Community Resilience Programme (CRP)

Phase I (January 2017 - June 2020)

Programme Completion Report

Central Rakhine

October 2020

BritishRedCross

Norwegian Red Cross

American Red Cross

Contents

List of Abbreviations

BCC	Behaviour Change Communication
BOCA	Branch Organizational Capacity Assessment
CAP	Community Action Plan
CBDRM	Community-Based Disaster Risk Management
CBFA	Community Based First Aid
CBI	Cash-Based Interventions
CFW	Cash For Work
CHF	Swiss Franc (Currency)
CRP	Community Resilience Programme
DRR	Disaster Risk Reduction
EW	Early Warning
HH	Households
ICABR	Integrated Community Assessment for Building Resilience
ICRC	International Committee of Red Cross
IDP	Internally Displaced Person
IEC	Information, Education and Communications
IFRC	International Federation of Red Cross and Red Crescent Societies
MMK	Myanmar Kyats (Currency)
MRCS	Myanmar Red Cross Society
OCHA	United Nations Office for Coordination of Humanitarian Affairs
PNS	Partner National Society
PPE	Personal Protection Equipment
PHAST	Participatory Hygiene And Sanitation Transformation
RCCE	Risk Communication and Community Engagement
RCM	Red Cross and Red Crescent Movement
RCV	Red Cross Volunteer
SHD	State Health Department
VRC	Village Resilience Committee
WASH	Water, Sanitation and Hygiene

Acknowledgment

The Community Resilience Programme (CRP) Phase I, implemented in the two townships of Sittwe and Minbya in central areas of Rakhine State was completed in June 2020. The three-year programme phase which started in January 2017 was strategically designed to address both the immediate and longer-term needs of beneficiaries across different ethnic communities of Muslim, Rakhine and Chin. Phase II of the CRP, which has now commenced, provides further opportunities to support targeted communities. This will be achieved through consolidating outcomes in existing communities, building on the gains of the previous phase and strengthening across new areas in Rakhine State. Phase I was characterized by a strong emphasis on applied learning by both communities and the MRCS programme team. The result has been the development of effective models of engagement for scale up in Phase II.

I would like to express my appreciation to all those who have contributed to make this programme a success. The Red Cross Volunteers (RCVs) in both townships provided consistent and dedicated support to the community-based actions of this programme. We are thankful to all RCVs for their hard work in the situation of Rakhine that is affected by multiple crisis. The targeted communities have been actively engaged, their participation throughout the programme implementation was crucial to ensure community ownership and sustainability. MRCS would like to express special gratitude to communities, supported by their volunteer networks, for ensuring successful programme outcomes.

The government authorities at State, District and Township levels in Rakhine have been very supportive to coordinate and collaboratively address needs of vulnerable people. We acknowledge and appreciate the continued support of concerned authorities and departments of government. I am also thankful to the humanitarian actors and stakeholders in Rakhine State for their collaborations.

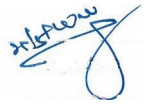
I take this opportunity to acknowledge the skilled and dedicated efforts of MRCS's programme management team, State Red Cross Supervisory Committee and Township Red Cross Branches for their consistent efforts in adapting throughout the evolving crisis to facilitate pathways for building community resilience.

Our donors, namely, British Red Cross Society, Norwegian Red Cross Society and American Red Cross Society have made a significant contribution. With their flexible support, this programme has been able to evolve and respond to the needs of communities who are affected by multiple vulnerabilities. MRCS would like to thank all donors for their financial support and being together throughout this journey.

The technical expertise provided by the IFRC's team based in Rakhine was extremely important. The leadership extends special thanks to the IFRC's team technical support to MRCS for collaborative planning, review and monitoring, facilitating a successful conclusion of phase I of the programme. The successful outcomes are well demonstrated in this report.

It is also to be noted that the programming in Rakhine is coordinated among Red Cross and Red Crescent Movement partners. We are thankful to ICRC and other Partner National Societies for their support in overall coordination of interventions in the Rakhine State.

In conclusion, it is my pleasure to acknowledge this coordinated support, which has enabled MRCS to progress community resilience in Rakhine State. In a context of protracted crisis, which now includes the additional challenges of COVID-19, building community led response capacity is a significant area of contribution. With this capacity in place, immediate needs can be addressed, alongside improved prospects for resilience over the longer term.



Dr. Maung Maung Myint
President
Myanmar Red Cross Society (MRCS)
Nay Pyi Taw, Myanmar

Foreword

Rakhine is a state with rich cultural heritage, endowed with natural resources yet mired with underdevelopment and chronic poverty. It is the state most at risk of multiple hazards in Myanmar, prone to flooding, landslides, conflict and civil unrest, making lives of communities fragile and uncertain.

Risks faced by communities in Rakhine are multi-dimensional such as social, political, economical, environmental, security, to name a few. While an increase in one increase risks along other dimensions, at the same time, progress in one area does not necessarily lead to resilience. This makes communities especially vulnerable to shocks, as such, an extreme event, natural or man-made, represents a significant obstacle to resilience and sustainable development.

As a multi-sector, multi-year programme, the Community Resilience Programme (CRP) was developed on the basis of a comprehensive inter-sectoral analysis of humanitarian needs in Rakhine guided by our Fundamental Principles. The CRP also takes into account the recommendations of the Rakhine Advisory Commission, as it is focusing on a twin track approach of meeting humanitarian needs and investing in the longer-term development of communities. Throughout the programme strengthening engagement with affected communities has been a key priority, including through community feedback mechanisms and establishing a cadre of community volunteers.

The CRP has demonstrated that programming in Rakhine require frameworks that are agile, grounded into sound context analysis and continuously strengthen local action to deliver neutral, impartial humanitarian and development services. Rakhine context requires a very different approach from programmes in more stable operating environments.

The CRP has underlined the significance for the Red Cross to be of a sustained presence in the communities to continue to meet both humanitarian and development needs and demonstrated that investments in building community resilience can have long lasting impact in a fragile context environment.

The programme also enabled a sustained Red Cross presence in the communities for a rapid humanitarian response post flooding in 2017 and 2018 as well as for addressing impacts of violence, following the events of August 2017.

Many of the humanitarian needs in Rakhine have become chronic, the CRP has strived to achieve a balancing act between long-term development work, humanitarian needs, and protection, and achieving significant impact as evidenced by the baseline and endline indicators, clearly showing the real, positive difference in the lives of the people affected. These in-turn contributes, incrementally to building confidence, stability and peace.

Guided by substantial investments in research, evaluation and analytical work the CRP has gained significant experience and evidence to develop good practice guidance notes to inform practical program design and the continued refinement of strategies and approaches, particularly for innovative usage of cash programming for multi-sector responses.

The CRP has continued to strengthen the auxiliary role of the Myanmar Red Cross with a stronger element of a principled engagement with all the stakeholders, maintaining independence, negotiating humanitarian access while still complementing the State to fulfil its role to be the primary provider of services to all communities in Rakhine.

Finally, I would like to take this opportunity to sincerely thank the Myanmar Red Cross staff and volunteers for their commitment, patience and persistence to deliver quality humanitarian services in one of the most challenging humanitarian crisis of our times, and to our partners for their valuable support, trust and encouragement.

Joy Singhal
Head of Country Office
International Federation of Red Cross and
Red Crescent Societies (IFRC)
Yangon, Myanmar

Key Contacts

U Aung Thein Hla

Township Red Cross Branch
Myanmar Red Cross Society
Sittwe Township, Rakhine, Myanmar

U San Kyaw

Township Red Cross Branch
Myanmar Red Cross Society
Minbya Township, Rakhine, Myanmar

U Tun Shwe

Myanmar Red Cross Society
Rakhine State Red Cross Supervisory Committee
Sittwe – Rakhine, Myanmar

Si Thu Toe Nyunt

Hub Manager
Myanmar Red Cross Society
Sittwe Hub Office, Sittwe, Rakhine – Myanmar
E-mail: sithutoenyunt@redcross.org.mm

Daw Aye Aye Nyein

Director
Rakhine Operations Management Unit
MRCS, Nay Pyi Taw, Myanmar
E-mail: ayeayenyein@redcross.org.mm

Gurudatta Shirodkar

Livelihoods Delegate
IFRC, Sub-Office Rakhine
Sittwe, Rakhine, Myanmar
E-mail: gurudatta.shirodkar@ifrc.org

Executive Summary

This programme completion report for the Community Resilience Programme (CRP) provides a comprehensive analysis of all programme results and outcomes achieved during Phase I from January 2017 to June 2020. The programme was designed to align with MRCS's Strategic Goal 1: Build healthier and safer communities, reduce vulnerabilities, and strengthen resilience. CRP has been implemented in the central areas of Rakhine State, which is one of the poorest states in Myanmar with a poverty rate of 78%, and communities facing large scale displacement and insecurity, resulting from the violence in August 2017. Communities also face recurring natural disasters. Muslims communities continue to have restrictions of movement, limiting their access to basic and essential services. Further, there are ongoing conflicts in central and northern parts of Rakhine. All these issues, contribute to conditions of protracted crisis, further undermining communities' possibilities to meet basic needs and continue with their livelihoods.

The programme covered 30 villages in Sittwe and Minbya Townships, benefiting over 6,000 households (29,000 people) with multi-sectoral interventions across Livelihoods, DRR, WASH and Health. The beneficiaries reached included people of Rakhine (50%), Muslim (46%) and Chin (4%) ethnicity, representing communities both directly and indirectly affected by crisis in Rakhine. The interventions focused on both categories, addressing humanitarian needs through localized strategies, building on and consolidating existing capacities, while prioritizing the most vulnerable groups. Emphasis remained on strengthening community institutions in the form of village resilience committees, women groups and community volunteer networks.

The coordinated programming approach has increased synergies between Red Cross and Red Crescent Movement partners, enhanced collaborations with government agencies and promoted coordination among stakeholders. These combined investments have promoted community-based action towards building community resilience. CRP Phase I has been successful in supporting 2,539 most vulnerable households with cash grants to restore and strengthen their livelihoods, assisted 2,267 households with cash grants to construct their latrines and facilitated the formation of 83 women groups revolving funds to improve women's access to credit and economic empowerment. Community capacity building initiatives through the CBDRM approach, has produced 67 DRR mitigation projects, 53 water points rehabilitation and 12 school latrines. The combined investments in community institutions and basic resource and equipment needs have been the mainstay of resilience programming. MRCS also provided health services in the areas of Sittwe Township through mobile clinics under this programme.

The programme interventions were guided by Community Action Plans facilitated through participatory approaches. MRCS through multi-lateral funding from British Red Cross, Norwegian Red Cross and American Red Cross implemented multi-sectoral resilience programme that provided substantive learning for the next phase of interventions. Cash-Based Interventions (CBIs) were used in a diverse way to achieve the programme goal. CBIs included; livelihoods cash grants, cash for latrines, cash for work, community cash grants, women group revolving funds, village emergency funds and community volunteer group funds. The cash learning study commissioned in 2019 and undertaken by a British Red Cross technical advisory team has provided valuable insights on best practices and areas that needs improvement on cash approaches.

Overall, the programme has been impactful to increase household monthly income of livelihoods supported beneficiaries by 23%. There is a significant level of change in the percentage of households accessing sanitation facilities from 21% at baseline to 57% at end of phase I. The rate of open defecation dropped from 90% to 48%. Further, the WASH behavior specific to hand washing practices shows increased percentage of people washing hand at critical times. The initiative of women group revolving funds has created increased access to credit

among members. By the end of phase I, USD 40,925 had been issued as micro-loans among group members. There is also enhanced capacity among communities to respond to crisis through instruments of village emergency funds.

The investments towards strengthening capacities of Red Cross Branches have led to increased human resource capacities of RCVs to implement humanitarian and development programmes in a protracted crisis context.

1. Contextual Background

Rakhine State's economy has been steadily declining over the last thirty years. Rakhine is now among the poorest states in Myanmar, with a poverty rate of 78 percent – twice the national average of 37.5 percent.[1] The eruption of violence and resulting displacement, restriction of access and movement has further undermined communities' possibilities to meet basic needs and continue with their livelihoods.

The outbreak of violence in Rakhine State on 25th August 2017 resulted in one of the largest humanitarian crises in recent history, with more than 728,000 people fleeing to Cox's Bazar in Bangladesh and thousands more displaced internally within Rakhine State. Muslim communities who remain in townships in the Northern areas of Rakhine along with ethnic Rakhine communities, continue to be significantly impacted by these events.

Restrictions on people's movements results in their limited access to basic and essential services including health care and their ability to achieve a sustainable livelihood. Collectively this impedes the achievement of early recovery or development goals and consequently has created a high dependency on humanitarian assistance.

[1] *Kofi Annan Advisory Commission on Rakhine Report, August 2017, page 20*

The situation has since worsened either with a combination of direct restrictions on movement, as well as self-imposed restrictions based on fear and insecurity. The humanitarian situation has been compounded by the emergence of conflict between the Arakan Army (AA) and the Myanmar Military (MM) in late 2018. As of June 2020, a total of 69,598[2] people were recorded as temporarily displaced by conflict between the Arakan Army and the Myanmar Military. In Central Rakhine the conflict and related access restrictions has limited ongoing support to communities.

Rakhine State is among the states in Myanmar that are significantly affected by the COVID-19 pandemic, with additional risk factors linked to crowded conditions within IDP Camps and displacement sites. As of 30 June, there were 12 cases of COVID-19 in Rakhine State with one local transmission case. According to the Rakhine State Government (RSG) in Rakhine, there were a total of 1,440 people under 366 community quarantine facilities across Rakhine while more than 4,594 were under home quarantine and 7 in the hospital. An outbreak has not only direct health implications, but also the potential to further reduce access to basic services, directly impacting on overall health conditions and food security.

The protracted nature of crisis in Rakhine State requires combined interventions in relief, rehabilitation and development to facilitate community resilience. The communities that are directly or in-directly affected by ongoing conflicts and recurring natural disasters have immediate relief and recovery needs. Developmental assistance remains as a critical area of investment to help communities achieve a level of resilience within this volatile context.

2. Relevance to Protracted Crisis Context

The humanitarian needs in the context of Rakhine are compounded and intensified due to multiple factors including inter-communal violence, armed conflicts, vulnerabilities of natural hazards and widespread poverty. Rakhine is one of the poorest states in Myanmar, with a poverty rate of 78 percent – twice the national average of 37.5 percent. The outbreak of violence in Rakhine State on 25 August 2017 resulted in one of the largest humanitarian crises in recent history, with more than 700,000 people fleeing to Bangladesh and thousands more displaced internally within the state.

Addressing the humanitarian needs of IDPs, returnees, and other vulnerable populations affected directly and indirectly by crisis is an integral component of principled humanitarian programming. The recommendations of the Rakhine Advisory Commission emphasize the need to undertake emergency operations as well as investing in long-term recovery and development. These dual priorities are significant in guiding programming approaches in Rakhine. The Humanitarian Needs Overview of Myanmar 2020, prepared by OCHA identified more than 985,000 people in Myanmar in need of humanitarian assistance, out of these, 750,000 people (76%) are from Rakhine State.

The Red Cross Movement - comprised of the International Committee of the Red Cross (ICRC), the Myanmar Red Cross Society (MRCS), and the International Federation of Red Cross and Red Crescent Societies (IFRC) - has been providing humanitarian assistance in Rakhine to vulnerable Muslim population in IDP camps and villages and to other vulnerable ethnics communities including Rakhine ethnic and to those who are temporarily displaced due to recent conflicts.

This Community Resilience Programme implemented by MRCS through multi-lateral funding from IFRC has supported vulnerable population in central areas of Rakhine across the humanitarian/development nexus. A multi-sectoral approach which recognises interrelated priorities in livelihoods, nutrition, health WASH and DRR is a key element to both address basic needs and enhance community resilience. At the same time, investments in Branch development have supported a localised and sustained model of engagement.

Considering the multiple complexities of humanitarian and development issues in Rakhine, the state

[2] *OCHA figures provided by RSG as at 21st June 2020.*

remains extremely fragile with many influencing factors including social, political, economical, environmental and security considerations. Programming in such a protected nature of crisis require programme frameworks that are grounded into sound context analysis and continuously strengthen institutional capacities to deliver principled humanitarian and development services. The RCM coordination mechanisms in Rakhine continuously emphasis the need for a principled approach across all movement partners.

In late 2018, MRCS and IFRC, with British Red Cross support jointly commissioned an external study to assess IFRC support to MRCS in Rakhine considering requirements 'to Support Principled Humanitarian Response in a Protracted Crisis'. Key findings included the importance of **multi annual funding** sources and a **reinforcement of the principle of unity** by ensuring a multilateral approach. As detailed above, the combined investments by three Partner National Societies (PNS), which included multi-year commitments was a key factor in generating these consolidated achievements.

Flexibility in programme design, implementation schedules and most importantly donor conditions are of high importance while working in such a context. The CRP has remained very flexible throughout the programme cycle, the activities were designed as an evolving process, annual plans were prepared within a longer-term programme framework to allow integrate learnings and donors were engaged throughout to support adaptation to evolving crisis. With this responsive planning approach, linked to a continuous contextual review, the outcomes and impact of the programme could be maximised.

Complementarity and synergy building within a partnership framework is crucial to achieve comprehensive longer-term impact in such fragile context of Rakhine. Along with addressing the basic needs of communities through humanitarian interventions in conjunction with RCM partners', the unique value that this particular programme brought in was to evolve an adaptable community resilience building model that MRCS can scale up in the context of Rakhine. The elements of strengthening community institutions through CAP, multi-sectoral interventions and flexible, responsive planning over multi-year timeframes, under a programme modality are key examples of best practices.

3. Programme Overview

Community Resilience Programme (CRP) was designed to align with Myanmar Red Cross Society's (MRCS) Strategic Goal 1: Build healthier and safer communities, reduce vulnerabilities, and strengthen resilience, within MRCS strategy 2016-2020. Main emphases included supporting targeted communities to strengthen their livelihoods and assess and respond to risks along with investments to increase vulnerable people's access to appropriate health, sustainable water, sanitation and hygiene services. The four main outcomes of CRP were:

- **Outcome 1:** Targeted communities have the capacity to assess risks and respond in coordination with other local actors.
- **Outcome 2:** Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods.
- **Outcome 3:** Vulnerable people's health and dignity are improved through increased access to appropriate health, and sustainable water, sanitation and hygiene services.
- **Outcome 4:** Capacity of targeted branches to respond to humanitarian needs is enhanced.

The programme was principally funded by **British Red Cross** and **Norwegian Red Cross** with additional contributions from **American Red Cross**. Coordination was undertaken among RCM partners involving MRCS, IFRC and ICRC.

The first year (2017) prioritized foundation setting and included ICABR and developing Community Action Plans (CAP). Community Based First Aid (CBFA) and Participatory Hygiene And Sanitation Transformation (PHAST) trainings were also initiated in the inception year. In the second year (2018), programme activities were able to address community priorities determined through CAPs and with strengthening of village level structures. In addition, household level livelihoods assistance was provided through cash transfers as well as community level infrastructure through DRR mitigation and water points renovation. Finally, piloting of cash for latrines and women group revolving funds were also undertaken in the second year. The third and final year (2019) was extended by six months until June 2020, mainly due to escalation of conflicts in Minbya Township. During this period, scaling up of household latrines and women groups was achieved along with delivering other household level livelihoods assistance. The programme also focused on building community level institutions to ensure sustainability and responding to COVID-19 pandemic.

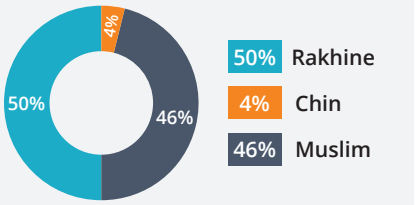
4. Summary of Key Achievements

4.1 Programme Coverage

Sl	Township	Total Villages	Total HHs	Total People	Male	Female
1	Sittwe	9	2,054	9,175	4,330	4,845
2	Minbya	21	4,280	19,904	9,984	9,920
Total		**30**	**6,334**	**29,079**	**14,314**	**14,765**

Table 1: Programme coverage

Population Coverage



4.2 Sectoral Achievements

1. Community institutions strengthening

- 30 ICABR assessments
- 30 Community Action Plans
- 30 Village Resilience Committees
- 30 WASH sub-groups
- 30 DRR sub-groups
- 29 Community meetings hall construction

2. Livelihoods

- 2,539 Livelihoods cash grants (Households)
- 90 livelihoods training sessions (3,500 participants)
- 83 Women group revolving funds (1,003 members)
- 3 Cash for Work projects (260 direct beneficiaries)
- 419,904 CHF total cash transferred in livelihood sector

3. WASH

- 81 PHAST training sessions (1,750 participants)
- 21 Demonstration latrines
- 2,267 cash for latrine grants (Households)
- 12 School latrines (2,816 students)
- 53 Water points renovation
- 870 Ceramic filter distribution (Households)
- 197,129 CHF total cash transferred in WASH sector

4. DRR

- 30 CBDRM kits distribution
- 67 DRR mitigation / preparedness projects
- 21 Village Emergency Funds
- 120 CBDRR training sessions
- 90 Early earning early action drills
- 24 Village volunteer groups
- 147,573 CHF total cash transferred in DRR sector

5. Health

- 66,706 Health consultation through mobile clinics
- 12,213 Immunization of children below 5 years
- 3,645 Vaccination of pregnant women
- 87 Health referrals
- 52 CBFA training sessions (1,058 participants)
- 315 Community level health awareness sessions

6. COVID-19 Response

- 29 COVID-19 response funds to villages
- 47 Hand washing facilities at schools
- 10 Latrines at IDP sites
- 39 Women group funds top-up
- 2 Water tanks installation

Table 2: Sectoral achievements

4.3 Overview of Pledges

Sl	Pledge No.	Start Date	End Date	Budget (CHF)	Expenditure (CHF)	% Expenditure	Donor
1	M1702056	01/01/2017	31/05/2019	603,265	603,265	100.00%	British Red Cross
2	M1707078	01/01/2017	31/03/2020	713,150	712,576	99.92%	Norwegian Red Cross
3	M1805043	01/05/2018	30/06/2019	184,653	184,348	99.83%	American Red Cross
4	M1904048	01/04/2019	30/06/2020	330,249	326,021	98.72%	British Red Cross
5	M1906043	01/01/2019	30/06/2020	478,668	478,507	99.97%	Norwegian Red Cross
Total				**2,309,985**	**2,304,717**	**99.77%**	

Table 3: Summary of pledges

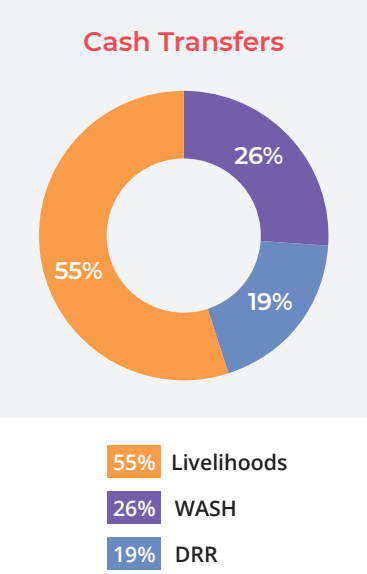
4.4 Key Impacts

Key Indicators	Baseline	Endline
Monthly average income of households supported with livelihoods cash grants	137,561 MMK ($ 89)	170,000 MMK ($ 110)
Percentage of households with household level latrines	21% (1,330 HHs)	57% (3,597 HHs)
Percentage people practicing open defecation	90%	48%
Percentage of community members who demonstrate that they have gained new knowledge (e.g. know critical times for hand washing, skills, or attitude related to water, sanitation, and hygiene.)	Hand Washing Before eating food: (Adult-51%, Children-47%) After eating food: (Adult-73%, Children-65%) After going to toilet: (Adult-49%, Children-30%)	Hand Washing Before eating food: (Adult-71%, Children-67%) After eating food: (Adult-88%, Children-80%) After going to toilet: (Adult-69%, Children-50%)
Percentage of people in the targeted villages demonstrate awareness and new actions taken to reduce disaster risk as a result of multi-sectoral project activities	Overall awareness and actions - (10%) Low level - 90% Medium level - 10% High level - 0%	Overall awareness and actions - (75%) Low level - 20% Medium level - 25% High level - 55%
Percentage of population in target communities using appropriate and sustainable water	46% (Availability of water at water points all the time)	70% (Availability of water at water points all the time)
Value of micro-loans issued through community / women group funds in targeted villages	0	63,449,000 MMK ($ 40,935) (773 HHs)
Percentage villages with community action plans and mechanism of village committees to coordinate community led actions	0%	100%
Percentage villages with sub-groups on WASH and DRR to coordinate sector specific actions	0%	100%
Number of community level volunteers organized in the form of groups for community-based actions and linked to Red Cross Branches	0	538 (28 groups)
Number of targeted villages with established village emergency funds to respond to crisis	0	21 (70% villages)

4.5 Summary of Cash Transfers

Sector	Activities	Amount in MMk	Amount in CHF
Livelihoods	Livelihoods cash grants, Women group revolving fund, Cash for Work.	646,006,850	419,904
DRR	Meeting halls, Village information boards, DRR mitigation projects, Village emergency funds, Volunteers group funds, COVID-19 response.	207,034,000	147,573
WASH	Cash for latrines, Demonstration latrines, Water points renovation, School latrines, COVID-19 response.	303,274,600	197,129
Total		**1,156,315,450**	**764,606**

Table 4: Summary of cash fransfers



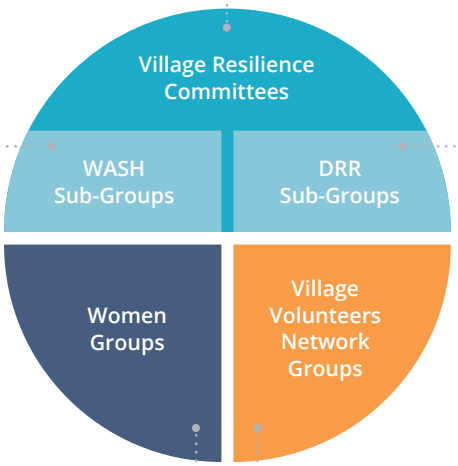
5. Sectoral Interventions

5.1 Strengthening Community Institutions

Through CRP, MRCS continued strengthening village level resilience committees and sub-groups to promote community-based actions as per CAP priorities. The committees are the custodians of these action plans and they facilitate community-based actions to support disaster preparedness and resilience building action at community level. MRCS implemented all multi-sectoral interventions in close collaboration with these village level committees. Committees are provided with different trainings like community action plan development, linkage establishment with government and Community-Based Disaster Risk Management (CBDRM) trainings. Training also incorporates leadership development sessions through mentoring support and other technical trainings in the sectors of livelihoods, Health, WASH and DRR. Along with resilience committee and their sub-groups, MRCS facilitated formation of women groups and village volunteer groups. These groups are pivotal to strengthening social capital in the villages, with a focus on inclusion and empowerment.

Village Resilience Committee (VRC)

The role of VRCs is to provide leadership in facilitating and coordinate overall community development process through active participation of community members. VRCs are custodians of CAPs that are instrument in executing community led multi-sectoral interventions.



WASH Sub- Groups

This is a sub-committee under VRC to support specific community-based action in the sector of WASH. The interventions include water points management, behavior change, promotion of latrines and linkages with stakeholders.

DRR Sub-Groups

This is a sub-committee under VRC to support specific community-based action in the sector of DRR. The interventions include mitigation projects, community-based early warning and linkages with stakeholders.

Women Groups

Each women group comprise of 10-15 members with a governance structure. The main focus of these groups is to undertake savings and credit activities within group members to enhance access to micro-loans at a minimal rate of interest.

Village Volunteers Network Groups

This is a network of village youth with structured governance. Each village has one such network that comprise trained volunteers. It is linked to Red Cross Township Branches.

Key Achievements

- Established and strengthened 30 VRCs with total membership of 328 (Male 209, Female 119).
- Established and strengthened 30 WASH sub-groups with total membership of 188 (Male 102, Female 86).
- Established and strengthened 30 DRR sub-groups with total membership of 124 (Male 124, Female 86).
- Supported construction of 29 community meeting halls to enhance community mobilization processes.
- Supported communities in 30 villages to develop CAPs to implement community-based resilience actions.

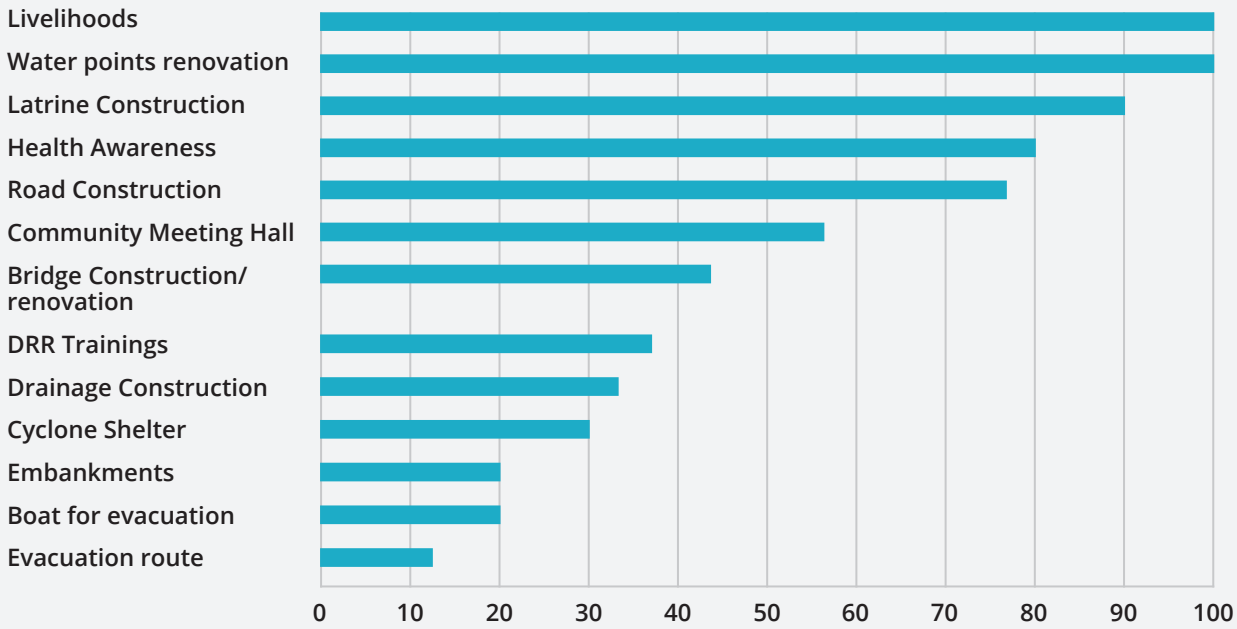
Township	Ethnic Group	No. of Villages	No. Village committees	Total members	Male members	Female members
Minbya	Rakhine	15	15	164	95	69
	Muslim	5	5	52	39	13
	Chin	1	1	11	7	4
Sittwe	Rakhine	5	5	53	35	18
	Muslim	4	4	48	33	15
Total		**30**	**30**	**328**	**209**	**119**

Table 5: VRCs in CRP covered villages

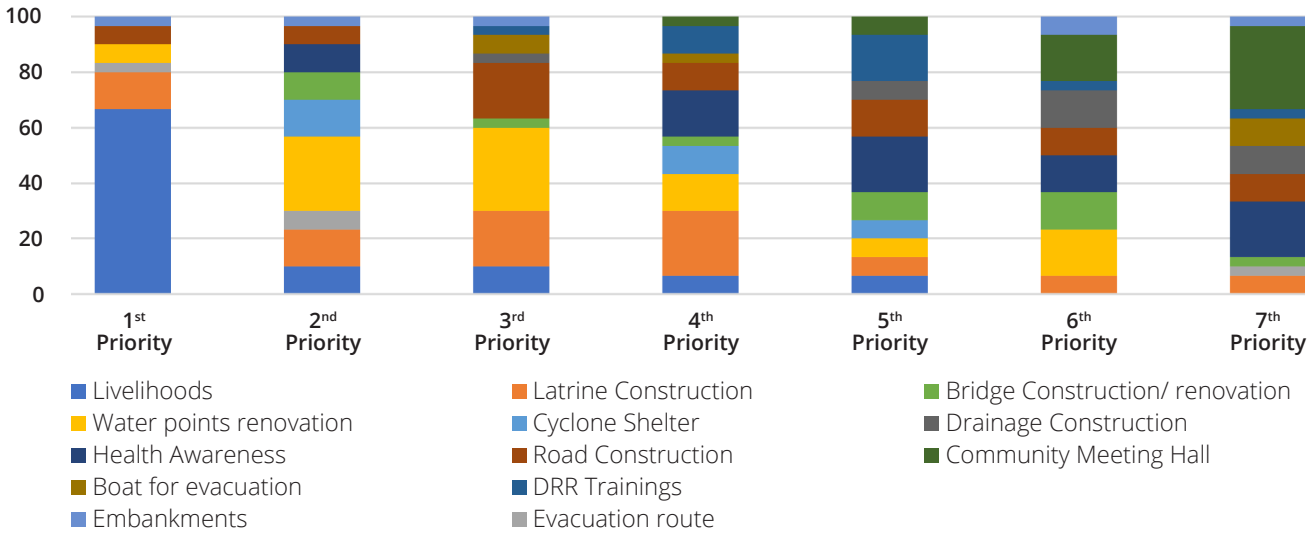
5.1.1 Community Action Plans (CAP)

Communities ranked their sectoral priorities through a participatory community engagement process. Although the priority ranking differed from one village to another, livelihoods and access to water were identified as priorities by 100% of villages. Construction of household latrines was considered as a priority by 90% of villages, followed by health awareness as the key priority among 80% of villages. Basic infrastructure in the form of village roads and community meeting places/halls remained as priorities among 77% and 57% of villages respectively. Further, 37% of villages considered DRR as an important action to promote disaster preparedness. Other DRR mitigation and preparedness actions like evacuation routes, cyclone shelter, village bridge, drainage system, boat for evacuations and embankments remained as a priority among different villages ranging from 13% to 43% of villages. Other priorities included; school extension, village health clinic, provision of life jackets and community plantation.

Community Action Plans - Key Priorities (% Villages) - Both Townships



Community Action Plans - Ranking of Key Priorities (Both Townships - %)



5.2 Restoring and Strengthening Livelihoods

The Community Action Plan in villages approach underpins facilitation of community-based resilience actions. From a set of multiple needs which also includes health, WASH, village infrastructure, DRR and capacity building, villages have identified promotion of sustainable livelihoods and economic growth as one of the most important priority actions. Through CRP, vulnerable households in the targeted villages were supported through livelihoods cash grants to enhance their food production and income generation capacities. Beneficiaries were selected through participatory targeting processes based on selection criteria. Before providing cash grants, beneficiaries have undergone the processes related to development of business plans and business orientations. Business plans covered sectors of Agriculture, Livestock, Small Business and Fishery sector. Cash grants of ranging MMK 230,000 to MMK 275,000 per selected household were made in two instalments. Along with livelihoods cash grants, MRCS conducted livelihoods technical trainings for beneficiaries. Small scale cash for work projects were also implemented in 3 Muslim villages of Sittwe Township.

Township	Total Livelihoods grants	Communities			Amount in MMK	Amount in CHF
		Rakhine	Muslim	Chin		
Sittwe	724	303	421	0	142,779,150	92,806
Minbya	1,815	1,009	671	135	425,439,700	276,536
Total	**2,539**	**1,312**	**1,092**	**135**	**568,218,850**	**369,342**

Table 6. Livelihoods cash grants Coverage

5.2.1 Women's Economic Empowerment

MRCS successfully initiated women group revolving funds in programme areas. Members are trained in group formation, group management, leadership and record keeping. Groups develop their by-laws, define roles and responsibilities and identify different activities to be undertaken. The members save monthly contribution (500 to 1,000 MMK per member / per month) to raise group capital and provide small loans to group members with minimal interest rate (1% - 2% per month). The revolving fund mechanism among women groups has been instrumental in facilitating access to micro-credit to address household level economic needs, while not increasing household debt with its associated risks. MRCS, upon successful processes of group formation and group level systems development for revolving fund, provided cash support to groups. Continuous monitoring and follow up through capacity building of the groups was provided by MRCS to ensure sustainability of women group revolving funds.

Township	No. of Groups	Communities			Total Member	Total Savings by groups	MRCS contribution	Total Amount
		Rakhine	Muslim	Chin				
Sittwe	25	16	9	0	314	7,893,450	20,000,000	27,893,450
Minbya	58	53	0	5	689	15,161,000	32,900,000	48,061,000
Total	**83**	**69**	**9**	**5**	**1,003**	**23,054,450**	**52,900,000**	**75,954,450**

Table 7. Women group revolving funds

Key Achievements

- Supported 2,539 households with livelihoods cash grants to recover and strengthen livelihoods.
- Conducted 90 livelihoods technical training session covering 3,500 participants throughout programme cycle.
- 83 women groups consisting 1,003 members were formed and provided with cash assistance.
- 773 group members of revolving funds received micro loans of total MMK 63,449,000 ($40,935).
- 3 cash for work projects executed in Muslim villages of Sittwe Township benefiting 260 direct beneficiaries.

5.3 Water, Sanitation and Hygiene (WASH)

MRCS conducted regular community-based participatory sessions to promote water, sanitation and hygiene awareness. Through the approach of PHAST, regular interactive sessions in target villages were conducted to raise awareness on issues pertaining to water, sanitation practices and hygiene behaviors.

Lack of access to latrines was one of the common problems in the targeted villages and communities identified household level latrines construction as one of the top priorities through their Community Action Plans. Through CRP vulnerable households in targeted villages were supported through cash assistance to promote household level latrines construction. Targeted households were provided with MMK 70,000 in two instalments. 'Cash for latrines'

beneficiaries mobilized additional self-contribution to complete their latrine structures.

The steps of the latrines construction process include: a) Awareness generation, b) dissemination of information on 'Cash for Latrines", c) Participatory targeting of beneficiaries, d) Beneficiary level training sessions, e) Construction of demonstration latrine, f) Cash support in 2 instalments and g) Technical support to beneficiaries to ensure quality of latrines.

Beneficiaries were trained on making concrete rings using iron molds for latrine pits.

Along with WASH related BCC and latrines promotion, communities were supported to enhance their access to water through rehabilitation and renovation of water points. Further, schools in targeted villages were supported through school latrines construction and a few villages were covered through distribution of ceramic water filters.

Key Activity	Unit	Total	Communities		
			Muslim	Rakhine	Chin
Cash for latrines	HH	2,267	743	1,354	170
School latrines	Schools	12	4	7	1
Water points renovation	Projects	53	25	26	2
Ceramic filter distribution	HH	870	484	386	0

Table 8: WASH activities coverage

Key Achievements

- Conducted 81 PHAST training sessions covering 1,750 participants (Male 780, Female 970)
- Constructed 21 demonstration latrines as part of community capacity building on latrines construction.
- Supported 2,267 households with cash for latrines to improve access to sanitation facilities.
- Completed rehabilitation and renovation of 53 water points in targeted villages.
- Constructed 12 school latrines benefiting 2,816 school children (Male 1,324, Female 1,492).
- Distributed ceramic filters among 870 households.

5.4 Disaster Risk Reduction (DRR)

Community level sessions on CBDRR were conducted throughout the programme cycle in all targeted villages. Participatory discussions and exercises were facilitated to build community capacity on disaster preparedness, emphasising EWEA through community-based initiatives. Village committee representatives, community volunteers, women group members, village volunteer groups and participation by other community members including children was an integral component of the community level initiatives on DRR. Community level CBDRR sessions covered different aspects of preparedness and response in relation to disasters. Delivery methods included the risk and ladder game, demonstrations on use of CB-DRM kits and related equipment, and community level drills for early warning and emergency rescue. Implementation of disaster mitigation activities, early warning systems and linkages with Township Disaster Management Authorities were facilitated as an integral part of the community level CBDRR activities.

Through community cash grant mechanisms, MRCS supported communities to execute DRR mitigation projects. The villages covered by the CRP are prone to recurring disasters like floods and cyclones. Improving community infrastructure is part of enhancing communities' capacity, DRR mitigation projects like embankments, evacuation routes, rescue hill (safe place), small bridges, improved jetties, community boat, drainage system strengthening, and related projects are significant to minimize casualties and losses in the event of disaster. During CRP phase I, MRCS implemented DRR preparedness and mitigation projects in targeted villages. Communities were also supported with fire hooks and fire beaters sticks (a local method of managing minor fire outbreaks) for their respective houses to tackle the fire events.

To achieve the CRP's goal of "building healthier and safer communities, reduce vulnerabilities, and strengthen resilience", capacity building of community institutions has been conducted on disaster preparedness and response. Further, to ensure long-term sustainable mechanisms to respond to emergencies, village level emergency funds were established in the targeted villages. An emergency allocation is set aside within the village development fund, specifically to meet emergency needs of the community members in the event of an emergency or crisis. The decision on the minimum amount to be reserved for emergencies is decided by the village resilience committees in consultation with community members. MRCS has contributed MMK 1,000,000 per village towards village emergency funds.

Community level rules and regulations are developed for use of village emergency funds. Following are the main stipulations:

- **Emergency support to the most vulnerable households:** Most vulnerable households to be supported with cash assistance in the event of household level emergency.

- **Emergency loan without interest:** In the event of household level emergencies, cash assistance in the form of loan (loan without interest) can be provided to meet households' emergency needs.

- **Response to disasters:** In the event of a disaster, communities can use emergency funds for early action and early response to protect lives and livelihoods of people. In case of needs, the emergency funds can also be used to meet urgent needs of people in post disaster situation.

MRCS formed volunteer groups in villages. These groups play a significant role in community-based activities across different sectors. The groups support implementation and monitoring of MRCS supported activities and are closely linked to each Township Red Cross branch for longer-term community engagement processes.

Key Activity	Unit	Total	Communities			Remark
			Muslim	Rakhine	Chin	
CBDRM Kits Distributions	Villages	30	9	20	1	Kits for community use
DRR mitigation projects	Projects	67	15	48	4	Mitigation projects on DRR
Village volunteer groups	Groups	24	4	19	1	Volunteer groups linked to branches
Village Emergency Funds	Villages	21	4	16	1	Village level funds
CBDRM drill exercises	Drills	90	27	60	3	CBDRM activities

Table 9: DRR sector activities

Key Achievements

- Distributed CBDRM kits in 30 villages to support EWEA activities in communities.
- Implemented 67 DRR mitigation and preparedness projects through community cash grants mechanisms.
- Developed village emergency funds mechanisms in 21 villages in the targeted areas.
- Conducted 90 drill exercises as part of community capacity building on CBDRM.
- Formed 24 village volunteer groups consisting 538 members (Male 260, Female 278).

5.5 Health Promotion

MRCS provided health services through mobile clinics during 2017 to 2019. From January 2020 onwards, the mobile clinics continued to be implemented by MRCS shifting to a bi-lateral programme directly supported by Norwegian Red Cross. There are three mobile health clinics, which were operating in Sittwe Township comprising one doctor and two nurses as well as RCVs providing additional operational support capacity in field sites. Operation of all mobile clinics in central Rakhine were coordinated by the State Health Department (SHD). In line with the concept of 'balanced approach', mobile clinics were assigned by the SHD to visit Muslim IDP camps, as well as remote villages of Rakhine and Muslim ethnicity in the Sittwe Township. The sites visit schedule was prepared in consultation with SHD, with locations allocated monthly to all mobile health clinic teams provided by various organizations. Locations were chosen using the following criteria: remote villages where health services are hard to reach (remote locations, poor road conditions); 'cage areas' (i.e. Rakhine villages which need to be accessed through Muslim IDP camps); areas with poor health facilities; and IDP camps with limited access to health services.

Township	No. of Sites	No. of medical consultations			No. of immunization under 5 years (children)			No. of vaccination pregnant women
		Male	Female	Total	Male	Female	Total	
Sittwe	15	25,237	41,469	66,706	5,920	6,293	12,213	3,645
Total	**15**	**25,237**	**41,469**	**66,706**	**5,920**	**6,293**	**12,213**	**3,645**

Table 10: Mobile clinics coverage

MRCS staff and trained RCVs continued conducting community level CBFA trainings during the programme cycle. The trainings covered different aspects of First Aid (FA) methods and practical sessions. The participants of the trainings included; village volunteers, community mobilizers, committee members and members of the community. Health awareness sessions were conducted regularly through community level health promotion activities.

Training Type	No. of Trainings	Total Participants	Male	Female
CBFA Training	52	1,058	553	505
Total	**52**	**1,058**	**553**	**505**

Table 11: CBFA trainings coverage

5.5.1 COVID-19 Response

MRCS has responded to COVID-19 pandemic in Rakhine State since April 2020 with a range of complementary interventions. Prevention and mitigation initiatives for COVID-19 covered all affected townships in Rakhine State. MRCS staff and volunteers have supported with combined interventions in Risk Communication and Community Engagement (RCCE), Fever Screening and Support to Quarantine Facilities as well as community based quarantine, accompanied by the distribution of IEC, hygiene materials and protective items for communities. Interventions have focused on additional support to returning migrants, people in IDP camps and temporary displacement sites as well as community-based actions. Support to CRP programme villages has been timely facilitated by the robust community led management mechanisms already in place.

COVID-19 response activities:

- **Procurement of PPE and other materials for COVID-19 response:** Funding support to MRCS to procure PPEs and related items to respond to COVID-19 throughout Rakhine State.

- **COVID-19 response funds to village resilience committees:** 29 villages resilience committees were provided with MMK 300,000 each to undertake community led actions to respond to COVID-19 needs in the villages. These funds are used by the committees to upgrade community level quarantine facilities, install hand washing points in villages, purchase electric batteries for mass communication purposes and to undertake community-based risk communication activities.

- **Women group revolving funds (top-up funds):** 39 women groups received MMK 200,000 each towards group revolving funds as top-up cash. The group provides micro loans at a minimal rate of interest to their members to address their livelihoods and basic needs.

- **Cash for installation of hand washing facilities at schools:** 47 schools outside the programme

locations were assisted with cash of MMK 75,000 each to support installation of hand washing facilities at schools.

- **Cash for installation of temporary water tanks at IDP sites:** 5 units at IDP sites in Kyauk Taw were supported with installation of temporary tarpaulin water tanks with roofing to urgently address the need for increased access to water.

- **Construction of latrines at IDP sites:** 5 IDP sites were supported with construction of fly proof latrines in Minbya and Kyauk Taw townships.

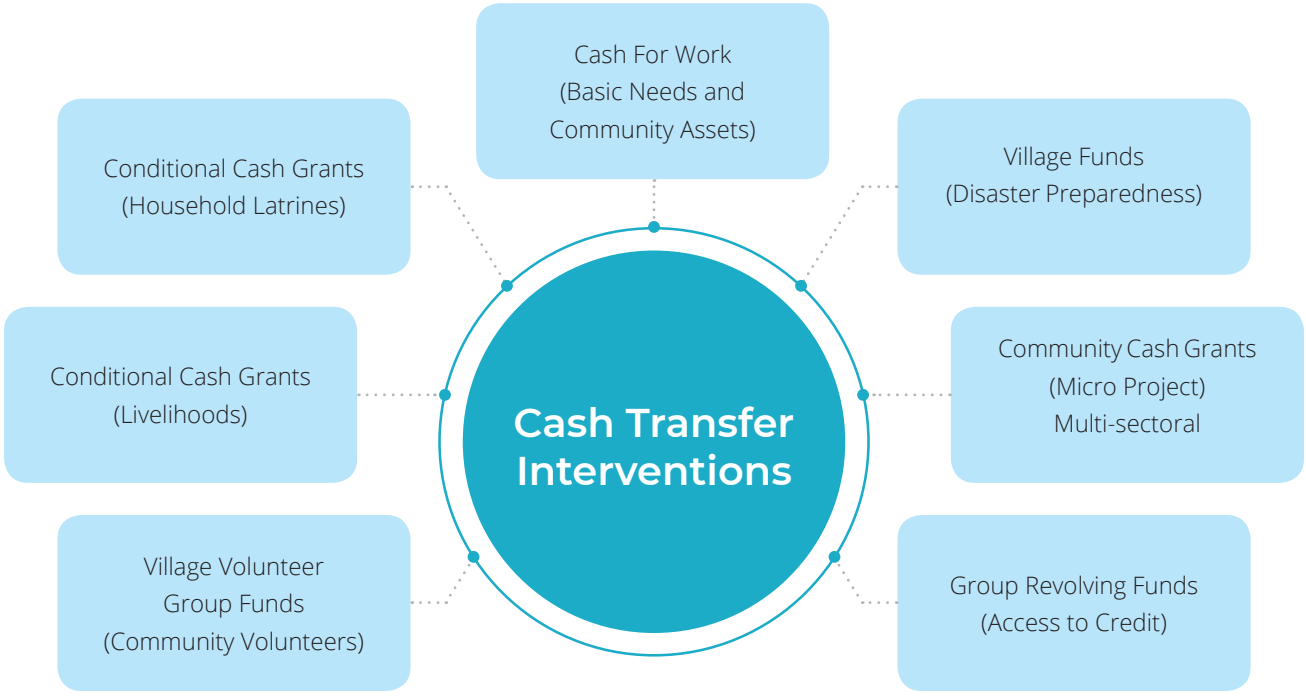
6. Timeline of Key Activities

Key Activities	Timeline
ICABR	
Community action plans upgradation	
Strengthening of community institutions	
Community hall constructions	
Livelihoods cash grants	
Women group revolving funds	
Cash for work	
Cash for latrines	
PHAST trainings	
Ponds renovation / rehabilitation	
School latrines	
Ceramic filter distribution	
DRR awareness and EWEA drills	
DRR mitigation projects	
Mobile clinics	
CBFA and health awareness	
Cash learning study	
COVID-19 response	

7. Integrating Cash Transfers Programming

As part of the CRP, a range of cash transfer interventions were integrated to meet different needs of the targeted communities. Cash based modalities provide relevant support to communities impacted by protracted crisis. The cash interventions benefited communities at household, group and community levels at different stages of programme implementation. The interventions are implemented through a process of "sequencing and layering". The sequencing bridges the immediate gap between humanitarian and development needs. The layering approach facilitates the integration of activities across different sectors to consolidate combined outcomes and maximize programme impact with regard to overall resilience.

Different cash transfer interventions implemented were:



1. **Livelihoods cash grants:** Support households to restore and recover livelihoods asset and support income generation activities.

2. **Cash for latrines construction:** Support households to construct household latrines.

3. **Cash for work:** Support most vulnerable with wage employment opportunities to meet basic needs and strengthen community assets.

4. **Community cash grants:** Assist village institutions (Village Committees) with financial support to implement micro-projects for DRR, improve access to water and village development.

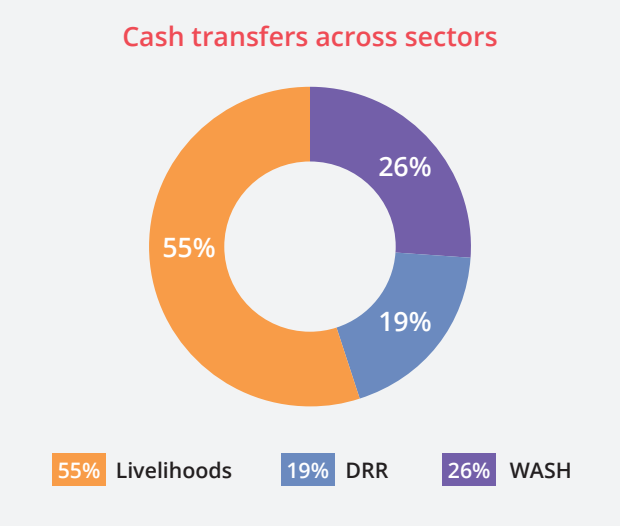
5. **Women group revolving fund:** Financial assistance to women groups to develop savings and lending to enhance access to credit.

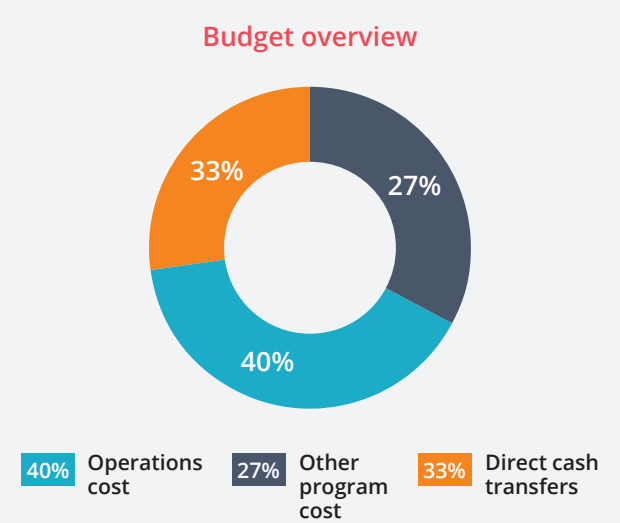
6. **Village emergency fund:** Strengthen capacities of village resilience committees to respond to emergencies and disasters.

7. **Village volunteer group funds:** Strengthen community volunteer networks linked to Township Red Cross Branches.

7.1 Summary of Total Cash Transferred through CRP

During the CRP phase I implementation, MRCS transferred a total of MMK 1,156,315,450 (CHF 764,606) through Cash Based Interventions (CBI). CBIs were undertaken across different sectors of Livelihoods, WASH and DRR. The total amount of cash transferred directly to communities constitutes 33% of total program budget. This percentage represents 55% of the total direct activities budget of the programme.





Sectors	Type of CBIs	CBI Approach	Units	Total units	Amount MMK	Amount CHF
Livelihoods	Livelihoods cash grants	Conditional cash grants	HH	2,539	568,218,850	369,342
	Women group revolving fund	Group grants	Group	83	61,700,000	40,105
	Cash for Work	Community cash grants	Projects	8	16,088,000	10,457
				Total	**646,006,850**	**419,904**
DRR	Community meeting halls	Community cash grants	Villages	29	31,800,000	20,670
	Village information display boards	Community cash grants	Villages	30	7,500,000	4,876
	DRR mitigation / preparedness project	Community cash grants	Projects	67	123,634,000	93,362
	Village Emergency Funds	Community cash Grants	Villages	21	21,000,000	13,650
	Village volunteers group funds	Group grants	Group	24	14,400,000	9,360
	COVID-19 response funds	Community cash grants	Villages	29	8,700,000	5,655
				Total	**207,034,000**	**147,573**
WASH	Cash for latrines	Conditional cash grants	HH	2,267	158,690,000	103,149
	Demonstration latrines	Community cash grants	Projects	15	3,000,000	1,950
	Water points renovation	Community cash grants	Projects	53	98,009,600	63,706
	School latrines	Community cash grants	Projects	12	38,400,000	24,960
	Hand washing points (COVI D-19)	Community cash grants	Schools	47	3,525,000	2,291
	Latrines at IDP sites (COVID-19)	Community cash grants	Projects	5	1,350,000	878
	Temporary tarpaulin water tank	Community cash grants	Projects	2	300,000	195
				Total	**303,274,600**	**197,129**
				Grand Total	**1,156,315,450**	**764,606**

Table 12: Total cash transferred through CBIs

7.2 Summary of Cash Learning Study Findings

In the year 2019, MRCS and IFRC with support from British Red Cross commissioned a cash programming learning study to reflect, analyze and learn from CBIs of CRP and other programme of MRCS in Rakhine. The study conducted in consultation with communities has identified what is working well and can be scaled up on CBI approaches. It has also highlighted areas of cash grant design and management to strengthen. Following are the consolidated achievements, as well as key findings on what work well and areas that need continuous investment.

Programming Areas	What works well	Areas for continuous investments
Integrated approach	• Programme adopted a multi-sector approach which considers community needs in a holistic manner.	• Continue advocating for an integrated approach in all future programmes.
Targeting	• Local contextualisation of the selection criteria for each of the cash grants. • The selection criteria are defined by the village resilience committee in consultation with the community and then verified by MRCS' CRP team.	• While the village resilience committee has ownership over the selection process, the facilitation role of MRCS is critical to ensure inclusiveness and address exclusion in a transparent way. • The nuances of the selection process need to be fully understood and made transparent to manage community expectations.
Guidelines and checklists	• Guidelines have evolved organically and improved upon piloting. • The guidelines are used by MRCS' staff and volunteers for replicability. • The guidelines provide transparency in community engagement. • Checklists are used for activity monitoring.	• Consolidation and analysis of monitoring data obtained through checklists is not evident. Data analysis will help identifying trends and areas for improvement. • Staff refresher training is required to ensure guidelines/checklists are used effectively.
Stakeholders Engagement	• Stakeholders engagement is effective and supports the grant giving process. • Regular engagement provides sustained support to community-based institutions.	• The role of MRCS' Township Branches is vital to support and oversee external linkages. • Contractual engagement for the various types of funds/grants should exist between the village resilience committee and the Township Branch. • Closer work with Township Branch is advisable. For example, for building linkages with external resources on early warning and on needs identified in community action plans.
Community Engagement and Accountability	• For each of the cash grants there is a simplified "Step-by-Step" process, detailing the grant giving process which is shared during community meetings. The knowledge of these processes amongst staff is very high.	• At the individual household level, understanding of the grant giving process (including selection criteria) needs to be reinforced. • Consolidation of various community meetings to reduce the burden on people's time is advisable.

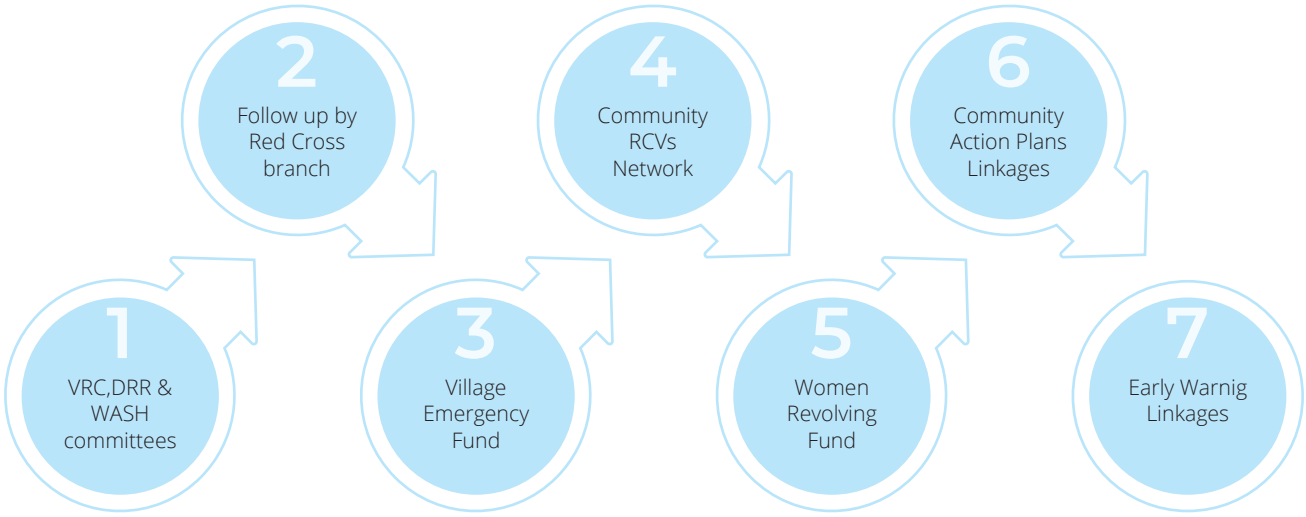
Programming Areas	What works well	Areas for continuous investments
	• The agreement entered between households and the village resilience committee, and village resilience committee with Township Branch ensures ownership and accountability at the appropriate levels.	• Better mobilisation of feedback mechanism (which is currently underutilised). • Ensure feedback mechanisms are impartial and inclusive (e.g. not centralised only in the hands of Community Mobilisers).
Community Action Plans	• The plan is owned by the community, with village resilience committee as its custodians. • There is evidence of action taken by the community on its own initiative without funding from MRCS.	• Information collected during the plan development needs to be triangulated with other sources and the plans updated periodically. • Baseline data for actions included in the plans needs to be shared and kept at the community level to track and review progress.
Gender and Inclusion	• In both Rakhine and Muslim villages women play an active role beyond the women revolving fund and initiate community actions (e.g. building access roads). • Specific clinic days are organised for people with disabilities. • House visits to people living with disabilities and elderly during cash distribution are conducted. • Referral of people with disabilities to specialised organisations which can offer tailored support. • Instances of people with disabilities being inducted as Community Mobilisers and into leadership roles in different committees.	• Inclusion of Muslims across cash-based programming needs to be examined in greater detail. Cultural and social barriers for reach and engagement need to be identified. • A specific day for women health activities is considered. • Greater dissemination and advocacy around gender and inclusion. e.g. periodic re-training of staff on the collection and analysis of disaggregated data. This is particularly important when programmes incorporate remote management requirements. • The lack of Muslim staff within the CRP programme necessitates greater involvement of the Muslim Community Mobilisers in programme development. • Activities to promote social cohesion between communities should be considered despite the challenges, especially in villages where MRCS has established strong relationships and trust with the community.
Adaption to context	• Remote management and monitoring takes place, with MRCS' Community Mobilisers in each of the village continuing to oversee activities and report back. • When possible community mobilisers and members of village resilience committees/ village household volunteers/women groups, are invited to Minbya township where MRCS can engage with them directly to review progress, build capacity and disseminate programme content.	• Direct engagement is possible for Rakhine villages, whereas Muslims freedom of movement restriction does not permit them to come to town. This affects the level of inclusion of Muslim communities. • Risks regarding the safety of community members in transit should be considered.

8. Programme Sustainability

Programme sustainability is facilitated through different aspects of programming. MRCS developed a programme sustainability model, comprising seven pillars of sustainability. These pillars guide the processes undertaken at branch and community level to promote programme sustainability. The CRP team and Red Cross Branches have continuously engaged with communities to instrumentalize program sustainability within the village structures. These processes will be consolidated during phase II of CRP.

Following are the key pillars of program sustainability developed by the MRCS for CRP.

1. Well organized and functional community institutions (Village Resilience Committees, WASH Committees and DRR committees).
2. Sustainable improved access to credit among women through women groups revolving fund.
3. Continued engagement and follow ups by Red Cross Branches in target villages.
4. Established linkages for Early Warning System (EWS) with the Township Disaster Management Department.
5. Communities establish linkages with line departments and stakeholders for implementation of CAPs.
6. Community level RCVs in the form of volunteer group continue providing their voluntary actions to address community needs.
7. Established mechanisms at community level village emergency funds management.



9. Red Cross Branch Development

Building organizational capacity of the Red Cross Branches is an ongoing process, MRCS with support from IFRC is continuously engaged in strengthening capacities of Township Red Cross Branches through programming efforts in the targeted areas. During Phase I, the Rakhine State Branch and the Township Branches in Sittwe and Minbya Townships were routinely involved in the programme implementation processes. The active engagement of RCVs was instrumental in enhancing human resource capacities of branches to implement all activities under this programme and for future programming. The localization of humanitarian and development initiatives through branch development is a key area of investment to effectively position MRCS for timely response across all regions and states. Due to the protracted nature of crisis in Rakhine, there are additional complexities of restricted access and security related challenges. In this operating environment, skilled branches with strong community networks are a critical resource.

The key aspects related to branch development include; decentralized management, human resource and RCVs retention, strengthening of systems, branch infrastructure development, staff and RCVs capacity building and resource mobilization. MRCS with support from IFRC has initiated BOCA that supports the prioritization of actions to be taken at branch levels.

Key activities related to branch development

- Capacity building of RCVs on different sectoral approaches and resilience programming.
- Branch infrastructure and programming systems development.
- Support income generation and resource mobilization capacity for targeted branches.
- Strengthening advocacy with local administration and stakeholders.
- Community level engagement through branches and establishing linkages with community institutions.

10. Visibility and Publications

During the CRP phase I, MRCS with support from IFRC has published programme summaries, to share learning and best practices around multi-sectoral programming and cash transfer interventions which build community resilience. Below is the list and web links to the publications.

Community cash grants approach:
https://gallery.mailchimp.com/a55eb3b87b453e5e66ee30580/files/8269d3ab-4326-416b-b8c3-4f56a225eeae/Community_Cash_Grant_final.pdf

Women group revolving funds:
http://www.rcrc-resilience-southeastasia.org/wp-content/uploads/2019/10/CRP-Women-Group-Revolving-Fund-Story-FINAL-Draft-002.pdf

Cash for Latrines:
http://www.rcrc-resilience-southeastasia.org/wp-content/uploads/2019/10/Cash-for-Latrines-Community-Resilience-Program-Rakhine-002.pdf

Strengthening community institutions:
https://www.rcrc-resilience-southeastasia.org/wp-content/uploads/2020/02/CRP-Social-Capital-Story-FINAL.pdf

Cash programming approaches:
http://www.rcrc-resilience-southeastasia.org/wp-content/uploads/2019/10/MMCO-Cash-Approcah-Overview-in-CRP-Rakhine_June-2019.pdf

Cash transfers summary report 2019:
https://www.rcrc-resilience-southeastasia.org/wp-content/uploads/2020/03/Cash_based-Intervention_MRCS-IFRC-Rakhine_5-March-2020_final.pdf

Cash learning study summary report:
https://www.cash-hub.org/resources/asia-pacific

Integrating cash transfer to COVID-19 response:
https://www.rcrc-resilience-southeastasia.org/wp-content/uploads/2020/08/CRP-Rakhine-Cash-Transfers-for-COVID-19-Response-MRCS-IFRC.pdf

11. Next Steps

Phase I of CRP was finished in June 2020 and resulted in significant achievements, made possible by combined financial investments from British Red Cross, Norwegian Red Cross and American Red Cross. These outcomes include, not only substantial results for targeted communities, but also a series of evidence based approaches to effective resilience building in a protracted crisis content through multi-sectoral interventions. MRCS with support from IFRC has now designed phase II of the program to continue working in targeted villages to further strengthen community resilience by addressing unmet needs. Phase II will also support expansion to new villages to realise community resilience building at scale.

The cash interventions learning study conducted during phase I of CRP has highlighted opportunities for continuous improvement and scale up of cash-based approaches to meet immediate and longer-term needs of affected communities across different sector and a volatile operating context. The next phase of CRP will further invest in strengthening cash interventions.

As part of the phase II of CRP, MRCS with support from IFRC will further strengthen community institutions. A key focus will be on diversified skills and knowledge and increased connectivity. Examples include climate change adaptation and establishing linkages with stakeholders to maximize the impact. One of the critical areas of engagement of CRP phase II will be an integrated response to the COVID-19 pandemic. Interventions will include RCCE and supporting infection prevention and control through aligned investments under existing health and WASH interventions. The livelihoods component will also be extremely relevant, noting that socio-economic investments will address basic needs and build resilience.

Moving forward, the CRP phase II will be aligned with IFRC's new strategic priorities as identified in MRCS Strategy 2025 and IFRC Strategy 2030. These priorities support operationalisation under critical areas of community resilience including climate and environmental crisis, response to evolving crisis and disasters, addressing increasing gaps in health and well-being, address the needs of displaced people and further integration of values and inclusion approaches in programming.

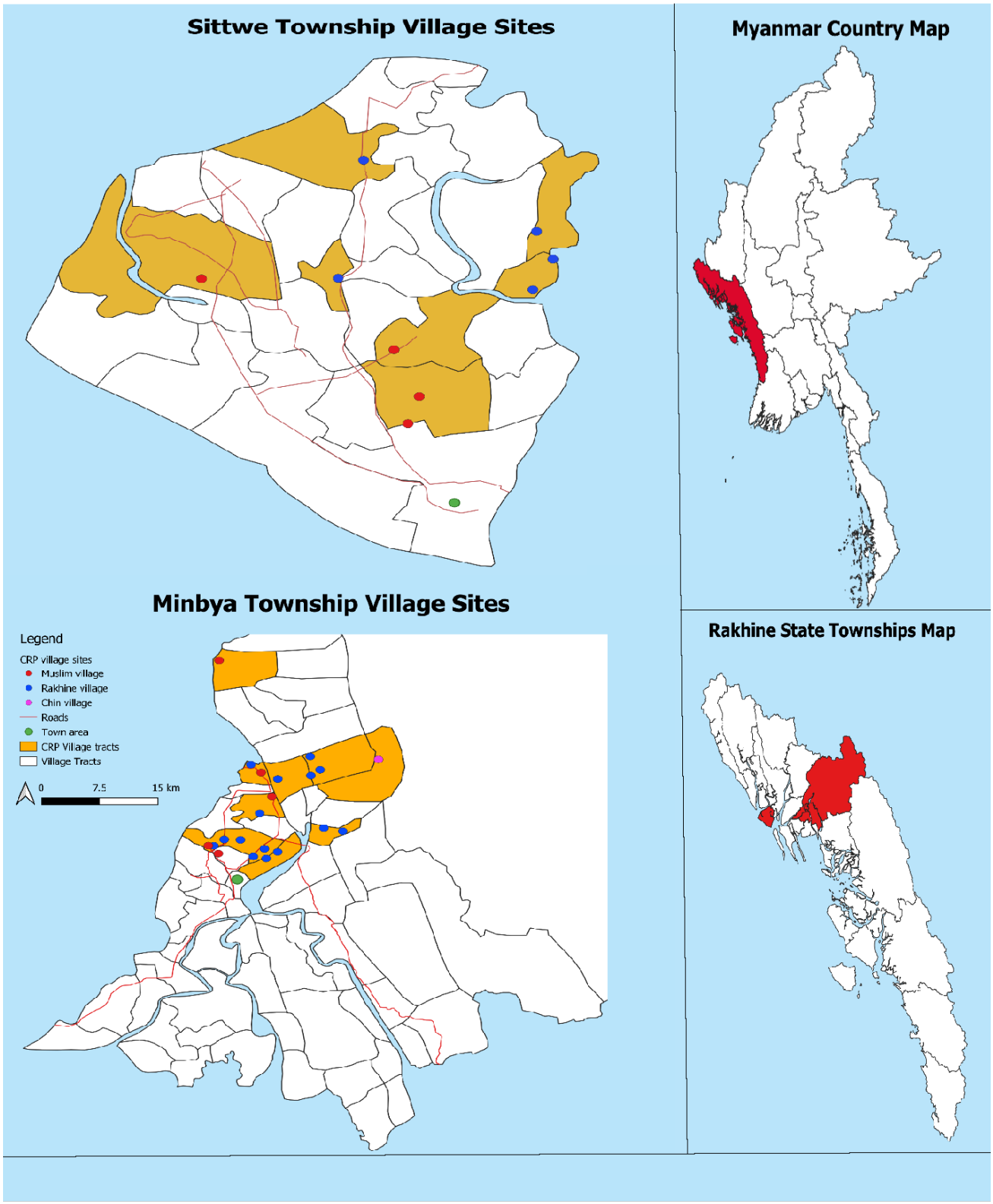
Annex 1: Activities Matrix

Main Activity	Unit	Total Achieved					Male	Female	Total	Remarks
		2017	2018	2019	2020	Total	(If applicable)			
Overall Coverage of Programme										
Total people reached in villages in Minbya Townships	Village / HH / People	30 villages, 6,294 HHs, 29,079 People				30 villages 6,294 HHs 29,079 People	14,314	14,765	29,079	Rakhine – 50%, 46% Muslim – 46%, 4% Chin – 4%
Specific Activities										
Community Institutions Strengthening										
ICABR assessments	Village	30	0	0	0	30	NA	NA	NA	Village level assessment
Upgrading Community Action Plans	Village	0	30	30	0	30	NA	NA	NA	CAP in villages
Strengthening of Resilience Committees	Committee	30	30	30	30	30	209	119	328	Committee members
Forming/strengthening of WASH sub-group	Sub-group	30	30	30	30	30	102	86	188	Group members
Forming/strengthening of DRR sub-group	Sub-group	30	30	30	30	30	124	86	210	Group members
Community meeting halls construction	Village	0	29	0	0	29	NA	NA	NA	Community halls in villages.
Livelihoods										
Livelihoods Cash grants	Household	178	1,961	150	250	2,539	1,526	1,013	2,539	Grant recipient: Muslim - 42%, Rakhine – 53%, Chin - 5%
Women Group Revolving Funds	Group	0	26	51	6	83	0	1,003	1,003	Group members
Cash for Work	Projects	0	0	3	0	3	207	53	260	CFW direct beneficiaries
Disaster Risk Reduction										
CBDRM Kits Distributions & demonstration	Villages	0	16	14	0	30	NA	NA	NA	Community kits
DRR mitigation / preparedness projects	Projects	0	22	43	2	67	NA	NA	NA	Community projects
Village volunteer groups	Groups	0	0	24	0	24	260	278	538	Group members
Village Emergency Funds	Villages	0	0	0	21	21	NA	NA	NA	Community funds under VRCs
EW/Preparedness drill exercises	Villages	0	30	30	30	30	NA	NA	NA	Community level activity
WASH										
PHAST trainings	Sessions	25	27	25	4	81	780	970	1750	Participants
Demonstration latrines	Latrines	0	10	10	4	24	NA	NA	NA	Units of latrines
Household latrines	Latrines	0	469	1,513	285	2,267	5,516	5,321	10,837	Beneficiaries (Muslim - 33%, Rakhine - 60%, Chin -7%)
School latrines	Schools	0	0	1	11	12	1,324	1,492	2,816	School latrines
Water points rehabilitation	Projects	0	25	11	17	53	6,441	6,644	13,085	Water point sites
Ceramic filter distribution	Households	0	0	0	870	870	2,056	2,141	4,197	Households

Main Activity	Unit	Total Achieved					Male	Female	Total	Remarks
		2017	2018	2019	2020	Total	(If applicable)			
Health										
Mobile health Clinic Consultations	Health Consultations	9,318	30,724	26,664	0	66,706	25,237	41,469	66,706	Health consultations through mobile clinics
Immunization of children below 5 years	Cases	3,804	3,889	4,520	0	12,213	5,920	6,293	12,213	Vaccination coverage
Vaccination of Pregnant women	Cases	1,150	1,265	1,230	0	3,645	NA	3,645	3,645	Vaccination coverage
Health referrals	Cases	20	33	34	0	87	36	51	87	Cases referred and supported
CBFA training	Trainings	15	11	14	2	52	553	505	1,058	Participants
Health Awareness sessions in villages	Sessions	60	90	90	75	315	5,726	5,906	11,632	Community level sessions
COVID-19 Response Specific Activities										
Village Funds for COVID-19 Response	Villages	0	0	0	29	29	11,949	12,085	24,034	VRC in CRP villages
Hand Washing points	Schools	0	0	0	47	47	9,988	11,724	21,712	schools outside CRP villages
Latrines construction at IDP sites	IDP site	0	0	0	5	5	90	75	165	IDP sites in Minbya
Women group funds - top up cash	Groups	0	0	0	39	39	0	454	454	Groups in CRP villages
Temporary Tarpaulin Water Tank with roofing	Water Tank	0	0	0	2	2	511	606	1,117	IDPs in Kyauk Taw
Temporary Fly Proof Latrine construction (IDP)	Latrines	0	0	0	5	5	102	121	223	IDPs in Kyauk Taw

Annex 2: Programme Coverage Map

Community Resilience Programme (CRP)
Programme Coverage Map



Township	Muslim			Rakhine			Chin			Total		
	Villages	HH	Population	Villages	HH	Population	Villages	HH	Population	Villages	HH	Population
Sittwe	4	1,255	5,327	5	799	3,848	0	0	0	9	2,054	9,175
Minbya	5	1,558	8,023	15	2,422	10,772	1	300	1,109	21	4,280	19,904
Total	**9**	**2,813**	**13,350**	**20**	**3,221**	**14,620**	**1**	**300**	**1,109**	**30**	**6,334**	**2,9079**

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity: The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality: It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality: In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence: The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary Service: It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity: There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality: The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

Myanmar Red Cross Society (MRCS)

Razathingaha Road, Dekhinathiri Township,
Nay Pyi Taw, Myanmar.
Tel: +95 67 419017 / 419042

International Federation of Red Cross and Red Crescent Societies (IFRC)

No 42, Red Cross Building, First Floor, Strand Road,
Botahtaung Township, Yangon, Myanmar.
Tel: +95 1 383682 / 383686