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> Contact Info Arsen Sahakyan wfp.yangon@wfp.org

> > Country Director Dom Scalpelli

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Supporting Transition by Reducing Food Insecurity and Undernutrition among the Most Vulnerable

Standard Project Report 2017

World Food Programme in Myanmar, Union of (MM)



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### **Achievements at Country Level**

Despite the unfolding humanitarian crisis in Rakhine State exacerbating an already fragile situation in Myanmar, WFP, with 280 dedicated staff members from the country office in Yangon, liaison office in the capital and nine field offices across the country, still managed to implement food assistance activities to improve food security, nutrition, livelihoods and education access for the most food-insecure communities countrywide. With generous support from donors and in partnership with national authorities and other stakeholders, WFP carried out a cost-conscious, efficient and effective operation assisting more than 1 million women, girls, boys and men through five major operational activities—relief, food assistance for assets (FFA), nutrition, food-by-prescription for people living with HIV (PLHIV) and tuberculosis (TB) patients, and school meals in Ayeyarwaddy, Chin, Kachin, Kayah, Kayin, Magway, Mandalay, Mon, Nay Pyi Taw, Rakhine, Sagaing, Shan, Tanintharyi and Yangon, including Kokang Self-Administrative Zone, Naga Self-Administered Zone and Wa Special Administrative Division [1].

Over 406,000 internally displaced, flood-affected and most vulnerable people benefited from unconditional food and cash-based assistance in Kachin, Magway, Rakhine and Shan, including Kokang, when access was possible. Following the outbreak of violence in Rakhine State and activation of the corporate level 3 emergency response, WFP regained access to remote villages in northern Rakhine State, and was able to assist 138,000 displaced and conflict-affected people therein. WFP scaled up cash-based transfers in Kachin and Shan States in areas where food was available in markets but people lacked the resources to buy it, or in the absence of sustained humanitarian access and physical presence. While cash-based transfers meant greater programme effectiveness, lower costs and easier delivery for WFP, it also empowered people in need by enabling them to buy their own preferred foods and have control over the assistance they received. With the rapid developments in telecommunications in



Myanmar, WFP went on to explore the use of mobile financial services as a tool to fight food insecurity and piloted electronic money transfers, or the e-wallet, for the first time in a humanitarian setting in the country. The use of mobile phones to transfer and store monetary funds proved to be safer and more reliable than cash in envelopes for the displaced populations. More than 75,000 people benefited from cash-based transfers, including through the e-wallet.

WFP continued to contribute to improving the nutrition situation through nutrition-sensitive and nutrition-specific interventions and technical support to the Government. Indicators in the nutrition and food-by-prescription programmes remained relatively stable despite funding cuts and access restrictions. Nutrition interventions to prevent stunting and wasting supported 28,000 pregnant and lactating women and 112,000 young children in Kachin, Rakhine and Shan States. In addition, 4,000 PLHIV and 7,000 TB patients receiving treatment in Kachin, Magway, Mon, Rakhine, Shan and Yangon benefited from food and nutrition assistance to support their recovery. At the request of the Ministry of Health and Sports, the World Bank and United Nations Network for Scaling Up Nutrition (SUN), chaired by WFP, provided technical support for the development of the Costed Multi-Sectoral National Plan of Action on Nutrition (2018–2022) as an important strategic framework to address malnutrition in Myanmar.

In partnership with the Government, WFP's school meals programme was expanded from 3,293 schools in 2016 to 4,600 schools in 2017, catering to 365,000 girls and boys from the most vulnerable communities in Chin, Kayah, Kayin, Mon, Magway, Mandalay, Rakhine, Sagaing, Tanintharyi and Shan, including Wa. WFP piloted the cooked school meals initiative with community involvement as a major component of the project through food procurement and preparation of meals with local ingredients by the parents. The pilot was integrated with the FFA programme to establish school gardens, promote employment opportunities and also benefit the nutritional status of schoolchildren. WFP adopted a nutrition-sensitive approach to all FFA activities, helping to restore the agricultural potential and livelihoods of 37,000 rural food-insecure households who also benefited from nutrition messaging.

WFP undertook various initiatives to better inform gender transformative programming in Myanmar. For example, WFP increased sensitization efforts among assisted communities by emphasising the importance of providing equal wages for women and men participating in FFA programmes. Rosters of female candidates were created to achieve gender parity in the workplace. With renewed conflicts and violence, humanitarian access and negotiations became more challenging and WFP strengthened its engagement in protection issues. WFP engaged the Centre of Competence on Humanitarian Negotiation on the issue of decreased humanitarian space, with important findings made in 2017 that will inform the way forward for future WFP programmes.

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[1] Myanmar's 15 administrative divisions comprise one union territory of Nay Pyi Taw, seven regions of Ayeyarwaddy, Bago, Magway, Mandalay, Sagaing, Tanintharyi and Yangon, and seven states of Chin, Kachin, Kayah, Kayin, Mon and Shan. There are also five self-administrative zones and one special administrative division with Naga Self-Administered Zone within Sagaing Region, as well as Kokang Self-Administered Zone and Wa Special Administrative Division within Shan State.

#### **Country Context and Response of the Government**

Myanmar continues to face a complex political and socio-economic situation. Poverty, recurrent conflict, vulnerability to natural disasters, prevalence of infectious diseases, low education indicators, and persistent structural and socio-cultural gender inequalities significantly compromise food and nutrition security in many areas of the country. The gross domestic product (GDP) growth slowed down to 5.9 percent in 2017 from 7 percent in 2016 due to severe flooding as well as weak agricultural production in the previous year. Myanmar remains one of the least developed nations in the world with an estimated 37 percent—or 20 million people—out of its 53 million population living near or below the poverty line [1]. Social indicators remain low with Myanmar ranking only 145th out of the 188 countries on the 2016 United Nations Development Programme (UNDP) Human Development Index and 85th out of 187 countries on the Gender Inequality Index. Disfranchised segments of the population, including women and girls, the elderly, persons with disabilities and minorities are affected disproportionately by poverty, conflict, targeted violence, climate change and limited participation in economic growth. The Demographic Health Survey (2015–2016) findings indicate a high level of gender inequality with 51 percent of women found to believe that a husband or partner is justified in beating his wife or partner under certain circumstances.

Myanmar has made significant advances with the introduction of the National Social Protection Strategic Plan (2014–2024) under the Ministry of Social Welfare, Relief and Resettlement, and by achieving the millennium development goal of halving hunger by 2015 with support from the international community. The Government is committed to achieving the 2030 agenda for sustainable development, particularly strategic development goal (SDG) 2 [2]. The Ministry of Agriculture, Livestock and Irrigation launched the Agricultural Development Strategy



(2017-2022), an integrated strategic document consolidating the substantial efforts made by the Government, the private sector, civil society, and development partners through various approaches to agricultural development. Despite progress made since beginning of the millennium, food insecurity in Myanmar remains a major challenge and varies significantly across its states and regions. High food insecurity rates are prevalent in isolated mountainous and hilly zones in Chin, Kachin, Rakhine, Sagaing and Shan predominantly dominated by ethnic minorities and in rural zones, as a result of ongoing conflict, remoteness and lack of infrastructure. The number of food-insecure people is also high in many areas of the Delta and in the Dry Zone [3] due to higher population densities. Close to half of households have restricted physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs, particularly during the lean agricultural season. Women and girls are most affected due to discrimination, including customary laws and traditions, constraining land tenure, property ownership and inheritance, and decision-making over food and other resources. Agriculture is the mainstay of Myanmar's economy, largely consisting of farming, livestock production, forestry and fisheries. Women play a critical role in this sector. There is a gender-based division of labour in crop cultivation, although this may differ according to cropping patterns by state or region. Generally, women and girls perform tasks related crop cultivation, which includes planting, caring, weeding, transplanting, harvesting, threshing, post-harvest operations, and marketing. Since land is the most critical productive asset in farming, the lack of land access, control and ownership are major challenges for women farmers.

With renewed fighting in Kachin and Shan and the upsurge of violence in Rakhine, an already fragile humanitarian situation in the country has deteriorated in recent years, leaving more than 1 million people displaced from their places of origin since June 2011. Eighty percent of the displaced are women and children. With restrictions on movement and lack of access to livelihoods, external assistance has become a lifeline for many. The protracted conflict situation and violence have triggered negative coping mechanisms, growing sexual violence, forced recruitment, trafficking and vulnerability to risky migration practices that particularly affect women, girls and boys. Helping these populations survive and live with dignity remains a major challenge. Ethnic conflict and extensive landmine contamination in Kachin and Shan States hindered the access of internally displaced persons (IDPs) to farmland and other livelihood opportunities, reinforcing their dependency on on humanitarian assistance. In Kachin State, fighting between government forces and the Kachin Independence Army (KIA) that had displaced 91,000 people since 2011 continued throughout 2017. About 40 percent of displaced people are located in areas of Kachin State beyond government control where international actors have had very limited or no humanitarian access since June 2016. In Shan State, 15,000 people have remained displaced since the outbreak of the ethnic conflict in 2011. Increased military tensions between government forces and ethnic armed organizations (EAOs), as well as among EAOs, caused new temporary displacement of 30,000 people in Kokang, though many displaced people returned to their places of origin. Sporadic tensions also caused small-scale displacement in northern Shan State.

In Rakhine State, despite the Government's efforts to resettle IDPs through the implementation of the Rakhine Action Plan, more than 128,000 persons, mostly Muslims, remain internally displaced in camps or camp-like settings, with severe restrictions on their movement and limited access to livelihoods, health care, education and other basic social services since the outbreak of intercommunal violence in 2012. Attacks on border outposts in August 2017 and ensuing security operations and violence further forced nearly 700,000 Muslims living in northern townships of Rakhine State to flee Myanmar and seek refuge in neighbouring Bangladesh, leading to a large-scale humanitarian crisis. The Government provided several rounds of emergency assistance through food and non-food items to the displaced and affected populations, mostly to ethnic groups displaced in the camps of Rakhine State. However, lack of humanitarian access caused significant disruptions to the provision of food and other life-saving services for the majority of the affected Muslim population. There is still no composite picture of the needs, including the number of residual people, in the northern townships of Rakhine State. Movement restrictions for local and particularly Muslim populations were expected to have a negative impact on food and nutrition security, for example by preventing people from reaching their fields or fishing boats which were the main sources of livelihoods and food for many. According to the United Nations Food and Agriculture Organization's (FAO) quarterly Global Early Warning—Early Action System (EWEA) report, the large-scale displacement from Maungdaw District to Bangladesh and lack of access to food and fuel have compounded food insecurity in Myanmar (and Bangladesh), leaving vulnerable people at high risk. In central Rakhine, restrictions of movement and lack of access to livelihoods leave the majority of Muslim IDPs reliant on external humanitarian assistance as their sole means for survival. New restrictions on the livelihoods and movement of Muslim communities (such as the inability to obtain fishing licenses and local curfews) have been observed. Reduced labour, increased wage rates and decreased harvests are noted in ethnic Rakhine communities. While the Government holds the primary responsibility to meet the needs of the affected populations, the international community continued to provide the bulk of humanitarian assistance in the country. In October 2017, the Union Enterprise for Humanitarian Assistance, Resettlement, and Development in Rakhine (UEHRD) was established for the Government to take the lead in coordinating the provision of humanitarian assistance and conducting resettlement and rehabilitation work. In November 2017, an agreement on the voluntarily return of refugees from Rakhine State to Myanmar was signed between the governments of



Bangladesh and Myanmar, the implementation of which still remains challenging and uncertain without clear terms and conditions conducive for the voluntary, safe, dignified and sustainable repatriation of refugees. The Government also set up an Implementation Committee to carry out the recommendations put forward by the Advisory Commission on Rakhine State chaired by Kofi Annan [4]. The implementation of these recommendations will remain critical to achieving lasting peace and longer-term development in Rakhine State.

With frequent floods, landslides, cyclones and other natural hazards, Myanmar is extremely vulnerable to the effects of climate change which lead to massive population displacement and destruction of livelihoods, crops and other food sources. It ranks second out of 187 countries in the Global Climate Risk Index and 12th out of 191 countries in the Index for Risk Management (INFORM). Since 2002, more than 13 million people have been affected by natural disasters, including three severe cyclones (category 4), several major earthquakes and flooding. In 2017, Cyclone Mora brought strong winds and torrential rains in Myanmar. Rakhine State was hit worst, with over 60 percent of the temporary shelters in IDP camps damaged or destroyed. During the 2017 monsoon season, the country faced severe flooding in 13 of the country's 15 administrative divisions, affecting 320,000 people. Authorities made some progress in being able to respond to cyclonic and monsoonal floods with only limited assistance from the international community, and affected communities received relief food and other humanitarian supplies. The Government established an emergency operations centre under the Ministry of Social Welfare, Relief and Resettlement to support early warning and response in coordination with national and international partners. In October 2017, the National Disaster Management Committee launched its Action Plan for Disaster Risk Reduction (2017–2020) laying a long-term vision for building resilience by 2030.

While some improvements have been registered with stunting and wasting rates reduced by 6 percent and 1 percent respectively in recent years, the prevalence of undernutrition among children and women in Myanmar remains high. Myanmar's Demographic Health Survey (2015-2016) results show that 29 percent of children under 5 years are stunted, while wasting prevails at 7 percent nationally with geographic disparities in undernutrition. Anaemia prevalence among children aged 6-59 months is at 57 percent and among women aged 15-49 years at 47 percent, which is in the category of severe public health significance, with millions being affected. The recent violence and displacement have likely affected the already poor nutritional status of people in Rakhine State. In Maungdaw District, child malnutrition rates were already above emergency thresholds before recent violence broke out. During the national coordination meeting on nutrition in Pakokku in January 2017 attended by the Union ministries, United Nations (UN) agencies and other development partners, the State Counsellor acknowledged that malnutrition is a multi-faceted issue which requires a coordinated national approach across sectors, reinforcing Myanmar's commitments to the SDGs. Following the creation of a national nutrition sector coordination group at the highest level of Government, the National Nutrition Centre under the Ministry of Health and Sports led the development of the Costing Multi-Sectoral National Plan of Action for Nutrition (2018-2022). The National Nutrition Centre also brought together relevant ministries to collectively conduct a nutrition stock-taking exercise in 2016 which was completed in June 2017. This encompassed a situation analysis, policy review, and stakeholder and coverage mapping.

As a fast-track priority country [5], Myanmar is one of 35 countries accounting for 90 percent of new HIV infections globally, with an estimated 225,000 people living with HIV (PLHIV) in 2015, including 77,000 women. Myanmar's third National Strategic Plan on HIV/AIDS (2016–2020) articulated a strategy to optimize investments through a fast-track approach with the vision of ending HIV as a public health threat by 2030. A large proportion of PLHIV in Myanmar do not know their status, while stigma, discrimination and late diagnosis present substantial barriers to improving health outcomes. Half of PLHIV are still not receiving life-sustaining antiretroviral therapy (ART). Findings of the Ministry of Health and Sports' assessment of the socio-economic impact of HIV and chronic diseases showed that 57 percent of households with PLHIV reported a reduction in food consumption due to HIV-related social barriers. HIV prevalence is alarming among at-risk groups such as people who inject drugs (23.1 percent), men having sex with men (6.6 percent), and female sex workers (6.3 percent).

Myanmar is among the 30 highest tuberculosis (TB) burden countries worldwide, with an estimated 140,700 cases of drug-sensitive TB and 2,800 cases of multi-drug resistant (MDR) TB registered in 2015. Approximately 60 percent of TB patients were tested for HIV and 9 percent found HIV positive. Men and boys are more likely to suffer from HIV or HIV and TB co-infection than women and girls due to seasonal migration to border areas where unsafe drug injection and high-risk sexual behaviour are common. The National Strategic Plan for Tuberculosis (2016–2020) aims to accelerate the decline in the prevalence of drug-sensitive and drug-resistant TB through integrated and multi-sector patient care. The Plan provides a road map for delivering quality TB prevention and care services to the entire population as an integral part of the country's move toward universal health coverage.

Education remains inadequate at all levels, from pre-primary to secondary schools, limiting learning and employment opportunities for young people. Seventy-four percent of children who enrol complete primary school, but less than half complete middle school and even fewer children progress onward. Customarily, girls are more likely to drop out of school at an early age in order to serve family needs. In February 2017, the Ministry of



Education launched the National Education Strategic Plan (2016–2021) to improve teaching and learning at all levels of education from primary to higher education, as well as alternative, technical and vocational education and training. The Government has started education reforms to improve the quality of and increase access to education, as well as to ensure that children stay in school and complete their education.

Despite challenges, Myanmar has witnessed consistent economic growth and reached lower-middle income country status over the past decade. The second largest country in Southeast Asia, Myanmar continues to be one of the fastest growing economies in the region with economic growth projected to average 7 percent per year. More favourable weather conditions in 2016 helped agriculture recover from flooding the previous year. With demand for rice produced in Myanmar at its highest levels in decades and strong international prices for commodities, crop production has been boosted. Industry and services continue to accelerate with increased foreign investment, rapid expansion of the telecommunications sector and emerging financial service providers with more reliable payment solutions to accommodate growing market demands, predominantly in urban areas.

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[1] World Bank. 2017. An analysis of poverty in Myanmar. Washington, D.C.: World Bank Group.

[2] SDG 2—zero hunger: end hunger, achieve food security and improved nutrition and promote sustainable agriculture.

[3] Delta is the lowest expanse of land in Myanmar, occupying the delta region of the Ayeyarwaddy River. Dry Zone includes areas of lower Sagaing Region, western and central parts of Mandalay Region and most of Magway Region.

[4] In September 2016, the Kofi Annan Foundation and the Office of the State Counsellor established an Advisory Commission on Rakhine State as a national entity mandated to examine and propose recommendations to address the complex challenges facing Rakhine State.

[5] The fast-track approach is an agenda for accelerated delivery of high-impact HIV prevention and treatment services with zero discrimination putting the world on a trajectory to end the AIDS epidemic by 2030. It sets the ambitious 90–90–90 targets that by 2020, 90 percent of PLHIV know their status, 90 percent of people who know their status are receiving treatment and 90 percent of people on HIV treatment have a suppressed viral load with stronger immune system and significantly reduced likelihood of their infection being passed on.

### **WFP** Objectives and Strategic Coordination

WFP is the largest humanitarian organization providing life-saving food, cash and nutrition assistance to displaced and other most vulnerable populations in conflict-affected and food-insecure areas of Myanmar. WFP implemented its first operation in Myanmar in 1978 and established its first office in 1994.

During the last year of its protracted relief and recovery operation (PRRO 200299), WFP continued to implement food assistance activities with the overarching goal to contribute to more equitable development across the country, to support national reconciliation efforts to reduce poverty, food insecurity and undernutrition and increase resilience among the most vulnerable communities. The specific objectives of the PRRO, aligned with WFP strategic objectives 1, 2 and 4 [1] and contributing to sustainable development goals (SDGs) 2, 5 [2] and 17 and the zero hunger challenge [3], were:

- to prepare for and respond to natural and human-made disasters and other shocks in support of the Government (strategic objective 1);
- assist post-disaster recovery by rehabilitating productive assets to improve household food security and create socio-economic opportunities for the most vulnerable (strategic objective 2);
- address undernutrition among children and pregnant and lactating women (PLW), and support at-risk groups such as people living with HIV (PLHIV) and tuberculosis (TB) patients (strategic objective 4);
- improve access to, and enrolment and attendance at, primary schools (strategic objective 4); and
- improve the sustainability of responses to food insecurity and undernutrition through knowledge sharing and capacity development (strategic objectives 1, 2 and 4).

WFP's objectives contributed to the implementation of national strategic plans such as the National Comprehensive Development Plan (2010–2030), National Strategy on Rural Development and Poverty Alleviation (2011–2015), National Plan of Action for Food and Nutrition (2011–2015), National Social Protection Strategic Plan (2014–2024) and National Education Strategic Plan (2016–2021). WFP's operation was implemented in close coordination with the Government and contributed to the achievement of national priorities in the areas of food security, emergency response and preparedness, agricultural development, nutrition, health, education and social protection. WFP became a member in seven out of ten sectoral coordination groups (SCG) and a co-facilitator of the nutrition SCG in



the Development Assistance Coordination Unit (DACU) established by the Government with the goal of aligning foreign assistance with Myanmar's development priorities.

As a leading humanitarian logistics organization, WFP continued delivering food and nutrition assistance to some of the most isolated and disaster-affected areas throughout Myanmar in coordination with the Ministry of Border Affairs and local authorities. WFP continued to co-chair the Food Security Sector with the United Nations Food and Agriculture Organization (FAO), playing a key role in coordinating life-saving food assistance for crisis-affected populations. WFP participated in Humanitarian Country Team meetings and provided regular updates on relief operations to partners. WFP contributed to the development of the humanitarian response plan (HRP) and supported its implementation in the area of food security and nutrition. Aligned with the HRP's four strategic objectives [4], WFP implemented its relief operations in Kachin, Shan and Rakhine States which had the most urgent humanitarian needs, including food, caused by protracted or renewed conflict and violence. Notwithstanding the complexity of the situation in the country, efforts were made to deliver assistance in line with humanitarian principles of humanity, neutrality and impartiality. In Rakhine State, WFP also led regular food security sector coordination meetings in Sittwe. WFP worked closely with the United Nations Senior Advisor on Rakhine, United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and other entities to ensure coordinated monitoring, information exchange and reporting. Following the massive displacement of people to Bangladesh as result of violence in August 2017, WFP activated a level 3 corporate response in Myanmar in September 2017 in order to assist the residual population and better prepare for the eventual return of displaced people. WFP was the only United Nations organization that received access in Maungdaw District in the northern part of Rakhine State, and subsequently launched a rapid emergency response complementing assistance provided by the Myanmar Red Cross Movement and the Union Enterprise for Humanitarian Assistance, Resettlement, and Development in Rakhine (UEHRD). WFP and the United Nations High Commissioner for Refugees (UNHCR) remained the only actors with international presence throughout the crisis. In Kachin and Shan States, WFP continued to participate in area humanitarian country team meetings and to augment support provided by the Joint Strategic Team composed of local non-governmental organizations, leading the humanitarian response in those areas.

Under the Food Security Sector, WFP chaired the cash working group, facilitating coordination, harmonization and communication amongst numerous stakeholders. WFP provided technical support to the Department of Social Welfare on the extension of their mother and child cash-based transfer programme and assisted the Ministry of Social Welfare, Relief and Resettlement in the design and implementation of social protection programmes in terms of cash-based transfer modalities and an information management system. In 2017, WFP launched the first ever pilot programme with mobile cash-based transfers for humanitarian assistance in Myanmar.

In line with Myanmar's commitment to zero hunger, WFP sponsored a strategic review on food and nutrition security conducted by an independent research institute and led by the Government. The strategic review identified gaps and challenges for achieving zero hunger and proposed actions for the Government, development partners and other stakeholders to best support the country in making progress towards zero hunger. The findings and recommendations of the strategic review informed the development of the United Nations Development Assistance Framework (UNDAF) and contribute to ongoing work on food and nutrition security in Myanmar.

WFP, together with the United Kingdom's Department for International Development (DFID), co-led the newly established National Nutrition Sector Coordination Group. The UN Network for Nutrition comprising FAO, United Nations Children's Fund (UNICEF), United Nations Office for Project Services (UNOPS), UN Women, United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP) and World Health Organization (WHO), supported by the Renewed Efforts against Child Hunger and Undernutrition (REACH) national facilitator and hosted by WFP, partnered with the World Bank to provide technical and major financial assistance for Costing Multi-Sectoral National Plan of Action for Nutrition (2018–2022) under the Ministry of Health and Sports. WFP in collaboration with UNICEF supported the National Nutrition Centre to finalize the integrated management of acute malnutrition (IMAM) guidelines. The roll out started in Magway Region and will continue in 2018 in Kayin and Rakhine States.

Under the social protection subsector coordination group, WFP became the focal development partner to facilitate national school feeding and public works (which also covered community asset creation projects implemented by WFP) among the eight flagship programmes under the National Social Protection Strategic Plan (2014–2024) of the Ministry of Social Welfare, Relief and Resettlement. WFP continued to provide technical and financial support to the Ministry of Education for the development of the national school feeding programme, which is part of the National Education Strategic Plan (2016–2021), supporting at-risk students for equitable access to basic education and aiming to improve low education indicators. WFP coordinated closely with the Government in three sub-sector coordination groups for environment, agriculture and rural development, and social protection, in support of the flagship programme for public works, focused on wage employment opportunities for vulnerable households, enhancing economic opportunities and improving access to basic services.



As Myanmar faces a high risk of impacts due to climate change, WFP initiated a strategic partnership with the Ministry of Agriculture, Livestock and Irrigation, and the Ministry of Natural Resources and Environmental Conservation to develop an adaptation plan on the impact of climate change through community asset creation activities. As a first step, WFP undertook a consolidated livelihood exercise for analysing resilience (CLEAR) to guide potential emergency response priorities for food security and nutrition. The initial phase included a literature review, a mapping analysis and a pre-flood survey, and aimed to pave the way for the CLEAR. Historical data on past climate trends and model-based projections of future climate conditions were analysed to model the impact of climate change in Myanmar on food security and nutrition. The mapping analysis was used to identify historical trends and future impacts of climate change. The next steps will include a national workshop and regional collaboration on resilience and climate-sensitive livelihoods.

WFP engaged in various emergency preparedness and response initiatives to strengthen national capacity given the country's high degree of vulnerability to natural disasters. Among the 32 priority actions of the Myanmar Action Plan for Disaster Risk Reduction (2017–2020) launched by the National Disaster Management Committee, WFP supported emergency response teams, an emergency logistics system and warehouse management with the aim of improving the disaster response system in Myanmar. WFP provided information and communication technology (ICT) equipment and mobile storage units for the Relief and Resettlement Department Training Centre and delivered simulation exercises and capacity building training on emergency telecommunications, emergency logistics and warehouse management. The national authorities also benefited from a WFP-sponsored emergency preparedness and response study visit to the Philippines, and a mobile data collection tool for assessments. WFP further implemented the logistics capacity assessment (LCA), handed over warehouse equipment and refurbished government-owned warehouses.

WFP continued to build the capacity of national and local government institutions and non-governmental organizations (NGOs) related to food security and nutrition information monitoring. WFP collaborated with the Central Statistical Organization to integrate its market monitoring within the national statistics system. WFP's support to the Central Statistical Organization focused on developing a mobile data collection system for the collection of monthly prices of 218 food and non-food commodities. The system would allow real-time collection and enable geographic expansion, faster information outputs and richer data. The mobile system was piloted in 35 townships and then scaled up in the second half of 2017 to cover 82 townships. In addition, WFP collaborated with the National Nutrition Centre to design and prepare a large poor urban household survey that will be conducted in 2018 in Yangon.

The completed five-year PRRO is being replaced by the new Country Strategic Plan (CSP 2018–2022) in Myanmar, which was approved by the WFP Executive Board in November 2017. WFP will continue direct implementation of food assistance while increasing capacity strengthening activities with a view to laying the groundwork for government ownership of food and nutrition security programmes by 2030.

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[1] Strategic objective 1 – save lives and protect livelihoods in emergencies; strategic objective 2 – support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies; and strategic objective 4 – reduce undernutrition and break the intergenerational cycle of hunger.

[2] SDG 5 – gender equality: achieve gender equality and empower all women and girls.

[3] Zero hunger challenge I – 100 percent access to adequate food throughout the year; challenge II – zero stunted children under 2; challenge III – all food systems are sustainable; challenge IV – 100 percent growth.

[4] Strategic objective 1 – meeting needs of displaced people and supporting efforts to achieve durable solutions; strategic objective 2 – ensuring that vulnerable crisis-affected people have access to essential services and livelihood opportunities; strategic objective 2 – ensuring the protection of civilians; and strategic objective 4 – strengthening of national capacities and the resilience of communities.



# **Country Resources and Results**

#### **Resources for Results**

#### **Funding Strategy and Financial Landscape**

WFP's resource mobilization efforts in Myanmar, which aligned with the 2030 Agenda for Sustainable Development and were consistent with corporate partnership strategy, sought to obtain predictable, timely, sufficient, diversified, multi-year and flexible funding for the effective and efficient implementation of the protracted relief and recovery operation (PRRO). With the increased tendency for decentralized decision-making in the field by funding partners, the major part of resource mobilization took place at the local level. With an overall budget of USD 361 million, the PRRO ended in 2017 being only 64 percent resourced.

The operation was made possible thanks to voluntary contributions from 30 funding sources. Japan remained the top donor to the PRRO, having contributed USD 68.5 million over the course of the five-year operation. Other major donors were the United States, the European Union, Australia, the United Nations Central Emergency Response Fund (CERF), Switzerland, the United Kingdom, Canada, Germany, Denmark, Sweden and the private sector. The annual needs in 2017 amounted to USD 72 million, of which WFP received 42 percent (USD 30.2 million) with the United States becoming the largest funding partner for the year.

Funding that was mobilized contributed to improving the food and nutrition security of over 1 million vulnerable people in various parts of the country. WFP prioritized life-saving food, cash-based and nutrition assistance to the most vulnerable conflict-affected internally displaced persons (IDPs), pregnant and lactating women (PLW), as well as young children, wherever access was possible. The school meals programme also received sustained financial support which permitted a considerable expansion nationwide. Fundraising flexible and multi-year contributions remained the biggest resourcing challenge. More unearmarked contributions would have enabled WFP to provide greater assistance to marginalized food-insecure populations benefiting from community asset creation projects and food-by-prescription for people living with HIV (PLHIV) and tuberculosis (TB) treatment clients.

WFP continued discussions with the Government on the importance of increased government ownership of the WFP-supported operation in order to ensure its long-term sustainability. Significant progress was reached in the three-party partnership for the gradual nationalization of the school meals programme predominantly funded by Australia and the Japan Association for WFP, as well as the national AIDS and TB programmes funded by the Global Fund to Fight AIDS, TB and Malaria. Traditionally underfunded national capacity building activities such as the cash feasibility assessment in disaster-prone areas and application of the incident command system in the event of a crisis were supported by the United Kingdom Department for International Development and the Office of the U.S. Foreign Disaster Assistance respectively.

#### Value for Money

Throughout 2017, WFP focused on optimal use of its resources in a results-driven manner. The organization embraced the concept of value for money and implemented a partnership-oriented, cost-conscious, efficient and effective operation.

**Economy:** WFP continued its cost containment practices. Duty travel-related expenditures were reimbursed directly rather than through a bulk daily subsistence allowance, which resulted in cost savings for regular trainings and assessments. WFP continued to take the lead in co-locating offices with other United Nations (UN) agencies such as the United Nations Food and Agriculture Organization (FAO), United Nations High Commissioner for Refugees (UNHCR), UN Women and the United Nations Development Programme (UNDP). For instance, WFP hosted a One UN house in Lashio, Shan State, for most UN agencies in the area and signed a One UN house lease agreement in the capital Nay Pyi Taw, planned to support seven UN agencies. WFP also successfully renegotiated the lease for the country office premises, which is shared with the Myanmar Information Management Unit and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), with cost savings of 4 percent per year.

WFP continuously and proactively strived to optimize supply chain costs both in procurement and transport while maintaining the agility to best respond to the volatile in-country context. One example was a USD 0.8 million reduction in the cost of pulses. Previously, major price fluctuations among different types of pulses caused by unexpected export patterns resulted in abrupt cost increases and low availability. Following advocacy with beneficiaries, a more reasonable type of pulses was introduced providing the same nutritional benefits and resulting in a substantial cost saving. The implementation of long-term agreements with several reliable local financial service providers for cash-based transfers was another significant achievement. WFP kept a stock of emergency response equipment such as mobile storage units, accommodation units, a ready-to-deploy hub and boats, which were used during rapid emergency responses. These preparedness measures helped contain expenses as equipment



maintenance costs were significantly lower compared to express shipping costs from a WFP central depot each time an emergency was declared.

**Efficiency:** WFP went through an operational review of its staffing structure, both at the country and field office level, to enable a smoother implementation of its activities. As WFP was transitioning to the new Country Strategic Plan, WFP also underwent an organizational readiness process to ensure people with the right skill sets were in all positions. To strengthen coordination and efficiency among UN agencies, the Human Resource Working Group was reactivated in 2017. Participating agencies benefited from a common staff sourcing strategy, shared learning plans with training providers and a common strategy on working arrangements for staff based in remote areas.

WFP invested in preparedness capacity to enable more efficient and timely responses to emergencies in high-risk areas and to reduce disaster risk through: establishing field presence; capacity development of government partners and simulation exercises in risk-prone areas; pre-positioning of supplies; engaging in long-term agreements with suppliers; and stand-by arrangements with cooperating partners. In 2017, four mobile storage units from WFP's stock were handed over to partners to support the rapid launch of the level 3 (L3) emergency response in Rakhine State.

**Effectiveness:** Keeping staff wellness in mind, WFP together with the WFP Regional Bureau for Asia and the Pacific conducted a psychosocial support session for staff working in the crisis-affected areas of Maungdaw District in Rakhine State. Other staff wellness concerns about changes expected due to the roll-out of WFP's new corporate vision—the integrated road map—and the planned office move to the country's capital Nay Pyi Taw were also addressed with staff members. Special efforts were made by WFP to encourage women's recruitment and increase gender parity through the women-only roster.

During the L3 emergency response in Rakhine State, WFP was one of the only UN organizations able to access the affected areas. Despite the challenging situation, WFP coordinated with the Government and launched an effective emergency response to provide 2,515 mt of food to 131,975 conflict-affected people. WFP was able to quickly adapt priorities, work with its local suppliers for a swift turnaround and relocate staff within the country to augment the response in Rakhine State. The bulk of activities were managed by WFP in Myanmar with only two staff temporarily deployed from outside the country to support the corporate L3 emergency response.

In 2017, WFP procured USD 19.2 million worth of food, out of which USD 13.8 million worth of food was purchased in-country, including rice, pulses and iodised salt, supporting smallholder farmers and the local economy.



Beneficiaries	Male	Female	Total
Children (under 5 years)	101,861	102,249	204,110
Children (5-18 years)	269,105	250,072	519,177
Adults (18 years plus)	147,858	202,098	349,956
Total number of beneficiaries in 2017	518,824	554,419	1,073,243





Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Single Country PRRO	30,367	1,512	4,093	6,256	325	42,553
Total Food Distributed in 2017	30.367	1,512	4,093	6,256	325	42,553

# **G** Cash Based Transfer and Commodity Voucher Distribution (USD)

Project Type	Cash	Value Voucher	Commodity Voucher
Single Country PRRO	6,305,299	-	-
Total Distributed in 2017	6,305,299	-	-

### Supply Chain

WFP sourced rice, beans, peas and iodised salt locally. Eighty-six percent of all food distributed was grown and produced in Myanmar. Only specialized nutritious foods, fortified cooking vegetable oil and high-energy biscuits (that did not meet WFP minimum quality standards locally) were imported from overseas. With the aim of supporting the development of the local economy in operational areas, WFP systematically worked to procure commodities in the vicinity of the distribution areas where possible. WFP procured over 10 percent of rice from smallholder farmers. In 2017, more than 40 percent of all commodities were sourced in central and northern Rakhine State, as well as in Wa Special Administrative Region. Given the ambiguities surrounding ownership of the abandoned unharvested crops and land, WFP ceased rice procurement in Rakhine State later in 2017, subsequently causing an increased lead time for food to reach operational areas.

Despite difficulties for the international community to operate in Rakhine State and particularly in Maungdaw District following the security incidents of 25 August 2017, WFP resumed most activities in this volatile environment just two months after the attacks. This was possible through WFP's coordination with the local authorities and strategic partnership with other humanitarian actors operating in Rakhine State on the condition that all donor and organization marking on the food packages and bags was removed. As a result, a large repacking operation was carried out at multiple sites before distributions could take place.

As the global leader in humanitarian logistics, WFP engaged in service provision activities to support partners in overcoming logistics challenges. WFP facilitated knowledge sharing through the updated logistics capacity



assessment. WFP also provided transport and storage support to several partners, including the Association of Southeastern Asian Nations (ASEAN) Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre), International Committee of the Red Cross (ICRC), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Nations High Commissioner for Refugees (UNHCR) and World Health Organization (WHO).

WFP supplied food to some of the most isolated and difficult to access areas of the country where the lack of logistics infrastructure, security context and access restrictions prevented the intervention of many other actors. For instance, the new school meals activities in the highly food-insecure Naga Special Administrative Zone under Sagaing Region were only possible with the combined use of trucks, river barges, motorbikes and porters.

WFP collaborated with the Ministry of Health and Sports and the Ministry of Education to ensure the smooth implementation of programmes across the country, including the joint coordination of last mile logistics by motorbike or porters for the supply of high energy biscuits (HEBs) to remote schools as well as the kitting of food rations into individual packages for people living with HIV and tuberculosis patients across the country.

In order to ensure the quality of HEBs distributed under the school meals programme, basic and refresher logistics and warehouse management training courses were provided to school focal points and government officials working under the Ministry of Education who were regularly involved in day-to-day warehouse operations, handling and distribution of HEBs, documentation and warehouse and stock reporting. In addition, the product shelf life both at WFP warehouses and township education offices' stores and the delivery lead times were closely monitored and the stock-taking exercise was conducted at the end of each month. For the pilot school meals project, rice and pulses were purchased from the local markets based on the quarterly food distribution plan and requirements to avoid over-long storage and degradation of food quality.

WFP initiated a large engineering project in Sittwe, Rakhine State, where a logistics hub will be constructed with the aim of supporting WFP and other international organizations' disaster preparedness and response capacity. The logistics hub will include permanent and mobile/modulable warehouse facilities as well as a sea jetty able to accommodate vessels with up to 3,000 mt capacity. The hub will be handed over gradually to the local government for their emergency response activities.

WFP successfully secured funding to work with international non-governmental organization (NGO) PATH as well as the local private sector in a project to produce and distribute locally produced fortified rice. In partnership with PATH and the local private sector, WFP will start distributions of locally produced fortified rice through WFP relief operations in 2018.



#### Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Beans	2,594	-	2,594
High Energy Biscuits	-	1,961	1,961
lodised Salt	288	-	288
Peas	1,324	-	1,324
Rice	27,772	69	27,840
Vegetable Oil	-	1,215	1,215
Wheat Soya Blend	-	2,092	2,092
Total	31,979	5,336	37,315
Percentage	85.7%	14.3%	



#### Implementation of Evaluation Recommendations and Lessons Learned

**Beneficiary data management:** The observations presented during the internal audit on beneficiary management conducted in August 2017 provided an opportunity for WFP to reflect on the current status of beneficiary data management and to plan for improvements in 2018. Processes related to beneficiary feedback management, beneficiary lists and ration card management, informed consent and data protection, privacy and sharing, were some of the key areas highlighted for strengthening. Moving forward, WFP will work closely with cooperating partners on assessing capacity, followed by trainings on beneficiary data management. Standard operating procedures (SOPs) and process flows on beneficiary list and ration card management are being developed and tools for informed consent and access to personal data will be established.

**Shift from snacks to school meals:** As recommended by the operation evaluation in 2016 and as part of its 2017 strategy, WFP's school meals programme piloted school meals in three states/region of Myanmar during 2017. Gradual shift from snacks to school meals, a more nutrition sensitive approach, encouraged community participation and enthusiasm amongst parents. The village committees were active in collaborating and coming up with creative solutions such as voluntary rotation of school meal preparation tasks and supplementary food contribution, such as spices, oil, vegetables, from community members, in managing the meal preparation activities. Trainings on food safety were also provided by WFP. Initial evaluation showed that communities generally showed preference for the new modality and favoured the local procurement of commodities. With local purchase of commodities and meals prepared to fit the local taste, the acceptance level was high. There was also feedback through informal consultations with the communities around preference for cash to schools where conditions were favourable. The market conditions, capacity of cash management at school level and availability of cash transfer platforms will be assessed to evaluate the possibilities of moving towards cash in the next phase of the school meals programme.

**Strengthening government partnership:** WFP continued to directly implement programmes, while increasingly prioritizing capacity strengthening activities with a view to laying the groundwork for government ownership of food and nutrition security programmes by 2030. Despite complex political and security events resulting in sentiments against the United Nations in 2017, WFP continued to collaborate and work with the Government while maintaining a low profile. Upon the Government's request, WFP supported food distribution which set a good example of collaboration for future partnerships. WFP operations in central Rakhine State were suspended for two weeks in September as transportation service providers could not fulfil their contractual duties due to security concerns and fears of retaliation from their communities, while cooperating partners did not receive travel authorizations to operate. In mid-September, WFP resumed food distributions to internally displaced persons (IDPs) in central Rakhine with the local authorities providing transport, security and labour, paid for by WFP, along with joint monitoring by WFP and the Government.

# **Project Results**

#### **Activities and Operational Partnerships**

WFP continued its activities in Myanmar through five major operational activities-relief, food assistance for assets (FFA), nutrition, food-by-prescription for people living with HIV (PLHIV) and tuberculosis (TB) patients, and school meals. WFP activities were carried out through partnerships with 13 international and 8 local non-governmental organizations (NGOs) as cooperating partners supporting assessments, transportation, storage, distribution and monitoring. All cooperating partners were involved in targeting and prioritization exercises, advocacy to donors, awareness raising in the assisted communities, monitoring and operationalization of the complaint and feedback mechanism (CFM). Annual performance evaluations were done for all partners to assess their performance including general management, human resources, budget and resources, infrastructure and logistics, monitoring and reporting. Evaluations were concluded with a report also highlighting areas of improvement and possible extension of the partnership agreement. WFP provided capacity building training to cooperating partners focusing on particular areas of interest such as targeting and prioritization, cash-based transfers, monitoring, nutrition, gender and protection. WFP worked with the Ministry of Border Affairs as its principle counterpart for the overall coordination and implementation of the protracted relief and recovery operation (PRRO). At the technical level, WFP collaborated with different line ministries, including the Ministry of Social Welfare, Relief and Resettlement, Ministry of Agriculture, Livestock and Irrigation, Ministry of Health and Sports and the Ministry of Education. Complementary partnerships continued with several United Nations (UN) organizations.

Strategic Objective 1: Save lives and protect livelihoods in emergencies

Outcome: Stabilized food consumption over assistance period for targeted households and/or individuals

Activity: Relief assistance through unconditional life-saving food and/or cash transfers to vulnerable women and girls, boys and men from vulnerable communities affected by conflict and natural disasters

WFP targeted internally displaced persons (IDPs) and other most vulnerable conflict-affected populations in Rakhine, Kachin and Shan states, including Kokang. Targeting criteria included households headed by single women, girls, boys or men, people with physical or mental disabilities, the chronically ill, unaccompanied orphans and the elderly, as well as households with movement restrictions in Rakhine State. Verification of IDPs was conducted monthly by cooperating partners in Kachin and Shan states to enable more effective food distribution to beneficiaries. WFP was involved in this process together with partners and communities in consultation with the local government. WFP's regular monitoring and CFM ensured inclusion and exclusion errors were raised and corrected. In areas with access to markets, beneficiaries were assisted through cash-based transfers. In remote, unsafe areas where there were significant protection concerns, food remained the preferred transfer modality due to access restrictions. The value of cash-based transfers was determined based on market prices, taking into consideration price fluctuations. WFP piloted the mobile money transfer or e-wallet project in six IDP camps in Kachin State. Food-insecure IDPs in areas of Kachin beyond government control remained out of WFP's reach following access restrictions imposed by the authorities since June 2016. In Kokang, WFP implemented a short-term emergency response for conflict-affected populations facing difficulties to resume their livelihood activities during the initial two to three months following resettlement.

Following the August 2017 violence, WFP distributions were suspended for two weeks in central Rakhine and for three months in Maungdaw District. In central Rakhine State, security concerns and fear of retaliation by the ethnic Rakhine among transporters, as well as lack of travel authorizations for cooperating partners, led WFP to implement direct distributions in existing IDP camps since mid-September 2017. WFP was able to resume distributions with logistics support from the authorities, with trucks paid for by WFP and labour provided by the Government. With no UN organizations allowed to carry out any needs assessments in Maungdaw District, WFP initially used beneficiary lists provided by the authorities and the Red Cross Movement. The lists were gradually adjusted based on evidence of household registration and informal contacts with key informants during distributions. The revised village lists were shared with the Government's Union Enterprise for Humanitarian Assistance, Resettlement and Development in Rakhine State and other actors to maximize coverage and avoid overlaps. Since WFP regained access in early November 2017 in Maungdaw District, monthly food distributions resumed in Buthidaung and Maungdaw townships. WFP remained the only UN organization with day-to-day access in the deep field until the end of 2017. At the request of the authorities, WFP food was distributed in plain packaging due to sensitivities around UN assistance in Rakhine State. Distributions were carried out by one local and one international NGO partner. WFP international staff were able to visit certain villages in Maungdaw District to monitor the activities in December 2017.



Relief beneficiaries received a monthly basic food basket consisting of 13.5 kg of rice, 1.8 kg of pulses, 1 litre of cooking oil and 150 g of salt, providing for a daily intake of 2,100 calories per person, or received the equivalent value of Myanmar Kyat (MMK) 8,000–15,000 [1] in cash or via mobile transfer. Operations were carried out in collaboration with Action for Green Earth (AGE), Consortium of Dutch NGOs (CDN), Karuna Mission Social Solidarity (KMSS), Myanmar Heart Development Organization (MHDO), Plan International, Save the Children and World Vision, or directly by WFP when partners faced access restrictions. WFP's operational partnership and coordination continued with the United Nations High Commissioner for Refugees (UNHCR) within relief operations. WFP distributed food or cash-based transfers to IDPs, and the most vulnerable people also benefited from non-food items provided by UNHCR, thus maximising benefits to beneficiaries by building upon the agencies' mutual strengths and expertise. WFP and UNHCR were the only UN agencies with permanent representation through field offices in Maungdaw, and closely coordinating actions on the ground.

**Strategic Objective 2:** Support to restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies

**Outcome:** Adequate food consumption reached or maintained over assistance period for targeted households and improved access to assets and/or basic services, including community and market infrastructure

Activity: Food assistance for assets (FFA) through food and cash modalities, providing gender- and protection-sensitive restoration and rehabilitation of productive assets in disaster- and conflict-affected rural and urban areas

Through FFA, WFP targeted the most flood-affected communities in Ayeyarwaddy Region and the Dry Zone (building upon the immediate unconditional food assistance provided in 2016), as well as food-insecure areas of Rakhine and Shan States suffering from inter-communal violence and ethnic conflict. FFA activities were implemented as an early recovery measure to support the rebuilding and restoration of people's livelihoods. In Naga under Sagaing Region, Mon State and Wa under Shan State, FFA also targeted women and men from marginal and vulnerable population groups in areas with limited work opportunities, poor infrastructure and high vulnerability to shocks. More specifically, participation criteria focused on vulnerable households with severe food shortages and no other source of income as well as landless households on the condition that household members would be unemployed throughout the project duration and that household members would be users of the asset or economic opportunity created or developed. Geographic targeting was based on the most vulnerable and food-insecure villages, considering food production, livelihoods, incomes, marketing and work opportunities. The choice of assistance modality was made in consultation with the targeted communities and depended mainly on their access to markets, food availability in markets and food prices. Decisions about which assets to rehabilitate or construct were taken by the communities based on their needs as identified through community-based participatory planning, in which the equal participation of women was encouraged. WFP prioritized projects proposed by women. Transfers were conditional upon beneficiaries' labour inputs in work schemes. In compensation for work completed, people assisted under the programme received MMK 2,500-3,500 per day per person. WFP promoted equal wages for women and men through community sensitization.

Outputs achieved through the FFA activities were very diverse, as noted in the annex of this report. WFP implemented 441 FFA projects including: the restoration and construction of water facilities such as ponds, rain water collection tanks, and gravity flow water systems; construction and rehabilitation of basic infrastructure such as roads, schools, irrigation canals, dams and dikes; and the development of agricultural land, terrace land, tea plantations, home gardens and soil conservation. The total amount of assistance distributed through cash-based transfers was higher than planned due to the scale-up of early recovery activities following the floods in Ayeyarwaddy and the Dry Zone. Some of the planned targets for vegetables plantation and the construction of dams and ponds were not achieved due to pipeline breaks and security incidents in Maungdaw District.

Food and cash distributions for FFA programmes were carried out in partnership with 18 NGO partners: AGE, Agency for Technical Cooperation and Development (ACTED), Advancing Life and Regenerating Motherland (ALARM), KMSS, MHDO, Noble Compassionate Volunteers (NCV), Organization for Spiritual, Social and Cultural Advancement (OISCA), Plan International, Renewable Energy Association Myanmar (REAM), World Vision, CDN, Partners Myanmar, Rahmonnya Peace Foundation (RPF), All Country Agencies for Rural Development (ACRD), Ar Yone Oo Social Development Association (AYO), Community Association for Rural Development (CARD), Grassroots Empowerment and Ecosystem Nurturing (GREEN) and Bridge Asia Japan (BAJ). These partners complemented WFP's work with technical expertise, financial resources and other development activities, thereby maximising the effectiveness and benefits of the activities. WFP coordinated with the Ministry of Agriculture, Livestock and Irrigation for technical support on the agricultural sector. Projects were implemented directly by WFP in Wa due to the absence of cooperating partners.

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger



**Outcome:** Reduced undernutrition, including micronutrient deficiencies among children aged 6–59 months and pregnant and lactating women (PLW)

Activity: Nutrition support to PLW and children aged 6–23 months during the critical 1,000 day period from conception to the age of 2 years, and for children aged 24–59 months, through programmes for the prevention of low birth weight, wasting, stunting, and micronutrient deficiencies as well as the treatment of moderate acute malnutrition (MAM) in priority areas

The prevention, detection and treatment of acute malnutrition are of paramount importance to prevent child mortality, morbidity or long-term effects of malnutrition on early child development. WFP implemented blanket supplementary feeding for the prevention of acute malnutrition and targeted supplementary feeding for the treatment of MAM in high wasting prevalence areas—Rakhine State, Yangon and Magway Region. Cooking demonstrations, nutrition information and infant and young children feeding (IYCF) practice promotion were included mainly in the MAM prevention and stunting prevention programmes.

Insecurity and violence from early October 2016 onward, combined with the destructive impact of Cyclone Mora in May 2017, exacerbated nutritional vulnerability, resulting in a significant increase in the number of children at risk of malnutrition and in need of treatment for acute malnutrition in Maungdaw District of Rakhine State. The proportion of children detected with acute malnutrition during passive screening in Maungdaw and Buthidaung townships from January to June increased from to 73 percent from 67 percent during the same period in 2016.

In Maungdaw District, WFP provided 6 kg per child per month of Super Cereal Plus to children with MAM. Until the 25 August onset of violence, WFP through its cooperating partners implemented a successful programme for MAM treatment supporting 12 nutrition centres across Maungdaw and Buthidaung townships. Treatment of MAM was suspended from August through December due to the lack of government authorization and access for NGOs. To mitigate the lack of MAM treatment, WFP doubled the rations for children through the prevention of acute malnutrition programme to provide 6 kg of specialized nutritious foods, the same as the MAM treatment monthly ration. It was not possible to conduct an impact analysis due to restricted access. Children under the age of 5 years and PLW at risk of malnutrition prevention programme PLW received a monthly ration of 3 kg of fortified blended food, Super Cereal with sugar, to support their own good nutrition and that of their child from birth to 6 months of age. For children, WFP provided a monthly ration of Super Cereal Plus, which met the daily recommended nutritional intake for essential nutrients.

In central Rakhine, particularly in Minbya, Pauktaw and Sittwe townships, WFP implemented a MAM treatment programme for children and PLW in nutrition centres, ensuring a strong link with severe acute malnutrition (SAM) treatment. All children and PLW who received general distributions through relief food assistance were enrolled as beneficiaries in the programme. Following the 25 August security incidents, all nutrition activities in central Rakhine were implemented directly by WFP since no access was granted to NGOs.

Yangon Region has the second highest prevalence of acute malnutrition in the country, reaching 13 percent, as well as high anaemia prevalence in children at 66 percent. The Ministry of Health and Sports decided to roll out the national integrated management of acute malnutrition (IMAM) guidelines in Magway Region. For this reason, WFP started to support a nutrition intervention for the treatment of MAM in poor peri-urban areas of Yangon while continuing to support MAM treatment in Magway.

WFP contributed to the prevention of stunting in states with the highest prevalence—Chin, Kachin and Shan. Due to limited number of partners in Kachin and Shan states, WFP provided specialized nutritious foods to contribute to the prevention of stunting, mostly in combination with general distributions of relief food and cash assistance targeting IDPs in the camps. In Shan State, a standalone stunting prevention programme was implemented with the highest number of beneficiaries. Cooking demonstrations, nutrition information and IYCF practice promotion were included in this nutrition intervention. In Chin State, which had the highest stunting prevalence at 41 percent, WFP started to integrate the distribution of specialized nutritious foods through partners implementing the asset creation programme. Children under the age of 2 years and PLW received 3 kg per month of Super Cereal Plus and Super Cereal with sugar, respectively.

WFP's cooperating partners were Action against Hunger International, AGE, CDN, KMSS, Myanmar Health Assistant Association (MHAA), MHDO, NCV, Plan International, Save the Children, Terre des Hommes, World Vision and Progetto Continenti in Chin, Kachin, Magway, Rakhine, Sagaing, Shan and Yangon. These partners received support from WFP to ensure the implementation of the nutrition interventions in targeted locations. WFP's MAM treatment programme complemented the treatment programme for SAM implemented by the United Nations Children's Fund (UNICEF) by admitting discharged children into the MAM treatment programme. Children diagnosed with SAM by WFP were also referred to UNICEF.

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger



**Outcome**: Enhanced treatment success among people living with HIV (PLHIV) and tuberculosis (TB) treatment clients

**Activity**: Food, nutrition and counselling support to PLHIV on antiretroviral therapy (ART) and TB patients on directly observed treatment, short-course (DOTS/DOTS-Plus) to ensure nutritional recovery and treatment success

The objective of the food-by-prescription activity in Myanmar was to enhance the nutritional recovery, treatment adherence, health outcomes and food security of PLHIV and TB patients through the provision of nutrition support and counselling. WFP received a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria to continue food-by-prescription for PLHIV from January to June 2017 and for multi-drug resistant (MDR) TB patients from January to December 2017. WFP supported the National AIDS Programme and National TB Programme clinics in collaboration with the Ministry of Health and Sports. A nationwide food and nutrition assistance programme for MDR-TB patients under DOTS-Plus was implemented in high-risk areas with the largest number of cases, such as Magway and Yangon regions. A few partners were also supported in areas hard to reach by the Government. Patients received a ration of mixed food commodities, including rice, pulses, cooking oil, salt (similar to the relief food basket) and 3 kg of Super Cereal, providing a total of 2,125 kcal per person per day. The food and nutrition assistance for PLHIV was limited to the first six months of the initiation of ART and for patients who were undernourished as measured by the patient's body mass index since treatment is lifelong.

WFP supported the development of the National Nutrition Guidelines for PLHIV in collaboration with the Ministry of Health and Sports, which was finalized in 2017.

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger

Outcome: Increased equitable access to and utilization of education

Activity: School meals providing *c*hild-centric on-site food transfers in pre-primary and primary schools in order to support equal access to education for girls and boys

In partnership with the Ministry of Education, WFP implemented the school meals programme for pre-school and primary school children during a nine month academic year lasting from June to February [2]. Two transfer modalities were used - either daily on-site distributions of 75 g of high energy biscuits per child per day, or recently introduced on-site cooked school meals with locally-procured WFP inputs of 150 g of rice and 50 g of pulses per child per day complemented by other ingredients such as meat, eggs and vegetables, as contributed by parents and the community. High energy biscuits and cooked meals had different nutritional values. Unlike cooked hot meals, biscuits were light mid-day snacks which could not replace lunch for schoolchildren.

Targeting criteria focused on schools in highly food-insecure areas with a high prevalence of malnutrition, low education indicators and the availability of water, sanitation and hygiene (WASH) services. For cooked meals, active community participation and the availability of kitchens or alternative cooking facilities were also important determining factors. At the end of the 2016/2017 academic year, WFP assisted schoolchildren in pre-primary and primary schools in Chin, Kachin, Kayah, Kayin, Magway, Mon, Rakhine, Sagaing, and Shan, including Wa. When the new academic year began in June 2017, WFP scaled up the programme, expanding to two new regions—Mandalay and Tahnintharyi—to cover 11 states and regions.

Distributions proceeded normally in most areas with a few exceptions where access was limited. Following security incidents in Maungdaw District in August 2017, the majority of schools in Buthidaung and Maungdaw townships remained closed through to November. Distributions were only possible in a few re-opened schools, although low attendance of teachers and children were observed following the conflict. In Wa, restrictions on the delivery of food from Lashio were imposed by the authorities in view of security concerns since 2016. Responding to this situation, in 2017 WFP piloted cooked school meals as an alternative to internationally imported high energy biscuits. School meals were cooked using the locally purchased rice and pulses, allowing distributions in the area without the need for transportation. The pilot was first introduced in 92 out of 322 schools, reaching 13,914 students. Based on the positive initial experience, WFP extended the pilot to Kachin and Magway in June 2017 catering to 2,000 students in each area. Schools were selected based on the availability of cooking facilities and the active participation of the community. WFP plans to expand this school meals programme to other schools in future based on the programme's results. A nutrition-sensitive school garden project was also started in 59 schools in Wa and 32 schools in Magway, integrating school meals with FFA activities.

WFP continued to provide technical support to the Ministry of Education in the implementation of the school meals programme through trainings and workshops. Advocacy and regular coordination meetings were conducted with dedicated staff assigned by the Ministry at various levels including the union, state, regional and township. Education officers and school staff, involved in the programme participated in workshops where the standardized training materials jointly developed by the Ministry and WFP were used. WFP closely monitored the implementation status and produced monitoring and progress reports on a regular basis. WFP conducted nutrition education and food safety training for school authorities in all project areas where school meals were piloted.



WFP distributed school meals in the targeted primary schools where UNICEF provided WASH services, thus maximising the benefits of the programme. WFP worked with mothers' groups in the community to organize hand washing, distribution of high energy biscuits, cooking and mobilising community participation for additional inputs for school meals to ensure the long-term sustainability of the programme. In Kachin and Magway, in collaboration with the Ministry of Health and Sports, WFP conducted nutrition education sessions with parents, teachers and cooks to raise awareness on nutrition, hygiene, healthy diets for children and how to cook nutritious food. WFP ensured that these activities were not adding to women and girls' unpaid care workload. The Ministry of Health and Sports carried out biannual deworming in WFP-assisted schools.

WFP supported the Government in mainstreaming school meals into national policies and education sector plans, and started to focus on the development of a transition plan for a government-owned, sustainable national programme. The national workshop on the Systems Approach for Better Education Results—School Feeding (SABER-SF) was conducted in January 2017 with multi-sectoral ministries, UN agencies and the private sector to assess the policy, institution and implementation frameworks of the school meals programme in Myanmar. Furthermore, WFP facilitated a study tour for a government delegation from five ministries to learn from the successful experience of Brazil's Centre of Excellence against Hunger.

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[1] USD 1 = MMK 1,360 (UN exchange as of 31 December 2017).

[2] In Wa only, the majority of schools follow the Chinese curriculum with the academic year September to May.

#### **Results**

Strategic Objective 1: Save lives and protect livelihoods in emergencies

Outcome: Stabilized food consumption over assistance period for targeted households and/or individuals

#### Activity: Relief assistance

Despite contextual factors, WFP managed to maintain the food security levels of targeted populations. WFP provided relief food assistance through food and/or cash-based transfers to conflict-affected and other most vulnerable people in Kachin, Shan and Rakhine States as well as Magway Region, overreaching the planned number of beneficiaries by 5 percent.

In Kachin State, a total of 45,758 internally displaced persons (IDPs) received relief assistance. WFP cash-based transfers were provided to 33,823 people, while 10,755 people received both food and cash assistance and 1,180 temporary IDPs received emergency food assistance. Electronic money transfers were piloted by WFP in six camps for 1,000 IDPs in Kachin State. Following new displacements due to the renewed armed conflict, WFP and partners complemented the response of the local government and non-governmental organizations (NGOs) by distributing high energy biscuit rations (375 grams per person) to 3,159 IDPs. In addition to the existing IDPs, WFP assisted 3,000 new people who moved from areas of Kachin beyond government control to government-controlled areas as a result of intensified armed conflict between the Kachin Independence Army (KIA) and government forces. In areas beyond government control, 31,700 IDPs could not be reached due the lack of humanitarian access since June 2016.

In Shan State, a total of 14,218 IDPs and conflict-affected people received combined food (rice) and cash-based assistance. Increased military tensions caused new displacements, blockage of roads and an inability to access several affected areas due to safety concerns.

WFP assisted a total of 343,621 beneficiaries in Rakhine State: 123,624 existing as well as former and now resettled IDPs in central Rakhine and 219,997 most vulnerable populations affected by violence in Maungdaw District. Distributions were suspended from August to early November following security incidents and ensuing access restrictions.

In Magway, Mandalay and Sagaing Regions, the local authorities together with the private sector and civil society organizations responded to the temporarily displaced population affected by monsoon floods. WFP coordinated with the authorities for the flood response and only assisted for two months through relief cash-based assistance to 1,051 severely affected people who lost their homes and land in Magway.

Due to security reasons, post distribution monitoring (PDM) was limited to only Kachin in 2017 [1]. Although a decline in the poor Food Consumption Score (FCS) was observed for targeted households, the proportion of households with acceptable FCS also decreased from 79 percent in 2016 to 71 percent in 2017 in Kachin. Increasing instability and reduced livelihood opportunities were among the factors contributing to the worsening food security situation in the area. Meanwhile, the Dietary Diversity Score (DDS) remained comparable



to last year. When data was considered by modalities, households receiving cash had better FCS followed by households receiving food plus cash and then those receiving only food. This was an encouraging result as WFP continues to look at expanding its cash programme in other areas in the coming years. The e-wallet pilot was a success with the vast majority of the respondents expressing satisfaction with the new transfer modality. The acceptance of the mobile transfers was high at 98 percent with 92 percent having adapted well to the digital transfer mechanism. The e-wallet made the delivery of assistance to the most vulnerable and food-insecure communities safer, easier, faster and more reliable compared to conventional cash in envelopes. Based on this positive experience, WFP signed a long-term agreement with the financial service provider to expand the pilot in all 39 camps in Myitkyina and Waing Maw Township in 2018. WFP's estimated returnee targets as a contingency plan were not met because no return of Myanmar refugees from Thailand took place in 2017.

In Maungdaw District, attacks on border guard posts and following security operations exacerbated the fragile food and nutrition security in already highly vulnerable areas. Destroyed food stocks and livestock coupled with restricted access to markets led to hunger and new displacement. While no assessments were authorized by the Government, it was expected that the food shortages forced affected populations to employ disruptive coping strategies to manage food gaps, such as reduced food intake, borrowing food, purchasing food on credit, consumption of unsafe wild foods and choosing to leave for Bangladesh.

**Strategic Objective 2:** Support to restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies

**Outcome:** Adequate food consumption reached or maintained over assistance period for targeted households and improved access to assets and/or basic services, including community and market infrastructure

#### Activity: Food assistance for assets (FFA)

WFP maintained the food security levels of targeted populations through existing activities and new initiatives.

Due to the previous year's flooding in Ayeyarwaddy and Dry Zone, roads, drinking water ponds [2] and farmland were destroyed. Landless households and small farmers faced food shortages and difficulties rehabilitating their livelihoods. Road and dyke construction, drinking water pond renovation and farmland development provided landless and smallholder farmers with short-term opportunities to improve their food security during the lean period. Those projects promoted the accessibility of social services such as schools, hospitals and markets, access to clean water as well as to cultivable land for their household production to increase income from the farm. As a result of introducing nutrition-sensitive school gardens, students and vulnerable households, such as households headed by women and girls and families with many children, could easily access vegetables from their garden which enhanced their dietary diversity. This integrated nutrition-sensitive pilot promoted rural development and short-term opportunities that could also benefit the nutritional status of schoolchildren.

Of the assisted beneficiaries under the FFA activity, 98,865 people benefited from cash-based transfers while 89,034 people received in-kind food rations. WFP reached most of the beneficiaries with fewer activities compared to the plan due to the limited funding, which was prioritized for relief and nutrition activities. FFA PDM was conducted in Chin and Wa in 2017 [3]. The overall FCS deteriorated significantly mostly because of the increasing food insecurity situation in Chin State. This was reaffirmed by the Food Security Monitoring Survey (FSMS), also conducted in 2017. According to the FSMS survey, only 33 percent of the households in Chin had acceptable food consumption scores, while a similar result (29.4 percent) was observed through the PDM survey. Data collection could not be carried out shortly after the food distribution, which might have affected the score. This was mainly because of the level 3 (L3) emergency situation in the country where the change in focus at the country office level delayed the smooth implementation of the PDM activities. Culturally-defined gender roles, with women traditionally assuming non-managerial jobs (such as secretary or treasurer) or being unavailable due to household chores, were the major impediments preventing women from taking up leadership positions in food management committees. As a result of the security incidents in Maungdaw District and the lack of permission for humanitarian access, WFP had to suspend the construction of two dams and one dyke during the last quarter. The targets for the number of hectares of degraded hillsides and marginal areas rehabilitated, hectares of land cultivated and number of fish ponds constructed were therefore not fully achieved.

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger

**Outcome**: Reduced undernutrition, including micronutrient deficiencies among children aged 6–59 months and pregnant and lactating women (PLW)

Activity: Nutrition support to PLW and children aged 6–23 months

Nutrition recovery rates for children and PLW met international standards. While nutrition activities were prioritized, needs-based targets were not reached due to funding constraints.



In Maungdaw District, despite government security operations in late 2016 and early 2017, WFP was granted sustained access to its regular operational areas from January to July 2017. Among the most affected households, 2,292 PLW as well as 10,332 children benefited from blanket supplementary feeding (BSFP) for the prevention of acute malnutrition every month. In addition to these beneficiaries, 50,926 children under the age of 5 years and 11,327 PLW at risk of malnutrition were included every month based on nutrition criteria including food insecurity and analysis of data from nutrition centres. In late March, WFP signed an agreement with Action Contre La Faim (ACF) to scale up targeted supplementary feeding for the treatment of moderate acute malnutrition (MAM) from 2 to 12 nutrition centres to support the community based management of acute malnutrition across Buthidaung and Maungdaw Townships. From January to July 2017, 4,109 children with MAM were newly admitted and in addition 4,183 children who recovered from severe acute malnutrition (SAM) were enrolled in 12 nutrition centres implementing MAM treatment. Despite continuous restrictions on movement, the recovery rate reached 82.7 percent until the suspension of the programme in August following the security incidents. After the 25 August security incidents, WFP agreed with another humanitarian partner on the ground who had access in Maungdaw District to transfer 3,164 mt of food and specialized nutritious foods to cover the immediate needs of 20,000 newly affected households, a total of 100,000 people. From November to December, when WFP regained access, mostly Muslim children and PLW (9,021 children and 2,051 PLW respectively) in 136 villages received assistance through the acute malnutrition prevention programme.

In central Rakhine, WFP continued to provide monthly assistance for the prevention of acute malnutrition to children and PLW among IDPs in camps and reached 6,006 PLW and 18,016 children under the age of 5 years. In addition, BSFP was provided to children and PLW at risk of malnutrition resident outside the camp: a total of 3,599 PLW and 6,802 children under the age of 5 received a monthly ration of specialized nutritious food. In 2017, WFP started to support a MAM treatment programme targeting PLW. This was scaled up to the most affected townships such as Minbya, Kyawktaw, Pauktaw and Sittwe. The coverage of the MAM treatment programme increased due to a higher number of partnerships and the expansion of the area covered by partners supported by WFP. The implementation of the MAM treatment programme at community level since 2017 could also explain the increased number of sites. As a result, 3.887 children and PLW with MAM were newly admitted and 1.495 children who had recovered from SAM were enrolled. The recovery rate under the MAM treatment programme for children reached 80 percent and for PLW reached 69 percent, both improved compared to 2016. The performance indicators of the MAM treatment programme targeting children from 6 to 59 months were within Sphere standard targets. A very small number of PLW were reached under the treatment of MAM due to the lack of cooperating partners in Yangon Region and limited capacity of cooperating partners in Rakhine State. The proportion of caregivers who delivered WFP messaging and counselling after receiving three key nutrition messages was low for the prevention of wasting programme, as nutrition promotion was not systematically included in the acute malnutrition prevention programme. It will be scaled up from 2018.

In the stunting prevention programme, WFP reached 7,272 children under the age of 2 years and 4,227 PLW, providing specialized nutritious food combined with nutrition and infant and young children feeding (IYCF) optimal practice promotion. Sixty-two percent of beneficiaries were in Shan State where the stunting prevalence was one of the highest in the country at 37 percent. The Minimum Acceptable Diet rate reported for WFP's stunting prevention programme increased slightly during the year but remained well below the project target. In 2018, WFP plans to pilot a social and behaviour change communication (SBCC) approach to better understand the barriers to reaching the 70 percent indicator target and to put in place appropriate nutrition and IYCF promotion practices. Minimum Dietary Diversity for women reached 80.9 percent among PLW targeted under the stunting prevention programme in Shan State. The main reasons explaining this result were: even thought the access to protein- and iron-rich foods was limited, diversified foods including vegetables and fruits were available at this period in the targeted locations; and nutrition promotion sessions were combined with the provision of specialized nutritious foods (Super Cereal with sugar) for PLW. In 2017, the coverage of the stunting programme is 28.4 percent, an increase compared to 2016 (17.3 percent). However, the needs-based targets were not achieved due mainly to funding constraints. In 2018, WFP Myanmar will initiate the support of maternal child cash transfers (MCCT) to address stunting.

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger

Outcome: Enhanced treatment success among people living with HIV (PLHIV) and tuberculosis (TB) patients

Activities: Food-by-prescription and counselling for PLHIV and TB patients

WFP contributed to the successful treatment and recovery of targeted people with overall high outcome indicator achievement. A total of 10,974 PLHIV and TB treatment clients received WFP food and nutrition support including nutrition promotion sessions and counselling. Among those beneficiaries, 2,983 PLHIV were reached through National AIDS Programme clinics until June 2017, in collaboration with the Ministry of Health and Sports. Due to restricted funding, WFP had to interrupt the HIV programme from July 2017 until the end of the year despite its very positive impact. WFP in collaboration with the National AIDS Programme (NAP) conducted an extended PDM of this

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programme. The results showed that over 60 percent of the sample saw a positive improvement in Body Mass Index (BMI) from admission to interview, and that being on nutritional support for over six months and consuming 50 percent or more of the specialized nutritious food (such as the Super Cereal ration) were statistically significant predictors of observing a positive BMI change from admission to interview. Furthermore, while research showed that the adherence rate in antiretroviral therapy (ART) was declining over time with an estimated 10 percent or greater decrease per month [4], an extremely high adherence rate at 99 percent was observed in Myanmar. This was despite the fact that the majority of patients in the sample were on ART for approximately two years [5].

In addition to this programme, 904 PLHIV received assistance from WFP partners in 2017. The multi-drug resistant (MDR) TB programme was extended to nationwide coverage. A total of 5,401 MDR-TB clients were enrolled in food and nutrition assistance support in National Tuberculosis Programme (NTP). WFP and the Ministry of Health and Sports joint nutrition promotion and counselling materials were provided to all NAP and NTP clinics.

In 2017, the main outcome indicators of HIV and TB programmes were within the targeted value and improved compared to 2016. The TB treatment success rate was lower than expected due to security incidents and the disruption of activities in Maungdaw District.

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger

Outcome: Increased equitable access to and utilization of education

#### Activity: School meals

The school meals programme increased school enrolment, attendance and retention rates with focus on gender parity while addressing short-term hunger. A positive trend was found in both enrolment and attendance, although the trend in enrolment was not as significant as in 2016. The data collected from the schools showed that there was a positive increase for both male (1.2 percent) and female (1.1 percent) students.

At the end of the 2016–2017 academic year in February 2017, the activity reached 312,185 schoolchildren. The school meals programme resumed in the new academic year (2017–18) reaching 365,072 children in the existing coverage areas and newly expanded areas, including in monastic schools and early child development centres or pre-primary schools. High energy biscuits were distributed in 4,443 schools—550 early childhood development centres (ECDC) and 4,050 primary schools—catering to 347,158 students, while 17,914 students in 148 schools received school meals. The proportion of pre-primary students reached appeared low at 62 percent because the beneficiary counting system only captured pre-primary students from ECDCs, leaving out pre-primary students from primary schools who had also been included in the plan.

Findings of the Systems Approach for Better Education Results—School Feeding (SABER-SF) workshop highlighted that school meals could be seen as "emerging"; areas to be strengthened in future included the development of a multi-sectoral school meals technical policy and a multi-sectoral steering committee to be in place. As a result, WFP and relevant ministries (Education, Health and Sports, Agriculture and Irrigation, Border Affairs and Social Welfare, Relief and Resettlement) collaboratively set action plans on school meals policy frameworks, financial capacity, institutional capacity and coordination, design, implementation and monitoring of activities, as well as community roles. A school meals multi-sectoral technical working group was consequently formed to coordinate the implementation of home-grown school meals in Myanmar. WFP conducted national, state, and region level trainings, as well as township and school level trainings with 3,256 government officials, school committee members, parents and cooks. While WFP continued to develop the capacities of the Government at a central level, additional efforts would be needed to strengthen capacity at the school, township, state and regional levels, particularly in the new expansion areas. Further support would be required in the areas of logistics, monitoring and evaluation and reporting on the school meals nationalization process. The Government is not yet ready to integrate school meals progressively in its national budget due to other priorities.

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[1] As the 2016 PDM surveys were conducted in Sittwe and Myitkyina, the findings could not be compared with the 2017 results in both areas. Hence, only data for Myitkyina was analysed.

[2] Drinking ponds were not meant for human consumption, but rather for agricultural and livestock purposes.

[3] As 2016 PDM surveys were conducted in Chin, Rakhine, Magway, Sagaing, Shan and Wa, the findings could not be compared with 2017 results.

[4] Howard, A. A. et al. (2002). A prospective study of adherence and viral load in a large multi-center cohort of HIV-infected women. *Aids*, *16*(16), 2175-2182.

[5] Extended Post Distribution Monitoring Report on Food and Nutrition Assistance for Persons Living with HIV in Bago, Magway, Nay Pyi Taw and Yangon, Myanmar, Ministry of Health and Sports and WFP, 2018.

#### Annual Project Beneficiaries



#### Annual Project Beneficiaries by Activity



 SF\_ON:
 School Feeding (on-site)

 GD:
 General Distribution (GD)

 FFA:
 Food-Assistance-for-Assets

 NUT\_PREV:
 Nutrition: Prevention of Acute Malnutrition

 NUT\_MANK:
 Nutrition: Treatment of Moderate Acute Malnutrition

 NUT\_STUN:
 Nutrition: Prevention of Stunting

 HIV/TB:
 \_\_0%T: HIV/TB: Care& Treatment

#### Modality of Transfer by Activity



GD: General Distribution (GD) SF\_ON: School Feeding (on-site) FFA: Food-Assistance-for-Assets NUT\_MAM: Nutrition: Treatment of Moderate Acute Malnutrition NUT\_PREV: Nutrition: Prevention of Acute Malnutrition NUT\_STUN: Nutrition: Prevention of Stunting HIV/TB: \_\_C&T: HIV/TB: Care&Treatment



### Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Beans	3,813	3,109	81.5%
Chickpeas	1,496	-	-
High Energy Biscuits	6,556	3,413	52.1%
lodised Salt	395	325	82.2%
Peas	-	985	-
Ready To Use Supplementary Food	35	-	-
Rice	36,747	30,367	82.6%
Vegetable Oil	2,154	1,512	70.2%
Wheat Soya Blend	7,099	2,843	40.0%
Total	58,294	42,553	73.0%



# Cash Based Transfer and Commodity Voucher Distribution for the Project (USD)

Modality	Planned (USD)	Actual (USD)	% Actual v. Planned		
Cash	10,333,551	6,305,299	61.0%		
Total	10,333,551	6,305,299	61.0%		

### **Performance Monitoring**

WFP continued its momentum and further built on improved performance monitoring from 2016. Based on the monitoring and evaluation plan outlined in 2017, monitoring activities took place as planned, in line with the corporate normative framework. Monitoring activities were guided by a compendium of standard operating procedures (SOPs) and tailored tools to guide distribution monitoring and post-distribution monitoring (PDM). Fifty-three field monitoring assistants from different field offices were engaged in monitoring the operation.

Four PDM activities for relief, nutrition, food-by-prescription for people living with HIV (PLHIV), and asset creation took place in 2017. The PDM for relief was carried out in Kachin State, for nutrition in Shan State, for food-by-prescription for PLHIV in Bago, Magway, Nay Pyi Taw and Yangon, and for asset creation in Chin and Wa. School profiles were collected across the country through township education officers (TEOs) from the Ministry of Education to monitor school data. WFP's monitoring assistants together with enumerators from cooperating partners carried out data collection using WFP's mobile data collection and analytics (MDCA) tool, and where feasible, data was also analysed using the same tool. The system improved the overall efficiency, timeliness and quality of data collection and received good feedback from users outside of WFP, such as enumerators from cooperating partners.

Due to security concerns and lack of access, PDM could not be carried out in Rakhine State and some parts of Shan State. In these areas, when feasible, informal food security monitoring were conducted aiming to assess market functioning, price changes, income and rural livelihoods. Data were collected through field observations, focus group discussions during distribution monitoring and key informant interviews. Distribution and food basket monitoring data, concentrating mainly on output and process monitoring, were also collected and analysed at the field level. All data collection and analysis were disaggregated at the lowest possible geographic levels and included gender, age and protection-sensitive analysis as a standard practice.

Based on lessons learned from 2016 and regular monitoring at both the country and field office level, the quality and timeliness of data management using the Country Office Tool for Managing (programme operations) Effectively (COMET) improved significantly. By the end of the year, and through collaboration with the supply chain unit, commodity data reconciliation with WFP's Logistics execution support system (LESS) was performed on a monthly basis, ensuring timely and accountable management of WFP's resources.

The complaint and feedback mechanism (CFM) was fully functional in most operational areas. The CFM enabled the affected women, girls, boys and men to voice concerns and suggestions over the distribution process and assistance provided through various channels, WFP and cooperating partners' staff. To encourage women's participation in the CFM, separate focus group discussions during sensitization were carried out, and dissemination of the CFM materials with an emphasis on equal opportunity to file complaints was highlighted. During 2017, several complaints related to food management committees, delays in timely distribution and the temporary suspension of food distribution immediately after the events in Rakhine State, were lodged at the field office level and actions were taken to address cases within 30 days of receipt. Additional measures such as the use of a self-assessment checklist and field support missions have been introduced to further strengthen the system and to ensure the highest level of accountability and responsiveness towards beneficiaries. WFP also introduced quarterly infographics on CFM updates and will continue this practice in 2018. WFP in Myanmar also provided remote support for the adaptation of the CFM system in Cox's Bazar, Bangladesh, in the context of the ongoing corporate level 3 (L3) emergency.



#### **Progress Towards Gender Equality**

The roll-out of the Integrated Road Map (IRM), WFP's new corporate vision, presented a unique opportunity to put gender at the forefront of WFP's operation in Myanmar. A strong focus was set on gender transformative programming based on a performance, partnership and people centred approach. Building on past experience and recommendations of the 2016 evaluation report, a comprehensive gender action plan (GAP) guided the mainstreaming of gender equality and women's empowerment GEWE throughout WFP activities. WFP increased its engagement on GEWE issues with cooperating partners, the United Nations Gender Theme Group, the national Gender Network and the assisted communities. A five-year specific gender budget was established to work on GEWE with the National Committee for Women's Affairs and relevant governmental partners, including the Ministries of Education and of Health and Sports. WFP committed to develop an innovative gender-responsive monitoring and evaluation strategy. This is expected to become a pioneering product in the region which will allow WFP to fully incorporate cross-cutting themes such as gender, protection and accountability to affected populations in monitoring tools for capacity strengthening activities.

The capacity of WFP and its partners' staff on GEWE improved through various internal and external actions. WFP opened women-only standby rosters for the positions of monitoring assistant, storekeeper assistant, information and communication technology assistant and driver to achieve gender parity at all levels. Other human resource efforts included the introduction of a standardized briefing for new staff. Internal institutionalization of roles, responsibilities and processes was considered a priority. The country office appointed members for the gender results network (GRN) and gender focal team (GFT) with gender and protection responsibilities in their personal development plans. WFP increased the full-time technical gender and protection staff, with two national staff at the country office and in Sittwe field office in Rakhine State, to enhance cooperation with the Government, technical working groups and cooperating partners. This was particularly important after the 25 August events and the mass influx of the Muslim population to Bangladesh. WFP's gender commitments were revised in field level agreements (FLAs) with partners and monitored via monthly reports, post-distribution monitoring (PDM) reports and gender analysis. New standard operating procedures (SOPs) for FLA processes and a comprehensive capacity assessment of potential partners were developed to reflect changes in gender needs, ensure alignment with corporate requirements and responsibilities, and improve information management.

During 2017, WFP developed communication and information products and updates on progress made such as fact sheets and quarterly infographics, inputs to the WFP GRN digest and internal and external communication platforms. In relief activities, for example, WFP published materials and messaging aimed at reducing the risk of gender-based violence (GBV). As part of the WFP's strategy to encourage all staff to actively participate in making GEWE a reality, 50 members of WFP's Men Stand for Gender Equality movement were active participants in advocating against GBV, reaffirming that both men and women need to be part of the solution. For the opening of the 16 Days Campaign against GBV, WFP worked with the National Myanmar Gender Equality Network (GEN) and supported its national campaign "From Peace in the home to peace in the world: Involve men to fight violence against women." Furthermore, a brief video in an internally displaced person (IDP) camp benefiting from the new transfer modality, e-wallet, in Kachin State, was produced with statements from internally displaced women and men on the importance of understanding the root causes of intimate partner violence which might arise from changing in-kind assistance to cash-based transfers. Various actions were suggested to prevent GBV within families and in communities where strongly defined gender roles are still deeply embedded within a cultural or religious frame and gender equality neglected on the public agenda.

WFP took steps to promote the achievement of gender equality in terms of joint decision-making and equal representation for both men and women in projects. For food assistance for assets (FFA) projects, GEWE was included into SOPs and incorporated into workshops and trainings. FFA projects such as the construction or rehabilitation of water ponds proposed by women were prioritized to ease their workload. Collection of water from the ponds for agricultural needs is traditionally attributed to women and girls. Women and girls could decide on the location and distance of the pond from their home. Besides, nutrition messaging was introduced to both male and female participants in FFA projects. These initiatives helped influence the social and cultural norms which constrained women's participation and representation in decision-making in the assisted communities.

Due to access constraints in Rakhine State after 25 August, the 2017 post-distribution monitoring (PDM) report covered only WFP operations in Kachin State. According to the relief PDM report, households were asked about the main imperative decision-making power over the use of WFP's food and cash assistance. Overall, the proportion of households where women made decisions over the use of cash or food increased considerably at 80 per cent compared to 2016, with a clear decrease in decision-making by men only. The high proportion of women decision makers were confirmed again in the 2017 PDM in Kachin State where the decisions over food and the use of cash was culturally attributed to women. The choice of transfer modality did not have much bearing on women's level of decision-making.

Furthermore, the proportion of women project management committee members for asset creation activities trained on modalities reached the target of 40 percent; this was equal to the baseline value because of the introduction of the indicator in 2017 only. WFP increased the sensitization of assisted communities by promoting equal wages for women and men in asset creation activities, particularly important in a context where women in the labour force faced discrimination for equal work in local markets. In general distributions, the proportion of women beneficiaries in leadership positions of project management committees was above the target. The results remained high due to increased sensitization, but also because there was only one data collection area which had an already high participation of women. The 2018 GAP will set a particular focus on Rakhine State to improve GEWE in management committees. Overall, the gender indicators on women's participation in the 2017 PDM improved compared to 2016 because of the exclusive data collection area in Kachin State.

Promoting GEWE in Myanmar, WFP worked closely with United Nations Gender Theme Group and supported joint activities, such as the International Women's Day and 16 Days Campaign, and was involved in the development of the first United Nations Development Assistance Framework (UNDAF 2018–2022). For the Government's implementation of its National Strategic Plan for the Advancement of Women (2013–2022) and achieving Gender Equality (SDG5) by 2030, WFP provided technical support in the gender mainstreaming and violence against women and girls working groups. WFP was selected as a pilot country to test the new Inter-Agency Standing Committee Gender and Age Marker (IASC GAM) which will replace the Gender Marker in 2018. The findings and recommendations were incorporated in the final IASC GAM.

Despite the important progress made in 2017, the concept of GEWE and the human rights based protection concept were often not understood nor fully addressed in WFP's areas of operations, particularly in the highly sensitive political environment of crisis affected areas. Robust sensitization campaigns will be required for assisted communities and partners at all levels.

#### **Protection and Accountability to Affected Populations**

Presence and proximity to crisis-affected populations remained the prerequisite for effective humanitarian action. In 2017, WFP faced severe challenges in maintaining presence or regaining proximity to affected people in Kachin and Shan states and particularly in Rakhine State following the massive exodus that created the most recent humanitarian crisis in Bangladesh and Myanmar.

Humanitarian access was increasingly restricted in Kachin and northern Shan States. International humanitarian organizations, including WFP, continued to rely heavily, and in some locations exclusively, on national staff and local cooperating partners to deliver assistance and protection services to affected populations. For areas of Kachin State beyond government control, WFP faced additional travel restrictions imposed by the military. This caused significant delays and hindered the delivery of critical life-saving relief assistance. Advocacy on humanitarian access was continued at all levels yet with limited success.

Following the joint 'listening tour' in November 2016 with the Centre of Competence on Humanitarian Negotiation (CCHN), WFP enhanced efforts to establish and sustain humanitarian access in 2017. The CCHN and WFP as its strategic partner aimed to analyse constraints and support the Humanitarian Country Team (HCT), including WFP, to strategize on humanitarian access. Considering humanitarian assistance as a multi-sectoral and collective task, the HCT access working group, chaired by WFP, developed an inter-agency access strategy to enable predictable and quality delivery and monitoring of assistance to people in need, and to develop clear and consistent access arrangements with the Government and the military. WFP sponsored and organized technical and policy workshops on humanitarian negotiation and access for the HCT, facilitated by the CCHN in Yangon. The workshops focused on the use of negotiation strategies and methods to enhance the negotiation capabilities for the Inter Cluster Coordination Group (ICCG) as well as the area HCTs in Kachin, Shan and Rakhine states. Practical tools such as the typology of negotiations, mapping of facts and stakeholders and planning for impact were shared and discussed.

Before the outbreak of violence on 25 August, advocacy and attempts to improve access to services for the Muslim community had not succeeded in Rakhine State. Local orders, compounded by ongoing inter-communal tensions, led to the separation of communities and placed severe movement restrictions on Muslim inhabitants. In the five years following the 2012 violence, Myanmar did not address the underlying causes of discrimination and segregation of the Muslim communities from the rest of Rakhine State society. Security events and ensuing violence severely disrupted WFP activities in Rakhine State. While there was no humanitarian access for United Nations agencies in Maungdaw District, WFP resumed relief and emergency nutrition activities to camps in central Rakhine State in mid-September. Where possible, the school meals programme with daily on-site distributions of mid-morning snacks through the Ministry of Education, was re-started. However, the replenishment of stocks remained a challenge due to security issues and media stories surrounding WFP's high energy biscuits. Although



no needs assessments were authorised in Maungdaw District, WFP in coordination with local authorities and the Red Cross Movement, managed to reach some of the residual population in dire need of food assistance.

The WFP Office of Evaluation had commissioned an independent evaluation of WFP's policies on humanitarian principles (2004) and humanitarian access (2006) to assess the quality and adequacy of WFP's humanitarian policy framework. Myanmar was one of the 23 countries selected for the corporate evaluation on humanitarian principles and access. Due to visa constraints, an in-country mission did not take place; however, remote interviews were conducted to collect information. Overall, the evaluation provided an opportunity to build awareness on the importance of humanitarian principles and to reflect on their application in the Myanmar context.

Despite major access constraints at the operational level, WFP further strengthened its complaints and feedback mechanism (CFM) to improve country-wide accountability and transparency towards its assisted population and serve them more effectively, also in line with the WFP humanitarian protection policy which defines protection as "designing and carrying out food assistance activities that do not increase the protection risks faced by the crisis-affected populations receiving assistance, but rather, contribute to the safety, dignity, and integrity of vulnerable people". WFP's nine field offices were equipped with the necessary technical support including an exclusive CFM telephone hotline, email, database system and the CFM focal point was reconfirmed in each field office. With a strong focus on engaging affected populations in the processes and decisions that affect their lives, WFP developed guidelines for communication with communities on entitlements based on a rights-based approach, organised focus group discussions to explain the CFM system, disseminated CFM flyers available in local languages to the assisted communities, and involved partners. As an example, thanks to strengthened collaboration with camp management agencies, additional information campaigns were conducted to reach out to the affected population and leave no one behind, and feedback was collected. The main concerns were exclusion and inclusion errors.

In the biannual post-distribution monitoring (PDM), questions on the use of and the ability to use communication channels were incorporated. The data collected was analysed, which showed that the assisted households in the main areas of operations in Kachin and Shan States were able to use CFM regardless of the sex of the head of household. In most areas, the level of awareness of the CFM was also identical among household headed by men and women, exceeding the target of 80 percent. However, successive PDM and self-assessment checklists also highlighted that continuous sensitization and training needed to be conducted in field offices where the CFM system was new and relief operations were secondary. In Kachin State, 93 percent of both women and men reported feeling safe travelling to, from and/or at WFP operational sites. The remaining respondents reported dissatisfaction with the distance from home to the distribution points which were sometimes far away, particularly in recurrent displacements of IDPs in Kachin State;. Waiting times at the distribution point and the distribution point being overcrowded were noted in one case.

The recent distressing developments in the country reaffirmed the centrality of protection across the entire spectrum of humanitarian action and the necessity to ensure that the lives, dignity and well-being of persons affected by conflict and disaster are protected. WFP fully adhered to the HCT's commitment and recognised that the Government of Myanmar has the primary duty bearer for protection for all people affected by crisis. Non-state actors, including the United Nations, have the same obligation to protect affected civilians in accordance with international humanitarian law.

### Voices from the Field

"Thanks to the Organization of Industrial Spiritual and Cultural Development (OISCA) and WFP for guidance and supervision throughout the working period and donors making the project possible, the village road is now fully renovated. Over 60 families who normally migrate for seasonal work stayed here and participated in the project. We can now transport our products to the market in a short time and sell them at a good price. My younger siblings and other kids in the village started to attend school again using the renovated road. These are just a few of the positive changes brought by this road to our community." *A woman participating in WFP's community asset creation project in Magway Region.* 

"We are a displaced family with four little children benefiting from WFP cash assistance for relief. Even though my husband is listed as a recipient, we both decided how to use the money. With the cash assistance, my husband and I opened a small shop selling snacks in the camp. It now gives us an opportunity to pay for our kids schooling." A displaced woman from a WFP-supported internally displaced person camp in Kachin State.

"WFP assistance means everything to me. I simply could not survive without it. My one-year old girl now receives the nutrients she needs for healthy growth and development. WFP did not only distributed the food basket and cereals but also provided advice on how to cook them. With WFP's help, I am now able to feed my child with the food she needs." A displaced mother benefiting from WFP's relief and nutrition programmes in Rakhine State.



"I along with other parents cook meals for my children attending primary school. WFP provides rice and pulses produced in our community while we bring fresh fruits and vegetables from our own gardens. Children just love the hot meals cooked by their parents and look forward to school every day. Thank you to those who fund school meals programme for our children giving them the education opportunities we have never had!" *A parent from a WFP-assisted school in Wa.* 

# **Figures and Indicators**

#### **Data Notes**

Cover page photo © WFP/Anna Zingg Rakhine girls on their way to the water pond constructed with support from WFP.

### **Overview of Project Beneficiary Information**

#### **Table 1: Overview of Project Beneficiary Information**

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)			
Total Beneficiaries	531,086	538,919	1,070,005	518,824	554,419	1,073,243	97.7%	102.9%	100.3%			
By Age-group:	By Age-group:											
Children (under 5 years)	85,485	87,841	173,326	101,861	102,249	204,110	119.2%	116.4%	117.8%			
Children (5-18 years)	336,011	307,617	643,628	269,105	250,072	519,177	80.1%	81.3%	80.7%			
Adults (18 years plus)	109,590	143,461	253,051	147,858	202,098	349,956	134.9%	140.9%	138.3%			
By Residence s	status:											
Internally displaced persons (IDPs)	122,346	124,151	246,497	95,738	105,017	200,755	78.3%	84.6%	81.4%			
Returnees	4,963	5,037	10,000	-	-	-	-	-	-			
Residents	403,776	409,732	813,508	423,086	449,402	872,488	104.8%	109.7%	107.3%			

### Participants and Beneficiaries by Activity and Modality

#### **Table 2: Beneficiaries by Activity and Modality**

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
General Distribution (GD)	317,573	139,459	389,122	342,594	74,907	406,746	107.9%	53.7%	104.5%
School Feeding (on-site)	400,000	-	400,000	365,072	-	365,072	91.3%	-	91.3%



Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Food-Assistance-for-Assets	79,560	110,700	190,260	91,959	95,940	187,899	115.6%	86.7%	98.8%
Nutrition: Treatment of Moderate Acute Malnutrition	35,700	-	35,700	16,749	-	16,749	46.9%	-	46.9%
Nutrition: Prevention of Acute Malnutrition	98,138	500	98,638	111,682	-	111,682	113.8%	-	113.2%
Nutrition: Prevention of Stunting	32,000	-	32,000	11,499	-	11,499	35.9%	-	35.9%
HIV/TB: Care&Treatment	23,000	-	23,000	10,974	-	10,974	47.7%	-	47.7%

#### **Annex: Participants by Activity and Modality**

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
General Distribution (GD)	317,573	139,459	389,122	342,594	74,907	406,746	107.9%	53.7%	104.5%
School Feeding (on-site)	400,000	-	400,000	365,072	-	365,072	91.3%	-	91.3%
Food-Assistance-for-Assets	15,912	21,900	37,812	18,515	18,750	36,720	116.4%	85.6%	97.1%
Nutrition: Treatment of Moderate Acute Malnutrition	35,700	-	35,700	16,749	-	16,749	46.9%	-	46.9%
Nutrition: Prevention of Acute Malnutrition	98,138	500	98,638	111,682	-	111,682	113.8%	-	113.2%
Nutrition: Prevention of Stunting	32,000	-	32,000	11,499	-	11,499	35.9%	-	35.9%
HIV/TB: Care&Treatment	23,000	-	23,000	10,974	-	10,974	47.7%	-	47.7%

# Participants and Beneficiaries by Activity (excluding nutrition)

### Table 3: Participants and Beneficiaries by Activity (excluding nutrition)

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)		
General Distribution (GD)	General Distribution (GD)										
People participating in general distributions	188,904	200,218	389,122	191,634	215,112	406,746	101.4%	107.4%	104.5%		
Total participants	188,904	200,218	389,122	191,634	215,112	406,746	101.4%	107.4%	104.5%		
Total beneficiaries	188,904	200,218	389,122	191,634	215,112	406,746	101.4%	107.4%	104.5%		
School Feeding (on-site)								1			

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Children receiving school meals in pre-primary schools	8,789	8,507	17,296	5,473	5,209	10,682	62.3%	61.2%	61.8%
Children receiving school meals in primary schools	200,920	181,784	382,704	181,571	172,819	354,390	90.4%	95.1%	92.6%
Total participants	209,709	190,291	400,000	187,044	178,028	365,072	89.2%	93.6%	91.3%
Total beneficiaries	209,709	190,291	400,000	187,044	178,028	365,072	89.2%	93.6%	91.3%
Food-Assistance-for-Assets									
People participating in asset-creation activities	23,164	14,648	37,812	20,405	16,315	36,720	88.1%	111.4%	97.1%
Total participants	23,164	14,648	37,812	20,405	16,315	36,720	88.1%	111.4%	97.1%
Total beneficiaries	91,914	98,346	190,260	97,360	90,539	187,899	105.9%	92.1%	98.8%
HIV/TB: Care&Treatment									
ART Clients receiving food assistance	4,271	3,729	8,000	2,072	1,815	3,887	48.5%	48.7%	48.6%
TB Clients receiving food assistance	8,868	6,132	15,000	3,777	3,310	7,087	42.6%	54.0%	47.2%
Total participants	13,139	9,861	23,000	5,849	5,125	10,974	44.5%	52.0%	47.7%
Total beneficiaries	13,139	9,861	23,000	5,849	5,125	10,974	44.5%	52.0%	47.7%

# **Nutrition Beneficiaries**

#### **Nutrition Beneficiaries**

WFP

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Nutrition: Treat	tment of Modera	ate Acute Malnu	trition						
Children (6-23 months)	5,795	6,605	12,400	3,531	4,070	7,601	60.9%	61.6%	61.3%
Children (24-59 months)	8,596	10,004	18,600	3,674	5,173	8,847	42.7%	51.7%	47.6%
Pregnant and lactating women (18 plus)	-	4,700	4,700	-	301	301	-	6.4%	6.4%
Total beneficiaries	14,391	21,309	35,700	7,205	9,544	16,749	50.1%	44.8%	46.9%
Nutrition: Preve	Nutrition: Prevention of Acute Malnutrition								

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Children (6-23 months)	13,834	13,485	27,319	14,919	14,543	29,462	107.8%	107.8%	107.8%
Children (24-59 months)	26,131	28,066	54,197	28,181	30,267	58,448	107.8%	107.8%	107.8%
Pregnant and lactating women (18 plus)	-	17,122	17,122	-	23,772	23,772	-	138.8%	138.8%
Total beneficiaries	39,965	58,673	98,638	43,100	68,582	111,682	107.8%	116.9%	113.2%
Nutrition: Prev	ention of Stunti	ng					<u> </u>		
Children (6-23 months)	10,585	10,372	20,957	3,573	3,699	7,272	33.8%	35.7%	34.7%
Pregnant and lactating women (18 plus)	-	11,043	11,043	-	4,227	4,227	-	38.3%	38.3%
Total beneficiaries	10,585	21,415	32,000	3,573	7,926	11,499	33.8%	37.0%	35.9%

# **Project Indicators**

#### **Outcome Indicators**

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up				
SO1 Save lives and protect livelihoods in emergencies								
Stabilized or improved food consumption over assistance period for targeted households and/or individuals								
FCS: percentage of households with poor Food Consumption Score								
MYANMAR, Project End Target: 2017.12, Household questionnaires, Base value: 2016.12,	-							
WFP programme monitoring, Household questionnaires, Latest Follow-up: 2017.10, WFP								
survey, Household questionnaires	<0.68	3.40	-	3.10				
FCS: percentage of households with poor Food Consumption Score (female-headed)								
MYANMAR, Project End Target: 2017.12, Household questionnaires, Base value: 2016.12,	-							
WFP survey, Household questionnaires, Previous Follow-up: 2016.11, WFP survey,								
Household questionnaires, Latest Follow-up: 2017.10, WFP survey, Household								
questionnaires	<0.92	4.60	4.60	3.20				

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with poor Food Consumption Score (male-headed)				
MYANMAR, <b>Project End Target</b> : 2017.12, Household questionnaires, <b>Base value</b> : 2016.12, WFP survey, Household questionnaires, <b>Previous Follow-up</b> : 2016.11, WFP survey, Household questionnaires, <b>Latest Follow-up</b> : 2017.10, WFP survey, Household questionnaires	<0.60	3.00	3.00	3.10
Diet Diversity Score				
MYANMAR, <b>Project End Target</b> : 2017.12, Household questionnaires, <b>Base value</b> : 2016.12, WFP programme monitoring, Household questionnaires, <b>Latest Follow-up</b> : 2017.10, WFP survey, Household questionnaires	>4.50	5.20	-	5.32
Diet Diversity Score (female-headed households)				
MYANMAR, <b>Project End Target</b> : 2017.12, Household questionnaries, <b>Base value</b> : 2016.12, WFP survey, Household questionnaires , <b>Previous Follow-up</b> : 2016.11, WFP survey, Household questionnaries, <b>Latest Follow-up</b> : 2017.10, WFP survey, Household questionnaries	>4.50	5.10	5.10	5.30
Diet Diversity Score (male-headed households)				
MYANMAR, <b>Project End Target</b> : 2017.12, Household questionnaires, <b>Base value</b> : 2016.12, WFP survey, Household questionnaries, <b>Previous Follow-up</b> : 2016.11, WFP survey, Household questionnaires, <b>Latest Follow-up</b> : 2017.10, WFP survey, Household questionnaires	>4.50	5.30	5.30	5.33
SO2 Support or restore food security and nutrition and establish or rebuild livelihoods in	fragile settings	and following	emergencies	
Adequate food consumption reached or maintained over assistance period for targeted h	nouseholds			
FCS: percentage of households with poor Food Consumption Score				
MYANMAR, <b>Project End Target</b> : 2017.12, Household questionnaires, <b>Base value</b> : 2017.03, WFP programme monitoring, Household questionnaires, <b>Latest Follow-up</b> : 2017.08, WFP survey, Household questionnaires	<1.50	7.50	-	20.90
FCS: percentage of households with borderline Food Consumption Score				
MYANMAR, <b>Project End Target</b> : 2017.12, Asset creation PDM, <b>Base value</b> : 2017.03, WFP programme monitoring, Asset creation PDM , <b>Latest Follow-up</b> : 2017.08, WFP survey, Household questinnaires	<7.46	37.30	-	41.40
FCS: percentage of households with poor Food Consumption Score (female-headed)				
MYANMAR, <b>Project End Target</b> : 2017.12, Household questionnaires, <b>Base value</b> : 2017.03, WFP survey, Household questionnaires , <b>Previous Follow-up</b> : 2016.06, WFP survey, Household questionnaires, <b>Latest Follow-up</b> : 2017.08, WFP survey, Household questionnaires	<1.80	9.00	7.41	30.00
FCS: percentage of households with poor Food Consumption Score (male-headed)				
MYANMAR, <b>Project End Target</b> : 2017.12, Household questionnaires, <b>Base value</b> : 2017.03, WFP survey, Household questionnaires, <b>Previous Follow-up</b> : 2016.06, WFP survey, Household questionnaires, <b>Latest Follow-up</b> : 2017.08, WFP survey, Household questionnaires	<1.30	6.50	4.07	19.50
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
MYANMAR, <b>Project End Target</b> : 2017.12, Asset creation PDM, <b>Base value</b> : 2017.03, WFP programme monitoring, Asset creation PDM, <b>Latest Follow-up</b> : 2017.08, WFP survey, Household questionnaires	<8.32	41.60	-	30.00



Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
MYANMAR, <b>Project End Target</b> : 2017.12, Asset creation PDM, <b>Base value</b> : 2017.03, WFP programme monitoring, Asset creation PDM, <b>Latest Follow-up</b> : 2017.08, WFP survey, Household questionnaires	<7.16	35.80	-	43.20
Diet Diversity Score				
MYANMAR, <b>Project End Target</b> : 2017.12, Household questionnaires, <b>Base value</b> : 2017.03, WFP programme monitoring, Household questionnaires, <b>Latest Follow-up</b> : 2017.08, WFP survey, Household questionnaires	>4.50	4.90	-	4.30
Diet Diversity Score (female-headed households)				
MYANMAR, <b>Project End Target</b> : 2017.12, Household questionnaries, <b>Base value</b> : 2017.03, WFP survey, Household questionnaires, <b>Previous Follow-up</b> : 2016.06, WFP survey, Household questionnaires, <b>Latest Follow-up</b> : 2017.08, WFP survey, Household questionnaires	>4.50	4.80	5.10	4.06
Diet Diversity Score (male-headed households)				
MYANMAR, <b>Project End Target</b> : 2017.12, Household questionnaires, <b>Base value</b> : 2017.03, WFP survey, Household questionnaires, <b>Previous Follow-up</b> : 2016.06, WFP survey, Household questionnaires, <b>Latest Follow-up</b> : 2017.08, WFP survey, Household questionnaires	>4.50	5.00	5.30	4.30
Improved access to assets and/or basic services, including community and market infras	structure			
CAS: percentage of communities with an increased Asset Score				
MYANMAR, <b>Project End Target</b> : 2017.12, Focus group discussion, <b>Base value</b> : 2016.06, WFP survey, Focus group discussion, <b>Previous Follow-up</b> : 2016.06, WFP survey, Focus group discussion, <b>Latest Follow-up</b> : 2017.08, WFP survey, Focus group discussion	=80.00	89.00	89.00	80.00
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 r children	months, pregna	nt and lactating	y women, and s	chool-aged
Proportion of target population who participate in an adequate number of distributions				
MAM PREVENTION, <b>Project End Target</b> : 2017.12, Household questionnaires , <b>Previous</b> <b>Follow-up</b> : 2015.11, WFP survey, Household questionnaires, <b>Latest Follow-up</b> : 2017.11, WFP survey, Household questionnaires	>66.00	-	99.30	83.20
MAM treatment recovery rate (%)				
MAM TREATMENT , <b>Project End Target</b> : 2017.12, Client register, <b>Base value</b> : 2016.12, WFP programme monitoring, Client register, <b>Previous Follow-up</b> : 2016.10, WFP programme monitoring, Client register, <b>Latest Follow-up</b> : 2017.12, WFP programme monitoring, Client register	>75.00	86.00	86.00	86.00
MAM treatment mortality rate (%)				
MAM TREATMENT, <b>Project End Target</b> : 2017.12, Client register, <b>Base value</b> : 2016.12, WFP programme monitoring, Client register, <b>Previous Follow-up</b> : 2016.10, WFP programme monitoring, Client register, <b>Latest Follow-up</b> : 2017.12, WFP programme monitoring, Client register	<3.00	0.00	0.00	0.07



Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
MAM treatment default rate (%)				
MAM TREATMENT , <b>Project End Target</b> : 2017.12, Client register , <b>Base value</b> : 2016.12, WFP programme monitoring, Client register, <b>Previous Follow-up</b> : 2016.10, WFP programme monitoring, Client register, <b>Latest Follow-up</b> : 2017.12, WFP programme monitoring, Client register	<15.00	12.00	12.00	10.0
MAM treatment non-response rate (%)				
MAM TREATMENT , <b>Project End Target</b> : 2017.12, Client register, <b>Base value</b> : 2016.12, WFP programme monitoring, Client register, <b>Previous Follow-up</b> : 2016.10, WFP programme monitoring, Client register, <b>Latest Follow-up</b> : 2017.12, WFP programme monitoring, Client register	<15.00	2.00	2.00	4.0
Proportion of eligible population who participate in programme (coverage)				
MAM TREATMENT , <b>Project End Target</b> : 2017.12, Desk-based review , <b>Base value</b> : 2016.12, Secondary data, Desk-based review, <b>Previous Follow-up</b> : 2016.12, Secondary data, Desk-based review, <b>Latest Follow-up</b> : 2017.12, Secondary data, Desk-based review	>70.00	15.00	15.00	26.0
Proportion of children who consume a minimum acceptable diet				
MYANMAR, <b>Project End Target</b> : 2017.12, Household questionnaires , <b>Previous Follow-up</b> : 2015.11, Joint survey, Household questionnaires, <b>Latest Follow-up</b> : 2017.11, WFP survey, Household questionnaires	>70.00	-	29.30	32.6
Minimum Dietary Diversity - Women				
MYANMAR, Latest Follow-up: 2017.11, WFP survey, Household questionnaires		-	-	80.9
Proportion of eligible population who participate in programme (coverage)				
STUNTING PREVENTION, <b>Project End Target</b> : 2017.12, Desk-based review , <b>Base value</b> : 2016.12, Secondary data, Desk-based review, <b>Previous Follow-up</b> : 2016.12, Secondary data, Desk-based review, <b>Latest Follow-up</b> : 2017.12, Secondary data, Desk-based review	>70.00	17.30	17.30	28.4
Proportion of eligible population who participate in programme (coverage)				
WASTING PREVENTION, <b>Project End Target</b> : 2017.12, Desk-based review, <b>Base value</b> : 2016.12, Secondary data, Desk-based review, <b>Previous Follow-up</b> : 2016.12, Secondary data, Desk-based review, <b>Latest Follow-up</b> : 2017.12, Secondary data, Desk-based review	>70.00	31.70	31.70	79.(
Increased equitable access to and utilization of education				
Enrolment (girls): Average annual rate of change in number of girls enrolled in WFP-assisted primary schools				
MYANMAR, <b>Project End Target</b> : 2017.12, Student register, <b>Base value</b> : 2016.11, WFP survey, Student register, <b>Previous Follow-up</b> : 2016.11, WFP survey, Student register , <b>Latest</b> <b>Follow-up</b> : 2017.11, WFP survey, Student register	=6.00	16.00	16.00	1.1
Enrolment (boys): Average annual rate of change in number of boys enrolled in WFP-assisted primary schools				
MYANMAR, <b>Project End Target</b> : 2017.12, Student register, <b>Base value</b> : 2016.11, WFP survey, Student register, <b>Previous Follow-up</b> : 2016.11, WFP survey, Student register, <b>Latest</b> <b>Follow-up</b> : 2017.11, WFP survey, Student register	=6.00	15.00	15.00	1.:
Attendance rate (girls) in WFP-assisted primary schools				
MYANMAR, <b>Project End Target</b> : 2017.12, Student attendance record, <b>Base value</b> : 2016.11, WFP survey, Student attendance register, <b>Previous Follow-up</b> : 2016.11, WFP survey, Student attendance record , <b>Latest Follow-up</b> : 2017.11, WFP survey, Student attendance	_05.00	05.40	05.40	05
record	=95.00	95.10	95.10	95.

WFP



Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Attendance rate (boys) in WFP-assisted primary schools				
MYANMAR, <b>Project End Target</b> : 2017.12, Student attendance record, <b>Base value</b> : 2016.11, WFP survey, Student attendance record, <b>Previous Follow-up</b> : 2016.11, WFP survey, Student attendance record, <b>Latest Follow-up</b> : 2017.11, WFP survey, Student attendance record	=95.00	95.60	95.60	96.00
Ownership and capacity strengthened to reduce undernutrition and increase access to en	ducation at regi	onal, national a	and community	levels
NCI: National Capacity Index				
MYANMAR, Latest Follow-up: 2017.11, Secondary data		-	-	2.00
Project-specific				
ART Default Rate (%)				
MYANMAR, <b>Project End Target</b> : 2017.12, Client register , <b>Base value</b> : 2016.12, WFP programme monitoring, Client register, <b>Previous Follow-up</b> : 2016.10, WFP programme monitoring, Client register, <b>Latest Follow-up</b> : 2017.11, WFP programme monitoring, Client register	<15.00	7.06	7.06	2.20
TB Treatment Default Rate (%)				
MYANMAR, <b>Project End Target</b> : 2017.12, Client register, <b>Base value</b> : 2016.12, WFP programme monitoring, Client register, <b>Previous Follow-up</b> : 2016.10, WFP programme monitoring, Client register, <b>Latest Follow-up</b> : 2017.11, WFP programme monitoring, Client register	<15.00	9.24	9.24	2.90
ART Survival Rate at 12 months (%)				
MYANMAR, <b>Project End Target</b> : 2017.12, Client register, <b>Base value</b> : 2016.12, WFP programme monitoring, Client register, <b>Previous Follow-up</b> : 2016.10, WFP programme monitoring, Client register, <b>Latest Follow-up</b> : 2017.11, WFP programme monitoring, Client register	>85.00	90.19	90.19	87.70
TB Treatment Success Rate (%)				
MYANMAR, <b>Project End Target</b> : 2017.12, Client register, <b>Base value</b> : 2016.12, WFP programme monitoring, Client register , <b>Previous Follow-up</b> : 2016.10, WFP programme monitoring, Client register, <b>Latest Follow-up</b> : 2017.11, WFP programme monitoring, Client register	>85.00	80.50	80.50	65.90
ART Adherence Rate (%)				
MYANMAR, <b>Project End Target</b> : 2017.12, <b>Base value</b> : 2016.12, WFP programme monitoring, Client register , <b>Previous Follow-up</b> : 2016.10, WFP programme monitoring, Client register, <b>Latest Follow-up</b> : 2017.11, WFP programme monitoring, Client register	>80.00	98.18	98.18	99.50
ART Nutritional Recovery Rate (%)				
MYANMAR, <b>Project End Target</b> : 2017.12, Client register, <b>Base value</b> : 2016.12, WFP programme monitoring, Client register, <b>Previous Follow-up</b> : 2016.10, WFP programme monitoring, Client register , <b>Latest Follow-up</b> : 2017.11, WFP programme monitoring, Client register	>75.00	81.00	81.00	70.60

# **Output Indicators**

Output	Unit	Planned	Actual	% Actual vs. Planned
SO2: Food-Assistance-for-Assets				



Output	Unit	Planned	Actual	% Actual vs. Planned
Hectares (ha) of agricultural land benefiting from rehabilitated irrigation schemes (including irrigation canal repair, specific protection measures, embankments, etc)	На	5	5	100.0%
Hectares (ha) of cultivated land treated with appropriate rainwater harvesting and management technologies	На	13	13	100.0%
Hectares (ha) of cultivated land treated and conserved with physical soil and water conservation measures only	На	817	824	100.9%
Hectares (ha) of cultivated land treated with both physical soil and water conservation measures and biological stabilization or agro forestry techniques	На	7	7	100.0%
Hectares (ha) of degraded hillsides and marginal areas rehabilitated with physical and biological soil and water conservation measures, planted with trees and protected (e.g. closure, etc)	На	16	7	45.0%
Hectares (ha) of land cultivated	На	140	62	44.1%
Hectares (ha) of tea planted	На	19	19	100.0%
Hectares (ha) of vegetables planted	На	8	-	-
Hectares of contour bunds created	На	47	83	176.6%
Kilometers (km) of drinking water supply line constructed/rehabilitated	Km	14	9	66.7%
Kilometres (km) of feeder roads built and maintained	Km	159	155	97.4%
Kilometres (km) of feeder roads raised above flooding levels	Km	77	46	59.6%
Kilometres (km) of feeder roads rehabilitated and maintained	Km	252	198	78.4%
Length (km) of irrigation canals constructed/rehabilitated	Km	152	120	79.3%
Number of drinking water/water harvest projects	project	22	13	58.2%
Number of excavated community water ponds for domestic uses constructed (3000-15,000 cbmt)	water pond	29	27	93.1%
Number of family gardens established	garden	724	767	105.9%
Number of farm ponds constructed for micro irrigation and lined (120 cbmt)	water pond	4	4	100.0%
Number of fish ponds constructed (FFA) and maintained (self-help)	fish pond	7	1	14.3%
Number of ponds improved	Pond	6	6	100.0%
Number of school gardens established	garden	91	91	100.0%
Number of schools assisted by WFP	school	7	7	100.0%
Number of sub-surface dams built/repaired	site	1	-	
Number of tanks constructed	unit	20	20	100.0%
Number of water filters distributed to households	unit	2	2	90.0%
Volume (m3) of earth dams and flood protection dikes constructed	m3	128,116	115,816	90.4%
Volume (m3) of soil excavated from newly constructed waterways and drainage lines (not including irrigation canals)	m3	2,983	2,983	100.0%
SO4: Nutrition: Prevention of Acute Malnutrition				I
Number of targeted caregivers (male and female) receiving 3 key messages delivered through WFP supported messaging and counseling	individual	5,824	182	3.1%



Output	Unit	Planned	Actual	% Actual vs. Planned
Number of women exposed to nutrition messaging supported by WFP	individual	7,180	1,829	25.5%
SO4: Nutrition: Prevention of Stunting				
Number of health centres/sites assisted	centre/site	30	94	313.3%
Number of targeted caregivers (male and female) receiving 3 key messages delivered through WFP supported messaging and counseling	individual	4,344	3,525	81.1%
Number of women exposed to nutrition messaging supported by WFP	individual	3,081	2,143	69.6%
SO4: Nutrition: Treatment of Moderate Acute Malnutrition				I
Number of health centres/sites assisted	centre/site	25	266	1,064.0%
Number of targeted caregivers (male and female) receiving 3 key messages delivered through WFP supported messaging and counseling	individual	15,000	13,538	90.3%
Number of women exposed to nutrition messaging supported by WFP	individual	15,000	12,227	81.5%
Number of women receiving nutrition counseling supported by WFP	individual	15,000	3,896	26.0%
SO4: School Feeding (on-site)		I		
Number of female government/national partner staff receiving technical assistance and training	individual	53	39	73.6%
Number of guidance document developed and circulated	item	2	2	100.0%
Number of headmasters trained in school feeding management	individual	2,800	3,256	116.3%
Number of male government/national partner staff receiving technical assistance and training	individual	27	33	122.2%
Number of national programmes developed with WFP support (nutrition, schoool feeding, safety net)	national programme	1	1	100.0%
Number of school staff and school committee members trained by WFP in school feeding programme design, and implementation in model schools	individual	2,800	3,256	116.3%
Number of schools assisted by WFP	school	4,000	4,591	114.8%
Number of training sessions/workshop organized	training session	30	47	156.7%
WFP expenditures for technical assistance to strengthen national capacity	US\$	115,000	104,119	90.5%

#### **Gender Indicators**

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
MYANMAR, General Distribution (GD), <b>Project End Target</b> : 2017.12, <b>Base value</b> : 2015.10, <b>Previous Follow-up</b> : 2016.11, <b>Latest Follow-up</b> : 2017.10	=20.00	7.00	21.00	12.02
Proportion of households where females make decisions over the use of cash, voucher or food				
MYANMAR, General Distribution (GD), <b>Project End Target</b> : 2017.12, <b>Base value</b> : 2015.10, <b>Previous Follow-up</b> : 2016.11, <b>Latest Follow-up</b> : 2017.10	=60.00	85.00	64.00	80.60

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where males make decisions over the use of cash, voucher or food				
MYANMAR, General Distribution (GD), Project End Target: 2017.12, Base value: 2015.10, Previous Follow-up: 2016.11, Latest Follow-up: 2017.10	=20.00	8.00	15.00	7.38
Proportion of women beneficiaries in leadership positions of project management committees				
MYANMAR, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2016.06, Previous Follow-up: 2016.06, Latest Follow-up: 2017.08	>20.00	0.00	18.25	15.63
Proportion of women beneficiaries in leadership positions of project management committees				
MYANMAR, General Distribution (GD), Project End Target: 2017.12, Base value: 2015.10, Previous Follow-up: 2016.11, Latest Follow-up: 2017.10	>50.00	46.00	38.32	68.00
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
MYANMAR, Food-Assistance-for-Assets, Project End Target: 2017.12, Base value: 2017.08	>40.00	39.39	-	-
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
MYANMAR, General Distribution (GD), Project End Target: 2017.12, Base value: 2015.10, Previous Follow-up: 2016.11, Latest Follow-up: 2017.10	>50.00	56.00	43.63	70.32

### **Protection and Accountability to Affected Populations Indicators**

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
MYANMAR, General Distribution (GD), Project End Target: 2017.12, Base value: 2015.10, Previous Follow-up: 2016.11, Latest Follow-up: 2017.10	=80.00	84.00	96.00	86.80
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
MYANMAR, General Distribution (GD), <b>Project End Target</b> : 2017.12, <b>Base value</b> : 2015.10, <b>Previous Follow-up</b> : 2016.11, <b>Latest Follow-up</b> : 2017.10	=90.00	100.00	100.00	93.00
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
MYANMAR, General Distribution (GD), Project End Target: 2017.12, Base value: 2017.10	=80.00	83.20	-	-
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
MYANMAR, General Distribution (GD), Project End Target: 2017.12, Base value: 2017.10	=90.00	93.70	-	-

### **Partnership Indicators**

WFP

Cross-cutting Indicators	Project End Target	Latest Follow-up
Number of partner organizations that provide complementary inputs and services		
MYANMAR, Other, Project End Target: 2017.12, Latest Follow-up: 2017.12	=20.00	21.00
Proportion of project activities implemented with the engagement of complementary partners		
MYANMAR, School Feeding (on-site), Project End Target: 2017.12, Latest Follow-up: 2017.12	>60.00	100.00

# **Resource Inputs from Donors**

### **Resource Inputs from Donors**

Donor			Purchased in	Purchased in 2017 (mt)	
	Cont. Ref. No.	Commodity	In-Kind	Cash	
Australia	AUL-C-00246-02	High Energy Biscuits	-	155	
Australia	AUL-C-00246-02	Peas	-	72	
Australia	AUL-C-00246-02	Rice	-	216	
Australia	AUL-C-00246-10	High Energy Biscuits	-	226	
Australia	AUL-C-00246-10	Peas	-	23	
Australia	AUL-C-00246-10	Rice	-	69	
Australia	AUL-C-00247-04	Beans	-	174	
Australia	AUL-C-00247-04	lodised Salt	-	13	
Australia	AUL-C-00247-04	Peas	-	57	
Australia	AUL-C-00247-04	Rice	-	1,250	
Australia	AUL-C-00247-04	Vegetable Oil	-	79	
Canada	CAN-C-00529-04	lodised Salt	-	11	
European Commission	EEC-C-00638-01	Super Cereal (WSB+) With Sugar	-	11	
European Commission	EEC-C-00638-01	Wheat Soya Blend	-	1,054	
Germany	GER-C-00687-01	lodised Salt	-	19	
Germany	GER-C-00687-01	Peas	-	360	
Germany	GER-C-00687-01	Rice	-	1,455	
Japan	JPN-C-00494-01	lodised Salt	-	12	
Japan	JPN-C-00494-01	Rice	-	2,945	
Japan	JPN-C-00519-01	Beans	-	245	
Japan	JPN-C-00519-01	High Energy Biscuits	-	1,298	
Japan	JPN-C-00519-01	Wheat Soya Blend	-	47	
Japan	JPN-C-00572-01	Beans	-	992	
Japan	JPN-C-00572-01	High Energy Biscuits	-	113	

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-	33
-	2
-	68
-	25
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-	65
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			Purchased in 2017 (mt)	
Donor	Cont. Ref. No.	Commodity	In-Kind	Cash
UN Common Funds and Agencies (excl. CERF)	001-C-01459-01	Beans	-	11
UN Common Funds and Agencies (excl. CERF)	001-C-01459-01	Rice	-	19
UN Common Funds and Agencies (excl. CERF)	001-C-01459-01	Vegetable Oil	-	6
UN Common Funds and Agencies (excl. CERF)	001-C-01459-01	Wheat Soya Blend	-	20
United Kingdom	UK -C-00361-01	Beans	-	242
United Kingdom	UK -C-00361-01	lodised Salt	-	24
United Kingdom	UK -C-00361-01	Rice	-	1,969
United Kingdom	UK -C-00361-01	Vegetable Oil	-	118
United Kingdom	UK -C-00361-01	Wheat Soya Blend	-	313
USA	USA-C-01086-05	Rice	-	1,314
USA	USA-C-01086-06	Beans	-	499
USA	USA-C-01086-06	lodised Salt	-	43
USA	USA-C-01086-06	Rice	-	5,601
USA	USA-C-01086-06	Vegetable Oil	-	276
USA	USA-C-01086-07	Peas	-	722
USA	USA-C-01086-07	Rice	-	3,555
USA	USA-C-01086-07	Rice - Brokens 25%	-	466
USA	USA-C-01086-07	Salt - Iodized	-	46
USA	USA-C-01086-07	Vegetable Oil	-	237
		Total	-	37,315

WFP