



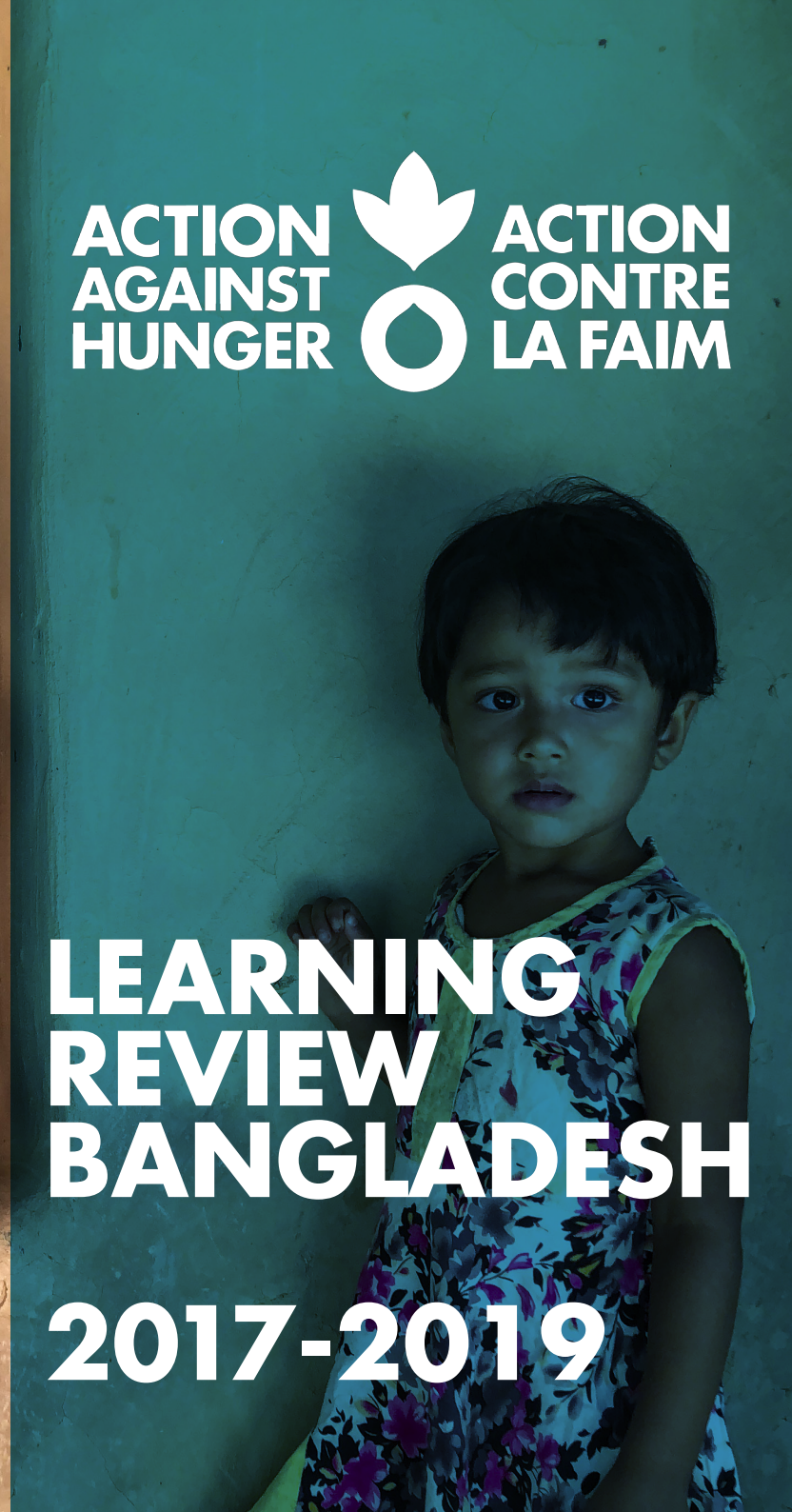
**ACTION
AGAINST
HUNGER**



**ACTION
CONTRE
LA FAIM**

**LEARNING
REVIEW
BANGLADESH**

2017-2019



This Learning Review was produced by Action Against Hunger UK's Monitoring, Evaluation and Learning Services team:

Anna Stamatiadi , MEAL and Information Management Advisor
Joel Woolfenden, Project Officer

This report was designed by:

Kim Winkler, Communications and Knowledge Management Officer
Cover Photo : Tom Gustin for Action Against Hunger Bangladesh

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Anna Stamatidi &
Joel Woolfenden

Action Against
Hunger UK's
Monitoring,
Evaluation and
Learning Services

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ACRONYMS

ACF	Action Contre La Faim	DGHS	Directorate General of Health Services
APR	Activity Progress Report	ECHO	European Civil Protection and Humanitarian Aid Operations
BBCMA	BBC Media Action	EMOP	Emergency Operations (EMOP) Centre
BFU	Budget Follow-Up	ER	Emergency Room
BSFP	Blanket Supplementary Feeding Programme	FSL	Food Security and Livelihoods
CBI	Cash-Based Intervention	GBV	Gender-Based Violence
COC	Code of Conduct	GMP	Growth Monitoring Programme
CFMC	Complaints and Feedback Management Committee	GMS	Gender Minimum Standards
CFW	Cash for Work	HoD	Head of Department
CHS	Core Humanitarian Standards	HQ	Headquarters
CMAM	Community-Based Management of Acute Malnutrition	HR	Human Resources
CNV	Community Nutrition Volunteers	IGA	Income-Generating Activity
CHV	Community Health Volunteers	INGO	International Non-Governmental Organisation
CNW	Community Nutrition Workers	IYCF	Infant and Young Child Feeding
CWC	Communication with Communities	KAP	Knowledge, Attitude and Practice
DCD	Deputy Country Director	LCG	Livelihoods Cash Grant
DD	Divisional Director	MAM	Moderate Acute Malnutrition
DFID	Department for International Development	MEAL	Monitoring, Evaluation, Accountability and Learning
DHIS2	District Health Information Software 2	MHCPGP	Mental Health, Care Practices, Gender and Protection

ACRONYMS

MHPSS	Mental Health and Psychosocial Support	SOP	Standard Operating Procedures
MoU	Memorandum Of Understanding	SST	Supplementary Suckling Technique
MUAC	Mid-Upper Arm Circumference	SMART	Standardised Monitoring and Assessment of Relief and Transitions
NCE	No Cost Extension	SQUEAC	Semi-Quantitative Evaluation of Access and Coverage
NGO	Non-Governmental Organisation	TSFP	Targeted Supplementary Feeding Programme
NYPSC	Nayapara Stabilisation Centre	UCG	Unconditional Cash Grant
OTP	Outpatient Therapeutic Programme	UK	United Kingdom
PDM	Post-Distribution Monitoring	UN	United Nations
PFA	Psychological First Aid	UNHCR	United Nations High Commissioner for Refugees
PLW	Pregnant and Lactating Women	UNICEF	United Nations International Children's Fund
PM	Program Manager	VAT	Value-Added Tax
RRRC	Refugee Relief & Repatriation Commissioner	WASH	Water, Sanitation and Hygiene
RTE	Real-Time Evaluation	WFP	World Food Programme
RUTF	Ready-to-Use Therapeutic Food		
SAM	Severe Acute Malnutrition		
SC	Stabilisation Centre		

EXECUTIVE SUMMARY

Background

Approximately 624,000 Rohingya refugees are estimated to have crossed into Bangladesh since violence broke out in Rakhine State in Myanmar on August 25th 2017 increasing the total Rohingya population in Cox's Bazar to 837,000¹.

ACF have been present in Cox's Bazar long before the surge of refugees in August 2017, and this meant that they were well positioned during and after the influx to respond rapidly. With this responsibility, ACF significantly scaled up their programmes and staffing to respond to the crisis, being the largest I/NGO recipient of the funds against the response plan 2018. ACF's response focuses on Nutrition and Health, WASH, FSL and DRR, MHCPGP, Communications with Community and response coordination support to Government of Bangladesh. During the initial months into the crisis, ACF Bangladesh scaled up its centre-based and mobile/outreach services to reach the refugee population.

Early into the crisis when assistance from NGOs was limited, ACF launched their massive screening of children aged under five to detect undernutrition, screening 174, 234 children for undernutrition in the 2 first months of operations representing and more than 3,000 children per month during the following months. FSL programme also expanded massively, from 7 metric tons of Food Aid distributed in 2017, comparing to 8,793 in 2018. Similarly, the total value of cash (including vouchers) distributed increased from 631,459 to 3,717,517 Euros. ACF were the cluster lead in WASH prior to the response. This gave ACF pre-existing capabilities to respond with vital WASH support quickly during the crisis. In response to the crisis, ACF distributed over seven million litres of water through its mobile teams. It was also instrumental in the construction of deep tube wells and water points. Finally, more than 5,000 emergency/semi-permanent latrines were constructed in the

camps and 14,000+ shelter kits were distributed. Finally, within the first year of the response ACF provided 356,763 newly arrived distressed and traumatized refugees with Mental Health and Psycho-Social Support, representing approximately 50% of the total new arrivals.

The increase of the needs and the projects being implemented had a significant effect on the Bangladesh mission. As of June 2019, they have over 1,000 staff and are implementing various projects in the camps and host communities. The money moving through the organisation was around 6 million euro per year prior to the crisis. This increased significantly to around 18 million euro in 2018 and again to around 32 million euro in 2019.

The Learning Review

The purpose of the Rohingya Response Learning Review report is to capture programmatic learning related to the effectiveness, efficiency and sustainability of the programmes. This information will then be used to inform ACF's Bangladesh strategy and future programming. The learning review will review all interventions in Cox's Bazar conducted between August 2017 until June 2019 with the aim of capturing programmatic achievements and learning that can be used to inform the next 3 years of programming in Cox's Bazar. Specific objectives are the following:

- Evaluate and present how far programme objectives of projects have been achieved,
- Document what worked well and what did not work well? Why?
- Document what could have been done differently to get better results,
- Provide recommendations for the improvement of ACF's interventions in future.

1 IOM Situation report 30th November 2017



The report is structured into the following sections: Introduction, Effectiveness, Efficiency, Sustainability and conclusions. Each section focuses on the extent that departments reached their objectives, the good practices and challenges, and the lessons learnt across the last 2 years, including suggestions for the future programming in Cox's Bazar.

Methodology

For the purpose of this learning review both primary and secondary data were used. Data sources were triangulated in order to inform conclusions and recommendations that consider a range of stakeholder views and existing programme information. Interviews and FGDs were conducted to obtain the views of a wide variety of stakeholders on ACF including staff, partners, government officials, beneficiaries, and donors. Secondary data focused on the review of existing documents relevant to the programmes being implemented by ACF in Cox's Bazar. These included an RTE conducted in December 2017, proposals, and final reports, APRs, factsheets as well as a variety of documents relevant to each department in question.

Effectiveness

This criterion looks at the overall effectiveness of ACF Bangladesh's activities in Cox' Bazar in the last two years, including good practices and lessons learnt. The initial sections focus on the four core sectors of ACF's activities: Nutrition and Health, FSL and DRR, WASH and MHCPGP. The components of CFMC, CwC and gender and protection are also looked through the criterion of effectiveness as they are key aspects of the emergency response.

Efficiency

This criterion focused on the support functions in place in ACF Bangladesh. These include MEAL, HR, finance, logistics, grants and audit. The focus of this analysis was on how ACF have managed the scale-up in operations and the lessons learnt since the crisis and in what areas programmes and support functions could improve the coordination with which they work. Efficiency analysis included an assessment on the degree to which both internal and external

coordination has efficiently facilitated activities in the mission.

Sustainability

This criterion focuses on measures in place to ensure sustainability of achievements in the following years that funding from donors is likely to be decreased and community needs might be more complex and long-term. This section analyses partnerships with national NGOs and efforts for transfer of knowledge and capacity, host & refugee relations and on how ACF can contribute to meet mid and long-term needs of the communities.

Findings – Effectiveness

ACF have been largely effective in achieving results in terms of providing timely emergency assistance in Nutrition & Health, WASH, food security and livelihoods and MHCPGP, as well as leading or participating in coordination bodies.

On Nutrition & Health, ACF are recognised by various stakeholders for their technical expertise, managing to offer the full nutrition package in 12 out of 19 OTPs. There is a strong community participation, with Rohingya volunteers and model mothers. Low caseload is being reported in OTPs and SCs across different organisations. ACF need to explore their future strategy and department's structure, including number of staffs per structure, by also keeping in mind that funding will be reduced from 2020 and some organisations might scale down their nutrition programmes.

Food provision in the initial months of the crisis were instrumental in supporting refugees with life-saving support. Community kitchens have been a core modality for ACF's food provision as the situation has progressed although there is need to address the scepticism of donors around this activity. ACF has committed to the provision of cash and this is widely appreciated by beneficiaries as it enables them to positively contribute to their community. ACF have been able to implement cash distribution at scale making it a fundamental part of FSL programmes.

ACF have been instrumental in the provision and coverage of WASH

assistance. Their leadership role in the sector in particular has been a clear benefit to the response in the eyes of external stakeholders. The team is working to transit to mid-term solutions and to encourage community participation. Waste management is the major challenge in the sector, ACF have committed to innovate approaches to address these challenges. Water sources are another challenge and the cluster are committed to establishing master water sources, something that ACF should continue to drive. Hygiene awareness promotion is an area for improvement according to staff and external stakeholders.

Integration of nutrition and MHCPGP programmes through the mental health corner and community visits plays a key role on preventing and treating undernutrition. One of the key challenges since the beginning of the emergency response is the provision of specialised MHPSS response and the capacity to treat complex cases.

The CwC, CFMC and the Gender department are all instrumental in ensuring effective programming that is in line with the CHS. Information hubs have been very successful in facilitating communication between ACF staff and the community. The establishment of a CFM committee has ensured that the investigation process is managed efficiently and with protection issues considered. There is still the need to strengthen communication between CFMC and CwC departments. Bangladesh has

a strong and action-orientated gender approach with dedicated gender focal points and initiatives at the office and in the projects. More focused work needs to be done within the communities to address existing barriers.

Findings – Efficiency

Support departments have been significantly affected by the scale up of ACF Bangladesh during the last two years. They had to grow fast and, in many cases, there were no tools or processes to support this quick scale up. However, the teams worked very hard and managed significant achievements, including recruitment of more than 1,000 staff and management of 24 grants, while remaining highly motivated. There were delays on setting up MEAL and Grants department but now they are well-equipped, with clear roles and responsibilities. ACF Bangladesh has recently taken significant steps on bringing the departments together and improving internal coordination. The establishment of the grants department, regular kick-off meetings and lessons learnt workshops are good practices and the way to continue.

Co-operation and co-ordination with the government and donors has worked well. So have partnerships established with local NGO partners where support has been very strong both in terms of programmatic



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activities, and operational support. Leading a consortium has come with its successes and challenges, and ACF are currently taking steps towards efficient consortium management and increased internal coordination.

Findings – Sustainability

The organisation has a vision to focus on long-term programming with a focus on building self-sustainability of vulnerable communities in Cox's Bazar. ACF have, and will continue to, build the capacity of national and local partners such that they can manage large programmes and meet donor compliance requirements. This need to facilitate the strengthening of local agencies, ensuring that they can self-manage projects should INGO presence deteriorate in the coming years. ACF plan to change the working relationship between themselves and local agencies such that implementing partners become strategic partners when applicable and leadership responsibilities are shared. Capacity building will need to be more systematic and focused in the future to maximise the skills of local partner staff. ACF should take a new approach to programmes, focusing on fewer, larger projects in the coming years. As part of this transition, projects will be able to draw more focus on the sustainability components of programmes, strengthening the self-sustainability of beneficiaries. The continued involvement of communities in programmes will also be a core component of creating sustainable impact.

KEY RECOMMENDATIONS:

- ACF should prioritise delivering future through a consortium or partnership model.
- ACF should prioritise securing funding streams, which facilitate longer-term and more consistent programming.
- ACF must commit to their existing long-term strategy to transition local organisations from implementing to strategic partners.
- Systematic partner training and capacity building should be prioritised.
- Development opportunities and staff care will be crucial for ACF to recruit and retain the right staff.
- ACF should strengthen the efficiency of support functions at HQ and country level.
- Future projects should transition towards prevention of malnutrition complementing the treatment of malnutrition.
- ACF should continue to scale up cash provision through targeted UCGs, CFW and LCGs.
- Drive the implementation of innovative approaches in the WASH sector.
- ACF should continue emphasising and further strengthen their gender approach.
- ACF should integrate advocacy activities and roles into future programmes as part of the organisation's commitment at the network level to be a 'powerful and legitimate voice.'
- A clear and external mandate that outlines ACF's commitment to host communities needs to be established.
- ACF needs to ensure meaningful community participation;
- ACF should build robust evaluation and learning process into future projects at the design stage, both from a technical and budgetary perspective.
- ACF need to standardised pre and post programme meetings, with all relevant departments included.
- Strengthening communication between CFMC and CwC departments will increase accountability to beneficiaries.

INTRODUCTION

The Rohingya people have faced decades of systematic discrimination, statelessness and targeted violence in Rakhine State, Myanmar. Such persecution has forced Rohingya women, girls, boys and men into Bangladesh for many years, with significant spikes following violent attacks in 1978, 1991-1992, and again in 2016.

Yet it was August 2017 that triggered by far the largest and fastest refugee influx into Bangladesh. Since then, an estimated 745,000 Rohingya, including more than 400,000 children, have fled into Cox's Bazar. The immediate cause of their flight was described by the UN-mandated Independent International Fact-Finding Mission on Myanmar as a "widespread and systematic attack on [civilians]" including "murder, imprisonment, enforced disappearance, torture, rape, sexual slavery and other forms of sexual violence, persecution, and enslavement" with "elements of extermination and deportation" as well as "systematic oppression and discrimination [that] may also amount to the crime of apartheid." As of January 2019, over 900,000 stateless Rohingya reside in Ukhiya and Teknaf Upazilas. The vast majority live in 34 extremely congested camps.

ACF were present in Cox's Bazar long before the surge of refugees in August 2017. They have been active in Cox's Bazar, supporting both refugees and host communities since 2007 and were one of only two INGOs (the other being MSF) to be implementing in the camps prior to the crisis. This meant that ACF were well positioned during and after the influx to respond rapidly. With this responsibility, ACF significantly scaled up their programmes and staffing to respond to the crisis, being the largest I/NGO recipient of the funds against the response plan 2018. ACF's response focuses on Nutrition and Health, WASH, FSL and DRR, MHCPGP, Communication with Communities and response coordination support to Government of Bangladesh (GoB). ACF remained WASH Sector lead and MHPSS working group lead under Health Sector in Cox's Bazar and member of SEG (Strategic Executive Group) in Dhaka.

As of June 2019, they have over 1,000 staff and are implementing various projects in the camps and host communities.

ACF's initial response

From August 25th, 2017 onwards, ACF in Bangladesh started reacting to news of continued, unimpeded violence in many areas of Northern Myanmar and of Rohingya crossing the border to Bangladesh. As a result of the influx of 2016, ACF Bangladesh began anticipating/planning to provide essential, life-saving services for up to 120,000 newly arrived Rohingya refugees. This was in addition to the various services being provided to the 167,000 refugees who were already in Bangladesh from previous influxes and local beneficiaries in host communities.

With thousands of Rohingya refugees pouring into Bangladesh every day, ACF Bangladesh decided to scale up its humanitarian services immediately. ACF's hot meal² service was made available to all newly arrived refugees. ACF responded in the zero-line areas in between the borders of Bangladesh and Myanmar where Rohingya refugees were waiting to cross into Bangladesh. The number of arrivals exceeded initial agency estimations and more were expected. A few weeks into the crisis, refugees were forced into new areas as the existing registered and makeshift refugee camps surpassed capacity.

IN SEPTEMBER 2017, THE GLOBAL ACUTE MALNUTRITION (GAM) RATE REACHED 22.2% WITH THE SEVERE ACUTE MALNUTRITION (SAM) RATE OF 5.8%; BOTH OF THESE RATES FAR EXCEEDED THE WORLD HEALTH ORGANISATION'S EMERGENCY THRESHOLD.

² The hot meal provided is Khichuri which is a traditional dish made of rice, lentil, vegetables and spices.

During the initial months into the crisis, ACF Bangladesh scaled up the following aspects of its operations: coverage of mobile teams, mass screening of children under 5, identification of pregnant and lactating women, distribution of hot meals and high energy biscuits, water trucking, installation of sanitation facilities and water points with frequent maintenance, mobile teams to provide psychological first aid and trauma counselling. While ACF continued its full operations, it began to set up its outreach centres to ensure that refugees living in the zones/areas far away from the main road also had access to life-saving humanitarian services.

Learning Review purpose

Two years on from the start of the crisis, there is a need to evaluate the response, and capture programmatic learning related to the effectiveness, efficiency and sustainability of the programme, which can be used to inform future programming. As such, the ACF Bangladesh office commissioned this Rohingya Response Learning Review. ACF Bangladesh commissioned this learning review, conducted by ACF UK (viewed and acting as an external entity), to assess what has gone well since the crisis and how things can be improved moving forward. The learning review focuses on the interventions in Cox's Bazar conducted between August 2017 until June 2019 with the aim of capturing programmatic achievements and learnings that can be used to inform the next 3 years of programming in Cox's Bazar.

The learning review will have the following objectives:

- Evaluate and present how far programme objectives of projects have been achieved,
- Document what worked well and what did not work well? Why?
- Document what could have been done differently to get better results?
- Provide recommendations for the improvement of ACF's interventions in future.



METHODOLOGY

The analytical framework focuses on three DAC criteria of evaluation: effectiveness, efficiency and sustainability. The full list of research questions can be found in annex 1 and the general questions in table 1.

TABLE 1: KEY RESEARCH QUESTIONS:

DAC CRITERIA	KEY RESEARCH QUESTION
Effectiveness	To what extent has the programme been effective in achieving results in terms of providing emergency assistance in nutrition & health, WASH, food security and livelihoods and MHCPGP for host community and refugees?
Efficiency	Was the programme implemented in the most efficient way?
Sustainability	Which measures have been in place to ensure the sustainability of achievements?

DATA COLLECTION AND ANALYSIS

The above questions were answered using both primary and secondary data. Data sources were triangulated in order to inform conclusions and recommendations that considered a range of stakeholder views and existing programme information.

Secondary data

The evaluation began with a review of existing documents relevant to the programmes being implemented by ACF in Cox’s Bazar. These included an RTE conducted in December 2017, proposals, final reports,

APRs, factsheets as well as a variety of documents relevant to each department in question.

Primary data

The evaluation team visited ACF Bangladesh’s offices in Dhaka, Cox’s Bazar and Ukhia in order to conduct interviews and FGDs. In addition, camps and host communities were visited to understand the views of beneficiaries and field staff. In each of these locations, interviews/FGDs were conducted to obtain the views of a wide variety of stakeholders on ACF Bangladesh’s crisis response. Data collection tools can be found in annex 2.

Interviews were primarily conducted with ACF staff. For the majority of departments, the HoD was interviewed in Dhaka as well as the most senior member of the department in Cox. In total 27 ACF staff were interviewed, 14 in Dhaka, and 13 in Cox’s Bazar. In addition, interviews were conducted with key figures of two donors (DFID and ECHO) as well as with two Government officials (RRRC and Cox’s Bazar’s Public Hospital). These interviews were semi-structured and sought to gain the individual views of a variety of stakeholders across different ACF departments and organisations. Additional interviews were conducted with a variety of stakeholders in the field including a community clinic supervisor and model mothers.

Focus groups were held with beneficiaries, partner staff and field staff/volunteers. In total, 12 FGDs were held with beneficiaries (8 in the camps and 4 in the host communities) across all four sectors. Three FGDs were held with field staff (one for nutrition, one for WASH and one for MHCPGP) as well as one FGD with nutrition volunteers who operate out of an ACF OTP centre. Finally, five FGDs were held with partner staff to get views on the quality of relationships that ACF is currently involved in.

TABLE 2: DATA COLLECTION METHOD:

DATA COLLECTION METHOD	RESPONDENT TYPE	QUANTITY
Interviews	ACF staff - Dhaka	14
	ACF staff - Cox's Bazar	13
	Donors	2
	Gov. officials	2
	Other	4
	Total:	35
FGDs	Beneficiaries - Rohingya	8
	Beneficiaries - Host community	4
	Field staff / volunteers	4
	Partners	5
	Total:	21

The analysis looked to triangulate the responses to all of these interviews and FGDs, thus building a consensus that factors in the perspectives of a range of stakeholders. The analytical sections of this report are organised by key findings based on these perspectives followed by a series of recommendations that have been suggested by respondents as well as from the evaluators' perspective having listened to a range of viewpoints.

Particularly good practices were reflected through case stories in order to represent the impact of ACF's programmes at the individual level. This included both individual beneficiary stories as well as focus boxes documenting good practices adopted by ACF Bangladesh.

LIMITATIONS

Programme data

In the context of an emergency, proper reporting and organised data storage are not high on the list of priorities. Given the absence of a substantial MEAL team up until early 2019, available programme data is limited. The evaluators had to work closely with the MEAL team to accurately map the available programme data. Analysis of the data in this report is there for not as rigorous as it otherwise could have been.

Time

The evaluation team had two and a half weeks in Bangladesh. While time was used very efficiently this of course limited the scope of data collection. In particular, time in the camps was limited resulting in a few missed opportunities, for example an observation of cash distribution was planned for but was not possible.

Sampling strategy

The time restraints meant that planning a sampling strategy was problematic. FGD participants were not randomly selected, instead they were chosen based on their ability to attend the discussions. A more rigorous planning phase would have enabled a random sampling approach, but this was not feasible.

ANALYSIS

EFFECTIVENESS

NUTRITION AND HEALTH

Nutrition is a core component of ACF's emergency response in Cox's Bazar. As donors and other stakeholders mentioned, ACF are the reference point for nutrition worldwide, including Bangladesh. The mission has been largely successful on reaching the strategic objectives of diagnosing, treating and preventing malnutrition as well as mitigating its impact through an integrated, multi-sectoral approach.

Early into the crisis when assistance from NGOs was limited, ACF launched their mass screening of children aged under five to detect undernutrition, screening 174,234 children for undernutrition in the 2 first months of operations, and more than 3,000 children per month during the following months. Upon identification, 3,452 severely malnourished children were admitted for nutrition treatment. In 2018, ACF reached 353,971 direct beneficiaries (159,667 from the host community and 194,304 from the refugee camps). Out of this number, 69% were male, 31% were female, and under 5 children represent 39% of the total beneficiaries.

Currently, ACF are active in 6 refugee settlements (Camp 01W, 2E, 6, 16, 21, 24) with 19 OTPs, 5 Stabilisation Centres (SC) and 9 Targeted Supplementary Feeding Programme (TSFP) centres. It is very positive that despite a stark lack of space in the camps, ACF have managed to offer the full nutrition package in 12 out of 19 OTPs, integrating IYCF, TSFP, BSFP and GMP components. In some cases, Friendship, a national partner organisation, is offering basic health services in an adjoining health centre.

The community mobilisation takes place through a network of Community Nutrition Volunteers (CNV) who are in charge of screening, referrals to OTP/TSFP/BSFP, health and nutrition education, patient follow-up and defaulter tracing. Demographic data was collected for over 60,000

FOCUS BOX: MODEL MOTHER APPROACH

The model mother project was initiated in 2015 in 3 Upazillas in the host communities in Cox's Bazar to strengthen the community approach, with women taking an active role on detection, referral and health and nutrition education. Each model mother is expected to cover about 150 households, although they manage freely their workload and schedule. Their work is not reported to avoid double counting with the CNV work.

The model mother approach has a lot of potential as the responsibility to detect and refer cases moves to the community, which is more sustainable in the long term. The approach has been established by the nutrition team in Bangladesh and is now replicated by the FSL department in Bangladesh and other FSL missions. A capitalisation report could be produced to capture good practises and knowledge generated during the last 4 years that the approach has been introduced.

There is scope to increase communication among CNV and the model mothers, as they work in the same areas. This would ensure that tasks between the CNV and the model mothers are well understood and there is no duplication of activities.

CASE STUDY:

RE-LACTATION OF A MOTHER WHO HADN'T BREASTFED FOR TWO YEARS

On the 24th December 2018, Ms Shehana Begum, 23 years old, came to NYPSC. She was accompanied by her husband and her two children, and carrying Marium, an orphan female baby of 12 days. Marium's mother died on the sixth day following her birth. After the death of Marium's mother, Shahena had taken her in. Shahena has been married for over seven years and her youngest child was 4 years old whom she had finished breastfeeding around two years before. They had been feeding Marium with rice water. When they came to the SC, ACF informed her that even though she had not breastfed for two years, they could take some steps to re-lactate her. Neither Shehana nor her husband believed that she could breastfeed after going two years without having a baby. However, after repeated counselling, they started to believe that it could be possible. ACF started treating the mother and the baby with the Supplementary Suckling Technique (SST). On the fourth day, scanty drops of milk started to appear and gradually increased through the following weeks. On the 32nd day, all supplementary milk was stopped and Marium was fed entirely on breast milk. She was gaining weight steadily. In the meantime, ACF had the baby immunized and contacted child protection. Marium was discharged on the 27th January 2019 and deemed to have fully recovered. ACF have since kept Marium on weekly follow up, she has gained weight with only breast milk, which meets the discharge criteria from the SC.

children under five in the community, who are being regularly followed up by the CNVs. This is achieved by creating blocks that are divided among CNVs, with 200 households assigned per volunteer to follow up. It would be beneficial to update the collected data by the end of the year to include children born after the data was collected.

Stabilisation Centre

During discussions with staff and volunteers, they seemed to have good knowledge of the protocol. However, staff and volunteers agreed that trainings for volunteers could be more regular and systematic. Every month there is a training on how to measure MUAC at the centre where volunteers need to practise and showcase their competence before they are then allowed to go into the community. Because trainings are only provided once a month, some volunteers need to wait for the next training before beginning their work. As such, the model of monthly trainings is causing delays on volunteers being ready to work in the community. An alternative model where volunteers receive an induction from the OTP supervisor or other more experienced volunteers when joining ACF should be considered.

Coordination and Assessments

During the first year of the response, many different organisations opened nutrition centres with minimum coordinating efforts being made due to the urgency of the emergency response, and this led to overlapping of catchment areas. The nutrition sector is currently working on rationalising the service provision, as the attendance is low in most of the SCs/OTPs/TSFPs across the different organisations. Work is ongoing with the nutrition sector to tackle this issue of high programme coverage and low caseload. ACF have been actively participating in such meetings. ACF should also consider the implications that the low caseload has on their future strategy and department's structure, including the number of staff per OTP. However, another fact to consider is that funding will be reduced from 2020 and some organisations might decide to scale down their nutrition programmes.

Concerning coordination, ACF are active in the nutrition cluster at Dhaka level, and the nutrition sector group in Cox Bazar, as well as the IYCF, CMAM, and supply technical groups while being the only organisation, apart from UN agencies, with an authorisation to import RUTF. ACF are also leading the Assessment technical working group playing an important role on monitoring the nutrition situation in the camps and among host communities. The nutrition department has conducted a total of 29 Surveys from 2017 to 2019. In the refugee camps they have done 7 SMART surveys and 1 SLEAC survey, and in the host community 12 SMART surveys, 5 Rapid SMART and 4 SQUEAC assessments. The newly recruited surveillance Head of Department is expected to further improve ACF's position on cluster and assessment working group representation.

Host community

With regards to the host communities, protein-energy malnutrition and micronutrient deficiencies remain prevalent in some areas. CMAM has been implemented at a limited scale by several non-government agencies as an emergency response to natural disasters but there is no scale up of CMAM at national level. ACF support the Ministry of Health on the implementation CMAM Program in the host community of in the 5 Upazilas in Cox's Bazar District; Teknaf (28 OTPs & 1 SC), Ukhia (24 OTPs & 1 SC), Moheshkali (36 OTP & 1 SC), Kutubdia (11 OTP & 1 SC) and Pekua (1 OTPs & 1 SC). A total of 100 OTP and five SCs are being supported. An interesting component that strengthens ACF's presence in the host community is the school nutrition program; through partners, ACF are working in 26 secondary schools in Ukhia, 30 in Moheshkali, 28 in Teknaf. ACF are also working in 17 primary schools in Ukhia.

There are reservations regarding RUTF use for CMAM by the Bangladesh health authorities', although it can be imported (with authorisation granted by the Institute of Public Health Nutrition). RUTF use is officially allowed in refugee camps, but it is also used in other parts of the country at smaller scale within the health system. For instance, ACF are using RUTF in host and refugee populations, as well as other nutrition actors, and UNICEF. During FGDs with women at the community clinic, they mentioned seeing great improvement on their children's health after participating in the CMAM programme, moving from malnourished to well-nourished.

CASE STUDY: A WELL-NOURISHED CHILD

Nasima lives in one of the many host communities located next to the refugee camps. She is based very near one of the ACF supported community clinics (CC). She has three children, two of which go to school and one of which is still very young and the subject of this story.

"My baby had been very sick since birth"

From very early in her child's life, Nasima knew that something was not quite right, this was confirmed when a community nutrition volunteer (CNV) visited her when her child was 6 months old. The CNV told her that her child was malnourished and referred her to the CC.

Nasima closely followed the advice of the CC staff/volunteers around hygiene and received medicine to treat her child – who was now diagnose with Severe Acute Malnourition (SAM). Within just two months her child became MAM and three months after that, her child was officially declared as well-nourished. She now feels very confident in how to sufficiently take care of her child and she is attending sessions on how to prepare healthy and nutritious food. She said she knows to give her child eggs, vegetables and leaves everyday which is key to her child growing strong.

Nasima took her learning experience one-step further, taking it upon herself to discuss her new-found understanding of nutrition in the community. She was able to identify five children who looked very thin and arranged for the CNV to go and visit them.

Resistance from some stakeholders on importing RUTF or producing it locally remains high. With ACF being active both at the nutrition cluster in Dhaka level, and the nutrition sector group in Cox's Bazar, they can position themselves as key stakeholders on advocating

for CMAM scale up at national level and for use of RUTF in OTP programme.

GOOD PRACTICES:

- ACF initiated mass screenings of children early on in the crisis, identifying large numbers of malnourished children for treatment. If a similar crisis occurs in the future, swift initiation of mass screening for new arrivals should be repeated.
- ACF has a comprehensive nutrition package of IYCF, TSFP, BSFP and GMP available at 12 of its 19 OTP centres, despite the limited amount of space available for NGOs. In addition, ACF has ensure that health services are also often available nearby from their partner organisation Friendship. These integrated centres have been key to ensuring people receive a comprehensive package of services from ACF.
- ACF has significantly scaled up its coverage, particularly when it comes to screening and follow up through the use of over 1000 CHVs and through the model mother approach. Not only does this ensure that more children are reached with lifesaving support, but it also increases the sustainability of activities by actively engaging and building the capacity of communities.
- ACF has taken a step beyond reactive screening and now collects demographic data on over 60,000 children. By monitoring the health of these children ACF is better able to identify and predict spikes in poor health in these communities and plan accordingly.

LESSONS LEARNT:

- Though screening and referral mechanisms are in place and largely functioning well, there is a need for increased coordination and communication efforts between the nutrition sector and partners, to address catchment area issues related both to screening in communities, and referral to Stabilisation Centres.
- Training of new volunteers is often delayed because the current model only schedules MUAC training once monthly. An alternative model where volunteers receive an induction by the OTP supervisor or other more experienced volunteers may minimise these delays and increase project efficiency in the future. This should be coupled with consistent refresher trainings and supportive supervision, particularly related to the identification and referral of complicated cases.
- With low caseload across all the nutrition actors, ACF needs to be mindful of the implications that this has on their future strategy, programme and organisational structure, including number of staff per structure.
- With ACF being active both at the nutrition cluster in Dhaka level, and the nutrition sector group in Cox's Bazar, they can position ACF were instrumental in providing food to beneficiaries during the initial months of the response. As of October 2017, ACF Bangladesh had provide 1.2 million hot meals to beneficiaries. Additionally, they provided 675,000 packets of high-energy biscuits. This food provision was primarily delivered through mobile teams and wet kitchens. The initial provision of food was a key example of ACF's important presence in Cox's Bazar during the initial stages of the crisis.

FOOD SECURITY AND LIVELIHOODS

ACF were instrumental in providing food to beneficiaries during the initial months of the response. As of October 2017, ACF Bangladesh had provide 1.2 million hot meals to beneficiaries. Additionally, they provided 675,000 packets of high-energy biscuits. This food provision was primarily delivered through mobile teams and wet kitchens. The initial provision of food was a key example of ACF’s important presence in Cox’s Bazar during the initial stages of the crisis.

As the situation stabilises, cash programming is becoming more and more utilised. ACF had already been providing cash support to PLWs prior to the crisis and this has been scaled-up in the last two years. Cash distribution is conducted via three methods in both camps and the host communities: UCG (Unconditional Cash Grant), LCG (Livelihood Cash Grant) and CFW (Cash for Work). Upon being selected for cash distribution, there is a process by which ACF decides which of these cash distribution types will be appropriate.

The selection process begins by identifying a vulnerable area after which ACF are provided with a list either by site management or through consultation with the community (this latter method was indicated to be underutilised in the camps). Implementing partners are then responsible for going door to door to conduct vulnerability surveys under close supervision of ACF staff led by Program Manager (PM), which the MEAL team then validate by visiting a sample of those visited by partners. Based on this process, beneficiaries are selected for cash support and are assigned a type of cash distribution. Generally, those fit to work are assigned to CFW and those households without a member who is fit to work are given an UCG. LCG’s are provided to families in order to support recipients with setting up IGAs. This approach is good practice (involving communities, rigorous assessment of vulnerability) although community consultation could be improved, especially in the camps.

Communication with beneficiaries around the selection process could be improved, based on feedback from FGD participants. Beneficiaries should be aware of the delay between selection-based visits and actual distribution (a delay that can be 4-5 months according to staff). Additionally, it should be clear to all who are approached for

vulnerability surveys what the criteria for selection are and for what reasons particular members of the community are selected/not selected.

Cash for Work

FIGURE 3: A ROAD CONSTRUCTION BY HOST COMMUNITIES CFW RECIPIENTS



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In the camps, CFW beneficiaries are working on a monthly basis. Typically, they work for 16 days, receive cash on the 21st day and then the same is repeated the following month. In some cases, ACF take a flexible approach to this process in particular where programme duration is short. In the host communities, beneficiaries had received a one-time payment for one month’s worth of work; this was on a one-off basis.

CFW is hugely appreciated by the community. Beneficiaries who participated in FGDs were grateful for being given the chance to contribute and improve their community, while earning money to provide for their families. Cash for work recipients typically constructed/mended roads & shelters and improved the general cleanliness of camps. ACF Bangladesh focusing on programmes that empower beneficiaries to take control and provide support to their community themselves was so clearly important to FGD participants. This is an area that is working very well and should be scaled up further.

The importance of CFW, alongside normal cash distribution, is evident when beneficiaries indicated what they spend their money on. Typically, money is spent on food (including meat and fish), clothes and in the host communities some money is going towards health care for caregiver's children. For the majority of host community recipients, and a minority of camp recipients, some money is going towards income generating activities (IGAs). Typically, this was going towards farming, gardening and chickens in the host communities and small shops in the camps.

CFW beneficiaries are encouraged to invest in an IGA. This was evident from FGDs with CFW recipients, a few of which had made this investment with the money they had made. An example of this is in the host communities, where gardening was made compulsory for all CFW beneficiaries. Encouraging and providing training to beneficiaries around IGAs should be an integral component of long-term programmes in the future.

It was indicated by CFW beneficiaries in the host community that 24 of the 54 CFW recipients in their particular work group were female. This is a great commitment by ACF to ensuring that females also feel empowered to work and contribute to the community.

CASE STORY

Ahsan told his story about how CFW had improved his and his family's lives. He crossed into Bangladesh at the height of the crisis in 2017 with 9 other family members. They established a small shelter with two rooms. In Myanmar, he had worked in a Mosque, upon arrival in Bangladesh there was no work available. Ahsan's family struggled for food and the shelter was inadequate for the size of his family. He discussed a number of challenges faced in those early months, particularly during rainy season.

Ahsan has been supported by ACF for just over one year now. ACF have periodically supplied him with hygiene kits as well as supporting him with strengthening his shelter. The main support that he has valued has been CFW, which he has been involved in for 8 months now. He has worked on drainage cleaning, sandbag repairing and construction of roads/shelters and receives BDT 4,000 each month for his work. He typically spends this money on food and clothes for his family, something he would not otherwise be able to provide. Ahsan has also been able to invest in an IGA – a small shop where he sells a variety of food products. A proportion of the money received from ACF is consistently being invested into this business and he has been gradually making profit.

Ahsan feels that he and his family is now transitioning out of an emergency situation and are becoming able to rebuild their lives thanks to the funds generated through ACF's support. The ability to work and contribute to the community is something that he really values. Ahsan's story is a prime example of how CFW can give beneficiaries the autonomy to spend money in their own way, even giving them the ability to make investments.

"I am gaining wealth gradually and I am very happy with how our situation has improved"

Unconditional Cash Grants and Livelihood Cash Grants

UCGs are distributed in the same monthly quantity as cash for work. They are provided to households who do not have a member who is fit for physical work. Beneficiaries are free to spend this money on whatever they want. This respects the global-wide commitment of humanitarian actors to respect the independence and decision-making skills of vulnerable households. In the camps, money is primarily spent on food and clothes, in the host communities it was also spent on school fees and health assistance. UCG recipients reported no recent issues with distribution.

In the current cash programme, it was suggested to UCG beneficiaries in camps, for the first time, that they should invest some money in IGAs. There are currently PDMs being conducted for this programme and it will be interesting to see if this suggestion has encouraged greater investment. Beneficiaries indicated that there was no skills sessions provided by ACF and that these would be useful in the future, in particular on how to invest effectively.

Livelihood Cash Grants are implemented solely in the host communities. Beneficiaries of an LCG FGD said that they were told prior to receiving the money that purchasing food and clothes would not have long-lasting impact. They were instead encouraged to invest in IGAs and were given some training on how to look after animals and to garden. Beneficiaries appeared to recognise the value of this kind of investment and feel more comfortable managing a small IGA.



FROM STRUGGLING PARENT TO MODEL MOTHER

Hosneara Aktar, lives with her husband Md. Babul Shek and 4 children in Lichua prang village in Hnila union under Teknaf upazila of Cox's Bazar district. Her husband worked as a head mechanic in a rice mill in Morichcha Bazar, Holdiapalong union, Ukhiya. Two years ago, he became seriously ill. Not only was the treatment very expensive, he has been unable to work to provide income for the family.

Just one year ago, I could not manage 3 meals a day for my children, could not manage the educational expenses or purchase of clothes for my children due to grave financial crisis. I tried best to get support from people and institutions, but nobody came forward to support me.

Mukti Cox's Bazar visited her home and informed that they, along with Action Against Hunger, would enrol her in a programme that would support her with provision of food. She was also selected as a model mother by project staff. She received 3 days of hands on training on home-based food production, received agricultural items including a fencing net, vegetable seeds, bamboo, a water jar, a sex pheromone trap, a spade, weedier, fertilizer, seed preservation pot etc. and received BDT 8,000 as a livelihoods grant. She used this to begin gardening in her homestead, and bought some chickens and pigeons.

I had little technical knowledge about vegetable cultivation and produced few amounts of vegetable in my homestead areas, reared few chickens and pigeons for household consumption only.

She continued to expand chicken and pigeon rearing activities. After enrolment with the project, she sold pigeons for BDT 11,500, chickens for BDT 9,700 and vegetables for BDT 2,500. She is now capable of supporting her family through the regular income coming from different homebased production.

Everyday neighbour beneficiaries visit her garden to learn about her IGAs. They also try to learn about the improved technologies and

practices in her vegetable garden. Some neighbour beneficiaries established micro-gardens by observing Hosneara. Hosneara conducts learning sessions in her home gardening site where neighbouring beneficiaries can learn easily and get an opportunity to work practically. Hosneara also visits the home gardens and IGA activities of neighbour beneficiaries and provides needs-base support and suggestions to them.

I have a great desire to educate my children, because without education, no man can fullfill his or her dream properly. She has also a desire to establish a chicken and pigeon rearing farm in her homestead area.



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General

Market linkages are a key compliment to encouraging IGAs, ensuring that beneficiaries know how to efficiently, and sufficiently, sell the products that they acquire/produce. In the host community, beneficiaries were confident on how to do this. They indicated that sometimes someone from the market comes to the village to purchase their items and sell them on at the market, the market itself is not too far away from them and they feel comfortable selling there. Market linkages are far more complicated in the camps where any money making is a grey area in the eyes of Government officials. It was clear moving through the camps that some beneficiaries are able to set up small shops. Of course, space will be a big issue moving forward and there should also be consideration from the sector as a whole as to how the host community and camp markets will be competing, as this will potentially have protection and effectiveness issues in the future.

E-wallets have recently been introduced into FSL programmes as a new modality for cash transfers. This was recommended by the CBI learning review conducted last March; it is positive that ACF are taking recommendations on board. Beneficiaries now have a bank wallet linked to ACF's account and card that money is transferred to and they bring this card to distributions to receive money. This new modality seeks to mitigate some of the previously experienced issues with distribution. All beneficiaries preferred this new modality indicating that there were far fewer instances of failing to receive all the money at distributions. They said that previously there was a lot of confusion as identification relied on thumbprints only, now the process is much more reliable. E-wallets are far more compliant with protection concerns since theft and fraud are less feasible. There was some indication from Finance staff that there is need to improve the efficiency by which financial institutions are operating. Addressing this could reduce any delays caused during distribution.

In host communities, where three FGDs were held (one for UCG, one for LCG and one for CFW), there appeared to be a communication gap between Mukti staff and beneficiaries of cash. All participants had received a one-off payment around two months prior to the FGDs being conducted. None of these participants were sure whether they

were getting additional rounds of payments or whether this was a one-time distribution. Participants of one FGD in the camp also passed on similar comments. Information regarding what/when beneficiaries will receive cash assistance, or not receive cash assistance, should be clearly communicated to recipients such that they can plan their spending accordingly.

Community kitchens

As of December 2018, 11 community kitchens were fully operational. Five of these had been implemented by February 2018 as an initial way to stabilise food provision. These kitchens provide meals to vulnerable people including community members who are under five, elderly, sick, pregnant, lactating or malnourished. ACF seek to further hand responsibility to the community by using volunteers to run the kitchens.

There was indication that there is limited evidence into the effectiveness of community kitchens and that they are therefore not appealing to donors. There is scepticism on the part of donors for a number of reasons. Firstly, there is a feeling that the output of community kitchens could be reached through other, more efficient activities. For example, cash distribution should ensure that the most vulnerable communities are able to purchase food directly. Secondly, there is limited research into the impact of community kitchens despite pressure on WFP to conduct this. Lastly, they do not fall under the long-term development plan that is now applicable to the context unlike alternatives. With these considerations, ACF should seek to conduct research to investigate their effectiveness or hand these over to the community in such a way that limited funding is necessary to keep them going.

There do exist some very useful elements of community kitchens that other programmes do not address as effectively. The direct provision of food ensures that ACF can influence the types of food available to beneficiaries. There is some evidence that targeted communities do not typically purchase or consume meat, an essential food source. Community kitchens, providing food directly, are able to ensure that this source of protein is provided to vulnerable people. Additionally, community kitchens are useful for preparedness against natural

disasters, mitigating the challenges faces by the community during these times. Where household infrastructure is torn apart, community kitchens can act as a stable source of hot meals for affected beneficiaries. Finally, there is a communal element to activities in the kitchen, bringing together children of similar ages to enjoy a meal together.

Blanket Supplementary Feeding Programme

Fortified food, such as WSB (Wheat Soya Blend) is provided through the programme to children until they are aged 5 years. Additionally, cooking demonstrations and nutrition awareness sessions are

conducted in order to instil positive practises in caregivers. Some technical knowledge gaps might need to be addressed through trainings and strong collaboration with the nutrition department. Beneficiaries who attended the BSFP FGD were unclear on the duration that their children are eligible to receive food and thought that they could only come for a few months, although their children were two years old or less. In addition, caregivers reported that sometimes the food that they receive has mould or maggots. WFP is responsible to procure these items; however, it is ACF's responsibility to report such cases and ensure that this food does not reach the beneficiaries.

FIGURE 4: ACF COMMUNITY KITCHEN IN ACTION



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GOOD PRACTICES:

- ACF has committed to the provision of cash and this is widely appreciated by beneficiaries as it enables them to positively contribute to their community. ACF have been able to implement cash distribution at scale making it a fundamental part of FSL programmes.
- ACF have incorporated IGA-related activities into CFW and LCG grants that, according to PDMs, have already begun to encourage investment in small businesses. There is buy-in to these activities from communities, who are encouraged by the notion of self-sustaining themselves in the future.
- The combination of UCG, LCG and CFW is an efficient strategy for achieving programme goal. Each cash distribution activity has a unique purpose and means that ACF can tailor activities to each individual beneficiary depending on their capacity to work/establish an IGA.
- ACF have established a rigorous beneficiary selection process including community consultation, door to door visits and concluding with a verification process conducted by the MEAL team. This ensures that the most vulnerable communities are targeted and the potential for corruption has been reduced.
- ACF's implementation of E-wallets as a modality for cash distribution appears to have been a big success. They are favoured by a range of stakeholders, financial institutions are facilitating this new modality well but there are some minor issues with their ways of working, as identified by ACF staff.

LESSONS LEARNT:

- There is a need to inform cash beneficiaries in both camps and host communities whether they will be receiving additional rounds of cash in the future. It is important for beneficiaries to be able to forecast the support they receive such that they can plan their expenditure accordingly.
- Community kitchens have been effective in mitigating crisis situations and providing a good range of nutrients. However, external stakeholders, in particular donors, are not confident in the effectiveness of these kitchens. ACF should address this and consider the handover of community kitchens to the community as future funding might decrease. Alternatively, consider conducting research into the effectiveness of community kitchens so that the benefit is evident to donors.
- While the beneficiary selection process has been strong there has been a wide range of sources indicating that it can take a lot of time and is prone to delays. ACF should explore ways to accelerate this process such that there is more time within programmes to implement.

WATER, SANITATION AND HYGIENE

FIGURE 5: ACF BUILT SANITATION FACILITIES IN REFUGEE CAMP



©Action Against Hunger Bangladesh

ACF were the cluster lead in WASH prior to the response. This gave ACF pre-existing capabilities to respond with vital WASH support quickly during the crisis. In response to the crisis, ACF distributed over seven million litres of water through its mobile teams. It was also instrumental in the construction of deep tube wells and water points. Finally, more than 5,000 emergency/semi-permanent latrines were constructed in the camps and over 14,000 shelter kits were distributed.

ACF led the WASH cluster from early 2014 and, as of 2019, ACF remains the sector lead although now this is a joint lead alongside UNICEF. As the lead in such a large crisis, the WASH component of ACF Bangladesh's mission has changed significantly in the last two years. The number of beneficiaries benefitting from WASH support has scaled up from around 60,000 to 5,50,000. ACF have presence in 13 camps up from two camps and two makeshift settlements prior to the crisis. ACF are now the camp focal point in WASH for five camps and are now responsible for 10% of WASH coverage. The scale up of latrine and water point construction has been significant and reflects this increased responsibility. A variety of stakeholders

including donors valued ACF's leadership role in the WASH sector as something that stands out as a clear added value.

Around 17% of the budget of WASH is utilised for cash for work in the refugee camps. ACF ensured 13% of facilities have a solar lighting system to address protection issues as well as committing around 30% of the WASH budget for support to host communities.

In order to address issues including environmental concerns and pressure from donors, ACF's WASH response is aiming transition from emergency facilities to semi-structured, long-term facilities. This will aim to build the resilience of communities and ease the need for continued maintenance. This also fits within the transition to longer-term programmes generally in the humanitarian response.

ACF deliver numerous hygiene promotion messages throughout the camps and host communities, including sessions on menstrual hygiene management. These messages are disseminated through a variety of channels including staff, volunteers and video messages. According to staff, this is an area of expertise that the WASH department are lacking in, despite hygiene promotion being valued by senior staff as a crucial segment of programmes. Part of the reason for this is that ACF Bangladesh staff are hired for their technical WASH knowledge/skills and so they struggle somewhat with the softer element of activities. Stakeholders felt that ACF's hygiene awareness was lacking interactivity with the community.

Coordination between actors is key for the WASH sector in order to avoid duplication and inefficient coverage. There were issues surrounding the level of coordination in the early stages of the crisis. However, it was clear from ACF staff that the regular WASH cluster meetings are now utilised to map the efforts of each organisation and that instances of duplication has decreased. Still, coverage could be improved - multiple beneficiaries indicated that water access was lacking either due to distance or broken tube wells.



FOCUS BOX - USER COMMITTEES

As part of ACF's commitment to involving communities in project implementation, the WASH department have been establishing user committees in the camps. These committees are responsible for maintenance and repairs of particular WASH facilities. The aim is twofold: to involve beneficiaries in the running of their communities and to ease the workload on ACF staff.

Two FGDs were conducted with user committees. One was made up of women whose responsibility is to clean and maintain a block of latrines as well as maintain a community-cooking stove. The second was made of men whose responsibility is to make minor repairs to water tubes.

The latrine committee were content with the current distribution of work between themselves and ACF. They had received sufficient training to maintain the latrine and cooking stove. Where repairs were needed they felt that ACF were quick to respond, they did not express interest in learning the skills necessary to make repairs themselves. The participants also indicated

that they have received some training on how to conduct hygiene awareness training in the community. Their focus was more on a need for regular materials, not just cleaning materials but also buckets, umbrellas and chairs.

The water tube committee were also very satisfied and glad to have responsibilities in the community. They have had sufficient training to make minor repairs to WASH facilities and get the necessary support from ACF when major, complex repairs are needed. They said that on occasion they work closely with volunteers which is a good chance to learn on the job. Similarly to the latrine committee, participants also indicated that more materials/tools were necessary. Tools lacking included bolts, screws, mats and umbrellas.

Overall the user committees are a great way to further engage communities and reflects ACF Bangladesh's desire to do to. These initiatives also further ease the workload on an overworked team.

Innovation

Faecal waste management will be a critical area to address for actors in Cox's Bazar. Not only is it a major issue for refugees, host communities and the environment but there is more pressure from donors to comply with stricter and stricter considerations of environmental protection. There is a desire for the ACF's WASH department, and the sector as a whole, to continue to scale-up methods that avoid faecal waste being discharged into the environment.

Biogas is one way in which this is being done. Biogas plants are constructed in camps; essentially, there is no need to use chemicals to digest faecal waste and produces a gas that can be used for energy (and fuel cooking, electricity etc.). This is a multi-purpose intervention that both manages waste and provides a critical energy source that enables households to perform basic everyday tasks. ACF Bangladesh currently has constructed over 60+ biogas plants in the camps and moving forward there will be need to continue with this approach. There exist some issues around the construction of plants that may make this solution challenging to implement in the future; they require highly skilled workers to do the construction and maintenance and require space that is rapidly becoming unavailable in the camps.

FIGURE 6: WASH BENEFICIARY IN CAMP 2



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CASE STUDY: COMMUNITY ACCEPTANCE OF BIOGAS

Khaleda has a husband and three children and has been living in KMS since 2009. She and her husband previously relied on firewood to cook meals and had faced numerous challenges in collecting it most notably the time and cost requirements.

“I cannot give more time to our grocery shop due to collection of firewood but it is very important to help my husband as he has physical disabilities”.

Khaleda was sceptical when ACF approached her regarding biogas plants. As was a common response in the community, she did not understand how faecal waste could be used for cooking. She remained open to this option given that it would resolve the burden of collecting firewood. Since using the biogas for cooking Khaleda has been extremely satisfied with her new method of fuelling cooking.

“I am one of the lucky people among the whole population in the camp. Biogas is a blessing for our family and saves us 1,800 taka monthly by reducing expense on firewood and this 1,800 taka can be reinvested in our grocery shop and added value to meet our basic needs.”

One biogas plant can support 5-8 families for their daily cooking for at least two meals a day. The biogas user group conducts regular operation and maintenance. The produced gas has no bad smell. Community people are very happy with the impact of biogas plants that saves them money while providing a solution to waste management that does not produce a bad smell.

There are some difficulties in the operation and maintenance of biogas plants but the demand is increasing in the camp day by day. The smiling face of Khaleda Begum is a great motivation for ACF to continue scaling-up implementation.

ACF are also introducing biofil toilets to manage faecal waste by itself. When biofil latrine is constructed, faecal waste is positioned (within the latrine) on top of a filter, the waste is digested by a particular kind of worm and the waste from the worms pass through the filter to create compost. Essentially, biofil latrines produce compost instead of faecal waste. This has also been installed widely in the camps, with ACF alone installing over 2,000 units. As opposed to biogas, the cost of biofil is negligible, and there is no bad smell in these latrines. It does not require much maintenance or space in the camps. The main consideration for biofil moving forward is that they are a lot more attractive to users than other latrines (no bad smell) and there has been some evidence to suggest that this overloads the use of these toilets. The solution to this is to ensure that as many latrines as possible have biofil installed.

The sector is looking to install a master water source, each of which can cover up to 250 households. An inadequate water source due to damage or poor coverage was mentioned by multiple beneficiaries across different FGDs and in different locations. The presence of a master water source will seek to meet this gap. It has been discussed at a recent cluster meeting and actors agree that this needs to be scaled-up.

Training

Being such a technical sector, there is always need for further staff training. This was indicated by staff at Cox's Bazar level as something that would be very useful. There was desire from staff to send members of the team to external, technical trainings in order to build the capacity of the department. ACF do hire consultants to do some of the construction of WASH facilities, this is a good strategy for filling skills gaps. The department could also consider hygiene awareness promotion as a key area for improvement and identify some external trainings to improve the implementation of these activities.

GOOD PRACTICES:

- ACF have committed to innovative approaches such as biogas and biofil initiatives which have been a great way to meet the waste management needs in camps. Beneficiaries are evidently satisfied with these approaches. As waste management is still a hot topic in the WASH sector, these initiatives should continue to be scaled-up.
- ACF have established user committees which have been very effective in maintaining WASH facilities while also directly involving the community in programme implementation. Training has sufficiently equipped them with the skills to fulfil their responsibilities.
- ACF have been instrumental in the provision and coverage of WASH assistance. Their leadership role in the sector in particular has been a clear benefit to the response in the eyes of external stakeholders.

ACF deliver numerous hygiene promotion messages throughout the camps and host communities, including sessions on menstrual hygiene management. These messages are disseminated through a variety of channels including staff, volunteers and video messages.

LESSONS LEARNT:

- Addressing increasing environmental concerns through innovative approaches will be key to meeting donor expectations and maintaining a stable environment.
- Water sources appear to be the primary gap in WASH assistance currently both in the camps and the host community due to damaged water tube wells in particular. As the WASH cluster co-lead, ACF should continue to push for the installation of master water sources.
- Hygiene awareness is an area that requires more focus both in terms of skills building and programme focus with an increase in beneficiaries' participation.

MENTAL HEALTH, CARE PRACTICES, GENDER AND PROTECTION

Early into the emergency response, ACF incorporated MHCP activities as part of the immediate multi-sectorial response, including PFA, Psychoeducation, trauma-recovery and stress management. In terms of the timeliness of the response, MHCP activities have benefited from being active in the area long before the crisis, having been implemented in response to the October 2016 influx. This led to ACF being the first active and leading responder of the mental health and psychosocial support program for the distressed population during the influx in 2017. From 26th of August, MHPSS psychologists and lay counsellors were deployed to support ever increasing in flow of refugees. In early September, MHCPGP teams expanded with nearly 70 Psychosocial Assistants and cadre of 93 community volunteers, all providing targeted MHPSS and protection assistance to distressed refugees.

ACF established and led the MHPSS technical working group until 2018 for coordinated MHPSS response in collaboration with various sector leads from Health and Protection, Child-Protection, and GBV sub-clusters, a factor that placed ACF as a key stakeholder early into the response. ACF's MHPSS service provision expanded with the creation of 10 baby-friendly spaces, 18 out-patient therapeutic centres, 3 nutrition rehabilitation centres, and 2 safe spaces for women and girls. By January 2018, ACF had provided 284,755 newly arrived refugees with mental health and psycho-social support and by January 2019, this number increased to 368,779.

In October 2017, recognising the need for peaceful coexistence and reducing mental health impacts of increased population density, ACF strategically positioned MHPSS by establishing psychological consultation services in one of the largest public hospitals in Cox's Bazar, providing 17,138 people with mental health and psycho-social support as of January 2019. ACF played an important role in advocating for availability of specialised mental health services through clinical psychologists and psychiatrist in the primary healthcare centres. The first psychiatrist under DGHS in Cox's Bazar is now working in collaboration with the psychologists available in ACF's

consultation through referrals.

One of the key challenges since the beginning of the emergency response is the provision of specialised MHPSS response and the capacity to treat complex cases. Locally sourced psychosocial workers/psychologists are difficult to recruit, and for the existing psychologists in the field, it was difficult to manage the high caseload. Management and field staff recognise that there are capacity-building needs, including on the job trainings rather than classroom trainings. According to the MHCPGP Coordinator, various supervision and monitoring supports are put in place that promote weekly group supervision and individual supervision of the implementation staff in a cascade manner that goes down to the level of community volunteers.

MHCPGP activities are closely linked with nutrition activities and it is clear for field staff that they work towards the same objective of preventing and treating undernutrition. This was also observed at two different OTP centres, where the mental health corner sits next to the CMAM programme, where stimulation sessions appropriate to early childhood development such as play sessions, baby message and baby bathing are conducted with an objective to improve mother-child bonding and nutritional outcomes for the malnourished children. This endeavour along with toy making sessions creatively engages mothers and primary caregivers in early childcare. Nutrition beneficiaries who participated in FGDs were aware of the mental health corner, which is seen as a space where their children can participate in play activities. However, none of the FGD participants were aware of the possibility of individual or group sessions for themselves.

MHCPGP teams conduct protocol-based health education and support sessions with family members of SAM children at community level to increase awareness and improve access to appropriate health and nutrition services, as well as home-based care of infants. In order to improve inter-departmental communication, MHCPGP staff meet bi-weekly to discuss share views regarding complex cases. MHCPGP team then plans home visits to follow up cases that are relapsed and/or defaulted. Through the OTPs and SCs covered by MHCPGP and Nutrition in the Rohingya camps, a total of 828 defaulter and relapse cases of severely malnourished children had been supported in the last

2 years. The challenge that remains is that MHCPGP teams don't always have the time to conduct sufficient household visits, as in some cases the team is understaffed.

Infant and young child feeding (IYCF) counselling, which was under MHCPGP department, is now the responsibility of the Nutrition and Health department, which is a sign of good cooperation among departments that are able to discuss, and exchange responsibilities based on HR capacity and technical knowledge.

Safe spaces for women and girls (SSWGs) set up by ACF in the refugee camps are appreciated by female beneficiaries who consider them a safe space where they can voice their concerns and receive positive solutions and supports in turn. During FGDs conducted for the learning review, women and adolescent girls talked about several issues and feelings that they were able to share with the MHCPGP staff and mentioned that this has helped them to feel less anxious and scared. FGD participants also mentioned that they have received information on protection risks, such as child marriage. WASH components are also integrated into messaging as beneficiaries stated that they have received information on menstrual hygiene, which has helped them to feel more confident. The community outreach also seemed successful as most of the participants became aware of the space through community-level awareness sessions and household visits. One of the challenges according to beneficiaries and staff is that there are still acceptance issues in the community. FGD participants mentioned that some adolescent girls and women are not allowed by their fathers to visit the safe space. Low acceptance by male refugees in combination with the complexity of some issues such as Gender Based Violence (GBV) makes it important to increasingly target men in the next phase of the response. For this to be successful, staff would need additional capacity building on male and couple therapy.

Integration of MHCPGP with FSL-DRR programme remains challenging and the two departments are working together to reinforce the collaboration in the future. One of the initiatives that will be in place is for MHCPGP to provide a list of vulnerable MHCPGP beneficiaries who can be considered for cash transfers under the FSL activities. Simultaneously, beneficiaries of unconditional cash grants selected by FSL and DRR activities could be internally referred to MHCPGP staff due



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to their existing psychosocial vulnerabilities, thus benefitting from appropriate mental health services. Closing these loops will help integrate services far better and improve lasting nutrition and food security outcomes.



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GOOD PRACTICES:

- Integration of nutrition and MHCPGP programmes through the mental health corner and community visits plays a key role on preventing and treating undernutrition.
- SSWGs are appreciated by female beneficiaries who consider them a safe space. Dealing with protection concerns alongside informative sessions on sexual and reproductive health rights ensures that SRHR needs of women and girls are met in the most safe and positive ways.
- ACF has strategically positioned MHPSS by establishing psychological consultation services in one of the largest public hospitals in Cox's Bazar, by advocating for availability of specialised mental health services and working in collaboration with the first psychiatrist under DGHS in Cox's Bazar.

LESSONS LEARNT:

- One of the key challenges since the beginning of the emergency response is the provision of specialised MHPSS response and the capacity to treat complex cases. Management and field staff recognise that there are capacity-building needs, including on the job trainings rather than classroom trainings.
- Low acceptance of the Women Friendly Spaces by male refugees in combination with the complexity of some issues such as GBV, makes it important to increasingly target men and couples in the next phase of the response.
- Integration between FSL and MHCPGP can be strengthened through referrals of unconditional cash beneficiaries to MHCPGP, who could be in need of a set of services in addition to cash transfers.
- Communication with nutrition department and staff capacity of MHCPGP department can be improved so that all the cases of nutrition patients who defaulted or relapsed are followed up by the MHCPGP professionals to provide consultations through community visits.

COMMUNICATION WITH COMMUNITIES

Following August 25, 2017 influx of Rohingya refugees, an information and communications needs assessment conducted by Internews in 2017 found that there are profound communication gaps among refugee women, girls, boys and men in Cox's Bazar. More than three quarters (77%) of refugees reported that they did not have enough information to make good decisions, and almost two-thirds (62%) reported that they were unable to communicate with aid providers. The assessment urgently called for scaled up mechanisms through which affected populations, particularly marginalized populations, and the humanitarian community could regularly establish two-way communication to engage, hear and respond to refugees' concerns and proposed solutions, as well as promote behaviour development or change.

ACF had little experience in CwC prior to the crisis and have drawn upon the experience of more localised partners to feed into the design of effective communication methods. As regularly happens with soft components during emergencies, CwC was not prioritised during the first months of the response. However, ACF took a timely decision to establish its Communication with Communities information centres to address the information and communication gaps and also to reduce the risks associated with the spread of rumours and misinformation.

During the piloting phase, five information centres/hubs were established within ACF's emergency nutrition centres. The information centres sitting alongside other service points enabled the targeted population to access information services along with other assistance. The approach is innovative given the lack of space in the Rohingya refugee camps. The review team visited two hubs, one at the EMOP centre and one in an OTP centre. The purpose of these centres/hubs is to ensure that beneficiaries have a safe and reliable space to acquire any information on programme activities and to discuss any issues that they have. Beneficiaries mentioned that they had visited these hubs and in some cases were most comfortable with making complaints through them. Information hubs also refer

FIGURE 7: ACF INFORMATION CENTRE IN AN OTP CENTRE



beneficiaries to activities that they need, for instance an ACF staff member talked of a pregnant woman with twin babies and no husband who came to the desk. ACF staff contacted another centre that offers delivery and post-antenatal care, they took her to this location, and she got the treatment she needed. There are currently plans to install 10 more information hubs in the camps. The team are aiming to find a funding stream to introduce the same concept into host communities.

COLLABORATION WITH THE BBC MEDIA ACTION

ACF piloted a programme in collaboration with the BBCMA in early 2018. The rationale behind this programme was the lengthy waiting times at OTP centres where mothers and children were waiting considerable time for nutrition services. In response to this, video content was developed by the BBCMA with inputs from the CwC WG, in which ACF participate. These videos contain messages around hygiene, health and nutrition and are shown in OTP centre waiting areas. Specific content is developed in response to issues that beneficiaries are having around the camps. They were popular with beneficiaries who appreciated having something to pass the time while waiting at the centre. It is also really appreciated that videos and messages are in Chittagonian dialect (which is closer to Rohingya language) something that it's not a common practice within the camps, as most of the messages are delivered in Bangla. Some FGD participants also pointed out that videos can be more engaging than other message distribution methods.

More content is needed; both staff and beneficiaries indicated that the same content is being shown repeatedly. There is need to push for more content. Protection risks and ways to address them were mentioned as a topic not currently covered that would be very useful given the context.

From June to December 2018, a total of 28,350 refugees accessed the information centres (20,600 female and 7,750 male) who had also received services from Action Against Hunger's other programmes. A more recent study carried out as part of the CwC Common Service project (2018) found that 75% of the Rohingya community felt that it had become easier to access information. In addition, 84% of the refugee population reported that they had enough information to make good decisions for themselves and their families.

Despite the latest figures, the CwC common service evaluation showed that people still have many unanswered questions. In fact, 30% of Rohingya survey respondents asked the data collectors questions such as, did they know where to collect relief, or did they know anything about the government's plans for repatriation. This suggests that, while the Rohingya community feel better informed than when they first arrived, they still have many questions, particularly around their future.

When it comes to addressing feedback and complaints, when a beneficiary has a complaint, the CwC staff refer them to the complaint box or to the hotline to report it. However, this makes the process longer and the beneficiary needs to wait for their query to be acknowledged and addressed. An alternative approach could be that CwC staff were trained on registering, sharing and dealing with such requests and a common database could be developed among CwC and CFMC departments, adding a new channel to receive feedback and complaints: "face to face".

FIGURE 8: VIDEO CONTENT BEING SHOWN IN AN OTP CENTRE

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GOOD PRACTICES:

- Information centres/hubs have been very successful in facilitating communication between ACF staff and the community. Face to face is the way that beneficiaries prefer to find out information, provide feedback to ACF and make complaints.
- Co-situating the Information Centres in nutrition service points encouraged caregivers and particularly women to access the information services. As women have limited access to information and communication, the information centres ensure that the information needs of women are addressed and their feedback or complaints are acted upon.
- The information centres' dynamic and need based content help address the refugees' present and future concerns. This creates a sense of trust among the refugees that their concerns are not overlooked.
- Awareness messaging via digital content displayed in OTP centres is a great initiative, both for effective message dissemination and beneficiary enjoyment.

LESSONS LEARNT:

- Coordinated effort is needed in the future to establish and strengthen the synergy among Communication with Communities Information Centres, Complaint and Feedback Management Committee (CFMC) and overall MEAL. A common database jointly maintained by CwC and CFMC would facilitate collaboration, synchronization of data/resources and addressing complaints and feedback loop.
- Given the high acceptance of the awareness messaging via digital content displayed in OTP centres, it would be beneficial to developing new content including messaging protection risks and ways to address them in the camps.
- Given the success of the CwC approach, there is scope for this initiative to be scaled up and extended into the host communities.

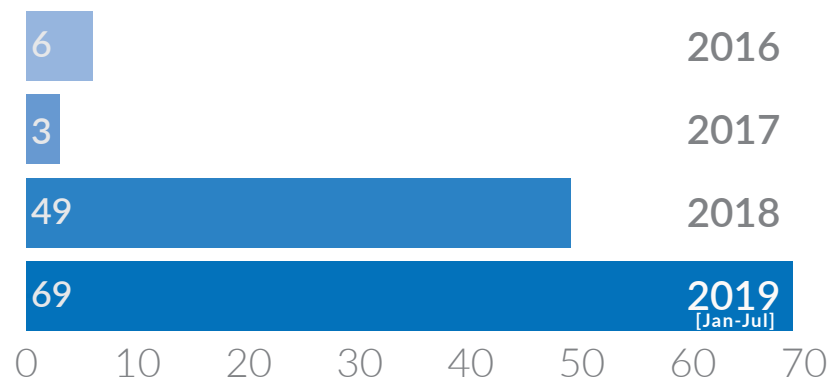


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COMPLAINTS AND FEEDBACK MECHANISMS

Given the volatile nature of emergency contexts, clear and useable communication lines between all stakeholders are essential. It is the responsibility of all humanitarian agencies to encourage and facilitate feedback and complaints from beneficiaries as well as from staff and partners. It is clear that ACF in Bangladesh have made commitments to this having established multiple departments dedicated to accountability and communication. As a result, beneficiaries and staff are becoming more familiar with the mechanism, and this leads to an increased trend of complaints received.

TABLE 3: COMPLAINTS RECEIVED BY CFMC DEPARTMENT ANNUALLY



The CFMC department have established a range of feedback and complaints channels (as indicated below³). It was clear that the usefulness and utilisation of these CFMs varied for different stakeholder groups.

- Hotline*
- Complaints boxes*
- Email
- Direct feedback*
- Information centres*
- Postal

Hotline

The hotline number needs to be provided to all stakeholders who have the option to call anonymously, 24 hours a day, to make complaints. Calls are received by the complaints and feedback manager based in Dhaka. Calls are deferred to the focal point in Cox’s Bazar when necessary, this is primarily done with Rohingya beneficiaries since the focal point in Cox’s Bazar is better able to understand the language of the Rohingya. Once the complaint is made, it is logged and goes through the systematic investigation process.

The same number is distributed to ACF staff to share any feedback or complaints. It was clear that for staff that the hotline was a trusted, go-to modality for making complaints and there are a number of cases where it had been used. All staff were aware and had access to this number.

There was a positive and systematic approach to ensuring the number was shared with beneficiaries - in some cases. In particular, for those enrolled in cash-for-work the number is handed out on the cash-for-work slips that they receive. This is part of ACF Bangladesh’s commitment to identifying fraud cases; in the majority of the FGDs on cash related projects, beneficiaries said they knew what to do if any ACF staff, partner staff or Mahjees (Community Leaders) asked them for

money. There was a reported case of fraud whereby partner staff were going into households and requesting cash from beneficiaries in order to select them. One beneficiary and one Mahjee utilised the hotline to report this case and after a thorough investigation, disciplinary actions were taken by partner staff.

Substantial gaps do still exist with regards to how many beneficiaries had access to the hotline number. Despite the success stories of the hotline, there were still many beneficiaries who were not aware of its existence and reported that they were never informed on how and when to use it. The hotline is not toll-free. However, the options of text and missed call - call back are also available.

Complaints boxes

Complaints boxes are a common method for ensuring that beneficiaries and staff can easily and anonymously make complaints. For staff, complaint boxes are set up at all ACF offices and field facilities. Staff felt comfortable making complaints through this channel.

For beneficiaries, there currently exist 151 boxes located in the camps and host communities where complaints can be made. While beneficiaries appeared to be aware of the boxes, they were not the most common method for feedback and complaints. There are inherent issues with boxes in all contexts in that the majority of the beneficiaries cannot read and write. Additionally, opening the complaints boxes is currently the responsibility of only one ACF employee. In 4-5 months this employee has been able to open around 90 boxes, this is a challenging workload that could be made more efficient. ACF do have plans to grow this box collection team including Audit and MEAL department staff. A good practice that is recommended to continue in the future is that when beneficiaries are being selected to receive cash and the list is being published, a temporary box is being set up so that community members have the opportunity to file any complaint within 3 days.

Overall, there had been only one case of a serious complaint through the anonymous boxes, most responses in the box are based around positive feedback. Beneficiaries in one of the FSL FGDs reported that

3 The most utilised methods are indicated with an asterisk *

they filed a complaint in a box three months ago about exclusion errors from the cash scheme but they had not heard back from ACF. Although beneficiaries might be submitting complains anonymously, there are ways to give them feedback on their requests through implementing partners and community meetings.

Response to complaints

ACF Bangladesh have a feedback and complaints committee, which is made up of a range of ACF staff from a variety of departments and including the CD. Once a complaint has been logged, three committee members are randomly selected to carry out the investigation. A brief report is submitted to the HQ within 24 hours of the complaint being made before the investigation begins. The team then have 20 days to conduct and finalise the investigation with a final report submitted detailing actions and outcomes. If the investigation goes beyond 20 days, the CD is consulted, and permission has to be granted to allow an extension. It is useful that such a system exists and again reflects ACF Bangladesh's commitment to ensuring that stakeholder's issues are respected and addressed.

According to staff, the investigation process has some room for improvement. Sometimes investigations are time-intensive and selected staff do not always have the required capacity. There is a need for some official external training on how to proceed with investigations, particularly since some of the committee do not have a background in feedback and complaints and how to properly deal with privacy considerations.

Partners

All partners felt comfortable providing feedback/complaints to ACF through verbal communication. However, there appears to be no formal process by which partner staff can report a beneficiary complaint about ACF staff.

As with all departments, ACF have some responsibility to ensure that partners are adopting similar good practices. Part of this responsibility is to ensure that partners are making a consolidated effort to collect and act on feedback and complaints. All of the partners interviewed had set up a hotline and complaint boxes, some with support from ACF. The extent to which these are utilised is unclear and could be assessed by ACF.



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GOOD PRACTICES:

- ACF staff have a clear and trustworthy method by which to make complaints and provide feedback to the organisation.
- When ACF establishes a partnership with another NGO, they ensure that the organisation has a feedback and complaints mechanism in place or provide guidelines for its establishment.
- The establishment of a CFMC committee has ensured that the investigation process is managed efficiently and with protection issues considered. This process is working well to ensure timely response to complaints.
- Complaint boxes are being used as part of the Complaint Response Mechanism (CRM) starting from beneficiary selection process, when a temporary box is being set up so that community members have the opportunity to file any complaint within 3 days.
- CFMC mechanisms have been effective in dealing with fraud cases, providing necessary means for beneficiaries to address any wrongdoing.

LESSONS LEARNT:

- Despite the success stories of the hotline, there were still many beneficiaries who were not aware of its existence. It needs to be ensured that all staff understand how the beneficiary feedback and complaints mechanism works and that they always share this information with new beneficiaries.
- There have been challenges around the timely collection of complaint box contents. ACF are reacting by planning for a larger collection team to routinely cover all of these boxes.
- There is a need to work closer with CwC department to establish and utilise information hubs as an official channel, as face to face is the favoured method for beneficiaries to provide feedback.
- The systematic investigation process is an essential part of the mechanism to be successful, but it can be quite complex. External trainings for staff involved would increase their confidence to effectively and respectfully conduct investigations.

GENDER AND PROTECTION

The commitment to gender equality has been of major importance to ACF Bangladesh. This has been a big push from the wider network to all country offices to make this commitment and Bangladesh have had a strong and action-orientated approach to this managing to make progress on 97% of the specific actions to be taken according to the Gender Minimum Standards tool – see focus box below.

FOCUS BOX: GENDER AND GBV/PROTECTION 49 KEY ACTIONS

Human Resources (Gender-focused HR analysis, Capacity Building, Gender Task Force etc.) 7	Audit & Complaint & Feedback Mechanism (Gender-sensitive CFM, specific focus on Protection & PSEA issues & Partner Audit Tool) 5	Programmes: 5 (GBV, Child Protection & People with Disability Case Referral, Menstrual Hygiene Management Session, Adolescent Awareness Guideline etc.) 5	Research Assessment, Learning Paper: 5 (Gender Analysis, Gender Protection & Inclusion Survey among staff, Inclusion of Father in Child Stimulation, Capturing the Change on GBV in Nutrition & Gender Signage Survey in Wash Facilities) 5
	Advocacy Event: 3 International Women's Day, 15 Days Activism on Violence Against Women & Involvement in Humanitarian Coordination Mechanism such as Gender Working Group, GBV & Child Protection Cluster) 5	Partnership (Gender & PSES & Child Protection Policy Compliance through Agreements, Gender Stakeholder Mapping & Capacity Building) 4	MEAL: 3 (Sex & Age disaggregated Data, Data on Disability Cases, Gender in M&E Process) 3
Institutional (Recruitment, Appraisal, Induction etc.) 7	Policy/Strategy (Gender & Protection in Country Strategy, Gender Considerations in HR Plan, Finance Plan, Code of Conduct incl. Gender & Child Protection Considerations) 4	Logistics (Gender Considerations in Safety Security) 2	Communication (Gender-sensitive Communication Guideline, Dissemination & Orientation) 2

As of June 2019, the number of male staff is 740 and number of female staff 316. A gap of female staff on leadership roles has been identified and is currently being addressed through HR processes, like addressing commitment to gender in job descriptions and having at least one male and one female in all interview panels. Also, a breastfeeding corner was established in the ACF Office in November 2018 for female staff.

ACF have also provided a GBV training to more than 200 staff from both ACF and from other 3 NGOs and UN agencies, and some months later followed up with the participants on how this training has been useful for their work. The organization has started mainstreaming protection principles including GBV and Child Protection considerations such as case referral, integrating Gender and GBV discussions into awareness session etc. Disability inclusion is continued through PSS support to people with disability and their caregivers, child stimulation session to respond developmental delays, accessible WASH facilities in offices and formal referral of disability cases to specialised actor for improved support.

ACF are involved in different sectors such as GBV, Child Protection, Gender in Humanitarian Working Group, Protection Working Group and Protection from Sexual Abuse and Exploitation (PSEA) working group. This involvement helps ACF to learn contextualised standards and actions on thematic areas and give spaces to share best practices of ACF. As a result, ACF have started to get recognition as a gender and protection sensitive humanitarian organisation. ACF developed tools and systems to strengthen the capacity and accountability of partner organisations on Gender and Gender Based Violence, which benefits beneficiaries reached by partners to reduce gender inequality and protection risks.

Gender in Programmes

In 2018, ACF in partnership with Oxfam and Save the Children conducted a Rohingya Refugee Response Gender Analysis to understand the different risks and vulnerabilities but also opportunities and skills for Rohingya and host community women, men, boys and girls. There appears to be an effort to follow the recommendations that came up by this analysis and be considerate of gender when it comes to programme implementation. For example, Model Mother approach in nutrition and FSL, is a great way to approach women and girls and allow them access to information, and improved health and hygiene practices. The MHCPGP department is working with vulnerable women providing them a safe space and support consultations and confidence building. FGDs were conducted to consult with women and adolescent girls on their needs. WASH facilities are all gender-segregated where appropriate and user committees consist of both men and women. FSL divide men and women into separate lines during cash distribution and prioritise female-headed households who are unable to generate work. In host communities, a reasonable percentage of CFW beneficiaries are female.

However, the context remains very challenging. Rohingya women and girls experience pervasive, gender-based barriers and vulnerabilities that put them at greater risk for poor health and psychosocial outcomes, making them the most vulnerable and hardest to reach group. Gender inequalities in intra-household food sharing and cultural restrictions placed on women's movement put women headed households and single women at higher risk of food insecurity and malnutrition. As power holders and custodians of culture, men are the decision makers at the household and community level, with few opportunities for women to participate in or influence decisions that affect their health and safety.

A great initiative that is currently being discussed is for the MHCPGP department to be part of the discussions with cash beneficiaries to mitigate protection risks associated with female household members receiving the money.

GOOD PRACTICES:

- Bangladesh have had a strong and action-orientated approach to this managing to make progress on 97% of the specific actions to be taken according to the ACF global Gender Minimum Standards tool. Bangladesh is the first ACF mission to achieve the GMS among the Asia pool.
- In 2018, ACF participated in the first Rohingya Refugee Response Gender Analysis to understand the different risks, vulnerabilities, opportunities and skills for women, men, boys and girls.
- GBV mainstreaming into Nutrition initiatives in collaboration with Nutrition sector has increased the credibility of ACF as a kind of trendsetter on GBV in Nutrition technical area.
- ACF developed tools and systems to strengthen the capacity and accountability of partner organizations on Gender and Gender Based Violence, which benefits beneficiaries reached by partners to reduce gender inequality and protection risks.

LESSONS LEARNT:

- Participation of the MHCPGP department can be very beneficial in order to sensitize household members on the benefits of women's economic empowerment.
- While a lot of effort has already been made on HR policies and processes, there is still a gap to bridge between the number of male and female staff, especially on leadership roles.
- Working close with community and religion leaders to provide awareness-raising sessions, could allow ACF to use their existing influence and expanding it to the wider community.
- Training on gender awareness and gender sensitivity is needed for men and boys in camps and host communities. Future programming should work more on changing men's opinions.

EFFICIENCY

This criterion focused on the support functions in place in ACF Bangladesh. These include MEAL, HR, finance, logistics, grants and audit. The focus of this analysis was on how ACF have managed the scale-up in operations since the crisis and in what areas programmes and support functions could improve the coordination with which they work.

Efficiency analysis will conclude with an assessment on the degree to which both internal and external coordination has efficiently facilitated activities in the mission.

MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

MEAL is one of the departments that has grown significantly over the last year. Prior to the influx of Rohingya refugees, the department consisted of one person and this meant that during the first months of the emergency response MEAL activities could not scale up at the same speed as programmatic activities. Following the recommendations of the Real Time Evaluation that was conducted in December 2017, ACF Bangladesh has taken significant steps on strengthening monitoring activities.

The team is now well equipped, and each MEAL officer is designated to one programmatic department (WASH, Nutrition and Health, FSL and DRR, MHCPGP). A Head of Department who is based in the capital plays a strategic role on project development and reporting, and a MEAL Specialist who joined with a short-term contract played an important role in shaping the department's strategy. ACF has also been actively contracting MEAL support from HQ to backstop capacity issues and build capacity.

The team has MEAL related technical skills; however, capacity building is required on the approach and technical aspects of the departments that they act as focal point for. This will allow them to be more

engaged with the programme teams, build relevant tools and propose ideas that will increase the added value of MEAL. A good practise that needs to continue in the future is that MEAL officers attend kick-off meetings at the beginning of new projects.

The MEAL team has been facilitating the data compilation for the project Activity Progress Report (APR), which is a global ACF tool that all missions are required to fill in. There are many gaps in available data, but a lot of progress is being made on updating the APR timely on a monthly basis. However, the tool is currently being used solely for reporting reasons and the Project Managers do not always see the benefit of this tool. The MEAL team could focus on utilising the APR data through analysis, visualisation and comparison between targets and results, so that APRs can be used for project management and decision-making.

FOCUS BOX:

DHIS 2 FOR DATA COLLECTION AND ANALYSIS

The MEAL team are in the process of integrating DHIS2 into MEAL activities. DHIS2 is an open source software platform for reporting, analysis and dissemination of data for all programmes. The first role that DHIS2 will hope to play is to facilitate an improved reporting process for programmes teams. This is one step towards improving the organisation and quality of APR data reporting as well as monthly progress reports. All departments have had training on this new reporting process and will begin using it in July 2019.

DHIS2 will also help to establish a case management system whereby data across activities can be mapped for one individual. The objectives of this system are to reduce errors and make data more accessible for MEAL and programmes teams. MEAL will be able to use this system to create a consolidated database spanning multiple activities and sectors. A consultant was brought in early June to support the development of this and progress is ongoing.

As in every emergency response, MEAL activities have been mostly focusing on monitoring daily activities, field visits and data verification. The MEAL team is involved in survey design (e.g. PDM, KAP) and assists on designing the forms for electronic data collection. However, data collection remains the responsibility of programme teams, which in some case can decrease the data credibility. Although the MEAL team doesn't have enough human resources to conduct such surveys, they can facilitate the hiring and training of enumerators as daily workers who can independently collect data for large scale surveys.

Moving towards the next phase of the response activities related to evaluation, accountability and learning shall also be considered. The transition to longer-term projects will give the time and space for more systematic evaluations and it will also increase the donor expectations on external evaluations and learning reviews. The MEAL department can play an important role on promoting evaluations by ensuring that they are discussed and included in the budget when appropriate.

Although ad-hoc lessons learnt workshops have been conducted, they are not supported by a learning platform or a formal knowledge management system. MEAL can play a key role to ensure that lessons learnt are captured systematically, stored appropriately and used when relevant.

When it comes to accountability, ACF Bangladesh has taken important steps towards it and there are now two different departments focusing on accountability to the affected communities (CFMC and CwC) which supports the MEAL department. Internal coordination among these departments through regular meetings could ensure clearly defined roles and responsibilities and increased accountability. Each department has its role to play, and the MEAL team could promote two ways communication by reaching out to the beneficiaries to consult them on the services provided by ACF (exit surveys, community meetings, FGDs).



GOOD PRACTICES:

- ACF significantly scaled up their MEAL capacity in light of recommendations from the RTE, and now have a well-equipped team.
- In addition to greatly expanding the permanent MEAL team, ACF sourced additional capacity in the form of a short-term MEAL expert, and through a framework agreement of support from the UK office, to further support gaps in staffing and skillsets and to increase the capacity of the existing team.
- ACF programme departments are implementing technical and complex interventions. Having a MEAL focal point has been assigned to each department ensures that technical MEAL staff have the time and exposure to develop specialisms in these technical areas, leaving them better equipped to support programme staff's specific needs.
- ACF has taken significant steps towards improving and digitising monitoring systems and ensuring that good quality data is available in a timely manner for decision-making.

LESSONS LEARNT:

- Although the number of MEAL staff has increased significantly, it is clear that there is scope to increase the technical capacities of the MEAL teams in specific areas, particularly when it comes to the technical specifics of the departments they support, but also with regard to more complex MEAL methodologies and tools, which will be increasingly required moving forward. ACF should continue to invest in this area to ensure continued capacity building in the team.
- When time is not dedicated to the analysis and visualisation of data, and feeding this back to programme teams, staff buy-in for participating in APR and MEAL processes is decreased. The MEAL team should focus on utilising the APR data through analysis, visualisation and through comparison between targets and results, so that PMs can use this information for decision-making.
- Short term emergency programming makes it difficult to focus on the more complex elements of MEAL, like evaluations, accountability and learning. The transition to longer-term projects means that these areas can be strengthened. External evaluations will be needed for better reflection and in many cases they will be expected by donors. The MEAL team could also facilitate the systematic capture of lessons learnt and play a key role on ensuring their application when relevant and appropriate.
- Managing large volumes of feedback and complaints across three departments (including MEAL) can become complex, and internal coordination among these three departments must ensure clearly defined roles and responsibilities and increased accountability.



LOGISTICS

Logistics is one department that has been significantly affected by the scale up of ACF in Bangladesh in the last two years. The size of the team had increased substantially since 2017 and still more recruitment is needed despite low turnover. There have been some clear difficulties for logistics in keeping up with the demands of programmes and a clearer strategic approach between logistics and programmes will be needed in the future.

In the context of a crisis, procedures and donor requirements are somewhat less rigorous and this was the case in the initial months of the crisis. In recent months, there have been more and more processes and compliance issues to contend with and this has led to some difficulties in timely approval of procurement requests. Programme staff reported long delays when receiving items and logistics recognises these issues. At the same time, the short time assigned for project design means that PMs do not develop a clear procurement plan at the beginning of the project, and consequently logistics department cannot plan when it comes to procurement.

It was agreed between the HQ and Logistics team that, when sending a large number of dossiers, logistics should indicate the priority dossiers to the HQ such that they can be done first. Logistics should make sure this is being done whenever there are many procurement requests submitted at the same time. Additionally, to ease the heavy workload on HQ staff and reduce delays, logistics should make sure that all of the necessary documents required for validation are sent through.

Teams in Bangladesh should start to implement long-term strategies in order to mitigate some of the delays in procurement validation. Better planning could mean that framework agreements can be signed with suppliers. This framework agreement would take some time to establish and validate but once in place teams will have much more flexibility and validation won't be necessary for every request. This would require teams to sit down and forecast the quantity and type of materials they would expect to need in the coming year. A new project management tool has been shared with PMs recently that includes a procurement plan.



ACF Bangladesh abides by the network wide procurement validation thresholds – requests above 2,500 euros must be validated by the capital and above 10,000 euros must be validated by the HQ. Given the uniqueness of the context and scale of operations, it needs to be explored if these network-wide thresholds are applicable to the current context (with so many small and short-term grants).

Further, reported procurement delays are a result of Link (the system used by ACF Bangladesh to validate procurement requests) which multiple staff felt was a challenging system. Programmes managers, as well as logistics staff, have to be familiar with this system and many felt that they could not navigate it efficiently. Logistics have provided trainings to some staff, but there are still significant gaps for programmes teams in Link, creating a further capacity issue. The validation process itself can take a long time, in particular when going through the HQ.

The vendor selection process has also been challenging. Vendor invitations have to be in English for auditors and donors which limits the number of vendors that ACF can formally approach. Auditors have questioned ACF on this short list of approached vendors questioning the legitimacy of the process. This is a challenge for the logistics team and further complicates and delays procurement requests.

There are some clear positive movements in logistics since the crisis.

As identified by the RTE conducted in 2017, there were big issues with warehouse organisation at the start of the crises. This was one area identified by staff that has greatly improved, with programmes team taking more ownership over the areas that they use. The logistics department are also striving to improve the collaboration between programmes and logistics to ensure timely delivery of programme items. There was recently a kick-off meeting for five grants and there was clear communication during this meeting as to how the two departments should proceed.

The efficiency of the Logistics department is likely to improve with fewer, long-term programmes, where procurement requests will be far easier to manage. Delays in procurement will have less of an indent into programmes, mitigating some of the friction between logistics and programmes.

GOOD PRACTICES:

- ACF maintain a rigorous verification process which ensures a commitment to efficient and effective use of resources and programme inputs.
- In order to mitigate the delays in procurement at HQ level, ACF begun indicating priority requests such that the HQ focus on the time-sensitive requests first. This should become systematic moving forward.
- ACF is committing to ensuring that logistics is present at kick-off meetings. This has facilitated a much-needed closer working relationship between programmes and logistics.

LESSONS LEARNT:

- There is clear need to discuss with HQ the possibility of revising the existing procurement validation thresholds to reflect the grants context in Bangladesh.
- There have been challenges around the capacity to sufficiently train programme staff in Link. There needs to be multiple logistics staff whose responsibility it is to train staff on how to use Link and an introduction could be included at the induction phase for relevant staff.
- Procurement will be more efficiently conducted with closer collaboration between logistics and programmes. The best strategy for this is to develop a procurement plan at the beginning of each project which will be followed up regularly.
- ACF looks to establish more framework agreements with suppliers to ease the quantity of validation requests and give programmes more flexibility.



HUMAN RESOURCES

One of the ACF Bangladesh's strong areas is their human resources. During discussions with senior and field staff, it was noted that the motivation and commitment remains very high and there is sense of pride for being part of ACF's team. Programme and support teams feel that they work towards a purpose and as one of the interviewees stated:

**“WE DON'T WORK JUST FOR THE MONEY;
WE WORK TO SAVE LIVES”.**

The decision not to bring in the Paris HQ ER team had a positive effect with national staff who felt empowered, as well as with the local government who were very pleased to see ACF as the only agency represented by a Bangladeshi national at Cox's Bazar level. The management team decided to contract expats on longer-term contracts rather than bringing in the emergency response for two to three months. This has worked well with expatriate staff supporting on MHCPGP, Nutrition and Health, WASH and recently Grants department. According to various departments, support from HQ is further required on technical components of the different programmes.

Significant adjustments had to be made during the two last years of the emergency response, in order to be able to transition from a mission of 150 to 1,056 staff and more than 1,000 Rohingya volunteers as of June 2019. Despite a challenging recruitment environment, the department successfully recruited a large number of employees in a very short period of time. More than 300 people were recruited in the first month of full operations, with the trend continuing during 2018 when 1,178 staff were recruited.

With all the NGOs in Cox's Bazar scaling up and hiring massively, a lot of the organisations saw a lot of their staff leaving for better opportunities and increased salaries, sometimes from one day to the other without giving a notice period. ACF Bangladesh was importantly affected by this trend and lost some technical and experienced staff who were particularly attractive for other NGOs.

Senior management and Human Resources department took immediate actions to retain staff by upgrading roles, introducing emergency allowance and conducting field visits to discuss exit policies and procedures that staff had to follow. This had a positive effect on staff retention. The salary increase in October 2018 was perceived positively and there is now a significant change on employee turnover (0.96%).

During the first months of emergency operations, the department managed to handle the increased human resources needs of the programme teams by hiring mostly casual workers. The transition to permanent staff was very efficient during 2018 (46% of casual workers in January 2018 and 0.7% of casual workers in June 2019) and this had a positive impact on reducing the turnover of staff, who could now enjoy full benefits (annual leaves, bonus).

The transition from casual workers to permanent staff had one negative aspect in that the recruitment process takes longer. During 2018, the recruitment process was long and this raised some complaints by programme teams. The main reasons for the delays were that a recruitment approval request had to be sent and signed by the capital and all the CVs in the long list had to be printed. In addition, HR was not always clear on the skills and experience required for the advertised positions. Significant steps have been taken to make the recruitment process more efficient, removing some of the bureaucracy and introducing 5 minutes meetings where HR discuss with the project team on the desired profile of the person to be recruited. During conversations, there was a general agreement that communication has been improved and the average recruitment time now takes 28 days.

Induction to new staff

During the first months of emergency operations, several newly hired staff did not receive proper induction when joining ACF, which caused delays in trainings on Code of Conduct (CoC), humanitarian principles and standards, finance and security understanding at various levels. The HR department now organise group inductions when representatives from each department are invited to present their work. However, some of the field staff have not received an induction or received it after several months. To address this issue, ACF Bangladesh adjusted its systems to staff receiving a short induction on their first day of joining (HR, security, CoC, how to open a bank account) and then invited for a mandatory scheduled group induction workshop, spread over three days, every month. Video presentations and conversion to e-learning modules could also be a way forward as some of the department representatives are not able to attend some of the inductions.

Staff care

The increased workload has significantly affected programme and support departments. Discussions with office and field staff showed that the workload is more manageable currently as all the departments have grown and now there are more staff to share among the responsibilities. For example, the HR department that consisted of two people now is equipped with fourteen staff.

Staff care is taken seriously by the senior management team who recognise that employees work long hours in a difficult environment with daily exposure to situations of heavy distress. A psychiatrist had been in place from the first year of the response providing general sessions on stress management and individual counselling. However, the psychiatrist was based in the UK and counselling was mostly available by phone, a fact that reduced the number of staff who were aware of service provided. In June 2019, a staff psychologist (expat) joined the Bangladesh team to support the team and support the development of staff care system in the mission over next 6 months.

Appraisal

The extreme workload during the first year of operations left no time for appraisals, which meant that in some cases job descriptions and objectives were not clearly defined. At the end of 2018, HR department introduced a new policy of a regular job appraisal, on an annual basis. Staff who had been in their position for more than a year had to do an appraisal in December 2018. This appraisal was used as an opportunity to formalise job descriptions and action plans. However, the fact that the majority of staff had changed positions at least once during the last year meant that a lot of them did not go through the appraisal process. If possible, staff who haven't received an appraisal should be prioritised within 2019.

Capacity Building

All the staff and volunteers who were interviewed during the data collection had received several technical trainings while being employed by ACF Bangladesh. With the programmes evolving and the needs becoming more complex, staff will need more on the job trainings rather than classroom ones in the following months.

The actions that were taken to achieve staff retention were successful. At the same time, some of the staff who was promoted into roles that are more senior have the technical expertise but in some cases, they lack experience on managing teams and following processes related to finance and logistics. Trainings have already been given on basic processes and systems. More systematic trainings on project and team management, finance and logistics remain a priority for the next year.

An orientation training package on Gender Policy, Gender Based Violence, Protection from sexual exploitation, abuse and child protection is developed and planned to carry out with all staff including partner staff which will help compliance and reduce various risks of ACF.

GOOD PRACTICES:

- The model of working with national staff in the management team and expatriate staff supporting with long term contracts has worked well and has created a sense of empowerment to national staff. Support from HQ on technical components and ACF systems is an important requirement for this model to be successful.
- Despite a challenging recruitment environment, HR department successfully recruited a large number of employees in a very short period. During the first month of emergency operations, the department managed to recruit more than 300 people, by hiring mostly casual workers.
- Significant steps have been taken to make the recruitment process more efficient, removing some of the bureaucracy and introducing 5 minutes meetings where HR discuss with the project team on the desired profile of the person to be recruited.
- Staff care is taken seriously by the senior management team who recognise that employees work long hours in a difficult environment with daily exposure to situations of heavy distress. A psychiatrist had been in place from the first year of the response providing general sessions on stress management and individual counselling. Hiring a psychologist to be based in Bangladesh in June 2019 is a great initiative.

LESSONS LEARNT:

- It is necessary to orient staff on CoC, humanitarian principles and standards, and basic operational procedures prior to their deployment in the field. Induction needs to be formalised and organised for all new employees.
- Obtaining all the necessary HR related documentation is very challenging during a large-scale emergency response. HR department has been putting their efforts on ensuring that all the necessary information is in place.
- A lot of adjustments had to be made on processes and policies as a result of ACF's Bangladesh scale up. These changes need to be reflected on the organisational policies that in some cases need to be updated.
- It is important for staff on senior roles to receive team and project management trainings, as well as trainings on finance and logistics management. It is also beneficial to provide technical and on the job trainings for staff who have to do complex work (e.g. psychologists, nurses etc.)
- An annual formal appraisal process could have a significant positive impact for ACF Bangladesh by setting clear roles and responsibilities, identifying skills gaps and training needs and show appreciation to well performing employees.

FINANCE

The finance department have had to scale up significantly in reaction to the crisis. The money moving through the organisation was around 6 million euro per year prior to the crisis. This increased significantly to around 18 million euro in 2018 and again to around 32 million euro in 2019. The finance department has expanded to 21 staff (9 in Dhaka and 12 in Cox's Bazar).

Monthly budget follow-up meetings take place among finance and programme teams. Multiple departments mentioned that these are happening consistently and are well attended by the necessary departmental focal points. Included in this process are HoDs in Dhaka, the head of base in Cox's Bazar and relevant programme coordinators. The original BFU is constructed at Dhaka level by the finance team. The report is then disseminated to all HoDs in Dhaka before sharing with staff in Cox's Bazar for updates and follow-up. The BFU is sent to the capital towards the end of the month who finalise the process. However, this process involves many people, takes a long time and requires staff availability, resulting in the BFU not being sent on time, with delays of one to two months. There was also a case of duplicated expenses, which caused significant issues for the team. The finance team is taking steps to formalise the process and establish concrete deadlines. In June 2019, the BFU was shared on time with programme teams, which should be the common practise moving forward.

Kick off meetings were not held regularly within 2017 and 2018. As mentioned by other departments, kick-off meetings have been conducted for the last five grants and have been well attended. Finance staff said that this process is vital such that programmes

staff can understand the financial requirements and processes for each individual programme.

Finance recently conducted a learning review that solely finance staff attended. A primary topic discussed was the financial plan. The primary problem discussed with regards to the financial plan is that it is not user-friendly, particularly for non-finance people, and given that it stores information for over 1,000 staff, delays on submitting the plan have been occurring. Finance staff felt that a new system could support the usability of the financial plan and that a programme other than excel could achieve this. There is a need to improve tools and communication between programme teams, Finance and HR and for an allocation table to be developed. This would allow Coordinators, PMs and HR department to know the duration for which a position is funded and when contracts need to be terminated.

There has been a strong quantity of training for finance staff with five formal trainings occurring in the last year. Staff felt that there is a sufficient level of skills in the team. However, they did feel that there could be improved understanding of financial responsibilities for non-finance departments. ACF Bangladesh could consider improved targeted training for programmes in particular to ensure, that they are able to perform the necessary finance-related tasks.

Similarly to other departments, there were some issues shared around Link as a procurement validation tool. Finance staff indicated that it was not user-friendly and that there have been some severe delays to procurement requests being granted, particularly when validation has to go through HQ.

GOOD PRACTICES:

- The ACF finance department are involved with cash distribution has been a useful method for reducing fraud and managing the financial side of programmes. This has been especially important in facilitating the introduction of E-wallets.
- ACF have successfully managed to have over 1,400 volunteers on the payroll, supporting with programmes while working within the community. The fact that finance staff themselves distribute the wages is another example of ACF's commitment to reducing fraud.
- ACF have recently committed to kick-off meetings have been systematically held and included finance. These meetings have been instrumental in building a closer relationship between finance and programmes teams and this should be continued.

LESSONS LEARNT:

- Along with logistics, there is need for finance to discuss the network-wide procurement validation thresholds with the HQ and see if there can be some room to make it more appropriate to Bangladeshi grants context.
- There is a need to improve tools and communication between programme teams, Finance and HR and for an allocation table to be developed. This would allow Coordinators, PMs and HR department to know the duration for which a position is funded and when contracts need to be terminated.
- While the skill capacity of the finance team is strong, there is a gap in financial skills in programmes teams. ACF has started to scale-up financial training for non-finance staff such that they can perform their financial responsibilities effectively.
- Managing 1,400 volunteers is challenging, and for finance delivering hand-to-hand payment for these volunteers is particularly challenging. Closer communication between finance and programmes whereby a system to clearly mapped and forecasted volunteers for each month should be promoted.
- Finance need to work closely with financial institutions involved with CFW such that those institutions have the buy-in and efficiency to work at the necessary speed to process and document payments to beneficiaries.

VOLUNTEERS – A FINANCIAL RESPONSIBILITY

It is a great achievement by ACF to have managed to recruit and manage over 1,400 volunteers (daily workers) in order to support the implementation of programmes and the involvement of communities. The finance department are responsible for making the physical payments to all volunteers on a bi-weekly basis. There are six staff based in Cox's Bazar who are dedicated to this activity. It is a good initiative by ACF not to involve programme teams in payments since there is a reduced risk of fraud or miss handling of money. One consideration should be that volunteers are not included on the financial plan and so finance rely on programme staff to inform them who is on the payroll. Finance staff indicated that closer collaboration between programmes and finance to effectively map and identify all volunteers would greatly enhance the efficiency of this process.

Volunteers and staff pointed out that volunteers receive less money than volunteers for other organisations do. ACF could explore the possibility of adjusting to the sector-wide wage such that they can be more competitive with retaining volunteers while sticking within the rules. The financial implications of increasing the volunteer wage is of course more significant for ACF given how many volunteers are under the payroll, so this is another consideration to be worked out.

ACTION
AGAINST
HUNGER

(Emergency)

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Supported

Cox's Bazar

for Action

Against Hunger

Implemented By: Mukti

DFID, SIDA & UNICEF

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GRANTS MANAGEMENT

During the first year of the response, ACF Bangladesh managed 24 grants. The various departments and the Deputy Divisional Director who was responsible for communication with donors during the first period of the response managed to coordinate and secure a significant number of grants. However, given the extreme workload and the various active projects, there was no opportunity for proper orientation when a project was starting, leaving some gaps on the project requirements and the communication between programme and support departments. Donors recognise that proposals had to be done at short notice and that ACF Bangladesh has been responsive to that.

Establishing Grants department in March 2019 has had a positive effect on internal communication, donor relations, proposal development and report writing. The grants department consisting of two staff (one in Dhaka and one in Cox's Bazar) have two key responsibilities of managing ongoing contracts and fundraising.

As part of the ongoing contract management, in June 2019, a meeting on grants management updates, priorities and challenges was organised in Cox's Bazar. The Grants team has managed to clear the backlog of reports and formalise inception meetings for new projects and streamline the donor communications. A regular database is being managed and updated regularly for the contracts and reporting follow up (CRFU) to keep a track of the project progress.

In May-June 2019, five inception meetings were conducted for the new grants with the presence of Coordinators, PMs, HR, Logistics, Finance, MEAL and Communications department. All the departments agreed that inception meetings have been very useful on clarifying roles and responsibilities, budget availability and procurement plan. It would be beneficial if audit and partnership departments were regularly invited to these meetings so that compliance and MoU issues could also be discussed.

A three-day workshop was conducted in July 2019 in Cox's Bazar for

all the UN grant contracts that include (UNHCR, UNICEF, UNFPA, WFP and IOM). This was a refresher for all the staff on the UN grant compliances including reporting, audit and financial compliances. The aim of the workshop was to reduce the financial risks for these grants.

Having as a priority for the future to improve grants management and internal coordination, and decrease NCE, the Grants department has taken initiatives that are recommended as good practises for the upcoming years. A new tool has been introduced that will allow even better project and grants management. The detailed implementation plan will include information on the plan for activities, procurement and recruitment. PMs shall be encouraged to submit it timely as the tool could ensure that delays on activities, procurement or recruitment are avoided.

Recently the grants team has initiated the process of donor mapping in Bangladesh, which will look at both humanitarian and non-humanitarian donors and their priority areas for Bangladesh. This will feed into the overall country strategy, which will be developed later this year.

CONSORTIUM MANAGEMENT

In May 2019 partners came together to work on the proposal for phase two of the DFID consortium. Despite the time limitations, a lessons-learned workshop took place in Dhaka where all the partners were invited to share their perspective on what went well and what could be further improved in the next phase of the consortium. This was a significant improvement compared to phase one, where there were limited moments for partners to come together and take decisions. National partners particularly appreciated being part of this workshop as they saw it as an opportunity to share their experience and participate in project design. Findings from the lessons learnt workshop were fed into a project design workshop that took place in Cox's Bazar.

GOOD PRACTICES:

- Establishing Grants department in March 2019 has had a positive effect on internal communication, donor relations, proposal development and report writing.
- Inception meetings are considered very beneficial by the different departments as they improve planning and they increase internal coordination.
- In May 2019 partners came together to work on the proposal for phase two of the DFID consortium. Despite the time limitations, a lessons-learned workshop took place in Dhaka where all the partners were invited to share their perspective on what went well and what could be further improved in the next phase of the consortium.
- A three-day workshop was conducted in July 2019 in Cox's Bazar for all the UN grant contracts, as a refresher for all the staff on the UN grant compliances including reporting, audit and financial compliances.

LESSONS LEARNT:

- Grants department and grant management tools should be prioritised early into an emergency response. The new tools and events that have been introduced by ACF Bangladesh are significant steps toward the right direction. The management team should highlight their importance and ensure that they occur in a systematic way.
- It is beneficial when audit and partnership departments are included in kick-off meetings so that compliance and MoU issues are being discussed.
- As an addition to kick-off meetings, progress meetings would also be an initiative that could add value to projects that run for 6 months or more.



AUDIT, RISK AND COMPLIANCE (ARC)

The ARC Department, based in both Dhaka and Cox's Bazar, have multiple responsibilities. They facilitate external auditors and donor auditors, do internal audits and ensure partner audits are done when they are supposed to. They also observe distributions and are in particular involved in cash distributions to ensure that cash is being distributed in line with donor requirements. Finally, they ensure that proper procedures are followed with regards to tax submission at all levels of the organisation. The first HQ led internal audit completed in mid-2018 right after the scale-up.

There has been a large scale-up of the ARC Department, increasing their staff from two to seven in the last year in response to the growing demands for their activities. Specific activities conducted in the last year have included; audits for consortium partners, HR management audit at Cox's Bazar and Dhaka level, stock and asset management assessment, trainings on VAT tax and a large-scale internal audit for FSL programmes (and developing a cash management SOP) – to name a few. In order to manage this range of tasks, they created a plan in order to make the audit process smoother and more efficient. In order to manage the workload, the ARC Department are also trying to design tools that can be used by partners and staff themselves.

The team have produced a number of recommendations to programmes teams based on the findings of internal audits. They have made a significant number of recommendations around distribution lists and financial compliance. Issues have also been identified with regards to the level of necessary documentation required for donors, this has been a particular challenge due to working with multiple donors with different compliance procedures. The ARC team sit with programmes teams in order to go through these recommendations. The ARC team also attend pre-programme meetings to discuss the specific donor compliance that is relevant to that project. This seeks to ensure that programmes buy-in to compliance concerns. At Dhaka level, there was concerns regarding how consistently audit are a part of these kick-off meetings.

The ARC team are responsible for auditing partner organisations. Through these audits, a range of issues around tax, revenue and payment methods have been identified. ACF have a standardised audit feedback form that is filled out and provided to partners. ACF staff felt that, while partner audits were not initially well received, partners have become more and more responsive to this feedback and are keen to make improvements.

According to ACF staff, donors have been satisfied with both internal and external audits have identified very few issues.

TABLE 4: NUMBER AND TYPE OF AUDIT CONDUCTED BY THE AUDIT TEAM

CATEGORY OF AUDIT	NUMBER OF AUDIT
Facilitated Donor Audit	20
Facilitated Donor Financial Monitoring Visit	15
Facilitated External Audit	10
Conducted Partner Audit	8
Conducted Project Audit	5
Conducted Special Audit for CFMC and Management	7
Total Audit	65

GOOD PRACTICES:

- Audit's involvement with partners is very positive. It ensures that ACF are closely monitoring the compliance and finance practises of partners. Additionally, there is a systematic approach to providing recommendations based on these audits which are being taken on by partners.
- The audit team sit regularly with programmes teams to go through the findings of various audits. This is key in order to ensure that programmes are complying with donor requirements for future programmes, particularly given that compliance changes from donor to donor.
- Audit's involvement in cash distribution adds yet another layer to the activities commitment to reducing fraud.

LESSONS LEARNT:

- It is key that the ARC team are a part of every kick-off meeting. With a variety of grants and donors, each programme has its own requirements that need to be communicated to programmes teams.
- Implementing a more systematic process by which audit share the findings of audits with programmes teams with improve compliance. Action plans should then be established.
- Ensure that the planned 3-day workshop with programmes teams to discuss the various compliance requirements of different donors goes ahead.



COORDINATION

One of the strengths of ACF's mission in Bangladesh is the good relationship and strong coordination with the Bangladeshi Government. The office of the Refugee Relief and Repatriation Commissioner (RRRC), which is the main government body dealing with Rohingya refugees appreciate the long-standing presence of ACF in the district and the timeliness on responding to the 2017 influx. As a result of the long presence in the area and the appreciation by government bodies, ACF succeeded on getting administrative agreements signed quickly and this played a significant role on the key position that the organisation plays today in the response.

Donors also appreciate how ACF were able to respond to the pressure to implement quickly and were able to scale up in a short time at the beginning of the programme. Donors recognise the organisation as a key stakeholder in the humanitarian response and a leader in the field of nutrition. According to their views, ACF have been responsive on organising field visits and in many cases ACF were selected to facilitate official visits.

Internal coordination came with its successes and challenges. ACF have been successful in introducing an integrated approach and this required strong coordination and collaboration among the different departments. Field staff who participated in FGDs shared that they regularly participate in coordination meetings and they feel that they have channels to share their feedback and opinions with line managers when necessary.

When it comes to the consortium that ACF are leading, it was recognised by different stakeholders that there is space for improvement for coordination of activities and communication between partners. As mentioned in the grants section, positive steps are being taken on increasing integration and improving communication. In the new phase of the proposal, a MEAL consortium Manager has been budgeted for to lead the MEAL working group and ensure strong and harmonised monitoring systems across the partners. In addition, to further strengthen

coordination and communication, it could be considered for the Consortium Coordinator to be based in Cox's Bazar, instead of Dhaka.

During the first year of the response, proposals and budgets had been mostly developed at the Dhaka level for donors outside of the UN system. This saved time for coordinators to focus on implementation but in some cases, it decreased ownership and created gaps on understanding on proposal and budget rationale. It is definitely important for the Cox's Bazar office to be involved into proposal and budget design and for a discussion to take place when changes need to be made on the targets or the budget. This has been recognised by the mission and newly developed proposals are being prepared through a more cooperative process.

A lesson learnt is the need for the establishment of a grants department early into an emergency response. During 2017-2018, Heads of Departments (HoDs) had been fully occupied with proposal development and report writing, while now grants department has taken over some of these responsibilities and has also improved the internal coordination. This is expected to increase the available time that HoDs can spend on strategic, programmatic and operational aspects. At the same time the Cox's Bazar office could be more proactive on sharing information and support needs with the capital. More visits to Cox's Bazar could also be a way to strengthen internal coordination.

It would be beneficial to formalise the information sharing between the two bases, as there are cases that communication does not take place on a regular basis with information gaps being created as a result. Areas that the base needs support on should be mapped through a collaborative process so that an action plan can be developed on the kind of support that is necessary from the capital or the HQ.

GOOD PRACTICES:

- ACF was very quick on getting administrative agreements signed and this played a significant role on the key position that the organisation plays today in the response. This came as a result of the long presence in the area and the appreciation by government bodies.
- According to donors, ACF have been responsive on organising field visits and in many cases ACF were selected to facilitate official visits.
- Staff who participated in FGDs shared that they regularly participate in coordination meetings and they feel that they have channels to share their feedback and opinions with line managers when necessary.
- ACF have been successful in introducing an integrated approach and this required strong coordination and collaboration among the different departments.

LESSONS LEARNT:

- Having the Cox's Bazar team participating to proposal and budget development, increases ownership over projects.
- Consortium Coordinators are in a better position to manage and coordinate the consortium activities when based closed to where activities are implemented.
- Regular meetings and regular visits between HoDs and Coordinators/Managers are important elements of internal coordination.
- Needs for support that the base might have shall be investigated to come up with a plan on how to address them with support from Dhaka and HQ.
- Establishing regular communication with HQ focal points is necessary especially for support departments to avoid delays.

SUSTAINABILITY

This criterion focuses on three key areas in which ACF have responsibility to build the resilience of local communities. These include partnerships, host and refugee relations and the long-term impact of programmes.

PARTNERS

Partnerships are integral to ACF Bangladesh's successful implementation and coverage of programmes. ACF work with a number of local, national and international NGOs. As part of this report, meetings with partners were conducted with Friendship, Hysawa, Shushilan, Mukti Cox's Bazar and FIVDB. These interviews sought to assess the ability and effectiveness of ACF's management of downstream partners as well as how ACF can be successful with their desire to encourage autonomy of partners.

Partnership has been another huge area of scale up for ACF Bangladesh. Prior to 2017, they typically had three or four partners, as programmes were not large enough to warrant multiple actors' involvement. ACF now collaborates with nine local partners as well as multiple international agencies and two universities. In 2015, around 8% of ACF's budget was implemented by partners. In 2019, this is up to around 30%. This reflects the necessity for partnerships in the current context as well as ACF's desire to work closely with other actors.

ACF Bangladesh have followed a selection process involving the partnerships team in Dhaka and programmes teams in the field. Programmes teams first communicate the need for a partner, then the partnerships team identify seven or eight potential partners who are assessed against the donor requirements. Following this, three or four are visited for a capacity assessment also known as Due-Diligence Assessment and the top scorer is selected. This is good practice and necessary in order to ensure that ACF work with the best organisations.

Partners value the reputational benefits that have come from working with a large and reputable organisation like ACF and the

improved scope they have had to implement in Cox's Bazar as a result of this partnership. Some of the key positive elements that came out of these interviews were as follows:

Autonomy - Partners did not feel like they were being micro-managed or that ACF were imposing themselves. There appears to be a good balance between technical support to partners while ensuring some autonomy. Partners are given the opportunity to make decisions, design programmes and implement without ACF controlling the process.

Capacity building – ACF have a clear mandate to build the capacity of local partners. This is part of ACF Bangladesh's long-term strategy to transition local organisations from implementing partners to strategic partners, thus building the reliance and sustainability of local agencies should INGO presence deplete in the coming years. Partner organisations appreciate the trainings received on technical aspects but in some cases trainings were being conducted during the projects last months of implementation, limiting the impact of improved skills of the respective partner organisation. Senior Management recognise the importance of capacity building and consider setting up a training unit to address the capacity needs of staff and partners, through training and in-house workshops.

Support function trainings – One of the major challenges of smaller, local NGOs when becoming a part of large programmes is the compliance necessary for major donors. The approach to Logistics, Finance and MEAL in particular require a different approach. ACF have good experience with high-level compliance and therefore should take responsibility in supporting partners with their compliance. It was clear when talking to partners that ACF Bangladesh are making efforts to do this. Partners mentioned useful support with Logistics, MEAL, HR and Finance. Still Logistics has been a challenge for some partners particularly given the short-term nature of programmes and some partners felt that trainings could be given to more people in the organisation not just the respective HoD.

Longer-term programmes and partnerships – Given that donors were only providing short term grants and that there were delays for partner organisations to get permission to work in the camps, there were often only a few months left to train the staff and implement the project. Not only is this affecting the scope of programming but also limiting their opportunities to build capacity through cooperation and support from ACF. For ACF there may be less commitment to capacity building in shorter programmes where time is short and benefit is limited.

When partnerships work well, it would be beneficial to secure long-term strategic partnerships through MoUs with partners being ready to support when there is in a need. This would ensure that efforts on capacity building are not being lost and that future delays are minimised.

ACF Bangladesh will take a new approach to partnerships in the future. Presently, partners see ACF as the lead and an upstream partner. ACF wants to give local partners the opportunity to become strategic partners rather than just implementing partners. This new approach will involve giving local partners leadership responsibilities and building their capacity such that they can implement large-scale programmes with high-level donors independently. The result of this will be greater resilience of communities who will be supported and working with local institutions in the future. It is also in preparation for an inevitable donor fatigue that will force ACF to scale-down its mission – local partners must be able to function without INGO support in this scenario.

START UP SUPPORT IN COX'S BAZAR

According to interviews with staff and partners, numerous partners have moved or set up offices in Cox's Bazar since the crisis, with the support of ACF Bangladesh. ACF had been working with these organisations for a number of years prior to the crisis and had therefore established strong relationships; they took the initiative to re-locate these partners to Cox's Bazar such that they did not have to re-make new relationships with new partners. During the first months of the response, ACF supported partner organisations with their operational costs so that they could start their operations in Cox's Bazar. This was a great initiative and surely has enhanced the capacity for local agencies to respond to the crisis as well as position partners with a long-standing relationship with ACF for continued collaboration.

GOOD PRACTICES:

- The ACF partnership model is enabling local partners to benefit in a huge way from partnering with ACF. Their capacity to meet the compliance requirements of large donors has improved and they are in a position to be more autonomous as a result.
- ACF have heavily incorporated training of local partners into their local partnership model. It appears that this has been mutually beneficial, as it included technical and support aspects. Partners are very enthusiastic about this support and want to see it continue.
- ACF introduced a start-up support initiative, taking advantage of pre-crisis relationships by transferring partners to Cox's Bazar.
- ACF have brought in partner staff to all stages of the programme cycle. The recent workshop included all consortium partners who were able to feed into a large programme proposal was widely appreciated and will likely lead to more effective programme design.
- In 2019, partners have implemented around 30% of ACF's budget. One of ACF's global strategic objectives is based around channelling funds through local partners, and Bangladesh are one of the few countries to achieve this.
- ACF have taken the lead in large consortiums, offering up opportunities for local partners to experience large programmes and donors. When being the consortium lead, ACF have a key role to play on ensuring that partners are coordinating with each other and moving towards the same direction.

LESSON LEARNT:

- Existing training structures do not always have capacity to provide training at the scale and timeliness required, so future programming should prioritise setting up a training unit that also covers partner organisations. The goal should be to provide the additional capacity required to enable more systematic trainings tailored to the needs of individual partners.
- When partnerships work well, it would be beneficial to secure long-term strategic partnerships through MoUs with partners being ready to support when there is in a need.



HOST AND REFUGEE RELATIONS

Cox's Bazar has been devastated in many areas since the crisis. The space required to construct camps for nearly 1,000,000 refugees has destroyed the local environment as well as obstructing critical local infrastructure (markets, schools etc.). This has led to inevitable ill feeling from local Bangladeshi's towards the Rohingya. From focus groups with host communities, it was clear that while there was initial sympathy for refugees, local communities are becoming frustrated with the negative impact it has had on them. They felt particularly frustrated by the attention directed at refugees by humanitarian actors when they themselves had received little support. It is important for all humanitarian actors, not just ACF, to think carefully about how they distribute support between the two groups in order to address issues with fairness, efficiency and protection.

ACF have been working in Cox's Bazar for a number of years. They have therefore built a good rapport with a range of stakeholders including host communities. Beneficiaries in a host community FGD did mention that they value ACF's commitment to supporting them as well as the Rohingya, while other actors silo their programmes into the camps. It will be important to build on this relationship and show a continued commitment to host communities moving forward, especially where other actors are neglecting these communities.

The CFW component of ACF's response has to be carefully considerate of the tensions between the Rohingya and the host communities. Unemployment rates have been high in the host communities especially since the disruptions caused by the Rohingya influx. ACF are currently implementing CFW in the host communities as well as the camps, however, it was clear that the scheme was more consistent and long-term in the camps, with host community FGD participants only receiving one months' worth of work. ACF should open a discussion with host communities around the need for CFW in the camps as well as commit to CFW in the host communities to meet their need for work.

Little has been done by the various organisations to increase social cohesion. ACF can play a role on developing relationships between

host and refugee communities through women and girl-friendly spaces with recreational activities that both can access; similarly, with men's and boys' groups. Host and refugee communities can also come together through appropriate sports or cultural festivals for both men and women.

GOOD PRACTICES:

- ACF are in a unique position with regards to their strong relationship with the host communities. This has been reflected through successful implementation of activities in these communities.
- ACF have reasonably balanced the support provided to camps with the support provided to host communities where other actors have focused on camps.

LESSONS LEARNT:

- The importance of continued dialogue with host communities is clear. ACF's should be vocal about their commitment to those communities as well as discussing with communities the necessity for programmes in camps.
- Develop relationships between host and refugee communities through women and girl-friendly spaces with recreational activities that both can access; similarly, with men's and boys' groups.
- Develop social cohesion programmes between host and refugee communities through appropriate sports or cultural festivals for both men and women.

CONCLUSIONS

EFFECTIVENESS

NUTRITION AND HEALTH

The strategic objectives of diagnosing, treating and preventing malnutrition as well as mitigating its impact through an integrated, multi-sectoral approach have been achieved largely. It is very positive that despite a stark lack of space in the camps, ACF have managed to offer the full nutrition package in 12 out of 19 OTPs. There is a strong community participation and ACF are active in various coordination bodies and have been supporting the sector by conducting assessments and monitoring the nutrition status. As various organisations run nutrition programmes, low caseload is being reported in OTPs and SCs across different organisations. ACF need to explore their future strategy and department's structure, by also keeping in mind that funding will be reduced from 2020 and some organisations might scale down their nutrition programmes.

FOOD SECURITY AND LIVELIHOODS

The strategic objective of building the resilience of vulnerable communities has been met to a strong extent through varied programme activities that are building the self-sustainability of beneficiaries. ACF's food provision in the initial months of the crisis were instrumental in supporting refugees with life-saving support. Community kitchens have been a core modality for ACF's food provision as the situation has progressed although there is need to address the scepticism of donors around this activity. Cash programming have been a core component of FSL programmes in camps and host communities and beneficiaries made it clear that they are very appreciative of this support, E-wallets have been well received by all stakeholders and should be the go-to cash distribution modality moving forward. Communication with beneficiaries around

the selection and distribution process for cash programmes could be improved.

WATER SANITATION AND HYGIENE

ACF's WASH programmes play a significant role in meeting the national objectives to provide safe water and sanitation services to all vulnerable people, particularly through being the joint cluster lead with UNICEF; something that external stakeholders value greatly. The projects observed through this learning review are consistently meeting their targets and contributing to meeting ACF's WASH objectives. The team are working to encourage community participation through establishing user committees to maintain latrines and water tubes. Waste management is the major challenge in the sector, ACF have committed to innovate approaches to address these challenges. Hygiene awareness promotion is an area for improvement according to staff and external stakeholders. There is need to address the technical capacity in this area as well as the approach to engaging and participatory awareness messaging.

MHCPGP

One of the strategic objectives for MHCPGP, is the integration of MHCPGP in nutrition and health, food security and livelihoods, and wash interventions. Integration with nutrition has been successful to a great extent. Integration with WASH and FSL is currently improving with many initiatives being discussed that need to be prioritised into the near future. Another objective for MHCPGP is the development of a gender & protection mainstreaming approach and expertise. Women Friendly Spaces are appreciated by female beneficiaries who consider them a safe space where they can talk and be listened to. One of the challenges that ACF need to address is that according to beneficiaries and staff is that there are still acceptance issues in the community.

CWC, CFMC AND GENDER

The CwC, CFMC and Gender teams are all instrumental in ensuring effective programming that is in line with the CHS. The gender team have made great strides in incorporating gender issues into programmes as well as the office environment, highlighted by becoming the first country in the Asia pool to achieve the Gender Minimum Standards. Beneficiaries are comfortable providing feedback face to face but there are some barriers to more formal complaint methods (boxes and hotline). CwC have established five information centres/hubs in order to facilitate communication with beneficiaries and plan to establish more. Beneficiaries mentioned the hubs as a useful place to gain information as well as give feedback to ACF.

EFFICIENCY

ACF were one of the first respondents to the Rohingya refugee influx, responding to the needs in an efficient and timely manner. During the initial months into the crisis, ACF Bangladesh scaled up its centre-based and mobile/outreach services and implemented mass screening of children under 5, identification of pregnant and lactating women, distribution of hot meals and high energy biscuits, water trucking, installation of sanitation facilities and water points with frequent maintenance, and provision of psychological first aid and trauma counselling. ACF responded immediately to the crisis taking full advantage of their local standing, established relationships, and contextual knowledge and experience in the region and this played an important role in establishing the organisation as a key stakeholder in the response.

The majority of beneficiaries thought the support that they received was timely and they were clear on what ACF's programmes are about. However, for the cash component, it would be important to look into the delays have been reported between beneficiary selection and cash receipt.

Support departments have been significantly affected by the scale up of ACF in Bangladesh in the last two years. They had to grow fast

and, in many cases, there were no tools or processes to support this quick scale up. However, the teams worked very hard and managed significant achievements, including recruitment of more than 1,000 staff and management of 24 grants, while remaining highly motivated. A lesson learnt is the need for the establishment of a grants department early into an emergency response. ACF in Bangladesh has recently taken significant steps on bringing the departments together and improving internal coordination. The establishment of the grants department, regular kick-off meetings and lessons learnt workshops are definitely good practises and the way to continue into the future.

Co-operation and co-ordination with the government and donors has worked well. So have partnerships established with local NGO partners where support has been very strong both in terms of programmatic activities, and operational support.

SUSTAINABILITY

It is clear that the organisation as a whole is committed to this approach and have a clear strategy to focus on long-term programming with a focus on building self-sustainability of vulnerable communities in Cox's Bazar.

ACF have, and will continue to, build the capacity of national and local partners such that they can manage large programmes and meet donor compliance requirements. This will facilitate the strengthening of local agencies, ensuring that they can self-manage projects should INGO presence deteriorate in the coming years. ACF plan to change the working relationship between themselves and local agencies such that implementing partners become strategic partners when applicable and leadership responsibilities are shared. Capacity building will need to be more systematic and focused in the future to maximise the skills of local partner staff. ACF will also take a new approach to programmes, focusing on fewer, larger projects in the coming years. The continued involvement of communities in programmes will also be a core component of creating sustainable impact.

RECOMMENDATIONS FOR FUTURE PROGRAMMING

ACF should prioritise delivering future through a consortium or partnership model: Two years into the emergency, a trend towards consolidation of funding is being expected, with donors preferring to manage fewer and larger grants. This will most likely lead to donors funding favouring consortia and partnerships models, particularly those that work with national and local organisations. ACF Bangladesh has extensive experience and a positive and growing reputation working with partners and consortiums and should leverage and build on these relationships going forward.

ACF should prioritise securing funding streams, which facilitate longer-term and more consistent programming: As the crisis moves from response and early recovery into longer term programming, the funding portfolio must also change to reflect this. ACF must focus on securing fewer, longer-term grants covering 3-5 years, which move away from a reactive model supporting lifesaving activities, instead increasing the focus on prevention, resilience and sustainable nutrition security.

ACF must commit to their existing long-term strategy to transition local organisations from implementing to strategic partners: A clear operational plan and targets for achieving this' need to be developed. Previously there have been clear roles with ACF as the lead and partners as implementers. Now ACF should look to see which local partners could be turned into equal or strategic partners with a focus on building capacity such that they can be more autonomous with implementation moving forward.

Systematic partner training and capacity building should be prioritised: Training of partners have been mutually beneficial and grown the capacity of local partners. With longer-term programmes

becoming the focus of ACF, there will be more time to plan and conduct rigorous training phases early into the project. ACF should move forward with the initiative of setting up a training unit that can deliver a tailored training programme to partners based on their needs and the needs of each programme

Development opportunities and staff care will be crucial for ACF to recruit and retain the right staff: Talent management should become a strategic priority to recruit and retain the right staff. ACF do not have the most competitive salaries across the various organisations operating in Cox's Bazar and therefore, a talent management strategy should be built around development opportunities, including opportunities for trainings and advancement. Staff care support could also be strengthened, including a staff care policy.

ACF should strengthen the efficiency of support functions at HQ and country level: Challenges related to financial management, procurement and administrative support tools need to be addressed through an open dialogue with the HQ, in particular around validation thresholds. Validation procedures through the HQ needs to be made more efficient through priority ranking requests and ensuring dossiers have the required types of documents included. Closer collaboration between support functions at country level, including shared tools and systematic communication should also be prioritised.

Future projects should transition towards prevention of malnutrition complementing the treatment of malnutrition: In order to achieve this, multi-sectoral integrated approaches are needed with Nutrition and Health, FSL, MHCP and WASH components. ACF needs to work closer with Bangladeshi structures for a health system strengthening model. Also, given that there are substantial nutrition needs in

other districts in Bangladesh, it should be considered to extend the programme to other parts of the country. Efforts are already made, with assessments conducted or planned in other Unions.

ACF should continue to scale up cash provision through targeted UCGs, CFW and LCGs: This would be in line with community needs and donor preferences. IGA trainings should be a fundamental part of LCG and CFW programmes and all beneficiaries should be encouraged to invest. ACF should also participate in discussions with Government entities with the goal to breaking down barriers to business establishment in camps. To compliment this approach, ACF should explore ways to establish long-term financial security, in particular, implementing Village Savings and Loans Associations (VSLAs) where recipients can maximise and retain the little income that they receive.

Drive the implementation of innovative approaches in the WASH sector: Innovative solutions should be at the forefront of WASH programmes to address the biggest issues; faecal and garbage management, and lack of water. Biogas and biofil are key means for faecal waste management and should be scaled up where feasible. ACF as a sector lead should continue to drive the wider sector towards new practises that seek to alleviate the challenges faced by the WASH sector, the master water source being rolled out in a number of camps is a good example of this.

ACF should continue emphasising and further strengthen their gender approach: ACF Bangladesh have already taken significant steps on their gender approach both in the office environment and in the implemented projects. ACF should continue investing on this approach to ensure that all the work is undertaken in a gender sensitive manner. This should also include working closer with men in order to counteract existing cultural narratives related to gender in the household. Future projects should have components like 'lead fathers', and some of the community outreach activities could be designed to reach out to men and address issues related to gender and GBV.

ACF should integrate advocacy activities and roles into future programmes as part of the organisations commitment at the network level to be a 'powerful and legitimate voice: The Government is still

unclear on their stance, which is creating a lot of uncertainty for all stakeholders. ACF in Bangladesh are in a good position to advocate with the Government and this will be needed in the coming year such that programmes can plan for a more stable future.

A clear and external mandate that outlines ACF's commitment to host communities needs to be established: ACF should be vocal about their commitment to those communities as well as discussing with communities the necessity for programmes in camps. Future programmes should have a component on social cohesion programmes between host and refugee communities, through women and girl-friendly spaces with recreational activities that both can access; similarly, with men's and boys' groups, and appropriate sports or cultural festivals.

ACF need to ensure meaningful community participation: ACF have made great commitments to community participation through initiatives like user committees, cash for work, volunteers and model mothers. Initiatives incorporating community participation at project design and implementation should be integrated into all programmes in order to strengthen effective programming and build the resilience of communities. The way that awareness messages are delivered to the community should also be rethought to ensure that beneficiaries are participating, rather than listen passively.

ACF should build robust evaluation and learning process into future projects at the design stage, both from a technical and budgetary perspective: The transition to longer term project means provides an excellent opportunity to build more resources for evaluation and learning at the design stage. Long projects are often multi-sector, multi-agency, and deal with more complex changes in the population, and measuring change in these environments can be complex. As such, ACF must ensure that a minimum of 5% is secured for MEAL against every grant secured. Additionally, complex and robust evaluation methodologies will be needed in order to allow ACF to evidence their impact. Systematic capture of lessons learned and application of findings when relevant and appropriate should also be ensured.

ACF need to standardised pre and post programme meetings, with all

relevant departments included: Multiple departments expressed the necessity of their presence at inception meetings and project closure. Continuing a systematic approach to this will manage the gaps in communication between programmes and certain support-functions. With longer-term programmes, these meetings will be able to focus on long-term forecasting with regards to finance, HR, procurement and monitoring.

Strengthening communication between CFMC and CwC departments

will increase accountability to beneficiaries: ACF field staff have built trust with communities. In many cases, communities prefer delivering feedback and complaints directly to ACF staff rather than going through official CFMC channels. This means that a lot of responsibility for feedback and complaints falls on the CwC department, for example through ACF's five information hubs. In order to formalise this highly utilised method of communication, ACF should increase communication and establish common systems between the two departments.



ANNEX 1:

DATA COLLECTION TOOLS: KEY INFORMANT INTERVIEW GUIDE – STAFF (ADJUSTED FOR DONORS AND PARTNERS)

RESEARCH QUESTIONS		
1. To what extent has the programme been effective in achieving results in terms of providing emergency assistance in nutrition & health, WASH, food security and livelihoods and MHCPGP for host community and refugees?	1.1 Was the programme design based on context analysis/needs assessments? If not, how is the programme adapted the context?	<ul style="list-style-type: none"> • Document review • KIIs with staff • KIIs with partners • KIIs with donors
	1.2 To what extent the programme demonstrated expected results at all levels (i.e.: inputs/outputs level indicators, knowledge, behaviour change and coverage of programme)?	<ul style="list-style-type: none"> • Document review • KIIs/workshops with staff • FGDs with beneficiaries • Observation visits with Rohingya volunteers • KIIs with donors
	1.3 What have been the factors or approaches that have facilitated or hindered these achievements?	<ul style="list-style-type: none"> • Document review • KIIs/workshops with staff • FGDs with beneficiaries • Observation visits with Rohingya volunteers
	1.4 Whether and how has the integrated approach taken by ACF contributed to the expected results?	<ul style="list-style-type: none"> • Document review • KIIs/workshops with staff • FGDs with beneficiaries
	1.5 Which key programmes and approaches should be taken forward into future programming?	<ul style="list-style-type: none"> • Document review • KIIs/workshops with staff • FGDs with beneficiaries • KIIs with partners • KIIs with leaders • KIIs with donors
	1.6 Are these achievements recognised and received positively by the community?	<ul style="list-style-type: none"> • KIIs/workshops with staff • FGDs with beneficiaries • KIIs majhees/submajhees/CiC • Observation visits with Rohingya volunteers

2. Was the programme implemented in the most efficient way?	2.1 How have support functions (including finance, HR and MEAL) facilitated programme success?	<ul style="list-style-type: none"> • Document review • KIIs/workshops with staff • FGDs with beneficiaries • Observation visits with Rohingya volunteers
	2.2 Were achievements made on time? If not, which are the lessons learnt for future programming?	<ul style="list-style-type: none"> • Document review • KIIs/workshops with staff • KIIs with partners
	2.3 How has ACF coordinated with partners to ensure that overall objectives are being achieved?	<ul style="list-style-type: none"> • Document review • KIIs with staff • KIIs with partners
	2.4 Which key approaches and processes should be taken forward into future programming?	<ul style="list-style-type: none"> • KIIs/workshops with staff • KIIs with partners • KIIs with majhees/sub-majhees/CIC • KIIs with donors
3. Which measures have been in place to ensure the sustainability of achievements?	3.1 What has worked well/not worked well when it comes to the transfer of knowledge and capacity to partners? Which are the positive/negative aspects on working as equal partners vs subcontractors?	<ul style="list-style-type: none"> • KIIs with staff • KIIs with partners
	3.2 What capacity building activities were undertaken to build the capacity of local partners and what effect did it have on their capacity?	<ul style="list-style-type: none"> • Document review • KIIs with staff • KIIs with partners
	3.3 What has worked well/not worked well when it comes business development and portfolio management?	<ul style="list-style-type: none"> • Document review • KIIs/workshops with staff • KIIs with partners • KIIs with donors
	3.4 How has ACF adjusted its processes to the increased portfolio?	<ul style="list-style-type: none"> • KIIs with staff • KIIs with donors
	3.5 How is ACF contributing on meeting mid and long-term needs of the communities?	<ul style="list-style-type: none"> • KIIs with staff • KIIs with leaders • KIIs with partners • FGDs with beneficiaries/staff

ANNEX 2:

DATA COLLECTION TOOLS: KEY INFORMANT INTERVIEW GUIDE – STAFF (ADJUSTED FOR DONORS AND PARTNERS)

INTERVIEW QUESTIONS
EFFECTIVENESS
1. How did ACF select the programme locations and identify the target groups (beneficiaries) for the response?
1a. If needs assessments mentioned how were the beneficiaries involved in these needs assessments? [Ask who these people were]
1b. How were these needs assessments [or joint needs assessments] used to inform ACF’s emergency response?
2. To what extent did ACF team involve communities in implementation-related activities? Probe: what about different groups of community members: women, men, boys and girls?
2.a If Rohingya volunteers are mentioned, how are they being selected? Have they received any trainings? How are their activities being monitored?
3. Which are (were) the objectives in the programme(s) that you are (was) leading/implementing?
4. What worked well on reaching the programme’s objectives?
5. What could have been improved to reach the programme’s objectives?
6. Do you believe that the integrated approach has worked well? What could be improved in the future?
7. How have programme activities adapted to changes in the implementing environment?
8. What should ACF continue doing in future programming?
9. What should ACF consider doing differently in future programming?
10. What considerations/actions have been made with regards to the relationship between the Rohingya and host communities?
11. Has the programme had any negative effects on the Rohingya community? What about on host communities? How have they been mitigated?
12. What protection issues are present in this context and how is ACF dealing with them?
13. Were FCMs in place throughout the various programmes? Were these utilised by beneficiaries? How are beneficiaries being introduced to the existence of the mechanism? How are they being sensitised? (inclusion of different groups with specific needs)
14. Is there a system in place for staff or Rohingya volunteers to report issues (especially PSEA or power abuse). What is working well? What can be done in the future?
15. Did ACF respond to complaints/feedback where possible?
16. Are there vulnerable people who cannot/do not access ACF’s programmes? Why? What can ACF do to change that? (rumours, fear, lack of access)

EFFICIENCY

17. How have the following support functions supported project implementation? (HR, Finance, MEAL, Logistics, Audit)

18. What processes should be taken forward into future programming to support the increased portfolio?

19. Are there any processes that should be changed to adjust to the increased portfolio?

20. How has ACF coordinated with partners in order to ensure that objectives are achieved?

21. How has ACF coordinated with non-partner actors (other NGOs, UN, and government) in order to ensure that objectives are achieved?

22. Has there been any duplication of programme activities between ACF and other humanitarian actors?

SUSTAINABILITY

23. How did ACF select partners to work with on the response?

24. How did ACF build the capacity of local partners?

25. What went well in these capacity-building activities?

26. What gaps do local partners have at present that ACF could look to support with in the future?

27. What has ACF found challenging when working through/with local partners?

28. How has ACF been monitoring activities implemented by local partners?

29. Which are the medium and long-term needs of the community (Rohingya and host). Is the intervention contributing to medium and long-term development needs of the community?

DATA COLLECTION TOOLS: FOCUS GROUP DISCUSSION GUIDE – BENEFICIARIES

QUESTIONS TO BE ASKED
1. What support have you received from ACF?
2. How did you find out about xx service that ACF is offering? Probe: were you visited by a community outreach worker/mouth to mouth/spontaneous visit?
3. Did you receive the support at the right time? Probe: for how long did you stay without xxx before receiving support from ACF?
4. Do you notice any differences in you and your family’s lives as a result of ACF’s activities?
5. How did you know that your child was malnourished?
6. For how long and how often you had to visit the OTP? Did the support help your child to become better?
7. Did you receive any information or awareness sessions? Where? By who? Key messages that you remember?
7a. Have you noticed the radio messages while waiting at the OTP? If yes, what did you like/didn’t like about them?
8. What could have been improved about the nutrition related support you received? Probe: Experience with health facilities, treatment of malnutrition, Micronutrient supplementation, community awareness and behaviour sessions
9. Are you involved in any other activities as a result of your child being included in the Plumpy nut programme?
10. If involved in cash for work, what kind of work did you do for ACF? Overall, what worked well/not well with this scheme?
11. Cash related, What do you normally spend your money on? Which of your needs were you able to meet with the amount that you received?
12. Do you use E-wallets? Is this working well?
13. Do you always receive your cash on time? Have you experienced problems during distribution?
14. What issues have you experienced with cash distribution/cash for work? How could this support be improved?
15. Do you use community kitchens? How have they helped you? Are there any issues with using these kitchens?
16. Have the WASH facilities been improved since you first moved into the camp?
17. Are you able to access clean water when you want to?

18. Have you received any NFI items through an ACF distribution? If yes, were the items useful for you? Why/why not? What would have been more useful? What about the distribution process?
19. Did you receive any information or awareness sessions on hygiene promotion? Where? By who? Key messages that you remember?
20. 20. Are there any unmet needs in the community related to water, sanitation and hygiene?
21. Would you like the support to remain the same or change form in the mid and long term? Why?
22. Do you know where to go to give feedback complains? Have you been able to provide feedback/make complaints to ACF? How do you do that? Was your feedback listened to?
23. Are there any people in your community who need to access ACF services but they don't? why?
24. What advice would you give to ACF such that they can improve their programme activities in the future?

ANNEX 3:

Name	Agency	Title
Mohammad Abul Kalam	Office of the Refugee Relief and Repatriation Commissioner (RRRC)	Refugee Relief and Repatriation Commissioner
Nipin Gangadharan	Action Against Hunger, Dhaka	Country Director
Vikas Goyal	Action Against Hunger, Dhaka	Deputy Country Director-Programme
Jogie Abucejo Agbogon	Action Against Hunger, Dhaka	Head of Department-Nutrition and Health
Tapan Kumar Chakraborty	Action Against Hunger, Dhaka	Head of Department-FSL and DRR
Md. Kawsar Alome	Action Against Hunger, Dhaka	Head of Department-WASH
Fatema tuz Zohra	Action Against Hunger, Dhaka	Senior Manager-MHCPGP
Safir Khan	Action Against Hunger, Dhaka	Head of Department-Logistics
Monirul Huda	Action Against Hunger, Dhaka	Deputy Head of Department HR
Suchismita Roy	Action Against Hunger, Dhaka	Senior Manager: Communication and Advocacy
Nicolas Jouet	Action Against Hunger, Dhaka	MEAL Specialist
Mita Rani Roy Chowdhury	Action Against Hunger, Dhaka	Coordinator-Gender and Gender Based Violence
Khairul Islam	Action Against Hunger, Dhaka	Head of Finance Department
Md. Azreen Kamal	Action Against Hunger, Dhaka	Head of Partnership & Institutional Relations Department
Md. Shafiqul Islam	Action Against Hunger, Dhaka	Head of Audit, Risk and Compliance
Kazi Nishat Tanzeen	Action Against Hunger, Dhaka	Complaints and Feedback Manager
Mahadi Muhammad	Action Against Hunger, Cox's Bazar	Divisional Director
Yonas Mesele	Action Against Hunger, Cox's Bazar	Nutrition and Health Coordinator

Name	Agency	Title
Farhana Rahman Eshita	Action Against Hunger, Cox's Bazar	MHCPGP Coordinator
Mahmud Al Haq Patwary	Action Against Hunger, Cox's Bazar	Communications Manager
Alex Lorianman	Action Against Hunger, Cox's Bazar	WASH emergency coordinator
Md. Masud Rana	Action Against Hunger, Cox's Bazar	Program Manager FSL & DRR
Md. Faisal Islam	Action Against Hunger, Cox's Bazar	Base Grant Coordinator
Mohammad Ashikuzzaman Ashik	Action Against Hunger, Cox's Bazar	Senior Manager-Logistics
Tapash Barua	Action Against Hunger, Cox's Bazar	Senior Manager-Finance
Tasnim Farzana	Action Against Hunger, Cox's Bazar	Senior Human Resources Manager
Humayun Rashid	Action Against Hunger, Cox's Bazar	Manager- Reporting & Monitoring
Abu Zafar Hasnat	Action Against Hunger, Cox's Bazar	Manger – Audit, Risk and Compliance
Luc Soenen	European Civil Protection and Humanitarian Aid Operations	WASH & Shelter Coordinator-Bangladesh

KEY CONTACTS:

FOR MORE INFORMATION, CONTACT THE ACTION AGAINST HUNGER BANGLADESH TEAM:

Nipin Gangadharan, Country Director, Bangladesh
cd@bd-actionagainsthunger.org

Vikas Goyal, Deputy Country Director- Programme, Bangladesh
dcd@bd-actionagainsthunger.org

Mohammad Kamrul Ahsan, Head of Department-MEAL, Bangladesh
mealhod@bd-actionagainsthunger.org

FOR FOOD.
AGAINST HUNGER
AND MALNUTRITION.

FOR CLEAN WATER.
AGAINST KILLER
DISEASES.

FOR GENDER
EQUALITY.
AGAINST GENDER-
BASED VIOLENCE.

FOR CHILDREN THAT
GROW
UP STRONG.
AGAINST LIVES CUT
SHORT.

FOR CROPS
THIS YEAR,
AND NEXT.
AGAINST DROUGHT
AND DISASTER.

FOR CHANGING
MINDS.
AGAINST IGNORANCE
AND
INDIFFERENCE.

FOR FREEDOM
FROM HUNGER.
FOR EVERYONE.
FOR GOOD.
FOR ACTION.
AGAINST HUNGER.