

**BANGLADESH
RAPID RESPONSE
REFUGEES
2023**

23-RR-BGD-58201

Gwyn Lewis

Resident Coordinator

Reporting Process and Consultation Summary:

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

6 March 2024

An Action After Review was held on 6 March 2024 to discuss the CERF Rapid Response allocation to the Camp 11 Fires in Cox's Bazar, Bangladesh. The meeting was chaired by the Resident Coordinator and the Inter-Sector Coordination Group (ISCG), with IOM, UNFPA, and UNICEF presenting their respective projects. The SCCCM and WASH Sector Coordinators, and Child Protection and Gender-Based Violence Sub-Sectors Coordinators were also present.

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

PART I – ALLOCATION OVERVIEW

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

On 5 March 2023, a massive and devastating fire broke out in Rohingya refugee Camp 11 (blocks A, B and D) in Cox's Bazar, Bangladesh. The fire was soon contained by local fire fighters and local authorities, however, over 2,800 shelters were fully or partially damaged, affecting some 16,000 individuals (approx. 3,011 families), including 5,274 individuals displaced to surrounding areas. Beyond immediate relief, this Rapid Response allocation from CERF has influenced government relations and ongoing advocacy efforts. First, it demonstrates to the Government of Bangladesh that the operation has not been forgotten and continues to receive international support. Second, considering the protracted nature of the crisis and under the Principle of Rationalization and to 'build back better', it created an opportunity for the operation to review implementation through innovative and resource-efficient initiatives. This included an integrated approach for service delivery facilities, piloting shelters using natural/fire/weather resistant materials and improving roads and fire breaks. Third, it highlighted the importance of enhancing the resilience of the refugee community through continued investments in sustainable shelter, land and site management, disaster risk reduction and environmental mitigation measures. Despite the Camp 11 Fires in March 2023 being a destructive event, and with thanks to CERF's support, it was a disaster that opened up space for learning around shelter reconstruction and WASH and has proven to be an opportunity to build back safer.

CERF's Added Value:

Initial and in-depth rapid needs assessments were completed within 24 hours after the fire incident and emergency shelter support was provided by IOM as well as NFI assistance. Key WASH infrastructure was rehabilitated, newly constructed and emergency WASH kits were distributed. In September 2023, a post-distribution monitoring was conducted to ascertain the beneficiaries' satisfaction and opinions regarding the quality, sufficiency, and effectiveness of the assistance provided to them. All of IOM's targets were met or overachieved.

The reconstruction of the Women Friendly Space and Child Friendly Space and Multi-Purpose Center were completed in partnership between UNFPA, UNICEF, UNHCR and GUK by December 2023 and regular services resumed by January 2024. In the interim, UNFPA procured and distributed emergency reproductive health commodities and supplies for women and girls in the affected camp and ensured access to Gender-Based Violence (GBV) and Sexual and Reproductive Health (SRH) services continued. Notably, the interventions led by UNFPA overachieved the target of reaching persons with disabilities by 2.5 times.

Achievements led by UNICEF included a well-constructed and equipped fire-resistant integrated health and nutrition facility to facilitate access to health and nutrition services in a one-stop centre – a first of its kind in the Rohingya refugee camps. Additionally, a well-constructed and furnished Multi-Purpose Centre, was handed over to UNICEF following construction by a UNFPA-managed contractor. Community members in the catchment area of the destroyed Multi-Purpose Centre and the area of the new site now benefit from a range of child protection services, including psychosocial support, case management, life skills-based learning, and community engagement. Evidently, despite some operational delays, and the disruption the devastating fire event caused, this rapid response allocation from CERF has resulted in a number of significant immediate and strategic achievements.

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

Yes

Partially

No

Yes, the CERF funds led to a fast delivery of assistance following a severe and urgent fire event. While there were some delays incurred in the implementation of the projects due to Cyclone Mocha, which hit the Bangladesh-Myanmar border on 14 May 2023, and diverted the attention of the government, agencies and partners to cyclone preparedness and response, immediate service delivery continued with thanks to CERF funding. Given delays in obtaining government approval for the construction of the proposed facilities using fire- and weather-resistant materials in the affected refugee camp, all projects required a three-month No-Cost Extension. These challenges were unforeseen but as the service delivery to refugees was ongoing through alternate arrangements, the CERF allocation still enabled a fast and sustained delivery of assistance to people in need.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Yes, the CERF funds helped UN agencies to respond to critical needs in the context of an emergency. The delays in approval processes were an additional obstacle that arose, but this did not change that the needs were time-critical, in the wake of the fires, and that the CERF funds supported service provision amidst adjustments to the original project implementation plans. There are concrete examples in the reporting that follows across WASH, Health, Nutrition, Child Protection, Gender-Based Violence (GBV) and Sexual and Reproductive Health (SRH) services, for example, of where continuity of services and activities was ensured through temporary structures or alternate arrangements following the disruption caused by the fires. With construction approvals moving forward and the resumption of services in new facilities, this funding allocation came at a critical point in the response and helped to demonstrate to the government and donors the importance of building back safer and supporting the resilience of Rohingya refugees.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Yes, CERF supported action through this allocation led to improved coordination amongst the humanitarian community. Given the delays in approvals for building new structures, this funding allocation required enhanced coordination. At the same time as submitting the consolidated Interim Update, all three agencies submitted their individual agency's Project Revision Requests through the RC. Further, in addition to a No-Cost Extension request, UNICEF also requested for a Redeployment of funds. Given these changes in the project timeline and implementation, UN agencies, together with the RC and ISCG, had to work jointly to accelerate the government approval processes. Alternative construction plans were developed as a contingency plan. All these steps involved strong coordination, communication, and flexibility between stakeholders. The reconstructed facilities have also provided improved services following a more rationalized approach through the integrated Health & Nutrition facility, the integrated Women Friendly Space/Child Friendly Space, and the Multi-Purpose Centre. These facilities will continue to foster enhanced coordination amongst the humanitarian community.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Yes, the CERF funds helped to improved resource mobilization from some additional sources. Specifically, IOM has reported additional funds raised for the response. IOM has noted that CERF played a pivotal role in augmenting the agency's emergency response capacity, particularly in the immediate aftermath of the devastating fire incident. While IOM was in discussions with ISCG on submission of the application to CERF Rapid Response funding, IOM continued its resource mobilization activities internally. It was helpful to receive the funding confirmation from CERF at a critical point in the response to the emergency. This supported the coverage of gaps while also complementing the funding received from other donors, allowing IOM to direct its efforts effectively to rebuilding the fire-affected Camp 11.

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

Considering the devastating impact of the fire on the refugee population, three priority areas will be addressed by this allocation: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; and (4) other aspects of protection. Projects in this CERF RR application are guided by the Protection Framework in the 2023 Joint Response Plan² (JRP), which recognizes the need for a focus on critical protection needs, targeted protection activities, measuring the adequacy of its humanitarian interventions, taking into account the communities' views, the availability of information and feedback mechanisms, and commitment from all humanitarian partners to protection and gender mainstreaming throughout the humanitarian response. One of the three key pillars of this framework focuses on promoting a safe and protective environment for Rohingya refugees in close cooperation with the Government of Bangladesh and through equitable access to basic assistance and protection needs of all refugee women, men, girls, boys, and persons with specific needs, addressing and responding to various protection issues including child marriage, domestic violence, etc.

Despite the ongoing efforts to address the priority areas, several challenges exist. As the response has transitioned to a protracted crisis, a different set of challenges have emerged, notably reduced humanitarian funding. Since the Rohingya refugees remain wholly dependent on international support, the immediate risk is that refugees, and in some cases extremely vulnerable host communities, will begin receiving less-than-minimum standards of care including in food, nutrition, protection, shelter, health, and education. Already, a funding shortfall forced WFP to reduce its general food assistance for 920,000 refugees in Cox's Bazar by 17% on 1 March 2023. Although the situation has moderately improved, the consequences of reduced food assistance overall continue to be far reaching and include malnutrition and health issues, protection risks, education, environment, and energy issues. Through the 2023 JRP, the humanitarian community appealed for USD 876 million to respond to the prioritized needs of the Rohingya refugees, and as of 4 April 2024, the funding reported in the Financial Tracking Service reached 62%. Even where some of the immediate needs for the fire response could be absorbed using existing budgets, funds were urgently needed for long-term costs related to building back better considering rationalization and integration of facilities.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	9,000,000
CERF	3,000,000
Country-Based Pooled Fund (if applicable)	-
Other (bilateral/multilateral)	1,100,000
Total funding received for the humanitarian response (by source above)	4,100,000

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

Agency	Project Code	Sector/Cluster	Amount
IOM	23-RR-IOM-009	Multi-Sector Refugee Assistance	1,936,000
UNFPA	23-RR-FPA-009	Protection - Gender-Based Violence	454,000
UNICEF	23-RR-CEF-012	Health	305,000
UNICEF	23-RR-CEF-012	Protection - Child Protection	305,000

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](https://www.humanitarianresponse.info/en/operations/bangladesh/document/bangladesh-2023-joint-response-plan-rohingya-humanitarian-crisis).

² <https://www.humanitarianresponse.info/en/operations/bangladesh/document/bangladesh-2023-joint-response-plan-rohingya-humanitarian-crisis>

Total	3,000,000
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Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	2,586,672
Funds sub-granted to government partners*	-
Funds sub-granted to international NGO partners*	65,132
Funds sub-granted to national NGO partners*	348,196
Funds sub-granted to Red Cross/Red Crescent partners*	-
Total funds transferred to implementing partners (IP)*	435,423
Total	3,000,000

* 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:

On 5 March 2023, a devastating fire engulfed Rohingya refugee Camp 11 in Cox's Bazar, Bangladesh. At the time, some 958,000 Rohingya refugees were registered in Bangladesh as part of the Government-UNHCR joint registration exercise, residing in 33 extremely congested camps in Ukhiya and Teknaf Upazilas of the Cox's Bazar District, as well as on the island of Bhasan Char. Now in the seventh year since the largest refugee influx from Myanmar into Bangladesh in August 2017, the overall situation of the Rohingya refugees remains deeply concerning.

The Impact and Response Report³ published by the Inter-Sector Coordination Group (ISCG) on 20 April 2023 reported that the fire in Camp 11 in Ukhiya, Cox's Bazar destroyed over 2,800 shelters and affected close to 16,000 people. There were no casualties, and all missing persons were accounted for. Many refugees lost their homes, all their belongings including clothes, documentation, and many suffered additional trauma and heightened protection risks. 155 facilities, including health facilities, learning facilities, women and girls' safe space, and mosques were destroyed, as well as around 1,000 WASH infrastructures. Under the lead of the Refugee Relief and Repatriation Commissioner (RRRC), humanitarian partners were onsite shortly after the onset of the fire to assess the damage and establish a coordinated response. Rohingya community volunteers were among the first to respond to the fire and they continued responding to the needs alongside the humanitarian actors.

Operational Use of the CERF Allocation and Results:

Following the disaster, immediate needs included food, water, health, sanitation, and protection. 155 facilities were destroyed, including three health facilities and one nutrition facility. 1,050 WASH infrastructures were also destroyed with no initial water or sanitation facilities in the affected areas. Solar lights, slope stabilization infrastructure, and many trees were also destroyed – putting the affected sites at greater risk for the upcoming monsoon season. Many refugees lost their documentation – an essential requirement for identification and access to assistance and services – and women and children especially faced greater insecurity and risks. No casualties were reported, and all missing persons were accounted for.

Through a consultative process across the operation with the Government, UN agencies, the Sectors as well as the refugees, IOM, UNICEF and UNFPA provided multi-sectoral assistance to the affected refugees and host communities, with a target of 33,942 people overall, including 1,696 are persons with disabilities. This CERF RR allocation focused on the following prioritized Sectors: IOM – Shelter & CCCM and WASH (USD 1.936 million), UNICEF – Health, Nutrition, and Child Protection (USD 610,000), and UNFPA – Gender-Based Violence (USD 454,000). Besides covering the immediate needs of the affected population, with the monsoon season approaching soon after the devastating fires, this allocation also enabled the camps to be built back safer and better. The reconstructed facilities provided better services in a rationalized approach through the integrated Health & Nutrition facility, the integrated Women Friendly Space/Child Friendly Space and the Multi-Purpose Centre.

People Directly Reached:

³ [Cox's Bazar, Bangladesh: Humanitarian Response to the Fire in Rohingya Refugee Camp 11 \(20 April 2023\) - Bangladesh | ReliefWeb](#)

The people directly targeted by this allocation was calculated according to UNHCR's population data for Rohingya Refugee Camp 11, in Cox's Bazar, Bangladesh, as of 28 February 2023 (32,250 people), as the newly constructed integrated Health and Nutrition Facility will benefit the entire refugee population of Camp 11, and the nearby host community. The target numbers of host community members (1,692 people) was estimated by implementing partners based on the ratio of men-women-boys-girls in the nearby host community area, beyond the population of the blocks affected by the fire. Similarly, for persons with disabilities in both host and refugee communities, this was estimated by implementing partners based on the ratio of men-women-boys-girls.

Through this CERF allocation:

- 15,926 refugees were reached by IOM, including 159 people with disabilities.
- 8,401 people were reached by UNFPA, including 182 people with disabilities.
- 2,133 people were reached by UNICEF's Child Protection activities, including 30 people with disabilities.
- The integrated Health and Nutrition facility has started providing nutrition services on 2 May 2024 and will provide services for 32,250 refugees and 1,692 host community members including 1,696 people with disabilities.

People Indirectly Reached:

The Multi-Sector Refugee Assistance led by IOM focused on direct beneficiaries specifically.

In the GBV response, led by UNFPA, in addition to the direct beneficiaries reached within the Women and Child-Friendly Space and the Multi-Purpose Centre, 33,505 refugees (female: 28,135, male: 5,370) were reached with comprehensive awareness raising sessions on GBV, the referral pathway, PSEA and the promotion of women's leadership and empowerment.

Under Child Protection, led by UNICEF, 1,199 community members (361 girls, 315 boys, 228 women, and 295 men) have indirectly benefitted through the efforts of 120 members from 8 Community-Based Child Protection committees (CBCPCs), and 6 adolescent clubs. This success was further supported by the deployment of child protection technical resources (child protection community workers) by the implementing partner in Camp 11.

Under Health and Nutrition, led by UNICEF, the new laboratory will assist in screening non-communicable disease (NCD) cases from other camps that are not direct beneficiaries of this project. This will expand the reach of the laboratory's services and provide healthcare access to a wider population. Moreover, the lab could potentially become a referral centre for NCD cases, enhancing the quality of care in the surrounding communities. Furthermore, the project could indirectly benefit the local economy by boosting the demand for goods and services including provision of construction materials and other equipment required for the project at a cost. The healthcare services will therefore indirectly benefit 12,000 people annually. The nutrition program interventions will indirectly benefit and reach out to 15,600 people through nutrition awareness seminars, nutrition messaging during Vitamin-A and deworming campaigns and routine mass screening at the community level.

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
Health	8,654	7,844	8,635	8,809	33,942	8,654	7,844	8,635	8,809	33,942
Multi-Sector Refugee Assistance	4,036	3,691	4,078	4,121	15,926	4,036	3,691	4,078	4,121	15,926
Protection - Child Protection	500	500	500	500	2,000	385	382	594	772	2,133
Protection - Gender-Based Violence	4,500	500	1,800	500	7,300	5,270	502	2,103	508	8,383

* 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	32,250	32,250
Returnees	0	0
Internally displaced people	0	0
Host communities	1,692	1,692
Other affected people	0	0
Total	33,942	33,942

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

Sex & Age	Total		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	8,654	8,654	424	424
Men	7,844	7,844	373	373
Girls	8,635	8,635	441	441
Boys	8,809	8,809	458	458
Total	33,942	33,942	1,696	1,696

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-IOM-009

1. Project Information			
Agency:	IOM	Country:	Bangladesh
Sector/cluster:	Multi-Sector Refugee Assistance	CERF project code:	23-RR-IOM-009
Project title:	Ensuring the Support for the Rohingya Refugees Affected by the Fire in March 2023		
Start date:	20/03/2023	End date:	19/09/2023 19/12/2023
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 7,420,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,100,000
	Amount received from CERF:		US\$ 1,936,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this project, IOM assisted 15,926 individuals (over 3,000 households) affected by the fire incident of 5 March 2023 in camp 11, with Shelter, Site Management and Site Development (SMSD), and Water, Sanitation and Hygiene (WASH) interventions. The CERF contribution helped to mitigate the impact of the fires on Rohingya refugees by providing access to essential facilities and lifesaving aid.

Shelter: During the project period, IOM, with funding from CERF and in collaboration with other donors, provided essential Shelter/NFI support to Rohingya refugees. This assistance included the distribution of solar lights, kitchen sets, and emergency shelter kits. A total of the 2,000 solar lights distributed from IOM stock, covering 5,300 individuals (the remaining beneficiaries were supported by partners), enhancing living conditions and providing a sense of security. The immediate response utilized existing stock and prompted the completion of the procurement process for replenishing IOM's stock for future emergencies and ongoing community support.

IOM distributed new Liquefied petroleum gas (LPG) full packages to Rohingya households affected by fires in camp 11, supporting 5,624 individuals as part of the project work plan. The distribution, facilitated through the WFP SCOPE e-voucher system, utilized systematic household information from UNHCR to prevent assistance duplication.

Moreover, 2,467 fire safety rings made from reusable steel drums were distributed during the project period, enhancing fire safety measures in kitchen spaces within shelters. Training on fire safety rings was conducted at the sub-block level for easy access to beneficiaries, with implementation closely coordinated with Camp in Charge (CiC) and other stakeholders.

During the project period, the Bamboo Treatment Facility (BTF) treated 13,200 Borak bamboo poles, providing them to nine shelter partners to use in camp 11 for fire-affected shelter construction for 880 households. IOM's collaboration with the Bangladesh Forest Research Institute and Chittagong University of Engineering and Technology ensured rigorous bamboo testing, solution filtration systems, and proper waste disposal. The BTF's Cash-for-Work structure contributed to the local economy by employing host community workers.

IOM continuously coordinated and communicated with other humanitarian actors, the Shelter-CCCM Sector, and the Government of Bangladesh (Office of the RRRC and Camp in Charge) to ensure a coherent and prompt response to fire-affected beneficiaries on shelter reconstruction and NFI distribution.

SMSD: IOM provided Site Management Support (SMS), Site Development, Communications with Communities and Disaster Risk Reduction support for immediate response, recovery, and rehabilitation of Camp 11. IOM as first line of coordination for fire response focused on emergency service delivery which included coordination for immediate distribution of emergency shelter and NFIs, WASH package and emergency food rations. IOM co-chaired the daily camp coordination meeting and sectoral meetings with the CiC to ensure that coordination happens among the partners to increase response efficiency and reduce duplication of response services. IOM Disaster Management Unit (DMU) volunteers were among the first to respond to the fire and played an essential role in camp maintenance and safety. IOM tracked the number of temporarily displaced persons and of destroyed shelters and facilities and ensured basic essentials were provided including hot meals.

IOM deployed 15 trained Complaint, Feedback, and Response Mechanism (CFRM) staff and eight Rohingya volunteers to receive complaints through the Common Feedback Mechanism and refer immediate concerns to the sector focal points. From 6 March to 19 December 2023, 4,979 complaints were received and 4,844 were referred to partners for service delivery from fire affected blocks. IOM also engaged 720 Rohingya volunteers to disseminate key messages and capture feedback from the community, supported the regular distribution including LPG, Scope Cards, clothes, dried food, etc. IOM also implemented various community projects in fire affected areas of Camp 11 to support the recovery of affected families and re-establish the community. Eight projects were completed during the project period after thorough consultations with community members to identify pressing needs of the community that remained to be covered by the partner agencies. The completed projects include, but were not restricted to: (1) Providing community utensils to mosques for the community to access during social events and festivals such as weddings, (2) Constructing a small bridge by the community with material support provided to community members as well as training and skills provided by IOM, (3) Graveyard fencing with plantation of the graveyard to support dignified burials in Rohingya Community, (4) Tree plantation in the areas requested by the community to avoid duplication with ongoing plantation works, (5) A camp cleaning campaign in the fire affected area to encourage the community to keep their surroundings clean, (6) Training on tailoring for third-gender community groups of Camp 11 based on their request for support with a skill development program, (7) Production of jute bags to keep documents of fire affected women safe with support from women committee leaders identified by a women's participation project implemented by IOM, and (8) A women-led project to directly aid women committee members in Camp 11 with materials to engage in producing handicraft products. Some of the projects are ongoing due to the nature of the project, and to ensure the project objectives were achieved with monitoring and follow-ups needed from the IOM team after the project closure.

In response to the aftermath of the fire incident, IOM swiftly organized and efficiently deployed resources to engage volunteers in the critical tasks of debris removal and access clearance, ensuring the immediate delivery and accessibility of essential services. Between March 20 and December 19, 2023, a total of 4,156 unique beneficiaries actively participated in cash-for-work initiatives, significantly contributing to the clearance of 6,000 cubic meter (m³) of debris and 4,000 sqm of access in Camp 11. Conducting a thorough immediate assessment, IOM meticulously estimated the extent of infrastructure damage that required rehabilitation. Simultaneously, in close coordination with other relevant stakeholders, IOM initiated the development of a comprehensive site plan, aligned with the existing Meso Plan—a spatial planning framework. This plan served as the foundational blueprint for IOM's Build Back Safer recovery

plan, addressing crucial aspects such as accessibility gaps and establishing firebreaks, evacuation routes, and emergency access for firefighting vehicles while integrating environmentally sustainable, nature-based solutions.

Following the plan, procurement activities were promptly launched to secure essential construction materials, including bamboo, brick chips, cement, sand, steel bars, and other necessities. Early response and recovery activities in Camp 11 encompassed bamboo protection, slope stabilization, masonry retaining walls, pathways, bridges, micro-terracing, precast walls, and geo-tube stabilization. Through the implementation of cash-for-work initiatives, IOM successfully stabilized 15,009 sqm of the slope, effectively mitigating risks to shelters, access points, and other camp infrastructures. Benefiting from favorable changes in the USD to BDT exchange rate, we maximized the engagement of unique beneficiaries while staying within the allocated budget. Of the 4,156 unique beneficiaries, 20 per cent were women and Extremely Vulnerable Individuals (EVIs) including People with Disability (PWDs). The reconstruction of shelters commenced with detailed on-site planning and comprehensive community consultations. Meso-planning guidelines facilitated the provision of site plans for 2,424 shelter plots, incorporating new/improved roads, emergency access, and major pathways.

Adopting an integrated approach, health facilities were strategically replanned to ensure proper vehicular access and primary drainage, incorporating nature-based solutions. The successful achievement of facility rationalization aimed at creating an integrated nutrition and health facility through the combination of existing structures, resulting in reduced operational costs. This was achieved in coordination with WFP (nutrition), IRC (health), and Youth Centers (via UNFPA, operated by Prottyashi for adolescent boys and Mukti Cox's Bazar for adolescent girls). Families were relocated from the identified location, while ensuring Accountability to Affected Population (APP). A total of 30 consultation meetings were conducted with 567 community members, garnering valuable feedback on cluster-level site plans, reaching agreements on space allocations for plot development, and prioritizing shelter reconstruction and site improvement activities in Camp 11.

Situational Assessment Report: IOM conducted two assessments named initial and in-depth rapid needs assessments to support effective decision-making processes in meeting the needs of the affected population immediately after the fire. IOM published two reports based on the findings of these two assessments. In addition, three months after the incident in June 2023 IOM conducted the household-level situational assessment to assess and provide an overview of the current situation and humanitarian services and gaps, as well as to understand the driver and severity of needs of the affected population from each sector perspectives and to know the sufficiency and effectiveness of the assistance provided to the affected households. Based on the findings IOM developed a report and published it on August 09, 2023.

Moreover, six months after the fire incident in September 2023, IOM carried out another situational assessment with similar objectives, including identifying any change to access various services and assistance they have been receiving since the fire incident and a post-distribution monitoring study to ascertain the beneficiaries' satisfaction and opinions regarding the quality, sufficiency, and effectiveness of the assistance that had been provided to them by various units over the last six months since the fire incident. The reports of both studies were published on 5th November 2023 (linked below).

All studies followed a quantitative method/approach by using a structured questionnaire and applying an in-person data collection exercise. For each study, a total of 222 household-level surveys were conducted in all three affected blocks A, B, and D in Camp 11 and IOM held a one-day training for the enumerators before starting data collection for each study.

WASH: IOM started emergency Water, Sanitation and Hygiene (WASH) support on 5th March 2023 immediately after the massive fire incident. The dedicated IOM WASH team and the staff members of the implementing partner worked throughout the weeks during the acute phase of the emergency response. The first three steps had been carried out simultaneously since the first day of response: assessing the damages caused by the fire to the WASH facilities, distributing emergency WASH kits (already prepositioned for disaster response), urgent repair of critical WASH facilities such as water points and latrines together with the setup of emergency water distribution systems with bladders and water trucking.

The key achievements immediately after the fire incident:

- Distributed 2,630 emergency WASH kits (each kit contains 5 bathing soap, 60 aqua tabs, 1 jerry can 10L, 1 bucket with lid 10L, and 1 Menstrual Hygiene Management (MHM) kit) to the beneficiary households.
- Installed 3 bladders (capacity 6 m3) for water supply and distributed 358,500 litres of water through water tracking.
- Repaired 86 handpumps, and 48 tap stands, and rehabilitated with emergency structure 346 latrines, and 104 bathing sheds through implementing partners on the guidance of the IOM WASH.
- Hygiene promotion (HP) volunteers conducted household sessions and reached 11,719 beneficiaries. The main topics of the HP sessions are proper use of aqua tabs, handwashing practice at critical times, access to safe water, and proper use of toilets.

Throughout the project duration, IOM completed the construction of durable superstructures for all damaged latrines and bathing facilities in the fire-affected areas of Camp 11, ensuring safe access to WASH facilities for the beneficiaries. These infrastructures are now regularly checked and maintained by the implementing partner, including desludging activities.

To enhance the overall WASH conditions, IOM upgraded and rehabilitated 154 tubewell platforms, rebuilt 120 latrines, and reconstructed 60 bathing cubicles with durable superstructures. Additionally, ten WASH blocks were constructed, each comprising two latrines, one bathing shed, one handwashing station, and a laundry drying space.

In support of hygiene practices, IOM procured and distributed 875,130 pieces of soap to fire-affected beneficiaries in Camp 11. The distribution was conducted monthly, aiming to promote consistent hygiene practices among the recipients. Furthermore, the implementing partner ensured active community engagement and conducted hygiene promotion activities for the affected beneficiaries.

Additionally, IOM replenished the emergency stock by procuring 2,630 emergency WASH kits. This strategic move enhances the organization's readiness to respond promptly to any future emergencies or unforeseen challenges. This comprehensive approach enabled the provision of emergency life-saving WASH services to 15,926 beneficiaries during the reporting period, in addressing the urgent needs of the community.

3. Changes and Amendments

In July 2023, IOM requested for a No Cost Extension of the project for a period of three months based on the below reasons and the project was granted an extension till 19 December 2023.

Shelter/NFI: Under Shelter/NFI activities, IOM planned the procurement and distribution of solar lamps. Despite efforts to procure locally following a market assessment and sample checking of locally available items, the required Type-A solar lights were not available within the local market. Under such circumstances, to meet minimum quality standards, IOM needed to pursue international procurement which often takes longer than expected.

SMSD: SMSD works were accomplished within the stipulated timeline, and the No Cost Extension provided an avenue to wrap up the activities within the extended period. The workplans were in line, however, IOM faced some external delays with community consultations and acceptance as well as procurement. Communities voiced concerns and requested adjustments that delayed the site plans. Some delay occurred during plot development and site development work, without which shelter including WASH facility could not be constructed. For facility rationalization and to move forward construction plans aligned with the site planning was a difficult process due to the delay of works by the agencies combined with community dynamics related to relocation needs and land issues instigated by host community landowners. Additionally, SD construction works faced further challenges and delays as the camp had been heavily impacted by Cyclone Mocha on May 2023. These constraints contributed to difficulties in completing activities within the original agreed-upon timeline.

WASH: Following the fire incident, the site planning team began developing a new site plan with a focus on accessibility for firefighting vehicles. Consequently, the team slightly adjusted the placement of shelters to widen roads, resulting in the decommissioning of several existing structures. This affected numerous WASH facilities, and the selection of sites for these facilities was delayed by competent government authorities, which ultimately resulted in delays in the implementation of WASH work. Furthermore, the majority of the project period coincided with the rainy season, posing further challenges to physical construction.

The three extra months covered the following activities:

- Distribution of solar lamps to cover 5,300 individuals as a part of Emergency Shelter/NFI kits.
- Delivery of SD materials and construction of SD works, i.e., 7,998 m² slope stabilization.
- Reconstruction of damaged WASH facilities, i.e., 120 latrine and 60 bathing cubicles.
- Construction of 10 WASH blocks.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Multi-Sector Refugee Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	4,036	3,691	4,078	4,121	15,926	4,036	3,691	4,078	4,121	15,926
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	4,036	3,691	4,078	4,121	15,926	4,036	3,691	4,078	4,121	15,926
People with disabilities (PwD) out of the total										
	40	37	41	41	159	40	37	41	41	159

* 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	Contribute to reducing the impact of the fires on Rohingya refugees by ensuring access to essential facilities and lifesaving assistance.			
Output 1	Provide lifesaving Shelter/NFI (including LPG) support and support reconstruction of shelters affected by the fire.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Multi-Sector Refugee Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people who benefit from solar lamps	5,300	5,300	Data from Master Roll
Indicator 1.2	SN.3 Number of shelters and common shelter structures constructed or rehabilitated	800	880	Data from Master Roll
Indicator 1.3	Number of people who benefit from new LPG full packages	5,624	5,624	SCOPE card data
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Emergency NFI and LPG distributions (procurement of materials, verifications, distributions, porter and construction support, technical guidance and follow-up)	IOM		
Activity 1.2	Treatment of borak bamboo poles at Bamboo Treatment Facility and provision to shelter partners for the reconstruction of 800 shelters	IOM		

Output 2	Ensure site management and site development support to strengthen coordination of services, engage the community to recover and rehabilitate the camp infrastructures and environment and improve access and safety to enhance the living condition of people affected by fire			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Multi-Sector Refugee Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of complaints received and referred to partners for service delivery (CwC)	6,000	6,000	Zite Manager Dashboard and Database
Indicator 2.2	Number of consultations with sub-block or community representatives for prioritization of site improvement works and replanning in	30	30	SD activity report

	coordination with shelter partners (SD)			
Indicator 2.3	Square meters of slope stabilisation	15,000	15,009	SD activity report
Indicator 2.4	Number of unique Cash-for-Work (CfW) labourers engaged in debris clearance and site development works construction (SD)	3,900	4,156	CfW payment sheet.
Indicator 2.5	Number of Situational assessments reports produced	3	3	Camp 11 Fire Incident: Situational Assessment Report Round 1 Bangladesh — Camp 11 Fire Incident Situational Assessment: Rohingya Refugee Response, Cox's Bazar (June 2023) Displacement Tracking Matrix (iom.int) , Camp 11 Fire Incident: Situational Assessment Report Round 2 Bangladesh — Camp 11 Fire Incident Situational Assessment: Rohingya Refugee Response, Cox's Bazar (September 2023) Displacement Tracking Matrix (iom.int) , Camp 11 Fire Incident: Post-distribution Monitoring Report Bangladesh — Camp 11 Fire Incident Post-Distribution Monitoring Report: Rohingya Refugee Response, Cox's Bazar (November 2023) Displacement Tracking Matrix (iom.int)

Explanation of output and indicators variance: Because of forex gain (from USD to BDT) during the implementation period, more unique individuals were engaged in CfW with the same budget under indicator 2.4.

Activities	Description	Implemented by
Activity 2.1	Camp level coordination meetings and community feedback and engagement mechanisms established	IOM
Activity 2.2	Conduct consultations with community on priority SD works and shelter replanning	IOM
Activity 2.3	Procure materials for site development works to prepare plots for shelter reconstruction and re-establish access.	IOM
Activity 2.4	Profile & mobilize CfW labourers for Site Development works and debris removal	IOM

Output 3 Ensure the effective, sufficient, and equitable provision of life-saving participatory WASH services.

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

Sector/cluster	Multi-Sector Refugee Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	15,926	15,926	Camp 11 fire outbreak situation assessment report

Indicator 3.2	Number of targeted people who have access to functional and improved sanitation facilities	15,926	15,926	Camp 11 fire outbreak situation assessment report
Indicator 3.3	WS. 16b Number of WASH/hygiene dkits distributed	2,630	2,630	Distribution report
Indicator 3.4	WS. 16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits)	15,926	15,926	Distribution report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	Upgradation and rehabilitation of deep tube wells	IOM		
Activity 3.2	Reconstruction of damaged WASH facilities	IOM		
Activity 3.3	Construction of WASH blocks	IOM		
Activity 3.4	Procurement of WASH NFI for distribution	IOM		

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:

SMSD: Affected populations targeted in this project were the main source of information on the design and implementation of site planning, shelter re-organisation and service facility placement. Consultations with communities were held, block by block, to ensure the response is owned by the population and that it meets their expectations. Through the feedback and information channels communities shared the most urgent needs in terms of access to services and received information and feedback on the capacity of response and the strategy and timeline for support. The community projects implemented were consulted and designed by the community with representation from women committee members, people with disabilities, third gender community group, and other community members with their full ownership and engagement.

Shelter: In the aftermath of a fire incident, there was a critical need for a camp area to distribute shelter materials for relocation, ensuring the safety and security of affected individuals. A comprehensive approach was adopted, combining material distribution with training to equip the population with the knowledge to effectively use the provided resources. Furthermore, the presence of solar lamps in camp

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](#).

areas is essential for nighttime safety, contributing significantly to fostering a sense of security during nocturnal hours. During the project implementation, community mobilization activities were conducted at individual shelters and blocks to disseminate essential information about the safe use of LPG, solar lamps, fire safety rings among the Rohingya community. This includes raising awareness and monitoring LPG utilization to promptly address any safety concerns.

WASH: IOM WASH prioritized Accountability to Affected People (AAP) through various initiatives. Regular monitoring of WASH facilities conducted to ensure consistent checking, repair, and maintenance, keeping the facilities fully functional. Daily monitoring of construction activities by vendors in the field was carried out by dedicated field staff, ensuring compliance with required standards. The use of a web-based KOBO platform facilitated digital data gathering and analysis, allowing continuous monitoring of a statistically considerable number of facilities. Staff members and refugee volunteers (as they are an integral part of the beneficiaries) actively engaged in this process. The partner NGO monitored the WASH facilities using the IOM developed KOBO tool, reaching each facility on a bi-weekly basis. This monitoring system ensured a comprehensive and regular assessment of service quality. To assess community satisfaction and gather insights, half yearly household satisfaction survey was conducted. Additionally, Focus Group Discussions (FGD) were organized to delve deeper into the satisfaction levels, needs, and recommendations of the affected communities during the implementation of activities.

b. AAP Feedback and Complaint Mechanisms:

SMSD: From day 1, feedback and information centres (FICs) were established in the fire affected areas with male and female volunteers, and mobile community engagement volunteers received request for information, complaints and requests for services from the affected population. These requests and complaints were referred to the relevant service providers through the app for CFRM to follow and provide responses to the submitters in a timely and meaningful manner.

Shelter: IOM's Shelter/NFI division successfully implemented a streamlined CFRM under its Site Management/Camp Coordination and Camp Management structure. The unified CFM operates daily across all 16 AoR camps, employing the Site Manager system with trained enumerators to collect and address requests in various sectors. The process involves equal representation of female and male Rohingya volunteers, as well as local staff, to address vulnerable individuals and maintain a feedback loop. The CFM adheres to agreed-upon referral standards, Protection, and AAP principles, emphasizing data privacy, confidentiality, and weekly sharing of complaints with camp-based sector focal points and lead agencies at the Cox's Bazar level.

WASH: IOM and its partners set up a CFRM to ensure that beneficiaries can raise individual or collective complaints and receive feedback on the issues submitted. The CFM system considers the feedback received from stakeholders such as SM teams, WASH management committees, WASH facility user groups, IP volunteers, facility and service users, and local leaders (Majhis). IOM WASH unit tracked the response rate and timeline to take actions to address the feedback received through its dedicated WASH staff member and provided feedback to the concerned WASH actors.

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

IOM is committed to ongoing efforts related to combatting SEA. IOM has a designated and dedicated PSEA Officer to support and address the concerns of the beneficiaries. IOM will continue to roll out PSEA training packages and offer Training of Trainers (ToT) sessions for PSEA Champions in the coming year. This is intended to ensure that IOM staff, implementing partner staff, and volunteers adhere to the PSEA guiding principles and mandatory reporting systems. IOM has a robust reporting mechanism (hotline, online platform) in place and will continue to actively participate in the PSEA network while providing support to implementing partners (IPs) and the Inter Sector Coordination Group (ISCG) in terms of capacity building and advocacy.

IOM provides PSEA training to partners and ensures that partners have a PSEA policy and established reporting mechanism in place. IOM regularly delivers adapted PSEA training packages for the community volunteers, women support groups, and other community-based groups. IOM also disseminates IEC materials on PSEA to the community to ensure their understanding and accessibility on reporting is in place. Finally, IOM and WFP – in partnership with Translators without Borders – had launched 'PSEA at the Frontline', a

campaign to further empower frontline humanitarian workers and partners on PSEA through a comprehensive package of communication and outreach materials.

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

IOM adopts gender mainstreaming as a core strategy, recognizing it as vital for accelerating progress in gender equality. All planned actions are assessed to better understand the implications for women and men and individuals from gender diverse populations. Gender mainstreaming at IOM involves explicitly addressing the priorities, needs, and contributions of individuals of all genders in all aspects of planning, implementation, and monitoring of development interventions. This approach aims to achieve gender equality, uphold women's rights and empowerment, and actively involve women and men and individuals from the SOGEISC (sexual orientation, gender identity, gender expression and sex characteristics) communities in leadership and decision-making, ensuring equal influence on development directions and outcomes.

IOM promoted the empowerment and leadership role of women in the camps through awareness-raising sessions and regular meetings to ensure the meaningful participation of women and girls to mitigate the GBV risks. Gender was always considered in the composition of all IOM teams, although the availability of qualified female staff from both host and Rohingya communities was limited. IOM ensured women are being trained on protection and GBV and built their capacity specially on referral pathways. IOM conducted awareness sessions on GBV risk mitigation for women and girls in the community while male beneficiaries were engaged through block engagement to inform the men of the rights and needs of the women and motivate them to encourage women's engagement in camp life.

e. People with disabilities (PwD):

Persons with specific needs including people with disabilities are categorized under the extremely vulnerable individuals whom IOM provided specialized support. SMS prioritized the need of people with disabilities during the initial response for distribution of materials. A dedicated coordination meeting was organized with specialized agencies working for people with disabilities together with protection sector focal points to agree the distribution materials and methodology to ensure that assistance is provided to all affected people with disabilities including their caregivers. SMS also jointly developed and implemented community project that directly benefited people with disabilities. For shelter activities, the porter services and construction of their shelters through cash for work modality was ensured and all distribution points were accessible to people with disabilities. All activities under Site Development sought to maximize access, safety, privacy and dignity. SMSD advocates to ensure disability inclusion by enhancing safe and equal access to resources, opportunities, services and facilities for persons with disabilities.

f. Protection:

IOM places protection at the core of its humanitarian response. Our objective is to empower individuals with resources for resilience against future harm, while emphasizing the centrality of protection, safety, and dignity in all programming. IOM continued capacity-building sessions for protection and non-protection community volunteers, advocates, and women support groups, ensuring improved access to information and supporting informed decision-making and contributed to prioritization of safety and dignity while avoiding any unintended negative consequences of IOM actions; ensured meaningful access to IOM services and aid by all groups; ensured accountability to affected population and communities; and ensured participation and empowerment through an inclusive approach to decision-making processes. The protection team collaborates with non-protection components within IOM, ensuring mainstreaming in initiatives such as Cash for Work targeting vulnerable families. Additionally, efforts are made to create accessible shelters and safe spaces for gender-diverse individuals in livelihood programming.

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	No	

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 community was engaged in cash for work as an incentive for evolving them in site development related activities such as cleaning of debris, the other assistance was provided in kind to support with women led community projects. However, on a general note, the CAV modality of response is not yet applicable in this context.

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
N/A				
N/A				

9. Visibility of CERF-funded Activities

Title	Weblink
Rising from the Ashes	YouTube , Twitter , Facebook and Instagram
CERF branding on Monthly Situation Report	PDF File , IOM Website
Fire Situation Update	After One Week , After 72 hours , After 48 hours , After 24 hours .

3.2 Project Report 23-RR-FPA-009

1. Project Information			
Agency:	UNFPA	Country:	Bangladesh
Sector/cluster:	Protection - Gender-Based Violence	CERF project code:	23-RR-FPA-009
Project title:	Emergency support to Rohingya refugees affected by the March 2023 fire in a refugee camp		
Start date:	01/04/2023	End date:	31/12/2023
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 454,000
	Total funding received for agency's sector response to current emergency:		US\$ 454,000
	Amount received from CERF:		US\$ 454,000
	Total CERF funds sub-granted to implementing partners:		US\$ 176,039
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 176,039 ⁶
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

In response to the March 2023 fire incident in Camp 11, with support from CERF, UNFPA and partners adopted an integrated approach with initiatives collectively aimed to address immediate needs but also foster community resilience and preparedness for disasters. UNFPA set up a temporary tent from where 7,373 (women: 5,270, girls: 2,103) received integrated Gender-Based Violence (GBV) and Sexual and Reproductive Health Services (SRH) services in the immediate aftermath of the fire. For a wider community impact, a Multi-Purpose Centre was also established to offer life skills sessions and psychosocial support. A total of 1,028 men and boys (men: 520, boys: 508) benefited from the services offered from the Multi-Purpose Centre.

A series of awareness sessions, covering crucial topics such as GBV, the referral pathway, PSEA, and the promotion of women's leadership and empowerment benefitted 33,505 refugees (female: 28,135, male: 5,370, including re-visits). In a bid to strengthen rationalisation and build back better, UNFPA, UNICEF and UNHCR collaborated to build a Women and Child Friendly Space, accessible to all including persons with disabilities. Comprehensive services including GBV and child protection, case management, psychosocial support, sexual and reproductive health (SRH) services, and skill development activities have now resumed from the integrated centre.

⁶ The original allocation to UNFPA's implementing partner was US \$326,101. Upon approval from government counterparts for the construction of semi-permanent structures (instead of permanent structures), the project budget registered significant savings. UNFPA prepared a plan with partners to repurpose the fund balance to procure items that would benefit an increased number of beneficiaries. However, as CERF's guidelines stipulate that expenditures are strictly limited to life-saving activities, UNFPA's request for reprogramming and redeployment of funds was not approved. UNFPA therefore returned US \$172,889 to CERF. Please see section 3 below for details.

In addition, with support from CERF UNFPA procured and distributed emergency reproductive health commodities and supplies for over 3,900 women and girls in the affected camp to ensure access to SRH services as required.

3. Changes and Amendments

As described in the no cost extension request and interim CERF report in July 2023, UNFPA faced significant delays in obtaining government approval for the construction of the weather and fire-resistant Women and Children Friendly Space and Multi Purpose Centre. Despite continuous advocacy with the government to expedite this process, UNFPA received approval from the RRRC on 10 September 2023 to proceed with the construction of semi-permanent structures, instead of fire and weather-resistant permanent structures as per original plans. Moreover, the land availed by the government required UNFPA to adjust the original architectural plans with relevant government counterparts and partners. All this led to delays in the implementation and the construction of three buildings were finalised only in December 2023, in line with the extended project duration.

As the semi-permanent structures required the utilisation of less-expensive materials such as treated bamboo, instead of permanent materials such as steel, savings were generated on the UNFPA budget for contractual services for the construction of the Women and Child Friendly Space and Multi-Purpose Center. As communicated with CERF in November 2023, UNFPA prepared a plan with partners to repurpose the fund balance to procure items that would benefit an increased number of beneficiaries, including additional sewing machines, solar panels (to produce more electricity for the sewing machines), handwashing stations and fire extinguishers. However, considering CERF guidelines that stipulate that expenditures are strictly limited to life-saving activities, the request of reprogramming and redeployment of funds was not approved and the savings of US \$172,889 shall be returned to CERF following the due process in 2024.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	4,500	500	1,800	500	7,300	5,270	502	2,103	508	8,401
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	4,500	500	1,800	500	7,300	5,270	502	2,103	508	8,401
People with disabilities (PwD) out of the total										
	45	5	18	5	73	96	25	46	15	182

* 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

In addition to the initiatives conducted within the Women and Child-Friendly Space and the Multi-Purpose Centre, 33,505 refugees (female: 28,135, male: 5,370, including re-visits) have been reached with comprehensive awareness raising sessions on GBV, the referral pathway, PSEA and the promotion of women's leadership and empowerment.

6. CERF Results Framework

Project objective	Strengthen the protection of Rohingya refugee women, girls, men and boys in camp 11 with the provision of integrated and lifesaving GBV-SRH and skill development interventions
Output 1	Women and girls will benefit from the comprehensive GBV Case Management, Child Protection services, Psychosocial Support, Sexual and Reproductive Health Services (SRH) and the skill development activities in the integrated women and child friendly space

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

Sector/cluster	Protection - Gender-Based Violence
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	PS.1b Number of women- and girl-friendly safe spaces and/or centres established, rehabilitated and/or supported (integrated Women and Child Friendly Space established, rehabilitated, and supported)	1	1	On-site infrastructure verification
Indicator 1.2	PS.1a Number of women and girls accessing women- and girl-friendly safe spaces and/or centres (4,500 women and 1,800 girls)	6,300	7,373	Service data sheet, field monitoring

Explanation of output and indicators variance: Not applicable

Activities	Description	Implemented by
Activity 1.1	Establish one integrated Women and Child Friendly Space	Gana Unnayan Kendra (GUK)
Activity 1.2	Provide integrated GBVIE, SRHR and child protection services, (including legal counselling)	Mukti Cox's Bazar [no funds dispersal involved]
Activity 1.3	SRH commodities and supplies	UNFPA

Output 2	Men and boys are benefiting from the life skill on SRHR and vocational training including Psychosocial Support provided through the Multi-Purpose Centre
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Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection - Gender-Based Violence
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of Multi-Purpose Centre established	1	1	On-site infrastructure verification

Indicator 2.2	Number of men and boys accessing the Multi-Purpose Centre (500 men and 500 boys)	1,000	1,028	Service data sheet, field monitoring
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Establish a Multi-Purpose Centre	Gana Unnayan Kendra (GUK)		
Activity 2.2	Provide life skill sessions on SRHR to the men and boys	Gana Unnayan Kendra (GUK)		
Activity 2.3	Provide vocational training to the men and boys	Gana Unnayan Kendra (GUK)		

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 areas⁷ 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)⁸:

The crisis-affected people, including vulnerable and marginalized groups, were actively involved in the design, implementation, and monitoring of the project. The ISCG mobilized efforts to repair and reconstruct facilities with minimal service disruption. The AAP principles were integrated into the appeals, guided by the voices and choices of the persons of concern through needs assessment surveys, focus group discussions and community outreach. The project involved various modalities to ensure participation of all groups in all the phases of the project. For instance, immediately after the disaster, the Protection Emergency Response Unit (PERU) conducted a needs assessment, and UNFPA facilitated 24 focus group discussions with community women, men, girls and boys to identify gaps and challenges. The feedback collected from these engagements led to the adaptation of the project design as required.

b. AAP Feedback and Complaint Mechanisms:

A confidential, responsive, and easy-to-use CFRM was established, disseminated and publicised through multiple channels (hotline, complaint box, direct reporting) to ensure accessibility to targeted groups. To ensure anonymity, the mechanism allowed individuals to lodge anonymous complaints that were addressed by a designated team. During the reporting period, 142 complaints were registered in the CFRM register. 80% of these complaints were made by women (115), 12.6% were made by persons with disabilities (18). The team provided regular updates on the status of the complaints and worked to resolve them promptly. Additionally, illiterate women and girls were found to be making complaints through available hotlines in the camps. UNFPA staff teams also organised focus group discussions

⁷ 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](#).

⁸ 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](#).

to understand the needs and feedback. The CFRM played a vital role in continuously improving the quality of services provided to target groups through concerns and suggestions provided by individuals.

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

UNFPA has zero tolerance for SEA and has established mitigation measures. All UNFPA implementing partners undergo mandatory assessments on their PSEA mechanisms and processes, with a zero-tolerance policy being a primary condition for partnership. UNFPA develops the capacity and awareness of its personnel on PSEA, and PSEA training is mandatory for all staff and consultants. Beneficiaries and service providers are informed on PSEA. Designated PSEA focal persons are trained to handle SEA incidents. Anonymity is guaranteed to encourage honest reporting. Community-based awareness-raising materials are developed, including a structured PSEA community-based awareness module with audio-visual resources that is going to be rolled out in 2024. A SEA complaints mechanism has been established which prioritises confidentiality, accessibility, and follow-up. Complaints are followed up by a designated team, which provides regular updates on the status of the complaint and any action taken. The mechanism is vital to address concerns on SEA and improve quality of services.

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

The project has established service centres and spaces tailored for women and girls, including those with disabilities - enabling access to essential case management and psycho-social services. Additionally, the project offered training opportunities in handicraft activities, equipping women with livelihood skills for financial independence and empowerment but also indirect psycho-social support. UNFPA also strategically positioned community-based groups to advance the community representation of women and enhance community-based understanding of women's rights. Self-help groups such as 'community watch groups' and 'women's support groups' acted as key informants to guide programme design and ensured active women's leadership and participation. Through these integrated measures, the project significantly contributed to constructing a more inclusive and equitable community, thereby creating a sustainable impact.

e. People with disabilities (PwD):

Access to integrated GBV and SRH services for all including women, girls, men, and boys, including persons with disabilities is central to UNFPA interventions. Inclusion of and responsiveness to persons with disabilities was at the heart of the GBV workplan in 2023 and the JRP 2024. As part of this project, the interventions reached over 2.5 times more people than the target in terms of persons with disabilities. Staff are trained on disability inclusion and the Washington Group Questionnaire is included in the monitoring tools. All women and girls, including those with disabilities, can access GBV-related services, family planning, symptomatic treatment of STIs, and clinical management of rape services. The project also addressed the unique risks and promoted protection and safety for people with disabilities, especially women and girls. More recently, all UNFPA supported service facilities that are being repaired or reconstructed have mainstreamed access for persons with disabilities.

f. Protection:

UNFPA sought to integrate protection for the most vulnerable people in the Rohingya refugee community, alongside initiatives to address GBV. The project service facilities catered to the needs of women, girls, men, and boys, including persons with disabilities. The project also provided access to mental health and case management services, creating a safe and encouraging environment that allowed the target population's varied needs to be met. Monthly meetings with self-help groups and community watch groups contributed to an improved understanding of GBV, women's empowerment and advocacy for women's rights. This engenders the possibility of a sustainable GBV-free community led by the community members themselves. The project achieved notable advancements in tackling GBV in emergency by mainstreaming protection for all impacted parties and at-risk individuals.

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	N/A	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.

N/A

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
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

9. Visibility of CERF-funded Activities

Title	Weblink
After a devastating fire in Rohingya refugee camps last year, UNFPA and other UN agencies, backed by the United Nations CERF, have reconstructed vital facilities in Camp 11, providing refuge and support for women, children, and host communities.	Facebook Twitter Instagram

3.3 Project Report 23-RR-CEF-012

1. Project Information			
Agency:	UNICEF	Country:	Bangladesh
Sector/cluster:	Health Protection - Child Protection	CERF project code:	23-RR-CEF-012
Project title:	Establishment of an Integrated Primary Healthcare and Nutrition Facility, and furnish Multi-Purpose Centre (MPC) in Camp 11, Ukhiya, Cox's Bazar		
Start date:	14/04/2023	End date:	12/04/2024
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 1,459,252
	Total funding received for agency's sector response to current emergency:		US\$ 610,000
	Amount received from CERF:		US\$ 610,000
	Total CERF funds sub-granted to implementing partners:		US\$ 87,227
	Government Partners		US\$ 0
	International NGOs		US\$ 65,131.85
	National NGOs		US\$ 22,095.31
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

This CERF grant was pivotal in enabling UNICEF to provide essential child protection services to the fire affected population and provide supplies for the Multi-Purpose Centre which was built and furnished by UNFPA and handed over to UNICEF on 19 February 2024. UNICEF equipped the Multi-Purpose Centre, making it fully functional for child protection services and community outreach. Whilst the Multi-Purpose Centre was being constructed, UNICEF and partners continued to deliver essential child protection services through social workers, adolescent clubs, and community-based child protection committees, reaching 2,133 individuals (breakdown in the table below). Through community-based mechanisms, UNICEF and partners kept the community, including children, well informed on the status of the construction, and periodic site visits were organised for the community members, including children, by the child protection staff and volunteers. Three Community-Based Child Protection Committees (CBCPC) were established in the affected area and organized various awareness sessions, parenting workshops, adolescent club activities, and outreach programmes. The project assisted the following population groups:

- 178 children including adolescents (42% girls) were supported with case management. Among these children, 47 children (24 girls and 23 boys including one with disabilities) were unaccompanied and separated children (UASC).
- 1,068 children including adolescents (43% girls) received structured and unstructured psychosocial support.
- 120 adolescents (50% girls) completed Life Skills-based learning through multi-purpose centres and adolescent clubs.

- Three CBCPCs comprising of 45 community members (21 female) were formed, apprised of their role and responsibilities and oriented on CP and GBV.
- 722 community people (47% girls and women) were reached through CP and GBV prevention and risk mitigation messages including positive parenting through three newly established CBCPCs within the fire affected areas.

This CERF grant was also instrumental in enabling UNICEF to reconstruct the integrated Health and Nutrition facility in camp 11, which were destroyed (as separate facilities) by fire on 5 March. The reconstruction was done with materials such as bricks and MgO-Magnesium Oxide boards, renowned for their exceptional fire resistance properties, capable of withstanding intense heat for up to 1-2 hours. The aim is to slow down the spread of fire, enhancing overall safety and mitigating potential risks in the event of a fire outbreak. Construction and furnishing of the facility is now complete, and is operational as of May 2024. The facility will provide services including Primary Healthcare, screening for acute malnutrition, Infant and Young Child Feeding and Nutrition counselling and messaging for women and girls, and provision of Iron and Folic Acid (IFA) to adolescent girls to a targeted population. As this is the first weather and fire-resistant structure in the camps, making it a unique facility, UNICEF and IRC held an official inauguration of the facility on 8 May 2024. The presence of the Government was key at this event to showcase this type of construction, considering that they authorised the request for this kind of structural design. While the exact number of people reached will be confirmed after the facility has been operational for a period, it is expected that the populations targeted will make full use of this reconstructed facility. Notably, IRC has been able to provide services since the fire in a make-shift temporary facility in Camp 11 Health Post and have now transitioned to offering services into the new health facility since 2 May 2024.

3. Changes and Amendments

There were no alterations in programme, partnerships and coordination methods for the implementation of the child protection component of the project. The delay in the completion of the MPC, did not affect the achievement of planned results (106% achievement), as UNICEF had procured and prepositioned enough supplies to use through community outreach, whilst the Multi-Purpose Centre was being constructed. To compensate for the delays in the reconstruction of the integrated health and nutrition facility attributed to factors including delays in obtaining government approvals, changes in structural design, and the 2023 elections that affected construction work, UNICEF requested two no cost extensions for this grant. To mitigate the impact of these delays and ensure continuity of services, UNICEF and IRC provided health services through a temporary makeshift facility at Camp 11 Health Post. Similarly, UNICEF continued to provide nutrition services in temporary structures within camp 11. UNICEF is grateful to the CERF Secretariat for approving these requests. As a result of the rationalisation exercise, UNICEF's implementing partner for child protection in Camp 11 was also changed from BRAC to CODEC.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached ⁹				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	8,231	7,472	8,195	8,352	32,250	8,231	7,472	8,195	8,352	32,250
Returnees	0	0	0	0	0	-	-	-	-	-
Internally displaced people	0	0	0	0	0	-	-	-	-	-
Host communities	423	372	440	457	1,692	423	372	440	457	1,692
Other affected people	0	0	0	0	0	-	-	-	-	-
Total	8,654	7,844	8,635	8,809	33,942	8,654	7,844	8,635	8,809	33,942
People with disabilities (PwD) out of the total										
	458	392	499	479	1,828	424	373	441	458	1,696

Sector/cluster	Protection - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	500	500	500	500	2,000	385	382	594	772	2,133
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	500	500	500	500	2,000	385	382	594	772	2,133

⁹ The integrated Health and Nutrition facility opened its doors in May 2024. It is expected that the planned targeted population (33,250 plus 1,692 host community members) will make use of the facility.

* 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.

People with disabilities (PwD) out of the total

10	10	10	10	40	7	7	10	6	30
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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

Child Protection: 1,199 community members (361 girls, 315 boys, 228 women, and 295 men) have indirectly benefitted through the efforts of 120 members from 8 CBCPCs, and 6 adolescent clubs. This success was further supported by the deployment of child protection technical resources (child protection community workers) by the implementing partner in Camp 11.

Health: The laboratory under this project would benefit in screening non-communicable disease (NCD) cases from other camps that are not direct beneficiaries of this project. This would expand the reach of the laboratory's services and provide healthcare access to a wider population. Moreover, the lab could potentially become a referral centre for NCD cases, enhancing the quality of care in the surrounding communities. Furthermore, the project could indirectly benefit the local economy by boosting the demand for goods and services including provision of construction materials and other equipment required for the project at a cost. The healthcare services will indirectly benefit 12,000 people annually.

Nutrition: The nutrition program interventions will indirectly benefit and reach out to 15,600 people through nutrition awareness seminars, nutrition messaging during Vitamin-A and deworming campaigns and routine mass screening at the community level.

6. CERF Results Framework

Project objective	To establish and furnish the Integrated Primary Healthcare and Nutrition Facility and furnish Multi-Purpose Centre in Camp 11 that was completely destroyed by fire				
Output 1	Integrated Primary Healthcare and Nutrition Facility is established and equipped.				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	H.7 Number of functional health facilities supported (integrated health and nutrition)	1	1	Progress report, Physical verification and handover of facility	
Explanation of output and indicators variance:		N/A			
Activities	Description	Implemented by			
Activity 1.1	Design an Integrated Primary Healthcare and Nutrition Facility at camp 11 with adequate fire safety measures to prevent future catastrophes	UNICEF, IRC			
Activity 1.2	Establishment of Integrated Primary Healthcare and Nutrition Facility	UNICEF, IRC			
Activity 1.3	Procurement of equipment, supplies and logistics for newly established integrated facility.	UNICEF, IRC			
Output 2	2,000 children and adolescents benefit from a package of quality child protection services, including case management, psychosocial support, and life-skills based learnings				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection - Child Protection				

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	CP.3 Number of children receiving protection support (e.g., family tracing, reunification, reintegration, case management services, etc)	2,000	2,133	IP progress report and ONA IM platform for Camp 11.
Explanation of output and indicators variance:		Despite the construction delay, there were no deviations observed in the outputs, indicators, or program interventions. UNICEF mobilized the community-based child protection networks without any delay to ensure the execution of the planned activities. However, only three CBCPCs were formed and mobilised out of 10, and these three CBCPCs along with 45 (24 males, 21 Female) members were trained and mobilised which covered the fire affected communities.		
Activities	Description	Implemented by		
Activity 2.1	Re-equip the rebuilt Multi-Purpose Centre with necessary supplies	CODEC ¹⁰		
Activity 2.2	700 children and adolescents have access to structured and unstructured psychosocial support, 100 children including UASC with case management, and 200 adolescents with life-skills based learning sessions.	CODEC		
Activity 2.3	Train/orient 150 members from 10 Community-based Child Protection Committees	CODEC		
Activity 2.4	Mobilise all 10 CBCPC to engage with 1,000 community members with messages on child protection and positive parenting	CODEC		

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 areas¹¹ 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)¹²:

All UNICEF programmes have a strong AAP focus through community engagement, where the 'user is at the centre'. All volunteer community support committees are oriented on the principles of AAP and supported to strengthen their awareness on Child Safeguarding and PSEA, towards building an environment of credibility, transparency, and trust in services. This includes involving beneficiaries in the

¹⁰ UNICEF's IP for Child protection activities in Camp 11 was BRAC as reported in the previous report, but following the rationalisation exercise, the CP activities in the Camp 11 were handed over to UNICEF's IP CODEC.

¹¹ 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](#).

¹² 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](#).

design of programmes. CBCPCs serve as community networks that promote community involvement in child protection, enhancing community ownership to address barriers faced by children including those at risk of violence and abuse. CBCPCs play a crucial role in fostering a protective environment. During the reconstruction of the integrated Health and Nutrition facility, UNICEF and partners engaged communities with the active participation of men, women, girls, boys and people with disabilities in the design, layout and implementation of construction work to ensure their needs were incorporated, as the primary potential users of this facility.

b. AAP Feedback and Complaint Mechanisms:

UNICEF's AAP complaints, feedback and response mechanisms are diligently followed by all implementing partners. Various methodologies for collecting feedback included solicited and unsolicited approaches such as complaints boxes, FGDs and household visits by the Community Based Volunteers (CBVs) which ensure timely resolution of issues, enhancing AAP effectiveness. Communities were oriented on the effective use of established CFRMs where beneficiaries can voice complaints and receive feedback. Fully functional CFRMs have been established in all 26 integrated nutrition facilities across the camps and this will be a key component at the reconstructed integrated health and nutrition facility when it becomes operational at the end of April 2024.

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

UNICEF and partners are committed to preventing sexual exploitation and abuse. All staff and volunteers receive orientation, and awareness materials are distributed to affected populations. UNICEF supports partners in strengthening PSEA policies and procedures, with adherence to a 'Zero Tolerance' policy. CFRMs, including UNICEF-supported and partner-specific channels, have been reinforced for confidential reporting and survivor referral. UNICEF conducts PSEA assessments of implementing partners, to identify PSEA strengths and all partners undergo a risk analysis before the partnership agreement is signed. UNICEF provides technical support to lower risk through PSEA action plans to proactively address and mitigate risks and ensure that all implementing partners have a designated PSEA focal point who the beneficiaries can report to and who can confidentially record SEA complaints. Once a case is reported, an investigation is initiated and if valid, the partner will address the complaint. Depending on the complaint, referrals or short-term measures are put in place, e.g. suspension of the individual, whilst the investigation is ongoing. The PSEA policy must include the behavioural Code of Conduct, which protects the whistle-blower. This streamlined approach underscores UNICEF's dedication to a secure and accountable environment in its collaborations. During this project, the capacity of the PSEA response of CODEC has been assessed and moved from moderate risk to lower risk rating. PSEA orientation sessions and appropriate training are provided on a regular basis to increase the capacities of NGO's PSEA focal points as well as to ensure that all staff and beneficiaries are informed of the SEA related complaints mechanisms.

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

UNICEF's child protection and gender-based violence programme adopts a gender-responsive approach to safeguard children from violence. The initiative integrates gender considerations across all operations, engaging separately with girls and boys to understand their distinct needs. This includes tailored support and training for the child protection workforce to address gender-based violence. The project empowers girls, advocates gender equality, and contributes to dismantling harmful gender stereotypes for an inclusive and equitable society. UNICEF's gender mainstreaming strategy includes engagement with men and boys, encouraging them to support women and adolescent girls. Similarly, the health and nutrition programme activities are aligned with gender-based violence policy and gender mainstreaming strategy.

e. People with disabilities (PwD):

UNICEF's Child Protection, Health and Nutrition programmes are implemented without any form of discrimination or judgment and are committed to providing equal opportunities for all children, including those living with disabilities, ensuring their inclusion and access to the full range of services and support offered.

f. Protection:

The centrality of protection is fundamental to of UNICEF initiatives emphasizing Do No Harm, Child Safeguarding and PSEA as central considerations, supporting partners to establish mechanisms to further strengthen protection to all affected persons. In addition, protection involves providing child survivors and those at risk with access to quality case management, along with psychosocial support for improved well-being and resilience. Furthermore, UNICEF strengthens AAP by facilitating robust CFRMs, ensuring tangible improvements based on community input.

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	No	No CVA was provided under Child Protection. Given the context, CVA is not considered part of UNICEF-supported CP programming in the camps as challenges have arisen in the past. Since this grant was provided for the reconstruction of the health and nutrition facility destroyed by fire, this does not involve CVA rather it is direct implementation.

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.

N/A

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
N/A				Choose an item.
N/A				Choose an item.
N/A				Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
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- (1) A devastating fire swept through the Rohingya refugee camps in January, causing stress and trauma for thousands of children.
- (2) Good nutrition is essential for children's survival, growth and development. But in the Rohingya refugee camps, malnutrition is widespread.
- (3) This integrated health & nutrition facility is being rebuilt after a fire with funding from UN CERF.
- (4) Launch of the Integrated Health and Nutrition Facility.
- (5) Launch of the Integrated Health and Nutrition Facility (Bangla).

<https://x.com/UNICEFBD/status/1786702831107576041>
<https://x.com/UNICEFBD/status/1785716649339072877>
<https://x.com/UNICEFBD/status/1785669239606825335>
<https://x.com/UNICEFBD/status/1788246152078397936>
<https://www.facebook.com/share/p/rfHuKVixAm3P88Ev/>

ANNEX: CERF FUNDS DISTRIBUTED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
23-RR-CEF-012	Child Protection	UNICEF	NNGO	\$22,095
23-RR-CEF-012	Health	UNICEF	INGO	\$65,132
23-RR-FPA-009	Protection	UNFPA	NNGO	\$348,196

