

Women's Peace and Humanitarian Fund
ANNUAL PROGRESS REPORT 2022

<p>Country Bangladesh</p>	<p>Submitted by PUNO(s) UN Women or NUNO(s) UN Women Name of Representative: Gitanjali Singh, Country Representative, UN Women Bangladesh</p>
<p>MPTF Project Number COVID-ERW: 00122551 Regular: 00134256</p>	<p>Implementing Partners COVID-19 Emergency Response Window: 1. RDRS Bangladesh 2. Research, Training and Management (RTM) International 3. Women Entrepreneur Association of Bangladesh (WEAB). Two co-implementers for WEAB: Expeorul and Prottoy Unnayan Sangstha</p>
<p>Reporting Period January 2022 – December 2022</p>	<p>Regular Funding Cycle, CfP1: contracting of implementing partners is in process.</p>
<p>Funding Call <input checked="" type="checkbox"/> Regular Funding Cycle (CfP1) <input type="checkbox"/> WPHF /Spotlight Partnership <input checked="" type="checkbox"/> COVID-19 Emergency Response Window</p>	<p>Project Locations Cox's Bazar</p>
<p>WPHF Outcomes to which report contributes for reporting period <input checked="" type="checkbox"/> Outcome 1: Enabling environment for implementation of WPS commitments. <input type="checkbox"/> Outcome 2: Conflict prevention <input checked="" type="checkbox"/> Outcome 3: Humanitarian response <input type="checkbox"/> Outcome 4: Conflict resolution <input type="checkbox"/> Outcome 5: Protection <input checked="" type="checkbox"/> Outcome 6: Peacebuilding and recovery</p>	<p>Total Approved Budget (USD) Total: USD 2,019,694 COVID-19 Emergency Response Window: USD 769,694 Regular Funding Cycle, CfP1: USD 1,250,000</p>
<p>Programme Start Date 12 June 2020 (COVID-19 Emergency Response Window) 13 December 2022 (Regular Funding Cycle, CfP1)</p>	<p>Amount Transferred to CSOs (USD) Total: USD 724,638 COVID-19 Emergency Response Window: USD 724,638 Regular Funding Cycle, CfP1: USD 0</p>
<p>Programme End Date 31 December 2022 (COVID-19 Emergency Response Window) 13 February 2025 (Regular Funding Cycle, CfP1)</p>	

Executive Summary

In July 2020, the Women's Peace and Humanitarian Fund (WPHF) initiated its support to Cox's Bazar, Bangladesh through the WPHF COVID-19 Emergency Response Window to enhance inclusive and gender-responsive humanitarian/crisis planning, frameworks, and programming. As a funding mechanism designed to support women-led and women's rights organizations in crisis settings, the WPHF is particularly well placed to support the Rohingya response and its gender dimensions. Out of 26 proposals received on 28 April 2020 (Call for Proposals (CfP) deadline), nine (9) were shortlisted based on the credibility and quality of proposals. Prior to the reporting period, five (5) civil society organization (CSO) grantees implemented interventions funded by the WPHF COVID-19 Emergency Response Window, namely Light House, RW Welfare Society (RWWS), Research training and Management (RTM) International, RDRS Bangladesh, and Women Entrepreneurs association Bangladesh (WEAB), covering 17 Rohingya refugee camps and adjacent host community in Ukhiya and Teknaf, Cox Bazar. With additional funding received for 2021-2022, three (3) organizations were selected to implement additional activities (RTM International, RDRS Bangladesh, and WEAB), across 12 Rohingya refugee camps and adjacent host community in Ukhiya and Teknaf, Cox Bazar.

As a result of the interventions funded by the WPHF COVID-19 Emergency Response Window, 568,950 Rohingya refugees and host community members (381,811 women, 117,400 girls and 69,739 boys) directly benefitted from COVID-19 and humanitarian interventions during the reporting period, totalling 590,904 persons since the project initiation in June 2020 for the three (3) grantees active in 2022. The focus was primarily on the provision of multi-sectoral services for protection (gender-based violence (GBV) prevention and response), livelihoods (skills training, entrepreneurship development, market linkages), and health (sexual and reproductive health information and services, COVID-19 prevention, primary health services). The project interventions have had several noticeable positive impacts on the lives of women and girls in the Rohingya camps and host communities. Most notably, women's economic empowerment has increased through income generation. According to the Project Endline Evaluation by RDRS, 32 per cent of the Rohingya refugees supported with skills and livelihoods development are now contributing to their family budget. On average, skills and livelihoods participants' monthly household income increased by BDT 2,115 (equivalent to USD 21.15) as a result of income generating activities (RDRS Project Endline Evaluation). Behaviour change in relation to financial management was also noted, with eight (8) per cent of participants reporting savings in the endline survey, compared to the baseline survey where no one reported savings. This demonstrates a shift in behaviour and outlook, from short-term considerations to long-term planning. Furthermore, behaviour change was also observed as a result of the outreach and awareness raising interventions on COVID-19, GBV prevention and response, and other available essential services. Namely, a noticeable increase in maternity facility service seeking behaviour was observed among recipients of assistance for maternal complications, and help seeking behaviour was also observed among target populations participating in Sexually Transmitted Infection (STI) or HIV awareness raising. Evidently, the inclusive and gender-responsive programming implemented by the WPHF grantee organizations as part of the Rohingya response have had a positive impact on the immediate, as well as long-term well-being of women and girls in the Rohingya camps and host communities during the reporting period.

Additional funding for capacity building

In 2022 an additional USD 6,812 was allocated to UN Women as a management entity for the capacity building and documentation of WPHF grantees under the COVID-19 Emergency Response Window. The objective of this capacity development initiative was to further enhance the skills of partners on programme and finance management as well as build the capacity of staff for effective implementation, monitoring and reporting of the programme so that they can provide quality, coordinated services that respond to the needs of women/girls in crisis context. As a result of the additional funding, the financial management of the grantees has improved, as evident by the submission of more accurate financial reports in line with policy regulations/procedures. For the first time, the Prevention of Sexual Exploitation and Abuse (PSEA) Network conducted a training with grantee staff through which they strengthened their understanding of how to prevent sexual exploitation and abuse. Additionally, WEAB now has a PSEA Policy in place, which was framed with feedback from the PSEA Network. Grantees also improved their internal monitoring system and reporting through training on monitoring, reporting,

Executive Summary

and communication. As a result, better quality monitoring and narrative reporting were submitted by the grantees, and communication pieces, such as photos and case stories, were collected in line with the guidelines provided. Additionally, WEAB were able to produce a project [video](#) documentary, which has been shared with the WPHF secretariat. UN Women is producing a report and video documentary on the project's lessons learned to inform future capacity development interventions led by UN Women and partners. The additional allocation for capacity building of grantees yielded high results, with minimal financial input, rendering it a cost-effective tool to strengthen the role and leadership of national civil society organizations (CSOs) in the Rohingya response, in line with the localization agenda and the aim of the WPHF to enhance inclusive and gender-responsive humanitarian/crisis planning, frameworks, and programming.

New Call for Proposal

The WPHF Secretariat launched a CfP on 17 May 2022 with a deadline of 19 July 2022, under the Regular Funding Cycle, for proposals from women-led and women's rights organizations on socio-economic recovery and leadership of women and young women in forced displacement situation, with a total value of USD 1,250,000. This CfP specifically contributes to **WPHF's Impact Area 6: Improved socio-economic recovery, participation and leadership of women and young women in forced displacement contexts**. In total 34 proposals were received, out of which 13 were shortlisted and six (6) were selected by the WPHF National Steering Committee on 27 October 2022, namely:

1. Bangladesh Nari Progati Sangha
2. Women's Federation for World Peace – Bangladesh (WFWP - BD)
3. Women Entrepreneur Association of Bangladesh (WEAB)
4. RW Welfare Society (RWWS)
5. AGRAJATTRA
6. Research, Training, and Management (RTM) International

Due to delays in the completion of the risk-based capacity assessments of the selected implementing partners, partnership agreements remain in process and are expected to be signed by April 2023.

Challenges

During the project period, and reporting period, several challenges impacted the implementation of initiatives. The delay in obtaining government permission to work in the Rohingya camps directly affected the implementation of the project, causing delays in grantees ability to initiate project implementations. UN Women coordinated with the Refugee Relief and Repatriation Commissioner (RRRC) and Camp in Charge (CiC) to receive permission to implement activities in different refugee camps. In addition, gaps in financial management capacity of small CSOs also posed a challenge. Despite these challenges, project implementation progressed well, especially with the technical capacity building of CSOs and with the regular programme monitoring and technical guidance provided by UN Women.

1. Project Profile for Reporting Period

Funding CFP	Lead Organization Name	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 as per PCAs	Total Approved Budget (USD)
CfP 1: COVID-19 Emergency Response	RTM International	Women Led	Sub-National	Outcome 3	Cox's Bazar, Bangladesh	NA	4 July 2021 to 30 September 2022	199,204
CfP 1: COVID-19 Emergency Response	RDRS Bangladesh	Women's Rights	Sub-National	Outcome 3	Cox's Bazar, Bangladesh	NA	1 July 2021 to 31 October 2022	124,676
CfP 1: COVID-19 Emergency Response	Women Entrepreneur Association of Bangladesh (WEAB)	Women-led and Women-rights	Community-based (local but some interventions at Sub-National level)	Outcome 3	Cox's Bazar, Bangladesh	Expeorul (women's rights) and Prottoy Unnayan Sangstha (women's rights & led)	1 July 2021 to 31 October 2022	175,845

The contracts with CSOs selected under CfP1 on Forced Displacement are expected to be signed by April and will be reported in 2023.

2. Beneficiaries and Reach (Consolidated)

	CURRENT REPORTING YEAR			CUMULATIVE ¹		
	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)	117,400	540,040		123,430		
Women (18+)	381,811	1,756,330		397,409		
Boys (0-17)	69,739	320,799		69,801		
Men (18+)	0	0		264		
Total	568,950	2,617,170	21	590,904	2,718,158	21

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 Rohingya response continues to operate in a protracted crisis, requiring assistance to address urgent needs, as well as longer-term solutions, to ensure the health, well-being, and fulfilment of human rights of Rohingya refugees and host communities. The Rohingya crisis remains one of the world's most significant humanitarian crisis, with almost 1 million refugees (954,707) currently residing in the camps (52% women) according to the UNHCR's [population data](#) as of 31 January 2023. During the reporting period, the security situation in the camps continued to fluctuate, with sporadic increases in violence. In 2022, several Special Rapporteurs and the International Criminal Court (ICC) visited the Rohingya camps on missions with a special attention on human rights, including Noeleen Heyzer, UN Special Envoy of the Secretary-General on Myanmar and Michelle Bachelet, UN High Commissioner for Human Rights. In her statement, Michelle Bachelet expressed concern about increasing anti-Rohingya rhetoric in Bangladesh and the stereotyping and scapegoating of Rohingyas as the source of crime and other problems. The operating context remains complex and volatile, which will continue to impact future projects in the Rohingya response.

4a. Overall Results (Impact and Outcomes) Achieved

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

Overall, in 2022, the initiatives under the WPHF COVID-19 Emergency Response Window improved the well-being of 568,950 (cumulatively 590,904) Rohingya refugees and host communities by facilitating and implementing inclusive and gender-responsive humanitarian/crisis plans, frameworks, and programmes. Through the combined efforts of RTM International, RDRS Bangladesh, and WEAB, the availability of multi-sectoral services has improved, knowledge on key subjects such as COVID-19 and GBV prevention has been strengthened, livelihoods have been fostered, and positive behaviour change has been observed. Several

¹ Cumulative numbers for the three (3) active partners in 2022.

4a. Overall Results (Impact and Outcomes) Achieved

impact level indicators were overachieved as a result of community demand for services (e.g. RTM International exceeding the target of 300,000 direct and 486,000 indirect beneficiaries) and swift uptake of skills, knowledge, and positive behaviour following the grantees' interventions (e.g. RDRS exceeding the target of 60% of the beneficiaries households' income and/or hygiene practices improved). Impact is noticeable across the three areas of protection, livelihoods, and health. Most noticeable impact is seen on women's participation in decision-making as a result of income generation and improved knowledge; 32 per cent of Rohingya refugees report that they are contributing to family income (e.g. Rohingya refugee participants earned BDT 1,860 (equivalent to USD 18.6) on average and host community participants earned BDT 2,247 (equivalent to USD 22.4) on average from their income generating activities supported by RDRS) and just over 29 per cent of participants from host communities and Rohingya camps report that they are participating in decision-making process at their household and community level (RDRS Endline Evaluation Report). In relation to COVID-19 prevention and response, more than 90 per cent of participants demonstrated a good understanding of COVID-19 identification, prevent, and response (RTM International Rapid Assessment Report).

RTM International

The intervention by RTM International centred around three components, namely 1) increased health status of Rohingya and host populations, particularly women, adolescent girls, and children; 2) protection of women and adolescent girls from and treatment for the consequences of GBV, including discrimination relating to COVID-19; and 3) protection of women and adolescent girls from and treatment of complications of pregnancy, STIs and childbirth, including prevention of unintended pregnancy and neonatal complications.

As a result of the intervention under the first component, 210,498 women and adolescent girls (157,710 women and 52,788 adolescent girls) are better prepared to prevent and respond to COVID-19 with improved knowledge about COVID-19 prevention measures and safety preparations, required response action (three T's – testing, tracing contacts, and treating) and where to access government approved referral facilities.

In the protracted crisis context, women and adolescent girls are at heightened risk of discrimination, abuse, and violence. According to the project completion report of RTM International, there was an increase in GBV, especially intimate partner violence, sexual exploitation and other abuse, during the pandemic, with many women and girls in lockdown. Considering the protection issues and challenges around it, efforts have been made to improve the access to GBV response services through provision of ten (10) mobile phones with hotline numbers at health facilities located in the Rohingya refugee camps and host communities. This was complimented with the dissemination of informative material, such as leaflets, to increase awareness of the hotlines available for emergency support. Door-to-door visits were also paid by RTM International staff/volunteer to increase awareness of available GBV response services and how to access these services.

Under the third component, women and girl's access to essential primary healthcare services were improved. 48,459 women and girls (46,036 women and 2,423 adolescent girls) were treated for sexual health and pregnancy related concerns, such as complications of pregnancy, sexually transmitted infections, neonatal complications, among other.

RDRS Bangladesh

The intervention by RDRS Bangladesh aimed to support women to become self-reliant to support their households during and after the COVID-19 outbreak. Actions were implemented to strengthen women's

4a. Overall Results (Impact and Outcomes) Achieved

awareness of COVID-19 prevention and response, as well as participation in income generating activities to increase women's participation and role in household decision-making processes.

As per the Project Endline Evaluation by RDRS, 90 per cent of the host community women who received training followed by livelihood grants invested in buying livestock and poultry as well as in small businesses. Rohingya refugee participants earned BDT 1,860 (equivalent to USD 18.6) on average and host community participants earned BDT 2,247 (equivalent to USD 22.4) on average from their Income Generation Activities (IGA). They use the income for households' food consumption, buying medicine/doctor's consultation fees, buying clothes, and establishing savings.

Through homestead gardening, 52 host community households had increased access to nutrient-rich fresh produce within a shorter timespan while providing an income by selling vegetables and crops. This was an opportunity to develop women's entrepreneurship skills as well as increasing women's empowerment and dignity. As an outcome of the increased income of an average of BDT 2,115 (equivalent to USD 21.15), women's opinions are respected and accepted by the family; their mobility has been increased as they are now able to buy or sell materials at the market on their own; their savings have increased; they are able to make decisions on how to spend the additional income; they are capable of contributing to monthly family expenses from their income; and they are able to participate in the decision-making process at the family level. The Project Endline Evaluation highlights that 29.61 per cent of women who received support from the project (host: 16.24%, Rohingya: 13.37%) are participating in decision-making process at their household as well as community level. Additionally, 73 per cent of the trained Rohingya refugee and 65 per cent of the trained host community participants have prepared a business plan after receiving Income Generation (IG) training. All the Rohingya and host community training participants received in-kind livelihood support whereas only 50% of the targeted host community participant received livelihood grants, ranging from BDT 4,000-7,000 (equivalent to USD 40-70) each, to pursue livelihoods.

A total of 1,000 women (500 host community and 500 Rohingya refugees, among which 80 are persons with disabilities), participated in awareness session on COVID-19 prevention, primary health care, menstrual health, and personal hygiene. Following the session, participants received hygiene kits. Participants have since adopted hygienic practices, disseminating the awareness messages to neighbors and surrounding households using health hygiene materials. Moreover, women in households have played a more significant role in maintaining health and hygiene measures to safeguard their families from the pandemic and other hygiene-related diseases in the future.

Women Entrepreneur Association of Bangladesh (WEAB)

The aim of the intervention by WEAB was to contribute to the prevention of COVID-19 and poverty reduction among Rohingya communities affected by economic challenges of COVID-19 by improving their business and capacity skills, and strengthening their capacity to manage economic, social, and healthcare challenges, and develop a viable model to addressing them.

In the reporting period, 92 women enhanced their income generation by participating in training on handicrafts skills and selling products in the local and regional markets via the marketing channels developed by WEAB. In total, more than 500 products, including *saris*, scarfs, dresses, bed covers, among other, were produced by the trained women, to be sold at the market. Additionally, women sold products at the Tourism Fair, a government run fair in Cox's Bazar. In total, the women generated a collective income of USD 160. Fifty-five (55) women (including two (2) persons with disability) out of 550 women who received trainings on skills development, local

4a. Overall Results (Impact and Outcomes) Achieved

economic model, advance production, entrepreneurship development along with coaching and mentoring support have become self-employed, mostly at individual level and some are through a group base approach.

The COVID-19 awareness raising sessions, safeguarding and hygiene trainings made women well prepared for COVID-19 response and prevention.

Partners under the Regular Funding Cycle (CfP1 - forced displacement) will begin project implementation in 2023.

4b. Outputs and Activities Completed

RTM International: Emergency support to provide women and adolescent girls focused services in response to COVID-19 crisis among Rohingya population and neighbouring host population.

Output Statement 1: 162,000 women and 52,000 children educated on COVID-19 safety preparations and supported in accessing three T's (testing, tracing contacts, and treating).

- **Progress:** In 2022, 210,498 women and adolescent girls were reached with awareness-raising messages on COVID-19 prevention measures which included World Health Organization (WHO) guidelines on hand hygiene technique, usage of personal protection equipment (PPE), and available health services, delivered through courtyard meetings and door-to-door visits by volunteers. Among the targeted population, 90.4 per cent from Rohingya refugees and 98.8 per cent from host community self-report that they are well aware of COVID symptoms, whereas 93.6 per cent and 99.6 per cent know about the safety measures respectively. This project provided ten (10) mobile phones with hotline numbers at the health facilities located in the Rohingya camps and in the host communities. Solvent sticker and leaflet, with mention of the hotline numbers, were provided in assigned health facilities to increase awareness of available emergency support on GBV, childbirth, and other health and protection topics.

Output Statement 2.1: Community outreach and engagement conducted.

- **Progress:** In 2022, 186,756 women and adolescent girls participated in community level outreach sessions on sexual health, GBV prevention and response. Outreach was conducted via courtyard sessions, meetings, gatherings, and household visits. Various community leaders and members were engaged in the outreach sessions, including *Imams* and *Majhis*. Women and adolescent girls in the targeted communities are now aware of GBV prevention, and where to access relevant services if needed, including understanding that both health and protection service are available at health facility.

Output Statement 2.2: Women and adolescent received psychosocial counselling.

- **Progress:** In 2022, a total of 6,938 women received psychosocial counselling. RTM International field workers helped these women receive the support required through health services at assigned health facilities. This service helped those targeted navigate difficult situations and prioritize psycho-social wellbeing.

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

4b. Outputs and Activities Completed

- **Progress:** In 2022, a total of 2,021 women and adolescent girls (ages 14 to 19) received treatment for complications of pregnancy and childbirth including prevention of unintended pregnancy. In the Rohingya community and host population, pregnant women and adolescent girls usually face tremendous challenges and barriers to access proper maternal care. It is being observed by the service provider that there has been an increase in facility service seeking behaviour among those targeted communities which helped in reducing maternal complications as they are visiting the health facilities regularly. Furthermore, family planning service became more accessible for the population which helped in prevention of unintended pregnancy.

Output Statement 3.2: Women and girls received STI/HIV related counselling.

- **Progress:** In 2022, a total of 22,039 women and adolescent girls received STI/HIV related counselling. In order to engage the community, field workers organized courtyard meetings with women, adolescent girls, and community representatives, such as Imam and Majhi by visiting homes and gathering family members to share lessons about the dos and don'ts to avoid STI/HIV. The implementation of this output has had a remarkable influence on the help seeking behaviour of the target population. The counselling service has been able to increase awareness among the population and made them understand that proper treatment is available nearby.

Output Statement 3.3: Women and girls received STI/HIV related services.

- **Progress:** In 2022, a total of 4,443 women and adolescents received STI/HIV related services from nearby health facilities in Rohingya refugee camps and in host community. Target population became acquainted with STI/HIV knowledge due to counselling and awareness sessions which made them seek the proper treatment and service from nearby facility.

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

- **Progress:** A total of 5,931 children received treatment on neonatal complications (fever and other complications related treatment for 0-28 days children) and also malnutrition treatment in 2022. Awareness raising, guidance and counselling was provided by project staff and volunteers to strengthen community members recognition of the warning signs of neonatal complications and know when to seek facility-based service. They were also educated on proper diet and vaccination of their new-borns.

Output Statement 3.5: Primary care, antenatal care service (ANC), postnatal care service (PNC) and family planning services provided.

- **Progress:** A total of 48,459 women and girls received primary care, ANC, PNC and family planning services during the reporting period. Among them, 8,112 women and adolescent girls received treatment as general patients with fever, cold, headache, menstruation problem, 10,857 women and adolescent girls received family planning services, 13,253 women and adolescent girls received antenatal check-up services, 6,579 new born babies received treatment for neonatal complications from assigned health facility, 4,725 women and adolescent girls received PNC services, and 4,933 women and adolescent girls received STI/RTI/HIV services. The Rapid Assessment Report by RTM International shows that about 67 per cent of Rohingya refugees and 70 per cent of host community respondents had received ANC services during their last pregnancy, 88 per cent of Rohingya refugees and 93 per cent of host population have good knowledge about safe delivery services, 50.4 per cent Rohingya refugees and

4b. Outputs and Activities Completed

62 per cent host community respondents could explain PNC services, and a high proportion of respondents from both Rohingya refugees and host community could explain the health services including Nurse/Midwife/Paramedic services. The Rohingya refugees have limited available family planning service points, whereas host populations have a wide range of options. Approximately 86 per cent of the Rohingya population surveyed access family planning services at NGO hospitals/clinics, and from NGO worker and/or NGO satellite clinic. The majority of the host community population surveyed report accessing family planning services at the Upazilla Health Complex, followed by Community Clinics (20 per cent) and Union Health and Family Welfare Centre (15 per cent).

RDRS Bangladesh: LWWF-RDRS Emergency Program for COVID-19 Response in Cox's Bazar, Bangladesh.

Output Statement 1: Women are capacitated with awareness and kits for COVID-19-related hygiene and primary health care practices for their households.

- **Progress:** In 2022, a total of 900 women (500 host community women and 400 Rohingya refugee women, among them 15 women with disabilities) received awareness sessions on COVID-19 prevention, primary health care, menstrual health, and personal hygiene, in addition to hygiene kits. The Project Endline Evaluation and quarterly progress reports show that participants are now maintaining personal hygiene and domestic hygiene, and are sharing their learnings with surrounding households and community women. As a result, positive behavioural change of hygiene practices has been noticed. Besides, the women in the households are playing a leading role in maintaining health and hygiene measures pertaining to COVID-19 to keep the family safe from the pandemic situation and other hygiene related diseases in the future as they are trained on health hazards and prevention.

Output Statement 2: Women from ultra-poor households are provided with income generation support.

- **Progress:** In 2022, 1,000 women were supported with skills development and income generation training on diverse livelihood options like handicrafts, goat rearing, and poultry rearing, along with livelihood inputs. One fourth (25.15%) of the trained women received BDT 4,000-7,000 (equivalent to USD 40-70) in cash grant as direct cash and others received in-kind materials, inputs to pursue their livelihoods. As a result, approximately 32 per cent of Rohingya refugee participants have contributed to the family food budget, 62 per cent of host women have bought medical items (such as medicine), doctor visits, or health supplies for the home. Through the project intervention, the participants have started saving, with 8 per cent of participants reporting savings in the endline compared to no savings reported in the baseline. All of the cash grant recipients utilized the grants to support income generation through livelihood activity, as well as to create alternative income generating activities to gradually increase their household's income. By strengthening women's economic empowerment via access to income generating opportunities, women's participation in decision-making process in the family increase. Participants monthly household income increased by BDT 2,115 (equivalent to USD 21) as a result of income generating activities, as per the endline evaluation data.

Women Entrepreneur Association of Bangladesh (WEAB): Ensuring Protective Environment and Reducing Poverty for Rohingya Female Community.

Output Statement 1.1: Local Economic Development (LED) Model with some value chains and concrete business ideas are developed.

4b. Outputs and Activities Completed

- **Progress:** The LED training has introduced participants to a new innovative concept for economic development in the Rohingya camps and host communities. In the training, participants are asked a set of reflective and visioning questions, such as 'draw and imagine your dreams, wishes and vision (what they wanted to fulfil in their life)', followed by questions focusing on what they have in their life, their basic needs, their goals, how they want to develop their living standards, what kind of work they can perform, what skills they have, how they want to generate income, how their family members are supporting them, what kinds of barriers they face, and how institutions and organizations are supporting them. Based on the answers, the participants are taught to clarify their obstacles and path to achieving their goals, which helps tailor the training to be provided. This includes training on how to engage in work or businesses, how to establish value chains, how to develop their skills, among more.
- Beneficiaries have identified general ideas and received encouragement to be more proactive to initiate working opportunities on their own or in a group, such as homestead activities or establishing an enterprise.
- As a result of the training and support, 60 per cent of the trained beneficiaries (55 out of 92 trained women) started enterprises, businesses, or homestead activities to earn an income, for example by selling block-batik products, and support their families and community members to get involved in their working opportunities. They are also offering the training to the other community members to support them to start their own businesses.
- Two (2) Local Economic Models have been developed based on the training provided, one (1) model on handicrafts preparations (block-batik) and one (1) on hand stitching, involving a total of 210 women (120 from the host communities of Ukhiya and Teknaf and 90 from the Rohingya camps) in the process.

Output Statement 1.2: Women in total took part in business, vocational and hygiene training workshops.

- **Progress:** 460 Rohingya refugees from camp no. 14, 15, 16 and 22 and 120 host community women from Ukhiya and Teknaf were trained and provided information on handicrafts (hand embroidery and block- batik), health hygiene and self-resilience skills respectively.

Output Statement 1.3: Women or Women Groups started business or self-employment activities through getting technical support (equipment/materials as per need).

- **Progress:** 92 women (32 from the host communities and 60 Rohingya women) who received vocational training on handicrafts followed by IGA inputs under Entrepreneurship Development Program (EDP) started their own business. Through the process their skills as entrepreneurs have improved. To promote and sell their products, communications between the women entrepreneurs, business organizations (12), e.g., Ishtision, Seniorita Beach Café, Needle Craft, Kaaru Boutique, Sheuti, Nari Hosto Shilpo Shomproday, Chaya Monjury, and three (3) online platforms (Poshak, Chaity, and Hema Boutiques) was facilitated.
- Their products were displayed in community fairs and Cox's Bazar Tourism Fair. WEAB facilitated getting their products sold in the tourism fair worth BDT 16,000 (equivalent to USD 160) which was handed over to the women entrepreneurs.

4b. Outputs and Activities Completed

Output Statement 1.4: Rohingya people awareness is raised on hygiene, healthcare, environmental issues and on importance of women engagement in business.

- **Progress:** 120 women, men, and children are now aware of personal hygiene and primary health care. Issues related division of labour within the household, care burden, family planning practices, safe sex, early marriage, women's rights, were also discussed with the participants.

Output Statement 1.5: Mentoring and coaching to new Women entrepreneurs provided.

- **Progress:** 120 beneficiaries were engaged in a coaching program to strengthen their capacity and motivation as entrepreneurs. The individual coaching sessions helped women harness their skills, resolve personal issues, and gain motivation to initiate business ventures. Group tasks promoted teamwork and emphasized its significance. The participants were mentored by successful local entrepreneurs from both trade and online businesses. The local entrepreneurs have guided them by sharing their experiences and challenges, and introducing participants to business management, such as profit/loss proportions, sourcing of raw materials, among other. In addition, the beneficiaries from host community have engaged with Senior Executive Officers from Eastern Bank Limited to gain experience on how to open and manage a bank account, how to access financial assistance, and VAT/TAX issues, among other.

5. Unintended Results (optional)

N/A

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

Stories of Impact: Noor Fatima²



Background

Noor Fatima (pseudonym) is a 35-year-old woman who lives in camp 18 in Cox's Bazar refugee camp. She lives with her husband and four children. Her husband used to work as a cash-for-work volunteer on road construction sites but there are no more assignments for him in the camp and his earnings no longer meet the needs of the family. Fatima's son is 15 years old, but he has not yet been selected for income generating activities in the camp. Her daughter is 12 years old, and Fatima feels she must plan for her daughter's marriage. Financial pressures were causing Fatima to experience depression.

Noor Fatima (35 years), a Rohingya refugee who received livelihood training from RDRS supported by UN Women and WPHF

When Fatima came to RDRS for support, she felt she did not have the skills to earn money and that she was a burden to the family. Her husband worked hard but his earnings barely met the families' needs. The financial crisis was taking a toll on her family life as well, as her depression often led to family arguments as she had no

² Consent was obtained. The name has been changed to ensure privacy.

other options of making money in the camp context. She was worried about the education of her children and about marrying off her daughter. She prayed for a means to contribute to the financial wellbeing of her family. RDRS assessed her case and developed a plan for livelihood training suitable to her age and skillset. She was enrolled in tailoring and hand embroidery training to learn how to make clothes, traditional attire, bedsheets, and *nakshi kantha* (hand-embroidered quilts). She also received the necessary materials including needles, threads, and embroidery frames. She can now make products such as pillow covers, bedsheets, saree, and *nakshi kantha* which she can sell among the community.

The training, provided through RDRS and supported by UN Women and WPHF, has enabled Fatima to earn an income and help support her family financially. With less financial stress, family bonding has improved. Fatima is now looking to the future with high hopes and ambition. She is planning to invest in her son's education and her daughter, whom she had been thinking of marrying off, is now learning the trade from her instead which has increased her daughter's skills and confidence.

"Previously my family suffered from severe financial challenges which often led to disputes in the family, and I used to feel depressed. With low earnings, the future seemed bleak. I was determined to change the status quo. I looked for opportunity and RDRS, with support from UN Women, has transformed me from feeling like a burden to being a contributing member of my family. I am training my daughter to be independent from young age so she does not suffer like I did. I am also planning to educate my son so that he gets better job. I am thankful to almighty for making me self-reliant." – Noor Fatima.

7. Knowledge Products and Communications/Visibility

UN Women interventions

Lessons learned material developed and disseminated:

UN Women is producing a report and video documentary on the project's lessons learned to inform future capacity development interventions led by UN Women and partners. These products were developed using unspent funds (USD 6,811.73) which were re-allocated for capacity strengthening of partners. These knowledge products will be ready for wider sharing by the first half of 2023.

Video documentary and lesson learned report: UN Women is producing a video documentary on the results achieved by the projects and a lessons learned report capturing the key challenges encountered and how innovatively and strategically those were resolved. The video documentary and the report will be widely disseminated as best practices among stakeholders and partners.

For communications and visibility, UN Women has published several social media posts for all three grantees on UN Women's Facebook site in 2022.

RDRS Bangladesh: The link for the social media post on RDRS Bangladesh:
<https://www.facebook.com/unwomenbangladesh/posts/3088446748071616>

Grantee's intervention

WEAB: WEAB produced a project related video in 2022, which was shared with WPHF for their review and input accordingly. The video captures some of the impacts of the project and was widely circulated among the networks including UN Women YouTube Channel. WEAB also prepared an e-brochure on the project to raise

7. Knowledge Products and Communications/Visibility

awareness and visibility among stakeholders. The brochure covers the project's outcome, results, challenges, and success stories.

The link for the video of WEAB on UN Women YouTube Channel:

<https://www.youtube.com/watch?v=cmkOblwCKMU>

The link to the e-brochure:

https://drive.google.com/file/d/1uOjh8TMRfUhAKI8seYrfjKE_ueRiid_m/view?usp=drive_web

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

Since the initiation of the project, UN Women has been prioritizing the upskilling and capacity strengthening of grantees. The programmatic and financial training for grantee finance and project management staff in the beginning of the project helped the implementation of the project. During the project, additional trainings were provided on communications to strengthen the grantees capacity to generate meaningful case stories, to capture quality pictures, and to use the correct format of logos. A refresher training on programmatic and financial training was conducted which positively impacted programme implementation as grantees were able to complete programme and financial reports with accuracy.

During the reporting period, UN Women conducted 6 trainings for the COVID-19 Emergency Response Window grantees and their staff, totalling approximate 33 people (female 13, male 20). The trainings covered; 1) Financial management, 2) PSEA, 3) Project/Partnership management, 4) Communications, 5) Refresher on Financial management, and 6) Gender Equality, 7) Monitoring, Reporting and Communications. The PSEA and refresher of PSEA was conducted by PSEA Network under ISCG (Inter Sector Coordination Group). The target of 50 participants in the trainings was not reached due to the fact that the original target was inclusive of the future WPHF implementing partners under the Regular Funding Cycle (CfP1), which are not yet onboard.

As outcome of the capacity building project, one (1) CSO, WEAB has developed and finalized their PSEA Policy, staffs' knowledge and understanding on financial management, partnership, monitoring, reporting, communications, and gender equality has increased. More than 90 per cent of participants in the two-day capacity building workshop on results-based management, monitoring and evaluation, communications, finance, and procurement reported an improvement in skills according to the post-workshop feedback survey. CSOs also submitted more accurate financial reports as result of the financial training. The Quarterly Narrative Reports improved, and grantees collected several quality case stories following the monitoring, reporting and communication training. Additionally, WEAB produce a good project documentary and e-brochure as an outcome of the communications training.

UN Women provided technical support to all three (3) COVID-19 Emergency Response Window grantees. On-the-job capacity building was provided by UN Women on financial management and programme implementation throughout the whole project cycle. Regular field visits were conducted to further support grantees' staff capacity. Regular coordination meetings were held for smooth communication and exchange of ideas, challenges, and opportunities.

9. Risks and Mitigation				
Risk Area (contextual, programmatic, institutionally, briefly describe)	Risk Level 4=Very High 3=High 2=Medium 1=Low	Likelihood 5=Very High 4=Likely 3=Possible 2=Unlikely 1=Rare	Impact 5=Extreme 4=Major 3=Moderate 2=Minor 1=Insignificant	Mitigation Mitigating measures undertaken during the reporting period to address the risk
Financial management of one grantee: The quality of Quarterly reports was not up to the required standard, with several inaccuracies and poor financial management.	3	4	4	UN Women organized several meetings on financial document verifications and financial management. Corrections were requested and made in accordance with policy. UN Women also arranged financial training and refreshers on financial management for the grantee to strengthen their financial management capacity, so the inaccuracies do not happen again.
Contextual: The political impasse in resolving the Rohingya crisis in Bangladesh, regionally and globally, with continued hostility and intolerance towards the Rohingya in host communities and more broadly in Bangladesh. Plus the added challenge of global crisis causing a rise in prices and diversion of funding, this poses a risk for general security, safety, and well-being of both Rohingya refugees and host communities.	3	4	4	UN Women continues to actively participate in coordination mechanisms at the national and local level on the evolving context, and potential challenges and keep abreast of the changing political environment at national and sub-national level. Continued joint advocacy with the UN Country Team for stronger accountability mechanisms and commitment from government counterparts.
Bangladesh is among the top five (5) most disaster-prone countries in the region (2021 OCHA Regional Focus Model), with high vulnerability to natural hazards. Due to the location of the Rohingya camps and host communities, they are vulnerable to the impact	3	5	3-5	Project participants were oriented verbally on disaster risk reduction activities especially to protect their economic activities/income generation activities during different skills training. UN Women regularly participates in disaster related coordination mechanisms and meetings to stay abreast of weather updates, as well as disaster prevention and response action

9. Risks and Mitigation				
of hazards (most commonly flash floods, cyclones, and landslides), both in relation to their well-being as well as their livelihoods. Hazards such as fires are highly common due to the dense structure of several Rohingya camps. All of the above may impact the implementation of activities in both host communities and the Rohingya camps.				and their gender-responsiveness, including through co-chairing the Gender in Humanitarian Action Working Group. UN Women also works closely with government authorities at the national level to ensure the integration of gender equality concerns in policies and plans.
Do no harm: there is an inherent risk in working with partners and vulnerable populations to ensure prevention of harm, including prevention of sexual exploitation and abuse.	2	3	4	Trainings on PSEA to project partners has been conducted, including support to the development and implementation of PSEA policies and guidelines, in close collaboration with the PSEA Network. All partners maintain their own complaints and feedback mechanism. UN Women staff are required to complete mandatory trainings on PSEA, and a dedicated PSEA Working Group, with an Action Plan, implement steps to ensure agency-wide PSEA. UN Women at the corporate level also maintain comprehensive procedures and mechanisms to prevent and respond to SEA and misconduct.

10. Delays and Adaptations/Revisions
<p>The WPHF COVID-19 Emergency Response Window was originally scheduled to end on 30 June 2022. However, due to the country-wide strict lockdown and as well as delayed approvals from the RRRRC and CiC to carry out the activities at the Rohingya camps, project implementation was delayed. Hence, a no-cost extension was requested and granted for three (3) months (from 1 July 2022 to 30 September 2022) for RTM International and four (4) months (from 1 July 2022 to 31 October 2022) for RDRS and WEAB. The onboarding of the newly selected implementing partners (six in total) under the Regular Funding Cycle (CfP1) are in process, with minor delay due to the finalization of the comprehensive risk-based capacity assessments. The partners are expected to be onboard by April 2023.</p>

11. Lessons Learned³			
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>
Receiving timely permission from the government to implement the project activities in the Rohingya refugee camps.	Restrictions and limitations remain on the permission of non-governmental organizations working in the camps due to the COVID-19 situation.	UN Women had to coordinate with the authority to receive permission to implement activities in different refugee camps.	The CSOs need to be prepared well ahead of application with all required, contextual information and processes. UN Women needs to continue supporting small organizations when seeking permission to operate in the camps with government counterpart and raise the clearance issue with the Government in the Steering Committee.
During the project timeline, the Government of Bangladesh relocated many Rohingya refugees from the different camps to Bhasan Char (island). When refugees were being relocated partner organizations faced problems in getting permissions to work in those specific camps causing project implementations delays.	This is government decision executed in 2021. But the grantees developed the proposal and area selection were done in 2020. Hence, it affected the project during implementation phase.	To mitigate the challenge of delayed permissions to work in those camps, the project plan and timeline was revised to include alternative camps.	The project schedule was interrupted due to bureaucratic delays in getting approvals to work in specific camps. Activities should be designed allowing for delays in getting approvals from required authorities and the project schedule should be designed accordingly.
There were reports of relatives of Rohingya refugee patients exploiting health care services provided by the partner organizations, for example it was reported that some	Lack of awareness on health services was the main factor behind such activities.	To avoid misuse of health care services, the partner organizations enacted extra layers of verification of the patients' background with help from community volunteers. Patients with a	While delivering services to the community, it is important that all the service providers adhere to strict professionalism and high standard in delivering services. To

³ A lesson learned is a systematic reflection of challenges (or successes) that have occurred during the reporting period which has resulted in a change, adaptation, or improvement as a result of the challenge, or a planned change or adaptation in the future.

11. Lessons Learned ³			
individuals collected medicines from more than one source to consume them without medical advice or to sell.		reference from a community volunteer were given priority when providing health care services. This added layer of verification by community volunteers, combined with follow-up visits from project team, was found to be effective in identifying the right beneficiary for health care services.	ensure that the communities are receiving the proper care, there could be Community Feedback & Response Mechanism (CFRM) through which beneficiaries from the community can share their feedback on the service they are receiving from various partners. Such efforts will ensure accountability and transparency of service delivery within the communities.

12. Innovations and Best Practices ⁴
<p>Innovations</p>
<p>Established Vegetable Collection Centre: RDRS established a community-led Aggregation (Vegetable Collection) Centre with an expansion of income generating activities to bringing together small farmers (women) and potential buyers/retailers to facilitate economies of scale and strengthen social cohesion and resilience. In Gatirpara, the village of Haldiyapalong Union under Ukhiya sub-district, where established the vegetable collection centre and community people will lead the points with a committee formed by them. A total of 52 women project participants (entrepreneurs) along with other vegetable producers in the community got access to bring their products and buy the local vendors from our project. The centre is also used for other purposes, such as propagation of improved technology using eco-friendly practices, agricultural training, agribusiness services, food processing.</p>
<p>Private sector engagement: RDRS and WEAB organized workshops and meetings with market actors not only to create business opportunities for women but also enabling the local business environment conducive for women. These series of consultations and dialogues resulted the establishment of marketing channels for 83 handicraft producers. Some hotel authorities and district level market actors made commitments in the workshops to promote these local women entrepreneurs through displaying their products in the business centres. Now these women producers have expanded market access to grow their businesses.</p>

⁴ 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.

12. Innovations and Best Practices⁴

Inclusion of selected women entrepreneurs in the Corporate Social Responsibility (CSR) activities of the hotels in Cox's Bazar was a unique activity of UN Women. Display and selling product of women in the hotels/restaurants with minimum expenses (by WEAB) and without expenses (RDRS) made it successful.

Disability Inclusion: Disability inclusion has been established through the participation of persons with disability in the project interventions on income generating activity and awareness sessions under RDRS project activities. The group members are sensitized on disability inclusion by the group meeting, and they are well aware about disability inclusion with their group level activity and supporting the persons with disability for mainstreaming them. As a result, they are earning money, contributing to their households, and taking part in the disable friendly activity in the community.

Climate smart agricultural practices: Through the RDRS Bangladesh project activities, participants received training on vegetable cultivation using improved technology and eco-friendly practices, as well as increased their knowledge and skills on homestead gardening. As a result, they are cultivating vegetables using sex pheromone for environmentally friendly insect/pest management.

Best Practices

UN Women made an exceptional linkage between different projects through the WPHF funding. WEAB's intervention with host communities were linked with another UN Women partner (DanChurchAid) implementing Second Chance Education activities since 2020, including a skill and entrepreneurship development component. WEAB worked with DanChurchAid beneficiaries as their beneficiaries and developed the skills of the selected women through trainings, skill and entrepreneurship development, production, and effective market linkage. Not only does this synergy across project implementations increase impact, but it also facilitates sustainability. Upon the closure of the WPHF intervention, support will continue through DanChurchAid in 2023. Now, DanChurchAid is nurturing those skilled women through production and market linkages at local level making the women's economic condition sustainable and their empowerment enhanced through this intervention. UN Women will continue to make these linkages, where relevant, in future.

13. Auditing and Financial Management

All three (3) grantees namely RTM International, RDRS and WEAB have been selected for partner audits for 2022 which will be conducted by external auditors in 2023.

14. Next Steps and Priority Actions

N/A

ANNEX A: Results Framework

Expected Results	Indicators	Baseline (if applicable)	Planned Target (if applicable)	Results/Progress (Against Each Indicator)	Reason for Variance against planned target (if any)
CSO Name: RTM International					
Impact: Enhanced inclusive and gender responsive humanitarian/crisis planning, framework, and programming.	150,000 Rohingya 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	300,000	2022: 567,400 for 2022 (189%) Cumulative: 589,354	Achieved more than the target during implementation as per community demand of services.
	Number of indirect beneficiaries	0	486,000	2022: 2,610,040 Cumulative: 2,711,028	Achieved more than the target. RTM International did not calculate in the initial period with ratio of 4.6 whereas UN Women calculates 4.6/per households in general as per 2021 Annual report
Outcome: Health status of Rohingya and host population particularly women, adolescent girls and children will be increased.	Number of outreach network developed	0	NA	2022: 10 Cumulative: 10	Total 10 outreach network. 1 outreach network in each of the working area (5 in host community and 5 in Refugee Camps)
	Number of peer group formed	0	NA	2022: 6 Cumulative: 6	Total 6 peer group formed, 3 in host community and 3 in Camps. Three types of groups, e.g., women, adolescent and Majhi/Imam (leaders)
	Number of staff trained on complicated pregnancy, Sexually Transmitted Infections (STIs), SGBV case management, standardized	0	270	2022: 86 Cumulative: 295 (109%)	Achieved more than the target. (104 service providers, 121 health services providers and 70 Community Volunteers) as during

Expected Results	Indicators	Baseline (if applicable)	Planned Target (if applicable)	Results/Progress (Against Each Indicator)	Reason for Variance against planned target (if any)
	key preventions messages and IEC materials on health, nutrition, protection promotion and particularly on COVID 19 preparation.				implementation, the number of participants increased as required.
CSO Name: RDRS Bangladesh					
Impact: Household's resilience to the COVID-19 and related economic crisis is improved with increased women's empowerment in the household.	More than 60% of the beneficiary households' income and/or hygiene practices are improved through increased women empowerment in the household decision-making	0	60% (600)	71% (710 Women)	As per project endline assessment report, actual achievement is more than the target.
Outcome: Women become self-reliant and resilient to support their households during and after the COVID-19 outbreak.	More than 80% of the participating women practice COVID-19 related hygiene measures and/or earn to support their households	0	80% (800)	83.40% (834)	As per project endline assessment report actual achievement is more than the target.
	Number of women directly benefiting from the response (disaggregated by age group, type of disabilities and host & refugees)	0	1,000	2022: 1,000 Cumulative: 1,000	As per Quarterly Narrative Reports
	Number of people indirectly benefiting from the response	0	3,000	2022: 4,600 Cumulative: 4,600	UN Women calculated of 4.6/per household ratio. RDRS calculated 3/per household during proposal development and that why it shows more achievement.
CSO Name: Women Entrepreneur Association of Bangladesh (WEAB)					
Impact: Enhanced inclusive and gender	At least 15 local women's organizations (CSOs)	0	15	2022: 15 (100%) Cumulative: 15 (100%)	As per Quarterly Narrative Reports

Expected Results	Indicators	Baseline (if applicable)	Planned Target (if applicable)	Results/Progress (Against Each Indicator)	Reason for Variance against planned target (if any)
responsive humanitarian/crisis planning, frameworks, and programming.	supported/provided capacity building to effectively respond to the crisis				
	Number of people directly benefiting from the response	0	550	2022: 550 (100%) Cumulative: 550 (100%)	As per Quarterly Narrative Reports
	Number of people indirectly benefiting from the response	0	10,000	2022: 2,530 Cumulative: 2,530	The significant difference is because of miscalculation from partner and oversight from WPHF secretariat.
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	0	80% (400)	60% (240)	Based on Quarterly Progress reports, the achievement shows 60%. WEAB shifted 2 hygiene training to skill development training with consent of UN Women. Thus, the achievement shows less than the actual target.
	At least 10% of 550 beneficiaries-initiated businesses/became self-employed.	0	55%	92% (167)	Achieved more than the target as during implementation more beneficiaries were involved in training and production with consent of UN Women and within budget