

**BANGLADESH
UNDERFUNDED EMERGENCIES
ROUND II
DISPLACEMENT
2019**

19-UF-BGD-38582

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Resident Coordinator ad interim

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

Due to No Cost Extensions (NCEs) granted to UNHCR education and UNICEF education projects, the UFE allocation followed different timelines for the completion of agency projects. Several meetings and after-action reviews took place this pilot project, with the final AAR meeting organized in January 2022 to discuss the lessons learned and reporting.

20 January 2022

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes ☒

No ☐

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes ☒

No ☐

1. STRATEGIC PRIORITIZATION

Statement by the Resident Coordinator ad interim:

The CERF UFE Round II 2019 allocation allowed four agencies to implement five projects, with a focus on education, health, shelter/NFI, protection and WASH sectors over two years. Overall, agencies far surpassed the target number of beneficiaries, reaching some 603,602 people in comparison to the planned 443,007 people, with targets across all six sectors met and those for education, health and GBV significantly surpassed. This was despite the immense challenges that COVID-19 posed for the delivery of activities and services; however, the adaptations made by agencies as result of access restrictions, social distancing measures and lockdowns, allowed them to do more with the funds available and to have a greater impact through innovative and flexible programming. It is hoped that the lessons learned from these activities will positively influence the sustainability of future activities as they are designed for the Rohingya response context.

The CERF allocation, with activities across multiple sectors, allowed agencies to complement each other through life-saving support that met the most pressing needs for the refugee community. While focused on meeting time-critical needs, the activities implemented under this allocation were also strategically designed to address longer-term needs and to ensure resilience of communities to frequent natural disasters where possible. The allocation drew significantly upon the knowledge and expertise of local and international NGOs to implement activities that were suitable to the context, with 50% of the funding allocated to NGO partners. Finally, the allocation ensured a significant focus on core under-funded and priority areas, with a strong emphasis on GBV, reproductive health and education in emergencies activities, as well as a focus on meeting the needs of girls, women and people with disabilities across activities in all sectors.

CERF's Added Value:

This CERF allocation supported some 603,602 people with the delivery of services across six priority sectors, meeting time-critical and life-saving needs, and where possible identifying opportunities to build resilience and ensure the structures were in place for longer-term effective programming through support for community-based mechanism. In particular, the allocation allowed for 315,916 people to be reached with critical health services including primary healthcare, 24/7 emergency care, sexual and reproductive health services, and life-saving Emergency obstetric and new-born care (EmONC) services. Some 125,360 women and girls were reached with GBV prevention and response activities, including providing 63,888 individuals with comprehensive GBV services through Women Friendly Spaces. More than 64,800 people benefitted from the education in emergencies activities, including 19,7000 students who were supported through the maintenance and upgrade of 171 learning centres. The shelter needs of 42,544 people were met by providing emergency shelter materials and transitional shelters and training households on disaster risk reduction and shelter maintenance, which was crucial for people's safety during the monsoon season. And to help prevent the spread of diseases, which was especially critical in the context of the COVID-19 pandemic, agencies reached 24,966 people with access to functioning WASH facilities, hygiene promotion activities, and WASH supplies.

Where possible, agencies took an integrated approach to programming to maximise the impact of the resources available; for example, UNFPA's project integrated SRHR with GBV life-saving interventions for women and girls in the camp and host communities, with special attention to delivering psychosocial support and encouraging resilience within this highly affected population. The integrated approach facilitated access to the critical life-saving interventions needed to respond to the direct threat GBV poses to the wellbeing and sexual and reproductive health of women and girls. While through the UNICEF education project, 798 members of 19 Learning Centre Management Committees (LCMC) were trained to engage in social cohesion activities, with children, parents and caregivers, raising awareness on the importance of education, health, hygiene, early marriage prevention and adolescent girls' schooling and COVID 19 prevention.

Did CERF funds lead to a fast delivery of assistance to people in need?

Yes ☒

Partially ☐

No ☐

The CERF funds allowed for agencies to both swiftly provide assistance to refugee and host communities, while also ensuring that the structures and mechanisms were in place to provide fast delivery of assistance should there be a deterioration of the situation. For example, UNHCR and its partners provided maintenance for and upgraded 171 learning centres which was done in advance of and in preparedness for the monsoon and cyclone seasons, to ensure that 19,700 students were able to continue accessing education. Similarly, the UNHCR shelter project supported some 7,300 households to strengthen their homes in advance of the monsoon season to mitigate the potential impact and need for further assistance.

Further, UNHCR's WASH, Protection and Shelter project allowed more than 1,000 refugees to be provided with legal assistance, which ensured that 30 survivors of trafficking or those at risk of being trafficked were provided with immediate support, while also strengthening community-based protection that ensured that the systems were in place to provide immediate assistance once the COVID-19 pandemic began.

Through the UNICEF education project, a total of 3,846 radios and 3,000 tablets were procured to ensure the continuity of education during the closure of learning centres (LCs) as a result of the COVID-19 pandemic; these also allowed for the immediate dissemination of COVID-19 awareness messages to 138,022 children, and to provide radio lessons to children, caregivers and teachers. The CERF allocation also allowed for 396 LCs, damaged by the heavy monsoon rains and flooding, to be swiftly repaired.

Did CERF funds help respond to time-critical needs?

Yes ☒

Partially ☐

No ☐

The CERF allocation met the time critical needs of target beneficiaries including for shelter assistance, healthcare, WASH interventions to prevent the spread of disease and critical protection concerns. For example, the IOM WASH project provided almost 15,000 people with access to time-critical and life-saving assistance that was immediately necessary to prevent the spread of disease. The allocation also allowed UNFPA to reach 112,203 women and girls from Rohingya refugee camps (78,818) and host communities (33,385) with

time-critical, and life-saving Emergency obstetric and new-born care (EmONC) services, 24/7 Emergency referral hubs, and Sexual and Reproductive health and Rights (SRHR) services, with some 5,826 transfers, including 3,874 for EmONC services, made through the Emergency referral hubs during the reporting period. While in response to the devastating fire that took place in the Rohingya camps in March 2021, CERF was critical in enabling UNICEF and partners to reconstruct 142 LCs, two multipurpose centres (MPCs), one teacher resource centre and 44 WASH facilities destroyed by fire to ensure that learners were able to continue accessing vital education services.

Did CERF improve coordination amongst the humanitarian community?

Yes ☐

Partially ☒

No ☐

As a result of the challenges presented by the COVID-19 pandemic, including Government restrictions on movement and access, and the need to amend the mode of delivery for many activities, agencies came together to seek ways to adapt activities and ensure the continuation of support despite the challenges with lessons learned shared across partners to maximise impact where possible. Through this, common standards were set for the delivery of activities in the new operating environment to ensure coordination and consistency across the implementing partners.

Did CERF funds help improve resource mobilization from other sources?

Yes ☐

Partially ☒

No ☐

The impacts and lessons learned from the CERF allocation allowed agencies to leverage funds from other sources to continue critical service provision in the Rohingya response.

Considerations of the ERC's Underfunded Priority Areas¹:

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

This CERF allocation enabled agencies to address all four chronically underfunded humanitarian priority areas: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting persons with disabilities; (3) education in protracted crises; and (4) other aspects of protection.) Of these areas, protection, including GBV, required the most urgent funding in 2019, followed by health (including reproductive health).

Support for women and girls: There was a strong focus on meeting the needs of women and girls across all projects, with activities designed specially to address needs related to GBV and reproductive health, as well as a strong focus on gender-mainstreaming and ensuring the accessibility of activities and services for women and girls across all projects.

For example, the IOM health project supported the delivery of Comprehensive Sexual and Reproductive Health (SRH) services by skilled workers in all five health centres. UNFPA health project provided SRHR services including Antenatal care (ANC), Facility Based Deliveries (FBD), Postnatal care (PNC), and Family Planning (FP.) Services offered have contributed toward the reduction of maternal and neonatal morbidity and mortality among both the Rohingya refugees and host communities.

CERF funding enabled UNFPA and its local implementing partner to reach 125,360 women and girls through GBV prevention and response activities, including 63,888 individuals who received comprehensive GBV services in Women Friendly Spaces by experienced and trained cases workers.

To ensure that the needs and voices of women, girls and marginalized groups are adequately heard and addressed, the IOM WASH project ensured that WASH management committees that were formed in each sub-block had 50% female members. Through the UNHCR education project, efforts were made to encourage the recruitment of female teachers and mainstream gender-sensitive and inclusive education principles to both male and female teachers. Targeted approaches such as girls' only adolescent clubs was explored to minimize the gender gap, especially for teenagers and youth.

While through the UNICEF education project, all activities had Gender, Gender-Based Violence and inclusion at the centre of the response, and the gender mainstreaming strategy included engagement with men and boys, encouraging them to support women and adolescent girls' learning.

Programmes targeting persons with disabilities: Through the CERF funded activities, agencies sought; to receive feedback from disabled people on their needs, including the need to modify and adjust delivery models; to identify and prioritise people with disabilities during service delivery; and to set up referral pathways to allow people with disabilities to gain further access to necessary support.

For example, through the IOM WASH project, beneficiaries were consulted on their requirements as a result of COVID-19, with their needs addressed through modification and adjustment of programme delivery models. While as part of the IOM health intervention screening with a modified version of the Washington Group tool to identify and prioritize access for PWD during triage and outpatient care, while ensuring access to health facilities.

UNFPA ensured the needs of people with disabilities (PWD) especially women and girls from the Rohingya camps were mainstreamed in both SRHR and GBV services.

Through its education project, UNICEF established partnership with the disability-focused organization, Christian Blind Mission (CBM) to provide technical support on disability inclusiveness across UNICEF supported LCs. CBM trained partners on the "Washington Group Short Set of Questions on Disability" to assess all children enrolled in 63 of the LCs in 2019, and partners took measures to ensure that identified children have adequate access to learning in LCs.

Education in protracted crises: Two projects specifically sought to address education needs in the refugee camps, with 64,800 people provided with education-related assistance. The UNHCR education project ensured safe and equitable access to education

services by all refugee children and adolescent and youth through home-based education, the repair and refurbishment of learning centres, the distribution of learning materials and the establishment of adolescent clubs.

Through the UNICEF education project, equitable access to quality learning and basic education in safe and protective environments was enabled for 31,680 Rohingya children (15,206 girls and 16,474 boys, including 538 children with disabilities). The safe reopening of LCs was possible through this CERF grant to procure health and hygiene COVID-19 supplies for all learning centres, learners, and teachers in the camps.

Other aspects of protection: Through the CERF funded projects, agencies sought to understand the protection needs of beneficiary populations, to ensure the design of facilities and infrastructure contributed to the protection of vulnerable groups, and to establish community-based protection mechanisms to ensure the participation of the community in addressing key protection concerns.

For example, through IOM WASH project, women and girls were consulted prior to the distribution of Menstrual Hygiene Management (MHM) kits to understand whether the design of WASH facilities met their needs relating to protection.

UNICEF, in partnership with Civil Society Organizations (CSO) strengthened the community-based child protection system, with Community Based Child Protection Committees (CBCPC) providing a platform to discuss and improve understanding and the capacity to address key issues faced by adolescents.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	331,993,394
CERF	14,994,575
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	
Total funding received for the humanitarian response (by source above)	691,900,000

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
IOM	19-UF-IOM-028	Health	790,684
IOM	19-UF-IOM-028	Water, Sanitation and Hygiene	769,877
IOM	19-UF-IOM-028	Shelter and Non-Food Items	520,187
UNFPA	19-UF-FPA-041	Health	1,055,920
UNFPA	19-UF-FPA-041	Protection - Gender-Based Violence	496,904
UNHCR	19-UF-HCR-026	Education	3,000,000
UNHCR	19-UF-HCR-027	Water, Sanitation and Hygiene	478,261
UNHCR	19-UF-HCR-027	Protection	450,932
UNHCR	19-UF-HCR-027	Shelter and Non-Food Items	437,267
UNICEF	19-UF-CEF-095	Education	6,994,543
Total			14,994,575

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	7,287,930
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	714,064
Funds sub-granted to national NGO partners*	6,992,581
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	7,706,645
Total	14,994,575

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

A deterioration in the security situation in August 2017 triggered a significant refugee influx into Bangladesh, leading to an estimated 745,000 Rohingyas including over 400,000 children fleeing to Cox's Bazar district. Two years later, the majority of refugees live in 34 extremely congested camps, characterized by difficult terrain and extremely limited physical access which impact on the delivery of basic services. The international humanitarian community is supporting the Bangladeshi Government's efforts to provide humanitarian and protection assistance to both Rohingya refugees and Bangladeshis in affected host communities. The 2019 Joint Response Plan (JRP), with the total funding requirement of \$920 million, targets 1.2 million people, mainly Rohingya refugees and also about 336,000 host community members with protection, life-saving and social cohesion assistance.

Operational Use of the CERF Allocation and Results:

In September 2019, CERF allocated \$10 million from the Underfunded Emergencies window to Bangladesh. The allocation aims to provide immediate life-saving assistance to 369,150 people, including 350,000 refugees and 19,150 host community members, who are identified as part of the most-at-risk population due to overcrowding in the camps in Ukhiya and insufficient access of life-saving services in Teknaf. The CERF strategy takes the form of a two-year pilot to support education in emergencies (EiE) interventions, for which an additional \$5 million will be allocated in 2020 to support continuous EiE programming through June 2021. Overall, the allocation includes five projects from four agencies to focus on education, health, shelter/NFI, protection and WASH sectors. To address the four chronically underfunded areas of humanitarian action, this CERF allocation supports UN agencies and partners in providing: interventions to support reproductive health and protection of 85,554 women and girls, including GBV survivors; strategic EiE interventions leveraging the CERF's first-ever multi-year pilot, including urgent physical upgrades of existing learning facilities to provide safer and better-serviced learning environments, training for educational staff, and the expansion of EiE services targeting children and youth; protection assistance combining community-based mechanisms and specialized assistance for particularly vulnerable groups benefiting 30,000 people; and other sectoral assistance mainstreaming inclusive humanitarian action and protection.

People Directly Reached:

Overall, agencies reached 603,602 people, compared to the target figure of 443,007. This was despite the challenges posed by COVID-19 that had a significant impact on all of the CERF-funded projects as a result of movement and access restrictions, social distancing guidelines (which prevented for example, the gathering of large numbers of people and thus impacted on the delivery of trainings, awareness sessions and face-to-face education activities), and enhanced guidelines on infection prevention and mitigation measures of COVID-19 in service delivery. The pandemic also had a marked impact on the engagement of the community with the projects activities; for example, there was a marked impact on the health-seeking behaviours of people living in the camps, as evidenced by the significant drop in out patient consultations following the first reported cases of COVID in the camps in March 2020. However, changes made by agencies as a result of the pandemic, for example switching to home-based learning modalities, changing from training workshops to virtual / on-line webinars, a focus on community-engagement including to support healthcare seeking behaviour, and other adaptations allowed agencies, in part, to reach more people than originally planned for.

The number of persons targeted was first estimated by sector. Considering that Agencies' CERF funded interventions are implemented in complementary locations, the addition of beneficiaries by sector does not include any duplication of beneficiaries. Considering that a certain number of beneficiaries of a particular agency can benefit from several sectoral interventions of that same particular agency, the overall number of beneficiaries of the full application was estimated as follow: To the direct beneficiaries of the EiE interventions were added those of the Health and Protection interventions. The same approach was used to estimate the overall number of members of the host communities as well as the number of people living with a disability included in the overall caseload.

People Indirectly Reached:

As part of the UNHCR protection project, 400,000 refugees benefitted from protection monitoring presence in camps.

As part of the UNICEF Education project, the distribution of COVID-19 prevention supplies, including disinfection and cleaning materials, soap, hand sanitisers and handwashing stations, indirectly benefitted the families of the 31,841 children the project directly reached .

The UNFPA health and GBV project indirectly benefitted the households members of women and girls who directly benefited from SRHR services. They benefited indirectly by accessing SRHR information as well as having a healthy household member (mother, daughter, daughter-in-law etc.). Additionally, 25,072 people were reached indirectly through GBV response and prevention services, including information dissemination.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Education	2,483	2,692	18,545	18,545	42,265	1,232 122	996 142	14,665 15,206	15,979 16,474	64,816
Health	158,396	21,998	53,288	35,536	269,218	27,751 107,055	79,377	43,923 5,148	52,662	315,916
Protection	6,900	5,400	8,800	8,900	30,000	6,900	5,400	8,800	8,900	30,000
Protection - Gender-Based Violence	66,148	0	19,406	0	85,554	75,076	0	50,284	0	125,360
Shelter and Non-Food Items	10,637	8,509	11,486	11,912	42,544	2,230 7,849	2,788 6,279	3,122 8,476	3,010 8,790	42,544
Water, Sanitation and Hygiene	6,417	5,338	7,049	6,933	25,737	3,173 2,525	3,816 2,050	4,071 2,675	3,906 2,750	24,966

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	389,807	552,911
Returnees	0	0
Internally displaced people	0	0
Host communities	53,200	50,691
Other affected people	0	
Total	443,007	603,602

Table 6: Total Number of People Directly Assisted with CERF Funding*

Table 6: Total Number of People Directly Assisted with CERF Funding*			Number of people with disabilities (PwD) out of the total	
			Planned	Reached
Sex & Age	Planned	Reached		
Women	233,927	233,913	2,666	913
Men	30,090	100,848	309	758
Girls	101,944	156,370	1,811	1,112
Boys	77,046	112,471	1,427	1,388
Total	443,007	603,602	6,213	4,171

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 19-UF-IOM-028

1. Project Information			
Agency:	IOM	Country:	Bangladesh
Sector/cluster:	Health Water, Sanitation and Hygiene Shelter and Non-Food Items	CERF project code:	19-UF-IOM-028
Project title:	Humanitarian support for life-saving WASH, Shelter and Health services to Rohingya Refugees		
Start date:	26/09/2019	End date:	30/06/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 136,200,000
	GUIDANCE: Figure prepopulated from application document.		
	Total funding received for agency's sector response to current emergency:		US\$ 75,200,000
	GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.		
	Amount received from CERF:		US\$ 2,080,748
	Total CERF funds sub-granted to implementing partners:		US\$ 307,548,00
	GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.		
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 307,584	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this grant IOM strengthened integrated quality healthcare at three 24/7 health facilities in Camps 2W, 3 and 24 and supported Health posts in Camps 9 and 10 providing outpatient services. Support to primary healthcare included basic laboratory services to improve diagnostic capacity and quality of care through the provision of skilled staff, medical equipment and reagent as well as a 24/7 emergency referral system. The project also supported the delivery of Comprehensive Sexual and Reproductive Health (SRH) services by skilled workers in all five health centres. The project reached 203,713 people (65% Female and 35% Male).

IOM supported 2,400 households (11,150 individuals) with shelter assistance through the Transitional Shelter Assistance (TSA) programme. 2,400 head of households or their alternates were trained on household disaster risk reduction and shelter maintenance.

IOM in partnership with Dushtha Shasthya Kendra (DSK) ensured the operation and maintenance of WASH infrastructures, solid waste management and drainage cleaning, and implemented activities to promote hygienic behaviours in Camp 18. The project reached to 14,966 beneficiaries with access to functioning WASH facilities and hygiene promotion activities, reaching an additional 253,070 individuals with the provision of 97,010 soap kits to promote hygienic practices.

3. Changes and Amendments

During the reporting period the COVID-19 pandemic had a significant impact on the project. It has affected the regular provision of services at health facilities due to enhanced guidelines on infection prevention and mitigation measures of COVID-19 in service delivery, including changes in infrastructure to ensure social distancing, provision of personal protective equipment and the establishment of a dedicated flu corner where patients with respiratory tract infection symptoms are attended to in isolation. The first confirmed case of COVID-19 in Cox's Bazar was found on March 23 2020 after which there was a major decline in outpatient (OPD) consultations. In March there were 27,087 consultations as opposed to a drop to 12,170 in April and 10,019 in May respectively. However, a slight increase was registered in June at 13,592. This was likely due to major efforts around community sensitisation about the pandemic, intensive messaging on social distancing and treatment provided and referrals to those infected with COVID-19. In order to mitigate the impact, IOM worked closely with its implementing partner – Mukti, RTMI - for the implementation of COVID-19 response activities within the camps. The partner facilitated community engagement visits to help build trust in health service delivery, disseminate COVID-19 messages and improve community health seeking behaviours despite the COVID pandemic.

The gathering of people including staff members, volunteers and beneficiaries had to be stopped due to COVID-19 response measures starting from the second half of March 2020. The modality of the activities, such as group hygiene awareness sessions and hygiene material distribution therefore had to be modified. Hygiene awareness sessions, which used to be organized in convenient locations with around 14-20 participants per session, were modified to door-to-door messaging, focusing in part on the prevention of COVID-19 transmission. Hygiene material distribution, which used to be organized from designated distribution points, was modified to door-to-door distribution using protective measures such as assisted hand washing of beneficiaries with 0.05% chlorine water, maintaining minimum social distance and using masks. Group hygiene promotion campaigns involving gatherings of people, such as World Water Day, had to be cancelled to avoid mass gathering as part of COVID-19 preventive measures.

Due to the COVID-19 situation, the movement of staff members had to be reduced with the possibility of further movement restrictions and construction works had to be stopped. Additional activities such as the distribution of handwashing devices at the household level, operation and maintenance of hand washing devices installed in communal places and the disinfection of WASH facilities and key communal premises had to be started with additional volunteers, in line with the program model modification.

IOM facilitated the development of a contingency plan by the partner NGO, considering possible staff movement restrictions so as to ensure the continuation of critical WASH activities, including the supply of drinking water, repair of tube wells and desludgement of latrines. The partner NGO formed dedicated teams of volunteers living within the camps and oriented them about the COVID-19 situation and expected roles of the volunteers in case staff members could not physically reach the camps.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	60,057	21,800	41,576	32,338	155,771	25,080	72,740	41,824	49,949	189,593
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	5,939	198	4,112	3,198	13,447	2,671	6,637	2,099	2,713	14,120
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	65,996	21,998	45,688	35,536	169,218	27,751	79,377	43,923	52,662	203,713
People with disabilities (PWD) out of the total										
	330	109	228	178	845	69	170	70	91	400

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	3,892	3,288	4,374	4,183	15,737	3,173	3,816	4,071	3,906	14,966
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	3,892	3,288	4,374	4,183	15,737	3,173	3,816	4,071	3,906	14,966
People with disabilities (PWD) out of the total										

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

	59	32	28	18	137	73	58	21	22	174
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Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	2,788	2,230	3,010	3,122	11,150	2,230	2,788	3,122	3,010	11,150
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	2,788	2,230	3,010	3,122	11,150	2,230	2,788	3,122	3,010	11,150
People with disabilities (PWD) out of the total										
	60	48	65	67	240	48	60	67	65	240

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

N/A

6. CERF Results Framework

Project objective	Sustaining life-saving services in the provision of shelter upgrades and assistance, comprehensive healthcare and disease containment and prevention, and access to safe water and hygiene in Cox's Bazar camps
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Output 1	Transitional Shelter Assistance is made available for 2,400 Households
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Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Shelter and Non-Food Items			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of shelters provided with TSA support	2,400	2,400	Distribution Reports
Indicator 1.2	Number of beneficiaries supported by Cash-For-Work	4,800	4,800	Attendance Sheet

Explanation of output and indicators variance: Not applicable

Activities	Description	Implemented by
Activity 1.1	Procurement of materials	IOM
Activity 1.2	Conduct training and distribution	IOM
Activity 1.3	Provide technical support and follow up	IOM

Output 2	Provide Essential Healthcare that addresses the main causes of mortality and morbidity amongst the Rohingya.
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Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of OPD Curative consultations segregated by age, sex	135,374	Total: 203,713 Over 18 years: F-79,377; M-27,751 Under 18 years: F-52,662; M-43,923	Health facility registers, HMIS, OPD registers
Indicator 2.2	Number of first ANC Visits conducted at the supported facilities	4,280	5,926	Health facility registers, HMIS monthly reports ANC Registers
Indicator 2.3	Number of deliveries conducted at supported facilities	2,000	870	Health facility registers, HMIS monthly reports ANC registers
Indicator 2.4	Number of patients requiring a referral and receive health care at the next level of healthcare	1,000 (65% Female, 35% Male)	1,019 (F-540, M-479)	HMIS monthly reports Referral notes and tracking registers

Indicator 2.5	Percentage of targeted people who can describe at least three measures being practiced at the household to prevent specific communicable diseases	80% (135,374)	84,357	CHWs registers
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Explanation of output and indicators variance:	<ul style="list-style-type: none"> Number of OPD Curative consultations segregated by age, sex. This target has been overachieved 203,713 (150%) against the target of 135,374. This was largely due to the quality provision of clinical services (using the approved clinical guidelines) by skilled doctors, midwives, nurses, lab technicians and 150 Community health workers (CHWs) responsible for community mobilisation and referrals to health facilities. The positive experiences of those receiving quality care lead to a greater number of individuals seeking services, thus the overachievement. Number of first ANC Visits conducted at the supported facilities was 5,926 (138%) against a target of 4,280. This was due to increased health awareness of the target population on the importance of ANC, promoted by community health workers through door -o-door visits, counselling and referrals. The number of deliveries conducted at supported facilities was underachieved, with a total of 870 (44%) against a target of 2,000. This was likely due to the hampered access to health services especially facility based delivery services during the COVID-19 pandemic. Reasons for under achievement also include a higher estimation of target, as the facility-based delivery among the Rohingya communities is still not over 30% despite various awareness raising activities in the community. The number of patients requiring a referral and who received services at the next level of healthcare was over achieved with 1,019 (102%) against a target of 1,000. These were mainly for secondary level referrals to Upazilla Health Complex, Sadar Hospital, Field Hospitals and Chittagong Medical College for complex case management. IOM operated 24/7 referrals using the 12 ambulances. The percentage of targeted people who can describe at least three measures being practiced at the household to prevent specific communicable diseases was under achieved because of the impact of COVID-19, when social distancing was enforced and community gatherings were not allowed.
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Activities	Description	Implemented by
Activity 2.1	Ensure adequate staffing to provide Curative consultation at the 5 health facilities	IOM
Activity 2.2	Provide materials and supplies for Infection Prevention and Control	IOM
Activity 2.3	Maintain access to 24/7 Call Centre service and vehicle ambulance to support patient movement for emergency referrals	IOM
Activity 2.4	Train selected nurses and CHWs on disability screening using the Washington Tool	IOM
Activity 2.5	Ensure availability of skilled staff and materials for Triage system at the facility	IOM
Activity 2.6	Procure essential medicines, laboratory reagents and other commodities for quality care	IOM
Activity 2.7	Strengthen diseases surveillance through weekly EWARS reporting	IOM
Activity 2.8	Ensure adequate coverage by CHW in providing targeted risk communication, community mobilization, community health surveillance	IOM

Activity 2.9	Support the Health Sector in the coordination of the MMT to enhance emergency preparedness and response capacity.	IOM
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Output 3	Rohingya refugee populations in Camp 18 of Kutupalong-Balukhali mega-camp have access to safe and equitable WASH services and hygiene promotion.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Water, Sanitation and Hygiene			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of refugee individual benefitting from uninterrupted clean water supply and meeting demand for domestic purpose	15,737	14,966	Report from partner NGO
Indicator 3.2	Rohingya refugee populations in Camp 18 of Kutupalong-Balukhali mega-camp have access to safe sanitation services	15,737	14,966	Report from partner NGO
Indicator 3.3	Rohingya refugee families in Camp 18 of Kutupalong-Balukhali mega-camp have access to solid waste management services	3,559	3,343	Report from partner NGO
Indicator 3.4	Rohingya refugee families in Camp 18 of Kutupalong-Balukhali mega-camp have increased knowledge and hygiene materials to practice hygienic behaviours.	3,559	3,343	Report from partner NGO and Distribution tracking tool
Indicator 3.5	Number of women of reproductive age among Rohingya refugee populations in Camp 18 of Kutupalong-Balukhali mega-camp benefitting from MHM orientation and MHM kits	3,880	4,441	Report from partner NGO and Distribution tracking tool

Explanation of output and indicators variance:	Some families were relocated from Camp 18 to other camps, so the number of beneficiaries reached was reduced slightly from the initial target value.			
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Activities	Description	Implemented by
Activity 3.1	Regular operation and maintenance of hand pumps including repairs, disinfection and upgrading of tube wells and platforms.	IP NGO- DSK
Activity 3.2	Daily pumping, chlorination and supply of water through pipe-network and tap stands	IP NGO- DSK
Activity 3.3	Monthly water container cleaning campaign in all targeted blocks of the camp	IP NGO- DSK
Activity 3.4	Regular monitoring, repair, maintenance, dislodgement of existing latrine facilities and desludging of latrines	IP NGO- DSK
Activity 3.5	Regular monitoring, repair and recharge hand washing stations with adequate water and soaps.	IP NGO- DSK
Activity 3.6	Regular monitoring, repair, maintenance of existing bathing facilities including gender marking	IP NGO- DSK
Activity 3.7	Repair and maintenance of existing drainage and properly discharge grey water to the main drain	IP NGO- DSK

Activity 3.8	Construction of 5 new latrines for elderly people and person with disabilities.	IOM
Activity 3.9	Regular collection of solid waste from community and dispose to designated place after segregation.	IP NGO- DSK
Activity 3.10	Organizing weekly camp cleaning campaign for each block	IP NGO- DSK
Activity 3.11	Conduct hygiene promotional sessions for all targeted families, using pictorial hygiene awareness tools	IP NGO- DSK
Activity 3.12	Procurement and distribution of bathing and laundry soap	IOM & IP NGO- DSK
Activity 3.13	Identification of reproductive age group and conduct orientation session on Menstrual hygiene management	IP NGO- DSK
Activity 3.14	Procurement and distribution of MHM kits to individual women of reproductive age groups	IOM & IP NGO- DSK

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

Across all areas of programming IOM adopts a bottom-up approach wherein beneficiaries play important roles in feeding into project design, implementation and review. In designing and launching shelter interventions IOM consulted with the refugee community through various approaches, including meetings with community leaders, community groups and community focal points. IOM conducted a needs-assessment and collected data on the specific households being supported, including data on specific vulnerabilities. Beneficiaries were empowered to take ownership of the project by managing the construction and maintenance process themselves (in close coordination with community mobilization team). To ensure the sustainability and effectiveness of programme results beyond the completion of each activity, IOM staff followed a cross-cutting implementation strategy devised to enhance innovation, ownership, effective learning, and social inclusion. Establishing a coherent programme strategy enabled implementing staff to delivery consistent beneficiary support and reduce the need for ad-hoc responses. Subsequent to the successful distribution and follow-up support stages, IOM initiated a post distribution monitoring (PDM) assessments, measuring each intervention's results to complement daily Monitoring and Evaluation (M&E) activities performed throughout the life of the project. Within a period of 5 to 7 weeks after distribution interventions are completed, the quantity, quality and proper use of TSA packages delivered were measured and analysed to identify challenges and opportunities for improvements in the future.

Likewise, engaging the community in every step of WASH activities builds trust among implementing agencies and beneficiaries. All WASH facilities were monitored on regular basis to understand repair, maintenance and desludgement needs by the implementing partner NGO and Focus Group Discussion (FGD) were regularly conducted with the community to understand needs. The implementing partner organized door-to-door visits with beneficiary families prior to the distribution of hygiene items and MHM kits. As a result, a sense of ownership and understanding of the use of the items and hygienic practices was supported, contributing to the long-term sustainability of WASH services. As part of this ongoing process, existing WASH committees and WASH facility user groups were supported to ensure regular monitoring, maintenance and sustainability of WASH facilities

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

b. AAP Feedback and Complaint Mechanisms:

Feedback was recorded regularly through community feedback mechanisms (CFM) that are well-established in IOM AoR camps. All feedback received from the CFM were addressed in an appropriate and timely manner. In addition, some core mechanisms and responses within the specific sectors of this project included:

The Shelter/NFI unit conducted a series of community engagement sessions with beneficiaries and community leaders to identify existing issues and promote an open discussion with all beneficiaries. A separate technical team was deployed for technical support and follow up, as the regular technical follow-up and support helps ensure beneficiaries are able to upgrade their shelter in a technically sound manner.

ForWASH interventions, the partner NGO established a number of complaint mechanism, such as complaint registration through a physical visit to the office of the partner NGO in the camp and dropping a written complaint in a designated complaint box, reporting through a dedicated hotline and through WASH Management Committees or Majhi (community leader). Community members were advised to provide complaints about any aspect of the service provision that had gaps and misconduct of staff members and volunteers. This could include immediate needs for operation and maintenance services in their area, quality of WASH materials, misconduct or SEA by volunteers or staff members. Another source of gathering complaints was through the sharing of service monitoring findings by the Site Management Sector. In addition, the IOM WASH unit collected monitoring data through direct observation as well as in direct consultation with the beneficiaries and provides feedback for any need in programmatic focus such as reaching to people with disability to understand and address their needs, modification of programme delivery models and prioritization of the most essential activities due to the COVID-19 situation.. All received feedback was addressed appropriately and on time.

Through the Site Management and Communication with Communities team, feedback received about IOM health programmes was received, reviewed and used to inform programme strategy and improvement of service delivery. Given the beneficiary centred approach, quarterly surveys were done to assess their satisfaction with the services provided, Beneficiary Satisfaction Surveys were conducted to monitor patients' perspectives towards IOM health services. During the project period, 256 surveys were conducted. In order to triangulate project information, the project team frequently interacted with project beneficiaries and reviewed the progress based on the planned project operation plan.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

IOM has a global Prevention from Sexual Exploitation and Abuse (PSEA) framework and guidelines and a well-established mechanism to report, investigate and take appropriate measures in response to misconduct. All staff members and volunteers are trained about such mechanism.

Additionally, IOM is an active member of the PSEA network in the ISCG and contributes developing and rolling out training materials, EIC materials and conducting capacity building. As part of programming, IOM also sensitizes beneficiaries on the channels for reporting as part of distributions.

The partner NGO also is also responsible to act as per IOM guidelines, and has trained its staff members and volunteers on this framework and mechanism, and established reporting, investigation and response measures. In addition, the partner NGO has written and rolled out official guidelines, rules and regulations, a mechanism and designated focal points to report, investigate and take further actions for its staff members.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The partner NGO organized community consultations with specific beneficiary groups, such as women of reproductive ages before MHM kit distribution, to understand and address their concerns about WASH materials, operation, repair and maintenance activities. In addition, WASH management committees and facility user groups composed of beneficiaries, the project team and IOM field staff monitored the status of WASH infrastructures to identify and solve issues in relation to the WASH services. The project maintained close coordination with other sectors and beneficiary groups to understand the needs and addressed them as and when necessary. The project subsequently used this information and extended adequate support for improving the overall WASH situations in camp settings.

The partner NGO formed WASH management committees in each sub-block with 50% female members to ensure that the needs and voices of women, girls and marginalized groups are adequately heard and addressed. Training and orientations were provided to the WASH management committee members to build their capacity in understanding their role for monitoring the WASH facilities and services and to raise concerns promoting leadership among them. In addition, female hygiene promotion volunteers were recruited to ensure that the women beneficiaries can comfortably participate in hygiene promotion activities. Focus group discussions (FGDs) were conducted with women and adolescents to understand and address their needs and concerns in relation to WASH services requirement.

e. People with disabilities (PwD):

The health intervention includes screening with a modified version of the Washington Group tool to identify, and prioritize access for PWD during triage and outpatient care. Additionally, community health workers work on promotion of the utilization of health facilities, as well as making referrals.

IOM WASH unit facilitated consultation with the beneficiaries and discussed on requirements during the COVID-19 programmatic period to support people with disability and the elderly. The programme addressed their needs through modification and adjustment of programme delivery models and maintained door-to-door WASH NFI distribution to ensure access to soap as well COVID-19 related awareness were conducted house-to-house sessions.

f. Protection:

Sexual and Reproductive Health (SRH) intervention supported by this project includes antenatal care (ANC), postnatal care (PNC), family planning (FP), assisted deliveries, as well as clinical management of rape (CMR) and assistance for gender-based violence (GBV), with referrals.

IOM WASH unit maintained regular monitoring of functionality of WASH facilities and observing door-locks are okay and privacy are ensured during the use. All functional latrines and bathing facilities have been put gender marking and defined male/female facilities as separate, which prevent from potential risks of gender-based violence.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

A total of 9,240.656 man-days for a total of 43,588 USD were supported directly, in order to provide the transitional shelter assistance. This included activities such as upgrading the shelters, loading and unloading materials, construction for the EVI households and porter assistance for the EVI households.

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Cash for Work	[Fill in]	US\$ 43,588	Shelter and Non-Food Items	Unrestricted

9. Visibility of CERF-funded Activities	
Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

3.2 Project Report 19-UF-FPA-041

1. Project Information			
Agency:	UNFPA	Country:	Bangladesh
Sector/cluster:	Health Protection - Gender-Based Violence	CERF project code:	19-UF-FPA-041
Project title:	Protection of girls and women among Rohingya and host communities through a package of life-saving interventions (Health and GBV)		
Start date:	26/09/2019	End date:	30/06/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 20,000,000
	GUIDANCE: Figure prepopulated from application document.	
	Total funding received for agency's sector response to current emergency:	
	GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.	US\$ 11,676,342
	Amount received from CERF:	US\$ 1,552,824
	Total CERF funds sub-granted to implementing partners:	
	GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.	US\$ 1,023,272
	Government Partners	US\$ 0
	International NGOs	US\$ 558,207
	National NGOs	US\$ 465,065
	Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

CERF UFE helped UNFPA to reach 112,203 women and girls from Rohingya refugee camps (78,818) and host communities (33,385) with life-saving Emergency obstetric and new-born care (EmONC) services, 24/7 Emergency referral hubs, as well as SRHR services including Antenatal care (ANC), Facility Based Deliveries (FBD), Postnatal care (PNC), and Family Planning (FP.) Over 5,826 clients went through the Emergency referral hubs established and supported in the refugee camps to address delays in reaching and accessing health services. Emergency referral hubs and ambulance services played a critical role in saving the lives of Rohingya refugee women and girls by averting avoidable morbidity and mortality. Four (4) new Emergency referral hubs were constructed at Camps 2E, 8E, 20 and 20E. This brings the total number of Emergency referral hubs to 13. A total of 5,826 transfers, including 3,874 for EmONC services were made through the Emergency referral hubs. Furthermore, 64 Paramedics in CERF supported referral hubs were provided with training in triage, basic emergency, and gender mainstreaming. The training enabled the paramedics to provide initial first aid before patients are referred to the Primary Health Care centre.

Services offered have contributed toward the reduction of maternal and neonatal morbidity and mortality among both the Rohingya refugees and host communities in Ukhiya and Teknaf Upazilas, Cox's Bazar District. These services include ANC, PNC, FBD, FP, Clinical Management of Rape (CMR), Menstrual Regulation (MR) and Post-Abortion Care (PAC) services and were offered through health facilities and Women Friendly Spaces (WFS).

The CERF funding enabled UNFPA and its local implementing partner in Cox's Bazar to reach 125,360 women and girls through GBV prevention and response activities. A total of 63,888 received comprehensive GBV services in the Women Friendly Spaces by experienced and trained cases workers; community health workers and volunteers provided 6,057 GBV awareness sessions in the camps. The GBV Sub sector provided quality training to 587 front line staff, case workers and GBV focal points both in person and through on-line webinars on case management, referral pathways and GBV principles, which contributed to the strengthening of GBV service Coordination in Cox's Bazar.

3. Changes and Amendments

GUIDANCE (delete when completed): This paragraph of **max. 250 words** should explain/justify any changes, deviations or amendments in the project from the original proposal or project plan (including over- and/or under-achievements, delays, etc.), and describe the circumstances or factors that prompted them.

- This might include a brief mention of how the humanitarian context has changed, changes in the needs of the people assisted, or other challenges or constraints encountered that required adapting the implementation plan, activities, indicators, or outcomes.
- Indicate specifically where a modification from the original plan (re-programming or no-cost extension) was requested and approved by CERF.
- If modifications of the original plan were not communicated and approved by CERF, a justification for not having consulted the CERF secretariat should also be provided.
- Please also indicate if delays/changes in implementation resulted in any unspent balance and if the unspent funds have already been returned to CERF or when the recipient agency plans to return them.

Due to the COVID-19 pandemic and the general lockdown, the modality for workshops / training, which were initially planned by the GBV Sub Sector, had to be modified from face to face training to virtual / on-line webinars. As such, savings on training costs (rental of training venues, snacks and lunch, training materials) were accrued and these funds were reallocated to provide salaries to staff for an additional two Women Friendly Spaces. Throughout the duration of the lockdown, under the Refugee Relief & Repatriation Commissioner (RRRC) directive all UNFPA's, Women Friendly Spaces were able to operate as an essential/critical service and front line staff played a crucial role in providing lifesaving services to women and girls in the camps including GBV case management, Psychological First Aid, information about COVID-19 and emergency referrals.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	73,700	0	0	6,080	79,780	75,127	0	3,691	0	78,818
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	18,700	0	1,520	0	20,220	31,928	0	1,457	0	33,385
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	92,400	0	1,520	6,080	100,000	107,055	0	5,148	0	112,203
People with disabilities (PWD) out of the total										
	0	0	0	0	0	11	0	0	0	11

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	52,815	0	13,916	0	66,731	74,525	0	48,290	0	122,815
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	13,333	0	5,490	0	18,823	551	0	1,994	0	2,545
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	66,148	0	19,406	0	85,554	75,076	0	50,284	0	125,360
People with disabilities (PWD) out of the total										

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

	1,984	0	582	0	2,566	23	0	19	0	42
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Indirect beneficiaries may be household members together with women and girls who benefited directly from SRHR services. A total of 59,735 household members benefited indirectly from information and referrals received from community health workers. Additionally, 25,072 people were reached indirectly through GBV response and prevention services, including information dissemination.

6. CERF Results Framework

Project objective	Reduce avoidable morbidity and mortality through life-saving capacity building, strengthening of referral systems, and integration of essential health and protection services.				
Output 1	Improved access to quality and rapid EmONC services in 24/7 facilities				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	% of midwives have increased capacity to provide evidence based SRH care	95% (105 of 111)	100%	IP reports	
Indicator 1.2	Number of emergency referral for EmONC services through referral hubs	2,000	3,874	Kobo Database / IP reports	
Indicator 1.3	Number of emergency transfers from community to health facilities through referral hubs	1,500	5,826	Kobo Database / IP reports	
Explanation of output and indicators variance:		<ul style="list-style-type: none">- Targets for Indicators 1.2 and 1.3 were erroneously interchanged. Indicators 1.3 is the superset; therefore, it is the higher figure (2,000).- Emergency referral hubs were initially used to facilitate transfers for all clients from refugee camps requiring transfer to health facilities. This resulted in the high numbers of clients reported at the Emergency referral hubs during the same period. The situation was addressed in 2020 to ensure that the Emergency referral hubs focused on facilitating transfers for EmONC services and other critical cases from the camps only. The prioritised EmONC transfers includes post-partum haemorrhage, (PPH); eclampsia, obstructed labour, post abortion care related complications and sepsis. This adjustment is well reflected in the 2020 quarter 1 (659) and quarter 2 (941) actuals.			
Activities	Description			Implemented by	

Activity 1.1	Deployment to and support of midwives in primary health centres in the camp and host community will address the needs for ANC, PNC and access to safe delivery	UNFPA, Implementing Partner (IP): Hope Foundation/ RTMI
Activity 1.2	Staffing an international midwife who will support the training of national midwives, ensure international standards are being met, and oversee quality assurance of midwifery-led, women-centred clinical care	UNFPA
Activity 1.3	EmoNC training will be reinforced by the use of new national trainers in Helping Mothers Survive, who will further roll out the program with the support of international mentors	UNFPA, Implementing Partner (IP): Hope Foundation/ RTMI
Activity 1.4	Existing referral hubs will be reinforced, and reallocation in geographic areas of high need. Running costs including supplies, will be maintained for 9 months	UNFPA, Implementing Partner (IP): IRC
Activity 1.5	Emergent community level medical needs will be supported through the deployment of first-aid trained paramedics who will manage the hubs and the movement of patients from home to the closest care facility	UNFPA, Implementing Partner (IP): IRC

Output 2 Improved capacity of GBV actors in providing quality GBV response services that meet the minimum standards

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☐

Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	% of service providers and referral points trained demonstrating improved knowledge on protection principles, survivor centred care, including child sensitive and referral approaches by sex.,	80% (210 of 262 service providers to be trained, including 132 case management focal points, 70 camp	117%	Training participant list Webinar recording
Indicator 2.2	% of 210 women and girls across 7 intervention sites who can identify two or more GBV service points	85% (179 of 210)	97%	Survey
Indicator 2.3	# of UNFPA implementing partner staff and volunteers trained on GBV and community mobilization	49 trainees (7 staff and volunteers at each of the 7 intervention sites)	44	UNFPA Training Log Participant List

Indicator 2.4	# of outreach sessions subsequently conducted by UNFPA implementing partner staff and volunteers trained on GBV and community mobilization	1,728 sessions	2,402 sessions	2019 Kobo and 2020 Kobo Database
Indicator 2.5	# of women and girls accessing WFS in target locations (first time)	9,072	23,831	2019 Kobo and 2020 Kobo Database

Explanation of output and indicators variance:		<p>Indicator 2.1: 210 of 262: 80% was overachieved as training modalities shifted from face to face training to online webinars, which allowed for a higher number of participants. The breakdown is as follows: A total of 91 GBV focal points received TOT on referral pathways in Feb, 36 cases received face to face case management training in March, and 216 front line workers received on line Webinar training on GBV referral pathways in June (Overall Total of 343).</p> <p>Indicator 2.4: An additional 674 outreach sessions were conducted in the community.</p> <p>Indicator 2.5: Higher number of women and girls attended Women Friendly Spaces than anticipated. An additional 14,759 women and girls accessed the Women Friendly Spaces for the first time.</p>		
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Activities	Description	Implemented by
Activity 2.1	Deploy an inter-agency MHPSS specialist	UNFPA / GBV Sub Sector
Activity 2.2	Conduct Interagency GBV case management training to 132 GBV case workers from 11 prioritized camps	UNFPA / GBV Sub Sector
Activity 2.3	Conduct referral pathway orientation sessions for field level multi-sectoral staff and volunteers on available life-saving GBV services and safe referrals for survivors.	UNFPA / GBV Sub Sector
Activity 2.4	TOT for 70 Field GBV focal points on the referral mechanisms (to enable them do the referral pathway orientation sessions to frontline workers)	UNFPA / GBV Sub Sector
Activity 2.5	Organize agency joint GBV training for 60 frontline health staff in the health facilities, including IPV and SV, safety and confidentiality, survivor care and support with special consideration for child survivors	UNFPA / GBV Sub Sector
Activity 2.6	Hire and deploy 1 project coordinator, 15 GBV social mobilizers and 14 community volunteers	UNFPA Implementing Partner: Mukti
Activity 2.7	Ensure operation of 7 UNFPA-supported WFS in the identified locations, where GBV case management, psychosocial support, basic SRH services and referrals will be offered.	UNFPA Implementing Partner: Mukti

Activity 2.8	Activate community mobilization strategy linked to WFS and GBV programmes in 7 camps identified	UNFPA Implementing Partner: Mukti
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Output 3	GBV risks mitigated across the humanitarian sectors and coordinated with key national stakeholders for sustainable impact.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Sector/cluster	Protection - Gender-Based Violence
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of GBV and non-GBV actors trained on the IASC guidelines for integrating GBV in Humanitarian Action	105	244	Webinar participant List
Indicator 3.2	# of humanitarian sectors with a GBV mainstreaming action plan for their sectors that is regularly monitored	7	0	N/A
Indicator 3.3	# of joint safety audits conducted	4	0	N/A

Explanation of output and indicators variance:	<p>Indicator 3.1 was overachieved as online webinars enabled more participants to take part than the planned face-to-face training.</p> <p>Indicator 3.2 was not implemented as UNFPA faced challenges with the recruitment of the GBV mainstreaming position required to monitor this activity. The recruitment process was followed up very closely and required two rounds of selection as the candidate in the first round declined the position. When the second round was completed the lockdown of the country due to the COVID-19 pandemic prevented UNFPA from on-boarding the candidate.</p> <p>Indicator 3.3 Preparatory steps required before conducting the safety audit were achieved but the audit was put on hold. See details below.</p>
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Activities	Description	Implemented by
Activity 3.1	Conduct the GBV risk mitigation training (IASC GBV guidelines) for 105 non-GBV sector focal points and implementing partners	UNFPA / GBV Sub Sector

Activity 3.2	Support other sectors to develop context specific GBV risk mitigation plans and integrated in their sectoral activities and services	UNFPA / GBV Sub Sector
Activity 3.3	Facilitate joint safety audits to identify GBV risks and make mitigation measures	UNFPA / GBV Sub Sector

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PWD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

GBV: A needs assessment was conducted prior to the development of the Humanitarian Refugee Response Plan with many of the vulnerable and marginalised groups participating in focus group discussions. During implementation, women and girls accessing the WFS and Women Led Community Centre (WLCCs) made choices on the services they would like to access and the life skills they want to learn respectively. Client satisfaction surveys are regularly conducted to ensure quality services. Moreover, in this project UNFPA has Women Support Groups (WSG) in each WFS with female volunteers from the Rohingya community. These volunteers actively participated in Women Friendly Space management meetings in which they provide recommendations for challenges faced by women in the community particularly regarding access. The volunteers of the WSG meet on a monthly basis, receive regular thematic training on GBV related topics and share information about services in their respective community. They also act as ambassadors with local religious leaders and provide valuable input for the programme. During the COVID-19, pandemic female volunteers played a crucial role in disseminating information in the community on the availability of services.

SRHR: UNFPA worked through Community health workers (CHWs) and health workers, engaging and ensuring participation of communities in programme planning and implementation. This includes working through gatekeepers such as Imams and Mahji, consulting on both SRHR awareness raising and education topics as well as suitable venues or locations for conducting community level interventions.

b. AAP Feedback and Complaint Mechanisms:

In all UNFPA's WFS, there are hotline numbers established to receive complaints or to provide emergency information on services during and after office hours. Trained Case Managers manage all hotlines. The participants of WFS are informed about this number, which is also available with community volunteers, community watch group members, women support group members and widely disseminated with the community. There is another hotline number managed at the Implementing Partner's (IP) central office to receive complaints on dignity kits and other services. The IP regularly ensures client satisfaction surveys which is another way to receive complaints on services. The surveys are administered by UNFPA and IP staff who are not directly engaged with service provision to avoid conflict of interest or biases.

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

UNFPA also holds focus group discussion with the community on a regular basis, for instance during different missions with donors, during dignity kits distribution, or to understand community knowledge on services, these are also some occasions when the community shares their complaint or feedback besides field monitoring visits or technical visits by UNFPA staff.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

PSEA complaint mechanisms are in place in all WFS locations. The IP's duties in the area of PSEA (Prevention of Sexual Exploitation and Abuse) are detailed in the General Terms and conditions of the IP Agreement, which provides for a range of obligations, relating to prevention, training, reporting and investigation. SEA is strictly prohibited for IP employees and other persons performing services under the IP agreement. All IP personnel have to undertake mandatory training on PSEA concepts and obligations. The IP has to screen candidates for employment - to the extent legally possible - to prevent hiring of known offenders. All IP personnel are obligated to report incidents or suspicions of SEA immediately to the UNFPA Office of Audit and Investigation Services through any of the confidential reporting mechanisms. The IP is further obligated to conduct its own investigation of the incident; assist victims through medical, psychosocial, legal and material support as needed; and take corrective action when SEA has occurred. The IP has to keep UNFPA informed at all stages during the process, provide an unredacted report of the investigation and, if requested, available evidence. If the IP fails to comply with any of these PSEA related obligations, UNFPA may suspend or terminate the IP Agreement.

Moreover, UNFPA continues to be an active member of the PSEA Working Group in Cox's Bazar and participates in monthly coordination meetings. The PSEA working group has been particularly active in emphasizing the importance of reinforcing the message that "aid is free" and have concentrated their efforts on the creation of materials for the dissemination of this message with all actors. As this emergency can increase the vulnerabilities of the Rohingya and host communities and can also exacerbate the risk of sexual exploitation and abuse there has been a focus on ensuring that the minimum standards of PSEA are respected. The working group provided guidance to the PSEA network members and among the target population to ensure prevention and response mechanisms are in place.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The primary objective of the UNFPA programme was to meet the Gender-based violence, SRHR and empowerment needs of displaced and marginalised women and girls from Rohingya refugee camps and surrounding host communities. The CERF fund therefore directly contributed to a reduction in maternal and neonatal morbidity and mortality among Rohingya refugees and host communities, especially women and girls. The CERF fund also contributed to building the capacity of GBV service providers to ensure quality survivor-centered GBV services based on the inter-agency GBV case management guidelines, Inter-agency standing committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings and UNFPA's Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies. The GBV response focused on strengthening functional camp/site level GBV service referral pathways that provide multi-sectoral services for survivors, including the most urgent medical care (with emphasis on Clinical Management of Rape) and Mental Health and Psychosocial Support Services (MHPSS). Overall, the UNFPA's programme model integrated SRHR with GBV life-saving interventions for women and girls in the camp and host communities, with special attention to delivering psychosocial support and encouraging resilience within this highly affected population.

e. People with disabilities (PwD):

People with disabilities (PwD) especially women and girls from the Rohingya camps were mainstreamed in both SRHR and GBV services. Efforts were made to map and tailor programme delivery to the special needs of PwD and efforts were made to capture disaggregate data in a bit to improve targeting for PwD. Despite efforts made to provide targeted support to PwD, the number of PwD reached was lower than initially planned as a result of the COVID restrictions that were imposed during the reporting period.

f. Protection:

Under the Protection Sector, UNFPA led the GBV Sub Sector as well as implemented the GBV programme. This involved setting up and supporting seven [7] WFS sites, which were identified based on the need identified through GBVSS. GBV case management, psychosocial support, basic SRH services and referral services were offered at the sites. Women and girls accessing the WFS and Women Led

Community Centre (WLCCs) were also supported to make choices on the services they would like to access and received life skills to help navigate the challenging context of living in refugee camps and host communities.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

CVA is not a usual response modality for UNFPA.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Mental Health and Psychosocial support - healing GBV trauma - training for case workers, delivered by MHPSS specialist in the GBV sub sector	Facebook https://www.facebook.com/unfpabangladesh/posts/4781766361888905 Twitter https://twitter.com/UNFPABangladesh/status/1465376599058968587

Menstrual Hygiene Management kits distribution to adolescent girls in the Bangladeshi host community of Cox's Bazar	Facebook https://www.facebook.com/unfpabangladesh/posts/4460195127379365
Sexual and Reproductive Health and Rights Emergency Referral Hub, providing 24/7 availability of quality-based services to Rohingya refugees and host communities	Facebook https://www.facebook.com/204783082920612/posts/4669163813149161/ Twitter 1 https://twitter.com/UNFPABangladesh/status/1452658065942069254 Twitter 2 https://twitter.com/UNFPABangladesh/status/1452658709390266369

3.3 Project Report 19-UF-HCR-026

1. Project Information			
Agency:	UNHCR	Country:	Bangladesh
Sector/cluster:	Education	CERF project code:	19-UF-HCR-026
Project title:	Education in Emergencies (EiE) Support to Rohingya Refugee Children, Adolescents and Youth aged 6-24 living in Cox's Bazar Camps		
Start date:	26/09/2019	End date:	30/09/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/> Redeployment of funds <input type="checkbox"/> Reprogramming <input checked="" type="checkbox"/>		
Funding	Total requirement for agency's sector response to current emergency:		US\$ 12,267,202
	GUIDANCE: Figure prepopulated from application document.		
	Total funding received for agency's sector response to current emergency:		US\$ 6,131,149
	GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.		
	Amount received from CERF:		US\$ 3,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 2,770,309
	GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.		
	Government Partners		US\$ 0
	International NGOs		US\$ 67,270
	National NGOs		US\$ 2,703,039
	Red Cross/Crescent Organisation		US\$ 0
2. Project Results Summary/Overall Performance			

Through this CERF UFE grant, UNHCR and its partners provided maintenance for and upgraded 171 learning centres (bamboo-structures) including repairs and refurbishments of the learning centres in preparedness for and response to the monsoon and cyclone seasons, benefitting 19,700 students. Moreover, to improve access to a safe and protective learning environment, hygiene and life skill materials were provided to 31,344 students (23,736 children and 7,608 adolescents & youth) to mitigate the risks of COVID-19. In addition, classroom supplies and teaching materials were procured for 23,736 students.

To enhance access to Lifelong Learning Opportunities for Adolescents and Youth Aged 15-24, UNHCR supported the maintenance and refurbishment of 58 adolescent clubs and trained 151 teachers as club facilitators, benefitting 4,060 students. Recreational materials, learning materials (covering functional numeracy, literacy and life skills), and livelihood training materials were procured, benefitting 7,608 adolescents and youth. In addition, UNHCR ensured the operation and maintenance of two Community Technology Access (CTA) centres in Nayapara and Kutupalong registered camps to enhance the Information and Communication Technology (ICT) knowledge among the adolescent and youth group and provide basic and advanced ICT training, with 411 people provided with training (227 basic training and 184 advanced training.).

As well trained and supported teachers are more motivated and better prepared to support learners, UNHCR and partners trained 456 teachers (403 female) and 81 partner staff (16 female) on the Guideline for Informal Education Program (GIEP) competency outcomes. In addition, due to traumatic past experiences, many refugee children present the most dynamic and complex classroom of learners. To respond to this need, 1,400 teachers and facilitators (947 female) and 128 partner staff (39 female) comprising technical officers and school supervisors were trained on Mental Health and Psychosocial Support (MHPSS), Protection from Sexual Protection and Abuse (PSEA) and the tenets of “Do No-Harm” including child safeguarding principles. Furthermore, basic trainings on Early Childhood Development (ECD) and awareness sessions on COVID-19 were covered. Additionally, 964 refugees (584 female) were recruited or continued as teachers or language instructors. 105 tablets were also procured for e-tech innovative education for teachers.

3. Changes and Amendments

At the beginning of 2020, UNHCR, UNICEF, and partners commenced preliminary preparation for construction activities under this grant upon receiving the Government's approval for double storey learning centres. In March 2020, the Government requested UNHCR, UNICEF and partners to suspend construction upon further review of the design prior to granting new approval. In the same period, with the global COVID-19 pandemic rapidly unfolding, the Government of Bangladesh restricted access to and activities in the camps to reduce the humanitarian footprint and maintain social distancing. Such restrictions included the suspension of educational activities and closure of education facilities. During this period, UNHCR in collaboration with its partners facilitated continuation of learning through home-based education using a caregiver-led education guideline developed by the education sector. In line with the Government's directives, and to mitigate the risk of the spread of COVID-19, UNHCR suspended key activities, in particular those involving large gatherings and construction, including with regard to education facilities. Therefore overall, the COVID-19 pandemic and the Government's pending approval of and restrictions on construction significantly affected the implementation of the CERF education grant in 2020.

As a result, UNHCR, together with UNICEF, submitted a request for a no-cost extension in July 2020 for the CERF first tranche, extending the implementation period from June to December 2020 while continuing the review and advocacy process with the Government. In late August 2020, as a result of continuous advocacy efforts, approval to resume construction was granted by the Government. However, this was followed weeks later by another reversal on the decision. Given continuing uncertainties and the increasingly complex environment in the camps, including increasingly restrictive security and administrative measures on construction activities, UNHCR, in collaboration with UNICEF, pending Government approval, proposed a reprogramming and no-cost extension of the construction of double-storey learning centres planned under this grant in order to reach the targeted refugee children, adolescents, and teachers through other critical interventions.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	920	645	13,037	13038	27,640	960	730	14,665	15,979	32,334
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	240	195	0	0	435	272	266	0	0	538
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	1,160	840	13,037	13,038	28,075	1,232	996	14,665	15,979	32,872
People with disabilities (PwD) out of the total										
	0	0	115	115	230	0	0	121	103	224

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Not applicable

6. CERF Results Framework

Project objective	To enhance access to equitable, inclusive quality education in emergency services and lifelong learning opportunities to refugee children, adolescents and youth			
Output 1	Medium Hazard-Resistant Learning Centres Established			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of learning centres supported	171	171	Partner's report
Indicator 1.2	# of learners accessing education services	17,955	23,736	Partner's report
Explanation of output and indicators variance:		The achievement is higher than the target because UNHCR procured and distributed teaching-learning materials, supplementary materials for learning continuation and hygiene materials in relation to COVID-19 prevention to 23,736 learners to enable continuation of learning through home-based education service using a caregiver led education guideline.		
Activities	Description			Implemented by
Activity 1.1	Upgrading existing bamboo learning centre structures to the more resilient, increased capacity double-storey medium-hazard learning centres			CODEC and BRAC
Activity 1.2	Facilitating physical access to education facilities and ensuring delivery of education services to children, adolescent and youth			CODEC and BRAC

Output 2	Access to Lifelong Learning Opportunities for Adolescents and Youth Aged 15-24 Improved			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# adolescents and youth enrolment for skills training	8720	7,608	Partner's report
Indicator 2.2	# of adolescents and learning centres	58	58	Partner's report
Explanation of output and indicators variance:		Due to the COVID-19 pandemic, all education and training facilities were closed until the beginning of September 2021. Thus, the project was not able to enrol all the targeted adolescent and youth. However, the project supported more (achievement higher than target) children through home-based learning during the closure.		

Activities	Description	Implemented by
Activity 2.1	Procuring and distributing recreational and vocational training materials for the targeted adolescents and youth	NRC, CODEC and BRAC
Activity 2.2	Establishment of adolescent and youth training facilities	CODEC and BRAC
Activity 2.3	Designing and implementing appropriate vocational skills training program for young male and female refugees	CODEC and BRAC

Output 3	Teachers Training Conducted			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of teachers trained on the Guideline for Informal Education Program (GIEP) Competency Outcomes	1,000	537	Partner's training report
Indicator 3.2	# of teachers and facilitators trained of life-skills (PSS, PSEA) (recurring)	1,400	1,528	Partner's training report
Indicator 3.3	% of children enrolled in targeted learning centres who demonstrate level 2 competency	60%	Assessment was not done	N/A
Indicator 3.4	% of trained teachers who demonstrate minimum competency defined by the education sector	30% above baseline	Assessment was not done	N/A
Explanation of output and indicators variance:		3.1 Until August 2021, the RRRC office did not permit any gatherings. As a result, all planned trainings were conducted during August and 30 September 2021 only, reaching 537 teachers (456 teachers & 81 partner staff) instead of the planned 1,000. 3.2. The achievement of 1,528 comprises 1,400 teachers and 128 partner staff who participated in the PSEA and MHPSS training. 3.3 The learners' competency assessment could not be conducted due to closure of learning centres during March 2020 – September 2021 in response to COVID-19. 3.4 The teachers' competency assessment could not be conducted due to closure of learning centres during March 2020 – September 2021 in response to COVID-19.		
Activities	Description	Implemented by		
Activity 3.1	Foundational training for all newly recruited teachers, orientation on the use of the GIEP core materials	CODEC, BRAC and NRC		
Activity 3.2	Facilitating life skills training for teachers and facilitators on mitigation measures to common hazards and risks in the camp including PSS and PSEA	CODEC, BRAC and NRC		
Activity 3.3	Supporting effective learning methodologies	CODEC, BRAC and NRC		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁷:

UNHCR ensures refugee participation in decision making at each stage of the operations cycle. In this project, a Community Education Committee (CEC) comprising seven members was established to consider Age, Gender and Diversity (AGD) mainstreaming. Refugee women, men, girls, and boys were involved in leading the process of identifying protection issues within their communities. Protection focal points in each camp engaged refugees of all ages, genders, and diverse characteristics in a range of assessments aimed at identifying the needs of persons with specific needs, groups of particular concern, and the overall refugee community. Focus group discussions with an AGD-sensitive approach were employed along with semi-structured discussions and participatory observations to capture the views of various members of the refugee and host communities.

Through refugee volunteers, communities were engaged to enhance protection outreach, particularly to refugees with mobility restrictions or legal protection concerns. Volunteers identify and refer persons with specific needs to relevant services and disseminate key life-saving information. Volunteers report on information and feedback provided by other refugees, which then feeds directly into UNHCR's monthly protection reports and the annual planning process.

The design, implementation and monitoring of the project was informed by the outcomes of Education Sector Concluded Needs Assessments. Focus Group Discussions were held with teachers, parents and a cross-section of learners of adolescents and youth as well as host community members to ensure prioritized activities and to address the needs of the Rohingya refugee children and youth.

b. AAP Feedback and Complaint Mechanisms:

Refugees can voice their thoughts and concerns to the response through the comprehensive Complaints Feedback and Response Mechanism (CFRM) in the camps, maintained by UNHCR site management. Daily static and mobile CFRM desks are operational in order to collect complaints and feedback from camp blocks, reaching the population across the camps, while feedback and suggestions are collected weekly from the suggestion box setup in each of the learning centres. Suggestion boxes are in place at learning facilities where learners can submit their complaints and suggestions.

Along with complaints and feedback mechanisms and complaint boxes accessible throughout the camps, UNHCR maintains a 24-hour protection hotline which provides refugees with an opportunity to report protection concerns, while UNHCR also provides feedback to refugees during community engagement activities.

UNHCR ensures that refugees also receive timely feedback on the issues that they have raised – using the 'Kobo' data collection tool, amongst others - to digitally record and track complaints. Periodic/regular discussions and participatory assessments are conducted to involve refugees in evaluating the project and encourage them to propose changes or share new ideas.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

UNHCR has a zero-tolerance policy on PSEA and investigates any reported cases of PSEA, ensuring confidentiality throughout the process. Implementing partners are also required to have the capacity to respond to PSEA incidents and UNHCR supports the capacity building of partners in this regard, including on their investigative capacity, monitoring and reporting, ensuring confidentiality throughout the process. For this project, UNHCR provided training to teachers and partner staff on PSEA and ensured the availability of referral mechanisms in each of the learning facilities.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

UNHCR and its partners commit to protection and gender mainstreaming with a community-led, rights-based and participatory approach to assistance. UNHCR programming embraces gender equality, which is integral in the on-going implementation of the AGD Policy. The policy includes five specific areas of engagement on gender equality:

- 1) Increasing women and girls' participation in decision-making and leadership;
- 2) Providing individual registration and documentation;
- 3) Equal access to and control over assistance including food, core relief items and cash-based interventions;
- 4) Equal access to economic opportunities and education and health services; and
- 5) SGBV prevention and response services.

Teaching and learning materials were improved to ensure that cross-cutting issues including positive gender relations, promoting positive conflict resolution mechanisms, creating awareness on environmental protection, and prevention and response to sexual and gender-based violence as well as protection from sexual exploitation and abuse were given due attention.

Efforts were made to encourage the recruitment of female teachers and mainstream gender-sensitive and inclusive education principles to both male and female teachers. Targeted approaches such as girls' only adolescent clubs was explored to minimize the gender gap, especially for teenagers and youth.

Child protection and prevention and response to SGBV were integrated in all teacher training activities in collaboration with the UNHCR Child Protection and SGBV teams.

e. People with disabilities (PwD):

UNHCR focused on strengthening the protection environment for refugees with specific needs through a range of community-based mechanisms. Community Outreach Members (COMs) were trained to safely identify and refer people with disabilities to relevant service providers and to disseminate key messages. In addition, protection focal points in each camp engaged refugees of all ages, genders, and diverse characteristics in a range of assessments aimed at identifying the needs of people with disabilities. This project did not focus specifically on persons with disabilities but considered disability as part of a larger vulnerability-based beneficiary selection criteria. The Project ensured that persons with disabilities had access to information and services, particularly linking it through UNHCR outreach activities to respond to mobility challenges, as well as community-based support in the work of the community groups.

f. Protection:

In line with UNHCR policies, all UNHCR programmes are informed by regular participatory assessments with persons of concern using an age, gender and diversity focus. Focus groups and protection monitoring have been conducted to identify the specific humanitarian needs of the refugee population. The specific needs of refugees are tracked and updated in UNHCR's registration database, proGres, helping to feed these into the design of activities in the camps.

g. Education:

Through this CERF contribution, UNHCR has ensured safe and equitable access to education services by all refugee children and adolescent and youth through home-based care giver led education considering education is a basic human right and an enabler to access

and fulfilment of other basic human rights. Meaningful education services serve as a fundamental protection tool and form a core component of the durable solutions for refugees. To this effect, this project was designed after consultations with parents, community leaders including religious leader, adolescent and youth, and teachers.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	Not applicable

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The project focused on educational interventions and provisions of learning centres. CVA is not applicable and relevant for the planned interventions. UNHCR is advocating for an efficient way to support the host government on opportunities to deliver humanitarian assistance efficiently and effectively, thereby reaching more Rohingya and Bangladeshi households, and boosting the local economy of Cox's Bazar. UNHCR continues monitoring the development in Bangladesh and its policies on cash assistance.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
No	Not applicable	Not applicable	Not applicable	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Support from @UNCERF 2021	UNHCR Bangladesh Twitter post
UNHCR Operational Updates	UNHCR Bangladesh Operational Update, December 2021

3.4 Project Report 19-UF-HCR-027

1. Project Information			
Agency:	UNHCR	Country:	Bangladesh
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	19-UF-HCR-027
	Protection		
	Shelter and Non-Food Items		
Project title:	Provision of humanitarian assistance through protection services, shelter support and WASH, to respond to the critical needs of Rohingya refugees and host communities in order to reduce their vulnerabilities and enhance their resilience		
Start date:	30/09/2019	End date:	30/06/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 129,526,192
	GUIDANCE: Figure prepopulated from application document.		
	Total funding received for agency's sector response to current emergency:		US\$ 62,785,957
	GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.		
	Amount received from CERF:		US\$ 1,366,460
	Total CERF funds sub-granted to implementing partners:		US\$ 581,045
	GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.		
	Government Partners		US\$ 0
International NGOs		US\$50,000	
National NGOs		US\$ 531,045	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

During the reporting period, the CERF UFE contribution helped UNHCR improve protection, shelter and WASH conditions for 71,394 refugees living in Cox's Bazar, Bangladesh.

More than 1,000 refugees were provided with legal assistance, 30 survivors of trafficking or those at risk of being trafficked were supported, and 200 protection monitoring visits were conducted within the scope of this project.

This project also strengthened community-based protection, which proved to be instrumental in ensuring protection during the COVID-19 pandemic. Community groups and volunteers have played key roles in preventing the spread of COVID-19 in the camps through their messaging and monitoring activities. More than 3,000 persons benefitted from awareness activities that include education on Sexual and Gender Based Violence (SGBV) and information on the locations of services for survivors (by age, gender, diversity). A total of 09 community groups and 81 community-led initiatives were supported through this project.

Through the provision of emergency shelter materials, this project also improved the shelter conditions for more than 7,300 households, or approximately 36,500 individuals. The shelter activities were crucial for disaster risk reduction during the monsoon.

In addition, this project improved the availability of WASH facilities by supporting the construction and maintenance of 150 gender segregated latrines, benefitting approximately 3,000 people.

3. Changes and Amendments

No changes were made.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	6,900	5,400	8,800	8,900	30,000	6,900	5,400	8,800	8,900	30,000
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	6,900	5,400	8,800	8,900	30,000	6,900	5,400	8,800	8,900	30,000
People with disabilities (PwD) out of the total										
	352	200	200	448	1,200	352	200	200	448	1,200

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	2,525	2,050	2,675	2,750	10,000	2,525	2,050	2,675	2,750	10,000
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	2,525	2,050	2,675	2,750	10,000	2,525	2,050	2,675	2,750	10,000
People with disabilities (PwD) out of the total										

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

	101	82	107	110	400	101	82	107	110	400
Sector/cluster	Shelter and Non-Food Items									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	7,849	6,279	8,476	8,790	31,394	7,849	6,279	8,476	8,790	31,394
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	7,849	6,279	8,476	8,790	31,394	7,849	6,279	8,476	8,790	31,394
People with disabilities (PWD) out of the total										
	236	188	254	264	942	236	188	254	264	942

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

400,000 refugees indirectly benefited from the protection monitoring presence in the refugee settlements.

6. CERF Results Framework

Project objective	Provision of immediate/urgent protection interventions and multi-sector life-saving humanitarian assistance of shelter and WASH to refugees, addressing and mitigating protection risks and promoting community-based protection.				
Output 1	Access to legal assistance, legal remedies and reception conditions improved Protection - Protection				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	# of persons of concern (PoC) receiving legal assistance	1,000	1,000	UNHCR Report	
Indicator 1.2	# of survivors of trafficking or at risk of being trafficked supported	30	30	UNHCR Report	
Indicator 1.3	# of monitoring visits conducted and recorded	200	200	UNHCR Report	
Explanation of output and indicators variance:		No variance.			
Activities	Description	Implemented by			
Activity 1.1	Legal counselling and legal representation	UNHCR, BRAC, BNWLA, BLAST			
Activity 1.2	Identification, rescue and rehabilitation of trafficking survivors	UNHCR, TAI, Rights Jessore			
Activity 1.3	Training of Staff to use protection monitoring tools to track protection issues in camps	UNHCR, TAI			
Activity 1.4	Trained staff conduct protection monitoring and field level analysis of protection issues in the camps	UNHCR, TAI			
Output 2	Participation of community in SGBV prevention and response enabled and sustained and case management services to SGBV survivors provided				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection - Gender-Based Violence				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 2.1	# of community-based committees/ groups working on SGBV prevention and response	2	2	UNHCR Report	
Indicator 2.2	# of persons benefitted from awareness activities that include information on general SGBV concept, the locations for services	3,000	3,000	UNHCR Report	

	and the benefits of services for survivors(by age, sex, diversity)			
Indicator 2.3	# of individuals receiving case management services (including psychosocial support, health, legal, empowerment programs, etc.)	250	250	UNHCR Report
Indicator 2.4	# of individuals benefitting from structured psychosocial support services that meet minimum standards (by age, sex, diversity)	80	80	UNHCR Report

Explanation of output and indicators variance: No variance.

Activities	Description	Implemented by
Activity 2.1	Community-based Committees working on SGBV prevention and response formed	UNHCR, BRAC
Activity 2.2	Awareness raising sessions conducted by Community-based Committees working on SGBV prevention and response	UNHCR, BRAC
Activity 2.3	Two Integrated Community Centers constructed incorporating discreet counselling rooms for relevant actors to provide psychosocial support service and counselling, case management, legal support for survivors.	UNHCR, BRAC
Activity 2.4	Case Management Facilitated	UNHCR, BRAC

Output 3 Community mobilization strengthened and expanded

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of community groups supported	9	9	UNHCR Report
Indicator 3.2	# of community-led initiatives supported by humanitarian actors	81	81	UNHCR Report
Indicator 3.3	# of adolescent and youth development hubs established and supported who lead on participatory assessment, design and monitoring	3	3	UNHCR Report
Indicator 3.4	# of complaints and feedbacks received under the community-based complaints and feedback mechanism	750	750	[UNHCR Report

Explanation of output and indicators variance: No variance.

Activities	Description	Implemented by
Activity 3.1	Develop the capacity of the Community Groups on their roles and responsibilities, Community Based Protection, Life Skills and Leadership in line with their identified priorities.	UNHCR, Action Aid

Activity 3.2	Facilitate planning meetings with Community Groups to identify priorities and support proposed service projects (material and technical support)	UNHCR, Action Aid
Activity 3.3	Support Community Groups in conducting dialogue sessions with refugees to promote community led psychosocial support and discussions on key protection issues (e.g. child marriage, trafficking)	UNHCR, Action Aid
Activity 3.4	Engage and coordinate with site management to design the Community centers in close consultation with the community – while including discreet counselling room(s), information point, community meeting rooms and skills development center according to established guidelines. Develop mechanism to collect and maintain report, including issues raised by the community groups in the information points and report to the concern authorities	UNHCR, Action Aid

Output 4	Shelters improved and maintained			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	# of households living in adequate dwellings	7,301	7,301	UNHCR Report
Explanation of output and indicators variance:		No variance.		
Activities	Description	Implemented by		
Activity 4.1	Procurement of shelter materials	UNHCR		
Activity 4.2	Distribution of shelter materials and technical assistance	UNHCR		

Output 5	Improved conditions of hygiene and sanitation for women and children			
Was the planned output changed through a reprogramming after the application stage?				
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	# of refugees at target communities living with improved access to gender designed hygiene and sanitation infrastructure.	10,000	10,000	UNHCR Report
Explanation of output and indicators variance:		No variance.		
Activities	Description	Implemented by		
Activity 5.1	Construct 20 new Integrated hygiene spaces for women, adolescent girls and children (10 BRAC and 10 NGO Forum)	UNHCR, OXFAM		

Activity 5.2	Construct and maintain 150 gender segregated latrines (75 BRAC and 75 NGO Forum)	UNHCR with BRAC and NGO Forum
Activity 5.3	Procurement of vaccutugs for desludging existing facilities	UNHCR
Activity 5.4	Desludging of facilities by vaccutugs	UNHCR

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁹:

UNHCR engages with the refugee community on a regular basis through the Age-Gender-Diversity-Mainstreaming (AGDM) approach with regular consultations and focus group discussions with the refugees to assess their needs and priorities. The consultations are conducted through engagement with the elected refugee representatives, vulnerable groups and individual refugees. Consultation with partners and experienced professionals on shelter, site management and protection were integrated in the planning and project designing process.

Community Outreach Members (COMs) also deliver messages related to available services to the refugees. UNHCR also engages with the affected refugees to an extensive range through structured exercises, including the "Camp Settlement and Protection Profiling". The key findings, lessons learnt, and recommendations thereof are reflected in the subsequent project designs and planning.

UNHCR conducts project monitoring and evaluation through its robust mid-year and annual reporting mechanism. Post-Distribution Monitoring (PDM) is also conducted aiming to understand refugees' feedback on the effectiveness of the assistance provided by UNHCR.

b. AAP Feedback and Complaint Mechanisms:

UNHCR has established 19 Information Service Centres (ISC) located in the camps where the refugees are supported with information on UNHCR and available services. From January to June 2020, 21,455 visitors approached the ISCs to provide feedback on service provision and to request assistance, predominantly in relation to core relief items and shelter.

UNHCR, in consultation with the Communication with Community (CWC) working group, has established a Standard Operating Procedure (SOP) for the ISCs.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNHCR has a zero-tolerance policy for sexual exploitation and abuse. UNHCR has taken significant steps towards ensuring prevention of SEA in alignment with UN standards. These measures include a commitment by all its partners and contractors to institute and apply SEA prevention and response mechanisms, including awareness-raising for all staff involved in refugee work. UNHCR has systematically

⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

integrated the PSEA awareness into information campaigns, training and meetings with persons of concern, following the AGD lens. Regular dialogue is also conducted with the community as part of the monitoring strategy.

UNHCR, collectively with humanitarian actors in the PSEA Network, has developed a “Standard Operating Procedures on SEA Complaint Referral in Cox’s Bazar” that defines the pathways to address the SEA complaints, starting from the receipt to investigation and follow-up. Both the roles and pathways are in line with the Global Standard Operating Procedures on Inter-Agency in Community-Based Complaint Mechanisms, endorsed by the IASC Principals. Focal points are also appointed to address SEA issues.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

UNHCR and its partners commit to protection and gender mainstreaming with a community-led, rights-based and participatory approach to assistance. UNHCR programming embraces gender equality, which is integral in the on-going implementation of the AGD Policy. The policy includes five specific areas of engagement on gender equality:

1. Increasing women and girls’ participation in decision-making and leadership;
2. Providing individual registration and documentation;
3. Equal access to and control over assistance including food, core relief items and cash-based interventions;
4. Equal access to economic opportunities and education and health services; and
5. SGBV prevention and response services.

Women made up 47% of the 150 elected members of the elected camp committees in 2020. Out of the 500 community outreach members (COMs), 84 are specialized in GBV prevention, mitigation and response and 42% are female. We have nearly 3,000 refugees engaged in community groups (815 women and 496 girls) and over 1,200 women’s support members.

e. People with disabilities (PwD):

UNHCR focused on strengthening the protection environment for refugees with specific needs through a range of community-based mechanisms. Community Outreach Members (COMs) were trained to safely identify and refer people with disabilities to relevant service providers and to disseminate key messages. In addition, protection focal points in each camp engage refugees of all ages, genders, and diverse characteristics in a range of assessments aimed at identifying the needs of people with disabilities. This project did not focus specifically on persons with disability but considered disability as part of a larger vulnerability-based beneficiary selection criteria. The Project ensured that persons with disability have access to information and services, particularly linking it through UNHCR outreach activities to respond to mobility challenges, as well as community-based support in the work of the Community Groups.

f. Protection:

In line with the UNHCR policies, all UNHCR programmes are informed by regular participatory assessments with persons of concern using an age, gender and diversity focus. Focus groups and protection monitoring have been conducted to identify the specific humanitarian needs of the refugee population. The specific needs of refugees are tracked and updated in UNHCR’s registration database, proGres, helping feed into the design of activities in the camps.

g. Education:

Not applicable.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

CVA is not applicable for the planned interventions. UNHCR is advocating for an efficient way to support the host government to provide the opportunity to deliver humanitarian assistance more efficiently and effectively and reaching more Rohingya and Bangladeshi households and boosting the local economy of Cox's Bazar. UNHCR continues monitoring the development in Bangladesh and its policies on cash assistance.

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

3.5 Project Report 19-UF-CEF-095

1. Project Information			
Agency:	UNICEF	Country:	Bangladesh
Sector/cluster:	Education	CERF project code:	19-UF-CEF-095
Project title:	Enhancing equitable access to quality learning and basic education in safe and protective environments for children affected by the Rohingya humanitarian crisis in Cox's Bazar District		
Start date:	26/09/2019	End date:	31/12/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 34,000,000
	GUIDANCE: Figure prepopulated from application document.		
	Total funding received for agency's sector response to current emergency:		US\$ 16,394,912
	GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.		
	Amount received from CERF:		US\$ 6,994,543
	Total CERF funds sub-granted to implementing partners:		US\$ 3,024,435
	GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.		
	Government Partners		US\$ 0
International NGOs		US\$ 38,587	
National NGOs		US\$ 2,985,848	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNICEF and its partners assisted the following vulnerable people affected by the Rohingya humanitarian crisis in Cox's Bazar.

Equitable access to quality learning and basic education in safe and protective environments was enabled for 31,680 Rohingya children (15,206 girls and 16,474 boys, including 538 children with disabilities). A total of 240 teachers were trained on effective teaching and learning methodologies. A total of 3,846 radios and 3,000 tablets were procured to support the continuity of education during the closure of learning centres (LCs) as a result of the COVID-19 pandemic. These radios were also used to distribute COVID-19 awareness messages to 138,022 children and will be used to provide radio lessons to children, caregivers and teachers. The tablets will be distributed to support teacher training in 2022, once RRRC approval is received.

The CERF allocation also allowed for 396 LCs, damaged by the heavy monsoon rains and flooding, to be repaired. At the time of submission of the proposal in 2019, it was anticipated that some 200 LCs constructed with bamboo would be affected by the next monsoon rains and require repair. However, a much larger number of LCs were damaged, resulting in overachievement of the target by 69 per cent.

In response to the devastating fire that took place in the Rohingya camps in March 2021¹⁰, CERF was critical in enabling UNICEF and partners to reconstruct 142 LCs, two multipurpose centres (MPCs), one teacher resource centre and 44 WASH facilities destroyed by fire.

Furthermore, 798 (342 females and 456 males) members of 19 Learning Centre Management Committees (LCMC) were trained to engage in social cohesion activities, with children, parents and caregivers, raising awareness on the importance of education, health, hygiene, early marriage prevention and adolescent girls' schooling and COVID 19 prevention.

UNICEF was able to procure disinfection and cleaning materials, soap, hand sanitisers and establish handwashing stations benefiting the targeted population during the COVID-19 pandemic. The supplies were procured in preparation for the reopening of LCs and were distributed to all education facilities/learning centres to allow safe reopening to resume in-person learning.

2. Changes and Amendments

The overall target was revised down from 42,000 to 36,880¹¹ children in 2020 due to the closure of schools and learning centres (LCs) for more than 18 months and re-revised down to 31,680 following the second re-programming when the government of Bangladesh revoked approval for the construction of double-storey learning centres, despite high-level advocacy by UNICEF and UNHCR, as double-storey LCs were deemed more resilient against the harsh weather conditions, and would have required lower maintenance costs.

The construction budget was therefore revised, and a no-cost amendment was submitted to the CERF Secretariat for three new activities to utilise the funds set aside for the construction of the double-storey LCs:

- i) Reconstruction of learning centres destroyed by fire in March 2021.
- ii) Procurement of radios, audio players and accessories to support technology-aided teaching and learning.
- iii) Procurement and distribution of COVID-19 prevention supplies and equipment, including disinfection and cleaning materials, soap, hand sanitisers and handwashing stations.

3. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	1,240	1,660	14,800	14,800	32,500	34	127	15,206	16,474	31,841
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	83	192	0	0	275	88	15	0	0	103
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	1,323	1,852	14,800	14,800	32,775	122	142	15,206	16,474	31,944

People with disabilities (PwD) out of the total

¹⁰ <https://www.unicef.org/documents/bangladesh-humanitarian-situation-report-rohingya-camp-fire-31-march-2021>

¹¹ This target was calculated as follows: 100 double storey LCs x 80 = 16,000 68 LCs = 10,880 Revised target = 26,000+10,880 = 36,880. This target was further changed through the second reprogramming when the government of Bangladesh revoked approval of the construction of the double storey learning centres

	0	0	630	630	1,260	0	0	253	285	538
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4. People Indirectly Targeted by the Project

COVID 19 prevention supplies, including disinfection and cleaning materials, soap, hand sanitisers and handwashing stations supported through the CERF grant indirectly benefitted the families of the 31,841 children directly reached through the project. The hygiene supplies have been procured in preparation for the reopening of LCs. The supplies were distributed to all education facilities/learning centres to allow safe reopening to resume in-person learning. All the Learning Centre Management Committee (LCMC) members communicated awareness messages with children, parents and caregivers.

5. CERF Results Framework

Project objective	Provide lifesaving education in emergency assistance to Rohingya refugees and host communities in Cox's Bazar District			
Output 1	Improved access to safe and protective learning environments for Rohingya refugee children			
Was the planned output changed through a reprogramming after the application stage?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of learning centres upgraded to medium hazard double storey structures	70	0	UNICEF-CXB implementing partners progress reports
Indicator 1.2	Number of learning centres repaired and improved with WASH facilities	230	396	UNICEF-CXB implementing partners progress reports
Explanation of output and indicators variance:		Output indicator 1.1 was discontinued because the Government of Bangladesh revoked approval of the construction of the double-storey learning centres. Output indicator 1.2: a much larger number of LCs were damaged following monsoon rains that expected, resulting in overachievement of the target by 69 per cent		
Activities	Description	Implemented by		
Activity 1.1	Construction of medium hazard learning centres	Not implemented: the activity was abandoned as the government revoked approval of the double-storey LC design.		
Activity 1.2	Repair/maintenance of learning centres along with WASH facilities (toilets, handwashing stations and potable water points)	All UNICEF implementing partners funded by CERF, including BRAC, CODEC, Friendship, SKUS, Mukti, and JCF were responsible for the repair and maintenance of learning centres.		
Activity 1.3	Monitoring and quality assurance of construction	UNICEF Engineer assured the quality of construction/repair works through regular monitoring and supporting partners' capacity development.		
Output 2	Capacity of educators/instructors enhanced to support improve quality of EiE services			

Was the planned output changed through a reprogramming after the application stage? Yes ☒ No ☐

Sector/cluster	Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of children enrolled in targeted learning centres where teachers have been trained	29,600	31,680	UNICEF Cox's Bazar implementing partners' progress reports
Indicator 2.2	Number of teachers/instructors trained to support learning for children	800	240	UNICEF Cox's Bazar
Indicator 2.3	Percentage of children enrolled in targeted learning centres who demonstrate level 2 competency	60%	40%	Assessment of Learning Achievements during COVID 19 Pandemic in Cox's Bazar Rohingya Camps: ASER Plus 2ndRound Report
Indicator 2.4	Percentage of trained teachers who demonstrate minimum competency defined by the education sector	30% above baseline	N/A	Teacher competency test in context of Myanmar Curriculum roll-out

Explanation of output and indicators variance:
Indicator 2.2 was only partly achieved because no teacher training activities were allowed due to COVID restrictions including restrictions on movement in the camps
Indicator 2.4 data was not collected due to COVID-19 restrictions on the provision of education services.

Activities	Description	Implemented by
Activity 2.1	Print and distribute teaching learning materials (teachers' guides and students' workbooks)	All UNICEF implementing partners supported the printing and distribution of materials by CERF, including BRAC, CODEC, Friendship, SKUS, Mukti, and JCF.
Activity 2.2	Train teachers on effective teaching methods, psychosocial support and inclusive education	Save the Children provided technical support to the development of the Teacher Professional Development Framework and training of the 172 Master Trainers. Teacher training, including monitoring and in-classroom support, was provided by all UNICEF implementing partners funded by CERF, including BRAC, CODEC, Friendship, SKUS, Mukti and JCF.
Activity 2.3	Support effective teaching and learning methodologies	This is done by the technical and programmatic staff of UNICEF implementing partners including BRAC, CODEC, Friendship, SKUS, Mukti and JCF (in collaboration with Educ sector standards).

Output 3 Enhanced safety and protection of children in targeted communities

Was the planned output changed through a reprogramming after the application stage? Yes ☒ No ☐

Sector/cluster	Education			
Indicators	Description	Target	Achieved	Source of verification

Indicator 3.1	Number of school/learning centre management committees' members in camps and host community engaged in social cohesion activities	2,375	798 (43% female)	UNICEF-Cox's Bazar
Explanation of output and indicators variance:		While all LCs had a management committee, consisting of 7 members each, only 798 LCMC members (342 females and 456 males) were directly supported through the CERF grant. While LCMCs continued to be supported during the LC closure, RRRC did not allow the formation and activities of LCMCs in the second half of 2021. Rather, one camp-wide education committee was established to ensure community engagement and support, including the CiC and the Camp Education focal point.		
Activities	Description	Implemented by		
Activity 3.1	Support social cohesion activities involving children, teachers and communities in collaboration	BRAC, CODEC, Friendship, SKUS, Mukti and JCF supported the formation and functioning of the LCMCs.		
Activity 3.2	Support environmental protection activities	BRAC, CODEC, Friendship, SKUS, Mukti and JCF Environmental protection activities were part of the construction, although their full implementation was hampered by the COVID-19 restrictions.		

6. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PWD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹³:

Accountability to the affected population was ensured through the LCMCs, the main entry point for participation in project activities. LCMCs were involved in the preparedness and response to the fire by participating and engaging in the repair and maintenance work. A total of 798 (342 females and 456 males) LCMC members were trained on LC management and engaged in social cohesion activities. LCMC interaction enabled implementing partners to obtain feedback from the local communities. UNICEF also established 15 Information and Feedback Centres for collecting feedback from communities on coverage and quality of services provided to them. During the extended closure of learning centres in the camps (March 2020 to September 2021), the caregivers and the Burmese Language Instructors (BLI) provided the only viable option for continuity of learning as distance/remote learning interventions require access to the internet and television, which are restricted for the refugee population in the camps.

¹² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

b. AAP Feedback and Complaint Mechanisms:

UNICEF ensured that feedback mechanisms are in place and diligently followed by all implementing partners. Feedback reports are shared monthly. Various methodologies for collecting feedback are being used, with a combination of solicited and unsolicited approaches. This includes the complaints box, FGD (Focus Group Discussions), and house visits by the CBVs. In this manner, UNICEF ensures that the voices of the most vulnerable such as women and people with disabilities are being heard and considered. Confidentiality and referral mechanisms are in place to provide the affected population with an environment of safety and confidentiality to express their opinions and to manage sensitive feedback.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNICEF assesses implementing partners, to identify organizational strengths and areas of improvement in the PSEA Core Standards including 1) Organizational policy; 2) Organizational Management; 3) Mandatory Training; 4) Reporting; 5) Assistance/Referrals and 6) Investigations. To record and handle sexual exploitation and abuse related complaints every learning centre in the camps has complaints boxes. Referral systems are in place, for teachers and students to accurately refer cases. The gender focal points nominated by each implementing partner conduct confidential verbal conversations with youths and adolescents in the Multi-Purpose Centres (MPC). The input of camp authorities and other community leaders is collected while selecting any volunteers in the camps, reference checks are also done in case of any previous misconduct. All BLIs (2,892 BLIs, including 864 females) in the LCs have been trained on PSEA. The training and enforcement of protection from Sexual Exploitation and Abuse) has been very relevant in the context of the continued closure of educational facilities.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Cultural norms and religious beliefs remain the main barriers in the camps for girls aged 11-14 years to continue at LCs.¹⁴ They are expected to take on the traditional gender roles of caregiver and later married off as a safeguarding measure. All activities under the project have Gender, Gender-Based Violence and inclusion at the centre of the response. UNICEF's gender mainstreaming strategy includes engagement with men and boys, encouraging them to support women and adolescent girls' learning, which has proven to be effective. Based on the feedback from community consultations with parents and leaders, UNICEF has initiated girls' only LCs. This has had a positive response from the community and paved the way to re-establishing the value of girls' education in the Rohingya community. UNICEF continuously engages with partners to support gender inclusion in education in the Rohingya context.

e. People with disabilities (PwD):

Whilst the project does not focus specifically on people with disabilities (PWD), PWD are considered as part of a larger vulnerability-based beneficiary selection criteria. UNICEF established partnership with the disability-focused organization, Christian Blind Mission (CBM) to provide technical support on disability inclusiveness across UNICEF supported LCs. CBM trained partners on the "Washington Group Short Set of Questions on Disability" to assess all children enrolled in 63 of the LCs in 2019. Partners took measures to ensure that the identified children have adequate access to learning in LCs. UNICEF in partnership with Handicap International (HI) has supported 10 Education IPs to develop a 'Disability Inclusion Mainstreaming Action Plan' to bring positive changes within the organization as well as in the implementation to enhance the inclusion of the disabled. All UNICEF partners are obliged to ensure at least 2% of Children with Disabilities (CwD) (50% girls) are included in the project design. UNICEF with support from HI has developed a training manual for Master Trainers (MT) on 'Inclusive Education for Children with Disabilities, which has been technically reviewed and endorsed by the Education Sector in Cox's Bazar.

f. Protection:

A safe and protective learning environment for accessing education is ensured for all crisis-affected girls and boys in the LCs. UNICEF in partnership with Civil Society Organizations (CSO) strengthened the community-based child protection system, leveraging the capacities of adolescents by providing post-training support to those who have graduated from vocational and life skills training. The monthly meeting of the Community Based Child Protection Committee (CBCPC) provides a platform to discuss the adolescents' issues facilitated by partners. These discussions have helped improve understanding and capacity to tackle the social taboos related to child marriage and

¹⁴Education Need Assessment, 2019

continuity of learning during and after puberty. The CBCPCs have also facilitated adolescent girls and women's access to quality protection and case management services ensuring sustainable GBV interventions. Men, boys, religious leaders, and other key gatekeepers are empowered to address negative social norms and harmful practices that expose children and women to all forms of violence including GBV and SEA.

g. Education:

The activities to reconstruct and repair the learning centres affected by the heavy monsoon rains and improve WASH facilities has ensured a safe and protective learning environment for more than 38,000 Rohingya children. Likewise, CERF supported the reconstruction of 142 Learning Centres that were destroyed by the devastating fire outbreak in the Rohingya refugee camps in March 2021. Safe reopening of LCs was possible through this CERF grant to procure health and hygiene COVID-19 supplies for all learning centres, learners, and teachers in the camps. Through the radio programme 138, 022 children (67, 242 girls and 70,780 boys) and 536 PWD were reached with awareness messages when learning centres were closed due to COVID-19 restriction.

7. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	n/a

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

8. Visibility of CERF-funded Activities

Title	Weblink
Social media posts (Instagram)	https://www.instagram.com/p/CL01Cz3nhs/ https://www.instagram.com/p/CM7F4JInIlc/ https://www.instagram.com/p/CNAWSf3nbjy/
Social media posts (Twitter)	https://twitter.com/UNICEFBD/status/1376154854754639874 https://twitter.com/UNICEFBD/status/1365907590316625922

<https://twitter.com/UNICEFBD/status/1374192136292167686>
<https://twitter.com/UNICEFBD/status/1374390456130310147>
<https://twitter.com/UNICEFBD/status/1374360812052119562>
<https://twitter.com/UNICEFBD/status/1374381026315661315>
<https://twitter.com/UNICEFBD/status/1374308527993356290>
