multi-Sector	0	0	0
	Food	35,000	35,000	70,000
	Water and Sanitation	10,100	9,700	19,800
	Nutrition	11,266	3,552	14,818
	Health	54,671	35,440	90,111

TABLE 4-D: ALLOCATION 4 - RAKHINE STATE - AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 115,000 IDPs including 36,000 individuals affected by most recent violence in October 2012				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Protection	0	0	0
	Shelter and NFIs	21,600	14,400	36,000
	Multi-Sector	0	0	0
	Food	29,580	28,420	58,000
	Water and Sanitation	5,843	6,789	12,632
	Nutrition	5,321	3,739	9,060
	Health	100,548	57,324	157,872

Approach used towards estimating the beneficiary numbers and challenges met in reaching the estimates by sector

Food
For the food sector, WFP beneficiary estimates were based on IDP figures provided by the government, which have been collected through local authorities. In Rakhine, IDP figures have also been provided by humanitarian partners and verified through WFP and partners' monitoring and distribution reports.

Shelter and NFIs
For shelter and NFI partners, UNHCR estimated action from the agreed figures in the inter-agency multi‑sector rapid needs assessment findings reported in the respective response plans, including a combined figure of 115,000 IDPs in Rakhine State and 85,000 IDPs in Kachin State. Population movements continue and figures have been revised on a weekly basis. Access continues to be a challenge in some areas.

Protection
For the protection sector, UNHCR estimated action from the agreed figures in the inter-agency multi‑sector rapid needs assessment findings reported in the respective response plans, including a combined figure of 115,000 IDPs in Rakhine State and 85,000 IDPs in Kachin State. Population movements continue and figures have been revised on a weekly basis. Access continues to be a challenge in some areas.

WASH
For WASH partners, in both Rakhine and Kachin target beneficiaries were agreed based on the findings from rapid needs assessments conducted after each crisis. Response strategies also factored in the capacities of other cluster partners. In both Rakhine and Kachin States, more beneficiaries were reached than planned with existing WASH and hygiene inputs as new IDPs continued to arrive in camps, at no additional cost.

Health
For the health sector, the inter-agency multi-sector rapid need assessment conducted between 20 June and 5 July in 121 locations in Rakhine, covering 107,886 IDPs (18,697 households) was the baseline for estimating the target beneficiaries for the two WHO and CERF requests. Findings indicated that, 95 per cent of IDPs were in Sittwe, and over 60 per cent of assessed locations were covered by basic health care services with 40 per cent of IDPs receiving medical services on a daily or a twice weekly basis. The number of beneficiaries was calculated based on the 40 per cent of IDPs who do not receive medical services. Nevertheless, 53 per cent of the sites visited reported to have inadequate medical supplies. An estimated 11,200 women under reproductive age and 1,400 pregnant women were among targeted beneficiaries.

The main challenge was fluctuating number of IDPs in camps which increased due area security concerns. Other challenges have been community resistance to transfer patients to hospitals and the short mobile clinic consultation hours. In addition, cross-sector coordination was strengthened in the field and Yangon levels, in particular with health, WASH and food sectors/clusters.

Nutrition

For nutrition partners, UNICEF estimated action from the agreed figures in the inter-agency multi-sector rapid needs assessment findings reported in the respective response plans, including a combined figure of 115,000 IDPs in Rakhine State and 85,000 IDPs in Kachin State. In Rakhine, the initial rapid nutrition assessment carried out by nutrition sector partners indicated a 23.4 per cent prevalence of Global Acute Malnutrition (GAM) and 7.5 per cent of SAM. The Kachin rapid assessment conducted by National Nutrition Centre (NNC) indicated 0.7 per cent of SAM, 1 per cent of Moderate Acute Malnutrition (MAM) and 7.8 per cent of children in high risk to develop acute malnutrition. Access continues to be a challenge in some areas.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	396,135	498,192
Male	344,943	372,692
Total individuals (Female and male)	757,398	870,884
Of total, children under 5	116,502	141,524

CERF's results and added value

The key result of CERF funds was clearly timely infusion of funds when agencies most needed it to support needs identified in the multi-sector rapid needs assessments. CERF supported the HCT to work together more coherently within the framework of the area response plans and to build confidence with other donors. Agencies implemented through complex schemes, pulling resources from regional and headquarters to respond based on sector prioritisations. CERF was one of the top donors to Myanmar crisis response and has been flexible to meet the challenging implementation environment.

For WFP, the CERF allocation was made at critical times when an increasing number of IDPs in both Kachin and Rakhine States were in need. CERF funding bridged critical gap of commodity pipelines avoiding a break and allowed WFP to provide continuous support to the most vulnerable people. WFP reached the planned number of beneficiaries under CERF funds, except for April 2012 allocation to Kachin IDPs as access to non-government controlled areas has not been permitted since July 2012. In total, WFP provided life-saving food assistance to 159,000 beneficiaries under CERF funding schemes.

UNHCR implemented shelter/NFI and protection activities as planned in Kachin and Rakhine States. NFIs, shelter and shelter materials were given to ensure that IDPs were protected from the elements, including, basic clothing and hygiene items. In coordination with the CCCM global cluster, UNHCR organized a series of training events that supported awareness on key issues and promoted building up local capacity levels. UNHCR reached a total of 69,500 beneficiaries – 21,500 IDPs in Kachin and 48,000 IDPs in Rakhine– interventions funded by CERF.

By direct implementation and in coordination with local and international NGOs, a system for protection monitoring of EVIs identification was set up in IDP locations, including in non-government controlled areas. UNHCR provided protection-by-presence monitoring of all accessible IDP sites and identified, assisted and referred EVI cases. In Rakhine, UNHCR was able to implement protection related activities in all townships affected by the two waves of inter-communal violence and reached at least 75,000 beneficiaries. For protection-related interventions in Kachin, more than 50,000 beneficiaries have been reached.

UNICEF utilised CERF funds to provide nutrition/health interventions for Kachin IDPs in areas under government control and beyond government control. The interventions targeted the most vulnerable population, specifically women and children, especially those under age 5, to reduce incidences of diarrhoea, acute respiratory illnesses, pneumonia, malaria and malnutrition. UNICEF partnered with local and international NGOs to implement programmes. Local NGOs proved essential to implement in camps located in hard-to-reach areas near the border, which have received least support due to security and access constraints. More than 13,500 IDPs were reached with preventative and curative health/nutrition services, including essential life-saving medicines, emergency nutrition responses, donations of long lasting insecticidal net (LLIN) and support for referral services for severe patients. All activities were designed to reduce incidences

of malaria, diarrhoea and acute respiratory illness for children and women and to reduce the risk of spreading of communicable diseases and address emergency nutrition issues in the IDP locations.

UNICEF supported implementation of health/nutrition interventions for more than 45,000 IDPs in Rakhine to reduce morbidity and mortality among IDPs, including children under age 5 and women, due to common illnesses, such as diarrhoea, ARI/pneumonia, malaria and other illnesses, in partnership with authorities. Around 4,200 patients were tested for malaria out of which 1,660 confirmed cases were treated. About 830 diarrhoea and 170 pneumonia cases were treated. More than 35,000 IDPs accessed health education sessions on prevention of common communicable diseases and other illnesses and early and correct treatment seeking behaviour. Without CERF funding, health and nutrition partner could not implement required life-saving services in the early phase of the conflict.

CERF supported the WASH response Kachin State, which was implemented by UNICEF mainly through local partners in both government controlled and non-government controlled areas. Around 38,300 IDPs were provided with access to safe drinking-water through water supply systems, storage tanks/reservoirs, containers for collection and storage, providing filters and other treatment items. More than 4,800 IDP families were provided access to clean latrines, wash areas and clean living environment, significantly reducing the risk of water and sanitation related diseases. To ensure WASH interventions were appropriate training programmes were provided for camp management committees on latrine construction and hygiene promotion.

CERF funds for WASH were implemented by UNICEF and national authorities in Rakhine helping at least 19,800 IDPs to access safe drinking water through the distribution of shallow tube-wells, water storage tanks, water reticulation systems and water purification items provided with personal hygiene kits, among others. 2,500 families were provided with sanitary toilets and separated washing areas, significantly reducing the risk of WASH related diseases. UNICEF also deployed two technical staff, one engineer and one hygiene promotion specialist, to support project implementation, coordination and to provide technical monitoring and guidance to cluster partners. The number of IDPs in the target camps increased during the reporting period due to the continued conflict which stretched interventions.

In Kachin State, UNICEF reached 16,000 IDPs through child protection interventions, which included trainings and awareness-raising sessions for community members on child protection, child rights and Mine Risk Education (MRE). A total of 7,200 children benefited from strengthened child protection systems, including access to child-friendly spaces. 181 of the most vulnerable children received targeted support, including material and cash support to ensure access to school, health care and food. After a year of CERF supported interventions in the IDP camps in Kachin State, there has been a considerable normalisation and stabilisation of the child protection environment– children regularly attend child-friendly spaces and local schools, and the spaces have become part of the communities.

CERF funds supported redefining UNICEF's child protection strategy in Rakhine through the findings in 'Child Protection Rapid Assessment' that was conducted through Save the Children (SC). Based on the assessment findings it was decided to establish new child-friendly spaces in nine camps in order to provide targeted psychosocial support to children, in addition to establishing child protection groups to reach the wider population. SC, the only implementing agency in this area, was limited in the number of beneficiaries reached due to limited capacity. Local authorities were originally planned to support implementation, however, later were deemed unsuitable for project implementation due to the nature of the inter-communal conflict.

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

Broadly, the four CERF allocations enabled agencies to kick-start response activities through direct and indirect implementation schemes using local and international NGOs for hard-to-reach areas. These funds were very helpful to build confidence with other donors who later contributed to the response plans. There were some delays in implementation due to access, limited capacities and number of implementing agencies and the multiplicity of crises in the country which required agencies to rapidly reprioritized interventions to assure the neediest people were supported. The following are some of the specific agency limitations reported:

- For UNHCR's projects in Kachin, both CERF grants allowed rapid assistance to be provided to beneficiaries for shelter, NFIs delivery and protection activities. UNHCR directly implemented project immediately as CERF funds were disbursed to ensure a timely response to the urgent needs. UNHCR had an established office and deployed personnel to immediately respond to assessed needs. In Rakhine, UNHCR began response with limited resources and combined CERF funds with other resources, pulling from within the country and outside the country to scale up assistance, particularly for the delivery of NFIs and emergency shelter.
- For UNICEF's health intervention in Rakhine the project was implemented immediately after the programme cooperation agreement was set with most essential drugs available at that time, which enabled partner organizations to deliver the shipments to camps on time. The poor security situation in Rakhine resulted in a slow start for international NGOs. Local NGOs and government partners were, however, able to respond quickly. Limitations included timely travel authorisation from the Government for international staff to travel as well as challenges in recruiting national staff due to the nature of the inter-communal conflict. Once staff was in place, activities were quick to start.

- For UNICEF's WASH project in Kachin, international and local partners implemented projects immediately in government-controlled and non-government-controlled areas. SC began operations in early 2012 and implemented with CERF funds from May onwards. A new agreement with Mèdecins du Monde (MDM) led to timely delivery of essential drugs to partner organizations in camps to improved health care.
- For UNICEF's protection interventions, the response was slower than expected as unforeseen factors hampered the establishment of child protection interventions by UNICEF's implementing partners in Rakhine State.

b) Did CERF funds help respond to time critical needs[2]?
YES ☒ PARTIALLY ☐ NO ☐

Due to the nature of the inter-communal conflict in Rakhine State and the lack of a cease-fire agreement in Kachin State, crisis situations changed quickly and affected large numbers of civilians who required immediate support to access basic living conditions including emergency shelter and protection from the harsh living environment. CERF also facilitated access to basic services, such as hospitals. Partners responded with whatever human capacity and material resources were available, pulling from regional and headquarters when possible. Joint rapid assessments helped to understand needs and the areas most affected. CERF has been an essential and life-saving resource for the HCT to immediately request resources when no other funds were available. The following are a few of the instances that demonstrate the time critical needs CERF helped agencies to address:

- For shelter, CERF funding came at a critical time when no other funds were available to support multiple large scale displacement situations with life-saving emergency shelter and basic NFIs to protect newly displaced communities. In many cases entire communities lost everything and therefore required a rapid, time-critical response.
- The referral system for critical case patients has provided a channel to move elderly, children and other vulnerable people from remote camp locations, often by complex logistical routeing, including boats, to hospitals for treatment. Without this service more patients would die in lack of access to basic health care.
- Clean drinking water for displaced people.
- Additional human resources to support coordination and implementation. Multiple crises in the country have stretched human resources, in agencies and implementing partners, to the limit.
- For multiple conflict events that led to displacement, agencies relied on CERF to replenish exhausted material goods.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

In 2012, CERF has proven to be timely, supportive of life-saving interventions and a confidence building measure for other donors. Agencies have been able to mobilize funds to support further humanitarian work, however, CERF came– in all cases– at a time when few funds were readily available.

CERF remains one of the most important humanitarian donors to Myanmar with the highest contribution in Rakhine and second highest in Kachin. Other important humanitarian donors have been Australia, ECHO, France, Germany, the HMSF/ERF, Japan, Saudi Arabia, Sweden, Switzerland, United Kingdom and United States of America. Implementing agencies have also mobilized funds to support response strategies. In many cases agencies have mobilized resources from within the organization to meet the life-saving needs.

One agency noted that with regard to the Kachin emergency– which elicited very little donor interest in the first months of 2012– CERF funds allowed for an immediate large-scale response. This influenced the perception of other donors as well as simply allowed agencies to build plans which in turn created additional visibility and drew subsequent donations. The Rakhine emergency was relatively more visible; CERF made funds available quickly and allowed sustained emergency relief until other donors made funding commitments and finally disbursed funds.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

[2]Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns and locust control).

In 2012, sector coordination has been strengthened through the multiple joint responses and under the Kachin and Rakhine response plans. Sectors coordinated at Yangon and field locations – based on need –sometimes meeting several times a week and less often during non-crisis times. Meetings centred on information sharing and operational issues encountered during the implementing projects. Dedicated technical and coordination support was made available for a few sectors. Increased coordination also led to closer relationships among implementing partners, for example in preparing project proposals. Due to the developing capacity of national partners, international agencies supported linkages to enable delivery in hard-to-reach areas where access is limited for most internationals. Sector discussions, priority setting and planning included national and district government whenever possible.

Due to limited resources and the complex response environment, agencies worked cross sector to ensure that sound strategies were agreed and implemented. This is particularly important in Myanmar which is a developing country with humanitarian needs. There are a large number of types of agencies responding to all areas of development which should be considered in this complex environment.

Operationally, agencies have struggled with partner perceptions of who we provide assistance to and how aid is delivered. Agencies have agreed to work closer and conduct research on community perceptions, which will improve the way agencies work to meet community needs. This work will continue into 2013.

Although there were improvements in coordination in 2012, there is still work to be done to streamline coordination in the future. Inter-agency meetings have been held weekly at the field levels and monthly since September in Yangon. HCT meets monthly to review strategic issues and has activated three clusters in December to raise the level of focus on WASH, shelter/NFI and health.

V. LESSONS LEARNED

TABLE 6:OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
WHO: Rapid release of CERF funds facilitated "building trust" from local authorities and the community for international organizations	To continue to release CERF fund as quickly as possible	CERF secretariat and OCHA

TABLE 7:OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
Active surveillance was undertaken by health assistants visiting IDP camps daily	Keep on deployment of health assistants to IDP camps in other affected townships	Health partner agencies
Limited health staff for many IDP camps	More volunteers from IDP camps should be recruited and trained for health service delivery and provision of health education to IDPs, which could create sustainable health service provision in camps	Health partner agencies
Strengthen health coordination mechanisms at national level	Coordination and advocacy mechanism need to be in place for advocacy at national level	Health cluster co-leads (WHO and Merlin)
Strengthen Early Warning Systems (EWS) for outbreak of infectious diseases	Setting up EWS through the systematic collection and analysis of main epidemiological indicators is needed	Health partner agencies
Limited skills available to build sufficient sanitary latrines to meet SPHERE standards	Support development of the technical capacity of potential staff of the implementing partners and the sector in general	UNICEF/ all agencies
With the longer duration of the conflict, the increase in IDPs and limited space in camps, the emergency/temporary latrines need to be more durable	Providing more site locations would improve situation	All agencies
Perception on the lack of impartiality and inequity on implementing interventions as well as distribution of family items between two different ethnic groups have created hindrance to project implementation	Improve advocacy to community/IDPs, religious leaders and different levels of authorities at all stages of project implementation	All agencies
Hindrance on implementation of activities by the hostile community delayed interventions for IDP at the beginning, which was later solved by strong advocacy with community leaders and local authorities	Regular information sharing with local authorities and community leaders to avoid unnecessary problems, and being transparent and neutral in provision of nutrition services helps reaching both communities	All agencies
Regular coordination with implementing partners is crucial in effective program implementation	Continue weekly/biweekly nutrition sector meeting soon after the emergency for coordination of activities on the ground	All agencies
Cross-sector coordination to be strengthened	Specific activities need to be put in place to facilitate field and nationwide coordination and promote accountability even when clusters are not activated (sector set up)	OCHA and HCT
Cross cutting issues not addressed adequately, including gender and women health issues emergencies	MISP Sensitization training/meeting will help prioritizing reproductive health in emergencies and will help addressing women's health needs	OCHA, UNFPA and all agencies
UNICEF: It is important to implement child protection responses through partners who have child protection experience	[Child] Protection responses were slow to activate because NGOs who were already present on the ground and had access to the communities did not have child protection experience. Capacity building has been provided to NGOs and future initiatives will be explored	UNICEF and UNHCR
UNICEF: Requests for individual support of vulnerable children are often referred to child protection sector, even if they are not protection issues	Heightening awareness is required within camps and with NGO partners as to the scope of child protection support	UNICEF, OCHA and inter-sector relationships

UNICEF: Parents and IDPs should be mobilised to assist running child-friendly spaces	Parents and community members were successfully mobilised to assist in staffing the child-friendly spaces, creating greater ownership over the spaces and taking more initiative in organising activities for children	UNICEF and NGO partners
UNICEF: Timely availability of fund helps to save the lives of children and prevent deterioration in nutritional status	Agencies should maintain good coordination arrangements to support future emergency response	OCHA, all agencies and implementing partners
UNICEF: Challenges in implementing activities	Factor in planning process: to ensure capacity development for NGO partners/UN staff on context	OCHA, all agencies
UNICEF: Rakhine poses a great challenge for WASH, as most communities practiced open defecation before the conflict	Health awareness and hygiene promotion: Post conflict rehabilitation requires a new development approach for promoting good sanitation	All agencies and Government
UNICEF: Limited number of agencies willing to work in Rakhine due to security concerns	Explore additional implementing actors and new partners that would be willing to work in Rakhine State	All agencies
UNHCR: Sites for IDP camps inappropriate with regard to risks to flooding and groundwater contamination	Advocacy at highest levels to move camps at risk before rainy season	HC/all agencies/ donors

VI. PROJECT RESULTS

Allocation 1

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	**UNHCR**	5. CERF Grant Period:	31/01/2012– 30/07/2012
2. CERF project code:	**12-HCR-001**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Protection (including CCCM)		☒Concluded
4. Project Title:	Protection of internally displaced persons in Kachin state		
7.Funding	*a. Total project budget:*		US$ 251,765
	b. Total funding received for the project:		US$ 74,814
	c. Amount received from CERF:		US$ 74,814

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	15,100	18,120	Difference in female and male ratio is due to actual ratio in camps.
b. Male	15,100	12,080	
c. Total individuals (female + male):	30,200	30,200	
d. Of total, children under 5	7,360	7,360	

9. Original project objective from approved CERF proposal

Protection Outreach (UNHCR)

Protection monitoring ensures that EVIs and protection incident survivors among the displaced population are identified and assisted, including by:

- Protection-by-presence monitoring of all accessible IDP sites;
- Identifying, referring and assisting particularly vulnerable individuals and survivors;
- Providing awareness raising and training on protection.

CCCM (UNHCR)

Ensuring that expert training is provided on the ground for camp management and coordination.

10. Original expected outcomes from approved CERF proposal

- **Protection Outreach (UNHCR)**
  - At least 60 persons resident in IDP locations trained in basic protection and able and willing to act as protection focal points;
  - Functional protection coordination/referral system set up in at least nine IDP locations;
  - Five UNHCR field staff monitor IDP sites, and identify and register extremely vulnerable individuals and protection incident survivors;
  - At least 25 protection incident survivors (SGBV, landmines, forced labour, etc.) are assisted/referred to medical and psycho-social assistance, including cash vouchers;
  - At least 400 EVIs (women-headed households, women at risk, elderly, disabled individuals, pregnant women, persons with medical conditions, etc.) are identified and assisted/referred;
  - At least 20 persons directly involved with IDP documentation will be trained and IDP-specific documentation actions will be coordinated with the government to assist IDPs in obtaining essential civil documentation.
- **Camp Coordination and management (CCCM) (UNHCR)**
  - International CCCM expert deployed in Kachin State for at least one month;
  - At least three workshops each on CCCM, basic protection provided to IDPs, NGOs. FBO, and CBOs;
  - At least 60 persons are trained in CCCM.

11. Actual outcomes achieved with CERF funds

During the project implementation, the objectives were fully accomplished. Please note that the results of this project align in part with those of subsequent CERF grants (e.g. 12-HCR-027 for CCCM activities) and may therefore overlap.

- **Protection Outreach (UNHCR)**
  - 70 persons resident in IDP locations were trained in basic protection and able and willing to act as protection focal points;
  - UNHCR was able to establish two protection teams in the cities of Myitkyina and Bhamo who directly monitor the protection situation of 84 IDP sites, including the actual participation in all humanitarian convoys to Government not-controlled areas;
  - Through direct implementation and in coordination with local and international NGOs, all camps located in of Myitkyina, Bhamo, Momauk and Waingmaw were reached, and a system for protection monitoring and EVI identification was set-up in 35 camps with an average of two focal points per camp, including in non-government controlled areas. Camp focal points coordinated with the respective camp committee members as well as with UNHCR field teams. The expected number of EVI cases (400) was supported as planned;
  - UNHCR implemented a series of trainings through a variety of mechanisms (direct camp trainings, IP training, specific workshop activities, mentoring, etc.) to provide the technical support needed to monitor, identify and refer EVI cases;
  - UNHCR coordinated the actual EVI referral and directly provided the EVI assistance in the initial phase of EVI assistance implementation;
  - Direct support to Government department in charge of documentation has been provided, including technical support for the formulation of documentation project strategy, printing of sensitization material for distribution in the local (Kachin) language. At least 20 government staff, including IND, participated in protection related trainings provided by UNHCR;
  - All IDPs in Myitkyina and Bhamo were provided by the Government with identity documents when required. Documentation activities to support the Government (i.e. provision of equipment) had been done in Kachin as well as at a national level to secure a nationwide comprehensive and long lasting approach.
- **Camp Coordination**
  - In coordination with the CCCM Global Cluster, UNHCR organized a series of CCCM trainings, supporting awareness raising on CCCM key issues and also promoting the establishment of local capacity to continuously respond to the emergency needs in the present and in the future;
  - An international consultant conducted three workshops on CCCM in February 2012:
    i. One Training of Trainer course to facilitate Camp Management for 13 national staff at Yangon level (with the participation of colleagues from local organizations from government controlled/non-government controlled areas, such as KBC Myitkyina, Shalom, RANIR, Solidarities, World Vision, UNHCR and UNICEF);
    ii. Two CCCM field trainings for 46 people (one in Myitkyina with 23 participants and one in Bhamo with 23

participants) including key people and focal points from camp locations, Government and local NGOs;

- Sixty one persons were trained in CCCM;

All CCCM training material was translated into Myanmar and also Kachin languages.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0):
The project targeted the displaced population in different townships in Kachin that is made of 60 per cent of women. During implementation, special attention was given to the most vulnerable populations, including single mothers, children, elderly of both sexes and males/females with extreme vulnerability.

14. M&E: Has this project been evaluated?	YES ☐ NO☒

Monitoring: No formal evaluation has been carried out due to the continuing emergency nature of this operation. However, ongoing monitoring was done directly by UNHCR field teams in Myitkyina and Bhamo, including daily visits to camps, report writing and direct communication with UNHCR office at Yangon level. During the implementation period, UNHCR Yangon also undertook regular field visits done by Rep, Deputy Rep, Protection / Programme / Admin Officers to both offices locations as well as actually participating in convoys together with Kachin colleagues. Additionally, weekly / monthly regular coordination meetings have taken place in Myitkyina/Bhamo (all actors involved, UN partners, etc.) and at Yangon level. Also, UNHCR has supported the regular Humanitarian Response updates, the revision of the Kachin Emergency Response Plan and participated in the government visits done to the field and supported donor visits.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNHCR**	5. CERF Grant Period:	31/01/2012– 30/07/ 2012
2. CERF project code:	**12-HCR-002**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Shelter/NFI		☒Concluded
4. Project Title:	Protecting IDPs in Kachin		

7.Funding		
	a. Total project budget:	US$ 197,190
	b. Total funding received for the project:	US$ 125,190
	c. Amount received from CERF:	US$ 125,190

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	3,500	3,500	N/A
b. Male	3,000	3,000	
c. Total individuals (female + male):	6,500	6,500	
d. Of total, children under 5	1,147	1,147	

9. Original project objective from approved CERF proposal

Provision of NFIs and shelter / shelter materials to ensure that IDPs have access to emergency shelter and adequate NFIs to be protected from the elements, including providing basic clothes, household and hygiene items.

10. Original expected outcomes from approved CERF proposal

- **NFIs:**

  Up to 500 household NFI kits are procured and distributed to IDP households (these may or may not be the same families that are benefitting from UNHCR-provided shelter assistance);
- **Shelter:**
  Sufficient household shelter materials for the construction / improvement of at least 50 new emergency shelters are provided.

11. Actual outcomes achieved with CERF funds

The outcomes of the project have been more than fully achieved. Please note that the results of this project align with those of subsequent CERF grants-second allocation, April 2012 (e.g. 12-HCR-027).

- **NFIs:**
  - UNHCR with initial CERF funds procured nationally and internationally and distributed over 500 basic kits to IDP households including plastic tarpaulins, blankets, mosquito nets and kitchen sets.
- **Shelter:**

- UNHCR directly constructed 350 family unit emergency temporary shelters (269 in Myitkyina and Waingmaw and 81 in Bhamo and Momauk) for approximately 1,750 IDPs.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): The project targeted displaced populations, of which approximate 60 per cent were women located in various townships of Kachin (Myitkyina, Bhamo, Momauk, Waingmaw, etc.). During the implementation, special attention was given to the most vulnerable populations, including single mothers, children, elderly of both sexes, and males/females with extreme vulnerability.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

If yes, please describe relevant key findings here and attach evaluation report or provide URL:

Monitoring:
This project has not been formally evaluated due to the ongoing emergency nature of the operation. However, throughout the project, regular monitoring was done directly by UNHCR field teams in Myitkyina and Bhamo, including daily visits to camps, report writing and direct communication with UNHCR office at YNG level. During the implementation period, UNHCR YNG has also supported with regular field visits done by Rep, Deputy Rep, Protection / Programme / Admin Officers to both offices locations as well as actually participating in convoys together with Kachin colleagues. Additionally, weekly / monthly regular coordination meetings have taken place in Myitkyina and Bhamo (all actors involved, UN partners, etc.) and at Yangon level. Also, UNHCR has supported the regular Humanitarian Response updates, the revision of the Kachin Emergency Plan and has also been taking part of Government visits to the field and supported donor visits.

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	**UNICEF**	5. CERF Grant Period:	30/01/2012 –29/07/2012
2. CERF project code:	**12-CEF-002-A**	6. Status of CERF grant:	☐Ongoing ☒Concluded
3. Cluster/Sector:	Protection		
4. Project Title:	Protection of internally displaced persons in Kachin State		
7.Funding	*a. Total project budget:*	US$ 251,764.75 (incl. UNHCR/UNICEF contributions)	
	b. Total funding received for the project:	US$ 127,250 (UNICEF)	
	c. Amount received from CERF:	US$ 100,050	

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	15,100 (6,000 by UNICEF)	3,803 children	The numbers reached reflect the UNICEF component of the planned figures. The planned figures are combined figures for both UNICEF and UNHCR interventions.
b. Male	15,100 (4,200 by UNICEF)	3,484 children	
c. Total individuals (female + male):	32,200 (10,200 by UNICEF)	7,287 children	
d. Of total, children under 5	7,360	1,666	

9. Original project objective from approved CERF proposal

- Increase and strengthen child protection referral and support mechanisms in 60 IDP sites for improved protection of children;
- Ensure that unaccompanied and separated children are registered, that family links are promoted and, where possible, children are reunited with their families;
- Build awareness, knowledge and capacity on child protection of selected community members in 60 IDP sites to ensure child protection identification and response;
- Strengthen a network of Child Protection Volunteers across all 60 IDP sites in government-controlled areas to identify, refer and respond to child protection concerns;
- Ensure each IDP site has a child-friendly space where children can meet, play and attend recreational activities as well as receive psychosocial support in a safe and supportive environment;
- Train Child Protection volunteers on Child Protection in Emergencies concepts and principles.

10. Original expected outcomes from approved CERF proposal

- 10,200 children in 60 IDP Sites benefit from strengthened protection systems;
- 510 of the most vulnerable children (including those who are separated, unaccompanied or exposed to child protection risks, such as forced labour, underage recruitment or those with urgent -minor- medical needs relating to child protection concerns, e.g. abuse and rape) receive support for referrals and follow-up and family contact and/or reunification 10,200 children in 60 IDP Sites have access to child-friendly spaces staffed by trained volunteers;
- 210 community members (child protection volunteers and child-friendly space volunteers) have increased awareness,

knowledge and capacity on child protection and child protection in emergencies through training and on the job mentoring by UNICEF staff on child protection, child care and child protection in emergencies;

- All 60 IDP sites have a local child protection volunteer to refer or help address child protection concerns with the support of four child protection focal points (NGO staff from partner organisations).

11. Actual outcomes achieved with CERF funds

- Increase and strengthen child protection referral and support mechanisms in 60 IDP sites for improved protection of children
  - Child protection referral and support mechanisms present in 47 camps (This is less than the intended reach of 60 IDP sites because: a) Implementing partner could not cover all planned sites due to security; b) some designated IDP sites turned out to have only a few dozen people – a population which was too small to warrant child protection implementation. Therefore, a total of 47 IDP sites were reached. In addition, implementation was slow because of a lack of experience and understanding on child protection; this was expedited by UNICEF technical assistance).
  - 7,284 children in 47 locations benefited from increased child protection mechanisms.
- Ensure that unaccompanied and separated children are registered, that family links are promoted and, where possible, children are reunited with their families
  - 770 of the most vulnerable children supported, including registered separated and unaccompanied children (386 boys and 384 girls).
  - 12 mobile phones were purchased and utilised by unaccompanied and separated children in nine IDP sites to promote contact with parents in other locations. Whilst NGOs reported cases of spontaneous reunification, no organised reunification cases occurred, but family linkages were promoted and maintained.
- Build awareness, knowledge and capacity on child protection of selected community members in 60 IDP sites to ensure child protection identification and response
  - 153 community members (82 child protection volunteers and 71 child-friendly space volunteers) received training on child protection, child protection in emergencies, child rights, psychosocial support and child care.
  - Five trainings held in four locations (Bhamo, Momauk, Waingmaw and Myitkyina).
- Strengthen a network of child protection volunteers across all 60 IDP sites in government-controlled areas to identify, refer and respond to child protection concerns
  - 82 child protection volunteers identified, referred and responded to a total of 770 cases involving the most vulnerable children.
- Ensure each IDP site has a child-friendly space where children can meet, play and attend recreational activities as well as receive psychosocial support in a safe and supportive environment
  - 47 child-friendly space s established and operational in 47 IDP sites.
  - 47 child-friendly space s staffed by 71 child-friendly space volunteers with support from child protection volunteers.
  - 85 child-friendly kits provided to 47 child-friendly space s.
  - 4,689 children accessed the child-friendly space s to meet, play and attend recreational activities as well as receive psychosocial support in a safe and supportive environment.
- Train child protection volunteers on child protection in emergencies concepts and principles
  - 82 child protection volunteers received training on child protection in emergencies.
  - 82 child protection volunteers in 47 IDP sites.
  - Child protection volunteers received technical guidance and support from four child protection focal points.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

A referral and support mechanisms present in 47 camps although child protection intervention were planned for 60 IDP because of: a) Implementing partner could not cover all planned sites due to security; and b) some designated IDP sites turned out to have only a few dozen people – a population which was too small to warrant child protection implementation.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b): If 'NO' (or if GM score is 1 or 0):

Child protection interventions benefited equally women, girls, boys and men through psycho social activities in child-friendly spaces.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

If yes, please describe relevant key findings here and attach evaluation report or provide URL:

Monitoring: UNICEF Child Protection maintained a regular presence in Kachin to provide technical support to the implementing partners, as well as monitor the situation on the ground. Implementing partners reported the total number of children attending the child-friendly space s, the number of children in each camp, and the number of beneficiaries of individual support.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNICEF**	5. CERF Grant Period:	30/01/2012 - 29/07/2012
2. CERF project code:	**12-CEF-002-B**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Health and WASH		☒Concluded
4. Project Title:	Humanitarian assistance to IDPs in Kachin		

7.Funding		
	a. Total project budget:	US$ 575,000
	b. Total funding received for the project:	US$ 575,000
	c. Amount received from CERF:	US$ 500,000

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	19,950	24,150	The relief response benefitted more people than expected with increase in the number of IDPs at the targeted locations during the project period.
	15,050	21,170	
c. Total individuals (female + male):	35,000	45,320	
d. Of total, children under 5	6,650	8,620	

9. Original project objective from approved CERF proposal

- To reduce cases of malaria, diarrhoea and acute respiratory tract infection for children and women by providing preventive and curative services for 26,600 children and women;
- To assess the nutritional status of 6,650 children under age 5for further programmatic interventions;
- To improve quality of drinking water without causing risk to health for 35,000 IDPs through household water treatment;
- To reduce the risk of spreading communicable diseases by providing appropriate sanitary latrines in sufficient numbers to 20,000 IDPs;
- To increase awareness on key public health risks, adopt measures to prevent the deterioration in hygiene condition, and use and maintain the provided facilities by affected IDPs.

10. Original expected outcomes from approved CERF proposal

- Some 35,000 IDPs have access to basic health services and quality essential drugs through qualified health personnel;
- 35,000 IDPs have access to safe drinking water through water purification, water filtering and provision of buckets;
- Some 7,000 households have access to sanitary latrines and washing areas, significantly reducing the risk of communicable diseases;
- 35,000 IDPs became aware of the importance of personal hygiene and are able to improve hygienic practices.

11. Actual outcomes achieved with CERF funds

Outcome with activities related to Health and Nutrition:

- Number of health workers involved in the project

Target: Three to four health workers per camp

  - Border Post 6: One nurse supervisor and three nurses
  - Border Post 8: One doctor, two nurses and two midwives
  - Dum Bung: One doctor (no permanent) and two nurses
  - Maijayang: One doctor, seven nurses and one lab tech
  - All medical staff present in structures is originally KIO staff and volunteers, except in Maijayang where all are Wa Pa Na(WPN), local NGO, volunteers.
  - 34 health volunteers trained by Kachin Baptist Convention (KBC) are also involved in 23 IDP camps.

- Number of curative consultations done through the project
  - 14,867curative consultations within five months. Those patients with common illnesses, such as diarrhoea, Acute Respiratory Infection (ARI), pneumonia, malaria, trauma and other illnesses are treated with skilled health staff and volunteers.

2.1 Mapping of the health facilities available around each camp and their capacity

  - In Laiza a general hospital, open to IDP's, is managed by KIO Health Department. In addition two clinics, managed by Health Poverty Action (HPA) and Medecins Sans Frontieres- Holland (MSF-H), are accessible and provide free medical health care to IDP's
  - A relatively well equipped hospital (for instance with X ray and ultrasound) is also managed by KIO Health Department in Maijayang, however, it is normally not accessible for IDP's, except in the case of referrals. Severe cases can be referred to China.

2.2 Financial support to transportation and medical costs for patients referred to reference health facilities

  - Throughout the period of the agreement, a total of 46 referrals have been done by partner organisations with the financial support provided by CERF through UNICEF
  - Health interventions reached 23,724 beneficiaries that include 13,880 female, 9,844 male and 7,798 children under age 5.

- Health supplies dispatched to IDP camps
  - 20 basic interagency emergency health kit, two interagency emergency supplementary drug kit, 75,000 rapid diagnostic test for malaria, 1,060 long lasting insecticidal net, 35 essential drug kit A, and 30 essential drug kit B were delivered to IDP camps.
- Setting up a basic monitoring system (stock and consumption of pharmaceuticals; number of consultation and type of cases)
  - The drugs/pharmacy management systems put in place in targeted camps
  - Stock cards introduced and basic training provided
  - Basic training on drug management provided
  - Proper storage places for drugs and medical supplies Identified.
- Others
  - More than 1,000 IDP families were protected from malaria through provision of LLIN
  - Tools for nutrition rapid assessment were developed and training for Kachin state nutrition team and basic health staff of Myitkyina and Bhamo were conducted in March 2012.

Outcome with activities related to WASH

In coordination with KBC:

- 25,670 IDPs have access to improved drinking water through:
  - construction of 18 water wells and systems, distribution of 10,500 bottles of household water treatment solution (water guard), 282 water filters and 5,695 numbers of 20 litres buckets for water storage and collection, and 42 water storage tanks.
- 3,500 families have access to sanitary latrines and washing areas through:
  - construction of 163 sanitary latrines in camps and distribution of 58 sets of latrine pans and pipes to the IDPs with host families, and installation of 200 hand washing facilities adjacent to the sanitary latrines in the camps.
- 25,670 IDPs become aware of importance of personal hygiene through:
  - Hygiene promotion in camps and provision of 105,000 soaps and 254 sets of Information, Education and Communication (IEC) materials.

In coordination with Metta Development Foundation (Metta):

- 13,400 IDPs have access to improved drinking-water through:
  - Construction of three water wells at three large camps (two in Bhamo and one in Momauk) and four water storage tanks

were constructed at four large camps (two each in Momauk and Shwegu); provision of 3,820 buckets to the families in 17 camps; provision of 1,029 water filters especially for the camps along the borders (Wai Chyai, Market 3, Je Yang, Hpung Lum Yang) where IDPs collect water from surface water from streams and dug wells.

- Some 2,800 IDP families have access to sanitary latrines and washing areas and cleaner environment, significantly reducing the risk of communicable diseases through:
  - Training on latrine construction and hygiene promotion conducted for 232 camp volunteers (109 male & 123 female) enabling them to build sanitary latrines sturdy enough to last longer; construction of 124 sanitary latrines with 30 hand-washing facilities in camps in Bhamo, Momauk, Shwegu and at border areas; and provision of 50 sets of shovels, chopping hoe and mattocks for drainage around the camps.
- 13,400 IDPs become aware of the importance of personal hygiene and are able to improve hygienic practices through:
  - Hygiene promotion training for 13 hygiene promoters (nine females and four males) who promoted personal hygiene for the IDPs with attention to those in the large camps at Bhamo and Momauk; and provision of 70,000 bars of soaps for bathing and laundry leading to improved personal hygiene and health.

In coordination with Karuna Myanmar Social Service (KMSS):

- 6,250 IDPs have access to improved drinking-water through:
  - Construction of one water system; provision of 396 buckets, 164 water filters and 2,100 bottles of household water treatment solution (water guard).
- Some 650 IDP families have access to sanitary latrines and washing areas and cleaner environment, leading to significantly reducing the risk of communicable diseases through:
  - Construction of 29 sanitary latrines; provision of 22 numbers of hand-washing facilities, provision of bathing area with water tank and 10 sets of tools for drainage in the camps.
- 6,250 IDPs become aware of the importance of personal hygiene and are able to improve hygienic practices through:
  - Hygiene promotion training for volunteers in IDP camps with 57 participants (28 males and 29 females)who in turn promoted personal hygiene among IDPs; and distribution of 115 sets of hygiene promotion posters and provision of 38,510 soaps for bathing and laundry in IDP camp locations.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The relief response benefitted more people than expected with increase in the number of IDPs at the locations during the project period.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0):

Health interventions benefited equally women, girls, boys and men by getting quality medical care in place.

WASH intervention benefited women, girls, boys and men through provision of separate latrines and bathing places for both sexes and hygiene items for women and girls.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Monitoring:

The project has not yet been evaluated while the monitoring mechanisms were used:

- During the period of contract 11 supervisory trips were conducted by partner organizations.
- Two MDM senior nurses spent one month in targeted camps and collected first-hand information. Partner Local Non-Governmental Organization (LNGO)'s staff also undertook regular visits to all camps to monitor distribution and availability of drugs at camp sites.
- Physical verification of the surveillance systems data by MDM staff and cross checks was undertaken.
- Physical verification and cross check of the drugs distribution and stocks were undertaken.
- MDM and KBC staff assessed the capacity of medical staff and volunteers permanently posted in health structures.
- UNICEF WASH assigned one WASH technical officer and one hygiene promotion officer provided technical support to the implementing partners and monitored the situation activities. In addition, WASH staff from Yangon office went to the field to monitor the situation and activities implementation progress.

- UNICEF Regional Programme Officer based in Myitkyina coordinated with implementing agencies and supported monitoring activities.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**WFP**	5. CERF Grant Period:	07/02/2012 – 06/08/2012
2. CERF project code:	**12-WFP-001**	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Food		☒ Concluded
4. Project Title:	Protracted Relief and Recovery Operation (PRRO 200032)		

7.Funding		
	a. Total project budget:	US$ 4,200,000
	b. Total funding received for the project:	US$ 3,450,000
	c. Amount received from CERF:	US$ 750,000

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	10,687	10,687	
b. Male	10,313	10,313	
c. Total individuals (female + male):	21,000	21,000	
d. Of total, children under 5	2,331	2,331	

9. Original project objective from approved CERF proposal

To assist IDPs affected by the conflict in Kachin State with a full food basket for three months

10. Original expected outcomes from approved CERF proposal

Adequate food consumption for targeted beneficiaries and improved nutrition status of targeted women, girls and boys

11. Actual outcomes achieved with CERF funds

- Adequate food consumption for targeted beneficiaries and improved nutritional status of targeted women, boys and girls.
- 21,000 beneficiaries received relief food assistance for three months: 849 MT of rice distributed in six townships.
- Note: The difference of tonnage from the figure indicated in the proposal (900 MT) is due to the change in commodity price at the time of procurement.
- Food consumption score marked 98 per cent adequate.

Township covered by WFP's Cooperating Partners were as follows:
World Vision - Waingmaw; KMSS – Bhamo, Mansi, Momauk, Shwegu; Shalom - Myitkyina

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒

WFP includes gender equality mechanisms in its activities to ensure that women participate in activities and that their needs are taken into consideration. In addition to the food basket consisting of rice, pulses, oil and salt, pregnant and lactating women as well as children under age 5received fortified blended food as a nutritional supplement in view of concerns over high malnutrition rate.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒
Monitoring: WFP and cooperating partners carried out monitoring regularly, and coordination meetings were frequently held. Furthermore, food sector meetings were held in the field level as well as in Yangon in order to ensure coordination of all food sector actors. In Kachin, WFP Sub-Office in Myitkyina is a leading coordinator for capturing information on Kachin response from food sector actors. Through WFP Sub-Office, all stakeholders in the food sector are linked and active cooperation is encouraged.	

Allocation 2

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	**UNICEF**	5. CERF Grant Period:	03/05/2012- 02/11/2012
2. CERF project code:	**12-CEF-049**	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Protection		☒ Concluded
4. Project Title:	Protection of internally displaced persons in Kachin State		
7.Funding	a. Total project budget:		US$ 1,201,632 (as per humanitarian plan sectoral budget)
	b. Total funding received for the project:		US$ 164,677 (UNICEF)
	c. Amount received from CERF:		US$ 37,477

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	27,000	8,640	The numbers reached reflect the UNICEF component of the planned figures. The planned figures are combined figures for both UNICEF and UNHCR interventions.
b. Male	23,000	7,360	
c. Total individuals (female + male):	50,000	16,000	
d. Of total, children under 5	8,500	2,720	

9. Original project objective from approved CERF proposal

- Increase and strengthen child protection referral and support mechanisms in 60 IDP sites for improved protection of children;
- Ensure that unaccompanied and separated children are registered, that family links are promoted, and where possible, children are reunited with their families;
- Build awareness, knowledge and capacity on child protection of selected community members in 60 IDP sites to ensure child protection identification and response;
- Strengthen a network of child protection volunteers across all 60 IDP sites in government-controlled areas to identify, refer and respond to child protection concerns;
- Ensure each IDP site has a child-friendly space where children can meet, play and attend recreational activities as well as receive psychosocial support in a safe and supportive environment;
- Train child protection volunteers on child protection in emergencies concepts and principles.

10. Original expected outcomes from approved CERF proposal

- 10,200 children in 60 IDP sites continue to benefit from strengthened protection systems;
- Additional 150 of the most vulnerable children (including those who are separated, unaccompanied or exposed to child protection risks such as forced labour, underage recruitment or those with urgent -minor- medical needs relating to child protection concerns, e.g. abuse and rape) receive support for referrals and follow-up and family contact and/or reunification;
- 10,200 children in 60 IDP sites continue to have access to child-friendly space s staffed by trained volunteers;
- At least 30 government and NGO staff from Kachin have skills and knowledge to conduct mine risk education training to community members, including children, in the most mine affected townships (to be agreed with the Department of Social Welfare and Ministry of Defence);
- Approximately 6,000 men, women and children have increased awareness on risks of mines and UXOs and have practical knowledge to how to protect themselves from mine related accidents and injuries;
- 210 community members (child protection volunteers and child-friendly space volunteers) continue to increase their awareness, knowledge and capacity on child protection and child protection in emergencies through training and on the job mentoring by UNICEF staff on child protection, child care, and child protection in emergencies.

11. Actual outcomes achieved with CERF funds

- 7,200 children in 43 IDP sites benefited from strengthened protection systems and had access to 47 child-friendly spaces staffed by trained volunteers;
- 181 of the most vulnerable children received support from referrals and follow-up and family contact/reunification;
- 16,000 men, women and children have increased awareness on risks of mine and UXOs, as well as child protection and child rights;
- 138 community members (child protection volunteers and child-friendly space volunteers) increased their awareness on core child protection issues through training and on the job mentoring;
- 120 government and NGO staff and community members trained on Mine Risk Education: Three training sessions held each for 40 people (members of the Township Child Rights Committee, community leaders, NGO staff and members of the Myanmar Red Cross Society. NGO staff then replicated training in the camps as part of training for 138 community members who conducted camp-wide awareness-raising sessions.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Based on the small size of some of the IDP sites, it was decided to only establish and support child-friendly spaces in larger camps. Therefore, 47 child-friendly spaces were established in 43 IDP sites, as opposed to the planned 60 child-friendly spaces in 60 IDP sites. The increased number of people trained on mine risk is due to the fact that it was decided to train all community members on MRE as part of general child protection awareness-raising.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0):Gender equality is maintained through ensuring that both girls and boys have equal access to the child-friendly spaces. The activities in the child-friendly spaces are designed to ensure that they are attractive and appropriate to girls and boys. The spaces are staffed by both male and female volunteers to ensure gender equality in the running of activities, which in turn ensures that both girls and boys feel that they can access a safe and supportive environment.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

If yes, please describe relevant key findings here and attach evaluation report or provide URL:

Monitoring:
The project has been monitored by both national and international Child Protection staff. Though there is no UNICEF Child Protection staff based in Myitkyina, regular visits were made to Kachin to visit project sites, provide on–the-job support to implementing partners and monitor project implementation.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNICEF**	5. CERF Grant Period:	03/05/2012–02/11/2012
2. CERF project code:	**12-CEF-050**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Water and Sanitation(H&N inputs)		☒Concluded
4. Project Title:	Humanitarian assistance to Internally Displaced Persons (IDPs) in Kachin		

7.Funding	*a. Total project budget:*	US$ 3,300,000
	b. Total funding received for the project:	US$ 1,674,425
	c. Amount received from CERF:	US$ 1,099,425

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	18,810	8,514 (H&N) + 21,830 (WASH)	Numbers in proposals are based on estimates, which are especially difficult to obtain for areas beyond government control.
b. Male	14,190	5,349 (H&N) +16,470 (WASH)	
c. Total individuals (female + male):	33,000	13,863 (H&N) + 38,300 (WASH)	
d. Of total, children under 5	6,270	4,797 (H&N) + 7,277 (WASH)	

9. Original project objective from approved CERF proposal

- To reduce cases of diarrhoea, acute respiratory tract infection and other common illnesses for children and women by providing preventive and curative health services for 5,000 children and women;
- To supplement 3,240 children under age 5 and 1,400 pregnant and lactating mothers in IDP camps with multi-micronutrient sprinkles;
- To protect about 750 IDP families particularly children under age 5 and pregnant women from malaria by provision of LLIN;
- To improve knowledge on prevention of communicable diseases and about health of IDPs by dissemination of health and hygiene knowledge by trained health staff/volunteers;
- To improve quality of drinking water without causing risk to health for 21,500 IDPs through household water treatment;
- To reduce the risk of spreading communicable diseases by providing appropriate sanitary latrines in sufficient numbers to 21,500 IDPs;
- To increase awareness on key public health risks, adopt measures to prevent the deterioration in hygiene condition and use and maintain the provided facilities by affected IDPs.

10. Original expected outcomes from approved CERF proposal

Health and Nutrition

- Some 5,000 IDPs have access to basic health services and quality essential drugs through qualified health personnel;
- 3,240 children under age 5 (6-59 months) in IDP camps in Kachin State are supplemented with 120 sachets of multi-micronutrient sprinkles in six months' time;
- 1,400 pregnant and lactating mothers in IDP camps in Kachin State are supplemented with 180 multi-micronutrient tablets in six months' time;
- About 750 IDP families are protected from malaria by regular use of LLIN/bed nets;
- 5,000 IDPs became aware of the importance of prevention of communicable diseases, hygiene and health seeking practices.

WASH

- 21,500 IDPs have access to safe drinking water through water purification, water filtering and provision of buckets;
- Some 4,300 households have access to sanitary latrines and washing areas, significantly reducing the risk of communicable diseases;
- 21,500 IDPs became aware of the importance of personal hygiene and are able to improve hygienic practices.

11. Actual outcomes achieved with CERF funds

Health & Nutrition

- More than 13,800 IDPs including 4,797 children under age 5 received basic life-saving health services with quality essential medicines through qualified health staff and volunteers during implementing period. These included treatment of diarrhoea, ARI/pneumonia, and other common communicable diseases as well as nutrition supplementation;
- A total of 24 severely ill patients received referral service support to appropriate health facilities. 3,900 IDP families received LLIN to reduce the risk of malaria;
- More than 7,000 IDPs gained access to health education on prevention of common communicable diseases, personal hygiene and sanitation, including effective use of LLIN to prevent malaria. Ten interagency emergency health kits (IEHK) and one interagency emergency health kit were provided to six IDP camps in areas beyond the Government's control;
- MDM team (Project Manager, Medical doctor and Nurse) visited 10 Camps in non-government-controlled areas to provide on-job-training on rational use of essential drugs, collection of epidemiological data, monitoring of clinical activities (drug management, consultations, diagnoses and treatment of common diseases) and provide technical capacity building support to partner organizations;
- Six monitoring visits by partner organizations were conducted to six camps during the project implementation phase;
- Twenty-one staffs from 10 camps were trained on rational use of essential drugs, emergency obstetric care, childhood illness, record keeping of consultations and effective referral system;
- Four months of epidemiological data was collected from nine camps in non-government-controlled areas;
- Total 76 pregnancies were delivered by skilled birth attendants in the camps covered by MDM:30 pregnancies were delivered by skilled birth attendants through KMSS and 46 pregnancies were delivered by skilled birth attendants through KBC during July to end of October;
- Staffs from MDM were trained on child health care protocols for emergencies, particularly on communicable diseases. Medical and para-medical staffs in six camps were trained on Disease Early Warning Surveillance (DEWS) systems and DEWS was put in place in six camps. During the reporting period the MDM team conducted assessments on environmental health indicators of nine camps (latrines, water points, water storage and treatment, waste disposal and adequacy of food ration);
- UNICEF provided 224,800 sachets of multi-micronutrient sprinkles and 97,880 tablets of multi-micronutrient tablets for the Kachin emergency response. These were for 1,900 children under age 5 and 550 pregnant and lactating women. The supplementation activity was implemented in IDP camps in Myitkyina, Waingmaw, Bhamo, Momauk and Loije townships. In government-controlled areas, it was implemented by basic health staff of Department of Health (DoH). In areas beyond the government control brief orientation/training was provided to local health staff of mobile clinic of KIA. They then implemented the supplementation as per guidelines.

WASH

In coordination with Metta:

- 18,500 IDPs were provided with access to improved drinking-water through:
  - Provision of two water reservoirs and five concrete storage tanks; provision of 5,506 buckets to the families in 21 camps (eight in the border area); provision of 305 water filters especially for the camps along the borders (Wai Chyai, Market 3), where IDPs collect water from surface water from streams and dug wells.
- 1,150 IDP families were provided with sanitary latrines and washing areas and a clean living environment to reduce the risk of WASH related diseases through:
  - Training on latrine construction and hygiene promotion conducted for 27 camp management committee members (eight males and 19 females), enabling them to develop the capacity of camp volunteers to building sanitary latrines sturdy and construction of 125 sanitary latrines with hand-washing facilities in camps in Bhamo Township and Wai Chyai and Je Yang camps in border areas.
- 18,500 IDPs become aware of the importance of personal hygiene and are able to improve hygienic practices through:
  - Hygiene promotion training for 15 hygiene promoters who promoted personal hygiene for the IDPs with particular attention to those in the large camps in Bhamo and Momauk Townships and at border areas; provision of IEC materials and provision of hygiene items along with 50,000 bars of soap for bathing and laundry leading to improved personal hygiene.

In coordination with KMSS:

- 5,500 IDPs were provided access to improved drinking-water through:
  - Construction of 14 new water wells and six water reticulation systems, and provision of 2,356 buckets and 92 water filters.
- 1,000 IDP families were provided with sanitary latrines and washing areas and a clean living environment to reduce the risk of WASH related diseases through:
  - Construction of 152 sanitary latrines; provision of 24 hand-washing facilities, and 20 sets of tools for drainage construction and maintenance in the camps.
- 5,500 IDPs become aware of the importance of personal hygiene and were able to improve hygienic practices through:
  - Hygiene promotion training for volunteers in IDP camps with 306volunteers, who in turn promoted personal hygiene among IDPs and distribution of 200 sets of hygiene promotion posters and provision of 48,000 soaps for bathing and laundry in IDP camp locations.

In coordination with KBC:

- 10,000 IDPs were access to improved drinking water through:
  - Construction of 18 water wells and three water reticulation systems with pumps and generators, distribution of 280 water filters and 3,400 buckets with lids for water storage and collection, and 10 water storage tanks at camps in both government controlled areas and areas near the border.
- 1,800 families were provided with sanitary latrines and washing areas and a clean living environment to reduce the risk of WASH related diseases through:
  - construction of 286 sanitary latrines and 28 hand washing facilities adjacent to the sanitary latrines in the camps; provision of 4 bathing places separated for female and male, 4 soak pits, 20 waste bins and 53 sets of tools for drainage in the camps,
- 10,000 IDPs become aware of the importance of personal hygiene and were able to improve hygienic practices through:
  - Hygiene promotion sessions for 157 volunteers including camp management committee members along with provision of 200 sets of IEC materials; provision of 2,877 basic hygiene kits and other hygiene items including 9,470 sanitary napkins for women and girls.

In coordination with SI:

- 4,300 IDPs were provided access to improved drinking-water through:
  - Provision of 12 new water supply systems that include deep tube wells with compressors and pump and provision of three water storage tanks.
- 850 IDP families were provided with sanitary latrines and washing areas and a clean living environment to reduce the risk of WASH related diseases through:
  - Construction of 31 sanitary latrines with hand-washing facilities in camps in Bhamo District and camps in border areas.
- 4,300 IDPs become aware of the importance of personal hygiene and were able to improve hygienic practices through:
  - Hygiene promotion sessions for 1,585volunteers who promoted personal hygiene for the IDPs with particular attention to those in the large camps at Bhamo, Momauk and especially at border areas; provision of IEC materials and provision of 1,585NFI kits, including soap for bathing and laundry leading to improved personal hygiene.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Numbers in proposals are based on estimates, which are especially difficult to obtain for areas beyond government control.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): Intervention benefited equally women, girls, boys and men by getting quality health care. WASH intervention benefited equally women, girls, boys and men through provision of separate latrines and bathing places and hygiene items for women and girls.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

If yes, please describe relevant key findings here and attach evaluation report or provide URL:

Monitoring: UNICEF retained two local consultants to monitor the implementation of the WASH interventions. One consultant was a hygiene promotion specialist and the other was a WASH engineer. Activities in GCA were monitored through regular visits to check on progress and quality of agreed interventions. Activities in NGCA could only be monitored when access was allowed, based on government approval and prevailing security. In the absence of this access secondary reports from agencies that accessed the areas, including from implementing partners, were used to verify progress.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNHCR**	5. CERF Grant Period:	03/05/2012 - 02/11/2012
2. CERF project code:	**12-HCR-027**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Shelter/NFIs		☒Concluded
4. Project Title:	Protecting IDPs in Kachin		

7.Funding	*a. Total project budget:*	US$ 5,919,979
	b. Total funding received for the project:	US$ 1,444,500
	c. Amount received from CERF:	US$ 1,444,500

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	8,100	19,440	Project beneficiaries include those under CERF project 12-HCR-002 and an ECHO-funded project for Kachin. The figure corresponds to the distribution of NFI kits to 7,200 households; this larger figure is being used as the project's total to avoid double counting.
b. Male	6,900	16,560	
c. Total individuals (female + male):	15,000	36,000	
d. Of total, children under 5	2,550	6,120	

9. Original project objective from approved CERF proposal

Shelter/NFI Objective(s): Provision of NFIs and shelter/shelter materials to ensure that IDPs have access to emergency shelter and adequate NFIs to be protected from the elements and to provide basic clothes, household and hygiene items.

10. Original expected outcomes from approved CERF proposal

- **NFIs:** Up to 1,000 household NFI kits are procured and distributed to IDP households (these may or may not be the same families that are benefitting from UNHCR-provided shelter assistance[3];
- **Shelter:** Sufficient household shelter materials for the construction / improvement of at least 2,000 new emergency shelters are provided[4].

11. Actual outcomes achieved with CERF funds

Note: The outcomes of this project subsume those achieved with the initial project 12-HCR-002 and may also reflect inclusion of subsequently received funding implemented during the CERF implementation period in the same sectors.

NFIs: The outcomes of the project have been fully achieved. On top of the initial 500 basic NFI kits procured with CERF project (12-HCR-002), UNHCR was able to procure nationally and internationally and distribute 1,000 basic kits including plastic tarpaulins, blankets, mosquito nets, and kitchen sets. Also, UNHCR was able to procure and distribute additional 3,750 complementary kits (including soap, detergent, towels, plastic buckets, and clothes for children). The additional basic and complementary kits were procured thanks to other contributions and therefore not reported as per direct beneficiaries of this CERF project.

[3]Families in need of NFIs were covered with the CERF-funded NFIs or from UNHCR and other partners stockpiles.
[4]The 269 shelters recently built (under 12-HCR-002) and the 581units constructed by UNHCR under this grant should not need any repairs for at least 12 months.

Shelter: The outcomes of the project have been fully achieved. On top of the CERF 12-HCR-002 project target, where UNHCR directly constructed 350 family unit emergency temporary shelters (269 in Myitkyina and Waingmaw and 81 in Bhamo and Momauk) for approximately 1,750 IDPs; UNHCR directly and/or through implementing partners was able to further construct2,000 family units.
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:
N/A
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): **If 'NO' (or if GM score is 1 or 0):** The project targeted displaced populations, of which approximate 60 per cent were women located in various townships of Kachin (Myitkyina, Bhamo, Momauk, Waingmaw, etc.). During the implementation, special attention was given to the most vulnerable populations, including single mothers, children, elderly of both sexes, and males/females with extreme vulnerability.
14. M&E: Has this project been evaluated? YES ☐ NO ☒
Monitoring: This project has not formally been evaluated due to the ongoing emergency nature of the operation. However, throughout the project, ongoing monitoring was done directly by UNHCR field teams in Myitkyina and Bhamo, including daily visits to camps, report writing and direct communication with UNHCR office at YNG level. During the implementation period, UNHCR YNG has also supported with regular field visits done by Rep, Deputy Rep, Protection / Programme / Admin Officers to both offices locations as well as actually participating in convoys together with Kachin colleagues. Additionally, weekly / monthly regular coordination meetings have taken place in Myitkyina and Bhamo (all actors involved, UN partners, etc.) and at Yangon level. Also, UNHCR has supported the regular humanitarian response updates, the revision of the Kachin Emergency Response Plan and has also taken part of the government visits done to the field and supported donor visits.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNHCR**	5. CERF Grant Period:	03/05/2012 - 02/11/2012
2. CERF project code:	**12-HCR-028**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Protection (incl. CCCM)		☒Concluded
4. Project Title:	Protecting IDPs in Kachin		

7.Funding		
	a. Total project budget:	US$ 1,201,632
	b. Total funding received for the project:	US$ 100,024
	c. Amount received from CERF:	US$ 100,024

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	27,000	27,000	N/A
b. Male	23,000	23,000	
c. Total individuals (female + male):	50,000	50,000	
d. Of total, children under 5	8,500	10,000	

9. Original project objective from approved CERF proposal

- **Protection Outreach**: Protection Monitoring ensures that EVIs and protection incident survivors among the displaced population are identified and assisted in accessible townships of Myitkyina, Bhamo, Mansi, Momauk, Waingmaw and Shwegu and new areas where access depends on ceasefire negotiations in Kachin, including
  - Protection-by-presence monitoring of all accessible IDP sites;
  - Identifying, referring and assisting particularly vulnerable individuals and survivors;
  - Providing awareness raising and training on protection.
- **CCCM:**
  - Ensuring that a proper CCCM structure is established, including the creation of effective mechanisms and focal points for adequate camp management and the proper response to cross-sectoral protection matters.

10. Original expected outcomes from approved CERF proposal

- **Protection Outreach:**
  - At least 200 persons resident in IDP locations are trained in basic protection and able and willing to act as protection focal points and supported;
  - At least six UNHCR field staff (two new) monitor IDP sites and identify and register extremely vulnerable individuals and protection incident survivors in new areas;
  - At least new 150 EVIs (women-headed households, women at risk, aged and disabled individuals, pregnant women, persons with medical conditions etc.) are identified and assisted/referred.
- **CCCM:**
  - CCCM coordination mechanism established and properly working;
  - At least 200 camp committee members supported.

11. Actual outcomes achieved with CERF funds

The outcomes of the project have been fully achieved. **Please note that these results build on and may subsume those of the earlier CERF grant (12-HCR-001).**

Protection Outreach:

- More than 200 persons resident in IDP locations were trained in basic protection and over 100 individuals were identified as EVI focal points in different camps;
- Up to eight UNHCR field staff monitor IDP sites and register EVI and protection incident survivors;
- Over 1,500 EVIs (women-headed households, women at risk, elderly, disabled individuals, pregnant women, persons with medical conditions, etc.) were identified and assisted/referred directly by UNHCR and/or through partners.

CCCM:

- A CCCM coordination mechanism has been established;
- Over 200 camp committee members were supported/focal points for adequate camp management were trained;
- Camp committees received CCCM goodie bags with materials to support CCCM implementation.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): The project targeted displaced populations, of which approximate 60 per cent were women located in various townships of Kachin (previously accessible townships of Myitkyina, Bhamo, Mansi, Momauk, Waingmaw and Shwegu and new areas where access depends on ceasefire negotiations in Kachin). During the implementation, special attention was given to the most vulnerable populations, including single mothers, children, elderly of both sexes, and males/females with extreme vulnerability.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Monitoring: Due to the ongoing emergency nature of this operation beyond the implementation period, no formal evaluation has been carried out. However, throughout the project, permanent monitoring was done directly by UNHCR field teams in Myitkyina and Bhamo, including daily visits to camps, report writing, conducting qualitative and quantitative ad hoc protection assessments and direct communication with UNHCR office at YNG level. During the implementation period, UNHCR YNG has also supported with regular field visits done by Rep, Deputy Rep, Protection / Programme / Admin Officers to both offices locations as well as actually participating in convoys together with Kachin colleagues. Additionally, weekly / monthly regular coordination meetings have taken place in Myitkyina and Bhamo (all actors involved, UN partners, etc.) and at Yangon level. Also, UNHCR has supported the regular humanitarian response updates, the revision of the Kachin Emergency Response Plan and has also taking part of the government visits done to the field and supported donor visits.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**WFP**	5. CERF Grant Period:	16/05/2012 –15/11/2012
2. CERF project code:	**12-WFP-038**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Food		☒Concluded
4. Project Title:	Emergency Food Assistance to Internally Displaced People in Kachin and Shan States		

7.Funding		
	a. Total project budget:	US$ 8,600,000
	b. Total funding received for the project:	US$ 6,300,000
	c. Amount received from CERF:	US$ 2,299,999

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	31,400	17,000	WFP was not able to reach the planned number of beneficiaries as UN has not been permitted access to non-government-controlled areas since July 2012.
b. Male	23,600	15,000	
c. Total individuals (female + male):	55,000	32,000	
d. Of total, children under 5	4,500	2,200	

9. Original project objective from approved CERF proposal

To improve food consumption of IDPs including women and children over assistance period through general food distribution in Kachin

10. Original expected outcomes from approved CERF proposal

- Adequate food consumption for targeted beneficiaries;
- Improved nutritional status for targeted women, boys and girls.

11. Actual outcomes achieved with CERF funds

Adequate food consumption for targeted beneficiaries; Improved nutritional status of targeted women, boys and girls.

32,000 beneficiaries received relief food assistance for five months, 2,293 MT of rice distributed in Central and Southern Kachin State.

Food consumption score marked 98 per cent adequate.

Township covered by WFP's Cooperating Partners were as follows:

World Vision - Waingmaw; KMSS – Bhamo, Mansi, Momauk, Shwegu; Shalom - Myitkyina

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

As described above, WFP was not able to reach the planned number of beneficiaries as UN's access to the non-government controlled areas has not been granted since July 2012. Therefore, WFP's food assistance was limited only to the IDPs in the government-controlled areas.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
WFP includes gender equality mechanisms in its activities to ensure that women participate in activities and that their needs are taken into consideration. In addition to the food basket consisting of rice, pulses, oil and salt, pregnant and lactating women as well as children under age 5received fortified blended food as a nutritional supplement in view of concerns over high malnutrition rate.	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
Monitoring: WFP and cooperating partners carried out monitoring regularly and coordination meetings were frequently held. Furthermore, food sector meetings were held in the field level as well as in Yangon in order to ensure coordination of all food sector actors. In Kachin, WFP Sub-Office in Myitkyina is a leading coordinator for capturing information on Kachin response from food sector actors. Through WFP Sub-Office, all stakeholders in the food sector are linked and active cooperation is encouraged.	

Allocation 3

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	**UNICEF**	5. CERF Grant Period:	22/08/2012 – 21/02/ 2013
2. CERF project code:	**12-CEF-094**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene (WASH)		☒Concluded
4. Project Title:	Humanitarian Response for IDPs in Rakhine		
7.Funding	*a. Total project budget:*		US$ 3,900,000
	b. Total funding received for the project:		US$ 1,052,075
	c. Amount received from CERF:		US$ 702,075

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	4,740	10,100	The numbers of IDPs in the target camps increased during the reporting period due to continued conflict. The number of IDPs with access to the shallow wells is the main change (more than double). In the original camp design the water point location decided the number of wells. However, with increased population it was found that the capacity of the wells was sufficient to provide water for 19,800 people.
b. Male	4,560	9,700	
c. Total individuals (female + male):	9,300	19,800	
d. Of total, children under 5	1,170	2,570	

9. Original project objective from approved CERF proposal

- To provide and improve quality of drinking water without causing risk to health for 9,300 IDPs through construction of shallow tube wells and household water treatment;
- To reduce the risk of spreading communicable diseases by providing appropriate sanitary toilets in sufficient numbers to 9,300 IDPs;
- To increase awareness on key public health risks, adopt measures to prevent the deterioration in hygiene condition, and use and maintain the provided facilities by affected IDPs.

10. Original expected outcomes from approved CERF proposal

- 9,300 IDPs have access to safe drinking water through provision of shallow tube-wells and water purification items;
- Some 1,100 households have access to sanitary toilets and washing areas, significantly reducing the risk of communicable diseases;
- 9,300 IDPs became aware of the importance of personal hygiene and are able to improve hygienic practices.

11. Actual outcomes achieved with CERF funds

19,800 IDPs were provided access to safe drinking water, through provision of water facilities

- 593 no. of 400 gallon water tanks provided
- 82 shallow tube well with hand pumps provided
- 10 water piping systems installed for water distribution

Water was provided from shallow tube wells. The numbers of IDPs assisted was greater than originally planned in each camp as the wells had sufficient capacity to provide water for 19,800 people, and more IDPs than planned arrived in these camps.

19,800 IDPs (2,817 households) were provided access to sanitary toilets and bathing areas separated for men and women at temporary shelters, significantly reducing the risk of the spread of WASH related communicable diseases,

- 533 emergency latrines provided
- 10 concrete water tanks provided for hand washing after latrine use
- 22 bathing places provided

Although more than double the number of IDPs were provided with sanitation facilities, these were temporary in nature, provided on an emergency basis, and did not initially meet Sphere standards. Subsequent CERF and other donor funding allowed the WASH partners to provide more durable latrines to Sphere standards.

19,800 IDPs were made aware of the importance of personal hygiene and were able to improve hygienic practices through the hygiene promotion AND the provision of hygiene kits with replenishment of consumable items

Hygiene kits were provided to 35,000 people at first distribution, but the later refilling of consumable items only reached 19,800 of these people

- Hygiene promotion awareness was raised for 35,000 people

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Actual coverage of the IDPs has increased with more IDPs entering the existing camps and the new camps being formed after the second conflict that took place in October 2012.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): Total 19,800 IDPs in Sittwe township benefited from this project. Gender-segregated latrines and bathing facilities were built to provide safe, private facilities for women and children.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Monitoring: UNICEF has a technical team of WASH experts based in Sittwe whose responsibilities include Monitoring and Evaluation. The Project Manager of the implementing NGO and the UNICEF WASH team regularly monitor all project activities; including hardware and software components, recording the outputs and outcomes to report on through WASH Cluster coordination at the state level.

Prior to the start of the project, a monitoring plan was drafted to ensure systematic monitoring against the results framework and used as a monitoring tool. UNICEF CO staff monitored the project implementation through monitoring reports and provided feedback to partner agencies.

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	**UNICEF**	5. CERF Grant Period:	23/08/2012-22/02/2013
2. CERF project code:	**12-CEF-095**	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Protection		☒ Concluded
4. Project Title:	Protection of internally displaced children in Rakhine State		
7.Funding	a. Total project budget:		US$ 663,305
	b. Total funding received for the project:		US$ 89,940
	c. Amount received from CERF		US$ 89,940

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	23,000 children	9,379	Based on assessment, it was deemed risky and inappropriate to implement activities through planned partner. Interventions were reassessed and a new partner implemented activities (role of Department of Social Welfare (DSW) was reduced and Save the Children increased).
b. Male	21,000 children	9,742	
c. Total individuals (female + male):	44,000 children	19,121	
d. Of total, children under 5	12,000	5,157	

9. Original project objective from approved CERF proposal

- Ensure child protection support is available to 44,000 children who have been affected by the ongoing unrest, including 19,000 children under the age of 12 years of which the majority are not attending school;
- Rapidly respond to specific and urgent child protection concerns identified by a child protection emergency assessment in all IDP locations;
- Ensure that children affected by the unrest have access to psychological first aid and psychosocial support activities;
- Establish a network of up to 200 child protection focal points to form the child protection groups and mobilize the community to address and respond to child protection concerns;
- Support a network of up to 200 child protection groups formed by the child protection focal points to monitor and promote the protection and well-being of children and ensure detection, reporting and referral of serious child protection cases;
- Ensure timely and appropriate child protection identification and response through increased knowledge and awareness on child protection among selected community members in all IDP locations.

10. Original expected outcomes from approved CERF proposal

- 44,000 children have access to child protection support through psychological first aid and child protection groups;
- 20 DSW staff trained on psychological first aid, child protection assessment and formation of child protection groups;
- 20 DSW staff, supported by UNICEF, conducted a child protection emergency assessment, resulting in improved child protection data;
- Up to 200 community members ("Child Protection Focal Points") trained on psychological first aid and formation of child protection groups.

11. Actual outcomes achieved with CERF funds

- 19,101 children have access to child protection support through child protection groups;
- A child protection rapid assessment was conducted, highlighting key child protection issues in camps;
- 20 DSW and MRCS staff trained on, and conducted, child protection rapid assessment;
- 117 community members trained on child protection issues and psychosocial support and 10 child protection groups formed;
- 10 child-friendly spaces established and provided with 32 child-friendly space kits run by 40 facilitators, providing psychosocial support and recreational activities to 3,489 children in the of aged 5 to 12 years.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

It became evident that the proposal to train DSW staff to form child protection groups was not feasible or appropriate, as bias was shown against the Muslim population group by some individuals in DSW and fear was expressed about accessing the Muslim camps. Therefore, UNICEF had to reassess its strategy, and opted to increase the role of Save the Children in the camps and reduce the role of DSW. Limited human resources and operational capacity meant that coverage was limited to nine camps. Furthermore, based on the findings of the Assessment it was decided to establish 10 child-friendly spaces to provide targeted psychosocial support to children.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b): If 'NO' (or if GM score is 1 or 0):Gender equality is maintained by ensuring that the child-friendly spaces target equal numbers of girls and boys and are staffed by both female and male volunteers to encourage children of both gender to attend. Activities are provided that are attractive to both genders to ensure an inclusive environment.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Monitoring: Project monitoring was conducted by both national child protection in emergencies officer and international child protection specialist. Monitoring of the child protection situation was conducted in all affected locations and was not limited to the camps where child-friendly spaces were established.

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	**UNICEF**	5. CERF Grant Period:	23/08/2012 –22/02/2013
2. CERF project code:	**12-CEF-096**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	NUTRITION		☒Concluded
4. Project Title:	Treatment of Severe Acute Malnutrition in children and Prevention of Micronutrient Deficiencies among children and pregnant/ lactating women of the displaced population affected by recent conflict in Rakhine State in Myanmar		
7.Funding	*a. Total project budget:*		US$ 1,300,000
	b. Total funding received for the project:		US$ 300,000
	c. Amount received from CERF:		US$ 126,502

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	4,600 (3,500 for micronutrient supplementation 1,100 for Promotion, protection and support of IYCF-E)	11,266	More female beneficiaries were reached for promotion, protection and support of Infant and Young Child Feeding in Emergencies (IYCF-E).
b. Male	-	3,552	
c. Total individuals (female + male):	15,500	14,818	
d. Of total, children under 5	10,900	9,189	

9. Original project objective from approved CERF proposal

To provide treatment of severe acute malnutrition among young children and prevent micronutrient deficiencies in children and women through the following measures:

- Therapeutic feeding to severe acute malnourished young children;
- Micronutrient supplementation to pregnant/lactating women and young children;
- Training for local partners, VHCs and Community volunteers in IYCF-E , breastfeeding counselling and appropriate practices;
- Technical support to partners implementing emergency Community Management of Acute Malnutrition (CMAM) treatment, with integrated IYCF component as required;
- Monitor and ensure breast milk substitutes are not distributed.

10. Original expected outcomes from approved CERF proposal

- 160 severe acute malnourished children aged 6 to 59 months will receive outpatient therapeutic feeding with proper referral for inpatient therapy as required;
- 8,100 children aged 6 to 59 months will receive multi-micronutrient sprinkle supplementation;
- 3,500 pregnant and lactating women will receive multi-micronutrient tablets supplementation;

11. Actual outcomes achieved with CERF funds

- 160 severe acute malnourished children aged 6 to 59 months were treated with therapeutic feeding (the programme design of the Community Based Management of Acute Malnutrition is for severely malnourished children without complication. If there is any severely malnourished child, referral to Sittwe "Hospital Nutrition Unit" will be undertaken accordingly);
- 7,036 children aged 6 to 59 months received multi-micronutrient sprinkle supplementation (18 IDP camps in Sittwe Townships);
- 3,500 pregnant and lactating women received multi-micronutrient tablets supplementation (In 18 IDP camps in Sittwe Townships).

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

No significant discrepancy

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): Nutrition partners have developed a response plan and implement to save the life of the children through Community Based Management of Acute Malnutrition. The plan contributes to equity and gender mainstreaming by targeting the most vulnerable groups including pregnant and lactating women. Micronutrient supplementation and infant feeding in emergency mainly targeted for women.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Monitoring:
UNICEF Officer made frequent monitoring visit to IDP Camps and undertook necessary actions.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNICEF**	5. CERF Grant Period:	23/08/2012–22/02/2013
2. CERF project code:	**12-CEF-097**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Health		☒Concluded
4. Project Title:	Addressing Priority Health Needs of the IDP Population in Sittwe, Rakhine State		

7.Funding	*a. Total project budget:*	US$ 418,468
	b. Total funding received for the project:	US$ 116,696 (UNICEF)
	c. Amount received from CERF:	US$ 19,474 (UNICEF)

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	24,474	30,271	There was no significant discrepancy between planned and reached beneficiaries in terms of total individual, however, there were slight difference between female and male ratio and under age 5populations because the target beneficiaries are IDPs and not a stable community. (NB numbers are from Myanmar Health Assistant Association (MHAA) reports and refer to total project, including CERF contribution: *CERF contributed for procurement of essential medicines, costs of production of IEC materials, patient's referral and supply transportation. Meanwhile other source of funding contributed for other operational costs for project implementation. It is hard to make breakdown for achievement contributed by two funding sources).*
b. Male	20,665	15,180	
c. Total individuals (female + male):	45,139	45,451	
d. Of total, children under 5	2,677	5,930	

9. Original project objective from approved CERF proposal

To reduce avoidable additional deaths and alleviate the suffering by addressing the major health risk factors that arise in the aftermath of the disturbances in Sittwe, Rakhine State, and by providing emergency health care services to affected populations.

10. Original expected outcomes from approved CERF proposal

The overall expected result will be reduced avoidable morbidity and mortality of the affected population.

From the above strategic interventions the expected results are:

- Improved access to emergency care and basic health services at health facilities and mobile outreach health teams;
- Strengthened disease surveillance and dissemination of health information for action;
- Effective outbreak response and disease control interventions.

11. Actual outcomes achieved with CERF funds

- With this funding, 11 health assistants (HA) from MHAA were recruited and placed at Sittwe, capital of Rakhine State where more than 80,000 IDPs have located. They were formed of five outreach groups each of which consisted of two HA and one senior HA supervised all five outreach groups. The outreach groups visited to IDP camps of both ethnic lines around Sittwe six days a week in rotational basis in coordination and cooperation with Sittwe State Health Department and other implementing partners. The groups provided life-saving curative services for common illnesses of IDPs, such as diarrhoea, ARI/pneumonia, malaria, dengue and other communicable diseases, injuries and trauma as well as nutrition activities along with health services as a combined approach. Activities included: community based management of acute malnutrition, supplementation of micronutrient tablets, sprinkle and health education relating to nutrition and exclusive breast feeding.

- A total of 45,451 IDPs (30,271 female and 15,180 male), including 5,930children under age 5 were reached by life-saving curative and preventative services through MHAA. Among them, 4,230 malaria suspected cases were tested with rapid diagnostic test (RDT) for screening of malaria and 1,664 of them were found with positive malaria parasites and all of them were treated with appropriate anti-malaria medicines in accordance with the National Malaria Treatment Guidelines. A total of 831 diarrhoea cases of children under age 5 were treated with ORS and Zinc tablets and 176 pneumonia cases of children under age 5 were treated with appropriate antibiotics.

- With this funding, life-saving medicines and health supplies were transported to Sittwe and then to 18 IDP camps in Sittwe townships from Yangon.

- A total of 35,450 IDPs were gained access to health education sessions about prevention of communicable diseases including hygiene and sanitation and early and correct treatment seeking behaviour with appropriate IEC materials and practice of reporting abnormal occurrence of communicable diseases such as malaria and dengue for mitigation of risks for disease outbreaks during reported period.

A total of 66 severely ill patients received referral supports from IDP camps to Sittwe General Hospital. NB numbers are from MHAA reports and refer to total project, including CERF contribution.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): Intervention benefited equally women, girls, boys and men by getting quality life-saving health services.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Monitoring: Partner provided monthly achievement report with monitoring matrix provided by us and UNICEF staff from Yangon, and Sittwe monitored partner's implementation at least twice a month.

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	**WHO**	5. CERF Grant Period:	23/08/2012-22/02/2013
2. CERF project code:	**12-WHO-057**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Health		☒Concluded
4. Project Title:	Addressing Priority Health Needs of the IDP Population in Sittwe, Rakhine State		
7.Funding	*a. Total project budget:*		US$ 418,468
	b. Total funding received for the project:		US$ 89,827
	c. Amount received from CERF:		US$ 89,827

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	24,474	24,400	
b. Male	20,665	20,260	
c. Total individuals (female + male):	45,139	44,660[5]	
d. Of total, children under 5	2,677	2,700	

9. Original project objective from approved CERF proposal

To reduce avoidable additional deaths and alleviate the suffering by addressing the major health risk factors that arise in the aftermath of the disturbances in Sittwe, Rakhine State and by providing emergency health care services to affected populations.

10. Original expected outcomes from approved CERF proposal

The overall expected result will be reduced avoidable morbidity and mortality of the affected population. From the above strategic interventions the expected results are:

- Improved access to emergency care and basic health services at health facilities and mobile outreach health teams;
- Strengthened disease surveillance and dissemination of health information for action;
- Effective outbreak response and disease control interventions.

11. Actual outcomes achieved with CERF funds

[5] The project supported 5 mobile clinics covering 11 IDP camps in rural Sittwe and 6 urban Sittwe camps in daily basis. Total numbers of IDP in those camps are 85,000. The reported 44,660 IDPs are direct beneficiaries who got daily out-patients care by mobile clinics, nutritional management of children under 5 and disease surveillance and health education throughout project period at camps.

Provision of emergency health care and strengthening of health services

- Provide 2 units of Supplementary Interagency Emergency Health Kits (IEHK) for emergency and trauma care, 1 unit of Diarrhoea kit, 50 kits for Malaria Rapid Diagnostic Test and 750 Long Lasting Insecticide Treated Nets were distributed to mobile teams and affected population.
- Total 44660 patients were treated as out-patients by mobile clinics, Among them,4050 patients were tested for Malaria with RDT and 1800 patients were treated with Anti-malaria drugs. 2700 children were assessed for malnutrition and managed accordingly.
- Two vehicles were hired for transportation of mobile teams to IDP camps in Sittwe daily for 6 months.
- 70 acutely ill patients and high risk pregnant women were referred to Sittwe General Hospital and financially supported.

Prevention and control of communicable diseases and disease surveillance to detect and respond rapidly to outbreaks include

- 8 Health assistant from Myanmar Health Assistant association were recruited and conducted disease surveillance and preventive measures of communicable disease outbreaks at 11 IDP camps in Rauarl and 6 IDP camps in urban Sittwe.
- One National Technical staff was recruited to support State Health Department for the set-up of Early Warning and Response System (EWARS); addressing life-threatening conditions related to communicable diseases.
- Because of effective control measures for outbreak prone diseases , there were no major disease outbreaks like cholera, measles, DHF and malaria since June 2012 till now.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0) WHO supported emergency medicines and drugs for treatment of diarrhoea, mobile medical teams. Mobile medical teams covered all male and female IDPs and children in the camps so that they would all benefit equally .

Beneficiaries include women of reproductive age group and their spouses. All received information to raise awareness on reproductive health equally.

14. M&E: Has this project been evaluated?	YES ☐NO☒

If yes, please describe relevant key findings here and attach evaluation report or provide URL:

Monitoring:

- Throughout the project period, monitoring of implementing partners and their activities were regularly undertaken by Field Health Coordinator by means of frequent visit to camps, reporting and direct communication with Yangon WHO Office.
- National focal point for Emergency and Humanitarian Action (EHA) frequently travelled to Sittwe and visited IDP camps to monitor and supervise the activities.
- A Joint evaluation workshop together with (UNFPA,UNICEF) for CERF funded activities was conducted on 25 July 2013 and effectiveness, efficiency, contribution to outcomes and sustainability of activities were evaluated.
- Strengths and weakness of implementing partner were also discussed and recommendations were made for future improvement.

The main findings from the evaluation workshop were:

1. Workshop participants (stakeholders) agreed that the CERF project was relevant, efficient, effective, has contributed to outcomes, has sustainability (to some extent), has complimented to overall humanitarian response programme (health), has proper coordination and cooperation among health cluster and with other clusters to provide humanitarian assistance to affected population in Rakhine State.
2. Targets were achieved beyond planned targets for all implementing partners.
3. Because of the preventive and curative measures supported by CERF project, prevalence rate of infectious disease like diarrhoea and positivity rate of malaria reduced.
4. Infrastructure of the clinics was found not in good shape, not enough space, and not convenient for both service providers as

well as the clients. However, the staff was providing services properly to the clients and clients were found to be satisfied with the services received.

5. There was insufficient staff in the clinic to provide Health Education and awareness sessions.
6. Uncertain security situation limited agencies visits to the camps.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNHCR**	5. CERF Grant Period:	01/08/2012 – 31/01/ 2013
2. CERF project code:	**12-HCR-040**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Protection		☒Concluded
4. Project Title:	Emergency Assistance for Displaced Populations in Rakhine State		

7.Funding		
	a. Total project budget:	US$ 1,380,818 as per Humanitarian Plan Sectoral Budget (30 July 2012 version) – including child protection requirements.
	b. Total funding received for the project:	US$ 124,545
	c. Amount received from CERF:	US$ 124,545

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	5,775	45,000	Thanks to the establishment of the Sittwe Office, reinforcing the Buthidaung Antenna Office and providing the necessary support to the Maungdaw office, UNHCR was able to implement protection related activities in all townships affected by the two waves of inter-communal violence and to reach at least 75,000 people through it.
b. Male	4,725	30,000	
c. Total individuals (female + male):	10,500 (500 of which targeted by EVI assistance)	75,000	
d. Of total, children under 5	2,100	15,000	

9. Original project objective from approved CERF proposal

The proposed protection and EVI outreach (monitoring, identification, referrals and assistance) will address protection and EVI assistance concerns, while related training will contribute to awareness raising on protection matters. Referrals will be made to other service providers, if necessary.

10. Original expected outcomes from approved CERF proposal

Protection outreach:

- Increased knowledge and awareness of Guiding Protection Principles, HIV-AIDS, SGBV and other relevant areas among stakeholders that have been trained;
- Identification and appropriate assistance having been rendered to 500 extremely vulnerable individuals.

11. Actual outcomes achieved with CERF funds

The original outcomes of the project have been reprogrammed. All (reprogrammed) outcomes have been fully achieved.

Protection Outreach:

- UNHCR conducted the first inter agency workshop on the Code of Conduct and Guiding Principles on IDPs in September

2012 in Sittwe. 31 participants from UN and implementing partners reviewed the humanitarian principles that govern the code of conduct and obtained increased knowledge and awareness on Guiding Protection Principles.

- Protection monitoring, field missions and support to emergency referrals were done on a regular and permanent basis.
- As reported in CERF project 12-HCR-039, the approved reprogramming of the project enabled UNHCR to construct necessary camp infrastructure in five camps. The camp infrastructure constructed included a camp management office, warehouse, multi-purpose building (large and small) and a clinic in each of three rural camps (Ohn Taw Gyi 1, Ohn Taw Gyi 2 & Say Tha Mar Gyi) and two urban camps (Ma Gyi Maing and Set Yone Su 3).

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Reprogramming requested and approved: Due to the tenuous security situation and the very high degree of animosity in the area it has not been possible to carry out the EVI assistant project as originally envisaged. Moreover, an improvement on the ground is not in sight and further delays in being able to implement an EVI assistance activity beyond 2012 are likely. UNHCR re-allocated the funds for EVI assistance to the construction of common multipurpose spaces for a range of protection (incl. training) activities.

New outcome:

- Providing common multipurpose spaces for protection and training activities benefitting up to 12,000 IDPs (new, reprogrammed).

Actual outcome achieved:

- Camp infrastructure (camp management office, warehouse, multi-purpose building (large and small) and a clinic) were constructed in each of three rural camps (Ohn Taw Gyi 1, Ohn Taw Gyi 2 & Say Tha Mar Gyi) and two urban camps (Ma Gyi Maing & Set Yone Su 3).

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0):

The project targeted displaced populations located in rural and urban areas of Rakhine, of which approximate 60 per cent were women. During the project implementation, special attention was given to the most vulnerable populations, including single mothers, children, elderly of both sexes and males/females with extreme vulnerability.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Monitoring: Throughout the project, permanent monitoring was done directly by UNHCR field teams in Rakhine, including daily visits to camps, report writing and direct communication with UNHCR office at YNG level. During the implementation period, UNHCR YNG has also supported with regular field visits done by Rep, Deputy Rep, Protection / Programme / Admin Officers to the offices location as well as actually participating in convoys together with Rakhine colleagues. In addition to ad hoc monitoring, UNHCR conducted regular monitoring of construction phases corresponding to stage payments with contractors. UNHCR performed periodic inspections of materials during and after implementation of contractor. Thus, completion inspections were carried out on-site before final payment. Additionally, weekly / monthly regular coordination meetings have taken place in Sittwe and Maungdaw (all actors involved, UN partners, etc.) and at Yangon level. Also, UNHCR has supported the regular humanitarian response updates, the revision of the Rakhine Emergency Response Plan and has also taking part of the government visits done to the field and supported donor visits.

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	**UNHCR**	5. CERF Grant Period:	01/08/2012 – 31/01/ 2013
2. CERF project code:	**12-HCR-039**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Shelter, CCCM and NFIs		☒Concluded
4. Project Title:	Emergency Assistance for Displaced Populations in Rakhine		
7.Funding	*a. Total project budget:*	US$ 14,719,946 as per Humanitarian Plan Sector Budget (30 July 2012 version)	
	b. Total funding received for the project:	US$ 2,705,663	
	c. Amount received from CERF:	US$ 2,705,663	

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	5,775	7,200	12,000 persons benefitted from shelter intervention alone. Those beneficiaries also received directly and/or indirectly NFI assistance and CCCM related interventions. To avoid duplication, we are leaving the number of beneficiaries at 12,000.
b. Male	4,725	4,800	
c. Total individuals (female + male):	10,500	12,000	
d. Of total, children under 5	2,100	2,400	

9. Original project objective from approved CERF proposal

Shelter: The estimated 65,000 remaining IDPs are currently accommodated in communal structures (schools, monasteries, community centres and the like) and in temporary camps. Conditions in these locations are challenging due to the relatively high population density in these locations, sub-standard conditions of shelters (e.g. undivided spaces, insufficient floor space per person etc.), weak internal management and assistance capabilities as among the displaced and local authorities without external humanitarian assistance and so forth. Access to essential services remains severely limited (see WASH, health and education submissions). Regarding actual implementation, the greater number of displaced remains in Sittwe, where therefore the centre of the shelter response is planned. The emphasis will be on a temporary response until a more permanent solution for this camp-based population emerges (for which government planning assumptions speak of a two-to-three year timeframe).

CCCM: The primary objective of CCCM training and support is to substantially increase the capacity of local actors (including camp resident communities, local authorities, etc.) to more appropriately manage the IDP camps, ensure appropriate planning and administration, and ensure prioritization of extremely vulnerable persons. These efforts will build on already begun government (the Department of Relief and Resettlement (RRD) of the Ministry of Social Welfare, Relief and Resettlement) efforts and include strengthening, coordination mechanisms and on-site camp management personnel, including monitoring and ensuring that assistance and relief goods are distributed equitably.

NFIs: The NFI response aims to ensure the displaced have access to core emergency household and personal relief items. Assessment findings indicate that most of IDPs have less than 25 per cent of basic subsistence supplies such as clothing and undergarments (67 per cent of the total IDPs with less than 25 per cent sufficient items), plastic sheets (90 per cent), blankets (85 per cent), mosquito nets (90 per cent), cooking utensils (70 per cent), and hygiene materials (96 per cent). While humanitarian organizations have already commenced NFI distributions, the response needs to be scaled up and procurement undertaken to ensure the full range of requisite items are available and distributed.

10. Original expected outcomes from approved CERF proposal

Shelter:

- Complete construction of 2,300 family shelter units housing for about 10,500 IDPs;
- Construction of 100 covered communal spaces.

CCCM:

- About 15 CCCM trainers capacitated, with these persons conducting at least one CCCM multiplier workshop each;
- About 60 CCCM camp management related personnel from different camps capacitated.

NFIs:

- About 10,500 family members have essential household and personal items through distribution of 2,100 NFI kits (basic and extended).

11. Actual outcomes achieved with CERF funds

The outcomes of the project have been fully accomplished.

Shelter:

- During the project implementation, UNHCR constructed 2,400 family shelter units meeting appropriate SPHERE standard for about 12,000 IDPs in Sittwe (camps: Ohn Taw Gyi 1 & 2, Say Tha Mar Gyi, Set Yone Su 3 and Ma Gyi Maing);
- Over 480 communal kitchen spaces to benefit 2,400 families were constructed. Additionally camp infrastructure (camp management office, warehouse, multipurpose building (large and small) and a clinic) was constructed in three rural camps (Ohn Taw Gyi 1, Ohn Taw Gyi 2 and Say Tha Mar Gyi) and in two urban camps (Ma Gyi Maing& Set Yone Su 3). Thus, part of the multipurpose areas were implemented thanks to the reprogramming of CERF project 40 ($50,000).

CCCM:

- UNHCR facilitated a CCCM introduction for 17 key actors (national staff from Malteser International (INGO), Myanmar Red Cross (NGO), the Relief and Resettlement Department (Government) and UNHCR) from 17 to 19 October 2012 and developed training skills in the country further by conducting a second Training of Trainers (ToT) for the 16 out of the 17 previously mentioned that enables them to respond to any further deterioration of the IDP emergency in Rakhine State and future new CCCM needs in the country (22-25 October 2013). A third field based training led by the graduates the ToT training was planned to take place in Rakhine from 31 October to2 November, however, due to the outbreak of new violence and displacement, it was cancelled.

NFIs:

- During the project implementation in 2012, UNHCR procured (nationally/internationally) and distributed the 2,100 NFI basic and complementary kits.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):If 'NO' (or if GM score is 1 or 0):

Beneficiaries include both genders as well as families of both the major ethnicities in the area, including all age groups. The newly displaced population in Rakhine includes a relatively high percentage of women and persons with a range of vulnerabilities – these persons are assisted on a prioritized basis using standardized UNHCR vulnerability identification criteria and processes.

The project targeted displaced populations located in rural and urban areas in Rakhine, of which approximately 60 per cent were women. During the project implementation, special attention was given to the most vulnerable populations, including single mothers, children, elderly of both sexes, and males/females with extreme vulnerability.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

If yes, please describe relevant key findings here and attach evaluation report or provide URL:

Monitoring: Throughout the project, permanent monitoring was done directly by UNHCR field teams in Sittwe and Maungdaw, including daily visits to camps, report writing and direct communication with UNHCR office at YNG level. During the implementation period, UNHCR YNG has also supported with regular field visits done by Rep, Deputy Rep, Protection / Programme / Admin Officers to the office location as well as actually participating in convoys together with Rakhine colleagues. In addition to ad hoc monitoring, UNHCR conducted regular monitoring of construction phases corresponding to stage payments with contractors. UNHCR performed periodic inspections of materials during and after implementation of contractor. Thus, completion inspections were carried out on-site before final payment. Additionally, weekly / monthly regular coordination meetings have taken place in Sittwe and Maungdaw (all actors involved, UN partners, etc.) and at Yangon level. Also, UNHCR has supported the regular humanitarian response updates, the revision of the Rakhine Emergency Response Plan and has also taking part of the government visits done to the field and supported donor visits.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**WFP**	5. CERF Grant Period:	28/08/2012 –27/02/2013
2. CERF project code:	**12-WFP-056**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Food		☒Concluded
4. Project Title:	Emergency Food Assistance to the Affected Population in Rakhine State		

7.Funding		
	a. Total project budget:	US$ 7,200,000
	b. Total funding received for the project:	US$ 6,200,000
	c. Amount received from CERF:	US$ 1,000,000

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	35,000	35,000	
b. Male	35,000	35,000	
c. Total individuals (female + male):	70,000	70,000	
d. Of total, children under 5	8,000	8,000	

9. Original project objective from approved CERF proposal

To improve the food consumption and the nutritional status of the displaced population as well as affected households, including women and children over assistance period through general distribution in Rakhine.

10. Original expected outcomes from approved CERF proposal

Outcome:
- Improved food consumption for targeted beneficiaries
- Improved nutritional status for targeted women, boys and girls

Output:
- Food distributed in sufficient quantity and quality to the targeted beneficiaries

11. Actual outcomes achieved with CERF funds

70,000 beneficiaries received relief food assistance for six months, including 1,324 MT of rice distributed in Sittwe and Maungdaw areas. (The difference of tonnage from the figure indicated in the proposal (1,541 MT) is due to the change in commodity price at the time of procurement). WFP directly implemented all projects in NRS and worked with CDN and Save the Children for distribution in Sittwe township.

By distributing the minimum food ration to the targeted beneficiaries, the distributed food assistance improved the food consumption and nutritional status of targeted women, boys and girls.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
WFP includes gender equality mechanisms in its activities to ensure that women participate in activities and that their needs are taken into consideration. In addition to the food basket consisting of rice, pulses, oil and salt, pregnant and lactating women as well as children under age 5 received fortified blended food as a nutritional supplement in view of concerns over high malnutrition rate.	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
Monitoring: WFP and Cooperating Partners carried out monitoring regularly, and coordination meetings were frequently held. Furthermore, food sector meetings were held in order to ensure coordination of all food sector actors. WFP's monitoring activity is conducted by Field Monitor Assistants based in Maungdaw and Sittwe. Findings of the monitoring and monthly distribution report from partners are shared with Country Office in Yangon for further analysis.	

Allocation 4

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	**UNHCR**	5. CERF Grant Period:	26/11/2012 – 25/05/2013
2. CERF project code:	**12-HCR-054**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Shelter/NFI		☒Concluded
4. Project Title:	Emergency Assistance for New Displaced Populations in Rakhine State (October Violence)		
7.Funding	*a. Total project budget:*		US$ 7,323,934
	b. Total funding received for the project:		US$ 2,008,989
	c. Amount received from CERF:		US$ 2,008,989

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	18,000	21,600	Difference in female/male ratio is due to actual ratio in camps.
b. Male	18,000	14,400	
c. Total individuals (female + male):	36,000	36,000	
d. Of total, children under 5	5,400	7,200	

9. Original project objective from approved CERF proposal

Shelter:

The shelter response aims at providing life-saving rapid shelter response to the recently 36,000 displaced people open until such time as a more permanent solution for the population is designed and agreed with beneficiaries and Government including the need for shelter reconstruction, rehabilitation and/or construction depending of possibility of return to original communities, temporarily reallocation or others.

NFIs:

The NFI response aims to ensure the new caseload of 36,000 displaced people has access to core emergency household and personal relief items, especially taking into consideration the complete lack of personal belongings the IDPs have and the rapidly approaching winter season.

10. Original expected outcomes from approved CERF proposal

- Shelter: Complete procurement and distribution of 2,000 family emergency tents to house about 10,000 IDPs.
- NFIs: About 7,200 families have received essential household items through distribution of 7,200 NFI kits to about 36,000 people.

11. Actual outcomes achieved with CERF funds

Shelter:

UNHCR procured and installed a total of 2,081 tents for more than 10,000 beneficiaries, including 1,685 UNHCR tents in 19 villages of Kyauktaw, Minbya and Mrauk U townships and Ohn Taw Gyi 1 and 396 KOICA tents in Maw Ti Nga and Hmansj.

NFIs:

The 7,200 CERF-funded basic NFI kits for 36,000 beneficiaries were procured together with 25,000 ECHO-funded kits (thanks to a last minute contribution from ECHO). NFI kits have been distributed in all townships affected by the displacement..

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0):

The project targeted displaced populations located in rural and urban areas of Rakhine, of which approximate 60 per cent were women. During the project implementation, special attention was given to the most vulnerable populations, including single mothers, children, elderly of both sexes and males/females with extreme vulnerability.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Monitoring: Throughout the project, permanent monitoring was done directly by UNHCR field teams in Rakhine, including daily visits to camps, report writing and direct communication with UNHCR office at Yangon level. During the implementation period, UNHCR Yangon also supported with regular field visits by Rep, Deputy Rep, Protection / Programme / Admin Officers to the offices location as well as actually participating in convoys together with Rakhine colleagues. In addition to ad hoc monitoring, UNHCR conducted regular monitoring of construction phases corresponding to stage payments with contractors. UNHCR performed periodic inspections of materials during and after implementation of contractor. Thus, completion inspections were carried out on-site before final payment. Additionally, weekly / monthly regular coordination meetings have taken place in Sittwe and Maungdaw (all actors involved, UN partners, etc.) and at Yangon level. Also, UNHCR has supported the regular Humanitarian Response updates, the revision of the Rakhine Emergency Response Plan and has also taking part of the government visits done to the field and supported donor visits.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNICEF**	5. CERF Grant Period:	04/12/ 2012– 03/06/2013
2. CERF project code:	**12-CEF-129**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Water and Sanitation		☒Concluded
4. Project Title:	Humanitarian WASH Response for IDPs in Rakhine		

7.Funding		
	a. Total project budget:	US$ 800,000
	b. Total funding received for the project:	US$ 444,050
	c. Amount received from CERF:	US$ 444,050

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	7,650	5,843	The proposal targeted 2,500 households. UNICEF used an average household size of 6 to estimate a total beneficiary population of 15,000. Through this project, UNICEF was able to reach 3,086 households, 23 per cent more families than originally planned, with a total population of 12,632. Because the average family size of the targeted population was four, the total number of beneficiaries reached was 2,368 fewer than planned.
b. Male	7,350	6,789	
c. Total individuals (female + male):	15,000	12,632	
d. Of total, children under 5	1,890	1,614	

9. Original project objective from approved CERF proposal

- To provide and improve quality of drinking water without causing risk to health for 15,000 IDPs through construction of shallow tube wells and household water treatment;
- To reduce the risk of spreading communicable diseases by providing appropriate sanitary toilets in sufficient numbers to 15,000 IDPs;
- To increase awareness on key public health risks, adopt measures to mitigate the risks of deterioration in hygiene condition, and ensure use and maintenance of the provided facilities by the IDPs.

10. Original expected outcomes from approved CERF proposal

- 15,000 IDPs have access to safe drinking water, through provision of shallow tube-wells and water purification items;
- Some 15,000 households have access to sanitary toilets and washing areas, significantly reducing the risk of communicable diseases;
- 15,000 IDPs became aware of the importance of personal hygiene and are able to improve hygienic practices.

11. Actual outcomes achieved with CERF funds

12,632 IDPs living in six camps were provided access to safe drinking water, through provision of shallow tube-wells, and water purification items;

- 42 number of 400 gallon fibre glass tanks
- 40 water points constructed
- Water testing conducted

12,632 IDPs were provided access to sanitary toilets and washing areas, significantly reducing the risk of WASH related communicable diseases spreading;

- 294 latrines constructed, including 230 single seated latrines and 32 two-seated latrines were constructed including 8 child and disabled friendly latrines. (the original target of 400 latrines was determined to be more than required as other

actors also began to build latrines in the same camps)
- 22 Hand washing points for latrines constructed
- 22 plastic drums for hand washing points
- 41 gender-separated bathing facilities with laundry places provided – 26 female, 15 male (original target of 50 bathing facilities was determined to be too many for the size of the population in the six targeted camps)
- Drainage system provided in 7 camps
- 42 culverts built for good drainage

12,632 IDPs became aware of the importance of personal hygiene and are able to improve hygienic practices
- Hygiene kits were provided to 3,086 families
- 42 trainings of behaviour change agents for hygiene promotion for 12,632 IDPs
- Camp level hygiene practice activities, including hand washing, clean water, environment sanitation, and latrine use, were conducted in six camps by the trained behaviour change agents
- 14 rubbish disposal pits built in 5 camps
- 20 waste collection points in 3 camps provided

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The proposal targeted 2,500 households. UNICEF used an average household size of 6 to estimate a total beneficiary population of 15,000. Through this project, UNICEF was able to reach 3,086 households, 23 per cent more families than originally planned, with a total population of 12,632. Because the average family size of the targeted population was four, the total number of beneficiaries reached was 2,368 fewer than planned.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0):

Total 12,632 IDPs in Sittwe township benefited from this project. Women and children benefited having access to and use of separate latrines and bathing places.

14. M&E: Has this project been evaluated? YES ☐ NO ☒

If yes, please describe relevant key findings here and attach evaluation report or provide URL:

Prior to the start of the project, a monitoring plan was drafted to ensure systematic monitoring against the results framework and used as a monitoring tool.

UNICEF has a technical team of WASH experts based in Sittwe town. The Project Manager and UNICEF WASH team regularly monitor all project activities; including hardware and software components. The Project Manager also takes the responsibility for monitoring the financial expenses according to the plan. Prior to the start of the project, a monitoring plan is drafted ensuring each staff is aware if his/her responsibilities regarding monitoring.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNICEF**	5. CERF Grant Period:	16/11/2012 –15/05/2013
2. CERF project code:	**12-CEF-130**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	NUTRITION - Health		☒Concluded
4. Project Title:	Emergency nutrition assistance to children and pregnant/ lactating women of the displaced population affected by October 2012 conflict in Rakhine State in Myanmar		

7.Funding	*a. Total project budget:*	US$ 350,000 (estimates for new caseloads)
	b. Total funding received for the project:	US$ Nil
	c. Amount received from CERF:	US$ 243,150

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	1,000	5,321	The approved reprogramming request enabled UNICEF to target 80 per cent more severe acute malnourished children (306 vs. 170) and 250 per cent more children with micronutrient supplementation (4961 vs. 2000). These changes account for the increased number of reached beneficiaries than originally planned. In addition, the original planned figures included only adults in the planned Male and Female figures while the Reached include male and female children and adults.
b. Male	-	3,739	
c. Total individuals (female + male):	6,420	9,060	
d. Of total, children under 5	5,420	7,647	

9. Original project objective from approved CERF proposal

To provide treatment of acute malnutrition among young children and prevent micronutrient deficiencies in children and women through:

- Therapeutic feeding to severe acute malnourished young children;
- Targeted supplementary feeding for moderate acute malnourished children;
- Micronutrient supplementation to pregnant/lactating women and young children;
- Training for local partners, VHCs and Community volunteers in IYCF-E , breastfeeding and appropriate practices;
- Technical support to partners implementing emergency Community Management of Acute Malnutrition (CMAM) treatment, with integrated IYCF component as required;
- Monitor and ensure breast milk substitutes are not distributed.

10. Original expected outcomes from approved CERF proposal

Within six months of implementation with CERF funds, the following outcomes are expected:

- At least 170 severe acute malnourished children aged 6 to 59 months will receive outpatient therapeutic feeding with proper referral for inpatient therapy as required;
- At least 350 moderately acute malnourished children aged 6-59 months will receive supplementary feeding;
- At least 2000 children aged 6 to 59 months will receive multi-micronutrient sprinkle supplementation;
- At least 1000 pregnant and lactating women will receive multi-micronutrient tablets supplementation;
- Total 2,900 children under age 5 received IYCF support;
- 5 training sessions on IYCF-E to community volunteers;
- IEC materials disseminated along with therapeutic and supplementary feeding.

11. Actual outcomes achieved with CERF funds

At the end of funded period, followings outcomes were achieved. The approved reprogramming request shifted resources from mainly transportation and staff transportation to the procurement of additional relief items, enabling UNICEF to target more severe acute malnourished children and provide micronutrient sprinkle supplementation to additional children.

1. 306 severe acute malnourished children of aged 6 to 59 months received outpatient therapeutic feeding(250 SCI in Pauktaw+56 MHAA in five townships) (vs. 170 planned)
2. 360 moderately acute malnourished children of aged 6-59 months received supplementary feeding (vs. 350 planned)
3. 4,961 children of aged 6 to 59 months received multi-micronutrient sprinkle supplementation (vs. 2000 planned)
4. 1,391 pregnant and lactating women received multi-micronutrient tablets supplementation (vs. 1000 planned)
5. 20 cases of severe acute malnutrition with complication were referred to hospital nutrition unit (HNU) for inpatient treatment
6. Four training sessions on Infant and Young Child Feeding in Emergencies (IYCF-E) were conducted for five affected townships and total of 100 Basic Health Staff (BHS) and local partners attended this training. Two training sessions were combined resulting in a total of four training sessions instead of the proposed five.
7. 22 mothers from five affected townships were recruited as peers for IYCF support.
8. 1,000 Infant Feeding in Emergencies IFE kits were distributed and more than 2000 children under five received IYCF support (vs. 2900 planned)
9. 27,500 pamphlets on breastfeeding and instruction for micronutrient sprinkles were disseminated in the affected townships.

More adult females were reached than planned (1,391 reached vs. 1,000 planned) because of being the beneficiaries of the micronutritient supplementation (pre and post-delivery).

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): Emergency nutrition response activities are life-saving interventions in order to improve the nutritional status of children and to prevent morbidity and mortality related to malnutrition. These services are provided through both Community and Facility Based Management of Acute Malnutrition programs. The plan contributes to equity and gender mainstreaming by targeting the most vulnerable groups including under-five children, pregnant and lactating women. Micronutrient supplementation and infant feeding in emergency is mainly targeted at women. Men are also reached through community awareness raising sessions.

14. M&E: Has this project been evaluated? YES ☐ NO ☒

If yes, please describe relevant key findings here and attach evaluation report or provide URL**:**

Monitoring and evaluation mechanism: Treatment of severe acute malnutrition (SAM) was provided through community based management of acute malnutrition program which was complemented with referral of SAM with complications to hospital nutrition unit (HNU) for inpatient management. Moderately acute malnourished (MAM) children were treated at community level through supplementary feeding program. Micronutrient supplementations were provided along with feeding program.

The process was monitored by field based project staff with regular visit to feeding centres and HNU. Regular monitoring was also conducted by UNICEF staff to provide technical assistance. Monthly data against project indicators were provided by field staff to Yangon regularly.

Training on IYCF-E were conducted for volunteers and local partners and pre and post-test were carried out at each training to assess participants' knowledge. Moreover, follow up on-job training was provided to fill the knowledge gaps.

Partners continuously advocated in camps and humanitarian community on importance of good IYCF practices and dangers of Breast milk substitutes (BMS). Donations and distribution of BMS was closely monitored by nutrition partners through partnership

with respective State department and agencies.

Biweekly nutrition sector meetings are held at State level to coordinate emergency nutrition response activities and to closely monitor nutrition interventions at the field level.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**WFP**	5. CERF Grant Period:	15/11/2012 –14/05/2013
2. CERF project code:	**12-WFP-078**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Food		☒Concluded
4. Project Title:	Emergency Food Assistance in Support to the Displaced Population in Rakhine State		

7.Funding		
	a. Total project budget:	US$ 19,300,000
	b. Total funding received for the project:	US$ 4,200,000
	c. Amount received from CERF:	US$ 2,000,091

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	18,000	29,580	WFP was able to purchase rice for a lower price than planned in the original proposal. Therefore, instead of the planned 2,600 MT rice, WFP was able to procure 3,133 MT, with CERF funds, 20 per cent more than planned. The rice was distributed over a four month period instead of five, enabling WFP to reach 58,000 beneficiaries per month.
b. Male	18,000	28,420	
c. Total individuals (female + male):	36,000	58,000	
d. Of total, children under 5	4,000	9,860	

9. Original project objective from approved CERF proposal

To provide life-saving support by improving the food consumption of the population displaced in Rakhine over assistance period through general food distribution.

10. Original expected outcomes from approved CERF proposal

Improved food consumption for targeted beneficiaries.

11. Actual outcomes achieved with CERF funds

As per the funding proposal submitted in November 2012, the US$2,000,091 CERF funding was planned to cover the needs of an additional caseload of 36,000 beneficiaries for approximately 5 months (after the inter-communal violence resurfaced in October 2012), purchasing rice, which is one of the main food commodities distributed under the monthly food distribution (13.5kg per person).

The local procurement process started immediately after the confirmation of the contribution in November 2012.WFP was able to purchase 3,133 metric tons of rice, more than the planned 2,600 metric tons, as rice was available at a lower price at the time of procurement. This covered the needs to provide 13.5kg monthly ration of rice to 58,000 IDPs during February to May 2013 for 4 months, 51% female (29,580) and 49% male (28,420). This included 9,860 children under 5 (17%) and 3,480 pregnant and lactating women (6%), who received fortified blended food in view of preventing malnutrition in addition to the regular food basket consisting or rice, pulses, oil and salt.

During the period while rice purchased with CERF funding was being distributed (February – May 2013), WFP together with cooperating partners reached an average of 126,000 IDPs in 10 townships of Rakhine State per month The CERF funding provided during this period covered 46 per cent of the IDPs reached.

WFP directly implemented all projects in NRS (Rathedaung and Maungdaw Townships) and worked with CDN and Save the Children for distributions around Sittwe. The following are areas of intervention of WFP and Cooperating Partners CDN and Save the Children: WFP - Kyauk Phyu, Myebon, Yanbya and Sittwe townships;
CDN - Kyauktaw, Minbya, Mrauk-U and Sittwe townships; and Save the Children – Pauktaw and Sittwe townships.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

More rice was procured than mentioned in the proposal (2,600 MT) as rice was procured in Yangon area where rice is available at cheaper price.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

WFP includes gender equality mechanisms in its activities to ensure that women participate in activities and that their needs are taken into consideration. In addition to the food basket consisting of rice, pulses, oil and salt, pregnant and lactating women as well as children under five received fortified blended food as a nutritional supplement in view of preventing malnutrition.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Monitoring:

WFP and Cooperating Partners carried out monitoring regularly, and coordination meetings were frequently held.

Furthermore, food sector meetings were held in order to ensure coordination of all food sector actors.

WFP's monitoring activity is conducted by Field Monitor Assistants based in Maungdaw and Sittwe. Findings of the monitoring and monthly distribution report from partners are shared with Country Office in Yangon for further analysis.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNICEF**	5. CERF Grant Period:	04/12/2012–03/06/2013
2. CERF project code:	**12-CEF-131**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Health		☒Concluded
4. Project Title:	Addressing Priority Health Needs of the IDP Population in nine additional townships in Rakhine State		
7.Funding	*a. Total project budget:*		US$ 5,800,000 (overall funding requirements for the health sector included in the revised Rakhine response plan)
	b. Total funding received for the project:		$142,832 (UNICEF)
	c. Amount received from CERF:		

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons*
a. Female	18,700	58,383	The number of beneficiaries by the project is more than that of planned due to the actual health needs of IDPs are much higher than expected. (NB: Numbers are sequential to 12-CEF-097 and thus avoid 'double counting' of beneficiaries).
b. Male	17,300	38,964	
c. Total individuals (female + male):	36,000	97,347	
d. Of total, children under 5	1,500	8,369	

9. Original project objective from approved CERF proposal

To reduce morbidity and mortality of children under age 5 and women due to common childhood illnesses and communicable diseases, such as diarrhoea, ARI/pneumonia and malaria among IDPs residing in camps in Rakhine state by provision of essential lifesaving medicines and supplies.

10. Original expected outcomes from approved CERF proposal

Improved access and utilization of essential life-saving health services by IDPs and affected population through provision of essential medicines, supplies and operational supports through partners

Output indicators:

- Approximately 20,000IDPs, including children and women reached by life-saving health services through outreach, mobile or community health activities;
- Up to 80 per cent of pneumonia cases among under-five children in camps covered under proposal received appropriate treatment with antibiotics;
- Almost all diarrhoea cases among children under age 5 in camps covered under proposal received appropriate treatment with ORS and Zinc tablets;
- Up to 5,000 IDPs with fevers are tested with RDTs for malaria diagnosis and up to 1,000 confirmed malaria cases are treated with appropriate anti-malaria medicines;
- Approximately 10,000 IDP families are protected from malaria;
- Up to 14 severely ill patients are received support for referral service.

11. Actual outcomes achieved with CERF funds

- 27 health assistants (HA) from Myanmar Health Assistant Association (MHAA) were recruited and placed at Sittwe, capital of Rakhine State and five other townships, namely Pauktaw, Kyauktaw, Mrauk-U, Minbya and Myebon. They formed ten outreach groups, each of which consisted of two HA, and seven senior HA supervised the project; two supervisors in Sittwe and five supervisors in 5 other townships. The outreach groups visited IDP camps and ethnic lines in 6 townships at six days a week on rotational basis in coordination and cooperation with Sittwe State Health Department, TMOs from five other townships and other implementing partners. The groups provided life-saving curative services for common illness of IDPs such as diarrhoea, ARI/Pneumonia, malaria, dengue and other communicable diseases and injuries and trauma as well as nutrition activities along with health services in a comprehensive approach.
- During the project period, a total of 97,347 IDPs (58,383 female and 38,964 male) including 8,369 children of under five were reached by life-saving curative and preventative services through MHAA. A total of 4,050 suspected malaria patients from IDPs were tested with rapid diagnostic test (RDT) for screening of malaria and 1,426 confirmed malaria cases were treated with appropriate anti-malaria medicines in accordance with national malaria treatment guidelines by skilled personnel. Moreover, about 1,560 diarrhoea cases were treated with oral rehydration salt (ORS) and Zinc tablets and 556 pneumonia cases of children under five were treated with appropriate antibiotics.
- With this funding, life-saving medicines and health supplies including 10,000 long lasting insecticidal net (LLIN) were made available in Sittwe and other five townships in Rakhine State. All LLINs were distributed to affected families in six townships based on ratio of affected families living in camps of those townships. The number of LLINs provided to families in different townships is as follows:
  4,660 LLINs to Sittwe, 3,400 LLINs to Pauktaw, 800 LLINs each to Myebon and Minbya, 240 LLINs to Mrauk U and 100 LLINs to Kyauktaw.
- A total of 40,719 IDPs accessed health education sessions about prevention of communicable diseases including hygiene and sanitation and early and correct treatment seeking behaviour with appropriate IEC materials and practice of reporting abnormal occurrence of communicable diseases such as malaria and dengue for mitigation of risks for disease outbreaks during reported period.
- A total of 31 severely ill patients received referral supports from IDP camps to Sittwe General Hospital during the reporting period.
  (NB: Numbers are sequential to 12-CEF-097 and thus avoid 'double counting' of beneficiaries)

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Confirmed malaria cases are higher than expected even in the midway of the project as the reporting period coincided with second peak of malaria season.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):NA

If 'NO' (or if GM score is 1 or 0):
Both women and men have benefited from this project. 60% of the project beneficiaries were women. UNICEF partners provided life- saving curative and preventative services to all the age groups from the affected and the host communities. The project implementation data collected by UNICEF partner was disaggregated by gender and age groups.

MHAA reached more IDPs and more camps than originally expected and also covered some host communities . At the time of project implementation, it was the only organization on ground providing health services, The results mentioned were achieved through part funding by CERF and support provided by other partners.

14. M&E: Has this project been evaluated? YES ☐ NO ☒

If yes, please describe relevant key findings here and attach evaluation report or provide URL: NA

The implementing partner conducted field, monitoring/supervisory visits. They produced field reports and submitted monthly report to UNICEF. They submitted to UNICEF project progress activities and funding status.

UNICEF staff undertook field supervision on a regular basis. Joint supervisory visit with the implementing partners were also conducted on a regular basis.

A joint evaluation workshop with UNFPA, WHO and UNICEF was conducted in Sittwe on 25 July 2013. The key findings of the workshop are:

1. Workshop participants (stakeholders) agreed that the CERF project was relevant, efficient, effective, has contributed to outcomes, has sustainability (to some extent), has complimented to overall humanitarian response programme (health), has proper coordination and cooperation among health cluster and with other clusters to provide humanitarian assistance to affected population in Rakhine State.
2. Targets were achieved beyond planned targets for all implementing partners.
3. Because of the preventive and curative measures supported by CERF project, prevalence rate of infectious disease like diarrhoea and positivity rate of malaria reduced.
4. Infrastructure of the clinics was found not in good shape, not enough space, and not convenient for both service providers as well as the clients. However, the staff was providing services properly to the clients and clients were found to be satisfied with the services received.
5. There was insufficient staff in the clinic to provide Health Education and awareness sessions.
6. Uncertain security situation limited agencies visits to the camps.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**WHO**	5. CERF Grant Period:	04/12/2012 - 03/06/2013
2. CERF project code:	**12-WHO-080**	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project Title:	Addressing Priority Health Needs of the IDP Population in 9 affected Townships in Rakhine		
7.Funding	*a. Total project budget:*		US$ 5,800,000 (overall funding requirements for the health sector included in the revised Rakhine response plan)
	b. Total funding received for the project:		US$ 315,108
	c. Amount received from CERF:		US$ 140,108

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	18,700	20,650	
b. Male	17,300	18,200	
c. Total individuals (female + male):	36,000	38,850	
d. Of total, children under 5	1,500	1,650	

9. Original project objective from approved CERF proposal

To reduce avoidable additional deaths and alleviate the suffering by addressing the major health risk factors that arise in the aftermath of the disturbances in eight affected townships in Rakhine State and provide emergency health care services, including disease surveillance and disease outbreak response.

10. Original expected outcomes from approved CERF proposal

The overall expected result will be reduced avoidable morbidity and mortality of the affected population. From above strategic interventions, the expected results are:

- Improved access to emergency care and basic health services at health facilities and mobile outreach teams;
- Strengthen disease surveillance and dissemination of health information for action;
- Effective outbreak response and disease control interventions.

11. Actual outcomes achieved with CERF funds

Continued provision of emergency health care and strengthening of health services

- 6 units of Supplementary Interagency Emergency Health Kits (IEHK) for emergency and trauma care , 4 unit of Diarrhoea kit and 800 Long Lasting Insecticide Treated Nets were distributed to mobile teams through State health Department and Township health Departments..
- 7 Health Assistants (HA) from Myanmar Health Assistant Association were recruited and deployed in Sittwe, Mrauk-U, Kyauktaw, Minbya, Myebon and Pauktaw Township.
- HAs provided basic primary health care services with mobile medical teams at 2 IDP camps in Sittwe, 5 in Kyauktaw, 1 in Minbya, 2 in Myebon and 5 in Pauktaw Townships.
- Total of 38850 IDPs were treated as out-patients including 1650 children for nutritional assessment.
- 200 acutely ill patients and high risk pregnant women were referred to Sittwe General Hospital and financially supported.

Continued prevention and control of communicable diseases and disease surveillance to detect and respond rapidly to outbreaks include

- Health Assistants provided disease surveillance and prevention of communicable outbreaks at 2 IDP camps in Sittwe, 5 in Kyauktaw, 1 in Minbya, 2 in Myebon and 5 in Pauktaw Townships.
- Because of effective control measures for outbreak prone diseases , there were no major disease outbreaks like cholera, measles, DHF and malaria since June 2012 till now".
- One National Technical staff was recruited to support State Health Department for disease surveillance and to coordinate among health partners in Rakhine State.
- National technical staff supported EWARS from State Health Department by daily surveillance data collection, summarizing , analyzing and interpreting collected and if required report to SHD and implement actions immediately.
- Continuing Disease surveillance system was established monitoring the disease trends, regular reporting and disseminate information to all partners.
- Biweekly health cluster coordination meetings were held at Sittwe regularly.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

WHO supported emergency medicines and drugs for treatment of diarrhoea, mobile medical teams. Mobile medical teams covered all male and female IDPs and children in the camps so that they would all benefit equally .

Beneficiaries include women of reproductive age group and their spouses. All received information to raise awareness on reproductive health equally.

14. M&E: Has this project been evaluated? YES ☐ NO ☒

Monitoring:

- Throughout the project period, monitoring of implementing partners and their activities were regularly undertaken by Field Health Coordinator by means of frequent visit to camps, reporting and direct communication with Yangon WHO Office.

- National focal for EHA frequently travelled to Sittwe and visited IDP camps to monitor and supervise the activities.

- A Joint evaluation workshop together with (UNFPA,UNICEF) for CERF funded activities was conducted on 25 July 2013 and effectiveness, efficiency, contribution to outcomes and sustainability of activities were evaluated.

- Strengths and weakness of implementing partner were also evaluated and recommendations were made for future improvement.

The main findings from the evaluation workshop were:

1. Workshop participants (stakeholders) agreed that the CERF project was relevant, efficient, effective, has contributed to outcomes, has sustainability (to some extent), has complimented to overall humanitarian response programme (health), has proper coordination and cooperation among health cluster and with other clusters to provide humanitarian assistance to affected population in Rakhine State.
2. Targets were achieved beyond planned targets for all implementing partners.
3. Because of the preventive and curative measures supported by CERF project, prevalence rate of infectious disease like diarrhoea and positivity rate of malaria reduced.
4. Infrastructure of the clinics was found not in good shape, not enough space, and not convenient for both service providers as well as the clients. However, the staff was providing services properly to the clients and clients were found to be satisfied with the services received.
5. There was insufficient staff in the clinic to provide Health Education and awareness sessions.
6. Uncertain security situation limited agencies visits to the camps.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNFPA**	5. CERF Grant Period:	04/12/2012 - 03/08/2013
2. CERF project code:	**12-FPA-045**	6. Status of CERF grant:	☐
3. Cluster/Sector:	Health		☒Concluded
4. Project Title:	Addressing Priority Health Needs of the IDP Population in 9 affected townships in Rakhine		

7.Funding	*a. Total project budget:*	US$ 5,800,000 (overall funding requirements for the health sector included in the revised Rakhine response plan)
	b. Total funding received for the project:	US$ 440,696
	c. Amount received from CERF:	US$ 282,842

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	18,700	21,515	UNFPA proposal was part of joint WHO, UNFPA, UNICEF project. Planned beneficiaries mentioned here (in planned column) are combined beneficiaries for WHO, UNICEF and UNFPA. UNFPA focused on reproductive health thus it has fewer male beneficiaries than female beneficiaries.
b. Male	17,300	160	
c. Total individuals (female + male):	36,000	21,675	
d. Of total, children under 5	N/A	N/A	

9. Original project objective from approved CERF proposal

To reduce avoidable deaths and suffering that arise in the aftermath of recent unrest in eight townships of Rakhine State by providing health care services, with a focus on reproductive health, to affected populations through a coordinated approach.

10. Original expected outcomes from approved CERF proposal

- Improved access and utilization of reproductive health services by affected communities through ensuring supplies for Reproductive Health Services in all nine affected townships.
- Humanitarian actors, including health service providers of public and private sectors received MISP in order to understand and apply the knowledge when addressing lifesaving RH and GBV needs of the affected populations (target – humanitarian actors from 80 per cent of agencies and local CBOs working in affected areas).
- Effective coordination among relevant humanitarian agencies to address the essential SRH (including GBV) needs of the affected population, in order to avoid gaps and overlaps.

11. Actual outcomes achieved with CERF funds

In collaboration with State Health Department and Social Welfare Department, MRCS, Implementing Partner of UNFPA organised the "Orientation and Sensitization Training on MISP for Reproductive Health in Crisis Situation" in 10 Townships (Sittwe, Kyauk Taw, Mrauk U, Mun Bya, Buthidaung, Rathedaung, Kyauk Phyu, Yan Bye, Pauk Taw and Mye Pon) in Rakhine State. Two days sensitization trainings covers topics such as Overviews of MISP intervention in crisis situation, Coordination mechanisms of the MISP in crisis situation, Prevent and manage the consequences of Sexual Based Violence, Maternal and newborn health in crisis and post-crisis situation, Safe motherhood and family planning, Preventing HIV/STIs in crisis situation, Ordering reproductive health kits. Total **480 participants (160 male and 320 female)** benefited from these training. Staff from local government

departments and NGOs received MISP in order to understand and apply the knowledge when addressing crisis situation. Additionally in order to sensitize humanitarian partners and government officers at central level (who are also involved responding to Rakhine Response), MRCS conducted two trainings in Yangon and Nay Pyi Taw. In addition to that training, MRCS organised the MISP training MISP Orientation and Sensitization Training for State & Region (2 Days Training). 65 participants (25 male and 40 female) benefited from these training.

16,695 female beneficiaries benefited through distribution of 269 different reproductive Health kits and other supplies to 10 Township health departments in townships (Sittwe, Minbya, Myebon, Kyauk Taw, Pauk Taw, Mrauk U, Ramree, Buthidaung, Rathedaung, and Kyauk Phyu), Dar Paing Hospital in Sittwe, Myanmar Medical Association Mobile and Static Clinics operating in Sittwe, and MSF-H Pauk taw mobile clinics. With these supplies government and NGOs medical teams were able provide services such as antenatal care, post natal care, post-abortion care, surgical operations for complicated deliveries, Family Planning, treatment for Sexually Transmitted Infections (STI), and treatment for Gynaecological disorders.

4500 women benefited through distribution of 4500 dignity kits through MSF-H, Township Health Departments, AFXB (NGO providing services to women operating women friendly spaces in 6 IDP camps, UNHCR, Save the children and DRC.

UNFPA together with representatives from Ministry of Social Welfare and Ministry of Health conducted joint monitoring visit to Sittwe, Kyauk Taw, Mrauk U, Minbya, Kyauk Phyu, Rathedaung and Buthidaung Townships. Team met government officials, visited townships hospitals and IDP camps in order to assess the situation, identify gaps and guide townships health staff in order to continue providing reproductive health services. UNFPA team based in Sittwe also conducted regular monitoring visits to IDP camps and provided technical support to government health staff and humanitarian agencies.

UNFPA Field office in Sittwe was supported by deployment of its Country Office staff and field coordinators. UNFPA team through its office in Sittwe (Rakhine State) provided technical support to state health directorate and humanitarian partners. UNFPA provided coordination support for reproductive health services through its field coordinator based in Sittwe (Rakhine State).

UNFPA's no cost extension was approved by CERF to extend monitoring and evaluation activities. During the no-cost extension period UNFPA continued to provide technical and coordination support, monitoring visits. During no-cost extension period, UNFPA together with CERF participating health agencies (WHO and UNICEF) and their implementing partners organized evaluation workshop.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0):

The project has been targeted to address reproductive health needs of men and women addressed gender equality. Women's health issues are addressed in this project which helped improve gender equality.

14. M&E: Has this project been evaluated? YES ☐ NO ☒

If yes, please describe relevant key findings here and attach evaluation report or provide URL**:**

UNFPA received a two month no cost extension to enable it to organise a project evaluation workshop to review the outcome of the project. The joint Project Evaluation workshop was conducted on 25th July 2013 at Sittwe, Rakhine State, participated by 35 participants from Rakhine State Government, Department of Health (Nay Pyi Taw), Rakhine State Health Department, WHO, UNICEF, UNFPA and the implementing partner agencies including MHAA, MMA, MRCS, MNMA and AFXB.

Workshop was started with opening remarks from State Health Minister followed by Project implementation presentations. Three groups were formed (among participants) to discuss and evaluate the humanitarian health response including CERF. All three groups agreed that the CERF project is relevance, efficient, effective, and has contribution to outcomes. Project was sustainable to some extent since it is complemented by other funds and projects. Group also agreed that project has complimented to overall humanitarian response programme (health). Project also received coordination and cooperation among health cluster and with

other clusters for better benefits of the IDPs in Rakhine State.

Recommendations made and agreed by all participants were:

- To improve the skills of the service providers, Continuous Medical Education (CME) including “health information system”, “report writing”, “Communication skills”, “MoH protocol and guidelines on SRH services & management of GBV, disease control & updated WHO guidelines”, “MISP for SRH in Crises”, “First Aid”, “Counselling& Psychosocial support” and other essential courses to be organized for the staff on regular basis, and apply & share the knowledge in the implementation,

- To strengthen communication with different levels in the organization, with other health partners and with other clusters like “Protection” Food & Nutrition”, “Camp management”, “WASH”,

- To strengthen information sharing with other stakeholders to plan for more coverage, and to avoid overlapping and duplication of the programme/ activities,

- To establish networking among MMA, MHAA and MNMA for effective identification of high risks cases and timely & effective referral system,

- To strengthen agencies and camp management team for effective referral support including transportation and security for the patients and the staff,

- To coordinate among agencies and the camp management for effective use of existing (un-used) shelters/ infrastructure for mobile clinics in the camps,

- To advocate and coordinate with local health authority, UNICEF, WHO and UNFPA to increase coverage of health care in the camps and to get adequate essential medicine and supplies for the quality service provision,

- To provide training for multi-purpose volunteers with integrated approach by all Local and International NGOs,

- To strengthen health education and promotion activities to all sites and to promote peer education for sustainability of the programme,

- To develop IEC material that would be relevant/ appropriate to local communities, (both literate and illiterate community),

- To increase manpower (for MMA) to provide effective health services including health awareness raising and education in camps and to manage for equal division of labour among staffs.

Limitations:

It is not possible to evaluate the project completely in a one-day workshop since schedule was tight and time was short to collect all information. In addition, this report covers mainly the outputs from the workshop and no time to conduct complete evaluation.

PART 2: CERF EMERGENCY RESPONSE – MULTIPLE EMERGENCIES (UNDERFUNDED ROUND II 2011)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response:		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	1,990,385
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	1,455,021
	OTHER (Bilateral/Multilateral)	78,878,806
	TOTAL	82,324,212

TABLE 2: CERF EMERGENCY FUNDING BY AGENCY (US$)			
Allocation 1 – Date of Official Submission: 29 August 2011			
Agency	**Project Code**	**Cluster/Sector**	**Amount**
WFP	11-WFP-058	Food	649,968
UNFPA	11-FPA-043	Health	163,499
WHO	11-WHO-055	Health	169,595
UNICEF	11-CEF-050	Health and Nutrition	307,339
FAO	11-FAO-034	Agriculture	380,000
UNDP	11-UDP-008	Agriculture	319,984
Sub-total CERF Allocation			1,990,385
TOTAL			**1,990,385**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of Implementation Modality	**Amount**
Direct UN agencies/IOM implementation	1,709,339
Funds forwarded to NGOs for implementation	281,046
Funds forwarded to government partners	
TOTAL	1,990,385

Rakhine State borders Bangladesh and is geographically separated from the rest of Myanmar by mountains and rivers. Of the total population of Northern Rakhine State –940,000 – about 85 per cent is Muslim out of which most are 'stateless'. Rakhine State is one of

the least developed parts of Myanmar and has high population density, malnutrition, low income poverty and poor infrastructure. Northern Rakhine State ranks below the national averages in most demographic and socio-economic indicators. This area is also prone to natural disasters, such as floods, cyclones and mudslides that block access to towns and villages. Seasonal hazards pose serious challenges to an already vulnerable population during at least six months every year. Two significant disasters in 2010[6] further worsened the situation in the area causing considerable damage to life, livelihoods and physical infrastructure. Those two emergencies prompted international response across several sectors. Despite the concerted efforts of humanitarian agencies over the last decade, the nutrition situation of women and children remains critical. The combination of poor food security, sanitary conditions, infant and child care practices and weak health services remain fundamental in the continuation of this precarious situation.

FOCUS AREAS AND PRIORITIZATION

A series of comprehensive assessments were undertaken by the recipient agencies and their partners. Access to up-to-date data is a challenge in Myanmar where assessments have been carried out with a requirement of Government clearance and endorsement by authorities. The following assessments were used by agencies to form response strategies:

- Food security assessment conducted in October 2010 by WFP and partners;
- Food basket bulletin covering the period January to March 2011;
- Food survey of February 2011;
- Nutrition Survey 2010 conducted by UNHCR and UNICEF;
- Myanmar Health Statistics of 2010 (Government data);
- Assessment of ACF on malnutrition (2010-2011).

According to the 2010 Integrated Household Living Conditions Assessment (IHLCA) report, Rakhine State had the second highest poverty index within Myanmar (44 percent–against25 percent countrywide). The October 2010 food security assessment in Northern Rakhine State (NRS)indicated that the food security situation worsened in 2009. Food insecurity is directly linked to the poor nutritional status of the population. The 2009 FAO/WFP crop and food security assessment indicated that 25 per cent of the population in NRS suffered from GAM of 61 per cent of children under age 5 in NRS were moderately underweight (59 per cent in rural areas and 80 per cent in urban areas) and 27 per cent were severely underweight (10 per cent in rural and 41 per cent in urban areas). Government and UNICEF nutrition surveillance statistics in NRS further confirm significant child under-nutrition (13-15 per cent) and GAM prevalence in some of the most vulnerable areas of 20 per cent, above the WHO GAM (>15 per cent) for critical situations where therapeutic and supplementary feeding were recommended.

Isolation, geographical conditions, travel restrictions imposed by the authorities and socio-cultural barriers, including poor knowledge on Reproductive Health (RH) care practices[7]all affected the health situation of the population across Rakhine. Salient findings of the Reproductive Health Assessment conducted by UNFPA and UNHCR in 2006 shows that ante natal coverage is only 7-22 per cent (Myanmar- 64.6 per cent), lack of routine screening for anaemia as well as limited coverage of tetanus immunization, only 2-3 per cent of deliveries were conducted in health facilities, while remaining 96.5 per cent deliver at home (Myanmar–76 per cent), total fertility rate in NRS is more than six children per woman on an average (other part of Myanmar is 2.03 children per women – FRHS, 2007), and under-five mortality rate in NRS is 135/ 1000 (Buthidaung) and 224/1000 (Maungdaw) (Myanmar- 66/1000).

Accordingly, all the CERF-funded projects focused on the three Northern-most townships of Rakhine State, except for UNDP which also assisted some townships in Eastern Rakhine in areas previously affected by cyclone Giri.

WFP's food assistance was provided to highly food-insecure people during the lean season in areas that have been prone to natural disasters – for instance where floods, cyclones and mudslides block access to towns and villages and pose serious challenges to an already vulnerable population. WFP implemented in three townships of Northern Rakhine State: Maungdaw, Buthidaung and Rathedaung.

For FAO, the CERF project was designed to improve the nutrition, food security and livelihoods of marginalized landless, female-headed and/or otherwise vulnerable households and to enhance their position within the existing rural agrarian livelihood structures for dry season (year 2011/12). The project took into account community diversity, cultural constraints and gender-based livelihood roles, while providing agriculture inputs for diverse food security and livelihood interventions that included activities suitable for males and females of all age groups. Vulnerable households were supplied with inputs for planting summer rice, cowpea and ground nuts and vegetables. Access to land was either given for free or rented with a proportion of the eventual harvest. All

[6]June 2010 flood and mudslides in Northern Rakhine and October 2010 cyclone Giri in Eastern Rakhine.

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

interventions provided direct food security and enhanced nutritional status –particularly through vegetables and pulses cultivation– and provided opportunity for cash income from the sale of surplus production. Above all, restoring food production capacity was essential to improve nutrition and food security within a short time span, mitigating or averting loss of life and physical harm. The project covered 4000 households in Maungdaw, Buthidaung, and Rathedaung Townships.

UNICEF considered population data and levels of acute nutrition to plan their Nutrition intervention in coordination with implementing partners. This exercise identified Buthidaung and Maungdaw townships as two of the most vulnerable areas of the country, due to access and hardship levels. Despite the concerted efforts over the last decade, the nutrition situation of women and children remains critical. The combination of poor food security, sanitary conditions, infant and child care practices and weak health services have been contributing factors. The GAM levels were recorded as high as 20 per cent with 2-3 per cent of children severely malnourished, which exceed WHO's classification for a critical situation (>15 per cent) where therapeutic feeding and supplementary feeding should be indicated. Together, these figures demanded urgent nutrition interventions in support of vulnerable children to prevent acute malnutrition and mortality. UNICEF partnered with ACF as they have an ongoing nutrition support programme in this geographical area.

For UNDP, CERF funds provided immediate assistance to the most disadvantaged segments of the communities, such as landless labourers, women-headed households, children, subsistence fishermen, economically inactive older persons, persons with disability for improving food security through distribution of small livestock (poultry, goats and ducks). Distribution of small livestock particularly chickens (layers), laying ducks and pregnant/lactating does (she goats) provided eggs, goat milk and meat to the beneficiary households as important sources of supplementary nutrients, such as protein and calcium. UNDP had presence in each of the six townships covered by this CERF funding and has been implementing a large number of activities related to food security and livelihoods. This CERF fund helped to fill funding gaps and to address urgent life-saving needs of the poor communities.

Other agencies targeted beneficiaries based on a revision of reproductive health key indicators, considerations of the prevailing basic healthcare system situation (medical equipment, supplies and human resources), poor accessibility to hospitals and referral services because of geography, lack of regular transport facilities and economic factors. Furthermore, estimates by WHO of 15 per cent of the pregnancies in NRS were at high risk of complications, Ante-Natal Care (ANC) is limited, the fertility rate is elevated and almost all deliveries take place at home.

III. CERF PROCESS

The process for the Underfunded Emergency Round II CERF grant application in Myanmar was developed through a consultative process among humanitarian partners. Following brief description of the timeframe and process:

On 29 June 2011, the USG/ERC Valerie Amos sent a letter to the RC/HC a.i. in which she indicated that Myanmar was under consideration to receive an allocation from Cerf's Underfunded Emergencies window. The USG/ERC also indicated that prior to making a final decision on an envelope of no more than $2 million, the HCT would need to submit a brief strategy paper, outlining an overall approach for the allocation including a prioritization of activities by 30 July. The USG/ERC also indicated her wish to receive an update on the implementation of the first allocation from the Underfunded Emergencies window which was granted at the beginning of the year for several locations in the country.

On 30 June, OCHA convened an inter-sector meeting during which the CERF process was presented as well as the terms proposed by the USG/ERC. Lead agencies requested to consult with partners and identify priorities within their sector working groups. The relevant CERF guidelines and Life Saving Criteria shared and discussed. On 5 July, the RC/HC a.i. confirmed to the USG/ERC that, after consultations with the HCT, Myanmar would submit an application.

On 8 July a meeting with lead agencies and HCT representatives was convened to discuss and agree upon the prioritisation of geographical area and sectors. Participants were requested to consult once again with partners and UN recipient agencies of the CERF Underfunded Emergency Round I were requested to provide a brief update on the implementation of projects. The participants included ACF, FAO, IOM, OCHA, UN-Habitat, UNDP, UNHCR, UNICEF, WFP, WHO, UNFPA. Due to the absence of the NGO Liaison and of several other HCT members, OCHA met the NGO Forum on 11 July to communicate the recommendations of the CERF working group. There were no objections to the prioritisation.

On 26 July, a meeting with the CERF Working Group was convened to finalise the strategy and agree on the sector envelopes.

On 29 July, the RC/HC a.i. submitted the strategic paper to the USG/ERC. The strategy recommended that priority should be given to life-saving activities in Rakhine State, in view of the acute needs, especially in the food security, nutrition and health sectors, as well as new opportunities for engagement with the recently appointed state authorities in Rakhine.

On 1 August, the USG/ERC confirmed that the strategy and envelope submitted by the HCT for activities in Northern Rakhine State. The submission deadline was fixed for 29 August.

On 2 August, OCHA circulated the relevant templates and guidelines, stressing the need to ensure the respect of the life -saving criteria.

It was the understanding of OCHA and of the RC/HC a.i. that due to the limited presence of organizations in Rakhine State and in particular in Northern Rakhine State, sector consultations would be performed primarily with existing partners on the ground. Several UN agencies have identified partners who will support the implementation of the activities outlined in each project proposal.

For the food sector, WFP held discussions in each village to outline the objectives of the project and ensure that selection criteria were well understood and accepted by the community. Food management committees were created during that process and entail the full contribution and participation of the community who will support the distributions at the village level. FAO has identified an NGO to support the implementation of the project after consultations with partners. With regards to nutrition, UNICEF will work in collaboration with ACF. The Health sector has identified local partners as well as Government counterparts to implement the projects.

Gender equality mechanisms were ensured by agencies, such as WFP. In its activities women participation was encouraged and their needs were taken into consideration. In addition to the food basket consisting of rice, pulses, oil and salt, pregnant and lactating women as well as children under age 5received fortified blended food as a nutritional supplement in view of concerns over high malnutrition rate.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

***Total number of individuals affected by the crisis**: a total of 1,655,013 individuals (please refer to footnote)*

	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Food	40,038	19,577	59,615
	Health	413,853	375,510	789,363
	Health-Nutrition	1,737	1,033	2,770
	Agriculture	31,452	29,400	60,852

For the food sector, WFP provided food assistance to highly food-insecure people in NRS during the lean season. The agency focused on areas that ranked below the national average in demographic and socio-economic indicators, and had the highest moderate malnutrition rates. The number of beneficiaries reached has been extracted from monthly distribution reports.

For the agriculture sector, CERF funding allowed for timely distribution of agricultural inputs enabling the target population to meet their needs for the dry season cropping (from October 2011 to May 2012). The project was implemented with complementarily resources allocated for the "Environmentally Sustainable Food Security Programme" (ESFSP: GCP/MYA/010, 011 and 012/ITA) and "Enhancing Human Security in NRS, Myanmar" (UNJP/MYA/014/UNO).The number of beneficiaries was established on the basis of the available budget and proposed interventions. It has to be pointed out that only a minor percentage of the population in need could be covered with the project limited budget. Beneficiaries were selected in accordance to the established criteria set in the Letter of Agreement signed with the implementing partner "Association of Volunteers in International Service" (AVSI). Lists of beneficiaries, provided by AVSI, include detailed information such as name of beneficiary, number of family members, occupation, and vulnerability status. No major challenges were met in reaching the planned beneficiaries. A total of 4,000 households–52 per cent of which were women and with 7 per cent women-headed households–were supported in crop production as detailed below:

- 60 MT of rice seed were distributed to 2,000 households. The locally improved High Yielding Variety (HYV) "Theedatyin"

was distributed as the most suitable variety for summer paddy cropping due to its short maturing cycle (115 days).

- 25 MT of cowpea seed were delivered to 1,000 households.
- 20 MT of ground nut seeds were distributed to 1,000 households.
- 4,000 packages consisting of six different types of vegetable seeds (chilli, radish, okra, yard-long bean, eggplant, and bitter gourd) were distributed to 4,000 households for home gardening to improve the nutritional intake and as a cash crop from selling the surplus production after the household consumption.
- 100 MT of fertilizer was delivered to 4,000 households.
- 1,000 litres of Neem bio-pesticide were distributed to 4,000 households.

At the time of distribution training was provided to all beneficiaries on basic agro-techniques, including proper use of the inputs provided. The distribution of seeds, fertilizers and bio-pesticides responded to the critical need of inputs just before the main cropping season, greatly improving the food security in the area. The beneficiaries could also benefit from a more balanced diet and were able to generate additional income and cash.

For the nutrition sector, through this CERF support, UNICEF assisted ACF to admit and treat 3,590 children under age 5 (1,339 male and 2,251 female) in their Therapeutic Feeding Programme from November 2011 to June 2012. Among these SAM cases, 2,770 were supported by CERF (1,033 male and 1,737 female).Performance standards were as follow: cured rate – 70.3 per cent, defaulter rate – 8.3 per cent, death rate – 0.2 per cent, non-responder rate – 16.6 per cent.

Implementation of activities under the CERF funding started on 1 November 2011 and was completed on 30 June 2012. Given that additional donors funded ACF's programme, the number of children reached by CERF funding is extracted from total reached.ACF implements several interventions, based on its regular nutritional screening of children through MUAC, the measuring of the Mid Upper Arm Circumference in children under age 5. Mother Participation Centre was established to provide mothers with basic parenting skills when the child seems to enter nutritional danger zone, Supplementary Feeding Centres for MAM children and Therapeutic Feeding Programme for SAM. The therapeutic feeding was monitored by ACF and UNICEF staff.

For the health sector, an assessment was conducted by health sector partners and activities were prioritized by Ministry of Health with the support of partners. The overall aim of health response was to prevent disease outbreaks and to revitalize health services to avoid morbidity and mortality in the remote and hard to reach areas of the affected townships.

The prioritized activities were life-saving emergency medical care through fixed and mobile clinics including quality diagnosis and standard treatment of malaria, referral services, strengthening of disease surveillance and training of voluntary health workers. The project also assisted in focused vaccination programme to protect the population from outbreak of vaccine preventable disease and conducted Expanded Program of Immunization Plus (EPI plus) integrated delivery of high-impact interventions for maternal and child health such as antenatal care, supplementation of iron, folic acid, Vitamin A and B1, as well as distribution of clean delivery kits.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned	Estimated Reached
Female	473,813	430,045
Male	432,578	413,206
Total individuals (Female and male)	**906,391**	**843,251**
Of total, children under 5	107,364	107,403

With CERF funding, WFP distributed 726 MT of rice to 59,615 beneficiaries in three townships of Northern Rakhine State (NRS) in one months' time.

For FAO, 4,000 households consisting of 28,254 individuals (13,427 male and 14,827 female), including 4,710 children under age 5, improved their food security status. Summer rice was cropped in 2,000 acres of land and 2,000 small and marginal farmers have produced MT 3,320 of paddy, providing at least 202 days of rice consumption per household. Due to proper technology application and usage of appropriate inputs including good quality seed distributed by the project, the yield was higher than anticipated. Pulses were planted in 3,000 acres by 1,000 landless and marginal farmers and MT 1,270 of cowpea have been produced. Excluding self-

consumption, 4,000 small vegetable gardens were established giving approximately $ 250 per household (HH) of income in four months, delivering improved food security and better nutritional status to 4,000 households. One thousand landless and marginal farmers produced MT 356 of ground nuts in 440 acres.

For UNICEF, target beneficiaries for this project were 2,770 severe acute malnourished children under age5. After completion of the project, 100 per cent of targeted beneficiaries were reached with therapeutic feeding programme.

For UNDP, the project has achieved the three major outcomes which were envisaged in the proposal. 910 households from NRS received pregnant/lactating goats and started rearing goats for improved nutrition. 3,357 households received four layer chickens and one cock each, and have started raising poultry mainly for consumption of eggs and meat, and for cash income to supplement daily living costs. 1,166 landless and most vulnerable households from Cyclone Giri affected areas of Easter Rakhine State received four female and one male ducks each and have started raising ducks for improved food security.

CERF's added value

For the food sector, CERF funds provided assistance to the most vulnerable groups to improve their household food security by bridging a six month food gap during the lean season.

For agriculture, the CERF funding helped address the seasonal needs of farming population, increased availability of food production within a short time frame, and improved nutritional status of beneficiaries through the availability of vegetables and pulses. Additionally, the improved technological knowledge and availability of improved seed and inputs will be applied in future cropping and shared amongst farmers. This effect would help improve the future yields.

Furthermore, CERF support helped the vulnerable households for achieving improved food security and nutrition. The landless poor and most vulnerable households have started consuming goat milk, meat (chicken and ducks) and eggs as important sources of supplementary nutrients such as protein and calcium.

For health and nutrition, an additional 2,770 under-5-aged children's lives were possibly saved with 63 per cent of female children treated.

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

The CERF fund targeted a critical gap in funding to respond to the life-saving needs of the communities in Northern as well as Cyclone Giri affected Eastern Rakhine areas. CERF funds were immediately directed to fill an entire month of food for the general food distribution covering key needs during the lean season. All agricultural inputs were delivered at the right time to ensure that farmers were able to make full use of them during the planting season supporting future needs. The CERF also allowed timely importation of therapeutic food for those that needed it most. UNDP strategic outreach lent to immediate targeting and delivery of assistance to support the target communities within three months of the given timeline.

b) Did CERF funds help respond to time critical needs[8]?
YES ☒ PARTIALLY ☐ NO ☐

As the landless and most vulnerable communities who were affected by Northern Rakhine State flood and cyclone Giri were under desperate need of supports for food security, the CERF allocation helped such vulnerable communities to improve food security through consumption of supplementary nutrients, such as protein and calcium. CERF funds supported these highly vulnerable people during the lean season and hunger period. Food assistance mitigated increased number of people turning to negative coping mechanisms, such as borrowing, and contributed toward improvements in nutrition rates. The fund bridged the critical time period and stabilized the situation in this vulnerable area. The timely delivery of seeds, fertilizers and organic pesticides allowed the beneficiaries to catch the winter cropping season. The CERF fund also supported life-saving interventions for the treatment of acute malnourished under-5-agedchildren.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

[8]Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).

Most agencies were able to extend project activities through multiple funding sources to assure a phased and joint response. For instance, WFP was also supported financially by Japan, Australia, European Commission and Canada. UNDP, through its Community Development for Remote Townships project, had already provided support for implementing various interventions related to agriculture, livestock, environment, WASH and shelter for food security and livelihoods improvement of the poor and most vulnerable communities in Rakhine State, including six targeted townships under this CERF proposal. Implementing partners also contributed to covering project cost through independent fund-raising.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

For all four sectors actively coordinated, during CERF related assessment, implementation and monitoring periods. Coordination was established between lead agencies, implementing partners, local authorities and community as a vital part of the project, particularly at the township level. The HCT agreed to priority sectors including food/ food security, nutrition and health. Intensive coordination took place on the ground between UNDP and FAO to avoid duplication between interventions. Monthly coordination meetings were organized to discuss progress and challenges by sector. OCHA supported agencies to share information on progress and report back to CERF on achievements.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible
FAO: It is important that CERF projects, aiming at the support of agricultural activities are linked to the cropping calendar and therefore sufficient time is provided for their timely implementation.	CERF contribution aiming at the support and rehabilitation of agricultural production should consider the limitations posed by the agricultural calendar and its high seasonality. As a result, contributions should be closely planned and in line with the agricultural calendar and ensuring timely support to farmers.	CERF secretariat
UNICEF: Pre-existing partnerships help in an effective response. However, caring practices especially focussing on IYCF for prevention of acute malnutrition at community level can be further strengthened in collaboration with partners.	Pre-existing partnerships support trusting and effective projects that can scale up to respond to needs with ease.	All agencies
UNDP and FAO: Only a portion of the target population was supported – greater investment would have archived more gains.	The output would become more prominent if we could provide more support.	CERF secretariat and donors

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible
Implementing partners were very limited in administrative costing, which can be difficult for small national NGOs to function.	Consider covering greater administrative costs for small local NGOs with minimal capacity [but implement in the hardest to reach areas].	CERF secretariat and donors
By providing the technical assistance through trained Extension Workers the communities' knowledge and skill on livestock rising improved.	Using trained professional trainings, such as the Livestock Extension Workers Trainings can more effectively in providing technical assistance to the communities.	All agencies
Active coordination and participation of line department supports better working relationships.	Improvement on coordination with concern line departments (for instance agriculture, livestock, etc.) is in progress. It will improve in future as they are willing to provide technical inputs to the community linking with project.	Line department, project, community based organization (CBO) and

		resource persons
It is better to support the locally adaptable livestock breeds rather than bringing the new breeds from outside without testing.	Government line department and other organizations should try to introduce improved breeds for experimentation and once found better than the local, should be distributed in wider scale. Emergency interventions should use time tested breeds.	Government and all agencies

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	**WFP**	5. CERF Grant Period:	26/09/2011 – 30/06/2012
2. CERF project code:	**11-WFP-058**	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Food		☒ Concluded
4. Project Title:	Protracted Relief and Recovery Operation 200032 Relief food assistance to highly vulnerable households in Northern Rakhine State		
7.Funding	*a. Total project budget:*		US$ 6,419,448
	b. Total funding received for the project:		US$ 5,769,480
	c. Amount received from CERF:		US$ 649, 968

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	31,200	40,038	
b. Male	28,800	19,577	
c. Total individuals (female + male):	60,000	59,615	
d. Of total, children under 5	7,200	7,153	

9. Original project objective from approved CERF proposal

To improve the food security of the most vulnerable households in Northern Rakhine State by bridging the food gap during the most critical period of the year

10. Original expected outcomes from approved CERF proposal

Improved food consumption over assistance period for targeted households

11. Actual outcomes achieved with CERF funds

59,165 beneficiaries received relief food assistance for one month and 726 MT of rice was distributed in three townships. As reported previously, the purchased amount of rice is less than what was indicated in the proposal (985 MT) as the price increased from $430 (at the time of proposal) to $505 per metric ton (at time of purchase).

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

WFP includes gender equality mechanisms in its activities to ensure that women participate in activities and that their needs are taken into consideration. The programme concentrated on highly food-insecure people, especially women, children, elderly people, orphans and handicapped people.	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
Monitoring: WFP's monitoring activity in NRS is conducted by Field Monitoring Assistants based in Maungdaw Sub-Office. Findings of monitoring are shared with Country Office in Yangon for further analysis.	

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNFPA**	5. CERF Grant Period:	01/10/ 2011 - 30/06/2012
2. CERF project code:	**11-FPA-043**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Health		☒Concluded
4. Project Title:	Provision of live saving reproductive health services in Northern Rakhine State		

7.Funding		
	a. Total project budget:	US$ 500,000
	b. Total funding received for the project:	US$ 433,803
	c. Amount received from CERF:	US$ 163,499

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	60,000	22,138	Significant discrepancy of beneficiaries were due to: 1. Communal violence which broke out in May 2012 hampered the collection of data from government hospitals. Therefore, hospital data was not available. 2. Late arrival of emergency reproductive health kits compounded by communal violence in May 2012 hampered delivery of kits in the field. CERF project funded medical supplies were also useful even after project expiry. However, beneficiaries beyond the project period were not included.
b. Male	12,000	10,070	
c. Total individuals (female + male):	72,000	32,208	
d. Of total, children under 5			

9. Original project objective from approved CERF proposal

To improve access to life-saving reproductive health services by the beneficiaries in Southern Buthidaung and Rathedaung townships of Northern Rakhine State (NRS).

10. Original expected outcomes from approved CERF proposal

Four government hospitals (Buthidaung, Taung Bazar, Rathedaung and Zadibyin hospitals) in NRS strengthened for quality reproductive health services:

- Selected emergency reproductive health kits procured and distributed as planned;
- 24 per cent of pregnant women received quality Ante Natal Care (ANC);
- 5 per cent of pregnant women in third trimester from remote areas received support for referral for hospital deliveries;
- Pregnant women in remote areas provided with clean delivery kits;
- 15per cent of women of reproductive age received health education and awareness on reproductive health.

11. Actual outcomes achieved with CERF funds

- Two government hospitals (Rathedaung and Buthidaung) in NRS strengthened for quality reproductive health services. Each hospital and was supported with four clinical delivery kits, one referral level kit 11A, two referral level kit 11B and one blood transfusion kit 12. Collective use of these kits helped hospital providing emergency obstetric care.
- Pregnant women received quality ANC. 214 women at mobile clinic and 647 women at static clinic received ANC services.
- Selected emergency reproductive health kits procured and distributed. 174 dignity kits and 1831 condoms were procured and

distributed in the first quarter of the project.

- Pregnant women in third trimester from remote areas received support for referral for hospital deliveries. 144 high risk pregnant women were supported for referral to the nearest health facilities for further management.
- Pregnant women in remote areas provided with clean delivery kits. 220 clean delivery kits were distributed to pregnant mothers.
- Women of reproductive age received health education and awareness on reproductive health. 2,158 women received health education and awareness on reproductive health through 24 health education sessions at mobile clinics and 45 health education sessions at static clinics.
- Static and mobile health teams formed to provide reproductive health services and referral. One static clinic was established in Rathedaung Township a total of 45 days were opened for the clinic. A mobile team was formed and 24 mobile visits were made during.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Selected emergency reproductive health kits procured and distributed to Rathedaung and Buthidaung Township hospitals to conduct safe deliveries and to provide referral services to women of reproductive health in both townships. However, townships hospital data are not available since communal violence erupted in May 2013, limited movement of project staff and lack of access to data from government hospitals.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0) Beneficiaries are women of reproductive age group and their spouses. They all received awareness rising on reproductive health equally.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Monitoring: UNFPA Field coordinator is based in Sittwe to supervise and monitor emergency response in Rakhine State. Field coordinator had regularly visited project sites to monitor activities. However, in May 2012 communal violence limited movement from May 2012 and onwards. Nonetheless, state and township level remote monitoring was ensured from Yangon and Sittwe offices.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**WHO**	5. CERF Grant Period:	01/12/ 2011 - 30/06/2012
2. CERF project code:	**11-WHO- 055**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	**Health**		☒Concluded
4. Project Title:	Fulfilling critical unmet health needs of the population		

7.Funding	*a. Total project budget:*	US$ 450,000
	b. Total funding received for the project:	US$ 289,595
	c. Amount received from CERF:	US$ 169,595

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	352,116	11,512	Significant discrepancy of beneficiaries was due to the inclusion of indirect beneficiaries as planned beneficiaries in the proposal whereas the reported number of beneficiaries was direct beneficiaries reached through CERF funding. In fact, the project provided essential medicine to four Township hospitals and 20Rural Health Centres and six Maternal and Child Health Centre. It was not possible to get the number of indirect beneficiaries; thus, we have reported the direct beneficiaries who have received emergency and primary health care, immunization and maternal care services and support for transport to hospitals from mobile clinics through CERF funding.
b. Male	362,477	8,417	
c. Total individuals (female + male):	714,593	19,929	
d. Of total, children under 5	88,695	1,322	

9. Original project objective from approved CERF proposal

- To provide life-saving drugs to township hospitals, Rural Health Centres (RHC) and Maternal Child Health (MCH) centres;
- To support transportation / referral of critically ill patients to township hospitals from Rural Health Centres (RHCs) and remote villages;
- To strengthen diagnostic capacity of township hospitals by providing rapid diagnostic kits to hospitals.

10. Original expected outcomes from approved CERF proposal

- Improved access to health services and emergency care through well stocked drugs in health facilities and through outreach services with adequate supply of essential life-saving drugs;
- Effective referral of critically sick patients to hospitals from RHC and remote villages.

11. Actual outcomes achieved with CERF funds

- A total of 20 IEHK kits were provided to cover basic health needs of 12,000 people for three months and essential medicines available for medical care at four hospitals, 20 RHC and six MCH centres.
- Transportation facilities for referral of critically ill patients to township hospitals from Rural Health Centres (RHCs) and remote villages were provided.
- Diagnostic capacity of township hospitals was strengthened by providing rapid diagnostic kits to hospitals.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): **If 'NO' (or if GM score is 1 or 0):** The project applied universal health coverage principle. Project beneficiaries included males and females. Project has been targeted to address primary health care needs of men and women and addressed gender equality.	
14. M&E: Has this project been evaluated?	YES ☒ NO ☐
Monitoring: Commodity tracking and received reports from townships. Monitoring missions were done by township and DOH officials. Number of critically ill patients from hard to reach areas referred to township hospitals and number of patients subjected to laboratory examination using rapid diagnostic test kits were used as indicators for monitoring.	

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	**UNICEF**	5. CERF Grant Period:	01/09/2011–30/06/2012
2. CERF project code:	**11-CEF-050**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Nutrition		☒Concluded
4. Project Title:	Treatment of acute malnutrition among children under age 5 in Northern Rakhine State		
7.Funding	*a. Total project budget:*		US$ 3,037,634
	b. Total funding received for the project:		US$ 2,883,000
	c. Amount received from CERF:		US$ 307,337

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	-	1,737	Gender disaggregated number of beneficiaries was not set by the time of the application.
b. Male	-	1,033	
c. Total individuals (female + male):	2,770	2,770	
d. Of total, children under 5	2,770	2,770	

9. Original project objective from approved CERF proposal

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

10. Original expected outcomes from approved CERF proposal

Treat severe acute malnourished children (6-59 months) and reduce the risk of mortality by supporting at least 2,770 children with severe acute malnutrition:

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

11. Actual outcomes achieved with CERF funds

- ACF admitted and treated a total of 3,590 children under age 5 (841 male and 1,464 female) in their Therapeutic Feeding Programme from November 2011 to June 2012. Among these SMA cases, 2,770 were supported by CERF: performance standards: cured rate - 70.3 per cent; defaulter rate - 8.3 per cent; death rate - 0.2 per cent; non-responder rate – 16.6 per cent.
- ACF has been running this programme a number of years and is supported by several donors, including UNICEF, CERF, ECHO UNHCR, DANIDA and ACF core funds. Given that there are several donors funding the programme, the number of children reached by CERF funding is extracted from total reached.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): **If 'NO' (or if GM score is 1 or 0):** Nutrition partners have developed a strategy to reduce the prevalence of malnutrition amongst under-age-5 children in NRS using existing resources. The strategy contributes to equity and gender mainstreaming by targeting the most vulnerable groups including pregnant and lactating women. One Mother Participation Centre was established to provide mothers with basic parenting skills when the child seems to enter nutritional danger zone.	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
Monitoring: UNICEF staff including Young Child Survival, Development Section Chief and National Nutrition Centre monitored the project implementation trough site visits and undertook necessary actions.	

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**FAO**	5. CERF Grant Period:	23/09/2011 -30/06/2012
2. CERF project code:	**11-FAO-034**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Agriculture		☒Concluded
4. Project Title:	Enhancing Food and Nutritional Security through crop production in NRS, Myanmar		

7.Funding		
	a. Total project budget:	US$ 4,500,000
	b. Total funding received for the project:	US$ 380,000
	c. Amount received from CERF:	US$ 380,000

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	13,872	14,827	The project could cover same number of beneficiary households i.e. 4,000. However, the project covered more direct beneficiaries due to larger numbers of households.
b. Male	13,328	13,427	
c. Total individuals (female + male):	27,200	28,254	
d. Of total, children under 5	4,624	4,710	

9. Original project objective from approved CERF proposal

The goal of the project is to improve the nutrition, food security and livelihoods of marginalized landless, female-headed and the like vulnerable households, mitigating or averting the direct loss of life and physical harm that can result from malnutrition and food insecurity and enhancing their position within the existing rural agrarian livelihoods structures in Maungdaw, Buthidaung and Rathedaung Townships in NRS.

While 82 percent of the male population makes its living from farming (including providing farm labour) during the monsoon season, labour opportunities in the summer season decrease dramatically for both men and women. The project's first objective is to empower vulnerable individuals, households and communities to increase their food security and nutritional status by using seasonally appropriate agricultural activities during the 2011 winter and summer seasons while further enabling them to stay more food and nutrition secure in the future through their own production.

The project's second objective is to anchor vulnerable households to their communities and to enhance the standing of vulnerable households within the community through the provision of agriculture inputs. These inputs help mitigate against potential life threatening situations, such as those in which households feel pressured to undertake unsafe migration due to food insecurity. The inputs will also help increase food security for secondary beneficiaries throughout the community through the increased production of agricultural products such as garden vegetables, water melon, pulses, and oil seeds. Chosen to take into account gender roles and cultural constructs, the inputs will help reduce community tensions by ensuring that culturally appropriate inputs are provided to vulnerable households in different people.

The project's third objective is to increase the ability of local self-help groups(e.g. un-registered farmer groups and women groups)to provide agricultural technical support to households in their communities wishing to increase their food security through self-production. This will be accomplished through the ongoing work of FAO, UNJP/MYA/014/UNO project and implementing partners who work with the farmers and women's groups.

10. Original expected outcomes from approved CERF proposal

Outcomesexpectedby2011summerseason:

- Four thousand households consisting of approximately 27,200 individuals (1HH=6.8 members in NRS) have undertaken agricultural activities that improve their food, nutrient and livelihood security;
- Two thousand acres of summer rice have been cropped and at least 2,940 metric tonnes (1.47 Mt/acre) of paddy have been produced by 2,000 small and marginal farmers in the winter season, providing at least 180 days of rice consumption per HH;
- One thousand and eighty MT of pulses were produced on 3,000acresby1,000 landless and marginal farmers in the winter season;
- Four thousand small vegetable gardens and watermelons were planted, giving approximately $200 per HH, excluding self-consumption, thus delivering improved food security to 4,000HHs;
- Two hundred fifty MT of ground nut have been produced on 440 acres by 1,000 landless and marginal farmers in the winter season;
- Multiplier effects: Once the improved seed, improved planting material, improved technologies and improved knowledge are available on a module basis, multiplier effect is expected to be greater.

11. Actual outcomes achieved with CERF funds

A total of 4,000 beneficiary households were supported in crop production and were assisted with:

- 60 MT of rice seed were distributed to 2,000 HHs– 1,000 in Maungdaw, 600 in Buthidaung and 400 in Rathedaung. The locally improved High Yielding Variety (HYV) “Theedatyin” was distributed, being the most suitable variety for summer paddy cropping due to its short maturing cycle (115 days);
- 25 MT of cowpea seed – variety “Pelum” –were delivered to 1,000 households – 500 in Maungdaw, 300 in Buthidaung and 200 in Rathedaung;
- 20 MT of ground nut seed – variety “Tuntani” –were distributed to 1,000 households – 500 in Maungdaw, 300 in Buthidaung and 200 in Rathedaung;
- 4,000 packages consisting of six different types of vegetable seeds (10 gm of chilli, 5 gm of radish, 5 gm of okra, 5 gm of Yard Long Bean, 5 gm of eggplant and 5 gm of bitter gourd) were distributed to all 4,000 beneficiary HHs for home gardening to improve the nutritional intake and as a cash crop (from selling the surplus production after the household consumption);
- 100 MT of fertilizer (NPK – 15:15:15) were delivered to 4,000 households (kg 25 per HH);
- 1,000 litres of Neem bio-pesticide were distributed to 4,000 households (ml 250 per HH).

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If ‘YES’, what is the code (0, 1, 2a, 2b):

If ‘NO’ (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?	YES ☒ NO ☐

- FAO and AVSI staff in collaboration with line-ministry township personnel carried-out a post-distribution assessment and a post-harvest survey to evaluate results. Two hundred farmers were randomly selected from the beneficiaries in the three townships covered by the project.
- According to the results of the post-distribution assessment, all inputs were received by the beneficiaries and applied on time. Fertilizers were used by all interviewed beneficiaries and 97 per cent of beneficiaries gave a high value to the seeds provided by the project.
- The post-harvest survey confirmed that the average yield for rice, pulses and ground nut was higher than expected. Beneficiaries expressed satisfaction on the training received and quality of inputs distributed by the project, which allowed a better yield and income.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNDP**	5. CERF Grant Period:	10/10/2011 – 31/12/2011
2. CERF project code:	**11-UDP-008**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Agriculture/Food Security		☒Concluded
4. Project Title:	Improving food security of most vulnerable households and communities in Rakhine State through increased food production and nutrition.		

7.Funding		
	a. Total project budget:	US$ 697,979
	b. Total funding received for the project:	US$ 697,979
	c. Amount received from CERF:	US$ 319,984

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	16,625	16,625	Fully achieved the target
b. Male	15,973	15,973	
c. Total individuals (female + male):	32,598	32,598	
d. Of total, children under 5	4,075	4,075	

9. Original project objective from approved CERF proposal

To improve the food security of landless, poor and the most vulnerable households in Rakhine State through increased food production, nutrition and income.

10. Original expected outcomes from approved CERF proposal

- 910 households started rearing goats by December 2011 (end of the project) to improve nutrition;
- 3,357 households started raising poultry by December 2011 to improve food security;
- 1,166 landless and vulnerable households started raising ducks by December 2011 for improved food security.

11. Actual outcomes achieved with CERF funds

Through this CERF funding the project has been able to achieve the following three major outcomes which were envisaged in the proposal.

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

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No discrepancy between planned and actual outcomes found.	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): \If 'NO' (or if GM score is 1 or 0): A total of 16,625 (51 per cent) female population and 15,973 (49 per cent) male population were able to have increased access to nutritious food through this intervention.	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Monitoring:

1. The village based Community Development Facilitators (CDF) ensured the timely and quality implementation of activities through regular and frequent monitoring and facilitating the beneficiary communities throughout the implementation processes.
2. UNDP Myanmar adopted a results-based monitoring and evaluation (M&E) system which includes:) Financial and Input Tracking, ii) Output and Activity Monitoring, iii) Outcome/Impact Assessment, and iv) Learning and Beneficiary Feedback Mechanism.
3. Progress of implementation was reported by the respective Township CDF and Livelihood Technical Specialist in Yangon which is consolidated as the final report.

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US$	Date First Instalment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
CERF EMERGENCY RESPONSE – CONFLICT (RAPID RESPONSE 2012)								
12-WFP-001	Food	WFP	World Vision	INGO	6,824	01/04/2012	15/04/2012	None.
			KMSS	NNGO	20,049	01/04/2012	15/04/2012	None.
			Shalom	NNGO	5,482	01/04/2012	15/04/2012	None.
12-WFP-038	Food	WFP	World Vision	INGO	60,708	01/07/2012	15/07/2012	None..
			KMSS	NNGO	101,994	01/07/2012	15/07/2012	None.
			Shalom	NNGO	37,298	01/07/2012	15/07/2012	None.
12-WFP-056	Food	WFP	CDN	INGO	10,277	01/11/2012	15/11/2012	None.
			Save the Children	INGO	17,723	01/11/2012	15/11/2012	None.
12-WFP-078	Food	WFP	CDN	INGO	12,758	01/02/2013	15/02/2013	None.
			Save the Children	INGO	17,242	01/02/2013	15/02/2013	None.
12-WHO-057	Health	WHO	MHAA	NNGO	27,760	20/09/2012	19/9/2012	Eight health assistants were deployed to Sittwe in August and two vehicles were hired for transportation of mobile medical teams starting from October 2012. Effective disease prevention and control measures were undertaken by mobile teams and health assistants.
			DOH	Government	10,160	26/10/2012	30/10/2012	
12-WHO-080	Health	WHO	DOH	Government	10,000	23/11/2012		None.
			MHAA	NNGO	25,690	23/11/2012	14/2/2013	Because of recruitment procedure, seven health assistants were deployed to five additional townships of Rakhine State in mid-February 2013.
12-CEF-002-B	Health and WASH	UNICEF	KBC	Faith-based Organization	175,767	14/03/2012	15/02/2012	Health and Nutrition, and WASH Due to exchange rate fluctuation difference on approved project figure.
			MDM	INGO	30,000	16/04/2012	10/02/2012	Health and Nutrition.
			Metta	NNGO	129,874	26/3/2012	15/3/2012	WASH Due to exchange rate fluctuation difference on approved project figure.

			KMSS	Faith-based Organization	33,857	21/3/2012	02/02/2012	WASH Due to exchange rate fluctuation difference on approved project figure.
12-CEF-050	WASH	UNICEF	MDM	INGO	24,000	07/06/12	10/05/12	Health and Nutrition.
	WASH	UNICEF	Solidarities International	INGO	220,000	05/06/12	01/06/12	WASH
	WASH	UNICEF	KMSS	Faith-based Organization	130,627	11/06/12	01/06/12	WASH Due to exchange rate fluctuation, small difference on approved project figure $131,550.
	WASH	UNICEF	KBC	Faith-based Organization	206,731	13/06/12	01/06/12	WASH Due to exchange rate fluctuation, small difference on approved project figure $208,180.
	WASH	UNICEF	METTA	NNGO	159,828	26/06/12	01/06/12	WASH Due to exchange rate fluctuation, small difference on approved project figure $162,870.
12-CEF-049	Protection	UNICEF	Metta	NNGO	19,223	12/09/2012	12/09/2012	None.
12-CEF-049	Protection	UNICEF	DSW	Government	1,311	20/08/2012	20/08/2012	None.
12-CEF-096	Nutrition	UNICEF	Save the Children	INGO	28,781 19,187	06/11/2012 31/01/2013	01/10/2012	Save the Children provided infant feeding in emergency for children and pregnant/lactating women. CERF was used to conduct assessment and training and to procure Infant Feeding in Emergency kits and IEC materials to support programme implementation.
12-CEF-095	Protection	UNICEF	Save the Children	INGO	35,337	05/12/2012	05/12/2012	UNICEF redeployed funds from DSW to Save the Children. Because cumulative budget shifts did not exceed 15 per cent of total project costs, and given an overall decrease in UNICEF staff costs, no formal modification was necessary.
12-CEF-095	Protection	UNICEF	DSW	Government	7,010	12/10/2012	12/10/2012	None.
12-CEF-095	Protection	UNICEF	DSW	Government	3,232	11/10/2012	11/10/2012	None.
12-CEF-094	Water and Sanitation	UNICEF	MHAA	NNGO	100,998	17/08/12	20/08/12	Cover both communities.
12-CEF-094	Water and Sanitation	UNICEF	Department of Rural Development (DRD)	Government	346,771	22/08/12	15/08/12	Cover both communities, more in Muslim communities.

12-CEF-094	Water and Sanitation	UNICEF	Action-Based Community Development (ABCD)	Community-Based Organization	177,480	22/08/12	15/08/12	Cover Rakhine communities.
12-CEF-129	Water and Sanitation	UNICEF	Action-Based Community Development (ABCD)	Community-Based Organization	2,382	23/01/2013	15/01/13	Cover Rakhine communities
12-CEF-130	Nutrition	UNICEF	MHAA	NNGO	70,874	21/12/2012	16/11/2012	MHAA provided treatment of acute malnutrition, micronutrient supplementation for children under age 5 and pregnant/lactating women and Infant Feeding in Emergency services.
12-CEF-131	Health	UNICEF	MHAA	NNGO	49,396	20/02/2013	16/11/2012	MHAA implemented health activities in Sittwe and five other townships in Rakhine State, covering both communities.
12-FPA-045	Health	UNFPA	MRCS	RED	40,000	28/02/2013	1/03/2013	MRCS conducted ten MISP orientation and awareness trainings in ten townships (Sittwe, Kyauk Taw, Mrauk U, Minbya, Buthidaung, Rathedaung, Kyauk Phyu, Yan Bye, Pauk Taw and Mye Pon) in Rakhine State.
CERF EMERGENCY RESPONSE – MULTIPLE EMERGENCIES (UNDERFUNDED ROUND II 2011)								
11-FPA-043	Health	UNFPA	MMA (Myanmar Medical Association)	NNGO	113,503	24/10/2011	25/10/2011	None.
11-FAO-034	Agriculture	FAO	AVSI	INGO	30,310	30/11/2011	01/11/2012	After signing the LOA on 26 October 2011, AVSI started the data collection for the selection of beneficiaries.
11-CEF-050	Nutrition	UNICEF	Action Contre la Faim	INGO	137,233	29/11/2011	01/11/2011	ACF runs ongoing programme. CERF was used to procure and deliver RUTF and cash to support programme implementation.

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ABCD	Action Based Community Development
ACF	Action Contre La Faim
ANC	Ante Natal Care
ARI	Acute Respiratory Tract Infection
AVSI	Association of Volunteers in International Service
CBO	Community Based Organisation
CCCM	Camp Coordination and Management
CDN	Consortium of Dutch NGOs
CERF	Central Emergency Response Fund
CHA	Coordination of Humanitarian Affairs
CMAM	Community Based Management of Acute Malnutrition
DEWS	Disease Early Warning System
DOH	Department of Health
DRD	Department of Rural Development
DSW	Department of Social Welfare
EHA	Emergency and Humanitarian Action
ERS	Eastern Rakhine State
ESFSP	Environmentally Sustainable Food Security Programme
EWARS	Early Warning and Response Systems
EWS	Early Warning System
FAO	Food and Agriculture Organisation
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GCP	Government Cooperative Programme
HA	Health Assistant
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HH	Household
HMSF	Humanitarian Multi-Stake Holder Fund
HPA	Health Poverty in Action
IDP	Internally Displaced Person
IDPs	Internally Displaced Persons
IEC	Information, Education and Communication
IEHK	Inter-agency Emergency Health Kit
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IRIN	Integrated Regional Information Network
IYCF-E	Infant & Young Child Feeding in Emergencies
KBC	Kachin Baptist Convention
KIA	Kachin Independent Army
KIO	Kachin Independence Organization
KMSS	Karuna Myanmar Social Service
LDO	Local Development Organization
LLIN	Long Lasting Insecticidal Net
LNGO	Local Non-Governmental Organization
MAM	Moderate Acute Malnutrition
MDM	Médecins du Monde

MDM-F	Médecins du Monde France
MHAA	Myanmar Health Assistant Association
ML	Millilitre
MNTN	Myanmar Nutrition Technical Network
MOH	Ministry of Health
MRCS	Myanmar Red Cross Society
MRE	Mine Risk Education
MSB	Swedish Civil Contingency
MSF-H	Medecins Sans Frontieres- Holland
MT	Metric Tons
MUAC	Mid-Upper Arm Circumference
MYA	Myanmar
NFI	Non-food items
NGCA	Non-Government Controlled Area
NGO	Non-governmental Organisation
NNC	National Nutrition Centre
NNGO	National Non- Governmental Organization
NPK	Nitrogen, Phosphorous, and Potash
NRS	Northern Rakhine State
OFDA	Office of US Foreign Disaster Assistance
ORS	Oral Rehydration Salt
OSRO	Office of Special Relief Operations (FAO)
PCA	Programme Cooperation Agreement
PLW	Pregnant and Lactating Women
PRRO	Protracted Relief and Recovery Operation
RANIR	Relief Action Network for IDP and Refuge
RC	Resident Coordinator
RC/HC	Resident Coordinator / Humanitarian Coordinator
RDT	Rapid Diagnostic Test
RUSF	Ready to Use Supplementary Food
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SC	Save the Children
SI	Solidarities International
SIDA	Swedish International Development Cooperation Agency
SNT	State Nutrition Team
ToT	Training of Trainers
UFE	Underfunded Emergency Window
UN	United Nations
UNDP	United Nations Development Programme
UNHC	United Nations Humanitarian Coordinator
UNHCR	United Nations High Commissioner for Refugees
UNHCR/CSSEP	United Nations High Commissioner for Refugees, Community Social Services & Education Project
UNICEF	United Nations Children's Fund
UNJP	United Nations Joint Programme
UNO	United Nations Office
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNRC	United Nations Resident Coordinator
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WPN	Wa Pa Na