

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

Country	Myanmar
Humanitarian / Resident Coordinator	Mr. Daniel Baker
Reporting Period	1st January to 31st December 2007

I. Executive Summary

Myanmar does not constitute a typical emergency situation. Rather, pockets of acute humanitarian needs are found in the conflict affected areas, but the overall worsening of the humanitarian situation is mostly defined by accelerating impoverishment, and the growing inability of the social service provision structures to address the essential needs of the general population.

Despite its decades-long poor welfare/development indicators, Myanmar has historically received significantly less international assistance than many other countries with similar humanitarian and developmental needs. The term “aid orphan” seems to be fitting in this regard. The poverty-stricken population (30 percent under the poverty line), and more particularly the most vulnerable groups: women, children, Internally Displaced Persons (IDPs), the population in the National Regional State (NRS) without citizenship, people living with HIV/AIDS and TB or populations living in high malaria risk zones receive shockingly little assistance. Myanmar receives less overseas humanitarian/development assistance, a mere \$2.88 per person, than any of the poorest 50 countries (according to the Organization for Economic Cooperation and Development). The average assistance in this tier of countries is more than \$58 per person. Other countries with similarly repressive governments routinely receive much larger assistance packages: Sudan (\$55/person); Zimbabwe (\$21/person); Laos (\$63/person).

In late 2006, the appointment of Myanmar's UN Resident Coordinator as a Humanitarian Coordinator was a strategic decision aimed at depoliticizing the humanitarian debate and bringing together the assistance community under the Inter-Agency Standing Committee (IASC) umbrella. Following the appointment of Charles Petrie as Humanitarian Coordinator for Myanmar in November 2006 and review of the humanitarian situation in country, the Emergency Relief Coordinator (ERC), Jan Egeland, allocated some \$5 million for rapid response projects for which the United Nations Country Team (UNCT) identified urgent needs in the Eastern Border areas (IDPs) as well as in the dry zone for responding to food insecurity.

Again, in September 2007, an allotment of 1.5 million \$ was made available to the Myanmar country team for under-funded life-saving operations. The UNCT, in coordination with INGOs, identified 2 very vulnerable groups in need of support where programmes were facing dangerous gaps: the vulnerable residents in Northern Rakhine State and TB patients.

Total amount of humanitarian funding required and received (per reporting year)	Required: \$ N/A Received: \$ 135 million Approx.			
Total amount of CERF funding received by funding window	Rapid Response: \$ 3,803,740 (230,050 returned) \$ 3,573,690 Underfunded: \$ 1,806,481 (354,977 returned) \$ 1,451,504 Grand Total: \$ 5,610,221 (585,027 returned) \$ 5,025,194			
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	Total UN agencies/IOM: \$ 4,528,631 Total implementing partners: \$ 496,563			
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	Total	under 5 years of age	Female (If available)	Male (If available)
	2,828,809	Aprox. 1,025,000		
Geographic areas of implementation	WFP Magway (central dry zone) and Rakhine State UNICEF Southern Shan, Kayah, Kayin and Mon States WHO Shan East, Kayah, Kayin and Mon States and Tanintharyi Division UNHCR Rakhine, Kayin and Mon States IOM Mon State			

II. Coordination and Partnership-building

(a) Decision- making process:

One of the main challenges in Myanmar to this day is needs assessments. Access to vulnerable populations, especially in the eastern border areas, is extremely difficult as the Government of Myanmar does not acknowledge the existence of humanitarian needs related to specific causes such as internal displacement or even high malnutrition rates in the dry zone area. The direct collection of information on those vulnerable groups has been partial, or very localized, depending on access. However, a number of reports from humanitarian partners working in or on Myanmar have also informed the UNCT overall assessment of the humanitarian situation.

In view of the above, there is no overall humanitarian strategic plan for Myanmar by which the UNCT could identify projects to be proposed for the United Nations Central Emergency Response Fund (CERF) funding. The selections made in late 2006 and 2007 were therefore based on a common understanding of the humanitarian situation and a non formal prioritization process.

In December 06, \$5 million were offered from the Rapid Response window. The UNCT members identified humanitarian needs that required urgent support and prioritized the areas affected by internal movement (South East) and the drought stricken dry zone. However, the UNCT also made a strong point to the ERC that humanitarian needs in Myanmar have been unacceptably under-funded for years. Overall, the level of funding/financial requirements that we come across for humanitarian response in Myanmar is not accurately reflecting the magnitude of needs. Historically, donors have been extremely cautious to fund activities in the country and agencies often run programmes on core funds while their own HQs do not always prioritize Myanmar. This means that all humanitarian sectors in Myanmar are well under-responded to (under-funding being a major cause of it). Therefore, a few proposals were also presented to the ERC for grants from the Under-Funded Emergency window. These projects were identified as currently being implemented in the same two geographical areas prioritized for the Rapid Response Grants.

Following the ERC proposition to release funding from the Under-Funded Emergency window of the CERF in September 2007 (without formal recommendation at HQ level), the UNCT and IASC CT met on

several occasions to identify priority needs and geographical areas that should benefit from such funding. Humanitarian partners in Myanmar have always agreed on the fact that there are pressing humanitarian needs all over the country but for the purpose of this particular CERF application, three specific sectors/areas of intervention have been identified as life saving operations that urgently required financial support: TB drugs and control, Food Security and Multi-Sector response to persons without citizenship including returnees in Northern Rakhine State.

(b) Coordination amongst the humanitarian country team:

Myanmar's Humanitarian Coordinator was only appointed in November, 2006. The UNCT was therefore fairly new to the humanitarian financing tools such as CERF at that time. There was no official IASC country team until early 2007. Informal contacts with NGOs were taking place, but not in a comprehensive manner.

Following the announcement from the ERC, Jan Egeland, that 5 million USD would be available from the Rapid Response CERF window in December 06, the UNCT met on several occasions to identify priority needs and geographical areas that should benefit from such funding. NGOs were not broadly consulted. However, some UNCT members had already identified NGO projects that could be prioritized for the selection of CERF proposals based on their own partnerships and sectoral coordination networks.

With the second allocation in September 07, it was again through a series of UNCT meeting that critically under-funded programmes were identified. The IASC CT was also consulted during the process but there was no formal prioritization process in place. This last 2007 allocation did create expectations in the NGO community for a more inclusive process. An IASC working group was created to that effect in December 2007.

(c) Partnerships:

The fact that the Government of Myanmar does not acknowledge that there are large pockets of acute humanitarian needs in the country makes it difficult to approach the authorities for collaboration. They were, however, informed of the nature of CERF grants and have been able to access the public information related to it.

Nevertheless, both the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) programmes are implemented with governmental partners as per their traditional mandate.

Joint United Nations Programme on HIV/AIDS (UNAIDS) made special efforts to identify NGO partners with projects falling within the parameters of CERF. Médecin Sans Frontières (MSF)-CH came forward with an under-funded project proposal that received approval from the CERF Secretariat, but the money had to be returned as MSF International had taken the decision of not accepting CERF grants at that point. The United Nations Development Programme (UNDP) also identified an implementing partner in the border areas able to reach displacement affected populations and provide assistance. Unfortunately, the funding arrangements with UNDP Myanmar became impossible to overcome within the CERF implementation timeframe as UNDP Myanmar works under a restricted mandate and such an implementation arrangement would have meant an impossible extension of that mandate. The money was also returned to CERF for the UNDP proposal.

Also for UNHCR in NRS

- Cooperation with local authorities (VPDC) and with/among NGOs for identification of vulnerable families to receive shelter materials and other in-kind assistance;
- Inter-NGO cooperation to avoid duplications for supplementary feeding of malnourished children and women (e.g. ACF- Malteser)
- Monthly Inter-Agency Meetings and IP Meetings used as a forum to exchange information and ensure complementarity with assistance provided by WFP, UNDP, UNICEF and INGOs.

And in South-eastern Myanmar

- Ongoing trust building with local authorities to gain their understanding of the situation of IDPs and their support for the delivery of assistance activities.

- Regular meetings used as a forum to exchange information and ensure complementarity with assistance provided by others humanitarian actors.

III. Implementation and Results

Rapid Response Projects

IOM – Malaria control for forced migrants and affected communities in Mon State

Thanks to CERF funding, IOM was able to maintain this life-saving programme and has now secured enough funding to expand geographically and operate two mobile malaria control units which will do outreach to most vulnerable migrants populations of the Mon state. CERF funding provided bridging funding that enabled to operate the project with life-saving activities to be maintained. During the project period, 54 patients suffering from severe and critical complicated malaria patients could be referred to the Township hospitals, which potentially saved their life.

UNHCR – Emergency health assistance in Eastern border areas affected by displacement

The CERF enabled UNHCR to better and faster respond to the public health emergency amongst pockets of IDPs in South-eastern Myanmar where almost a third of displaced households have no access to basic health services. The CERF funding enabled the United Nations High Commissioner for Refugees (UNHCR) to provide much needed and more comprehensive support to the health system at a time when the area was suffering additional constraints from fresh internal and external movements in 2006. The construction of Rural Health sub-centres but even more so the equipment of a large number of centres with basic medical equipment, generators and lighting has really improved the access in rural areas to proper basic health services including safe deliveries. Thanks to savings against the initial budget, the number of villages benefiting from CERF assistance was increased from 95 to 143, increasing the number of beneficiaries by 50 percent, from the planned 60,000 to 90,000.

WFP – Food assistance to vulnerable families

CERF funding had enabled WFP in responding to the most crucial needs of the local people especially during the driest period, when water scarcity had been most common problem in most of the villages where people migrate nearer to water sources. It had also enabled WFP and the Country Programme (CPs) to complement on WFP food assistance programme and CPs' regular programmes which normally could not finance specific cash requiring schemes.

UNICEF – Relief for uprooted and deprived children and families in eastern border areas and dry zone

In the major locations -border area (Southern Shan, Kayah, Kayin and Mon States) and central dry zone area (Magway and Bago Divisions) they had increased humanitarian needs due to displacement and rising poverty. CERF funding timely and promptly responded to urgent needs of life-saving drugs for pneumonia, diarrhoea, malaria and others, and preventive measures for malaria, covering over 2.6 million children and pregnant women.

Underfunded Projects

UNHCR – Protection, emergency Nutrition and related assistance in northern Rakhine State

Without the support of CERF for UNHCR in NRS, the shelter assistance to victims of forced relocation and the EVI assistance to victims of natural and/or man-made disaster could not have been implemented before the end of the year due to the lack of funds. Similarly, the unexpected sudden increase in the number of severely malnourished children could not have coped with in a timely manner. The increase in malnutrition had been caused by the early start of the rainy season followed by an unusual dry spell that damaged vegetable gardens as well as the increase of the rice price far beyond the usual hike during the annual "hunger gap", the period between planting and harvesting the paddy.

WFP – Food assistance to primary students of acutely vulnerable families in Northern Rakhine State

Funding from the CERF was sought to secure the pipeline in order that food support can be provided to the critically vulnerable food-insecure families through to the end of the lean season. A critical pipeline break occurred in end September 2008 disrupted the planned food distribution in October and it caused severe consequences on an already impoverished community such as borrowing food, taking children out of school to help make ends meet. The contribution from CERF helped to bridge the funding gap during the lean season and enabled WFP to buy 1034 mt of food to cover the food shortage in Northern Rakhine State. Due to WFP food assistance in November, beneficiaries' household expenditure devoted to food purchase decreased from 100 percent to 81 percent during the lean season thereby allowing allocation of expenditure on social needs such as health care. Moreover it helped the increase of enrolment and attendance rate of the primary student thereby promote access to primary education.

WHO – Anti-Tuberculosis programme among the IDPs and migrants living in the eastern border areas. WHO has been assisting the National TB Programme and the Stop TB Partners in Myanmar for many decades to implement sound TB control programme, DOTS (Direct Observed Treatment Short-course) country-wide. Since November 2003, each of the 325 townships in Myanmar had 1 diagnostic and treatment DOTS centre, which internationally fits the criterion for a country to be classified as a "100 percent DOTS country". This, however, means purely administrative coverage: each smallest administrative unit, in Myanmar, a township, has a DOTS centre. The actual population coverage is much less, which is particularly true for hard-to-reach, hilly and border areas. The CERF grant has enabled the continuation of the most essential and life saving element of TB control (TB drugs) in 4 ethnic States and 1 Division along the Myanmar-Thai border, thereby putting 10,901 vulnerable TB patients on life saving treatment and enabling another group of 2969 patients continuing the life saving treatment which they had started already. During the life-span of this CERF grant, WHO and the Ministry of Health has now succeeded to obtain TB drugs for those States/ Divisions from the Global TB Drug Facility until 2009 - thus, CERF has helped to overcome a critical period without which almost 14,000 TB patients, most from the socio-economic most vulnerable population, would have been without treatment of such deadly but curable disease as TB.

(a) Monitoring and Evaluation

WFP: Regular and periodic monitoring is conducted by WFP teams (FFW Engineer, Sr. Food Monitor, FFW Junior Engineer), in collaboration with CPs and the community throughout the duration of the project. FFW sites are visited at the planning stage and during and after implementation; project sites for CHBC and MCN are visited to monitor distribution and to see the targeting/selection of beneficiaries has been appropriate and proper.

For non food items (NFI) activities a WFP seconded Engineer discussed construction methods, checked costing, design specifications and materials used for the rain water collection tanks and the latrines.

UNHCR: In NRS

- site visits by UNHCR staff (Field and Programme) alone or jointly with relevant NGOs to observe and obtain first-hand information;
- discussions with beneficiaries;

- Review, sharing and discussions over the IP reports, Community Extension Workers reports and Field Teams reports.

In South-eastern Myanmar

- Monitoring at the field level through the staff posted in Mawlamyine, Thandaung and Myeik as well as during missions from Yangon.
- Monitoring at Yangon level through regular coordination, meetings and reports.

UNICEF: UNICEF has a network of nine field officers across the country, of which four officers are responsible for the Eastern border areas to monitor UNICEF's input on the ground making sure the support reaches to the beneficiaries. UNICEF's technical officers based in Yangon also make field visits to provide technical input for the activities and supervise supply management.

IOM: Quality Control for Laboratory services: A full time The International Organization for Migration (IOM) Laboratory Technician is in charge of quality control to keep errors below 5 percent and to maintain the sensitivity and specificity rate equal or more than 95 percent. Each month, all blood slides from IOM Microscopy units are collected, and the diagnosis results are re-checked by two systems.

(i) Cross-check in Microscopy Units: 60 to 90 slides (positive slides and standard proportion of negative slides) are cross-checked by IOM microscopists in each MU in each month.

During the project period, 1260 out of total 3311 slides (38 percent) were cross-checked by IOM microscopists in Microscopy Units. Error percentage, sensitivity and specificity are shown in Table below.

(ii) Re-check by IOM Lab Technician in IOM Office Laboratory
IOM Lab Technician verifies the discordance of the cross-check results.

Quality Control for medical services: IOM lab technician conducted patient tracing for exit interviews to monitor service's quality and conformity of the treatment received with respect to the protocols. 30 male patients and 15 female patients were traced for interviews during the project period. All patients were treated according to the treatment protocols and none of them missed the anti-malaria drugs provided by IOM microscopists.

WHO: Supervisory visits had been conducted by WHO country office jointly with National TB Control Programme. State / Division TB Officers and District TB Team Leaders also provided regular supervisory visits to townships level and quarterly reports. PSI / Myanmar also provided monitoring and supervision through its local offices. Quarterly reports from all States/ Divisions and PSI on case finding and treatment outcomes were received (as planned), compiled and analyzed jointly between National TB Programme and WHO.

(b) Initiatives Complemented CERF- funded projects

The "Three Diseases Fund" is supporting a number of humanitarian projects responding to HIV/AIDS, TB and Malaria needs. However, 2007 was the first implementation year for the 3DF and funding was slow in coming. As a consequence, many of the proposals to 3DF for 2007 received only a part of their overall requirements. Some of the CERF funding actually responded to the very urgent under-funding need created by this situation.

IV. Lessons learned

- Prioritizing across the diverse and significant humanitarian needs in Myanmar is extremely challenging as there is no strategic prioritization tool in place.
- Seasonal issues played a significant role in determining which activities to fund.
- Some UN agencies have very restrictive rules for working with implementing partners. If identified and prioritized projects are emanating from NGOs' programmes, some agencies still have to go through a competitive process to get into an implementing partnership which takes a large amount of time and is not suitable within CERF implementation timeframe. CERF funds had to be returned because of those difficulties. Implementation partnerships between UN agencies and NGOs should be established prior to receiving CERF funds.
- MSF will not accept working with CERF funding.
- The implementation period was sometimes too short to implement the activities in an ambitious geographic area, with insufficient time for planning and organization.

V. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Multi sector	06-WFP-304 Myanmar Food Assistance to Vulnerable Families	970,546	<five yrs: 174 (m), 170 (f) Five to 18 yrs: 10506 (m), 10268 (f) >18 yrs 18,106 (m), 18,346 (f) Total: 57,570	<ul style="list-style-type: none"> ■ World Vision ■ ADRA ■ REAM ■ OISCA ■ TDH 	<p>It was expected to cover the food gap for the most vulnerable families through</p> <ul style="list-style-type: none"> ■ Provision of food for vulnerable families with TB patients and PLHA ■ Targeted food for work and food for training schemes aimed at improving community assets carried out in the lean season where food needs are greatest. 	<ul style="list-style-type: none"> ■ The CERF has supported FFW activities relating to water supply and sanitation sector, road accessibility, environmental management in terms of soil conservation, nursery. Approximately 30,700 FFW beneficiaries from the most vulnerable families and their community have benefited from this activity. ■ Promoted FFT activities contributing health education and HIV/AIDS prevention and awareness training for men and women. Marginal farmers and landless villagers have been provided with affordable agriculture techniques in sustainable livelihood. Total 4,500 people gain knowledge and life skills through this activity. ■ A total 1,017 TB patients and people living with HIV/AIDS have received life saving support during critical periods. ■ With the purchase of non-food items, 85 rain water collection tanks, 137 fly proof latrines were constructed in 135 villages in Magway division. A total of 20,774 students were provided with potable drinking water which resulted in better hygiene and health status of the schoolchildren. Availability of water during the dry season allows more time for study and less burden for schoolchildren to fetch water; ■ Non Food Item inputs for Mother and Child Nutrition sites has improved nutrition and health status of children under three and pregnant women and lactating mothers by providing potable drinking water and latrines without which the impact of health education trainings

						could not bring any impact pragmatically on ground.
Food, Education	07-WFP-054 Myanmar Food Assistance to Primary Students of acutely vulnerable families in North Rakhine State,	500,300	35,000 students and their families (approximately 175,000 people) <5 yrs: 11,063 (m), 11,185 (f) 5-18 yrs: 61719 (m), 58230 (f) >18 yrs 6,518 (m), 26285 (f) Total: 175,000	<ul style="list-style-type: none"> ADRA 	<ul style="list-style-type: none"> Increased ability to meet food needs in targeted household in crisis situations or vulnerable to shocks; Increase school enrolment; improve attendance in WFP assisted primary schools Ability to support additional household expenditure such as health care. 	<ul style="list-style-type: none"> CERF fund could provide 35,000 primary students with a take home ration for three months. Due to take home ration, students' enrolment increased 2 percent from 125,186 in 2006-07 to 128,280 in 2007-08 academic years. The attendance has been regularized and could maintain at 82 percent for this academic year. 175,000 acutely vulnerable people received food assistance provided through take home ration to primary school children. This food decreased the expenditure devoted to food purchase from 100 percent of 81 percent during the lean season thereby allowing allocation of expenditure on social needs such as health care.
Health	06-CEF-300 Relief for uprooted and deprived children and families in the eastern border areas and the dry zone in Myanmar	1,550,000	Covering 2.4 million for malaria control (of which 25 percent from 89,724 families were identified as highly vulnerable to malaria) Essential drugs to cover 2.3 million population in Eastern border townships	National Malaria Control Programme /DOH	<ul style="list-style-type: none"> Reduction by 2/3 of number of malaria cases from 2004 baseline Reduction by 2/3 of malaria death from 2004 baseline Reduction by 1/3 of mortality caused by ARI & Diarrhea 	<ul style="list-style-type: none"> Malaria risk mapping completed in all the target areas to identify the families at extreme risk of malaria (not supported by this funding) 68,500 Insecticide Treated Nets were provided to protect approximately 450,000 vulnerable people including migrant and displaced population, based on the risk mapping Anti-malarial drugs (82,860 ACT courses) and rapid diagnostic tests (227,500 kits) were supplied for early diagnosis and prompt treatment to cover approximately 2.4 million population Provision of Essential drugs for the survival of children and women for the 2.3 million population
Nutrition			2.36 million children aged 2 to 9 years and 340,000 pregnant women in Eastern border townships	National Nutrition Centre /DOH	<ul style="list-style-type: none"> 80 percent of children 2 to 9 years received de-worming tablet, 70 percent of pregnant women in affected areas received de-worming tablet 	<ul style="list-style-type: none"> Deworming campaign for children between 2 to 9 years of age and pregnant women Provision of Iron/folate supplementation for preventing and treating anaemia among pregnant women

Health	06-IOM-301 Malaria control for forced migrants and affected communities in the Mon State	52,645	Population of 490,000 forced migrants and migration affected community members.	IOM field staff & basic health staff of local health structures	Over three months of the IOM project: <ul style="list-style-type: none"> 4,000 persons diagnosed. 2,000 persons treated. 110 patients hospitalized with severe malaria and a mortality rate of less than 10 percent. 30 patients traced and provide confirmation on free diagnosis and treatment. Microscopic laboratories' sensitivity and specificity of dianos is equal or more than 95 percent. Two Village Mobility Working Groups are participating in active awareness raising prevention activities. 	<ul style="list-style-type: none"> 3311 persons diagnosed. 1857 persons treated. 70 severe malaria patients supported & hospitalized IOM administration of 6 malaria control units (laboratory with microscopy) and procurement of drugs and materials. Support to most vulnerable populations (low income migrants, pregnant migrant women and children). Support to hospital referrals. An estimated population of 490,000 migrants and migrant affected community members had access to free malaria diagnosis and treatment.
Health	07-WHO-055 Anti-Tuberculosis programme among the IDPs and migrants living in the Thai-Myanmar border areas	550,000	18,000 TB patients 3330 < 5 Yrs Adults: 6840 Female 7830 Male	DoH PSI, Sun Quality Clinic	18,000 TB patients enrolled on life saving treatment by WHO and PSI, of those 3330 children 6840 women 4,500 TB patients currently on treatment complete their treatment course 23,350 TB suspects tested for sputum smear microscopy 3,320 supervisory visits by WHO and implementing partners Six quarterly reports received on case finding (treatment enrolment) and sputum conversion (from all 4 States and 1 Division and PSI)	<ul style="list-style-type: none"> Procurement of essential first line anti-TB drugs (Rifampicin 150 mg / Isoniazid 75 mg / Pyrazinamide 400 mg / Ethambutol 275 mg) for 7,375 boxes (containing 672 tablets per box), 168,000 vials of Injection Streptomycin one g, 168,000 vials of water for injection and 168,000 no of hypodermic syringe and needle. 12,616 TB suspects tested for sputum microscopy and 7,928 TB patients (4798 male and 3,130 female) enrolled on life saving anti-TB treatment. Quarterly reports of Shan East, Kayah State, Kayin State, Mon State and Tanintharyi Division had been provided to TB control Programme. A supervisory visit had been conducted by WHO country office to Tachileik and Mong Phyat districts of Eastern Shan State at Thai – Myanmar border area during 19 – 21 December 2007 for implementation of TB control programme at border areas.
						Through PSI , Myanmar in association with

						<p>social franchised private general practitioners,</p> <ul style="list-style-type: none"> • 2,973 TB patients enrolled on life saving treatment, of those <ul style="list-style-type: none"> ○ 657 children ○ 1,127 women • 2,969 TB patients on treatment completed their treatment course • 7,619 TB suspects tested for sputum smear microscopy • 1,926 supervisory visits by PSI • 2 quarterly reports provided to NTP
Health	06-HCR-317 Emergency health assistance in areas affected by conflict-induced displacement in Southeastern Myanmar	427,675	90,000	UNHCR	<ul style="list-style-type: none"> • Access to proper basic health services including privacy and basic hygiene conditions increased for some 90,000 persons in rural areas 	<ul style="list-style-type: none"> • 143 basic medical equipment kits and generators purchased and distributed • Equipment was set up in RHCs and RHSCs, electrical wiring and generator installed. Lighting provided. • User instruction manual developed and distributed to health staff as well as demonstrations undertaken on how to use equipments. • Right of Use Agreement for all equipment signed with Ministry of Health.
		30,137		UNDP (on behalf of UNV)	<ul style="list-style-type: none"> • National UNVs with required expertise operational in the field 	<ul style="list-style-type: none"> • 2 National UNVs (nurses) recruited for 6 months. • They monitored the distribution of the equipment, developed the user manual, and trained the medical staff.
		121,689	50,000 including catchments' area	MRCS	<ul style="list-style-type: none"> • Communities affected by displacement in remote areas enjoy improved access to basic health services • Medical staff benefit from the use of better facilities to better serve the community 	<ul style="list-style-type: none"> • Only ten instead of the planned eleven RHSCs constructed due to prevailing security situation in one location. RHSC was designed for increased privacy and to promote institutional delivery. • Furniture was provided for all 10 RHSCs. • MRCS organized formation of CBOs to manage and maintain RHSCs and provided seed funds. In some locations, seed funds draw additional contributions from able villagers.
	07-HCR-025	100,000	824 (322 male <ten;	ACF	<ul style="list-style-type: none"> • 100 percent of identified children suffering from severe malnutrition are treated 	<ul style="list-style-type: none"> • Essential therapeutic food (plumpy nuts) and medicines were purchased for treatment of severely malnourished children and mothers.

Multi Sector	Protection, Emergency Nutrition and Related Assistance in Northern Rakhine State		467 female <ten; and 35 mothers)			<ul style="list-style-type: none"> • ACF Feeding Centres provided therapeutic feeding and treatment to 789 children and 35 mothers, through its Feeding Centres located in Maungdaw, Buthidaung and Sittwe Townships. • During October-December 2007, an average of 250 children per month was identified and all (100 percent) were treated.
		25,000	5,590 vulnerable children and other EVIs		Reduction of malaria cases among 10,000 malnourished children and extremely vulnerable individuals	Too early to assess --- mosquito nets will be reach the beneficiaries in the coming months and evaluation will be possible towards the end of the year.
		210,000	26,000 (catchments population 720,000)	BAJ	UNHCR protection monitoring is maintained	<ul style="list-style-type: none"> • BAJ repaired and regularly maintained UNHCR's fleet of eight vehicles and 12 boats, allowing continuation of protection monitoring visits throughout NRS. No accident occurred due to poor maintenance; and no interruption of activities due to insufficient maintenance capacity for UNHCR's logistics fleet. • All fuel used by vehicles and generators must be filtered. BAJ filtered 23,374 gallons of diesel plus 34,590 gallons of petrol for UNHCR's operation in NRS, by the end of December 2007. <p>On average, UNHCR Field Teams managed to carry out 380 field visits per month covering over 280 village tracts where the population of concern to UNHCR is located.</p>
		40,000	2,514 (950 male and 1,564 female)	MRCS	<ul style="list-style-type: none"> • 1,000 of the most vulnerable victims of disaster are supported 	<ul style="list-style-type: none"> • MRCS identified 308 needy families (1,672 individuals) and provided in-kind assistance: household utensils and other household items, house construction materials, food, and limited income generation support. Close to 45 percent of the beneficiaries were fire victims, the rest being victims of storm/floods, landslides, or extremely vulnerable individuals (EVIs) from female-headed households. • UNHCR Field staff identified forcefully relocated families or those affected by landslides and referred them to local suppliers contracted by UNHCR who provided a set of shelter materials per family

						<p>(150 extended families/842 individuals) at their place of residence.</p> <ul style="list-style-type: none"> •
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VI. CERF IN ACTION: Success stories with photographs

Water Supply and Sanitation Sector

a. Non-food Item: All smiles



Smiling school children happy that they have a clean water supply at their school, Kway Ah Twin village, Pauk Township.

The use of water and sanitation facilities have been promoted for 90 boys and 70 girls attending the primary school at Khwe Ah Twin village, Taung Myint Village Tract in Pauk Township following the construction a ferro-cement rain water collection tank of 5,000 gallon capacity and one double unit fly-proof latrine in time for the school season in June 2007.

In addition to getting an FFE ration of 10 kilos a month during the school season, the schoolchildren now have access to potable drinking water that can be stored for the dry months. Now they do not need to worry about whose turn it is to go and fetch water at the pond somewhere outside the village. They have more time for study and to play. And that's what they really need to participate and enjoy in life.

This golden opportunity came this year through funding from CERF which supported a water scheme that was able to reach their township. In previous years, there was no water scheme. The lives of the villagers are significantly more protected now from water borne diseases and the improved health has the enhanced learning capacities of the children.

b. Mother and Child Nutrition—Ni Ni Win can stand now!

U Maung Sun and Daw Win Htay live at Lin Ka Taw Village in Chauk Township. They earn their living as farmhands during the farming season and making bricks during off-season. They have three children and the youngest one, Ma Ni Ni Win suffered unfortunately from malnutrition. Lately she had very pale skin; although she was nearly two years old, she could not stand on her feet. Her parents were worried as their daughter was easily affected by seasonal illness such as diarrhea.

When the Mother and Children Nutrition Program (MCN) was launched by WFP and World Vision Myanmar, Ni Ni Win was entitled to WFP food support through World Vision Myanmar. She was provided eight kg of blended food per month and consumed 0.25 kg per day. Complementary to MCN programme, WFP provided cash to build fly proof latrine to reduce any possible causalities of poor sanitation, Moreover, parents were provided with education sessions on health, hygiene and the preparation of healthy and balanced diets. After 6 months of WFP food support, everything changed. Ni Ni Win grew from 7 kg to 8 kg. Her skin condition improved, she felt strong and her health improved dramatically. On her weight chart (age vs. weight ratio) she moved from the dangerous “red zone” and entered the safe “yellow zone”. Her parents were overjoyed at their daughter's new-gained strength and progress on her health status. Her parents said, " WFP's MCN programme has saved our daughter".

Food Security

A note from A PLHA

Dear ADRA Myanmar and WFP,

My name is Mie Mie Khaing. I am 34, a widow and I live at 9th ward in Pokoku. My husband worked as a laborer at a Jade mine in Phar Kant, Kachin State. When he returned, it was clear he was dying from HIV/AIDS. I contacted ADRA Myanmar and even before he died, we got food aid from WFP through ADRA.

I have been receiving food rations from WFP for one year and three months. In the past, I could afford normally one meal in the morning and sometimes I missed the evening meal. Since I got this ration I could have two meals a day regularly. And I felt much better. For us who live for only today and who cannot think about tomorrow, we must have food and the will to survive. I receive food from WFP and this has generated the will to continue my life on earth.

*Thanks
Mie Mie Khaing*

ADRA Myanmar has received these gestures of appreciation on the food support programme for PLHA and TB patients operating in Pokoku under WFP PRRO in Magway. Food rations purchased from CERF for vulnerable families with TB patients and people living with HIV/AIDS has been of value in saving lives at critical periods.

Education sector

Food for Education in Northern Rakhine State (WFP)



School children ready to collect take-home ration in Let Wei Dat Pyin Shay Primary School in Buthidaung

Access to education is a fundamental right of every human being and it is one of the most effective means of breaking the poverty cycle. Achieving universal primary education is amongst the MDG goals that WFP is striving for. WFP's food for education programme not only addresses the increase in enrolment and attendance of the students but also address the hardships experienced during the lean season. However due to pipeline break caused by the funding gap, WFP has to skip the monthly FFE distribution for two months in September and October. This has adversely affected the already impoverished community whose coping capacities are significantly stretched.

In an interview with WFP teacher assistant, Md. Hassin, during a monitoring visit, he said, "More than half of the parents could not send their children to school, instead the parents have to force their children to work in the field to earn money, and some families even send their kids to beg for food in the community." He continued that, "after more than 10 years of FFE programme in NRS, perception of parents on children's education has changed to the better, however, when they are desperately in need of food, they have no choice but to give priority to solve the hunger problem over the children's education".

The contribution from CERF helped to bridge the funding gap during the lean season and enabled WFP to buy 1034 mt of food to cover the food shortage in NRS; as a consequence, the pipeline resumed in early November. During a beneficiary contact monitoring, a mother with six children claimed that it was a difficult decision to take her four children out of school as she was fully aware of the value of education as well as the immense relieve that the take home ration contribute to their family's food need. When suddenly the only source of food was cut, she had to borrow food to feed her six children. Moreover, her two elder daughters and her herself had to work as a domestic servant in exchange of bare minimum food. As she cannot receive sufficient food to feed her children adequately, they often dealt with the situation by skipping meals or eating less quality meal. Sadly enough she has to send her two sons to go begging for food in the market. "My children often could not attend school during this hardship period. However, these days are over now", she said with joy, When WFP continued the food assistance in November, she was able to send her children to school and with the double ration provided in November, they could return their loan and were able to have adequate food for all the family.

As a result of Food for Education programme, absolute enrolment for 2007-2008 school year is 67,591 boys and 60,689 girls totalling to 128,280 which is 2 percent increase from previous year. Attendance rate for boys and girls was recorded at 82.14 percent, and 82.34 percent respectively during the academic year. Proportion of beneficiaries' household expenditure devoted to food has been reduced from 100 percent in September to 90 percent in October and 82 percent in November accordingly.

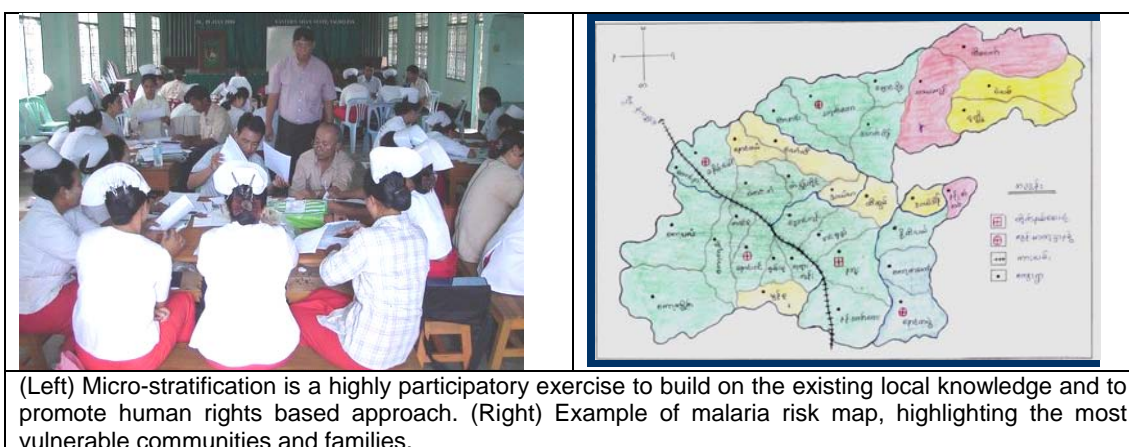
HEALTH

Protecting the most vulnerable families against malaria. (UNICEF)

Malaria disease burden distributes unevenly among population in Myanmar. This is not only because of the highly scattered malaria endemic foci across the country, also due to various vulnerability factors including population displacement, migration, the lack of basic health services, etc. Therefore, identifying the vulnerable communities and gaining the access to them is the most crucial steps to protect vulnerable families against malaria with effective interventions.

UNICEF and the National Malaria Control Programme conducted malaria risk mapping exercises (malaria risk micro-stratification) at the village level to identify the communities where malaria is highly endemic and families are most vulnerable in the targeted border townships. The highly participatory process brings together and draws on the knowledge of local health workers and community members in identifying the most vulnerable segment of the population including migrant and floating population. The micro-stratification exercise was completed in 16 townships in the project area with a combined population of 2.4 million. Among them, some 600,000 people in 89,000 households were identified as most at risk. With the CERF support, a total of 68,500 Long-Lasting Insecticide-treated Nets (LLINs) were distributed, targeting the most vulnerable families.

Even after defining the target, obtaining access is still a challenge in some of the locations. For example, in three townships in Southern Shan State, a total of 11,000 families living in 191 villages were identified as the most vulnerable families. Among those villages, most of them are located in very hard-to-reach areas including the areas held by two ceasefire groups. UNICEF's field officer and the malaria control staff carefully negotiated with ceasefire parties to obtain the access to those areas and managed to deliver the malaria prevention measure. A team consisted of malaria control staff and local health workers visited the high risk villages literally one by one and handed a LLIN to all householders in each village. LLIN is the most suitable prevention measure for hard-to-reach population as it can offer families a relatively long duration of protection from malaria. Especially children and pregnant women are well protected if it is provided in highly endemic villages.





A team consisted of malaria control staff and local health workers visited the high risk villages and distributed LLINs either through distribution session (left) or household visit (right).

Multi-Sector (UNHCR)



Provision of shelter construction materials in NRS
Photo: Mie Nakanishi, UNHCR FO Maungdaw

A family in Kha Maung Seik village, who could build a new house with CERF support

"I was planning to go to Bangladesh – said the man – as I had no other option to earn some money and build a house. I have 12 family members and the income earned by my sons is not enough to even feed the entire family. I had lost my house and I couldn't have possibly built another one without your help. I felt so happy when the UNHCR staff put me on the list to receive shelter materials. I received a full set of shelter materials and my sons together with other family members built a permanent house for us. Now my children have a house, and they are very happy! "



Protection Monitoring (UNHCR)
Photo: Mie Nakanishi, UNHCR FO Maungdaw

UNHCR staff on protection monitoring trip in Maungdaw North



Photo: Mie Nakanishi, UNHCR FO Maungdaw

UNHCR staff and Community Extension Workers on a protection monitoring trip in Maungdaw South.
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Southeastern Myanmar

Basic medical equipment for Rural Health Sub-centres

The Rural Health Sub-centre (RHSC) in Kyaimarraw Township, Mon State, was constructed by UNHCR in 2006 and equipped with furniture such as patient bed, examination bed, medical cabinet, waiting benches. The CERF funding allowed UNHCR to equip the centre with basic medical equipment and utensils such as delivery bed, forceps, blood pressure cuff, sterilizer, medical lamp, trolley, scissors, tweezers, and trays. Electric lighting was also installed through the supply of a generator. The community themselves tiled one of the rooms to convert it into a proper delivery room. Within a few months, the first 19 women delivered their babies in the RHSC in an appropriate and assisted environment while previously deliveries had exclusively taken place at home. The safe delivery kits provided by UNHCR were used. In a conversation during recent field monitoring, a highly pregnant woman came to the centre to give birth to her third child. She had decided to use the facilities of the RHSC this time while her other two children were born at home. She was encouraged and curious by the accounts she had heard from women who had already used the RHSC for birth giving. She added that she expected to feel safer in the centre also because there was light and running water.



Construction of one of the UNHCR Rural Health Sub-centres in Southeastern Myanmar..



National UNV Nurse training medical staff on use and maintenance of basic medical equipment for RHSCs in Southeastern Myanmar. The user instructions were combined with basic hygiene training.

Common Items for RHC & RHSC Kits



CERF-funded basic medical equipment for 143 Rural Health Centres and Sub-centre in Southeastern Myanmar.

**CERF Funding by Country (2008) - Project Detail Myanmar
(01-01-2008 to 19-09-2008)**

Agency	Agency Project	Sector	Window*	Approved Amount US\$ / Date	Disbursement Date
WFP	"Logistics Augmentation and Coordination in Support of the Humanitarian Community in Myanmar." (08-WFP-057)	Coordination and Support Services - Logistics	RR	1,300,005 20-08-2008	02-09-2008
IOM	Emergency Medical Referrals and Assisted Return Services for Cyclone Affected Communities in the Ayeyarwady Delta Region (08-IOM-019)	Health	RR	300,000 19-08-2008	27-08-2008
WFP	Myanmar EMOP 10749.0 'Food Assistance to Cyclone-Affected Populations in Myanmar (08-WFP-079)	Food	RR	1,750,000 08-08-2008	20-08-2008
IOM	Rapid Delivery of Life-Saving Non-Food Items to Survivors of Cyclone Nargis (08-IOM-018)	Shelter and non-food items	RR	649,999 08-08-2008	20-08-2008
FAO	Emergency support to restore food security in cyclone NARGIS-affected areas through the provision of agriculture inputs and technical assistance (08-FAO-019)	Agriculture	RR	2,000,000 23-05-2008	03-06-2008
WFP	Emergency Telecommunication Cluster (ETC) Services for Humanitarian Assistance to the cyclone-affected population of the Union of Myanmar (08-WFP-050)	Coordination and support services	RR	275,399 21-05-2008	02-06-2008
UNICEF	Emergency Telecommunication Cluster (ETC) – Data Connectivity (DC) Services for Humanitarian Assistance to the cyclone-affected population of the Union of Myanmar (08-CEF-040)	Coordination and support services	RR	224,216 21-05-2008	29-05-2008
WFP	Myanmar EMOP 10749.0 Food Assistance to Cyclone-Affected Populations in Myanmar (08-WFP-049)	Food	RR	5,023,602 13-05-2008	23-05-2008
WFP	Logistics Augmentation and	Coordination	RR	3,951,510	23-05-2008

	Coordination in Support of the Humanitarian Community in Myanmar (08-WFP-051)	and support services		13-05-2008	
UNICEF	Emergency WASH response for affected populations (08-CEF-039-A)	Water and sanitation	RR	2,867,600 13-05-2008	20-05-2008
UNICEF	Prevention of Child and Maternal Deaths and Illnesses (08-CEF-039-C)	Health	RR	2,000,900 13-05-2008	20-05-2008
WHO	Addressing Priority Health Needs of the Affected Population of Cyclone Nargis in the Ayeyawaddy and Yangon Divisions (08-WHO-030)	Health	RR	1,877,315 13-05-2008	20-05-2008
UNHCR	Emergency Shelter Assistance in Areas Affected by Cyclone Nargis (08-HCR-022)	Shelter and non-food items	RR	1,646,858 13-05-2008	20-05-2008
IOM	Rapid Delivery of Life-Saving Transitional Shelter and Non-Food Items to Survivors of Cyclone Nargis (08-IOM-013)	Shelter and non-food items	RR	1,200,000 13-05-2008	20-05-2008
UNICEF	Prevention of malnutrition and micronutrient deficiencies among children and pregnant women (08-CEF-039-B)	Health	RR	1,000,450 13-05-2008	20-05-2008
IOM	Rapid Establishment of up to 10 Temporary/Emergency Primary Health Care Clinics in Priority Locations in the Irrawaddy Delta region. (08-IOM-014)	Health	RR	250,006 13-05-2008	20-05-2008
UNFPA	Prevention of Maternal Morbidity, Sustaining Reproductive Health post-Cyclone Nargis (08-FPA-021)	Health	RR	99,510 13-05-2008	20-05-2008
WHO	Saving lives by providing HIV and TB/HIV control and treatment to vulnerable communities in the hard-to-reach regions of Myanmar border areas (08-WHO-015)	Health	UFE	771,149 14-03-2008	10-04-2008
UNHCR	Assistance to vulnerable residents of NRS (08-HCR-010)	Multi-sector	UFE	717,388 14-03-2008	27-03-2008
UNFPA	Maintaining Life-Saving Malaria Diagnosis and Treatment (08-FPA-010)	Health	UFE	411,442 14-03-2008	26-03-2008
UNFPA	Reproductive Health Access, Information, and Services in	Health	UFE	120,000 14-03-2008	26-03-2008

	Emergencies (08-FPA-009)				
Total				28,437,349	

* RR - Rapid Response; UFE - Underfunded Emergency

List of Acronyms:

CERF- Central Emergency Response Fund

CP- Country Programme

DOTS- Direct Observed Treatment Short course

ERC- Emergency Relief Coordinator

FFE

IASC - Inter-Agency Standing Committee

IDPs- Internally Displaced persons

INGO- International Non governmental Organization

IOM-The International Organization for Migration

LLINs – Long Lasting Insecticide treated Nets

MCN- Mother and Children Nutrition Program

MDG

MSF- Médecin Sans Frontières

MU- Microscopy Units

NFI- Non- food items

NGO- Non governmental Organization

NRS- National Regional State

RHCS

UNAIDS- Joint United Nations Programme on HIV/AIDS

UNCT- United Nations Country Team

UNDP- United Nations Development Programme

UNHCR-United Nations High Commissioner for Refugees

UNICEF- United Nations Children's Fund

WHO- World Health Organization