

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
BANGLADESH
RAPID RESPONSE
DISPLACEMENT 2017**

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The After-Action Review took place on 3 May 2018. All Agencies concerned by the two CERF RR allocations of this report participated to the review.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

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

YES ☒ NO ☐

The final version of the RC/HC Report was shared with in-country stakeholders as recommended in the guidelines.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 434,072,175		
Breakdown of total response funding received by source	Source	Amount
	CERF	19,012,077
	COUNTRY-BASED POOL FUND (if applicable)	0
	OTHER (bilateral/multilateral)	316,287,923
	TOTAL	335,300,000

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 11/09/2017			
Agency	Project code	Cluster/Sector	Amount
IOM	17-RR-IOM-032	Health	196,555
IOM	17-RR-IOM-033	Shelter	1,408,654
IOM	17-RR-IOM-034	Water, Sanitation and Hygiene	602,378
UNFPA	17-RR-FPA-045	Sexual and/or Gender-Based Violence	692,842
UNHCR	17-RR-HCR-022	Multi-sector refugee assistance	937,704
UNICEF	17-RR-CEF-090	Child Protection	212,475
UNICEF	17-RR-CEF-091	Water, Sanitation and Hygiene	642,825
UNICEF	17-RR-CEF-092	Nutrition	399,413
WFP	17-RR-WFP-051	Food Aid	1,908,889
TOTAL			7,001,735

Allocation 2 – date of official submission: 13/10/2017			
Agency	Project code	Cluster/Sector	Amount
IOM	17-RR-IOM-043	Shelter	1,999,997
IOM	17-RR-IOM-044	Water, Sanitation and Hygiene	1,028,273
UNFPA	17-RR-FPA-054	Protection	601,514
UNHCR	17-RR-HCR-029	Protection	1,340,698
UNHCR	17-RR-HCR-030	Health	1,008,337
UNICEF	17-RR-CEF-108	Water, Sanitation and Hygiene	1,988,716

WFP	17-RR-WFP-062	Food Aid	3,042,807
WHO	17-RR-WHO-040	Health	1,000,000
TOTAL			12,010,342

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies implementation	12,779,982
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	4,479,450
Funds forwarded to government partners	1,752,644
TOTAL	19,012,077

HUMANITARIAN NEEDS

Both allocations under reporting were made in the context of the most recent Rohingya refugee crisis that occurred following the outbreak of violence in North Rakhine, Myanmar in August 2017. The crisis followed 2016 influx which was itself adding on a 25+ years of underfunded Rohingya protracted crisis. The first CERF RR allocation concerned by this report was made in September 2017, the second, in October 2017. At the time of submission of this report, the refugee crisis further aggravated, and the response is being undertaken through the framework and strategy set out in a Joint Response Plan which runs from March-December 2018. The refugee response is coordinated in Cox's Bazar by the Inter-Sector Coordination Group (ISCG).

Allocation 1

A sudden surge of population comprising mainly of rural families with cultural and ethnic similarities with the bordering communities in south-eastern Bangladesh crossed the border from the northern part of Rakhine State into Bangladesh starting from 25 August 2017. Most of the mass influx has been into Cox's Bazar district through different entry points in land border or marine channel. On 10 September 2017, an estimated number of 294,000 refugees sought refuge in Cox's Bazar district. Most of the new arrivals arrived in existing makeshift settlements and registered camps, others arrived in host communities and 46,990 in spontaneous camp sites, areas which have never used to shelter refugees in the past. All existing camps were overcrowded. As a result, under-capacitated basic social services in existing camps were overstretched to the maximum extent, limiting dangerously access for most of the people who were in dire need of life-saving assistance. Pre-existing camps and settlements had a physical limitation to their forced expansion as well as access to basic services that could be made available to the new refugees. Considering these factors, the Government of Bangladesh allowed the *de-facto* establishment of new sites based on spontaneous settlements by the new refugees. In these new locations, there were no pre-existing services.

Most of the new arrivals were adding massive pressure on the existing makeshift settlements and refugee camps at Kutupalong and Balukhali. In the border areas, thousand refugees gathered in large groups (Palonkhali in Cox's Bazar District, and Gundum and Naikonchari in Bandarban District). Inside Bangladesh, three spontaneous settlements were rapidly expanding: Unchiprang in Teknaf, and Moiner Ghona and Thangkhali in Ukhia District, close to the existing Balukhali settlement. Yet more people were scattered in host communities, mainly in Teknaf. The scale of the influx overwhelmed humanitarian capacities on the ground: all sectors were scaling up, activating pipelines and surge resources, including for sector coordination and information management. Sectors extended support to new national partners to augment response capacity, as numbers were expected to continue to increase and, given the severity and scale of the unfolding situation in Rakhine State and the pace of influx in Cox's Bazar.

The sudden influx in south-eastern Bangladesh increased the number of new highly vulnerable Rohingya refugees, exceeding the absorption capacity of the on-going and critically underfunded assistance provided in the underdeveloped district of Cox's Bazar. As a result, there has been a sudden and marked deterioration of the humanitarian situation, including an alarming level of malnutrition in the camps, high levels of psycho-social stress due to low birth spacing, large family sizes and cramped living conditions; poor sanitation and

hygiene practices; inadequate access to safe drinking water. The ISCG joint rapid assessment indicated a severe and sudden deterioration of the humanitarian situation of the refugee population.

For all new arrivals, access to shelter was a challenge due to the pre-existing severely limited shelter capacity in the settlements. Physical limitations of pre-existing camps, overall limited access to overstretched basic social services and possibly specific dynamics in existing settlements and/or in host communities, forced new arrivals to settle in new locations (Unchiprang in Teknaf, and Moiner Ghona and Thangkhal in Ukhiya District, close to the existing Balukhali settlement) where no services were available. Women's and girls' vulnerability to Sexual and Gender Based Violence (SGBV) increased. Triggering factors included: heightened levels of stress, restricted mobility and privacy, disrupted services and weakened protection. The stressful overcrowded living conditions and scarce resources were leading to negative coping mechanisms including begging, survival sex work and sex for food. Latrines and bathing facilities were a key source of concern as they were not sufficient in number, not well lit, and not sufficiently sex-segregated. Unless these protection concerns were urgently addressed, there would have been a further deterioration of the ongoing high levels of domestic violence and sexual assault.

The food security situation of the new arrivals and their hosts steadily worsened. Considering the poor pre-crisis nutrition status as well as the aggravating factors, the nutritional situation of the population deteriorated rapidly. In addition, there were no adequate sanitation facilities (toilets, bathrooms) in the settlements to serve the increasing number of users. To minimize the risk of disease outbreak due to poor sanitation and improper hygiene practices, the provision of drinking water and sanitation facilities was urgently required. Furthermore, the mass influx of the new arrivals exacerbated existing gaps in supporting the provision of primary and secondary health services, including emergency services, in both the makeshift settlements as well as Government facilities in Ukhiya Upazila. Key triggers of the deterioration of the health situation included: increased size of the community trying to access basic health care services; insufficient health care personnel, especially female doctors and paramedics, equipment and drugs; lack of regular medical supplies including family planning commodities, which threatened population health and well-being.

Allocation 2

On 5 October 2017, the ISCG SITREP reported that an estimated number of 515,000 Rohingya refugees had arrived in Bangladesh from Rakhine since 25 August 2017. It included 461,300 identified in IOM Needs and Population Monitoring assessments in four sub-districts of Cox's Bazar; 35,000 new arrivals that have settled in refugee camps, reported by UNHCR; and 18,700 reported by field staff in Naikhonchari, Bandarban district in Chittagong Hill Tracts. The Government triggered a wide response across Ministries and agencies, and allocated 2,000 acres of forestry land for the establishment of a new camp to the west of Kutupalong, called "Kutupalong extension". The scale, magnitude, pace, intensity and ramifications of the crisis further aggravated. Field visits, SITREPs, sectors' assessments indicated a severe and further deterioration of the humanitarian situation in Cox's Bazar that justified the development of an urgent revision of the ISCG Preliminary Response Plan through the development of a 6-month Plan.

Within the new settlements that emerged since August, there were no pre-existing WASH facilities including latrines, water points or bathing places, and some people were taking water from the paddy fields for drinking. In the established makeshift settlements, the limited existing WASH facilities were under immense pressure with on average 100 people using one latrine in one site. New arrivals also had limited access to bathing facilities, especially for women, and urgently required WASH supplies including soap and buckets.

Primary and secondary healthcare needed to be ramped up to manage high levels of trauma, communicable disease and reproductive health needs, as well as disease surveillance and outbreak response. Rohingya refugees crossing to Cox's Bazar were arriving with many health needs including: treatment for physical injuries including gunshot wounds and burns, prevention and treatment of communicable diseases, antenatal care, emergency obstetric care services, reproductive health and reproductive health, and GBV case management including clinical management of rape. While primary health clinics were available in the makeshift settlements and refugee camps, those were under severe pressure with a caseload that tripled in a month and needed to be augmented. In new spontaneous settlements, there were no pre-existing health facilities requiring urgent deployment of emergency primary health care and referral systems to be established. Suspected measles cases were already reported and high numbers of diarrhoea, and acute respiratory tract infections were diagnosed, especially amongst women. The high likelihood of disease outbreak required not only a strong early warning and surveillance system, but dedicated contingency planning and preparedness. The new influx created an immense pressure on the entire district health system which impacted public health for both refugees and host communities.

High density and absence of poor shelter conditions presented a major risk. The vast majority of new arrivals in the new, spontaneous sites had no shelter and were staying in the open air, often with only an umbrella for protection. The situation was similar in makeshift settlements where between 50 and 90 per cent of people had no shelter. New arrivals who could afford it were building bamboo structures and covering them with locally bought plastic of extremely poor quality. Most people simply did not have the resources to

purchase the necessary shelter materials from the local market. Many were going into debt to secure access to land or shelter, rendering them vulnerable to exploitation. New arrivals also lacked basic NFI items such as cooking utensils, clothing and blankets.

All Rohingya refugees needed comprehensive food security. Rohingya were already highly vulnerable and in need of emergency food and nutrition support. Almost all arrivals lacked the means to make an income, and most people did not have sufficient household items with them or the means to buy basic items, including food, cooking fuel and cooking utensils. Up to 90 per cent of new arrivals reported eating just one meal a day, and did not have a sufficiently diverse food intake. Alarming food insecurity and malnutrition rates were extreme even before the influx: in Balukhali, global acute malnutrition, stunting and underweight rates all exceeded WHO thresholds for nutritional emergency. 32 per cent of households reported borderline food consumption and less than half of households were eating a sufficiently diverse diet. The host community of Cox's Bazar also experienced severe challenges accessing sufficient food with 57 per cent of the population food insecure.

Among the refugees, 19 per cent were estimated to be female-headed households, with many having lost husbands to violence in Myanmar or migration in search of livelihoods opportunity. Elderly headed households accounted for 11 per cent of the population, and child headed households for 5 per cent. The absence of identity documentation and legal status impeded access to justice, legal work opportunities, accredited education and other public services. Gender based violence was prevalent with women and girls targeted for a range of abuses linked to destitution and economic dependency. High numbers were also survivors of rape in Myanmar. Growing numbers of separated and unaccompanied children were reported, and support-services for gender-based violence was identified as a critical need. In addition, the vast majority of newly arrived children had no access education since they arrived in Cox's Bazar.

II. FOCUS AREAS AND PRIORITIZATION

Allocation 1

The ISCG conducted a joint rapid assessment in Cox Bazar on 6 and 7 September 2017 based on which, the ISCG coordinated the development of a Preliminary Response Plan. The plan informed that new arrivals in all locations were in urgent need of life-saving assistance in food, WASH, shelter, health, and of restoration of their safety and dignity. Considering the humanitarian situation described above, the CERF Rapid Response grant window aimed to address the most time-critical and life-saving interventions in five key sectors of the response: Protection, Food Security, WASH, Health and Shelter. These sectors were also the most critically underfunded sectors. Out of the three overarching strategic objectives for the humanitarian response strategy in Bangladesh, the UN Resident Coordinator (RC), in consultation with key sector agencies, determined that the CERF grant would focus on the first strategic objective of the ISCG Preliminary Response Plan "to provide rapidly life-saving basic assistance and protection to the most vulnerable new arrivals who have crossed the border into Cox Bazar". The CERF strategy was to provide prioritized and complementary immediate life-saving assistance and prevent further life-threatening situations for 72,110 (57% women; 43% men; 53% children) settled in three new spontaneous camp sites (Unchiprang in Teknaf, and Moiner Ghona and Thangkhali in Ukhiya District) and, in the two registered refugee camps (Kutapalong and Nayapara) out of an estimated caseload of 294,000 new arrivals. The CERF allocation aimed to address the most critical and life-saving humanitarian needs in five key priority sectors of the humanitarian response: Food Security (with Nutrition), Shelter, Protection, WASH and Health.

Allocation 2

At the time of the second CERF allocation, a Humanitarian Response Plan (HRP) was developed following the Preliminary Response Plan. Amongst its three strategic objectives was the provision of life-saving basic assistance in settlements, camps and host communities. The settlements included the 2,000 acres of land allocated by the national authorities and known as "Kutapalong extension", in Ukhiya Upazila in Cox's Bazar District. No pre-existing services were available on that land which was covered by forests. This site was the geographic location targeted with the second CERF RR application. CERF funds were sought to cover immediate life-saving needs and support time-critical interventions for 196,000 refugees (53% women, 47% men, 54% children) corresponding to the estimated number of refugees living at the time of the CERF RR application in life-threatening situation on the Kutapalong extension site.

Beside the inherent life-threatening nature of the refugee crisis, there was a significant risk of an additional life-threatening situation related to the high probability of a major disease outbreak such as Cholera. "A crisis within the crisis" as high-level senior UN officials warned. In line with the HRP and the CERF prioritization-related discussions, a significant portion of the CERF RR application was dedicated to WASH and Health sectors to provide direct life-saving emergency assistance and to prepare for severed life-threatening risks related to highly probable water-borne disease/cholera outbreak. Complementary immediate and prioritized life-saving interventions in Shelter, Food Security and Protection sectors were also part of this second CERF application. The high population density coupled with the absence of adequate shelter was a major life-threatening situation which has implications on the safety and the health of the refugees such the availability of food assistance. Considering the high level of women and children, the CERF application included urgent protection assistance that aimed to restore and to promote urgently the safety and dignity of the Rohingya refugee. The second

CERF application for the Rohingya Refugee Crisis complemented funds mobilized since the launch of the ISCG Preliminary Response Plan and which were reported against the Humanitarian Response Plan.

III. CERF PROCESS

The CERF process and consultations behind the prioritization of CERF funds were similar for the two CERF RR allocations concerned by this report. They were based on available secondary data related to the Rohingya population, rapid sector needs assessments conducted by partners in Cox Bazar and, on a joint multi-sector assessment that took place on 6-7 September 2017. The ISCG produces daily flow monitoring reports and monthly Needs and Population Monitoring report. The first allocation was in line with a 3-month ISCG Preliminary Response Plan which was released on 31 August. Considering the scale and intensity of the Rohingya Refugee crisis, the humanitarian community revised the preliminary plan and it developed a 6-month Humanitarian Response Plan (HRP) which was released on 4 October 2017 in the presence of the Under-Secretary General/Emergency Relief Coordinator on mission in Bangladesh. Each CERF allocation benefited from consultations at operational level between agencies and the RCO. At a strategic level, the RC maintained a constant dialogue with the Prime Minister's Office (PMO) and with the National Task Force (NTF) led by the Ministry of Foreign Affairs (MoFA). At the time of the first allocation and according to the NTF decisions, only five UN Agencies (IOM, UNFPA, UNHCR, UNICEF, WFP) were authorized to deliver assistance to the Rohingya and host communities. At the time of the second allocation, additional UN Agencies received authorization to join response efforts (WHO, FAO, UNWOMEN).

CERF prioritization meetings were convened by the RCO for each allocation with the participation of representatives from concerned agencies. During these meetings, agencies agreed on the overall strategic parameters for the CERF-supported response. The discussions aimed to: (1) Agree on the key priority sectors for the immediate life-saving response; (2) validate prioritized geographic areas and; (3) determine the caseload for the CERF-supported response and prioritize the beneficiary groups. The key criteria and parameters to select projects for inclusion in the CERF submission were also discussed during the CERF prioritization meetings. Key criteria and parameters followed to prioritize projects for CERF support included the following:

Key criteria and parameters followed to prioritise projects for CERF support included:

- Directly related to the on-going Rohingya Refugee crisis response.
- Adhere to 'life-saving' criteria and centre around the most (not all) essential humanitarian needs.
- Be related to projects included in the humanitarian response plan of reference
- Be implementable in 4 months
- Based on partnerships/complementarity of interventions.
- Complemented by other funding sources.

Agencies prepared CERF grant proposals for prioritized projects. In most cases, agencies consulted with respective regional or headquarters emergency/CERF Focal Points during this drafting stage as well as with their partners. Most UN agencies took into consideration gender equality issues in their respective projects, underpinned, where possible, by gender analysis. Where more than one project was submitted within a sector, the principle of complementarity between the projects was implemented.

The RC, with support from the Resident Coordinator Office (RCO) and the OCHA Regional Office for Asia and the Pacific (ROAP), ensured that drafted proposals met the necessary requirements. The RC also validated the specific amount requested by each proposal and agency. This included an appraisal of pledges or contributions received. Comments received from the CERF Secretariat were considered when developing the full-fledge applications and finalizing the project proposals. The RCO/OCHA team consolidated the application packages and completed Parts I and II of the application templates. Below is complementary information concerned the CERF process of each of the two allocations concerned by this report:

Allocation 1

A CERF initial meeting was organized on 6 September 2017 to discuss the initial parameters and possible prioritized interventions, locations and caseload. On the same day, following that meeting, the UNCT Sub-Group for Cox's Bazar and confirmed the prioritized locations and caseload. On 7 September 2017, a prioritization meeting was organized to present a synthesis of the proposed interventions and to provide advices to further streamline the application. The key criteria and parameters to select projects for inclusion in the CERF submission were also discussed during the CERF prioritization meeting. Projects were finalized on 10 September 2017.

Allocation 2

The initial parameters for the CERF applications were discussed with ISCG in Cox's bazar on 4 October 2017. During the UNCT meeting that took place on 5 October 2017 those initial parameters were agreed upon. CERF prioritization meeting was organized on 5 October 2017 to discuss proposed interventions and to provide advices to further streamline the application. The key criteria and parameters to select projects for inclusion in the CERF submission were also discussed during the CERF prioritization meeting. Projects were finalized on 8 October 2017 and endorsed by the UN RC for submission to the CERF Secretariat on 9 October 2017.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹									
Allocation 1									
Total number of individuals affected by the crisis: 1,200,000¹									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Child Protection	5,566	0	5,566	6,416	0	6,416	11,982	0	11,982
Food Aid	15,413	12,513	27,926	15,871	13,429	29,300	31,284	25,942	57,226
Health	8,659	15,379	24,038	7,698	6,468	14,166	16,357	21,847	38,204
Multi-sector refugee assistance	9,260	9,615	18,875	9,970	6,765	16,735	19,230	16,380	35,610
Nutrition	13,170	11,417	24,587	13,330	0	13,330	26,500	11,417	37,917
Sexual and/or Gender-Based Violence	11,723	38,063	49,786	0	2,119	2,119	11,723	40,182	51,905
Shelter	15,019	10,981	26,000	13,864	10,136	24,000	28,883	21,117	50,000
Water, Sanitation and Hygiene	20,340	18,414	38,754	19,414	17,732	37,146	39,754	36,146	75,900

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

¹ Number of persons targeted by the Humanitarian Response Plan (HRP) for the period September 2017 - February 2018. At the time of this report, the humanitarian community implements the Joint Response Plan (March-December 2018) which targets 1,300,000 persons.

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Allocation 2									
Total number of individuals affected by the crisis: 1,200,000²									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Aid	25,639	20,815	46,454	26,401	22,339	48,740	52,040	43,154	95,194
Health	50,930	52,882	103,812	54,835	37,208	92,043	105,765	90,090	195,855
Protection	50,930	52,882	103,812	54,835	37,208	92,043	105,765	90,090	195,855
Shelter	29,515	27,753	57,268	30,836	22,026	52,862	60,351	49,779	110,130
Water, Sanitation and Hygiene	43,998	43,735	87,733	43,935	41,835	85,770	87,933	85,570	173,503

BENEFICIARY ESTIMATION

Through the 1st CERF Allocation, an estimated total of 95,549 persons were reached, higher than the planned figure of 72,110. The estimated total is a realistic estimate of the overall number of beneficiaries that avoids overlaps and double counting between the sectors of the response. The increase corresponds to the higher number of beneficiaries reached in the following sectors: SGBV, Shelter and WASH and in particular of female adults.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²

Allocation 1			
	Children (< 18)	Adults (≥ 18)	Total
Female	20,340	38,063	58,403
Male	19,414	17,732	37,146
Total individuals (Female and male)	39,754	55,795	95,549

² Number of persons targeted by the Humanitarian Response Plan (HRP) for the period September 2017 - February 2018. At the time of this report, the humanitarian community implements the Joint Response Plan (March-December 2018) which targets 1,300,000 persons.

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

Through the 2nd CERF Allocation, an estimated total of 195,855 persons were reached. This figure is a realistic estimate of the overall number of beneficiaries that avoids overlaps and double counting between the sectors of the response. It is in line with the planned number of beneficiaries (195,675).

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING ²			
Allocation 2			
	Children (< 18)	Adults (≥ 18)	Total
Female	50,930	52,882	103,812
Male	54,835	37,208	92,043
Total individuals (Female and male)	105,765	90,090	195,855

CERF RESULTS

The CERF funded projects concerned by this report achieved or surpassed their intended results. Overall, the CERF allocations saved the life of more than 290,000 persons. CERF projects help to mitigate the risk of a “a crisis within the crisis” such as major disease outbreak as Cholera notably through WASH life-saving interventions and the emergency health support. Shelter and Food related life-saving interventions contributed to avoid further deterioration of the high levels of domestic violence and sexual assaults. Through a well-coordinated life-saving protection assistance, targeted refugees had their safety and dignity restored. It includes children and adolescents who received access to protective services including specialised psychosocial support through Child Friendly Spaces (CFS). It also includes women and girls who received life-saving minimum initial service package for Reproductive Health and Gender-based violence.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES ☒ PARTIALLY ☐ NO ☐

CERF funds led to a fast delivery of assistance to beneficiaries for all projects concerned by this report. CERF allocations helped to rapidly scale up life-saving interventions and to avoid pipeline breaks (e.g. Food Aid). Highly vulnerable prioritized refugees, including women, children and elderly received life-saving assistance in a timely manner.

b) Did CERF funds help respond to time critical needs³?

YES ☒ PARTIALLY ☐ NO ☐

CERF funds helped respond to time critical needs at the onset of the massive refugee influx in Bangladesh. The visit of the Emergency Relief Coordinator was critical to assess the unfolding crisis and to allocate additional CERF funds. CERF funding save the life of 290,000 persons and helped to avoid a major disease outbreak in the camps.

c) Did CERF funds help improve resource mobilization from other sources?

YES ☒ PARTIALLY ☐ NO ☐

³ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

CERF funds helped to improve resource mobilization from other sources (1) to fund the remaining budgetary gaps of CERF projects; (2) to fund complementary projects in the same sector or (3) to fund complementary projects in other sectors (including of other partners). Concerned Agencies capitalize on CERF funding during negotiation with the donors. CERF process and outcomes helped to show unity, collective and individual strengths to the donors.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

For all concerned allocations, CERF contributed to strengthen the coordination at both central and district levels between UN Agencies and partners in an inclusive manner, Sector and inter-sector coordination were enhanced notably to ensure complementarity of interventions. The CERF process helped UN Agencies and partners to work in a transparent and coordinated manner through a multi-sectoral approach. It supported joint-programming and the integration of protection elements in other sectors of the response (e.g. GBV, nutrition). In addition, CERF allocations helped to define sectoral package of assistance (e.g. WASH sector) and, the honed collaboration between WFP and UNICEF helped to develop a context specific approach on Nutrition.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

CERF allows also the implementation of prioritized life-saving funds which do not necessarily receive sufficient attention from the donors (e.g. Protection-related interventions). Given the fact that the Rohingya crisis is not over, most of the projects initiated with CERF funds are still on-going through the on-going Joint Response Plan (JRP). The development and the implementation of joint projects helped to ensure that gaps are identified and, that precautions are taken to leave no one behind.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
It could be useful to organize the joint evaluation of CERF RR projects considering what a proper evaluation process entails in terms of resources.	Promote joint UNCT-evaluation of CERF RR projects	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
It could be useful to organize the joint evaluation of CERF RR projects considering what a proper evaluation process entails in terms of resources.	Develop options for joint evaluation of CERF RR projects	UNCT
Joint Projects worked well and led to increased added-value in terms of coordination, standardization of assistance packages	Continue to promote the development and the implementation of joint projects when applicable in case of possible future CERF RR allocations	UNCT
Severe cases of distress require life-saving assistance for which joint interventions are	Continue to explore ways for coordinated life-saving interventions that would link psycho-social/psychiatric activities with emergency response to non-communicable diseases and with	UNCT

required	protection elements; in particular for children, women and elderly.	
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VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	UNICEF		5. CERF grant period:	21/09/2017 - 20/03/2018			
2. CERF project code:	17-RR-CEF-090		6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Child Protection			<input checked="" type="checkbox"/> Concluded			
4. Project title:	Immediate protection for children and adolescents in one priority new settlement to respond and prevent violence, abuse and exploitation of children and adolescents						
7. Funding	a. Total funding requirements ⁴ :	US\$ 18,400,00	d. CERF funds forwarded to implementing partners:				
	b. Total funding received ⁵ :	US\$ 9,642,113	<div> <div>▪ NGO partners and Red Cross/Crescent:</div> <div>US\$ 47,134</div> </div>				
	c. Amount received from CERF:	US\$ 212,475	<div> <div>▪ Government Partners:</div> <div>US\$ 0</div> </div>				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		4,000	4,000	8,000	5,566	6,416	11,982
Adults (≥ 18)					0	0	0
Total		4,000	4,000	8,000	5,566	6,416	11,982
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		8,000			11,982		
IDPs							
Host population							
Other affected people							

⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁵ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	8,000	11,982
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	This CERF allocation has supported the delivery of emergency child protection services to refugee children and adolescents, following the large influx of refugees in Ukhiya and Teknaf upazillas of Cox's Bazar. A total of 11,982 refugee children and adolescents out of a target of 8,000 have been supported through this CERF allocation. They received recreational and psychosocial support and life skills to restore a sense of normalcy to their lives. Given the fast-growing number of influx, UNICEF has opted for a strategy to use mobile CFS rather than static CFS in order to accommodate a large number of children as fast as possible. This explains the high results achieved with this project.	

CERF Result Framework			
9. Project objective	To provide a protective environment for children and adolescents in new spontaneous settlement settings with focus on newly arrived population since 25th August 2017.		
10. Outcome statement	Fill in		
11. Outputs			
Output 1	Children and adolescents are supported with access to protective services (Child Friendly Spaces, specialised psychosocial support, early identification and referral to appropriate services).		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	No. of CFSs established and functional in three new settlements and surrounding host communities.	25 CFSs	32 CFSs (2 static and 30 mobile)
Indicator 1.2	No. of cases that received appropriate specialised/first aid psychosocial services out of identified cases.	1,000	2,106
Indicator 1.3	No. of unaccompanied and separated children identified and regularly followed up.	At least 300	497
Indicator 1.4	No. of children benefitted from recreational activities through CFSs	At least 6,200 individual children (about 200 -250 children per CFS.	11,982 (5,566 girls and 6,416 boys)
Indicator 1.5	Number of cases referred to appropriate services out of the case identified in needs of protection support.	500	49
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establish and manage CFSs to provide recreational opportunity for children.	ACF	CODEC
Activity 1.2	Provide psychosocial support to children.	ACF	CODEC and Handicap International
Activity 1.3	Ensure early identification, registration, referral of cases to appropriate services using the Child Centered Care referral pathways.	ACF	CODEC

Output 2	Adolescent girls and boys have capacity to protect themselves and act as change-makers in their communities through life skill training and participatory discussion sessions based on adolescents' clubs.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	No. of recreation kits procured in a timely manner.	60	268
Indicator 2.2	No. of temporary structures are established	2	2
Indicator 2.3	No. of mobile CFSs having structural materials	23	30
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procure recreational kits for CFSs.	ACF	CODEC and Handicap International
Activity 2.2	Procure structural materials for mobile CFS.	ACF	CODEC

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The project started less than a month after the influx of refugees from Myanmar started, ensuring a prompt response to the emergency.

Below are described significant discrepancies between planned and actual outcomes, outputs and activities:

- Number of child-friendly spaces (CFSs) established and functional in three new settlements and surrounding host communities.
32 CFSs (2 static and 30 mobile) have been established in Teknaf and Ukhiya upazillas in Cox's Bazar to provide emergency psychosocial support to children who had to ensure long journey to seek refugees in Bangladesh experiencing violence in Myanmar. Given the fast-growing number of influx, UNICEF has opted for a strategy to use mobile CFS rather than static CFS in order to accommodate a large number of children as fast as possible. Mobile CFSs were also effective in reaching the most vulnerable ones as they are often not able to travel far to reach CFS
- Number of cases that received appropriate specialised/first aid psychosocial services out of identified cases.
A total of 2,106 children have been benefitted from these services, out of a target of 1,000. Because of the situation of unrest in their country, the level of violence experienced by the refugee children and its psychological effects created a demand much higher than expected in terms of psychosocial support.
- Number of unaccompanied and separated children (UASC) identified and regularly followed up.
There were 497 cases of UASC identified and regularly followed up out of a target of 300. This activity was conducted according to the needs on the field, which resulted in higher numbers than originally planned. This grant has contributed to the provision of the much-needed support for UASC after they had to flee their country.
- Number of children who benefitted from recreational activities through CFSs.
A total of 11,982 refugee children and adolescents (5,566 girls and 6,416 boys) out of a target of 8,000 have been supported through this CERF allocation. They received recreational and psychosocial support and life skills to restore a sense of normalcy to their lives. Mobile CFSs have been established with the objective to reach out to a larger number of children, especially the most vulnerable ones, which explains the high results attained with this project.
- Number of cases referred to appropriate services out of the case identified in needs of protection support.
49 children out of a target 500 were referred to appropriate services. Due to the unprecedented influx, this result has

been lower than planned, as more efforts were put to accommodate many children in CFS as an immediate assistance than setting up specialised services which were not available at the time of the start of the project. Setting up specialized services and strengthening counterparts' capacities were still ongoing. The specific situation of refugee children having experienced traumatic events within an internal conflict needs specific knowledge.

- Number of recreational kits procured in a timely manner.

A total of 268 recreational kits (148 kits for 6-11 years old, 80 adolescent kits, 40 Early Childhood Development – ECD- kits) have been procured under this grant. The plan was to proceed to a local procurement for 60 recreational kits but, in view of the urgent needs on the field, it was decided to procure the supplies directly from UNICEF warehouse in Copenhagen, which was a faster process at the time. Moreover, procurement from Copenhagen is less expensive than the local procurement, which explains the large number of recreational kits procured under this grant.

- Number of mobile CFSs having structural materials

A total of 30 mobile CFSs have structural materials. This corresponds to the number of mobile CFS that have been established.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

In the planning and implementation of the project interventions, UNICEF has taken into account the views of the community, children and adolescents. While Community-based Child Protection Committees (CBCPC) have been engaged in creating protective environment for the children and adolescents including for unaccompanied and separated children and their referral to the relevant services. They have also been a forum where information and ideas have been exchanged, to improve children's rights. Moreover, discussions with children, adolescents, members of CBCPC as well parents' groups have taken place to understand the impact of the project. Project visits have also been facilitated and allowed to share the progress made in CFSs.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT ☐

UNICEF is currently conducting a real-time evaluation of its response to the Rohingya crisis and results will be available in July 2018.

EVALUATION PENDING ☒

NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNICEF IOM		5. CERF grant period:		22/09/2017 - 21/03/2018 (UNICEF) 21/09/2017 - 20/03/2018 (IOM)	
2. CERF project code:		17-RR-CEF-091 17-RR-IOM-034		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Water, Sanitation and Hygiene				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Provision of life-saving WASH services to the Rohingyas refugees population in Teknaf and Ukhya upazilas, Cox's Bazar Districts.					
7.Funding	a. Total funding requirements ⁶ :		US\$ 8,000,100	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁷ :		US\$ 9,294,980	▪ NGO partners and Red Cross/Crescent: US\$ 324,337			
	c. Amount received from CERF:		US\$ 1,245,203	▪ Government Partners: US\$ 126,343			
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		9,870	9,110	18,980	20,340	19,414	39,754
Adults (≥ 18)		9,110	8,410	17,520	18,414	17,732	36,146
Total		18,980	17,520	36,500	38,754	37,146	75,900
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		36,500			75,900		
IDPs							
Host population							
Other affected people							

⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁷ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	36,500	75,900
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The total number of people reached with the provision of safe water is 75,900, which exceed the planned target of 36,500 people. This result is due to an increase in needs due to an increase in the overall population caused by influx and relocation. Moreover, UNICEF used an alternate design for the construction of tube wells, which is cheaper and quicker to construct. This design was favoured to expedite the immediate response.	

CERF Result Framework			
9. Project objective	Ensuring the well-being of UMN Rohingyas refugees through provision of life-saving WASH services to 36,500 newly arrived.		
10. Outcome statement	Fill in		
11. Outputs			
Output 1	Safe drinking water is made available to 36,500 UMN Rohingyas target population		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of tube wells constructed (or rehabilitated)	35	125 (IOM 50; UNICEF 75)
Indicator 1.2	# of liters of safe water provided through water trucking	10,066,250	6,220,000 (UNICEF 5,420,000 & IOM 800,000)
Indicator 1.3	# of people served with safe drinking water and storage facilities	36,500	75,900 (UNICEF 48,200 & IOM 27,700)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Emergency construction of new tube wells (or rehabilitation of existing ones)	IOM/UNICEF	UNICEF/OXFAM – IOM
Activity 1.2	Provision of safe drinking water through water trucking (in litres)	IOM/UNICEF/NGO/DPHE	UNICEF/DPHE/OXFAM – IOM
Activity 1.3	Setting of new water points including (tapstands) disinfection, storage and distribution (for water trucking distribution)	IOM/UNICEF/NGO/DPHE	UNICEF/DPHE/OXFAM - IOM
Output 2	Safe emergency sanitation facilities are made available to 36,500 UMN Rohingyas target population		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of new emergency basic sanitation facilities (toilets) gender segregated and disability friendly constructed.	930	2,204 (1,550 IOM & 654 UNICEF)
Indicator 2.2	# of toilets regularly maintained and desludged	930	2,204 (1,550 IOM & 654 UNICEF)
Indicator 2.3	# of communal toilets constructed	45	81 (IOM 56 & UNICEF 25)

Indicator 2.3	# of bathing cubicles constructed	100	100 (UNICEF)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Construction of new emergency gender segregated toilets, including disability friendly	IOM/UNICEF/NGO	OXFAM, DSK - IOM
Activity 2.2	Regular maintenance and desludging of the toilets constructed	IOM/UNICEF/NGO	OXFAM, DSK - SHED
Activity 2.3	Construction of communal toilets (with higher capacity)	IOM/UNICEF/NGO	MoDMR - IOM
Activity 2.3	Construction of bathing cubicles for women and adolescent girls	UNICEF/NGO	DSK
Output 3	The UMN Rohingyas target population receives Hygiene kits and is reached with key life-saving hygiene messages		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of Hygiene kits (including MHM items) procured and distributed to the target population	7,300	7,300 (IOM 3,500 & UNICEF 3,800)
Indicator 3.2	# of target population reached with key life-saving hygiene messages	36,500	28,630 (UNICEF 23,000 & IOM 5,630)
Indicator 3.3	# of handwashing facilities installed	930	588 (UNICEF)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement of hygiene kits including basic MHM items, culturally appropriated	IOM/UNICEF	UNICEF/IOM
Activity 3.2	Distribution of hygiene kits among the target population (one per HH)	IOM/UNICEF/NGO	OXFAM, DSK – IOM/SHED
Activity 3.3	Dissemination of key life-saving hygiene messages, through hygiene promotion sessions at community level	IOM/UNICEF/NGO	OXFAM, DSK, NGO Forum – IOM SHED
Activity 3.4	Distribution/installation of handwashing facilities	IOM/UNICEF/NGO	OXFAM

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Below are described significant discrepancies between planned and actual outcomes, outputs and activities:

- Number of tube wells constructed (or rehabilitated)
125 tube wells were constructed, exceeding the planned number (35). In the early stage of the emergency, it was strategic to construct shallow tubes which are quicker and cheaper to install in order to meet the high demand rather than the more expensive and time-consuming deep tube wells.
- Litres of safe water provided through water trucking:
6,220,000 litres of safe water were provided through water trucking, out of a target of 10,066,250 litres. In the early stages of the emergency, water trucking was conducted through IOM, UNICEF, government partner, DPHE and NGO partner Oxfam. The need for this was reduced as tube wells with hand pumps constructed in the camps. This grant funded a surface water treatment plant in Unchirang camp which is one of the camps with low groundwater potential.

<p>The surface water treatment plant provided a more effective and sustainable water supply than water trucking.</p> <p><u>Number of new emergency basic sanitation facilities (toilets) gender segregated and disability friendly constructed: from IOM side, a projected 460 sanitation facilities serving 17,500 Rohingya were planned, however, during implementation, the actual number built surpassed the planned number again due the necessity for increased facilities due the mass influx. As a result, a total of 1,550 units (1,400 emergency, 150 mobile) latrines were constructed, reaching a population of 31,000.</u></p>	
<p>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</p>	
<p>IOM: At the inception of the project, the community leaders were involved in identifying the most critical needs of the community in terms of WASH related activities. Specific meetings for vulnerable groups such as women were conducted where they were able to freely contribute to the development of projects and activities. Conducting the consultations ensured the project activities responded to the needs of the communities adequately as they are the key stakeholders in this intervention. As such, involving the communities to ensure acceptance and proper utilization of the installed WASH facilities was also critical in the success of this project. Additionally, for all construction, women and other vulnerable groups were involved in identification of the sites to ensure needs were met and safety concerns were addressed. These views on the positioning of WASH facilities were adhered to during implementation. During distribution of hygiene kits and other WASH items, the community leaders were also involved in identification of the most vulnerable families, thus ensuring basic WASH services were provided to them. Monitoring during implementation was jointly conducted between field staffs and Block leaders, mahjis. All issues identified in relation to the project were addressed at the field level. IOM's partner SHED, provided regular progress reports which enabled the team to assess the progress of the activities. This also ensured the standards were adhered to, thus quality of the WASH infrastructure was ensured.</p> <p>UNICEF: Community engagement was ensured at every step of the project, from the beginning to the end to ensure accountability to affected people (AAP). Community consultations and discussions were undertaken during assessment, planning, implementation and monitoring phases of the project. Focus group discussions (FGD), social mapping exercises, community action plan, project sharing meetings, water user group discussions were among the approaches used for community engagement.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>UNICEF is currently conducting a real-time evaluation of its response to the Rohingya crisis. The results of the evaluation will be available in July 2018 and they will be shared with the donor and the partners.</p> <p>IOM: While no evaluation will be done, rigorous day-to-day monitoring of the planned activities was carried out by the IOM WASH field team (Field Engineers and Hygiene Promoters) together with Implementing Partners, and identified issues or deviations were addressed in real time. IOM Hygiene Promoters worked together with our implementing partner agency teams throughout the project period to ensure proper community messaging on use of hygiene kits as well as key hygiene and sanitation issues. Daily progress updates were collected centrally to monitor the project activities and implementation status. Monthly progress reports have been submitted by implementing partner agencies and were shared with IOM's Monitoring and Evaluation team for review, compilation and analysis</p>	<p>EVALUATION PENDING <input checked="" type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNICEF WFP		5. CERF grant period:		27/08/2017 - 26/02/2018 (UNICEF) 27/08/2017 - 26/02/2018 (WFP)	
2. CERF project code:		17-RR-CEF-092 17-RR-WFP-051		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Food Aid and Nutrition				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Emergency Food and Nutrition Assistance for New Arrival Rohingya Refugees					
7.Funding	a. Total funding requirements ⁸ :		US\$ 11,521,486		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ⁹ :		US\$ 11,521,486		▪ NGO partners and Red Cross/Crescent: US\$ 386,321		
	c. Amount received from CERF:		US\$ 2,308,302		▪ Government Partners: US\$ 51,673		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		15,413	15,871	31,284	15,413	15,871	31,284
Adults (≥ 18)		12,513	13,429	25,942	12,513	13,429	25,942
Total		27,926	29,300	57,226	27,926	29,300	57,226
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		57,226			57,226		
IDPs					0		
Host population					0		
Other affected people					0		
Total (same as in 8a)		57,226			57,226		

⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁹ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	NA
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CERF Result Framework			
9. Project objective	Provision of food and nutrition assistance to the most vulnerable for their immediate protection from hunger and to prevent and reduce undernutrition		
10. Outcome statement	Fill in		
11. Outputs			
Output 1	57,445 people/11,445 HHs received immediate food assistance (micronutrient fortified biscuit) in time		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of households/beneficiaries receiving assistance	100% (57,445 people/11,445 HHs)	As an immediate response (Phase 1), 57,226 people (11,445 HHs) in the makeshift camps were reached with micronutrient fortified biscuits as food assistance. (100% achieved)
Indicator 1.2	Total amount of micronutrient fortified biscuit distributed to beneficiaries	100% (42.92 MT)	As planned, a total of 42.92 mt of micronutrient fortified biscuits (dry rations) were distributed. (100% achieved)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Cooperating/Standby partners (implementing) contracted	WFP	CPs were selected from WFP's existing/ stand-by non-governmental organisation (NGO) partners. MUKTI and ACF were selected as the CPs and Field Level Agreements (FLAs) were signed with them.
Activity 1.2	Mobilise and sensitize communities about the project and the targeting/selection Criteria	WFP/NGOs	WFP and CPs conducted a series of community consultation meetings, followed by household visits and group meetings. In all meetings, communities and individuals were briefed adequately on the project, its objectives and beneficiary entitlements and the selection criteria. Basic information on the project was also displayed on project signboards and banners.
Activity 1.3	Beneficiary identification, verification with communities	WFP/NGOs	Following the finalisation of the FLAs, the beneficiary selection criteria was communicated by WFP to the CPs. WFP, with the assistance of CPs staff, identified and selected beneficiaries from the August 2017 influx of refugees following a well-designed rigorous but rapid and transparent procedure. Identification and subsequent household verification was conducted by the CP staff and sample cross verification was conducted by WFP monitors to

			ensure the appropriateness of the selection.
Activity 1.4	Procurement of micro-nutrient fortified Biscuits	WFP/NGOs	WFP procured a total of 42.92 mt of micronutrient fortified biscuits in line with WFP's standard procurement policies.
Activity 1.5	Distribution of food (micronutrient fortified biscuit) to 75,000 new arrivals	WFP/NGOs	WFP delivered micronutrient fortified biscuits to NGOs. Based on the distribution plan, NGOs transported the micronutrient fortified biscuit to the food distribution points. WFP provided micronutrient fortified biscuits as immediate food assistance to 75,000 new arrivals in three new spontaneous camp sites (Moinar Ghona, Burmapara and Unchiprang) and the two official camps (Kutupalong, Nayapara)
Activity 1.6	Attend emergency food (biscuits) distribution	WFP/NGOs	WFP staff were present at all distribution points. Fortified biscuit distributions were organised by the CPs in the presence of senior officials and government camp officials.
Activity 1.7	Monitoring of the whole activity	WFP/NGOs	WFP conducted monitoring at different stages of the project period, starting with the selection of beneficiaries, food distributions, and post-distribution. WFP Cox's Bazar sub-office staff carried out intensive process monitoring for the activities using prescribed checklists during the distributions. WFP staff regularly visited during the implementation of activities, and discussed findings of the monitoring visits with the CPs for corrective actions.
Activity 1.8	Post distribution monitoring	WFP/NGOs	After successfully completing the distribution of biscuits, CPs field staff conducted post distribution monitoring to verify the correct receipt and utilisation of the food. In parallel, WFP sub-office carried out post distribution monitoring using prescribed checklists for verification.
Activity 1.9	Coordination of activities with local government authorities and other UN and international/national organizations and reporting	WFP	WFP established effective coordination with district and upazila administrations, UN agencies and other I/NGOs working in the project areas. Furthermore, WFP liaised with the Food Security Sector (FSS), the Inter Sector Coordination Group (ISCG) and the Humanitarian Coordination Task Team, both at the country office and field level.
Output 2	57,226 people/11,445 households received emergency food assistance (rice distributions) in time		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of households/beneficiaries receiving assistance	100% (57,226 people/11,445 HHs)	A total of 57,226 people/11,445 HHs were assisted in three new spontaneous camp sites (Moinar Ghona, Burmapara and Unchiprang) and two official camps (Kutupalong, Nayapara) (100% achieved)
Indicator 2.2	Total amount of general food distributed	100% (Rice)	A total of 1,716.79 MT of rice was distributed

	to beneficiaries	1,716.79 MT)	among the new arrivals in the three new spontaneous camp sites (Moinar Ghona, Burmapara and Unchiprang) and two official camps (Kutupalong, Nayapara) (100% achieved)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Cooperating/Standby partners (implementing) contracted/extended	WFP	CPs were selected from WFP's existing/stand-by NGO partners. For Cox's Bazar district, MUKTI and ACF were selected as the CPs and FLAs were signed.
Activity 2.2	Mobilise and sensitize communities about the project and the targeting/selection Criteria	WFP/NGOs	WFP and CPs conducted a series of community consultation meetings, followed by household visits and group meetings. In all meetings, communities and individuals were briefed adequately on the project, its objectives and beneficiary entitlements and selection criteria. Basic information on the project was also displayed on project signboards and banners.
Activity 2.3	Beneficiary identification, verification with communities	WFP/NGOs	Following the finalisation of the FLAs, the beneficiary selection criteria was communicated by WFP to the implementing partners. WFP, with the assistance of CPs, identified and selected the beneficiaries from the August 2017 influx of refugees following a well-designed rigorous but rapid and transparent procedure. Identification and subsequent household verification was conducted by CP staff and sample cross verification was conducted by the WFP monitors to ensure the appropriateness of the selection.
Activity 2.4	Procurement of rice for distribution	WFP/NGOs	WFP procured a total of 1,716.79 mt of rice followed by the WFP's standard procurement policies.
Activity 2.5	Distribution of food (50 kg of rice divided into two equal rounds per month per household) over 3 months	WFP/NGOs	WFP's CPs distributed 1716.79 MT of rice as immediate food assistance in three new camp sites and two official camps (Kutupalong & Nayapara). Each household received 50 kg of rice divided into two equal rounds per month per household over the project period.
Activity 2.6	Attend emergency food (rice) distributions	WFP/NGOs	WFP staff were present at all distribution points. Rice distributions were organised by the CPs in the presence of senior officials and government camp officials.
Activity 2.7	Monitoring of the whole activity	WFP/NGOs	WFP conducted monitoring at different stages of the project period, starting with the selection of beneficiaries, food distributions, and post-distribution. WFP Cox's Bazar sub-office staff carried out intensive process monitoring for the activities using prescribed checklists during the distributions. WFP staff regularly visited during the implementation of activities, and discussed findings of the monitoring visits with the CPs for corrective

			actions.
Activity 2.8	Post distribution monitoring	WFP/NGOs	After successfully completing the distribution of rice, CP field staff conducted post distribution monitoring to verify the correct receipt and utilisation of food. In parallel, WFP sub-office carried out post distribution monitoring using prescribed checklists for verification.
Activity 2.9	Coordination of activities with local government authorities and other UN and international/national organizations and reporting	WFP	WFP established effective coordination with district and upazila administrations, UN agencies and other I/NGOs working in the project areas. Furthermore, WFP maintained liaison with the FSS, the ISCG and the Humanitarian Coordination Task Team both at country office and field level.
Output 3	Nutritional products distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries. Note: Distribution of blanket supplementary feeding for the prevention of undernutrition in children aged 6–59 months, PLWs		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Total amount of food distributed to beneficiaries	100%(WSB+ 122 MT and Veg. oil 10.8 MT and WSB++ 270 MT)	A total of WSB+ 122 MT, vegetable oil 10.8 MT and WSB++ 270 MT was distributed among children under five (CU5) and pregnant and lactating women (PLW). (100% achieved)
Indicator 3.2	Number of children, PLWs receiving food assistance	100% or 11,455 children and 4,100 PLW	A total of 11,500 CU5 and 4,300 PLW were assisted by WFP's blanket supplementary feeding approach and were provided with Wheat Soya Blend-WSB++ and WSB+. Respectively. (100% achieved)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Beneficiary identification, registration and verification	WFP/NGO	ACF, with the guidance of WFP staff, identified and selected the nutritionally most vulnerable CU5 and PLW from the August 2017 influx of refugees following a well-designed rigorous but rapid and transparent procedure. Identification and subsequent household verification was conducted by the CP staff and sample cross verification was conducted by WFP monitors to ensure the appropriateness of the selection.
Activity 3.2	Referral of children identified as SAM through Mid Upper Arm Circumference (MUAC) screening to appropriate treatment services under UNICEF managed interventions	WFP/UNICEF	Under the UNICEF managed nutrition intervention, this activity has been done by UNICEF, CARE, Concern Worldwide (INGO), Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV-LNGO)
Activity 3.3	Children identified as MAM through MUAC screening provided with standard protocol medication and followed up to monitor recovery	WFP/UNICEF	This activity has been carried out by the UNICEF, CARE, Concern Worldwide (INGO), Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV-LNGO)
Activity 3.4	Distribution of nutrition commodities	NGO/UNICEF	UNICEF, CARE, Concern Worldwide (INGO),

	including nutrition awareness training		Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV-LNGO)
Activity 3.5	Monitoring of the whole activity	WFP/NGO	WFP, UNICEF, Institute of Child and Mother Health (ICMH). WFP and UNICEF staff conducted regular monitoring during the implementation of activities, and discussed findings of the monitoring visits with the CPs for corrective actions.
Output 4	Increased access to nutritional services among children under five, pregnant and lactating women and adolescent girls		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of U5 children screened for malnutrition	11,455	11,500
Indicator 4.2	Number of under five children referred and treated for SAM	400	400
Indicator 4.3	Number of Pregnant and Lactating Women (PLW) benefited from counselling on Infant Young Child Feeding in emergency (IYCF-E) practices with appropriate micronutrient supplementations (Iron Folic Acid supplements, etc.)	4,100	4,300
Indicator 4.4	Number of children 6-23 months reached with Micronutrient Powder (MNP) supplementation	2,000,	1,950
Indicator 4.5	Number of children 24-59 months reached with deworming	7,000	7,000
Indicator 4.6	Number of adolescent girls reached with Iron Folic Acid supplements and deworming	4,200	4,351
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Screening of children under five for detection of nutritional status by Mid Upper Arm Circumference (MUAC)	UNICEF/NGO	UNICEF, CARE, Concern Worldwide (INGO), Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV-LNGO)
Activity 4.2	Referral and treatment of severe acute malnutrition (SAM) children	UNICEF/NGO	UNICEF, CARE, Concern Worldwide (INGO), Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV-LNGO)
Activity 4.3	Establish Infant and Young Child Feeding (IYCF) counselling and support for PLW and ensure Iron Folic Acid (IFA) supplementation as per national guidelines	UNICEF/NGO	UNICEF, CARE, Concern Worldwide (INGO), Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV-LNGO)
Activity 4.4	Procurement of nutrition supplies (deworming tablets, iron and folic acid, MNP)	UNICEF/NGO	UNICEF
Activity 4.5	Provide Micronutrient Powder supplementation to 6-23 months	UNICEF/NGO	UNICEF, CARE, Concern Worldwide (INGO), Social Assistance and Rehabilitation for the

	children		Physically Vulnerable (SARPV-LNGO)
Activity 4.6	Provide deworming to children 24-59 months	UNICEF/NGO	UNICEF, CARE, Concern Worldwide (INGO), Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV-LNGO)

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

WFP continues to identify and address gender and protection issues, particularly for the female-headed households and child-headed households. Separate lines for men and women are maintained and managed by respective gender support volunteers during the food distributions. All the distribution points were and are systematically chosen taking into consideration vulnerabilities and protection risks to the different demographics of beneficiaries. Pregnant women and persons with disabilities are also prioritised in queues and there are separate lines when possible. Community engagement ensures that the most vulnerable in the population, i.e. single female headed households, CU5 and PLW, receive food assistance without doing harm and taking into consideration their specific needs.

Food tokens are provided prior to distributions, which helps households to plan and coordinate household responsibilities and the management of child attendants. Further, food is transported by porters, especially to the vulnerable households (disabilities/advanced pregnancy/the elderly/children). Such groups are identified during the household verification prior to the planned distributions. Although most men collect food rations, 14% of participants are women, especially in the case of female-headed households. To accommodate this, WFP provides a breastfeeding corner and female volunteers are used for mobilization.

There was no major discrepancy found between plan and achievement of WFP and UNICEF.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

From the very beginning of the project interventions, WFP institutionalised beneficiary complaints and feedback mechanisms through a dedicated hotline, help desks at project sites and complaints boxes. Feedback and complaints received through these channels are analysed, shared and referred to respective staff for action and used to plan preventive measures for ongoing and planned programmes. A toll-free hotline was set up centrally to provide a neutral mechanism for direct beneficiary feedback to avoid conflicts between the beneficiaries and the operating partners administering the response at field level. The hotline number is advertised on beneficiary entitlement cards, e-voucher cards, through beneficiary sensitisation, in community consultations, and on promotional materials including stickers and posters visible in the community. Refugee food management committees in the registered camps and food management volunteers in the makeshifts were also involved in sensitising and communicating with the affected community during food distribution cycles. 50 percent of the food management committees and volunteers are female and involved in the monitoring to ascertain that the targeted beneficiaries had been reached/accessed.

The design of the nutrition programme including the identification of the number of target beneficiaries was a participatory process by UNICEF and the affected population. This was done through a rapid assessment involving the Nutrition Sector, focused group discussions and key informant interviews at the community level. This ensured the design of a need-based nutrition project.

UNICEF, through the Nutrition Sector and in collaboration with the Communications with Communities (CwC) technical working group, led the development of formal and informal beneficiary feedback mechanisms where the community can channel information related to programme implementation and service delivery in diverse forms. This information was documented, analysed and addressed accordingly.

To enhance transparency and accountability to affected population, during the project implementation phase, UNICEF shared weekly situation reports with the Nutrition Sector for all project activities funded by this CERF grant. UNICEF conducted a facility-based monitoring using monitoring and supervisory checklists developed by the Nutrition Sector. UNICEF has also supported the improvement of the quality of service delivery through the provision of supportive supervision and on-the job training where the

need has been identified. Household visits to enrolled patients with severe acute malnutrition (SAM) were also conducted to monitor and ensure correct utilisation of therapeutic products and essential medicines.

Community members, through recruited enumerators, actively participated in the data collection process for the Standardized Monitoring and Assessment of Relief and Transition (SMART) survey that monitored nutrition situations and associated aggravating factors and evaluated the impact of Nutrition programme on the targeted beneficiaries and, ultimately, on the community as a whole. Community members made significant contributions to developing useful and relevant recommendations based on evaluation results to further inform the programme implementation strategy to achieve better outcomes.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT ☐

Considering the short duration of the project (quick actions project), no classified evaluation was planned as such. However, WFP has established a comprehensive monitoring and evaluation (M&E) system to ensure that efficient, effective and quality assistance is provided to its beneficiaries. WFP uses a harmonised data collection system, including food security outcome monitoring tools, price monitoring forms and distribution reports associated with each activity. WFP has developed an operational M&E plan for the refugee crisis which provides an overview of data collection methodology and coverage targets, in line with agreed sampling approaches and M&E capacities.

EVALUATION PENDING ☒

WFP and its partners also collect qualitative data through focus group discussions which provide a forum for refugees to voice their needs and concerns, and contributes to valuable feedback.

NO EVALUATION PLANNED ☐

UNICEF is currently conducting a real-time evaluation of its response to the Rohingya crisis. The results of the evaluation will be available in July 2018.

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNFPA		5. CERF grant period:		22/09/2017 - 21/03/2018	
2. CERF project code:		17-RR-FPA-045		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Sexual and/or Gender-Based Violence				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Protecting newly arrived Rohingya women and girls in Bangladesh by providing lifesaving minimum initial service package for Reproductive Health and Gender-based violence					
7.Funding	a. Total funding requirements ¹⁰ :		US\$ 13,740,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ¹¹ :		US\$ 6,245,548		▪ NGO partners and Red Cross/Crescent: US\$ 374,553		
	c. Amount received from CERF:		US\$ 692,842		▪ Government Partners: US\$ 0		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		12,000	3,800	15,800	11,723	0	11,723
Adults (≥ 18)		25,000	4,200	29,200	38,063	2,119	40,182
Total		37,000	8,000	45,000	49,786	2,119	51,905
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		45,000			49,695		
IDPs							
Host population					2,210		
Other affected people							
Total (same as in 8a)		45,000			51,905		

¹⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹¹ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The project reached more beneficiaries with services. Community outreach with information about available SRH and protection services to generate demand resulted in a higher number of beneficiaries than planned.
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CERF Result Framework			
9. Project objective	Protecting newly arrived Rohingya women and girls in Bangladesh by providing lifesaving minimum initial service package for Reproductive Health and Gender based violence		
10. Outcome statement	Fill in		
11. Outputs			
Output 1	Girls and women including those pregnant are provided with lifesaving health care services		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of visibly pregnant women provided with clean delivery kits	2,500	2,500
Indicator 1.2	Number of women served by midwives at health facilities and birthing units serving the target population	15,000	21,775
Indicator 1.3	Number of affected population reached with SRHR services including GBV counselling through emergency response mobile camps	15,000	18,481
Indicator 1.4	Number of deliveries conducted in UNFPA supported facilities	500	571
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure and distribute clean delivery kits to visibly pregnant women	UNFPA / RTMI / HOPE Foundation	UNFPA/RTMI/HOPE Foundation
Activity 1.2	Deploy midwives and supply health facilities with the needed lifesaving commodities	UNFPA / GOB / RTMI / HOPE Foundation	UNFPA/GOB/HOPE Foundation
Activity 1.3	Implement emergency response sexual and reproductive health mobile clinics	HOPE Foundation	HOPE Foundation
Output 2	Women and girls are provided with lifesaving protection services		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of women and girls provided with dignity kits	10,000	10,000
Indicator 2.2	Number of women and girls accessing safe spaces	10,000	13,497
Indicator 2.3	Number of women and girls referred for life saving services	1,500	3,711
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)

Activity 2.1	Procure and distribute dignity kits	UNFPA / Mukti	UNFPA/Mukti
Activity 2.2	Establish safe spaces form women and girls	Mukti	Mukti
Activity 2.3	Recruit and deploy case workers to identify, counsel and refer GBV survivors for effective management	UNFPA / Mukti	UNFPA/Mukti

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

There was no discrepancy between the planned and actual results and activities. In fact, more beneficiaries benefitted from the SRH and protection services during the project duration. UNFPA provided SRH services through mobile health clinics and trained midwives. As more than 50% Rohingya Refugees are women who have accessed SRH services from mobile clinics, existing health facilities and more women accessed by the trained midwives. Also after crossing the border women and girls needed a safe place and relevant information regarding other services which have been provided by Women Friendly Spaces. That's why WFSs was very desired place for Rohingya women and Girls and reached more beneficiaries

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The needs of beneficiaries were identified through consultation with the Rohingya Refugees specially with the Rohingya women and girls of reproductive age by UNFPA's Implementing partners and their prioritized needs were reflected during the project design stage a.i. reviewed and redesigned the contents of the dignity kits based on the preference and culturally appropriate for the Rohingya women and girls, selection of the location of the Women Friendly spaces considering the convenience and security of the targeted beneficiaries. Also beneficiaries were well informed about their entitlements and rights and uses of the materials. The mechanism was in place to raise their complaints. After distribution of dignity kits, UNFPA staff conducted Focus Group Discussion to verify the quality of items, end users satisfaction about the contents of dignity kits and the services provided by UNFPA to improve the quality of services. Qualitative data on satisfaction of women and girls with services were collected during the implementation to guide the programme.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT ☐

Regular monitoring activities are conducted to assess the progress towards the intended results. Service utilization data are collected on a weekly basis from Implementing Partners and on-site monitoring of service quality is conducted by UNFPA and Implementing Partners for each targeted facility

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	UNHCR		5. CERF grant period:	26/08/2017 - 25/02/2018			
2. CERF project code:	17-RR-HCR-022		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Multi-sector refugee assistance						
4. Project title:	Multi-sector emergency interventions for the new arrivals seeking humanitarian assistance inside the Registered Refugee Camps						
7. Funding	a. Total funding requirements ¹² :	US\$ 6,089,849	d. CERF funds forwarded to implementing partners:				
	b. Total funding received ¹³ :	US\$ 6,089,849	■ NGO partners and Red Cross/Crescent: US\$ 504,290				
	c. Amount received from CERF:	US\$ 937,704	■ Government Partners: US\$ 432,905				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		9,260	9,970	19,230	9,260	9,970	19,230
Adults (≥ 18)		9,615	6,765	16,380	9,615	6,765	16,380
Total		18,875	16,735	35,610	18,875	16,735	35,610
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		35,610			35,610		
IDPs							
Host population							
Other affected people							
Total (same as in 8a)		35,610			35,610		

¹² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹³ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	NA
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CERF Result Framework			
9. Project objective	To ensure basic needs, essential services, security from violence and exploitation of the newly arrived Rohingya refugees who are seeking humanitarian assistance inside the registered camps and to ensure coordinated protection response for the all newly arrived Rohingya refugees		
10. Outcome statement	Basic needs, essential services, security from violence and exploitation ensured for the newly arrived Rohingya refugees who are seeking humanitarian assistance inside the registered camps and to ensure coordinated protection response for the all newly arrived Rohingya refugees		
11. Outputs			
Output 1	Emergency distribution of Non-food items distributed to the most vulnerable new arrival families		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of families received non-food items	3000	3,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of non-food items (NFI)	UNHCR	UNHCR
Activity 1.2	Distribution of NFIs to the most vulnerable new arrival families	UNHCR/BDRCS	UNHCR/BDRCS
Activity 1.3	Cooked meal for approximately 2,667 new arrivals every day for two months	UNHCR	UNHCR
Output 2	Emergency and primary health care services provided to the new arrivals		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# new arrivals received primary health care services	35,610	35,610
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of medicines, food, medical equipment and medical tents	UNHCR	UNHCR
Activity 2.2	Revision of project agreement with implementing partners and fund disbursement	UNHCR	UNHCR
Activity 2.3	Facilitation of secondary or tertiary referral medical treatment to the new arrival patients in local hospital and health complexes	MDMR	MDMR
Activity 2.4	Recruitment of partner health staff to provide medical services to the new arrivals	MDMR	MDMR
Activity 2.5	Provision of healthcare services to the beneficiaries	MDMR	MDMR
Output 3	Coordination of the protection activities related to safety, dignity and respect for individual rights (SDR) of all partners through the Inter-Sector Coordination Group ensured		

Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# Protection/SDR coordination meeting held	12	12
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Recruitment of protection/SDR coordination staff	UNHCR	UNHCR
Activity 3.2	Conducting regular coordination to ensure safety, dignity and respect for individual rights of the Rohingya refugees	UNHCR	UNHCR

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

This CERF contribution was particularly remarkable, as this was the first contribution received to respond to the ongoing emergency. At the initial stage of this emergency, the registered camps were the destination for the newly arriving refugees and the registered refugees acted as the first respondents, along with the host community and the refugees in the makeshift camps. The non-food items covered by this contribution and the health facilities extended inside the registered camps enabled UNHCR respond to the needs the new arrivals. Note that with complementary funding mobilized to this project thanks to this CERF allocation, a total of 44,071 families received non-food items and 155,712 new arrivals received primary health care services.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

UNHCR holds regular consultation with the refugees and assesses their needs and priorities. This is done through engagement with the Camp Management Committees Block Management Committees and individual refugees as well. Consultation with the experienced medical professionals and partners were also an integrated part of project designing, implementing and monitoring process. UNHCR also maintains a robust complaint receiving mechanism to ensure that the concerns of opinions of the affected people is heard.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT ☐

Monitoring is based on the periodic and ad-hoc assessments conducted by partners and UNHCR field teams. In addition, UNHCR partners have the responsibility to provide regular financial and performance reports. UNHCR ensures the accuracy of the reporting through field monitoring missions, on-site monitoring and formal/information communications throughout the year. UNHCR also maintains direct communication with beneficiary communities.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		IOM		5. CERF grant period:		21/09/2017 - 20/03/2018	
2. CERF project code:		17-RR-IOM-032		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Health				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Providing Life-Saving Emergency Health Services to Newly Arrived Rohingyas in Cox's Bazar					
7.Funding	a. Total funding requirements ¹⁴ :		US\$ 3,000,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ¹⁵ :		US\$ 3,108,968		▪ NGO partners and Red Cross/Crescent: US\$ 0		
	c. Amount received from CERF:		US\$ 196,555		▪ Government Partners: US\$ 0		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		10,513	9,705	20,218	8,659	7,698	16,357
Adults (≥ 18)		7,687	7,095	14,782	15,379	6,468	21,847
Total		18,200	16,800	35,000	24,038	14,166	38,204
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		35,000			32,359		
IDPs							
Host population					5,845		
Other affected people					32		
Total (same as in 8a)		35,000			38,204		

¹⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁵ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	This project was initiated shortly after the influx of Rohingya refugees from Myanmar to Bangladesh on 25 th August 2017. As such, estimated targets were derived from previous knowledge of the size of the Rohingya and Host Community population. As approximately 693,000 people had entered Bangladesh from Myanmar by the end of this project timeline, and many requiring urgent primary health care services, this accounts for the discrepancy between the planned and reached beneficiaries.
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CERF Result Framework			
9. Project objective	Ensuring the well-being of newly arrived Rohingyas through access to emergency health care services including outreach services in the new settlements		
10. Outcome statement	Fill in		
11. Outputs			
Output 1	Health posts are functional and can support the provision of emergency health services, referrals and outreach services to the newly arrived Rohingyas		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of outreach posts	3	3
Indicator 1.2	# of people receiving emergency health support per month	3600/month	7,272/month by three facilities
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establishment of health posts in the three-new settlement	IOM	IOM
Activity 1.2	Procurement of lifesaving equipment for the new posts	IOM	IOM
Activity 1.3	Refresher training of medical teams for the each of the health posts	IOM	IOM
Activity 1.3	Treatment and provision of medicines to the patients	IOM	IOM
Output 2	Community outreach services are operational in the three new settlements.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of acute and emergency referrals	700	971
Indicator 2.2	# Health awareness session	200 sessions/month	2,012 sessions/month
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Recruitment of health promoters	IOM	IOM/MUKTI/BGS
Activity 2.2	Conduct health awareness sessions in the three new sites	IOM	IOM/MUKTI/BGS
Activity 2.3	Establish referral mechanism in the three new sites	IOM	IOM in collaboration with Health Sector

Indicator 3.1	Referral and treatment of complicated referred cases	IOM	IOM
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12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Due to the influx of approximately 693,000 Rohingya refugees since the 25th August 2017 (commencing shortly before the beginning of this project), IOM's targets on number of people reached were achieved by 109%. This overachievement is due to the increase of people seeking health care services from the Rohingya population post-influx.

Over the project timespan, IOM established 3 new health facilities with the support of CERF funding, which greatly increased access to primary health care services and our capacity to conduct outpatient consultations. During this project timespan, these facilities conducted 38,204 outpatient consultations. Our referral network, operating through 10 ambulances across the whole of Ukhiya and Teknaf, ensured that over 5,300 individuals requiring secondary or tertiary care were transferred for treatment either between IOM facilities or into facilities which could provide more specialised care. The referral network is provided through multi-donor funding, including CERF.

Overall, antenatal care, delivery and postnatal care service accessibility has been improved for both refugee and host community members through the increase in IOM capacity, in addition to family planning services (supported by multi-donor funding, including CERF). Over the reporting period, over 16,800 individual antenatal sessions, 1,184 deliveries and 2,848 postnatal care sessions were conducted at IOM facilities. One IOM facility in each of Ukhiya and Teknaf is open on a 24/7 basis to provide overnight care, which is especially critical for expectant mothers. Mental Health and Psychosocial Support services (MHPSS) are available in Teknaf facilities and, over the reporting period, provided direct psychosocial support through over 6,100 consultations.

Community outreach workers have participated in provision of promotive and preventive health care services within community courtyard meetings as well as household visits to create community awareness and provide first aid and referral to cases that need curative services. Supported by multi-donor funding, including CERF, over 365,396 individuals were reached for outreach services through health promoters. They received services such as: 174,140 people were visited at their household for health promotion; 135,466 individuals attended courtyard health promotion sessions; and 13,763 individuals viewed a video show for health awareness. IOM funded outreach workers to support multiple mass vaccination campaigns (Measles and Diphtheria) and assisted in contact tracing within the context of the Diphtheria outbreak that began in November 2018.

To respond to the diphtheria outbreak, IOM established Diphtheria Treatment Centres, triaging over 5400 people with suspected Diphtheria by end of March 2018. 656 of these were admitted and were provided with diphtheria isolation and treatment services.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

In the development phase of health outreach posts, IOM Migration Health Division (MHD) worked with IOM's Site Management team to determine, from their mapping of the settlements, where the most useful locations would be for new health posts. This decision was also reached with input from local community leaders (Maihis) and focus groups from within the refugee community. IOM facilities and health promoters provide the refugees and host community with information regarding the services which can be accessed at IOM facilities. Staff who are employed by IOM are all qualified for their relevant position and receive input and capacity building to ensure a quality service is provided to beneficiaries. Beneficiaries are provided with a copy of their consultation for their own records, to ensure information is appropriately shared and beneficiaries have the relevant information to seek follow up care. IOM conducts periodic reviews of patient satisfaction with its health care services. IOM continues to work with a wide range of stakeholders and consults with these and focus group discussion on new services which are being considered.

IOM provides free health care services to members of the host community and Rohingya refugees regardless of age or sex. In line with the IASC guidelines on integrating Gender-Based Violence (GBV) throughout health, IOM ensures equal access to health services for women and girls. Sexual-violence related health care services is accessible through all IOM health care facilities, with referral mechanisms set up for circumstances which require additional support. IOM works with community-based implementing partners to provide first aid and psychological first aid to members of the community. The health division of IOM works closely with the protection team on cases of GBV through referral pathways to health care facilities.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Because of an increased need for health care services due to the influx which required more human resource and capacity building it was not possible to conduct timely and comprehensive evaluation due to time constraints. Nevertheless, weekly monitoring through data collected from the facilities data provided regular information on demographics, morbidity trends and quality of care which further supported in measuring the progress of the project and informed any key immediate changes/ improvement of the programme. Furthermore, weekly data was periodically analyzed on monthly basis.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		IOM		5. CERF grant period:		10/09/2017 - 09/03/2018	
2. CERF project code:		17-RR-IOM-033		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Shelter				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Emergency Shelter assistance for 35,000 people in new spontaneous settlements in Teknaf Upazila					
7.Funding	a. Total funding requirements ¹⁶ :		US\$ 15,500,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ¹⁷ :		US\$ 12,712,204		▪ NGO partners and Red Cross/Crescent: US\$ 55,049		
	c. Amount received from CERF:		US\$ 1,408,654		▪ Government Partners: US\$ 0		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		10,513	9,705	20,218	15,019	13,864	28,883
Adults (≥ 18)		7,687	7,095	14,782	10,981	10,136	21,117
Total		18,200	16,800	35,000	26,000	24,000	50,000
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		35,000			50,000		
IDPs							
Host population							
Other affected people							
Total (same as in 8a)		35,000			50,000		

¹⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁷ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The discrepancy between the total number of planned and reached beneficiaries is because CERF funds that were to be used for the purchase of lighting was diverted to the Shelter and NFI kit procurement and distributions. This was a decision based on the vast needs for shelter and protection of the refugee in the camps This meant that a larger quantity of items were purchased using CERF funds, increasing the total number of reached beneficiaries.
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CERF Result Framework			
9. Project objective	Ensuring the well-being of UMN's through the provision of life-saving shelter and site management services to 35,000 newly arrived .		
10. Outcome statement	Fill in		
11. Outputs			
Output 1	Temporary emergency shelter, NFI and other basic household items are available to 35,000 UMN's		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of shelter kits distributed	7000	8,500
Indicator 1.2	# of NFI kits distributed	7000	12,500
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of shelter kits	IOM	IOM
Activity 1.2	Procurement of NFI kits	IOM	IOM
Activity 1.3	Distribute Emergency shelter kits (Annex)	IOM	IOM
Activity 1.4	Distribute NFI kits (Annex)	IOM	IOM
Output 2	Safe access to services and site is improved on displacement sites		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of communal areas lit	100	0
Indicator 2.2	Number of sites with dedicated site management team	3	3
Indicator 2.3	Site accessible to water deliveries /distribution	Yes	Yes
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of lighting equipment	IOM	IOM
Activity 2.2	Install lighting on displacement sites	IOM	IOM
Activity 2.3	Establish on- site management teams	IOM	IOM & Solidarites International
Activity 2.4	Improve access to sites	IOM	IOM & Solidarites International

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Larger numbers of shelter and NFI kit items were procured and purchased, increasing the number of households supported. This was possible as the procurement of lanterns was not feasible in the project time period. Site development activities were also prioritised over the provision of lighting. The project was able to establish site management teams across the sites and also funds were used on improving access to sites for humanitarians and beneficiaries. This project also prioritised the land and road, accessibility of water deliveries and distribution support

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Accountability to affected populations was ensured through all phases of the project cycle. Communities were engaged in the project design phase when determining appropriate and needs-based responses, such as the type, quantity and location of shelter and NFI support. The selection and distribution of CERF-funded materials was made based on assessments conducted with beneficiaries themselves. During the implementation of the response, IOM ensured ongoing consultation with affected communities through the presence of dedicated field staff. This enabled IOM to develop an in-depth understanding of the priorities of affected communities and give due consideration to their perceived needs. To include affected communities in the monitoring process, post-distribution monitoring was frequently conducted to assess the level of satisfaction with services provided (including protection related issues) and provide a systematic feedback mechanism. Finally, the intervention was coordinated with the Communication with Communities (CwC) working group to ensure that appropriate communication and accountability mechanisms were in place.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT ☐

No evaluation was carried out as IOM has various alternative monitoring mechanisms in place. These include community feedback mechanisms managed by IOM Site Management, periodic post-distribution monitoring, field-based staff which regularly interact with beneficiaries and assigned community focal points specifically tasked to act as intermediaries between IOM and the refugee community.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNICEF IOM		5. CERF grant period:		18/10/2017 - 17/04/2018 (UNICEF) 18/10/2017 - 17/04/2018 (IOM)	
2. CERF project code:		17-RR-CEF-108 17-RR-IOM-044		6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:		Water, Sanitation and Hygiene					
4. Project title:		Provision of life-saving WASH services to the Rohingya refugee population, to prevent and respond to AWD outbreaks, in Ukhiya upazila, Cox's Bazar District.					
7. Funding	a. Total funding requirements ¹⁸ :		US\$ 24,873,400		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ¹⁹ :		US\$ 13,714,225		■ NGO partners and Red Cross/Crescent: US\$ 705,407		
	c. Amount received from CERF:		US\$ 3,016,989		■ Government Partners: US\$ 585,185		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		51,255	54,835	106,090	43,998	43,935	87,933
Adults (≥ 18)		52,882	37,028	89,910	43,735	41,835	85,570
Total		104,137	91,863	196,000	87,733	85,770	173,503
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		196,000			173,503		
IDPs							
Host population							
Other affected people							

¹⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁹ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	196,000	173,503
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The project reports on smaller number of beneficiaries than planned for the following reasons: first, although more tube wells were constructed, less beneficiaries were served due to improved WASH Cluster standard for deep tube well from 1 tube well for 1,000 people to 1 tube well for 500 people. Secondly, smaller number of latrines was constructed by IOM than planned due to space and change of design for latrines. While 1,960 emergency latrines were planned to be constructed, a total of 794 latrines were constructed by IOM.	

CERF Result Framework			
9. Project objective	Ensuring life-saving WASH services to the Rohingya refugee population to prevent and respond to AWD outbreaks in Kutupalong extension.		
10. Outcome statement	Fill in		
11. Outputs			
Output 1	Safe drinking water is made available to 196,000 Rohingya refugees		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of water points regularly disinfected	784	782 (UNICEF)
Indicator 1.2	# of water points regularly tested for contamination	784	782 (UNICE)
Indicator 1.3	# of tube wells constructed (or rehabilitated)	60	124 (IOM)
Indicator 1.4	# of people served with safe drinking water	120,000	62,000 (IOM)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Water treatment at source level: disinfection of wells with chlorine (shock chlorination) and bucket chlorination (in case of major outbreaks).	UNICEF/NGO/DPHE	NGO Forum / DSK / BRAC/VERC
Activity 1.2	Regular water points quality monitoring through testing of residual chlorine and bacteriological contamination	UNICEF/NGO/DPHE	DSK/BRAC
Activity 1.3	Construction and maintenance of new tube wells	IOM	IOM
Output 2	Safe emergency sanitation facilities are made available to 196,000 Rohingya refugees		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of people with access to basic sanitation, gender segregated and disability friendly	196,000 (IOM – 98,000 & UNICEF 98,000)	172,250; 39,700 (IOM; 132,550 UNICEF)
Indicator 2.2	# of emergency latrines regularly disinfected	1,960	2,038 latrines (UNICEF)

Indicator 2.3	# of new emergency latrines (5 cubicle)	392	794 (IOM) 2,475 blocks (UNICEF) ²⁰
Indicator 2.4	# of toilets regularly maintained and dislodged	392	794 (IOM) 2,038 (UNICEF) ²¹
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Installation of emergency latrines: gender segregated and disability friendly (including regular maintenance).	UNICEF/NGO/DPHE	NGO Forum / DSK / SI / BRAC/ Water Aid / CARE / MoDMR
Activity 2.2	Regular disinfection of the emergency latrines	UNICEF/NGO/DPHE	NGO Forum / DSK / SI / BRAC/ Water Aid / CARE / VERC
Activity 2.3	Construction of new emergency gender segregated toilets, including disability friendly	IOM	SHED
Activity 2.4	Regular maintenance and desludging of the toilets constructed	IOM/NGO	SHED
Output 3	The Rohingya target population receives key hygiene supplies / hygiene kits (including soap) and is reached with key life-saving hygiene messages		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of target population within the target reached with key life-saving hygiene messages	249,200 (UNICEF 196,000 & IOM 53,200)	248,781 (IOM: 53,200; UNICEF: 195,581)
Indicator 3.2	# of hygiene kits procured and distributed to the target population	10,640	10,640 (IOM)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Hygiene promotion through dissemination of basic life-saving hygiene promotion messages at HH level (hand washing, safe water management including HH water treatment, safe sanitation management) among the refugee population	UNICEF/NGO/DPHE/IOM	NGO Forum / DSK/ WaterAid/ VERC / BRAC/ CARE/Solidarités Internationale - SHED
Activity 3.2	Procurement of hygiene kits including basic MHM items, culturally appropriated	IOM	IOM
Activity 3.3	Distribution of hygiene kits among the target population (one per HH)	IOM/NGO	IOM/SHED

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy

²⁰ Number of latrines to be constructed by UNICEF was not included in the original target although 10,000 latrines was reflected in budget and 98,000 people to have access to basic sanitation, gender segregated and disability friendly with UNICEF contribution. UNICEF has constructed 12,375 latrines or 2,475 blocks (one block is composed of 5 latrines).

²¹ Idem.

between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>Number of tube wells constructed (or rehabilitated): originally IOM had planned for 60 tube wells to provide safe drinking water to 120,000 people. This planning was based on decision of WASH sector in consultation with DPHE at the onset of the crisis to provide 1 deep tube well for every 1,000 beneficiaries. This was later revised to 1 deep tube well for every 500 beneficiaries after the initial 3 months of the emergency. This explain why IOM constructed 124 tube wells benefiting 62,000 people.</p> <p>Number of people with access to basic sanitation, gender-segregated and disability-friendly: from IOM, 1,960 emergency latrines were planned for construction. However, due to space and change of design for latrines, a total of 794 latrines were constructed overall, covering a population of 39,700 individuals.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>During inception of the project, several meetings were organized with each target group to discuss their needs. Based on the different responses and needs expressed WASH infrastructure was then designed. The construction of WASH infrastructure followed the standards approved by the Department of Public Health Engineering (DPHE). In addition, the selection of sites was coordinated with the community, focusing particularly on the inclusion of women, who are key stakeholders. This in turn ensured that facilities that were constructed met the beneficiaries' needs and were utilized effectively.</p> <p>Prior to the distribution of hygiene kits, NGO partners – in coordination with community leaders – identified the targeted beneficiaries following vulnerability criteria. The targeted families were issued with a token and informed of the date, time and place for distribution oh hygiene kits. The practice helped ensure that all vulnerable families were provided with one kit each.</p> <p>IOM and UNICEF used the existing community feedback mechanisms where the beneficiaries gave feedback related to the activities. These were then analysed and responded to accordingly. These community feedback mechanisms assisted in reviewing some of IOM's interventions and revising them to better meet beneficiaries' needs. Partners also provided regular updates gathered from their daily interactions with beneficiaries on their level of satisfaction with the interventions provided. The data was then analysed, and the information was provided to the relevant teams for action.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>UNICEF is currently conducting a real-time evaluation of its response to the Rohingya crisis. The results of the evaluation will be available in July 2018 and they will be shared with the donor and partners.</p> <p>From IOM, no ad-hoc evaluation has been carried out however rigorous day-to-day monitoring of the planned activities was carried out by the IOM WASH field team (Field Engineers and Hygiene Promoters) together with our Implementing Partners, and identified issues or deviations were addressed in real time. IOM Hygiene Promoters worked together with our implementing partner agency teams throughout the project period to ensure proper community messaging on use of hygiene kits as well as key hygiene and sanitation issues. Daily progress updates were collected centrally to monitor the project activities and implementation status. Monthly progress reports have been submitted by implementing partner agencies and were shared with IOM's Monitoring and Evaluation team for review, compilation and analysis.</p>	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	UNFPA		5. CERF grant period:	17/10/2017 - 16/04/2018			
2. CERF project code:	17-RR-FPA-054		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Protection						
4. Project title:	Protecting newly arrived Rohingya women and girls in Bangladesh by providing life-saving Minimum Initial Service Package (MISP) for reproductive health and gender-based violence						
7. Funding	a. Total funding requirements ²² :	US\$ 13,740,000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received ²³ :	US\$ 6,245,548	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 238,752				
	c. Amount received from CERF:	US\$ 601,514	■ <i>Government Partners:</i> US\$ 0				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		4,400		4,400	9,324	0	9,324
Adults (≥ 18)		35,600		35,600	43,930	1,697	45,627
Total		40,000		40,000	53,254	1,697	54,951
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		40,000			40,809		
IDPs							
Host population					14,142		
Other affected people							
Total (same as in 8a)		40,000			54,951		

²² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²³ This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>The project reached more beneficiaries than its target because the flow of incoming refugees were higher than the prediction. Based on the ground need UNFPA provided SRHR services through mobile clinics and existing health facilities. Also UNFPA ensured transport facilities for the patients to increase the access of the beneficiaries. UNFPA deployed local volunteers from the affected community and outreach workers for the community mobilization who are very much trusted by the Rohingya communities and they inspired to access both SRHR and GBV services from the services providers.</p>
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CERF Result Framework			
9. Project objective	Protecting newly arrived Rohingya women and girls in Bangladesh by providing life-saving minimum initial service packages (MISP) for reproductive health and gender based violence (GBV)		
10. Outcome statement	Fill in		
11. Outputs			
Output 1	Girls and women including those pregnant are provided with life-saving health care services		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of women served by midwives at health facilities and birthing units serving the target population	15,000	23,048
Indicator 1.2	Number of affected population reached with SRHR services including GBV counselling through emergency response mobile camps	15,000	20,860
Indicator 1.3	Number of deliveries conducted in UNFPA supported facilities	500	617
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Implement emergency response and referral for sexual and reproductive health mobile and fixed clinics	HOPE Foundation / RTMI / MoHFW	HOPE Foundation/RTMI/MoHFW
Activity 1.2	Facilitate communication and transportation from communities to facilities and between facilities for women seeking life-saving health care	HOPE Foundation / Mukti / RTMI	HOPE Foundation/Mukti/RTMI
Output 2	Women and girls are provided with life-saving protection services		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of women and girls provided with Dignity Kits	10,000	10,000
Indicator 2.2	Number of women and girls reached through WFS and outreach interventions	24,000	28,571
Indicator 2.3	Number of women and girls referred for life-saving services	4,000	6,409

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procure and distribute Dignity Kits	UNFPA / Mukti	UNFPA/Mukti
Activity 2.2	Establish and maintain community-based safe Women Friendly Spaces that integrate and interlink with sexual and reproductive health services.	Mukti	Mukti
Activity 2.3	Recruit and train caseworkers to provide information, psychosocial support and referral for life-saving services	UNFPA / Mukti	UNFPA/Mukti

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

By this project UNFPA provided lifesaving support to 53,254 women and girls by ensuring timely and need based SRHR and GBV services. More than 28,000 women and girls accessed through WFS and outreach services where they got psychosocial counselling and life skill education. Also they got all relevant information in the new location from where they will get various services which was essential for them to cope with the situation and start a normal life.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

As a part of ongoing project UNFPA continues consultation with targeted beneficiaries and incorporated their unmet SRHR and GBV need in the project proposals. All beneficiaries were well informed about UNFPA services and their entitlements and rights. Satisfaction survey was done to know the feedback of the beneficiaries to improve the quality of services. UNFPA staff directly consulted with the beneficiaries to know their feedback and suggestion to redesign the project interventions and process. And the feedback of the community has been adopted accordingly.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT ☐

There was no formal evaluation done for this particular project. As the project is being implemented by Government and NGO Implementing partner, UNFPA directly conducted regular monitoring by the International and National Expert personnel to see both qualitative and quantity aspects of the project. UNFPA maintained service data to assess the result of the project and on a regular basis take appropriate measures if there was any discrepancy found. UNFPA also done formal project audit to ensure effective, efficient and ethical uses of resources.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNHCR		5. CERF grant period:		01/10/2017 - 31/03/2018	
2. CERF project code:		17-RR-HCR-029		6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:		Protection					
4. Project title:		Emergency life-saving protection interventions for the newly arrived Rohingya refugees living in Kutuplaong Extension Site, Ukhia, Cox's Bazar					
7. Funding	a. Total funding requirements ²⁴ :		US\$ 15,300,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ²⁵ :		US\$ 15,300,000		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 644,934		
	c. Amount received from CERF:		US\$ 1,340,698		■ <i>Government Partners:</i> US\$ 556,539		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		50,930	54,835	105,765	50,930	54,835	105,765
Adults (≥ 18)		52,882	37,208	90,090	52,882	37,208	90,090
Total		103,812	92,043	195,855	103,812	92,043	195,855
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		195,855			195,855		
IDPs							
Host population							
Other affected people							
Total (same as in 8a)		195,855			195,855		

²⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²⁵ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	NA
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CERF Result Framework			
9. Project objective	To ensure emergency life-saving protection interventions for the newly arrived Rohingya refugees living in Kutuplaong Extension Site, Ukhia, Cox's Bazar		
10. Outcome statement	Emergency life-saving protection interventions esured for the newly arrived Rohingya refugees living in Kutuplaong Extension Site, Ukhia, Cox's Bazar.		
11. Outputs			
Output 1	Camp administration is established in 2 out of 10 blocks of the KTP Extension Site with an aim to ensure safety and security of the Rohingya refugees		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of block administration of KTP extension site established and activated	2	2
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establishment of camp office, with residence for CiC established	MoDMR	MoDMR
Activity 1.2	Establishment of police barracks	MoDMR	MoDMR
Output 2	UNHCR's Emergency Protection Teams deployed for the KTP Extension Site		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of national and international protection staff recruited and operating	16	16
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Recruitment of 12 national and international protection staff member	UNHCR	UNHCR
Activity 2.2	Recruitment of 4 international protection staff	UNHCR	UNHCR
Output 3	Legal and psycho-social assistance ensured for the refugees in the KTP Extension Site		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of refugees received legal counselling and assistance	5,000	2,093
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provision of life-saving information to the affected population	UNHCR, TAI BNWLA	UNHCR, TAI, BNWLA
Activity 3.2	Provision of legal counselling and assistance	UNHCR, TAI, BNWLA	UNHCR, TAI, BNWLA

Output 4	Persons with Specific Needs (PSNs) identified and ensured access to appropriate support and specialized services		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Percentage of PSNs assessed and provided with assistance	100 per cent	31% (Till December 2017)
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Identification, referral and installation of services for PSNs	UNHCR, HI	UNHCR, HI
Activity 4.2	Awareness raising on the rights of PSNs in the community.	UNHCR, TAI	UNHCR, HI
Output 5	Risk of Sexual and Gender Based Violence (SGBV) is reduced and quality of response improved.		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	Percentage of reported SGBV cases provided specialized services	100 per cent	100 per cent
Indicator 5.2	# of Safe Spaces for women established.	10	10
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Responses to identified SGBV cases, including medical, psychosocial and legal services.	UNHCR, TAI, RI, BNWLA	UNHCR, TAI, RI, BNWLA
Activity 5.2	Awareness raising on SGBV	UNHCR, TAI, RI, BNWLA	UNHCR, TAI, RI, BNWLA
Activity 5.3	Establishment of Safe Spaces for women and distribution of dignity kits.	UNHCR, TAI, RI	UNHCR, TAI, RI
Output 6	Child Protection Strengthened		
Output 6 Indicators	Description	Target	Reached
Indicator 6.1	# of Unaccompanied and Separated Children (UASC) and Child at risk identified.	1,500	5,575
Indicator 6.2	Percentage of child protection cases with psychosocial needs provided psychosocial counselling.	100 per cent	100%
Indicator 6.3	# of child friendly spaces established	30	33
Output 6 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 6.1	Child protection case management for children at heightened risk (incl. UASC)	UNHCR, SCI, RI	UNHCR, SCI, RI
Activity 6.2	Provision of psychosocial support to children in need, including Child Friendly Spaces.	UNHCR, SCI, RI	UNHCR, SCI, RI
Activity 6.3	Advocacy and awareness campaigns on child protection	UNHCR, SCI, RI	UNHCR, SCI, RI

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>Protection is a lifesaving activity. However, sometimes it becomes very difficult to mobilize resource to address the protection needs. This CERF contribution enabled UNHCR to strengthen its protection outreach and establish a robust protection assistance mechanism. Regarding the # of refugees received legal counselling and assistance, UNHCR provided legal assistance to 100% of the people in need of legal assistance who approached UNHCR and its partners. A total of 2,093 individuals received direct legal assistance while 7,000 refugees received assistance through the legal awareness programmes. Regarding % of PSNs assessed and provided with assistance, the family counting exercise covered almost 100% of the population and identified that 31% of the population were persons with specific needs. Regarding the # of Unaccompanied and Separated Children (UASC) and Child at risk identified, the estimation of 1,500 was over-achieved as the family counting exercise found around 5,575 children who were unaccompanied or separated from family.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>UNHCR holds regular consultation with the refugees and assesses their needs and priorities. This is done through engagement with the Camp Management Committees Block Management Committees and individual refugees as well. Consultation with the experienced medical professionals and partners were also an integrated part of project designing, implementing and monitoring process. UNHCR also maintains a robust complaint receiving mechanism to ensure that the concerns of opinions of the affected people is heard.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Monitoring is based on the periodic and ad-hoc assessments conducted by partners and UNHCR field teams. In addition, UNHCR partners have the responsibility to provide regular financial and performance reports. UNHCR ensures the accuracy of the reporting through field monitoring missions, on-site monitoring and formal/information communications throughout the year. UNHCR also maintains direct communication with beneficiary communities.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	UNHCR WHO		5. CERF grant period:	15/09/2017 - 14/03/2018 (UNHCR) 15/09/2017 - 14/03/2018 (WHO)			
2. CERF project code:	17-RR-HCR-030 17-RR-WHO-040		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Health						
4. Project title:	Improving access to life-saving essential medicines, medical services and prevention and control of cholera in the Rohingya population in Cox's Bazaar						
7. Funding	a. Total funding requirements ²⁶ :	US\$ 5,000,000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received ²⁷ :	US\$ 5,000,000	■ NGO partners and Red Cross/Crescent: US\$ 708,844				
	c. Amount received from CERF:	US\$ 2,008,337	■ Government Partners: US\$ 0				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		50,930	54,835	105,765	50,930	54,835	105,765
Adults (≥ 18)		52,882	37,208	90,090	52,882	37,208	90,090
Total		103,812	92,043	195,855	103,812	92,043	195,855
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		195,855			195,855		
IDPs							
Host population							
Other affected people							

²⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²⁷ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	195,855	195,855
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	NA	

CERF Result Framework			
9. Project objective	1. Ensure the prevention, preparation and response to outbreaks of diarrhoeal diseases specifically cholera 2. Improve access to essential lifesaving primary health services for crisis-affected populations aimed at reducing avoidable morbidity and mortality		
10. Outcome statement	Fill in		
11. Outputs			
Output 1	Outbreaks of diseases with epidemic potential, specifically diarrhoeal diseases such as cholera, prevented, prepared for and responded to		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of cholera treatment centres established and operationalised in Kutupalong extension site in the Ukhia upazila	9 cholera treatment centres	5 (2 by UNHCR, 3 by WHO)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provision of supplies and equipment for establishment of cholera treatment centres	WHO and UNHCR	WHO and UNHCR
Activity 1.2	Procurement of the medical supplies to support cholera treatment centres function/operational such as cholera kits and delivery of goods	WHO	WHO
Activity 1.3	Provision of human resources to support establishment, operational and maintenance of cholera treatment centres through logistical & technical support to MOPH	WHO	WHO
Activity 1.4	Community mobilization, Hygiene promotion and Case finding	WHO and UNHCR	WHO and UNHCR
Activity 1.5	Provision of human resources to technically support and supervise activities implemented by partners	UNHCR	UNHCR
Output 2	Access to essential life-saving primary health services for crisis-affected population improved and morbidity and mortality avoided		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of health facilities in the Kutupalong extension site in the Ukhia upazila with a doctor	12 health facilities	15 (7 by UNHCR, 8 by WHO)
Indicator 2.2	Number of temporary primary health facilities set up in the Kutupalong extension site in the Ukhia	10 temporary primary health	9 (5 by UNHCR, 4 by WHO)

	upazila	facilities	
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision of 8 medical doctors providing medical services in health facilities in southern zone of Kutupalong extension site in the Ukhia upazila	WHO	8 (WHO)
Activity 2.2	Establishment of 5 temporary health facilities	WHO	3 health facilities in the Kutupalong extension site in the Ukhia upazila with a doctor; health facility equipment and supplies provided to 4 health sector partners (MSF-Belgium, Samaritan's Purse, Obat and IFRC) to establish temporary health facilities such as tents, metallic trunks, examination tables, blankets, medical dividers, (WHO)
Activity 2.3	Procurement of essential medicines and equipment : IEHK Basic (250 units) and supplementary module (15 units) and delivery of goods	UNHCR	UNHCR and WHO
Activity 2.4	Provision of human resources to technically support and supervise activities implemented by partners	UNHCR	UNHCR
Activity 2.5	Enhancement of the referral capacity (additional 3 ambulances)	UNHCR	UNHCR

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

This particular CERF contribution played a significant role in life-saving response to the emergency health needs of the refugees. Timely response to the diarrheal diseases in particular also prevented a large scale cholera outbreak which could have resulted in an emergency within the emergency.

During the course of implementing the project the priority for output 2 outweighed output 1 to some degree due to the life threatening outbreak of diphtheria that needed urgent attention. All health partners depended on WHO for diphtheria anti toxins and essential drugs and supplies, especially given Government of Bangladesh's import regulations. The implementation of support provided to partners on diphtheria is very much in line with output 2, which focuses on essential life-saving health services to the affected population.

Moreover, due to effective prevention measures and timely response to the diarrheal diseases undertaken by UNHCR, WHO and health sector partners, an outbreak of cholera has been prevented so far. WHO has procured and prepositioned equipment and supplies for the diarrhoea treatment centres which are ready to be released in the event of an outbreak in line with the acute watery diarrhoea preparedness and response plan.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Project Design: The project planning involved relevant government and non-government organizations and UN agencies based on the needs in the field. WHO and UNHCR assessed camps and spontaneous settlement on a daily basis to identify the most urgent needs- including a diphtheria outbreak, which began in November 2017. Field visits were conducted in the camps to ensure continuous information and monitor the situation.

In addition, UNHCR holds regular consultation with the refugees and assesses their needs and priorities. This is done through engagement with the Camp Management Committees Block Management Committees and individual refugees as well. Consultations with experienced medical professionals and partners were an integral part of project design.

Project implementation: The services provided were offered directly to the beneficiaries and WHO received regular reports through Early Warning Alert and Response System (EWARS), field visits, weekly health sector coordination meetings and the Acute Watery Diarrheal Technical Working Group meetings led by WHO. WHO activities were implemented in close collaboration with the Ministry of Health and Family Welfare, Bangladesh and health sector partners. Consultation with experienced medical professionals and partners was an integral part of the project implementation and monitoring process.

Project monitoring and evaluation: Implementation of activities was monitored by the respective agencies' focal points for the project as well as respective team members. Monitoring was carried out with partners and district focal points were involved to ensure all activities are implemented as planned and based on the evolving real-time needs on the ground while still aligned with the overall project objectives. Implementation of activities was monitored through systematic reporting from implementing partners (site visits, situation reports, technical reports etc.)

UNHCR also maintains a robust complaint receiving mechanism to ensure that the concerns of opinions of the affected people is heard.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT ☐

Monitoring is based on the periodic and ad-hoc assessments conducted by partners and UNHCR and WHO field teams. In addition, UNHCR partners have the responsibility to provide regular financial and performance reports. UNHCR ensures the accuracy of the reporting through field monitoring missions, on-site monitoring and formal/information communications throughout the year. UNHCR also maintains direct communication with beneficiary communities.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		IOM		5. CERF grant period:		18/10/2017 - 17/04/2018	
2. CERF project code:		17-RR-IOM-043		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Shelter				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Providing Critical Shelter Support for Newly Arrived Rohingyas in Cox's Bazaar					
7.Funding	a. Total funding requirements ²⁸ :		US\$ 51,000,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ²⁹ :		US\$ 16,038,890		▪ NGO partners and Red Cross/Crescent: US\$ 0		
	c. Amount received from CERF:		US\$ 1,999,997		▪ Government Partners: US\$ 0		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		32,850	30,660	63,510	29,515	30,836	60,351
Adults (≥ 18)		25,815	20,805	46,620	27,753	22,026	49,779
Total		58,665	51,465	110,130	57,268	52,862	110,130
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		110,130			110,130		
IDPs							
Host population							
Other affected people							
Total (same as in 8a)		110,130			110,130		

²⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²⁹ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Discrepancies in the age and sex distribution are due to a small change in demographics after the proposal was drafted.
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CERF Result Framework			
9. Project objective	Provide life-saving emergency shelter to Rohingya households in Kutupalong Makeshift Settlement – Extension Zone (KMS-EZ) in line with the shelter sector recommended kits.		
10. Outcome statement	Fill in		
11. Outputs			
Output 1	Life-saving emergency shelter kits are provided to newly arrived Rohingyas in the Kutupalong Makeshift Settlement – Extension Zone(KMS-EZ).		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of Rohingya in Kutupalong, Ukhiya Upazilla, Cox's Bazar District, Bangladesh have received the emergency shelter kits with IEC materials	110,130	110,130
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure Shelter Kits	IOM	IOM
Activity 1.2	Develop and print IEC materials	IOM	IOM
Activity 1.3	Distribute Shelter Kits with IEC materials	IOM	IOM
Activity 1.4	Provide technical support to vulnerable household	IOM	IOM

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:
The project was successful in providing life-saving emergency shelter to 110,130 Rohingya in Cox's Bazar. Importantly, a brief orientation and IEC material were provided to all beneficiaries before the emergency shelter kit distributions to ensure that the community was able to effectively utilise the items, enhancing safety, security and ownership.
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
Accountability to affected populations was ensured through all phases of the project cycle. Communities were engaged in the project design phase when determining appropriate and needs-based responses, such as the type, quantity and location of shelter support. The selection and distribution of CERF-funded materials was made based on assessments conducted with beneficiaries themselves. During the implementation of the response, IOM ensured ongoing consultation with affected communities through the presence of dedicated field staff. This enabled IOM to develop an in-depth understanding of the priorities of affected communities and give due consideration to their perceived needs. To include affected communities in the monitoring process, post-distribution monitoring was frequently conducted to assess the level of satisfaction with services provided (including protection related issues) and provide a systematic feedback mechanism. Finally, the intervention was coordinated with the Communication with Communities (CwC) working group to ensure that appropriate communication and

accountability mechanisms were in place.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation was carried out as IOM has various alternative monitoring mechanisms in place. These include community feedback mechanisms managed by IOM Site Management. periodic post-distribution monitoring, field-based staff which regularly interact with beneficiaries and assigned community focal points specifically tasked to act as intermediaries between IOM and the refugee community.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		WFP		5. CERF grant period:		15/10/2017 - 14/04/2018	
2. CERF project code:		17-RR-WFP-062		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Food Aid				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Emergency Life-saving Food Assistance to Newly Arrived Rohingya Refugees in Kutupalong extension camp					
7.Funding	a. Total funding requirements ³⁰ :		US\$ 70,250,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ³¹ :		US\$ 7,200,000		▪ NGO partners and Red Cross/Crescent: US\$ 489,830		
	c. Amount received from CERF:		US\$ 3,042,807		▪ Government Partners: US\$ 0		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		25,639	26,401	52,040	25,639	26,401	52,040
Adults (≥ 18)		20,815	22,339	43,154	20,815	22,339	43,154
Total		46,454	48,740	95,194	46,454	48,740	95,194
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		95,194			95,194		
IDPs							
Host population							
Other affected people							
Total (same as in 8a)		95,194			95,194		

³⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

³¹ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	NA	

CERF Result Framework			
9. Project objective	Immediate emergency life-saving food assistance to new arrivals in Kutupalong extension camp.		
10. Outcome statement	Fill in		
11. Outputs			
Output 1	# of people/HHs received immediate food assistance		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of households/beneficiaries receiving life-saving assistance as percentage of planned number of beneficiaries	100 per cent, 95,194 beneficiaries (19,039 HHs)	As an immediate response (Phase 1), 95,194 people (19,039HHs) in the makeshift camps were provided with rice, pulses and oils as food assistance. (100% achieved)
Indicator 1.2	Total amount of general food distributed to beneficiaries as percentage of planned amount	100 per cent (3,584MT)	As planned, a total of 3,584 MT of foods (rice, pulse, vegetable oil) were distributed. (100% achieved)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Cooperating/Standby partners (implementing) contracted	WFP	CPs was selected from WFP's existing/stand-by NGO partners. For this emergency operation under Cox's Bazar district, MUKTI was selected as the CP and a FLA was signed.
Activity 1.2	Mobilise and sensitize communities about the project and the targeting/selection criteria	WFP/NGOs	WFP and the CP conducted a series of community consultation meetings, followed by household visits and group meetings. In all meetings, communities and individuals were briefed adequately on the project, its objectives and beneficiary entitlements and selection criteria. Basic information on the project was also displayed on project signboards and banners.
Activity 1.3	Beneficiary identification, verification with communities	WFP/NGOs	Following the finalisation of the FLA, beneficiary selection criteria was communicated by WFP to the CP. WFP with the assistance of the CP staff identified and selected the beneficiaries from the August 2017 influx of refugees following a well-designed rigorous but rapid and transparent procedure. Identification and subsequent household

			verification was completed by the CP staff and sample cross verification was completed by the WFP monitors to ensure the appropriateness of the selection.
Activity 1.4	Distribution of food (50 kg of rice divided into two equal rounds per month per household, 60gm per person per day pulses and 25gm per person per day vegetable oil) to new arrivals in Kutupalong extension camp for 3 months	WFP/NGOs (Cooperating Partner) 2,856 MT rice, 514MT pulses and 214MT Oil	WFP's CPs distributed 2,856 MT rice, 514MT pulses and 214MT oil as immediate food assistance to 95,194 people (19,039 HHs) in the makeshift camps. Each household received 50 kg of rice divided into two equal rounds per month per household, 60gm per person per day pulses and 25gm per person per day vegetable oil for three months.
Activity 1.5	Attend food distribution	WFP/NGOs	WFP staff were present at all food distribution points. Rice distributions were organised by the CP in the presence of CP and WFP monitors.
Activity 1.6	Monitoring of the activity	WFP/NGOs	WFP conducted monitoring at different stages - during the selection of beneficiaries, food distributions, and post-distribution at field level. WFP Cox's Bazar sub-offices staff carried out intensive process monitoring for the activities using prescribed checklists during the distributions as well as post distribution monitoring. WFP staff regularly visited during the implementation of activities, and discussed findings of the monitoring visits with the implementing partners for corrective actions.
Activity 1.7	Post distribution monitoring	WFP/NGOs	After food distributions, CP field staff conducted post distribution monitoring to verify the correct receipt and utilisation of food. In parallel, WFP sub-office carried out post distribution monitoring using prescribed checklists for verification.
Activity 1.8	Coordination of activities with local government authorities and other UN and international/national organizations and reporting	WFP	WFP established effective coordination with district and upazila administrations, UN agencies and other I/NGOs working in the project areas. Furthermore, WFP maintained liaison with the FSS, the ISCG and the Humanitarian Coordination Task Team both at country office and field level. WFP reported to the UN Resident Coordinator's office on project implementation activities.

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Gender and Disability: WFP continues to identify and address gender and protection issues particularly for the female-headed households and child-headed households. Separate lines for men and women are maintained and managed by respective gender support volunteers during the food distributions. All the distribution points were and are systematically chosen taking into consideration vulnerabilities and protection risks to the different demographics of beneficiaries. Pregnant women and persons with disabilities are also prioritized in queues and there are separate lines when possible. Community engagement ensures that the most vulnerable in the population i.e. single female headed households, CU5 and PLW, receive the much needed food assistance without doing no harm and taking into consideration their specific needs.

Food tokens are provided prior to distributions, which helps households to plan and coordinate household responsibilities and the management of child attendants. Further, food is also transported by porters to some of the especially vulnerable households (disabilities/advanced pregnancy/the elderly/children). Such groups are identified during the household verification prior to the planned distributions. Although most men collect food rations, 14% of participants are women, especially in the case of female-headed households. To accommodate this, WFP provides a breastfeeding corner and female volunteers are used for mobilization

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

WFP institutionalised beneficiary complaints and feedback mechanisms through a dedicated hotline, help desks at project sites and complaints boxes. Feedback and complaints received through these channels are analysed, shared and referred to respective staff for action and used to plan preventive measures for ongoing and planned programmes. A toll-free hotline was set up centrally to provide a neutral mechanism for direct beneficiary feedback to avoid conflicts between the beneficiaries and the operating partners administering the response at field level. The hotline number is advertised on beneficiary entitlement cards, e-voucher cards, through beneficiary sensitisation, in community consultations, and on promotional materials including stickers and posters visible in the community. Refugee food management committees in the registered camps and food management volunteers in the makeshifts were also involved in sensitising and communicating with the affected community during food distribution cycles. 50% of the food management committees and volunteers are female and involved in the monitoring to ascertain that the targeted beneficiaries had been reached/accessed.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT ☐

Considering the short duration of the project (quick actions project), no classified evaluation was planned as such. However, WFP has established a comprehensive monitoring and evaluation (M&E) system to ensure that efficient, effective and quality assistance is provided to its beneficiaries. WFP uses a harmonised data collection system, including food security outcome monitoring tools, price monitoring forms and distribution reports associated with each activity. WFP has developed an operational M&E plan for the refugee crisis which provides an overview of data collection methodology and coverage targets, in line with agreed sampling approaches and M&E capacities. WFP and its partners also collect qualitative data through focus group discussions which provide a forum for refugees to voice their needs and concerns, and contributes to valuable feedback.

EVALUATION PENDING ☒

NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
17-RR-CEF-108	Water, Sanitation and Hygiene	UNICEF	GOV	\$585,185
17-RR-CEF-108	Water, Sanitation and Hygiene	UNICEF	INGO	\$138,238
17-RR-CEF-108	Water, Sanitation and Hygiene	UNICEF	INGO	\$39,345
17-RR-CEF-108	Water, Sanitation and Hygiene	UNICEF	INGO	\$185,541
17-RR-CEF-108	Water, Sanitation and Hygiene	UNICEF	NNGO	\$142,063
17-RR-CEF-108	Water, Sanitation and Hygiene	UNICEF	NNGO	\$178,713
17-RR-CEF-108	Water, Sanitation and Hygiene	UNICEF	NNGO	\$21,507
17-RR-CEF-091	Water, Sanitation and Hygiene	UNICEF	GOV	\$47,291
17-RR-WFP-051	Food Assistance	WFP	NNGO	\$113,469
17-RR-WFP-051	Nutrition	WFP	INGO	\$100,000
17-RR-WFP-062	Food Assistance	WFP	NNGO	\$489,830
17-RR-IOM-033	Shelter & NFI	IOM	INGO	\$55,049
17-RR-HCR-030	Health	UNHCR	INGO	\$176,691
17-RR-HCR-030	Health	UNHCR	NNGO	\$347,401
17-RR-HCR-030	Health	UNHCR	INGO	\$184,751
17-RR-FPA-045	Protection	UNFPA	NNGO	\$89,463
17-RR-FPA-045	Protection	UNFPA	NNGO	\$128,706
17-RR-FPA-045	Protection	UNFPA	NNGO	\$156,384
17-RR-FPA-054	Protection	UNFPA	NNGO	\$76,582
17-RR-FPA-054	Protection	UNFPA	NNGO	\$115,901
17-RR-FPA-054	Protection	UNFPA	NNGO	\$46,269
17-RR-HCR-022	Health	UNHCR	GOV	\$432,905
17-RR-HCR-022	Shelter & NFI	UNHCR	RedC	\$504,290
17-RR-HCR-029	Camp Management	UNHCR	GOV	\$556,539
17-RR-HCR-029	Child Protection	UNHCR	INGO	\$88,643
17-RR-HCR-029	Protection	UNHCR	NNGO	\$38,461
17-RR-HCR-029	Protection	UNHCR	INGO	\$199,254
17-RR-HCR-029	Protection	UNHCR	NNGO	\$40,390
17-RR-HCR-029	Protection	UNHCR	NNGO	\$278,187

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
ACF	Action Contre la Faim
BDRCS	Bangladesh Red Crescent Society
BNWLA	Bangladesh National Woman Lawyers' Association
CBCPC	Community-based Child Protection Committees
CFS	Child Friendly Space
CIC	Camp in Charge
CODEC	Community Development Centre
CP	Cooperating Partner
CU5	Children Under 5
CwC	Communication with Communities
DPHE	Department of Public Health Engineering
EWARS	Early Warning Alert and Response System
FLA	Field Level Agreement
FSs	Food Security Sector
HCTT	Humanitarian Coordination Task Team
HHs	Households
HI	Handicap International
HRP	Humanitarian Response Plan
IEC	Information, Education and Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
ISCG	Inter Sector Coordination Group
JRP	Joint Response Plan
KTP	Kutupalong
M&E	Monitoring and Evaluation
MHPSS	Mental Health and Psychosocial Support services
MoFA	Ministry of Foreign Affairs
MT	Metric Ton
MUKTI	A Non-Government Organization in Cox's Bazar
NA	New Arrivals
NFI	Non-Food Item
NGO	Non-Government Organization
PDM	Post Distribution Monitoring
PLW	Pregnant and Lactating Women
PSN	Persons with Specific Needs
RCO	Resident Coordinator's Office
RI	Relief International
ROAP	Regional Office for Asia and the Pacific
RR	Rapid Response
SCI	Save The Children
SGBV	Sexual and Gender Based Violence
SITREP	Situation Report
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
TAI	Technical Assistance Inc.
UASC	Unaccompanied and Separated Children

UMN	Undocumented Myanmar National
WASH	Water Sanitation and Hygiene
WFS	Women Friendly Space