

Women's Peace and Humanitarian Fund
ANNUAL PROGRESS REPORT

<p>Country Bangladesh</p>	<p>Submitted by PUNO(s) UN Women or NUNO(s)¹ Name of Entity: UN Women Name of Representative: Gitanjali Singh, Head of Office a.i., UN Women Bangladesh Country Office</p>
<p>MPTF Project Number 00122551</p>	<p>Implementing Partners</p> <ol style="list-style-type: none"> 1. Light House 2. RDRS Bangladesh 3. Research, Training and Management (RTM) International 4. Women Entrepreneur Association of Bangladesh (WEAB)
<p>Reporting Period January 2021 – December 2021</p>	<p>Project Locations <i>List the provinces/regions where projects are being implemented</i> Cox's Bazar</p>
<p>Funding Call <i>Select all that apply</i></p> <p><input type="checkbox"/> Regular Funding Cycle <i>Specify Call (Round 1, 2, 3, etc.) _____</i></p> <p><input type="checkbox"/> Spotlight WPHF Partnership <i>Specify Call (Round 1, 2, 3, etc.) _____</i></p> <p><input checked="" type="checkbox"/> COVID-19 Emergency Response Window</p>	<p>Total Approved Budget (USD) <i>Approved budget for WPHF active country allocation as per the ME and Transmittal Forms</i> USD 726,410</p>
<p>WPHF Outcomes² to which report contributes for reporting period <i>Select all that apply</i></p> <p><input type="checkbox"/> Outcome 1: Enabling environment for implementation of WPS commitments</p> <p><input type="checkbox"/> Outcome 2: Conflict prevention</p> <p><input checked="" type="checkbox"/> Outcome 3: Humanitarian response</p> <p><input type="checkbox"/> Outcome 4: Conflict resolution</p> <p><input type="checkbox"/> Outcome 5: Protection</p> <p><input type="checkbox"/> Outcome 6: Peacebuilding and recovery</p>	<p>Amount Transferred (USD) <i>Tranche (amount) which was transferred to the CSOs</i> USD 252,939.77</p>
<p>Programme Start Date 1 July, 2020</p>	
<p>Programme End Date 30 June, 2022</p>	

¹ Non-UN Organization. Applicable to Rapid Response Window for Peace Processes

² As per WPHF results framework nested model, WPHF outcome areas are equivalent to the impact level for grantees

Executive Summary

This annual narrative progress report covers the period of **January – December 2021**.

The Women's Peace and Humanitarian Fund (WPHF) started funding women's rights organizations in Bangladesh, more specifically Cox Bazar, Bangladesh in July 2020 through the WPHF COVID-19 Emergency Response Window. UN Women Country office, functions as the Management Entity (ME) of the fund for the monitoring of the four WPHF grantees' projects, Light House, RTM International, RDRS Bangladesh, and the Women Entrepreneurs Association Bangladesh (WEAB). The projects were implemented by local women's led organizations and Non-government organisations (NGO) in 10 camps and adjacent host community in Ukhiya, Cox Bazar, responding to the needs of women and girls from both refugee and host communities in a heightened crisis context due to the COVID-19.

Through the generous support of WPHF and its donors, the projects supported **564,559** people as part of its targeted programme interventions during the reporting period. This included **100,814** direct beneficiaries (75,774 women, 23,916 girls, 920 men, 204 boys, and including 35 LGBTI and 440 female sex workers), and **463,745** indirect³ beneficiaries. The interventions were focused on COVID-19 humanitarian and crisis response and included capacity-building initiatives, women's economic empowerment training, access to sexual and reproductive health information and services, awareness on gender-based violence (GBV) and the provision of primary health services to women and adolescent girls. Key project outcomes included:

- Light House's programme benefitted 78,710 people (60,026 women, 17,886 adolescent girls, 656 men, 142 boys and included 35 LGBTI and 440 FSW) by increasing their knowledge on COVID-19 awareness and prevention, providing essential health service support including sexual and reproductive health and rights (SRHR) services, GBV referral system for medical treatment and psychosocial support. In addition, a top-up food package was provided to 250 vulnerable women including Female Sex Workers (FSW) and LGBTI.
- RTMI provided primary health services including antenatal care (ANC), postnatal care (PNC), family planning, and support following complications of pregnancy for 2,437 women through 156 health service providers including doctors, nurses and paramedics. A further 70 community volunteers received COVID-19 training on testing, contact tracing, and support to COVID-19 patients. RTMI also provided awareness training for approximately 10,576 women and adolescent girls on COVID-19 prevention. A further 2,936 women and adolescent girls received counselling for sexual reproductive health, and sexually transmitted infections (STI), while 70 women and adolescent girls were supported with GBV related health services.
- RDRS supported 150 crisis-affected women including single mothers, elderly women, people with disabilities, and pregnant women with awareness for the COVID 19 related hygiene and primary health care practices and hygiene kits.
- WEAB enabled an MoU with Eastern Bank Limited and Standard Chartered Bank to give priority to eligible host community beneficiaries in giving loans to help them expand their existing businesses and ensure financial inclusion.

The COVID-19 pandemic continued to disrupt services and support during the reporting period. Despite COVID-19 restrictions impacting some programme initiatives, to ensure the continuation of project activities, the implementing partners effectively used a number of risk mitigation methods including adaptation of remote modalities, adjusting project planning and continuous coordination with stakeholders. In total **564,559** people from the affected communities benefited from the UN Women's activities in Cox Bazar, Bangladesh, under the Women's Peace and Humanitarian Fund.

³ Indirect beneficiary is calculated based on average 4.6 members in a Rohingya community household.

1. Project Profile for Reporting Period

Use the following table for an overview by each project/organization. Please add a new row for each project. Refer to definitions in the footnotes.

Funding CFP	Lead Organization Name ⁴	Type of Organization	Coverage/Level of Organization	WPHF Outcome/ Impact Area	Project Location (State, Province or Region)	Name of Implementing Partner(s) and type of Organisation	Project Start and End Date	Total Approved Budget (USD)
COVID-19 Emergency Response	Light House	Women Led	Sub-National	Outcome 3	Cox's Bazar, Bangladesh	Programme for Helpless (PhALS) and Loving Care for Oppressed Societies (LoCOS)	7 July 2020 – 30 June 2021	176,414
COVID-19 Emergency Response	RTM International	Women Led	Sub-National	Outcome 3	Cox's Bazar, Bangladesh	NA	1 July 2021 to 30 June 2022	199,204
COVID-19 Emergency Response	RDRS Bangladesh	Women's Rights	Sub-National	Outcome 3	Cox's Bazar, Bangladesh	NA	1 July 2021 to 30 June 2022	124,676
COVID-19 Emergency Response	Women Entrepreneur Association of Bangladesh (WEAB)	Women-led	Community-based (local	Outcome 3	Cox's Bazar, Bangladesh	Expeorul and Prottoy Unnayan Sangstha	1 July 2021 to 30 June 2022	185,100

⁴ RW Welfare Society (RWWS), the other COVID-19 ERW grantee's project ended in December 2020.

2. Beneficiaries and Reach (Consolidated)

	CURRENT REPORTING YEAR			CUMULATIVE		
	Direct Beneficiaries for Year	Indirect Beneficiaries	Number of CSOs, CBOs, women's groups supported	Direct Beneficiaries	Indirect Beneficiaries	Number of CSOs, CBOs, women's groups supported
Girls (0-17)	23,916	1,10,014		30,427	139,965	
Women (18+)	75,774	3,48,560		90,945	418,347	
Boys (0-17)	406	1,868		521	2,397	
Men (18+)	718	3,303		1,191	5,410	
Total	1,00,814	4,63,745	15	1,23,084	566,118	15

Select all that apply

- Refugees/IDPs
 People/Women living with disabilities
 Survivors of SGBV
 Child/Single Mothers
 Widows
 Youth/Adolescents
 Others, please specify: Female Sex Workers, LGBTIQ

3. Context/New Developments

The presence of humanitarian actors in the camps was reduced for six months (5 April – 14 September 2021) as a result of COVID-19 prevention measures, which significantly impacted the project's reporting period. Even now it still prevails that there are gendered impacts of the pandemic⁵. All MPWC-based activities especially of Light House and RTMI were affected, and in-person workshops and training sessions, including livelihood training sessions, were postponed. Partner organizations had difficulties gaining camp work permits during this restriction period, causing delays to the completion of baseline surveys and other preparatory activities as originally scheduled. As a result, a risk mitigation plan was implemented by UN Women and project implementation plans were reviewed.

In addition, UN Women, through its co-chairing of the inter-sector Gender in Humanitarian Action Working Group and the ISCG Gender Hub (managed by UN Women), continued taking the lead to provide technical advice on gender related issues, advocacy, analysis, monitoring, and capacity development, ensuring that gender equality commitments were central to the COVID-19 preparedness and response. Although this is not directly related with this programme, the indirect impact of this coordination mechanism is beneficial for partners.

4a. Overall Results (Impact and Outcomes) Achieved

WPHF Impact Area 3: Enhanced inclusive and gender responsive humanitarian/crisis planning, frameworks, and programming

Overall, the projects improved the Rohingya and Host Community's well-being within the reporting period by ensuring inclusive and gender-responsive humanitarian/crisis planning, frameworks, and programming. Through combined effort from responsible party Light House and RTMI, multi-sectoral services have been strengthened which has been evident by 36,503 Rohingya community women and girls being supported through essential services including sexual and reproductive health and case management, primary health services and treatment for ANC, PNC, family planning, STI/HIV and GBV and COVID- 19. Preparatory works have also been done to provide income generation support for both Rohingya and the host community by RDRS Bangladesh. In addition, to promote women's economic empowerment, entrepreneurship, market linkage, and financial inclusion, collaboration is conducted and in continuous development with NGOs and banks by WEAB. In this reporting period, Light House has considerable progress towards WPHF Impact and Outcomes. however, due to delays in obtaining permissions through Camp-in-Charge (CiC), RTMI and RDRS progress is limited to the outcome level and further impacts will be reported in the next reporting cycle.

⁵ See: <https://reliefweb.int/report/bangladesh/shadows-pandemic-gendered-impact-covid-19-rohingya-and-host-communities-october>

4a. Overall Results (Impact and Outcomes) Achieved

Light House

Impact: During the reporting period, 29,911⁶ beneficiaries (23,443 women, 6,468 adolescent girls, including 35 LGBTI and 440 FSW) from 8 Rohingya Refugee Camps in Kutupalong, Ukhiya, and adjacent host communities directly benefitted from the response, including COVID-19 information dissemination through one-to-one peer education, IEC/BCC materials, radio programmes, and social media campaigns, as well distribution of COVID-19 protective materials such as handwashing soaps and masks, particularly to the most at-risk women, including pregnant women, lactating mothers, female sex workers (FSW).

Outcome: In addition, at the outcome level, 14,955 beneficiaries increased their knowledge of COVID-19 prevention, 1,526 women accessed essential health services, SRHR, GBV through referral treatment, psychosocial support), 251 women engaged with and benefiting from food security programs including FSWs and LGBTI persons) and 39,225 beneficiaries were reached through women-led awareness campaigns organized to raise awareness on COVID-19 prevention.

RTM International

Impact: Within the reporting period at outcome level, 6,592 women and girls (4558 women and 2,034 girls) received life-saving women and adolescent girls focused response and life-saving primary health services across five health facilities in Rohingya Camp (Camps 4, 5, 17, 18, and 19) and five health facilities in Host Community in Ukhiya and Teknaf Upazilas, particularly covering Rajapalong, Palongkhali, Whykong and Sabrang union, for COVID 19 crisis including treatment for ANC, PNC, family planning, STI/HIV and GBV.

In addition, overall, 226 ((156 health service providers and 70 community volunteers) are more equipped to address and treat complicated pregnancies, Sexually Transmitted Infections (STIs), carry out SGBV case management, standardize key preventions messages through the use of IEC materials on health, nutrition, protection promotion and particularly on COVID 19 preparation.

RDRS Bangladesh

Impact: No progress to date.

Outcome: No progress to date.

Women Entrepreneur Association of Bangladesh (WEAB)

Impact: No progress to date.

Outcome: No progress to date.

4b. Outputs and Activities Completed

WPHF Impact Area 3: Enhanced inclusive and gender responsive humanitarian/crisis planning, frameworks, and programming

Light House

Light House implemented the project in 8 Rohingya Refugee Camps in Kutupalong, Ukhiya, and adjacent host communities. Light House conducted a thorough beneficiary selection process in line with various defined

⁶ Includes following number- 30479 receiving one to one awareness session on COVID-19, 250 receiving nutritional food support, 1229 receiving SRHR and MNCH services, 35301 receiving one to one awareness session on SRHR and MNCH, 11814 receiving one-to-one education session on GBV and 194 religious and social leaders supported COVID-19 awareness and prevention

4b. Outputs and Activities Completed

criteria. For awareness raising on COVID-19 and GBV, women were prioritized in one-to-one peer education, disseminating messages distributing IEC/BCC materials, radio programmes, and social media campaigns. For livelihood and food security support, women daily wage earners, women-headed families, widows, elderly women, women with disabilities, and small business owners were prioritised. For distribution of COVID-19 protective materials such as handwashing soaps and masks, the most at-risk women, including pregnant women, lactating mothers, female sex workers (FSW), were prioritized.

Output 1.1 Ensured preventive community and individual health and hygiene practices in line with COVID-19 national directives.

- **29,911** beneficiaries (23,443 women, 6,468 adolescent girls, 35 LGBTI and 51 FSW) participated in social and behavioral change activities in addressing the COVID-19 outbreak and through one-to-one awareness sessions on COVID-19 and SRHR, GBV, trafficking and domestic violence and discrimination against women and girls.
- **40,288** beneficiaries reached through Gender responsive women led (including FSWs and LGBTI groups) messaging through distributing IEC/BCC materials developed by Light House to reach marginalized groups and women.
- **194** Majhis, religious and social leaders in each camp were capacitated on COVID-19 awareness and prevention and facilitated dissemination on messaging.

Output 1.2 Women economically affected by COVID-19 crisis are supported with women-led voucher (cash equivalent daily real time needs)

- **6** women business outlets (soft skill training centers) round by 6 women groups with 12 members continued providing economic support for women's groups and provided space for soft skill development and counselling services. Networking through these groups also supported awareness information dissemination, beneficiary identification, SRHR/MNCH referral support, reporting GBV case within their community.
- **20** women are running small businesses in the camps and host community after receiving economic empowerment support through restocking of materials/products in their shops.
- **251** pregnant women were provided with nutritional food support following soft skill development training, including FSWs and LGBTI persons.

Output 1.3. Restored and strengthened access to Maternal, Newborn and Child Health (MNCH), SRHR, GBV treatment, psychosocial support etc. services through referral linkages services including COVID-19 preventive materials through mobilizing internal and external resources.

- **32,639** beneficiaries (24,526 women, 8,113 adolescent girls) reached through one-to-one awareness sessions on SRHR and MNCH education.
- **1,526** beneficiaries were supported by SRHR, MNCH GBV, treatment, psychosocial support through referral linkages and services. GBV survivors were referred to the nearest health facilities for treatment, psychosocial support, and medical assistance. The services were also extended to FSW, and persons of diverse sexual orientations, gender identities, sexual expressions, and characteristics (SOGIESC) through referral linkages.
- In line with continued COVID-19 prevention and awareness effort, **1,081** people (1081 Women, including 440 FSW and 35 LGBTI) have been provided with masks and soap.

Output 1.4. Imparted preventive measures and responsive to GBV including integrated safe shelters/home

- **39,225** beneficiaries were reached through radio programmes led by women organization and LGBTI groups and focused on combating GBV, trafficking, domestic violence SRHR, COVID-19, and domestic

4b. Outputs and Activities Completed

violence. This contributed to increasing awareness on these issues and how to prevent them by reaching a large part of the targeted communities.

- **184 beneficiaries (Men 158 and boys 26)**, were sensitized on supporting domestic work and combating domestic violence through participating awareness sessions
- **1,044** beneficiaries including 529 women, 285 girls, 126 men and 104 boys participated in GBV, trafficking, domestic violence awareness campaigns
- **11,820** beneficiaries (8,610 women, 3,020 adolescent girls, 178 men and 12 boys) were reached through one-to-one education session on GBV, trafficking and domestic violence.

No progress was made on providing shelter to the victims of sexual and gender based violence (SGBV) within the reporting period due to the challenge of referrals and movement of victims from the camps to the shelter in Cox's Bazaar.

RTMI

The project activities of RTMI were taken place across five health facilities in Rohingya Camp (Camps 4, 5, 17, 18, and 19) and five health facilities in Host Community in Ukhiya and Teknaf Upazilas, particularly covering Rajapalong, Palongkhali, Whykong and Sabrang union. All these health facilities are providing 24/7 services including medical treatment for antenatal care (ANC), post-natal care (PNC), psychosocial counselling, providing COVID-19 treatment/isolation support, midwifery support, infant and young child feeding (IYCF) counselling, and primary health care.

The beneficiaries under this project were selected focusing the households living within the catchment area of selected health facilities. There are 20 assigned Field Workers for this project who conduct the awareness raising activities on health, nutrition, protection promotion and COVID 19. RTMI also coordinates with 15 Civil Society Organizations (CSOs) in this project, mainly in the Rohingya Camps. The activities involved are emergency patient referrals, discussion with health facility service providers, capacity building, etc. Some of the CSOs in the Rohingya Camps are – Prantic Unnayon Society, Friendship, Partners in Health and Development (PHD), Hope Foundation, Society for Health Extension and Development (SHED), Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV), etc.

Output 1: 162,000 women and 52,000 children educated on COVID 19 safety preparations and supported in accessing three T's

- 10,576 beneficiaries (7,143 women and 3,433 adolescent girls) have received education on COVID 19 safety preparations, as well as assistance in accessing testing, tracing contacts, and treatment services (three Ts). The testing process explains how to identify the COVID symptoms among potential patients and where to test. Through tracing contacts, it is informed if someone have COVID symptoms and test positive, why isolation is needed to stop further spread of the virus. Finally treating indicates where community people can get COVID 19 treatment.
- In addition, a rapid assessment was conducted to understand the needs of project beneficiaries.

Output 2.1: Community outreach and engagement conducted

- 4,566 beneficiaries (3,727 women and 839 adolescent girls) were sensitised through community engagement activities on the primary services provided including ANC, PNC and family planning. This support was provided on a need basis.
- 70 community volunteers (50 women and 20 men) were trained in 6 batches on standardized key prevention messages and IEC materials including testing, tracing contacts, and treating COVID-19.
- Furthermore, to enhance community outreach and engagement 90 meetings and 5,693 visits were conducted.

4b. Outputs and Activities Completed

Output 2.2: Women and adolescent received psychosocial counselling

- Life-saving essential, specialized services established and provided to women and girls through a dedicated Women and Girls Safe Space (WSS) in each Primary Health Care (PHC) service points encompassing both group and individual engagement, ensuring survivor-centric care practices, based on international standards of practice on prevention and response to violence against women and girls. Through this initiative, 6 women received psychosocial counselling within this reporting period on a need basis.

Output 2.3: Doctors, nurses, paramedics, and other support staffs received training on COVID 19

- 121 health service providers (79 women and 42 men) including doctors, nurses, paramedics, and other support staffs have received training on the impact of COVID 19.
- 148 health service providers (114 women and 34 men) received training on complicated pregnancy, STIs, SGBV case management, standardized key preventions messages and IEC materials on health, nutrition, protection promotion and COVID 19.

Output 3.1: Women and adolescent girls received treatment for complications of pregnancy and childbirth including prevention of unintended pregnancy

Cox's Bazar District has extremely limited capacities to provide intensive care treatment, including complicated COVID-19 cases. Despite COVID19 lockdown and impacts, a [higher number of cases of pregnancies](#) was observed across the country. Therefore, it is evident that COVID-19 restriction put additional pressure on the existing mechanism for accessing services needed for women and girls with unintended pregnancies. In this backdrop, there are focused capacity development training for treatment related to pregnancy in addition to training on Sexual and reproductive health (SRH) and clinical Management of Rape (CMR).

- 22 women and adolescent girls received treatment for complications related to pregnancy and childbirth including prevention of unintended pregnancy.
- 3 batches of SRH training provided covering 53 health service providers (39 women and 14 men).
- 3 batches of CMR training provided to covering 25 health service providers.
- 70 women and adolescent girls (58 women and 12 adolescent girls) received specialized treatment for Gender Based Violence (GBV).

Output 3.2 and 3.3 Women and girls received STI/HIV related Counselling and services

- 2,936 women and adolescent girls (2,132 women and 804 adolescent girls) received counselling for Sexually Transmitted Infections (STI) including HIV support.
- 479 women and adolescent girls (410 women and 69 adolescent girls) received STI and HIV related services.

Output 3.4: Children receive treatment on neonatal complications and malnutrition.

- 648 newborns and children (264 male child and 384 female child) received treatment for neonatal complications, including malnutrition.

Output 3.5: Primary care, ANC, PNC and family planning services provided

- 2,437 women and girls (1,936 women and 501 adolescent girls) received primary care, ANC, PNC and family planning services. This activity is ongoing.

RDRS Bangladesh

4b. Outputs and Activities Completed

Output 1.1: Women are capacitated with awareness and kits for the COVID-19 related hygiene and primary health care practices for their households

- A total of 150 Rohingya community received hygiene kits (including hand sanitizer, antiseptic soap, detergent, tooth powder, and a toothbrush) sufficient for two months of use. In addition, through awareness session their knowledge was enhanced on hygiene and primary health care practices for COVID-19 prevention. 850 more women and girls from both communities will be provided similar incentive in the remaining project period in 2022. Combining the received information and these hygiene kits, it is envisaged that targeted household's hygiene practices will improve, thereby further improving community hygiene practices, which will be monitored during the next phase.

Output 1.2 Women from ultra-poor households are provided with income generation and economic empowerment supports

- To provide a comprehensive income generation package including skills development, cash-grants/material inputs and market linkage supports, a baseline survey was conducted among 192 Beneficiaries from the host community. A baseline survey was conducted among the beneficiaries of Cox Bazar refugee camps as well. In addition, the income generation activity choice list was developed in consultation with the beneficiaries through focus group discussions. It is expected within June 2022, all the targeted 1,000 beneficiaries combining Rohingya, and host community will be engaged with income generation activities through providing training and grants.

WEAB

At the end of November 2021, and after several negotiations in the RRRC office, WEAB received approval to conduct the project's need assessment, along with permission to commence the project activity in Camp 14. Approval processes in other camps are currently ongoing. As WEAB is working with the Rohingya community in the camps for the first time, the overall verification process is lengthy.

Since field-level activity could not take place as per the work plan, WEAB utilized its networking capacity to develop an MoU with Eastern Bank Limited and Standard Chartered Bank for providing soft condition loans to selected beneficiaries for expanding their businesses. Apart from that, negotiations were done with BRAC and Action Aid Bangladesh (AAB) to promote the products produced by the Rohingya community women in the local market particularly urban ones through WEAB's existing network as well as the established marketing outlet SHEUTI. To showcase products and do market linkage further networking is also ongoing with Bangladesh Women Chamber of Commerce (BWCC) district office, local shops, large hotels/institutions and WFP partner led women entrepreneurship shop.

To achieve project target, WEAB shifted 20% of the beneficiaries totaling 110 beneficiaries in the host community. In the remaining project period, WEAB plans to train 110 women from each 5 project locations out of whom 45% will be upskilled and 55% will be reskilled on embroidery and block boutique. On that regard collaboration is ongoing with UN Women's Second Chance Education (SCE) programme responsible party Dan Church Aid (DCA) to include beneficiaries from education programme for both upskilling and reskilling for sustainable entrepreneurship development. In addition to the training, they intend to provide entrepreneurship training and support for improving the marketability of the products through recommending ideas to reduce costs, enhance the design and increase the quality of products. WEAB will also provide hygiene training and conduct COVID-19 awareness session from 15th March 2022.

5. Unintended Results

Not Applicable

6. A Specific Story (1/2 page maximum)

1. Amena Begum⁷ (28), Camp 1, Ukhiya.



Amena Begum, a 28 years old Rohingya Refugee who received support from "Women-Led Gender-Sensitive COVID-19 Response" project implemented by Lighthouse, funded by the Women's Peace and Humanitarian Fund (WPHF). Photo credit: Khaled Arafat Ahmed/ UN Women

Amena Begum (28 years) Rohingya refugee and a survivor of armed conflict fled to Cox's Bazar, Bangladesh, from Rakhine State, Myanmar, in 2017. Amena is a single mother with a 6-year-old daughter and a 1.5-year-old son. She is a part of the "Women-Led Gender-Sensitive COVID-19 Response" project implemented by Lighthouse, funded by WPHF, and supported by UN Women Cox's Bazar Sub-Office in Bangladesh. In Myanmar, she lived with her husband, and they were both involved in agricultural activities to earn a living. They used to produce paddy and seasonal vegetables for home consumption there. As a survivor of armed conflict, Amena's family was forced to flee their country.

After arriving in Cox's Bazar, Amena was fully dependent on humanitarian relief. She was beaten by her husband and then abandoned by him. Amena was eventually connected to Lighthouse, where she participated in skill development training and received entrepreneurship training for shop operation. The selection of her business outlet for the voucher scheme helped her stock a shop with different products (chips, soft drinks, cookies, etc.), materials for a tea corner, and she started to make earnings. Amena said: "Once my husband left us, I had to seek support from others to make a living. After getting support from Lighthouse, I am making some profit. The location of my shop has given me an added advantage. As it is in front of the playground, my children can play there in my watch while I run the shop. I can make 200-400 BDT daily. With that money, I refill the shop, purchase daily necessities, and save a portion. Now, I can afford medicine for my children if they are sick. I do not need to depend on others' mercy for our living." Amena dreams of increasing the size of her shop. She wants to send her children to school and to maintain a living when they return to Myanmar.

Ismat Khanom (30)⁸, Camp 5, Ukhiya



Photo: Ismat Khanom (30 years old), beneficiary of RTMI under UN Women project funded by WPHF. Photo Credit: Khaled Arafat Ahmed.

Ismat Khanom (30 years), lives in Block E, Camp 5. She lives with her husband and 5 children (1 Son aged 5 years, 3 daughters aged consequently 15, 9, 7 years old and another infant daughter). She came to know about RTMI provided services through Community Service Worker (CSW), field visits. Thereby, during the pregnancy period of her youngest daughter she came to Primary Health Care (PHC) Centre running by RTMI. She started visiting the PHC, while she was pregnant of 6 months. She did antenatal care (ANC) visits, had required blood test for hemoglobin as well as iron measurement. The duty doctor in the PHC, also checked her previous medical history and informed her about the growth and condition of her child. Upon receiving these treatments,

⁷ Name has been changed to ensure protection.

⁸ Ibid.

she was also given iron, calcium, and vitamin tablets for free which she consumed till the birth of her daughter. Her daughter took birth through the normal delivery service provided in the PHC with supervision from the trained midwife and doctor. After the birth of her daughter, she also made several visits for postnatal care (PNC) and received counselling about taking care of herself and her child. Her youngest daughter's name is Asma Bibi, and she is now 5 months old. Ismat Khanam says, "In Myanmar, due to cost involvement, I could never access this type of specialised health services for pregnancy for my other children nor I could know the pre-condition of unborn child and act accordingly. Now, I know about safe pregnancy. I know that till 6 months I must exclusively breast feed my daughter and after that slowly start feeding normal food. I also know that my daughter needs to be vaccinated for her immunity which I can receive from PHC."

RTMI operate 10 Primary Health Care (PHC) facilities which provide 24/7 support for antenatal and post-natal care, infant and young child feeding, along with treatment and counselling for Sexually Transmitted Infections and HIV and COVID-19 services. RTMI provide basic health treatments, psychosocial counselling, and referral support for gender-based violence (GBV) survivors. RTMI supports the Camp in Charge (CiC) by validating referrals for Rohingya refugees access health treatments outside the camp.

7. Knowledge Products and Communications/Visibility

RTMI developed some IEC materials focusing Covid-19 awareness including hand washing processes and COVID-19 prevention. Some IEC materials were also developed around sexual reproductive health including ANC services message and adolescent pregnancy. Some of those IEC materials on the COVID-19 awareness and reproductive health as well as link of project photos are given below.

Photos of project activities:

<https://drive.google.com/drive/folders/1OAX0Ab2FzhGV3b8WsoWExKVuSpSNbUSU?usp=sharing>



7. Knowledge Products and Communications/Visibility



8. Capacity Building of CSOs by UNW Country Office/Management Entity

UN Women conducted online orientations on financial policies and procedures, programme management, monitoring, and reporting, and communications and branding for three new grantees – RTMI, RDRS Bangladesh and WEAB under the Women Peace and Humanitarian Fund (WPHF). From these grantees 15 participants attended these orientations. In addition to that, to strengthen monitoring, UN Women conducted 8 visits to all 4 grantees this year for validating documentation, process compliance, maintenance of asset and finances. The visiting team comprises of Programme Associate, Operations Analyst and Finance Associate. Regular progress meeting was also organized on a monthly basis in between respective focal point (Programme Officer) and grantees.

Apart from that, collaboration was done between another grantee Light House and new grantee WEAB to do information exchange and sharing lessons learned. This collaboration particularly helped WEAB to approach CiC, RRRC and relevant stakeholders for required approval, coordination, and networking.

9. Risks and Mitigation

<i>Risk Area (briefly describe)</i>	<i>Risk Level</i> 4=Very High 3=High 2=Medium 1=Low	<i>Likelihood</i> 5=Very High 4=Likely 3=Possible 2=Unlikely 1=Rare	<i>Impact</i> 5=Extreme 4=Major 3=Moderate 2=Minor 1=Insignificant	<i>Mitigation</i> Mitigating measures undertaken during the reporting period to address the risk
In the early days of COVID, the extent of the lockdown period with numerous mobility restrictions and suspension of services on a frequent basis was unclear. Hence, this challenge was not adequately addressed in the design and project faced additional challenges	3	4	4	Integration of alternate in particular remote modalities within the programme was done. Additionally, adaptive mechanism was taken through utilising networking with stakeholders to support beneficiaries and expand programmatic opportunities.

9. Risks and Mitigation				
and delays during implementation.				
Due to Government decisions and plans regarding shifting Rohingya refugees of certain camps to Bhashan char, there are instances, that permission to work in those camps are not granted to new NGOs after waiting for a significant period. Hence, the planned activities are impacted greatly.	3	4	4	Project plan have been revised through including alternate camp locations and subsequently application is submitted for working in those new locations in coordination with UN Women.
There are instances of Rohingya refugee' patients or their relatives exploiting health services for escaping from camp. There are also instances to collect medicines from more than one sources for consumption of family members or selling. These makes delivering health services in the camp critical.	3	4	4	In the provision of health services in camps, the verification process of the patients' health condition and background/history was done more intensely by liaising between duty doctors and community volunteers. This verification combined with follow-up visits was effective in ensuring the selection of the right beneficiary to receive treatment as well as medication.

10. Delays and Adaptations/Revisions
<p>RTMI</p> <ol style="list-style-type: none"> 1. Obtaining permission from Camp-in-Charge (CiC) and Union Family Planning Officer was challenging due to government staff processes during the pandemic. This required RTMI to gain permission from various government offices including - RRRC, District Family Planning Office (DDFP) of Cox's Bazar, Upazila Nirbahi Officer (UNO) Office of Ukhiya & Teknaf, Upazilla, Health and Family Planning Office (UH&FPO) of Ukhiya & Teknaf, and from the five camp-in-charge of the assigned health facilities. Due to the lengthy approval processes, the field work did not commence as planned during this reporting period. 2. After gaining permission to work in the camps and host communities, the community level field workers at the assigned health facilities took a while to engage with the community and gain their trust. To improve this situation, RTMI volunteers improved community engagement between the field workers and the host community and refugees. <p>RDRS Bangladesh</p> <ol style="list-style-type: none"> 1. Due to changes in the CiC position in camps, it took a significant amount of time to obtain permissions. This resulted in some delay of 2 months in completing the approval process. 2. Due to COVID 19, all mass gathering sessions were restricted, resulting in all awareness sessions being postponed, creating a delay in project implementation.

10. Delays and Adaptations/Revisions

3. Due to travel restrictions, only the survey in the host community was completed on time. The survey for the camp has been delayed.

WEAB

1. During the 1st and 2nd quarters of the project implementation, some tasks were completed virtually. While efforts were taken to adjust the workplan and keep the project on track, the complexities of COVID-19 and delays in receiving government approvals affected the overall project timeline.
2. Safety issues in the camps also interrupted the general working procedure, as the CIC and CMO were focused on incident management.
3. Working with the Rohingya community in the camps was a new experience for WEAB. Hence it was required to learn the majority of processes by doing, for example getting approval from different authorities and ensuring Do No Harm approaches.
4. The project's design has been discussed with UN Women, and a shift 20% of the project activities to the host communities from Ukhiya & Teknaf was approved.
5. The project is considering requesting no-cost extension to meet the planned milestones and outcomes.

Light House

Although the project for this partner ended in June 2021 with WPHF, in mid-May an allegation of sexual harassment involving senior staff was brought to the attention of UN Women. After consultations with the UN Women Regional Office, and UNHCR (also supporting the same partner), a joint letter with UNHCR and Save the Children was sent, and due diligence carried out, field implementation with Lighthouse with other UN Women programs ceased in October 2021. In December 2021, a termination letter for the operational closure of the Light House project was issued, effective from January 2022.

11. Lessons Learned⁹

Identify Challenge/Describe <i>Challenges can be programmatic or operational affecting the country program and/or of projects.</i>	What are the factors/reasons contributing to this challenge?	How was the challenge addressed? What was done differently, or what will be done to address the challenge?	Key Lesson Learned <i>As a result of the challenge what did you (and partners) learn from the situation that has helped to inform the project, or improve how the project is implemented or for future interventions?</i>
Exacerbating COVID-19 situation during July – September 2021 caused Government regulations restricting mass gatherings and limiting project activities including awareness sessions or distribution activities.	Movement restriction and guidelines imposed as per government decisions.	<ol style="list-style-type: none"> 1. Revising workplan of the project and shifting some of the project target from Rohingya community to host community. 2. Discussions and negotiations with the Government and the Authorities. 	<ol style="list-style-type: none"> 1. The workplan of the project needs to be more comprehensive through focusing potential contingencies that can affect the field level activity from short to long-term considering the project's period. 2. It has been observed that, in a humanitarian/emergency response, there should be a comprehensive relief package comprising of cash/in kind grants, health and hygiene kits, primary health services,

⁹ A lesson learned is a systematic reflection of challenges (or successes) that have occurred during the reporting period which has resulted in a change, adaption or improvement as a result of the challenge, or a planned change or adaptation in the future.

11. Lessons Learned ⁹			
			psychosocial counselling, which addresses immediate needs and livelihood skills training, market linkages which can contribute to long term needs and empowerment. The modality of delivery for such package can be through one partner or a consortium of partners.

12. Innovations and Best Practices ¹⁰
<p>As part of innovation, one initiative can be highlighted from responsible party WEAB. It utilised its networking capabilities to develop a Memorandum of Understanding with Eastern Bank Limited and Standard Chartered Bank for the purpose of providing credit or loans on flexible conditions to selected beneficiaries in order to help them expand their businesses. Under this MoU several prospects were highlighted, which are:</p> <ol style="list-style-type: none"> 1) Eligible host community beneficiaries with recommendations and liaison from WEAB may get a loan for expansion and improvement of their business 2) Training will be provided on financial inclusion such as opening bank account, documentation, applying for a loan, doing banking and mobile transaction 3) Inclusion of selected beneficiaries in the Corporate Social Responsibility (CSR) activities of the bank 4) If someone under the WEAB umbrella has access to mobile banking in particular Bkash account instead of formal bank accounts, it will be counted as eligibility for them to apply for loans. <p>Therefore, this MoU can work as an instrumental catalyst to create greater business opportunities by developing required capital for economically disadvantaged women from remote parts of host community in Cox's Bazar.</p>

13. Auditing and Financial Management
<p><i>Mention if any projects were audited during the reporting period and provide a brief summary of results. Attach the audit report as an Annex (for internal use only).</i></p> <p>No audits were conducted during the reporting period.</p>

14. Next Steps and Priority Actions
<p>RTMI</p> <ul style="list-style-type: none"> • Utilise resources from the other relevant projects with similar function and camp funded by other donors for achieving the backlogged targets under this project. • Create effective linkages and coordinate with the relevant government authorities and NGO stakeholders. <p>RDRS Bangladesh</p> <ul style="list-style-type: none"> • Complete the income generation activity (IGA) selection and support to 1000 beneficiaries by June 2022. • Awareness session and Hygiene kits distribution among 850 beneficiaries to be completed by June 2022.

¹⁰ A best practice is strategy, approach, technique, or process that has proven to work well and deemed to be effective or appropriate for addressing a problem based on experience, evaluation or in comparison to other practices, and is therefore recommended as a model. It is also a practice that has been tested and validated and has potential to be replicated and there is value in sharing with others working in similar contexts, sectors, or with similar target groups.

14. Next Steps and Priority Actions

- Conduct end line survey and assessment by June 2022.

WEAB

- Conduct baseline survey in five camps.
- Development of local economic model.
- Conducting self-resilience and hygiene training workshops in 4 camps and host community location.
- Organizing 2 awareness raising programs on COVID-19.
- Coaching and mentoring of women from the beneficiary community.
- Development of the support packages of the sub-grants (technical assistance) and starting the process of the distribution.

UN Women

- UN Women will continue supporting the M&E function of RTMI, RDRS and WEAB project in the next 6 months and support WPHF Secretariat to ensure smooth project closing.
- Building on the ongoing partnership and exit strategy through WPHF funded project; UN Women will look for expanding collaboration with all 3 organisations

ANNEX A: Results Framework

Expected Results	Indicators ¹¹	Baseline (if applicable)	Planned Target (if applicable)	Results/Progress (Against Each Indicator ¹²)	Reason for Variance against planned target (if any)
CSO Name: Women Entrepreneur Association of Bangladesh (WEAB)					
Impact: Enhanced inclusive and gender responsive humanitarian/crisis planning, frameworks, and programming	At least 15 local women's organizations (CSOs) supported/provided capacity building to effectively respond to the crisis	-	55%	No progress to date	Activities started late due to delay in receiving government approval.
	Number of people directly benefiting from the response (disaggregated by sex and age group, or other variables)	-	550	No progress to date	Activities started late due to delay in receiving government approval.
	Number of people indirectly benefiting from the response	-	2,530	No progress to date	Activities started late due to delay in receiving government approval.
Outcome: To contribute to the prevention and poverty reduction among Rohingya community affected by economic challenges of COVID-19, by improving their business and capacity skills	At least 80% of women and men have - COVID-19 awareness and on safeguarding	-	80%	No progress to date	Activities started late due to delay in receiving government approval.
	At least 10% of 550 beneficiaries-initiated businesses/became self-employed.	-	55	No progress to date	Activities started late due to delay in receiving government approval.
CSO Name: Light House					
Impact: Reduced prevalence of disease outbreak and GBV through imparting gender sensitive women led COVID-19 response	Number of people directly benefiting from the response (disaggregated by sex, age group or other gender variable- 29,072 women, 10,572 girls, 35 LGBTI persons and 420 FSWs, 1200 men and 250 boys.	0	41,550	29,911 (71.98%) beneficiaries (23,443 women, 6,468 adolescent girls, 35 LGBTI and 51 FSW) benefitted from the response	Cumulative results exceeds target

¹¹ Use the indicators from the project document's results framework, ensuring that the disaggregation of the indicator is also included.

¹² Report on the progress made against each indicator, highlighting the indicator value for the reporting period and any cumulative results. These results should align with the narrative in Section 4a and/or 4b.

Expected Results	Indicators ¹¹	Baseline (if applicable)	Planned Target (if applicable)	Results/Progress (Against Each Indicator ¹²)	Reason for Variance against planned target (if any)
	Number/percentage of women participating in decision-making in humanitarian/crisis response.	0	29,670 women/40% of women participating	Not available	Due to COVID-19 restriction during project closure endline survey could not be conducted
Outcome: Increase access to gender responsive COVID-19 services including those of SRHR and GBV	29,085 (70%) of people with increased knowledge of COVID-19 prevention (disaggregated by sex and age).	Individual beneficiary	29,085	14955 (51.41%) people with increased knowledge of COVID-19 prevention (disaggregated by sex and age).	Cumulative results exceed target
	75% of or 1440 of target group accessing essential health services (SRHR, GBV through referral treatment, psychosocial support).	Individual beneficiary	1,440	1,526 (105.97%) beneficiaries accessing essential health services (SRHR, GBV through referral treatment, psychosocial support).	Cumulative results exceed target
	93% or 418 of women engaged with and benefiting from food security programmes including FSWs and LGBTI group members.	Individual beneficiary	418	251 (60%) women engaged with and benefiting from food security programmes including FSWs and LGBTI group members.	Cumulative results exceed target
	29,072 of women-led awareness campaigns organized to raise awareness on COVID-19 prevention. (activity indication 1.1.8)	Individual beneficiary	29,072	39,225 beneficiaries were reached through women-led awareness campaigns organized to raise awareness on COVID-19 prevention.	
CSO Name: RTMI					
Impact: Enhanced inclusive and gender responsive humanitarian/crisis planning, framework, and programming	Indicator 1: Number of women participating in decision-making in humanitarian and crisis response	0	12,150	0	Result will be evaluated during endline survey.
	Indicator 2: 150,000 FDMN and 150,000 host population received life-saving women and adolescent girls focused response and life-saving primary health services for COVID 19 crisis	0	150,000	6,592 (4.39%)	Activities started late due to delay in receiving government approval.
	Number of indirect beneficiaries	0	486,000	30,323 (4.39%)	Activities started late due to delay in receiving government approval.
Outcome: Health status of FDMN and host population particularly women,	Number of outreach network developed	Not available	Not available	0	Result will be evaluated during endline survey.
	Number of peer group formed	Not available	Not available	0	Result will be evaluated during endline survey.

Expected Results	Indicators ¹¹	Baseline (if applicable)	Planned Target (if applicable)	Results/Progress (Against Each Indicator ¹²)	Reason for Variance against planned target (if any)
adolescent girls and children will be increased	Number of staff trained on complicated pregnancy, Sexually Transmitted Infections (STIs), SGBV case management, standardized key preventions messages and IEC materials on health, nutrition, protection promotion and particularly on COVID 19 preparation.	0	270	226 (156 health service providers and 70 community volunteers)	
CSO Name: RDRS Bangladesh					
Impact: Enhanced inclusive and gender responsive humanitarian/crisis planning, frameworks, and programming	At least 60% of the direct beneficiary women participate in decision-making in humanitarian and crisis response for their households/communities	0	60%	0	Result will be evaluated during endline survey.
Outcome: Women become self-reliant and resilient to support their households during and after the COVID-19 outbreak	Beneficiary women report improved financial security (coping mechanism) and solvency to support their household resilience during COVID.	0	70%	0	Result will be evaluated during endline survey.
	Number of women directly benefiting from the response (disaggregated by age group, type of disabilities and host & refugees)	0	500	150	Activities started lately due to delay in receiving government approval.
	Number of people indirectly benefiting from the response (disaggregated by sex, age group, type of disabilities and host & refugees)	0	2000	600	Activities started lately due to delay in receiving government approval.