

EVALUATION OF CHRISTIAN AID's ROHINGYA CRISIS RESPONSE IN BANGLADESH



EVALUATION REPORT

Prepared for Christian Aid

November 2019



Environmental Partnerships for Resilient Communities

EXECUTIVE SUMMARY

BACKGROUND

Present in Bangladesh since 1971, Christian Aid (CAID) first expanded its support to Cox's Bazar in 2013, with a focus on disaster risk reduction (DRR), early recovery, preparedness and emergency humanitarian response. This was significantly scaled up again in 2017 to address the humanitarian needs of Rohingya refugees in selected camps. In addition, CAID has also provided support to some host communities who have been negatively impacted by the refugee caseload and accompanying humanitarian support programme. Resulting, multifaceted programmes, have been supported by a range of international donors.

Over the past two years in this programme, CAID has undertaken a dual approach to project delivery, both through direct and indirect implementation. Initially, at the request of the International Organisation for Migration (IOM), CAID took on the role of Site Management Agency (SMA) for Camp 15 in November 2017. Based on good experience coming from its oversight and management, IOM then asked CAID to take on a similar role in Camp 14 in January 2019, which it did.

In addition to co-ordinating work with camp-based implementation agencies, such as BRAC and World Vision, both of who are responsible for WASH in camps 14 and 15 respectively, CAID also brought on board five of its "traditional partners" who it had been working with for several years previous to this, strengthening their institutional and operational capacities. What is important to note, however, is that none of these organisations had had any prior experience of working in complex emergency situations with refugees: most were development-oriented agencies.

In what represented a significant departure from CAID's "typical" way of operating – building the administrative, management and technical capacities of already established national and local implementing partners – CAID found itself in uncharted territory, with none of the Standard Operating Procedures or internal systems common to other international non-governmental organisations (including financial management and reporting for short-term

interventions, fleet management or procurement, for example) who frequently assume SMA responsibilities in similar situations.

Despite facing a series of political, operational and environmental challenges, CAID and its partners have, however, delivered quality, appropriate and much needed assistance to displaced communities in a number of camps as well as in two host communities. Overall, the situation has improved considerably since when the last influx of refugees first arrived, particularly in terms of support services, information sharing and knowledge of protection, complaint mechanisms and basic quality guidance on subjects such as hygiene.

THIS EVALUATION

Funded by the Disasters Emergencies Committee (DEC), which has provided financial support to CAID's programme for the Rohingya community, this independent evaluation was undertaken by Proaction Consulting, at the request of CAID. Terms of Reference for the evaluation are presented in Annex I.

The evaluation was intended to cover activities implemented both directly by Christian Aid and indirectly through the various partners indicated in Table 3, effectively covering the period from September 2017 to September 2019. Thus, the evaluation went beyond an analysis of specific DEC-financed activities to cover the entire CAID and partners' response.

Specific objectives of the evaluation were – as expressed in the Terms of Reference – to:

1. review the response against CAID's Humanitarian Quality Standards, which align with the Core Humanitarian Standards;
2. review the extent to which CAID has successfully implemented its response strategy and assess the extent to which objectives and interventions respond to the needs and priorities of target populations;
3. identify good practices and persistent weaknesses and make recommendations both for CAID's Rohingya response and for its future humanitarian work; and
4. assess the extent to which the emergency response adheres to CAID's approach to

partnership and its commitment to localisation.

METHODOLOGY

The chosen methodology was high participatory in design, with consultations taken with a broad range of stakeholders on the ground. Household surveys were conducted with a total of 497 people, represented by 390 Rohingya (194 women and 196 men) and 107 people from the two host communities (51 women and 56 men), using Kobo Collect as a digital platform to gather information. Separate questionnaires were designed for use with each community. Household findings were augmented by focus group discussions (women and men separately) as well as key informant interviews with beneficiaries as well as project staff. Direct observations were also recorded from both camps and host communities to help triangulate and verify findings.

Evidence-based findings were used to generate recommendations to inform future similar response programmes, in similar contexts.

CONCLUSION

While questions remain within the evaluation team – as well as within CAID itself (Cox’s Bazar, Dhaka and London) – about whether or not taking on the role of SMA was a good move, all credit must go to staff and volunteers who took part in the emergency response for the effective and quality work they – and partners – have achieved.

Much could probably have been achieved sooner and more effectively if CAID had provided field-based staff with even a rudimentary set of procedures (procurement, financial, fleet management...), best practices, templates and guidance, based on some of the most relevant emergency refugee responses from elsewhere in Asia.

RECOMMENDATIONS

The following recommendations are framed around Operational Management and Oversight and Camp-/Community-based Activities. Each is described in more detail in Section 6 of this report.

√ Christian Aid should review its experience of the past two years in this operation and

decide how it intends to proceed with the Rohingya response.

- √ Christian Aid’s traditional partners need additional capacity building.
- √ Particular attention needs to be given to Camp Management activities by Partners.
- √ Together with local partners, CAID should develop a strategic plan of actions in support of the former’s roles as part of the Grand Bargain
- √ Christian Aid needs to maintain its respect for partner staff.
- √ Christian Aid should document its Lessons Learned from this operation.
- √ Christian Aid should ensure that follow-up actions are taken to recommendations made in previous trip reports and assessments/evaluations.
- √ Christian Aid should consider appointing more female officers at camp level, particularly for Communication with Communities.
- √ Christian Aid should ensure a smooth and comprehensive hand-over to the incoming SMA at camps 14 and 15.
- √ Priority attention should be given to installing lighting at toilet and communal washing facilities.
- √ A new design should be introduced for women-only latrines.
- √ Service providers responsible for WASH should be encouraged to install separate latrine and washing facilities at Women and Child Friendly Spaces.
- √ Highly appreciated services and facilities should be upgraded.
- √ To ensure beneficiary safeguarding all volunteers (host and Rohingya) should receive periodic training and counselling to ensure they are fit for their work

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Sincere thanks are expressed to all those people met during the course of this evaluation, particularly those women and men from the Rohingya and host communities with whom we had the opportunity to interact. Thank you for taking time to speak to the evaluation and share your experiences and opinions in such an open and helpful manner. Special thanks also to government representatives as well as NGO staff in the camps and Cox's Bazar for equally helping inform this assessment. Without your important insights, our work would not have been possible.

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Thank you all for the wonderful organisation of this evaluation on the ground and for the opportunity to engage with Christian Aid and partners on this high relevant initiative in support of some of the most affected communities in Cox's Bazar.

David Stone
Krajai Chowdhury



Environmental Partnerships for Resilient Communities

ACRONYMS AND ABBREVIATIONS

ACLAB	Alliance for Co-operation and Legal Aid Bangladesh (CAID Implementing Partner)
BDT	Bangladesh Taka*
CAID	Christian Aid
CCCM	Camp Management and Camp Co-ordination (Cluster, of the Inter-Agency Standing Committee)
CCDB	Christian Commission for the Development of Bangladesh (CAID Implementing Partner)
CiC	Camp in Charge
CwC	Communication with Communities
DAM	Dhaka Ahsania Mission (CAID Implementing Partner)
DEC	Disasters Emergency Committee
DSK	Dushtha Shasthya Kendra (CAID Implementing Partner)
FGD	Focus Group Discussion
GBP	Sterling pounds*
GBV	Gender-based violence
GUK	Gana Unnayan Kendra (CAID Implementing Partner)
INGO	International non-governmental organisation
IOM	International Organisation for Migration
KII	Key informant interview
NFI	Non-food item
NGO	Non-governmental organisation
RRRC	Refugee Relief and Repatriation Commissioner
SMA	Site Management Agency
SMO	Site Management Officer
UNHCR	United Nations High Commissioner for Refugees
VDMC	Village Development Management Committee
WASH	Water Sanitation and Hygiene

Note: At the time of this evaluation, BDT1,000 was approximately equal to GBP9.

Cover illustration: Structural supports in the form of bamboo aerial walkways, bridges, stairs and others have greatly increased access and safety within camps, even during the wet season.

All images: Proaction Consulting

1. INTRODUCTION

1.1 BACKGROUND

During a four-month period starting December 1991, some 250,000 Rohingya people entered Bangladesh from Myanmar, the largest number of people to have arrived en masse in the country at that time. Recognised as refugees on a *prima facie* basis by the Government of Bangladesh, the vast majority of these people were successfully repatriated to Myanmar in subsequent years. When this process ended in 2005, some 20,000 refugees remained in two registered camps in Cox's Bazar District – Nayapara Camp in Teknaf Upazila¹ and Kutapalong Camp in Ukhia Upazila, both of which are managed by the Government of Bangladesh, with assistance from the UN High Commissioner for Refugees (UNHCR).

Since then, however, as additional Rohingya sought refuge in Bangladesh the government has ceased to recognise them as “refugees”. Instead, they are viewed as “Forcibly Displaced Myanmar Nationals”, many of who initially established makeshift settlements on the periphery of the existing camps, or settled with local Bangladesh families. However, in line with the applicable international framework for protection and durable solutions, and the accompanying accountabilities for the country of origin and asylum, this group of people are referred to as refugees by the UN system. The term “*refugee*” is therefore used for consistency throughout this report.

Best estimates suggested that by 2015, in addition to the registered caseload, some 300,000 Rohingya were believed to be living in Bangladesh, mostly in and around Cox's Bazar.

An outbreak of unrest in Rakhine State in October 2016 triggered a new wave of displacement, with an estimated 87,000 Rohingya arriving in Cox's Bazar between October 2016 and June 2017. This was followed later in 2017 with another 600,000 Rohingya people crossing into Bangladesh and settling in Teknaf and Ukhia upazilas.

Today, there are approximately 911,000 Rohingya refugees living in Cox's Bazar (UNHCR, May 2019²), of which 31 per cent of families have at least one person with a specific need, for example, a single mother. Children account for 55 per cent of all Rohingya now in Cox's Bazar.

1.2 THE ROHINGYA CRISIS RESPONSE

Present in Bangladesh since 1971, Christian Aid (CAID) scaled up its operation in Cox's Bazar in 2017 to address the humanitarian needs of some Rohingya refugees in selected camps. In addition, CAID has also provided support to some host communities who have been negatively impacted by the refugee caseload and accompanying humanitarian support programme.

With the goal of “*Saving lives and reducing the suffering of Rohingya refugees and host communities*”, CAID's response programme is framed around the following four strategic objectives:

1. provide life-saving assistance and basic services to Rohingya people and host communities, seeking their protection, dignity and safety;
2. improve conditions and management of settlements, including infrastructure and signage and Communication with Communities (CwC) within the camps;
3. ensure meaningful and active participation of communities in the design, implementation and review of programmes through effective CwC; and
4. promote the self-reliance of the Rohingya people and host communities to minimise aid dependency.

¹ An administrative sub-district.

² <https://data2.unhcr.org/en/documents/download/69524>

Since starting this response in 2017, and in partnership with local agencies, CAID has provided support to more than 120,000 people, as presented in Table 1. As part of this programme, it has operated in camps 12, 13, 14 15, 16 and 19 focusing on Health, Site Management, Water, Sanitation and Hygiene (WASH), Shelter/Non-food Items (NFIs), Energy and the Environment, Food Security and Livelihoods, Disaster Risk Reduction (DRR), CwC and Protection. In a departure from its traditional approach of “*partnering with others to implement activities that have more local ownership*” in this instance, CAID also undertook direct implementation of some activities in its role of Site Management Agency (SMA). In this arrangement, and with oversight from the International Organisation for Migration (IOM), CAID has been managing two new settlements – Camp 15 (Jamtoli), which is home to more than 50,000 people and Camp 14 (Hakimpara), which at the time of this evaluation hosted around 33,000 refugees.

Table 1. Number of People Reached by Christian Aid and Partners since 2017.

SECTOR	ESTIMATED NUMBER OF PEOPLE
WASH	123,053
Health	81,599
Food	62,525
Protection	38,000
Livelihoods	11,000
Site management and site development	81,360
Shelter	77,500
Non-food items	67,000

Note: Some people received more than one form of assistance.

Source: CAID Terms of Reference for this evaluation (Annex I).

As part of its wider Rohingya programme, CAID has also worked with five national implementing partners, whose main areas of intervention are shown in Table 2³. These agencies are referred to in this report as “traditional partners” to distinguish them from camp-based implementing agencies – “service providers” – in Camps 14 and 15, who are responsible for specific sectors.

Table 2. Christian Aid’s Local Implementing Partners

ORGANISATION	MAIN SUPPORT ACTIVITY/ACTIVITIES
Alliance for Co-operation and Legal Aid Bangladesh (ACLAB)	Radio broadcasting, CwC, Hygiene promotion
Christian Commission for the Development of Bangladesh (CCDB)	DRR, Livelihoods
Dhaka Ahsania Mission (DAM)	WASH, Health, Protection
Dushtha Shasthya Kendra (DSK)	WASH, Health, Protection
Gana Unnayan Kendra (GUK)	WASH, Protection (including women and child friendly spaces)

Christian Aid’s interventions have been supported through a range of donors and implemented either directly (in the case with IOM, for example) or in conjunction with the above-mentioned or other international partners, as shown in Table 3.

³ Christian Aid had provided capacity building support to these organisations for the previous three years through the “Shifting the Power” initiative.

Table 3. Main activities implemented through international donors

PROJECT TITLE	DONOR	PARTNER(S)	SECTOR
Emergency assistance for vulnerable Rohingya refugees in Bangladesh	Irish Aid	CA, GUK	FSL, WASH, Shelter NFIs
Humanitarian Emergency Fund	Scottish Government	CCDB, DAM	WASH, Shelter NFIs, Health
Site management in Jamtoli	IOM	CA	CCCM
Humanitarian Response to Immediate Needs of Rohingya Community in Cox's Bazar	HEKS/SwS	CA	Protection, FSL
Emergency Assistance to the Rohingya Community in Cox's Bazar, Bangladesh – 2017-2018	ACT Alliance	CA, CCDB, GUK, DSK, DAM	Food, Shelter NFIs, WASH, Health
Emergency appeal for people fleeing Myanmar – Phase 1	DEC	CA, GUK, DSK	WASH, Health, Protection, FSL, Shelter NFIs
Distribution of NFIs	IOM	CA	Shelter NFIs
Distribution of NFIs	IOM	CA	Shelter NFIs
To arrange distribution of winterisation items to UNICEF funded centres in refugee camps	UNICEF	CA	Shelter NFIs
Community-based risk mitigation and rehabilitation for DRR through Food Assistance for Assets to vulnerable Rohingya refugees and host communities – Phase 2	WFP	CA	DRR, FSL
Site Management in Camp 15 (Phase 2)	IOM	CA	CCCM
Increasing two-way communication between refugees and humanitarian actors in the Jamtoli refugee camp	Fondation Hironnelle/SwS	CA	CwC
Rohingya Refugee Crisis Response – Phase 2	HEKS/SwS	CA	FSL, Protection
Integrated Emergency Humanitarian Response to the Rohingya population in Cox's Bazar	DFID/UNOPS	WV, CWW, DAM, GUK	WASH, Health, protection, Nutrition
Community-based disaster risk mitigation and cyclone preparedness for vulnerable FDMN in Camp 15	IOM	CA	WASH, DRR, Shelter NFIs
Community-based risk mitigation and rehabilitation for DRR through Food Assistance for Assets to vulnerable Rohingya refugees and host communities	WFP	CA	DRR, FSL
Site Management in camps 14 and 15	IOM	CA	CCCM
Distribution of NFIs	IOM	CA	Shelter NFIs
Distribution of NFIs	IOM	CA	Shelter NFIs

Table 3. Main activities implemented through international donors (continued)

PROJECT TITLE	DONOR	PARTNER(S)	SECTOR
Risk Informed Shelter Upgrades in Cox's Bazar	IOM	CA	Shelter NFIs
Emergency appeal for people fleeing Myanmar – Phase 2	DEC	GUK, DSK, DAM	WASH, Health, Protection, Livelihoods, DRR
Humanitarian response to long-term community-based energy and livelihood solution of crisis affected Rohingya community in Cox's Bazar	World Renew	CA	FSL, Protection, Energy
Integrated emergency humanitarian response to the Rohingya population in Cox's Bazar	UNOPS/DFID	WV, DCA, DAM, GUK	WASH, Health, Protection, Nutrition
Site Management in camp 14 and 15 – Phase 2	IOM	CA	CCCM
Integrated Emergency Humanitarian Response to the Rohingya population in Cox's Bazar – Cost Extension	UNOPS/DFID	WV, CWW, DAM, GUK	WASH, Health, Protection, Nutrition
Integrated Emergency Humanitarian Response to the Rohingya and Host Community Population in Cox's Bazar	UNOPS/DFID	DAM, DSK, Concern, WV	WASH, Health, Protection, Nutrition

Source: Christian Aid, 21 November 2019

1.3 THIS EVALUATION

Funded by the Disasters Emergencies Committee (DEC), this independent evaluation was undertaken by Proaction Consulting, UK, at the request of CAID. Terms of Reference for the evaluation are presented in Annex I.

The evaluation was intended to cover activities implemented both directly by Christian Aid and indirectly through the various activities indicated in Table 3, effectively covering the period from September 2017 to September 2019. Thus, the evaluation went beyond an analysis of specific DEC-financed activities to cover the entire CAID and partners' response for Rohingya communities in selected camps as well as two host communities in Cox's Bazar. A specific range of sectors were examined, which included WASH, Protection, DRR, Shelter/Non-Food Items (NFIs), Health, Site Management services as well as cross-cutting activities/concerns such as the environment. Findings were analysed against both CAID's Humanitarian Quality Standards and selected OECD-DAC criteria. In addition, a series of questions were proposed by the DEC – which are addressed in Section 5 – to allow for collective learning amongst other DEC agencies also operating in Cox's Bazar.

Specific objectives of the evaluation – as expressed in the Terms of Reference – were to:

1. review the response against CAID's Humanitarian Quality Standards, which align with the Core Humanitarian Standards;
2. review the extent to which CAID has successfully implemented its response strategy and assess the extent to which objectives and interventions respond to the needs and priorities of target populations;
3. identify good practices and persistent weaknesses and make recommendations both for CAID's Rohingya response and for its future humanitarian work; and
4. assess the extent to which the emergency response adheres to CAID's approach to partnership and its commitment to localisation.

The evaluation undertook consultations with a broad range of stakeholders on the ground, using a suite of participatory methods. Household surveys were also conducted amongst the Rohingya and host

communities. Evidence based findings were used to generate recommendations to inform future similar response programmes, in similar contexts. An attempt was also made to assess the extent to which this emergency response was aligned with CAID’s approach to partnerships and its commitment to localisation – the Grand Bargain, of which CAID is a supporting member (Box 1).

BOX 1. CHRISTIAN AID’S COMMITMENTS TO THE GRAND BARGAIN

The Grand Bargain is an agreement between some of the world’s largest donors and aid providers, which aims to get more means into the hands of people in need. It includes a series of changes in the working practices of donors and aid organisations, including enhanced cash programming, greater funding for national and local responders and cutting bureaucracy through harmonised reporting requirements.

Intended to improve the effectiveness and efficiency of humanitarian action, the Grand Bargain sets out 51 commitments distilled in nine thematic work streams and one cross cutting commitment – “to enhance engagement between humanitarian and development actors”, namely:

1. greater transparency;
2. more support and funding tools to local and national responders;
3. increase the use and co-ordination of cash-based programming;
4. reduce duplication and management costs, with periodic functional reviews;
5. improve Joint and Impartial Needs Assessments;
6. a Participation Revolution: include people receiving aid in making the decisions which affect their lives;
7. increase collaborative humanitarian multi-year planning and funding;
8. reduce the earmarking of donor contributions; and
9. harmonise and simplify reporting requirements.

Further information can be found on <https://interagencystandingcommittee.org/grand-bargain-hosted-iasc/>

1.4 CONTEXT AND CHALLENGES

This evaluation took place at a time of considerable political tensions and uncertainties, mainly in connection with ongoing talks of repatriation.

The closure by government of what seemed to have been very effective (and welcomed) structures in camps – Block Committees and Community Kitchens – has deprived many women in particular of safe meeting places which were also useful opportunities for providing awareness of different issues. Alongside this, a high turn-over of government counterparts in addition to internal CAID and partner staff changes has contributed to uneven running of some activities and plans. Delayed authorisation for some intended activities and partner engagement in programme further hampered this process on occasion.

There remain significant outstanding unmet needs which have not been matched by funding. At the time of this evaluation the 2019 Joint Response Programme for the Rohingya Humanitarian Crisis⁴ had secured just 38 per cent of its total required budget. The Shelter sector is particularly badly affected as tarpaulins are generally in a poor state and supporting structural bamboo poles have been eaten by termites.

⁴ https://reliefweb.int/sites/reliefweb.int/files/resources/2019%20JRP%20for%20Rohingya%20Humanitarian%20Crisis%20%28February%202019%29.compressed_0.pdf

According to many sources consulted through this evaluation, there was currently no funding available for shelter.

Conditions in camps remain challenging, particularly given the lack of space for the construction and/or expansion of key facilities such as health centres. The difficult terrain and, again, lack of space is a considerable challenge in respect to latrine desludging and the treatment of faecal materials. At the same time, the Rohingya continue to face restricted movement outside of camps, with extremely limited livelihood opportunities available.

As mentioned earlier, CAID was limited in the choice of partners with whom to engage on this programme, giving preference in the end to some of its traditional partners from other parts of the country. While these were all well experienced organisations, with good internal capacity, none had had any prior experience of implementing emergency response actions to the degree needed in Cox's Bazar. These constraints were not adequately addressed at the start of the programme.

1.5 SOME HIGHLIGHTS...

- √ Good initial targeting: in host communities, for example, beneficiaries were selected from a list of vulnerable families/individuals registered for government safety net schemes.
- √ Good (and fast) feedback to camp-based implementing agencies when problems were identified/reported, including follow-up.
- √ Emergency situations (e.g., a landslide leading to the destruction of a shelter) were well-managed by CAID as the SMA, together with the CiC.
- √ Comprehensive network of Feedback Information Centres (FICs) and well managed complaint and response mechanisms.
- √ Christian Aid invested considerable effort into understanding, setting up and supporting a range of accountability mechanisms which, in general, have been very effective and responsive.
- √ Extensive and regular outreach by camp volunteers served as an effective and appreciated means of communication between beneficiaries and the SMA.
- √ Despite challenges, CAID's traditional partners demonstrated their relevance and effectiveness, e.g. mobile health clinics operated by DAM which has effectively expanded outreach. At the same time, the number of people/camps being informed through ACLAB's radio programmes is also increasing.
- √ Good access to sufficient, safe drinking water (with a few exceptions in some camp blocks).
- √ Notable improvement in hygiene awareness and high uptake of hygiene practices by all beneficiaries.
- √ Quality and appropriate infrastructure development both inside camps and host communities which are practical DRR measures that have greatly improved safety and access.
- √ Despite a very difficult start, CAID has put in place fixed and accepted meeting schedules with all camp-based agencies: partner opinions of CAID as a SMA are generally good.
- √ Good (though individually driven) foresight with contingency plans for fires and disasters in Camp 14.
- √ Establishment of Village Disaster Management Committees in host communities is highly relevant and appreciated.
- √ New initiatives such as the "Community Engagement Activities" (Camp 15) are welcome.

1.6 ...AND AREAS FOR IMPROVEMENT

- There remain considerable unmet needs, particularly in relation to a) shelter repairs/construction, b) segregated and clearly marked latrines and c) improved and separate washing facilities for women and men.
- There is an urgent need for lights to be installed in and around all latrine blocks and washing areas. This has featured as a recommendation in previous CAID internal reporting, but no action has taken place: this remains a serious protection issue.

- As SMA, CAID could have given more attention to ensuring consistency across similar activities, such as waste management and camp cleanliness, which was far better in Camp 14 than Camp 15, for example.
- Though the SMA is visible in camps through its volunteers, management should also spend time with partners and beneficiaries on the ground.



Evidence on preparedness is evident in camps both in terms of visual information as well as fire security/ firefighting equipment provided at strategic locations.

2. REPORT STRUCTURE

This report presents the findings from a desk review, consultations and direct observations of the situation on the ground in selected camps and host communities where CAID is both directly implementing some activities in addition to other supporting the work of other national and international NGOs.

An overview of the context and some topline findings were given in the previous section. Section 3 presents the methodology used in this evaluation, including a description of the main methods used – essentially a combination of a literature review, quantitative household surveys and individual and group consultations with refugees, people from host communities, project staff and participating institutions, as well as direct observations on the ground.

Section 4 presents the main findings from this evaluation. Observations and analysis are framed against the four strategic objectives of CAID’s response programme (see Section 1.2) in addition to the evaluation’s own objectives (Section 1.3). Findings are analysed further against selected OECD-DAC criteria – Relevance, Effectiveness, Efficiency, Impact and Sustainability. This is followed in Section 5 with additional analysis of

findings according to Christian Aid's Quality Standards and DEC topline questions. A series of Actionable Recommendations is presented in Section 6, followed by a short Conclusion in Section 7.

Please refer to the Table of Contents for additional information contained in the annexes appended to this evaluation.

3. METHODOLOGY

3.1 SEQUENCE OF EVENTS

Following an initial briefing with CAID, a desk review was undertaken of key background documentation, as provided by CAID. As part of an Inception Report, a more detailed methodology – covering both approaches and proposed methods and tools – was prepared and shared with CAID for comments.

This report (and the evaluation) was centred around the application of a suite of participatory methods and approaches that were intended to:

- assess the actual situation in selected camps as well as host communities;
- determine whether – and how – CAID's response responded to peoples' needs, as well as its implementing partners' expectations; and
- identify good practices and lessons learned from the programme in general.

Separate questionnaires were developed to guide interviews and discussions with beneficiaries, local authorities, staff from CAID and partners, and others (see Annex IV-VII). Amongst these, household surveys were prepared for digital data collection – using Kobo Collect software – with separate surveys used for both communities (see Annex IV and Annex V). These were administered using trained data enumerators recruited by Proaction Consulting for this purpose (see below).

On the ground, direct observations were made in camps and communities to supplement information gathered from KIIs and FGDs, thereby allowing – together with household data – a comprehensive, and triangulated, series of data to be gathered and analysed. Particular consideration was given throughout this process to address the Quality of Evidence requirements of CAID, namely enabling voice and inclusion from beneficiaries and others, ensuring that the methods and approaches taken were appropriate to the context, that the evaluation was conducted in a transparent manner, that findings were triangulated as much as possible and that data and evidence gathered were interpreted accordingly.

Logistic planning for fieldwork was completed in collaboration with CAID Cox's Bazar, including securing the required security and camp clearances from the Office of the Refugee Relief and Repatriation Commissioner (RRRC).

Prior to the evaluation team leaving Cox's Bazar, a validation/debriefing meeting was organised with management and field staff from CAID Cox's Bazar, who were joined through an international call with CAID staff in Dhaka and London. This allowed an interactive discussion of preliminary observations given by the evaluation team.

Following fieldwork, data from household surveys, together with notes from FGDs and KIIs were consolidated into a draft report and shared with CAID for comment. A final version of the report was then prepared against the format proposed in the Inception Report. Throughout this process, communication lines were maintained between the Lead Evaluator and the CAID Programme Officer.

3.2 METHODS AND APPROACHES

A number of participatory approaches were applied in this evaluation, drawing on particular methods for specific situations (Table 4). This was intended to help ensure adequate collection of primary and secondary

data, using both qualitative and quantitative methods.

Quantitative household questionnaires are presented in Annex IV and Annex V for the Rohingya and host communities, respectively. These tools were developed and shared with CAID for feedback before uploading to Kobo. Annex VII presents a list of guiding questions for FGDs with – separately – representatives from the Rohingya and host communities in relation to support received from CAID/Partners.

Table 4. Methods and approaches used in this evaluation

METHOD	AUDIENCE	DESCRIPTION
Individual Interviews	<ul style="list-style-type: none"> • Rohingya refugees and members of host communities – household surveys and random KIIs • CAID field staff and management • CAID partner staff • Local government authorities • Other institutions, as relevant 	Key informant interviews helped provide a comprehensive overview of individual needs and aspirations, as well as with identifying opportunities and potential blockers. Interview approaches were adapted according to the particular audience
Direct Observations	<ul style="list-style-type: none"> • Refugees • Host communities 	Site visits provided assess to actual situations at first hand (e.g., WASH and health facilities as well as Women Friendly Spaces).
Focus Group Discussions	<ul style="list-style-type: none"> • Beneficiaries • Project staff • Partners 	FGDs were used to increase the quantity of the input, given the limited time period of the evaluation. As per previous experience of the evaluation team, these were organised separately for men and women, in the field
Material Review	Project staff	The team leader reviewed key materials and processes used for project implementation, prior to sharing selected reading with other team members

3.3 SAMPLING PROCEDURE

For the purpose of this Evaluation, site visits and on-site consultations took place in a selection of camps and communities where CAID and partners have been working, taking care to ensure that situations in which CAID was directly implementing support as well as where its local partners were responsible for specific activities were both covered.

Working with CAID project staff from Dhaka and Cox’s Bazar, a sampling protocol was agreed taking into consideration the following features of camps (see also Table 5 for additional comments):

- the number of beneficiaries in the different locations – camps/villages;
- the programme donor(s);
- sectoral activities undertaken; and
- access and security.

Based on information provided from CAID’s monitoring database, agreement was reached for sampling to be carried out in three Rohingya and two host communities based on a proportional sample distribution with 90 per cent confidence level. This resulted in the sampling framework presented in Table 5. People who participated in FGDs and KIIs were not part of the household survey.

In addition to this, specific individuals and institutions were also identified for consultation, taking account of different contexts and the range of support provided.

Table 5. Summary of locations selected for field surveys

LOCATION	APPROXIMATE POPULATION SIZE	BLOCKS	DESIRED SAMPLE SIZE	NOTES
Camp 12	24,000	4 of which 2 (A and C) were sampled	69	DAM present in camp
Camp 14	31,000	5 of which 2 (B and D) were sampled	88	CAID is SMA
Camp 15	50,000	8 of which 4 (B, D, F and H) were sampled	143	CAID is SMA
Bahachora Union			35	
Palong Khali Union			35	
Totals	105,000		370	

3.4 FIELDWORK REALITIES

While most of the intended plans went according to schedule, some re-adjustments were found necessary in terms of the actual camps visited, taking security requirements into consideration. Also, given security restrictions, international personnel were not permitted in camps on Saturdays: the evaluation's data enumerators were, thankfully, willing to continue with their assignments over the weekend.

In camps and villages data enumerators were guided and assisted by CAID volunteers who were known within specific blocks. This was essential in order to directly reach project beneficiaries, allowing a balance to be maintained in the number of women and men consulted and ensure that as wide a spectrum of individuals from each society had a chance to contribute to this survey.

Having explained the purpose of the survey to each person, respondents were subsequently asked if they agreed to take part in a short interview, thereby providing consent to continue.

Overall, household surveys were conducted with 497 people, represented by 390 Rohingya (194 women and 196 men) and 107 people from the two host communities (51 women and 56 men), Table 6, thereby exceeding initial sampling plans.

Table 6. Number of participants in household surveys

CAMP/COMMUNITY	WOMEN	MEN
Camp 12	32	17
Camp 14	81	104
Camp 15	81	75
Palong Khali community	40	38
Bahachora community	11	18
TOTAL	245	252

3.5 TEAM COMPOSITION

This evaluation was conducted by David Stone and Ms Krajai Chowdhury in close collaboration with staff from CAID and respective partners on the ground. While both evaluators monitored the work of the data enumerators, FGDs were also organised each day, comprising separate groups of women and men. Daily

briefing and debriefing meetings were held by the team members to ensure that the intended level of coverage was being reached, any identified problems addressed and that logistics were in place for the following day.

A team of 10 local data enumerators (five women and five men) were identified and recruited by Proaction, some of who had performed similar roles for the organisation in recent evaluations in Cox’s Bazar. A one-day training/refresher course was organised for all enumerators, during which each household survey question was discussed, clarifications made and assurance given that enumerators both understood the questions and knew how to present them in the Rohingya dialect. Digital tablets were provided by CAID for the duration of the evaluation.

Given the scale of questions anticipated, and in order to reach an acceptable level of coverage and minimise bias, time was divided between institutional consultations and on the ground observations. Team members followed agreed lines of enquiry for field data collection (based on the respective questionnaires), to ensure consistency in approaches and coverage.

4. FINDINGS

4.1 OVERVIEW

Based on its independent findings, the evaluation acknowledges the timeliness, relevance and generally high quality of CAID’s emergency response to the situation in Cox’s Bazar, in particular its focus on addressing priority and relevant needs for some of the most vulnerable people. This has not only improved the welfare of benefitting households but through its emphasis on accountability is likely to be a powerful stimulus to helping vulnerable and marginalised people become more confident in speaking out about their needs and rights, particularly in relation to protection issues.

Many people – project beneficiaries, community leaders and government/NGO representatives, for example – have been highly complementary about the nature and quality of services provided by CAID and partners in the camps and communities reviewed as part of this evaluation.

In the approach to, and interpretation of, overall findings from this evaluation two considerations were kept in mind. First, while the evaluation was requested to review the overall response taken by CAID and partners in support of this humanitarian operation – which meant that some activities were funded by more than one donor – specific achievements of what can be considered to be DEC-related results are presented in Table 7 and Box 3 for Phases I and II, respectively. The DEC contribution is, however, viewed across the spectrum of activities in the following sections.

Table 7. SOME SPECIFIC ACHIEVEMENTS REALISED WITH DEC FUNDING (PHASE I)

SECTOR	PEOPLE TO BE REACHED
WASH	10,518
Health	31,913
Shelter	3,075
Protection	7,852
Food	41,795

BOX 3. SOME SPECIFIC ACHIEVEMENTS REALISED WITH DEC FUNDING (PHASE II)

- More than 15,500 Rohingya (and hosts) were reached with WASH services.
- 8,480 people received primary health care.
- 2,160 people were reached through women and child friendly spaces as well as Community Kitchens. (Greater outreach would likely have been achieved had these facilities not closed.)
- 1,840 people have benefitted from DRR activities.
- 200 people in host communities received cash support for livelihoods.
- 20,550 people benefitted from structural support.
- Two Village Disaster Management Committees (VDMCs) were operationalised, resulting in greater awareness and better preparedness for future disasters.
- Although with some overlapping activities, as of April 2019, some 42,500 people had benefitted from DEC supported activities.

In addition, in undertaking this programme, CAID worked with both “traditional partners” as well as some pre-existing camp-based agencies in specific sectors such as WASH. Given CAID’s commitment to the Grand Bargain, particular attention was given to the roles played by those traditional partners mentioned in Table 2 and analysed further below.

In its 2017 Board Meeting Paper (BD17/114), CAID notes that it “*consider[s] partnership part of our identity and our distinctive offering, as contrasted with the more common operational and sub-contracting approach that characterises much of the international development sector [including humanitarian relief]*”. While re-inforcing its core principles on partnership, but also reflecting on recent agreements including the Grand Bargain, the paper outlines three options as to how CAID might look to the future: by

- a) pursuing its traditional model of partnership;
- b) abandoning the partnership model as the default way of working; or
- c) sharpening partnership principles but allowing for more local interpretation as to how these can be achieved, resulting in a hybrid partnership model.

Authors of this paper at the time advocated for the latter option. Essentially this meant business as usual to a large extent, while allowing “*some countries to experiment with other partnership modalities, usually as an interim measure, to achieve change at scale*”. At the time it was also recognised that this option would “*be quite demanding of our country teams, who would need to invest time and effort in truly understanding the [partnership] principles, the choices and their implications*”.

Essentially, this is similar to the approach taken by CAID in accepting the role of SMA in this programme. What was notably different, however, is that the organisation – senior management in particular – were not fully on board with this concept which led to internal divisions between parts of CAID that ultimately contributed to a lack of ownership of the whole approach. Simply put, from the evaluation’s perspective, and discussion with some senior staff, CAID was simply not ready for this undertaking in this particularly complex and politically challenging situation.

At the same time as CAID was struggling to get to grips with a very confused situation on the ground in its role as SMA it also invited some of its traditional partners to participate in its overall programme, playing to their known strengths such as protection, primary health care, CwC and radio broadcasting. While all partners had prior experience of disaster relief and community engagement, for example, none had ever worked in such a crowded, fluid and massive emergency response as the one in which they found themselves in. Like CAID itself, they were not used to short-term projects and budgets and lacked the experience of engaging with large UN agencies as well as government offices that were themselves facing challenges.

Christian Aid did provide some basic and concise training on international humanitarian standards, for example, but this was not adequate for partner needs. Language was also a barrier for some (never having

worked with the Rohingya community before), while finding a secure space in which to operate was also a challenge.

To their credit, some partners had a great deal of success early on, though the fragility of their management structure and/or demands of the situation ultimately became an issue for some. Delays were experienced with some start up activities – for reasons outside of their control – but this led to cash flow issues that, in turn, affected staffing and morale. From interviews with some staff from these agencies, a summary of experiences shared with the evaluation team is presented in Box 4.

4.2 PROGRAMME RELEVANCE

Overall, beneficiaries in both communities are extremely grateful for the various forms of support they received and the absolute relevance of this support to their basic and immediate needs. The relevance of CAID's humanitarian response is fully shared by the Evaluation Team.

A great deal of attention was also given to protection- and accountability-related issues through a range of approaches, of which the block-based information centres were the most visible. From discussions with camp beneficiaries, volunteers and CAID staff, this service was highly appreciated (see Section 4.2.3 for further details). Unfortunately, other successful initiatives started by CAID, such as Community Kitchens and Block Committees, were stopped by government but, while operational, served as important opportunities for people to meet and discuss pertinent issues, including protection matters.

Relevant and important in this particular context and approach has been the deliberate effort to engage and communicate with communities on a range of issues, most notably in terms of complaints and feedback on general issues pertaining to living conditions in camps as well as needs within host communities. Good communication channels were established, including frequent visits by SMA volunteers to Rohingya households, which helped ensure that the needs of the most vulnerable people, including women and youth, were brought to the attention of CAID, its camp-based implementing partners and the CICs. Evidence of this was a quick response seen during the evaluation when several houses in Camp 14 were destroyed by a landslide: immediate action was taken to secure safe temporary shelter while possible relocation sites were being identified. This process was conducted in consultation with the affected families to try and ensure that they were able to remain within or as close to their own community group as possible.

While CAID's direct implementation approach in this programme was a significant departure from its normal and traditional support, the ensuing quality of the programme in this response should be highlighted. While taking on the role of SMA was far from straightforward, several achievements stand out, including:

- a high degree of inter-agency organisation achieved in camps 14 and 15, with more than 60 agencies represented in Camp 15, alone;
- effective and visible feedback systems are in place and known by people;
- very effective structural adaptations have been put in place as DRR measures, including bamboo bridges, retaining walls, steps and handrails and other structures, all of which were widely appreciated in both communities for improving access, communications and security during the monsoon; and
- camp cleanliness, particularly in Camp 14.



Site Management & Site Development Camp- 14 (Hakimpara) List of Actors with their services

SL	Agency	Sector	Activity Details	Contact Focal Point	Phone no	Email
1	CARE Bangladesh GBV	GBV/ Protection	Out reach Visit, Awareness session, counselling, referral linkage, PSA, tailoring	Anjuman Ara Begum	01716994938	anjumanara.begum@care.org
2	Save the Children	Nutrition	Supplementary Feeding, Hygiene message dissemination, counselling	Md. Shuhidul Alam	01841300661	shuhidul26@gmail.com
3	TAU	Protection	COHM activity (household visit, problem identification, refer, awareness session)	Amir Hossain	01845065081	amirhossain28@gmail.com
4	DOHT with Peace Windes Japan & Japan Platform	Health	Health facilities	Md Shafiqul Islam Sohaq	01864746201	sohfiq495@gmail.com
5	IJCN Bangladesh	Protection	Meeting with Elephant Response Team, Watch Tower Inspection	Sheeladitya Chakma	01844319724	sheeladitya.chakma@ijcn.org
6	BITA	Protection	Meeting with Child protection Committee, Social Cultural Action Group, YFD	Prithom Bhattacharjee	01867925981	prithom.shuvo92@gmail.com
7	MSF	Health and Wash	PHC with OPD, 24/7 ER, observation, isolation, referral, SRH, mental health, health promotion and Water supply	Andrew Burgin-Seed	01864937187	mufocb.jarristol-pc@russell-msf.org
8	Young Power In Social Action (YPSA)	GBV & Protection	Men & Boys session, Community Watch Group Meeting, Message Delivery, Forum Theater Show, Solar light installation	Nur Mohammad	01816-439101	pn.ypsa.gbv@gmail.com
9	DRC	Protection Monitoring	Conducted Protection Monitoring activities including FGDs & KIs with Men & Women	Ishrat Jahan Shorove	01674094857	ishrat.shorove@drc.ngo
10	CODEC	Child Protection	*PSS: B=775, G=435, T=1840 Parenting session M=45, F=55, T=100, Peer Session: B=48, G=48, T=96, Youth Group Session: B=24, G=24, T=48, Awareness session: M=10, F=10, T=20, CBPC(CFS): M=10, F=05, T=15, CBPC(AC): M=20, F=10, T=30*	SM. Ashraful azgar	01811595011	ashraf.shohor@yahoo.com
11	DAM	Health	General Health Services, HIV testing, ANC, PNC, NC, Child Nutrition, Reproductive Health etc.	Rajia Sultana	01711479221	sultana_rajia12@yahoo.com
12	FIVDB	Shelter/ NFI, Education, Food Security, Health, Protection	CFW, CRW & LPG distribution, vertical gardening, Psychosocial support	Satyaj Narayan Naidu	01716072503	satyaj13@gmail.com
13	Agrajatra	Protection, Health Wash, Shelter	CP & CFS, Primary Health Care center, Sanitary latrine, shelter	Muhammed Idrish	01879195861	agrajatra.rohinyo@gmail.com
14	Concern Worldwide	Nutrition	Out Patient Therapeutic Program, message dissemination, SAM patient admission	Md. Jafar Uddin	01847464986	otp.camp14@concern.net
15	ACP	Nutrition & Health	SAM (Severe Acute Malnutrition) Child Management, including Outreach Activities (Screening, Identified & Refer), Anthropometric Measurement, Clinical Assessment, Appetite Test, Admission, Health Education Session, YCF Activities Rapid Assessment, Full Assessment, Admission, Counseling & Follow up), RUTF (Ready to Use Therapeutic Food) Distribution & Follow up Activities, Mental health Care Practice & Gender Protection* OIP	Md Mahid Sheikh	01832319979	dju.mahid@gmail.com
16	MoWCA	Protection	Psychotherapy and Counseling, Psychological first aid, Stress and Addiction management, Couple therapy, Family therapy, Child case management for abuse/assault, GBV/SGBV case management, Protection monitoring of camp based activities.	Tanzila Tasnim	01847461888	tanzilatanzim7@gmail.com
17	BDRCS	PSS	Children recreational through CFS, psycho education through support groups PFA in out reach, Sports for youth, Referrals	Muhammad alam	01881705408	md.alam@bdrcc.org
18	Good Neighbors Bangladesh	Protection	CFS Center operation, Case Finding PSS Support	Md Shakhawat Shanto	01777792027	shakhawat@gnbangla.org shakhawat.shantognb@gmail.com
19	BRAC	HEALTH, Education Protection, Food security Wash Site Development	Pregnant Women ANC, TB/ Malaria, HIV, Child Learning, Breast feeding, Tailoring, Latrine, tubewell, water networking, Hygiene kit distribution, bucket choorisation	AKM Faisal Karim	01847455511	akmfaisal.karim@brac.net
20	RIC	Food Security	GFD	Rabul Hasan	01827956040	rabulhasanctg173@gmail.com
21	BAHMAH	Education & Health	Learning center and Health center	Rasel Mia	01843190387	rasel.bahmahfoundation@gmail.com
22	DSS	Protection	Child protection	Mohammad Al-Amin Jemal	01708414094	rcpp@gmail.com
23	SKB	Wash	Water supply	Md. Fekrul Islam	01846622524	fbkshul@gmail.com
24	WFP	Food Security	Field Monitoring	Kazi Muhammad Glas Uddin	01816231344	kazi.glas@wfp.org
25	UNHCR	Protection	Identification of survivors and referral to UNHCR SGBV unit and taking further necessary action to ensure the protection of the survivor. Identification of child with specific needs and refer to UNHCR Child Protection unit and making follow up until the child get required protection	Sumitra Acharjee	01857004107	scharjee@unhcr.org
26	MUKTI Cox's Bazar	Protection Food Security	Community Kitchen, CFW	Md Abu Najib	01715757042	najib.abu79@gmail.com
27	GUK	Wash & Protection		Md Mahabubur Rahman	01731014082	mahub@gukbd.net
28	Christian Aid	SMSD	Site Management & Site Development	Golam Rabbani	01857446753	grabbani@christian-aid.org
29	Coast Trust	Protection & Education	APS, Learning centre, Child protection, Case management	Md. Delewar	01852379291	mddelwarcoast@gmail.com
30	UNICEF	Education	Partner Monitoring	Md. Rezaul Karim	01756153432	rezaul1972@gmail.com
31	PHD	Health	Maternal Health, New born Health, Family Planning, Awareness session, Reproductive health	Unmesh Barua	01879892058	unmeshbarua3010@gmail.com

Actors engaged with Christian Aid on Site Management and Site Development, Camp 14.

With a few exceptions, significant achievements have been made in meeting CAID's first three Strategic Objectives (see Section 1.2). Strategic Objective 4 – "promoting self-reliance... to minimise aid dependency" should probably not have been considered, in the evaluation's opinion, at least for the Rohingya community at this point in time (see also Section 4.2.4). Extremely limited livelihood opportunities are

available to refugees, while certain social stigmas and fear of creating tension with host communities prevent some people from wanting to work and gain an active livelihood. Even within host communities, while CAID provided some assistance and training to some individuals, much more is needed for them to be able to generate and sustain individual livelihood security.

4.2.1 Life-saving Assistance and Basic Services

Assistance and services provided by CAID and its partners to both communities have been highly appreciated and have contributed significantly to not only protection but also to peoples' dignity, well-being and respect for others.

Christian Aid and its partners have provided many important services in camps, in particular (see Table 1). The main focus of CAID partners DAM and DSK's interventions has been on primary health care. Health Centres (which started as tables in the open air, with just a few medical items available) are now attended by both refugees and local people⁵, with more than 100 people reportedly attending each facility on a daily basis. High levels of satisfaction (93 per cent of household survey respondents) were expressed by users, despite the still somewhat restricted services that are available to patients: the lack of cold storage facilities, for example, prevents certain medicines from being stocked.

Interviews with medical staff in Camp 15 revealed that through the combined work approach of those responsible for WASH, Education and Health, the centre had not had to deal with any outbreak of water-borne diseases in the recent monsoon, which is a notable achievement. Noted challenges, however, included a need for in-camp psychological support and trauma healing: such issues were reported to affect between 5-10 per cent of the patients attending health centres. Currently only MSF has facilities to deal with such needs, so referrals are made when possible, though funding restrictions apply.

There is also a need for health centres to improve the information they provide to patients receiving medication: many of the Rohingya, reportedly, do not fully appreciate the intended purpose of a prescribed medicine and might provide this to other family members as well, which could be dangerous to peoples' health.



Health care facility operated by DAM, Camp 14.

A comprehensive package of WASH-related activities was provided which included basic awareness raising and accompanied training on personal hygiene, in addition to the installation and maintenance of tubewells as well as latrine construction. WASH facilities and services are also highly appreciated by people

⁵ This is in respect to recent conditions that a minimum of 25 per cent of the overall assistance package is focused on host communities.

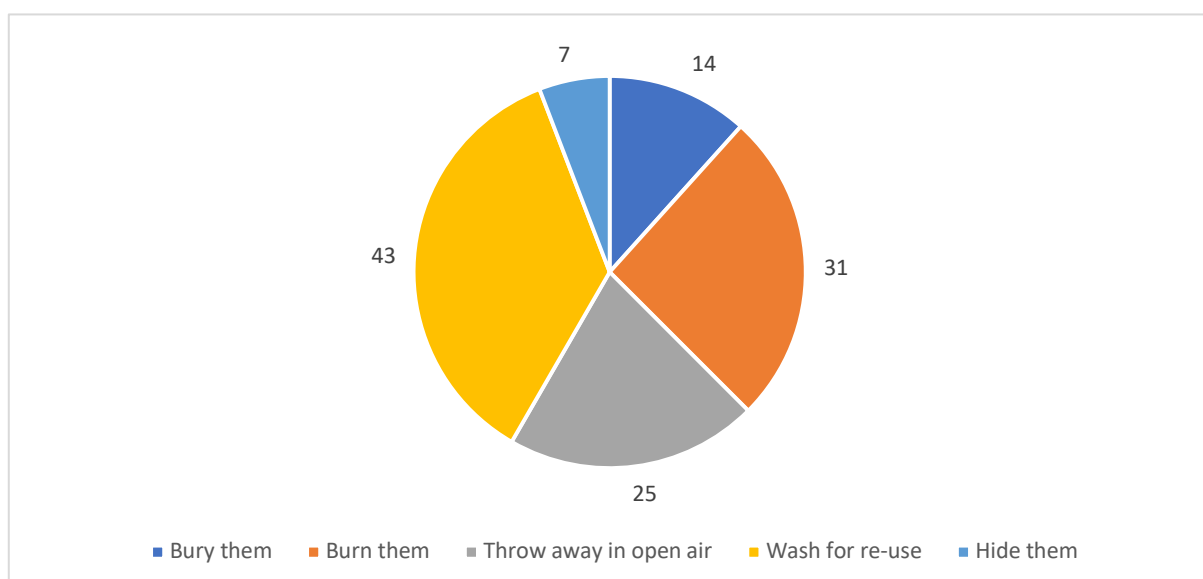
though there is still scope for improvement within the camps. Recognition is, however, given to the fact that physical space is limited and environmental conditions are challenging. Of particular note in this context is the following:

- people now have access to safe drinking water – medical records show significantly fewer cases of diarrhoea. Host community members previously sourced water from rivers, ponds and streams but now have access to nearby tubewells;
- most people can now access sufficient water for their household needs, though some camp residents – for example those in Block C in Camp 14 – experience periodic water shortages;
- 44 per cent of households surveyed have access to water within 50 metres of their home, which is in accordance with the Sphere standard. Others, however, have to walk further than 150 metres to access water from tubewells;
- queueing time for water has reportedly improved, though for people in camps a large number of people reported queueing for more than 30 minutes (the Sphere standard is less than 15 minutes); and
- people reported that they generally feel safe when fetching water, which is perhaps especially important in host communities given that people formerly had to go long distances to get water.

Improved awareness of hygiene has been a considerable achievement in both communities – many people expressed that they had no knowledge on this subject prior to the support received through this programme. Today, as a result of a series of awareness raising events and practical demonstrations, virtually every person spoken with through this evaluation confirmed that they continue to use this learning today – washing hands after using the toilet or just before eating being the most commonly applied practices.

Women have also appreciated the support received in terms of menstrual hygiene management (MHM), which is especially relevant for the Rohingya community given certain strong cultural restrictions that women face. Most of the women who contributed to the household survey acknowledged having received some information on MHM in the 12 months prior to this evaluation taking place. Particular appreciation was given for guidance on personal hygiene (66 per cent of respondents) and understanding of the health aspects of menstruation (30 per cent). While considerable attention has focused on how menstrual materials are managed – as indicated by the high number of people claiming to wash and re-use such materials, many women continue to dispose of these items in a way that offers a direct threat to human and environmental health and well-being (Figure 1). Quite similar observations were recorded from host communities.

Figure 1. Means of disposal of menstrual hygiene materials



According to those women interviewed for this part of the survey when asked what, if any, information they would still like to receive that might help them deal with MHM in a culturally and respectful way, the main responses given were:

- a) awareness raising for men (their husbands) to enable them to better understand MHM;
- b) more information on how women might be able to help other women/girls understand this subject; and
- c) more information on how to make/maintain sanitary pads.

In terms of outstanding WASH needs in camps, greatest concern is in relation to latrines and washing facilities – their physical location and safety, number and lack of gender segregation. The number of latrines is clearly inadequate with most people reporting that they share latrines with at least two or three other families using them (which could equate to around 30 people – the associated Sphere standard is 20 people for a shared latrine), while some are shared by five families or more. General cleanliness of latrines remains an issue in many instances as refugees often fail to take ownership of these facilities.

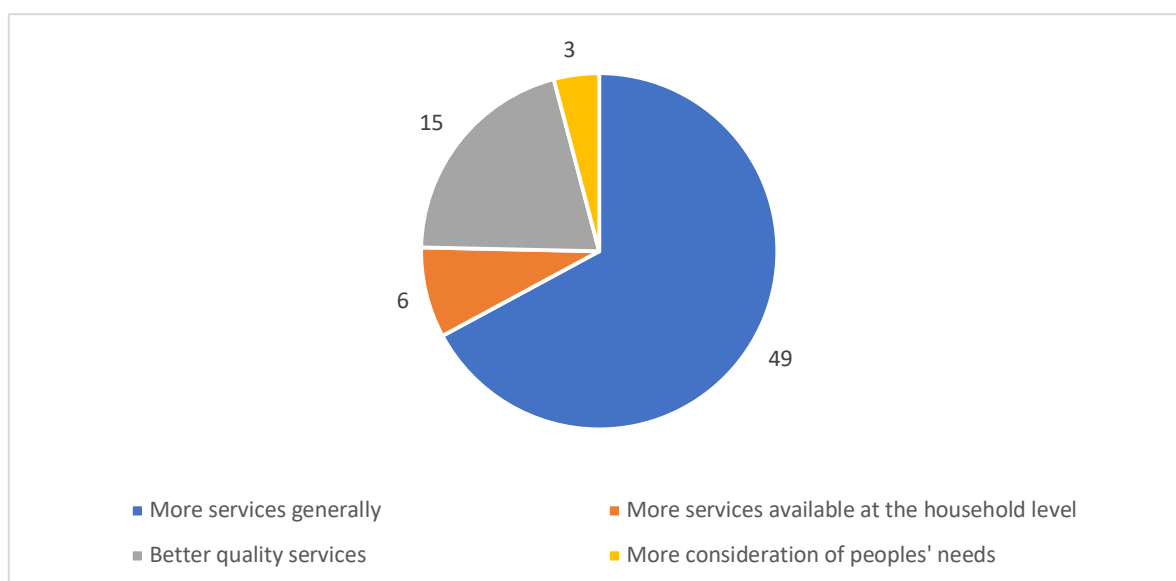
Perhaps more important than access to latrines *per se* is the issue of clearly marked and separated facilities for women and men. When asked whether separate facilities were available for women and men, responses from the household surveys were almost equal. – “Yes” and “No”. Questioned further on whether facilities were clearly marked, or not, and whether people knew which was which, 60 per cent of respondents stated that latrines were visibly marked and that they knew which was which. Direct feedback from FGD discussions, however, showed that many women and men were categorical in stating that facilities were not marked – which was verified by direct observations of the evaluation team. Most men spoken with proffered that they were not sure about symbols on latrine doors even if they were present. Similar feedback was provided from host communities.

A similar situation was noted in relation to washing facilities, most of which are simple tarpaulin covered structures located close to a handpump or added on to a shelter. While there has been a very positive transformation in people washing their hands and personal hygiene in general, washing facilities in the camps are often restricted, poorly constructed and lack security. While most people (65 per cent of the survey sample) have access to a washing space within 50m of their household, a considerable proportion (30 per cent) have to walk between 50m and 150m to reach such facilities. In this instance, 56 per cent of respondents acknowledged that there were no separate facilities for women and men in the camps, a fact that was repeatedly verified – with perhaps even greater frequency – by the evaluation team.

The need to provide clearly separated and well illuminated latrines and washing spaces has been raised in several previous CAID Trip Reports but the in camps has not changed. This has important protection and dignity issues: almost one-third of those people who responded to this topic stated that they did not feel safe using the latrines provided, the main reason being that there was no lighting at the facility and that the facilities were used by both women and men. Other reasons given were that the facilities were seen not safe at night-time and that there were often no locks on doors.

Concerning general camp services, most people surveyed (95 per cent of respondents) believe that existing camp services are successful in reaching children, women and the most vulnerable members of their communities. Likewise, a large – though fewer (81 per cent) – number of people believe that the needs of these groups are being met in terms of facilities such as water and latrines. When asked what needs to change, a need for more services was suggested, in addition to better quality facilities. As noted in FGDs, this is mainly related to latrines and washing facilities. Similar findings and sentiments were expressed by representatives from host communities.

Figure 2. Changes needed to improve services for vulnerable members of the Rohingya society



Overall, however, when asked to compare the situation today with that at the start of the emergency response the majority of people felt that there has been “some improvement” or even “high improvement” to the overall WASH situation. This is deemed entirely due to programme interventions by CAID and partners, given that there have not been any other NGOs (or government services) providing sanitation awareness and assistance to these communities.

4.2.2 Improved Conditions and Management of Settlements

The physical location and environmental conditions of camps in Cox’s Bazar is not conducive to effective or good camp planning, which has posed a number of site management challenges. It has also had implications on neighbouring host communities.

Most of the camps covered by this programme were previously forested lands – some of which was a designated nature reserve – which have now been largely cleared of vegetation. This has resulted in considerable erosion – surface and gulleys – which is being exacerbated by heavy seasonal monsoon rains. Camps are highly congested, with space for shelters, latrines, washing spaces and support services all at a premium⁶. Landslides are a frequent event in some camps, leading to loss of life and possessions. Physical access within camps is also a significant issue, with vehicular access often only possible to the edge of camps. This poses particular problems for service installation and maintenance, including desludging.

Government regulations do not allow for permanent, or even semi-permanent, shelter construction. The majority of structures in camps are constructed of bamboo, most of which is now imported from outside the region, mainly the Chittagong Hill Tracts, much of which now needs replacing, particularly for shelters.

Since taking on the role of SMA for camps 14 and 15, CAID has made significant improvements to the overall management of both sites. Regular co-ordination meetings have been established with all camp-based implementing agencies and there appears to be a responsive referral system in place once problems are identified. This, however, was not always the situation: at the start of its responsibility as SMA, CAID

⁶ Initiatives such as that undertaken by the SMA in Camp 14 should be encouraged: a review of the number of Child Learning Spaces in the camp (N=345), considering the actual need (N=324), will contribute to better site management, help prevent further resources being channelled to this activity and could free up space for other facilities.

had no systems or processes in place to deal with urgent issues such as staff recruitment, procurement, financial management and accountability – all adapted to this specific context. It was, as one senior member of staff stated, “*Day to day crisis management.*” With time, additional resources and quite considerable commitment and hard work by staff and volunteers, CAID was gradually able to gain ground and put in place viable and supportive structures that have helped ensure the safety and well-being of beneficiary refugees.

In addition to what seems to be well-informed and well-directed partnership activities in these camps, what stands out from the past 12 months in particular is the high quality interventions in terms of improving internal access and safety ahead of the anticipated monsoon in 2019. Building on findings from a hazard analysis mapping exercise, unstable slopes were re-inforced at strategic locations using sand bags and bamboo in an effort to stabilise them. Steps (often with handrails), bridges and aerial walkways were likewise constructed with camps and host communities, all of which have been hugely appreciated as they facilitated ease of movement and communications as well as facilitating transportation from distribution centres, e.g. heavy gas cylinders.

Improved drainage and run-off have also featured as part of overall camp infrastructure improvement, which – being linked with solid waste collection – has had a positive impact not only on overall camp cleanliness but also protection of infrastructure as water is being diverted away from shelters, stairs and other structures.

While CAID and implementing partners have tried their best to provide safe and dignified service facilities in the camps, some of these continue to fail to meet internationally expected standards such as Sphere. As noted above, latrines and washing facilities are of particular concern. Considerable effort has been made to install solar lights within the camps, a majority of which were reported to be working at the time of this evaluation. While these provide an important service, they largely only cover communication pathways and not specific communal facilities such as latrine blocks or washing areas. Discussions with people in FGDs exposed the fact that most latrines are not directly covered by camp lighting which is a continuing concern for gender-based violence, in particular. This was a surprising observation by the evaluation team, given that specific recommendations have been made on this issue in several previous internal CAID trip reports (see Recommendation 6.1.7).

Host communities have routinely experienced a range of disasters, including heavy rainfall (monsoon conditions), floods, landslides and storm damage, some of which have been exacerbated by deforestation following camp establishment and subsequent removal of vegetation for fuelwood. In the past, actions taken to cope with these situations included moving home, temporarily living with relatives/friends, changing livelihoods, selling assets and borrowing money to help them recover.

Support provided through this programme included:

- shelter repair equipment;
- training;
- cash support;
- support for irrigation;
- improvements to access routes;
- raised awareness on DRR; and
- community involvement in, and preparation of, risk management plans.

This multifaceted package of support has made an effective start in transforming how communities now think, plan and act for themselves in terms of DRR. People met were keenly aware of the guidance and support provided by CAID/Partners in terms of improved physical (household) security and access paths, steps and bamboo bridges. Narrative reports from FGDs as well as visual verification of some of the DRR-related activities in these communities confirmed the usefulness of these structures for community members.



Stairs, some with handrails, have been an important addition to the landscape of camps where access is particularly difficult in wet conditions. In addition to helping communications, it also facilitate the transportation of heavy and bulky rations such as gas cylinders.

Importantly, this programme went beyond physical support to also include preparation measures. Eighty-seven per cent of host community survey respondents acknowledged that they were aware of their VDMC

and the purpose it serves. Most people spoken with in FGDs confirmed their membership in the VDMC, with many having played an active part in preparing their community disaster risk assessment and risk reduction plan. Now, as a result of such action, 83 per cent of this survey's respondents feel that they are better prepared to face a disaster, which is a significant change from the past.

4.2.3 Meaningful and Active Participation

Accountability and Feedback Systems

Since CAID assumed responsibility for camp management, it has given particular emphasis to ensuring that community engagement and accountability have been addressed as a priority. This took many forms and included a review and subsequent revision of existing/possible complaint and feedback mechanisms, theme led FGDs, radio listener groups as well as active engagement with individuals and community groups through its CwC approach.

In addition to static complaint and feedback channels such as a dedicated hotline and feedback boxes, voice recorders were also provided to community mobilisers allowing them to proactively engage with people and directly record any feedback. Pop up mobile help desks were set up at various community events as well as during distributions. These, and other systems, provided refugees with a suite of options to engage directly with CAID and partners though, as noted in CAID's reporting for the month of September 2019, all complaints and feedback were received through its Helpdesk/FIC. Shelter/NFIs were the main concerns in both camps 14 (65 per cent of total feedback and complaints received) and 15 (39 per cent) for this period, mainly in relation to shelter repairs and support materials as well as a need for mosquito nets and hygiene kits. See Box 4 for a summary of key findings from a Knowledge, Attitudes and Practices survey conducted by CAID in 2018.

BOX 4. FINDINGS ON ACCOUNTABILITY MECHANISMS.

- Current accountability systems are largely ineffective.
- Women and men have very different attitudes towards accountability.
- Low levels of Rohingya literacy, language differences and cultural norms restrict many women from public space are challenges for ensuring accountability mechanisms.
- Complaint boxes are the least preferred, least trusted and most ineffective mechanisms.
- Phone/SMS hotlines are similarly not preferred, not trusted and ineffective.
- The *Mahji* system is preferred, used and trusted (but does have significant limitations). It also ranks highly as is the primary known system.
- Voice recorders are preferred, well used and trusted compared with other systems.
- Face to face with NGOs is one of women's' most preferred and trusted accountability mechanisms.

Source: Christian Aid, 2018

From a review of these reports, together with discussions with volunteers at some FICs, complaints and referrals are dealt with quickly and effectively – there is a systematic tracking system in place. As verified by the evaluation team (and registered later from CAID reports), the main issue that needed to be resolved at the time this evaluation was undertaken related to shelter materials given the current lack of funding for this sector.



Services provided through Feedback Information Centres are highly appreciated by the Rohingya community.

Data obtained through household surveys showed that most refugees were familiar with complaint mechanisms: 89 per cent added that they had actually used this system. Of these, 85 per cent said that they had received a response following their complaint – and the vast majority were satisfied with this – while an additional six per cent had not.

Some people, however, claimed to have no knowledge of a complaint mechanism, or that they had not used one. Reasons given to explain the latter included the fact that they were not sure what might happen if they formally made a complaint. A few people also added that it was not in their culture to complain, while others said that they were either unaware of this facility or were afraid to use it.

Host communities have, in general, been less well supported in terms of complaint and feedback systems, this normally being done through traditional and hierarchical systems to the UP Chairman. Most such concerns relate to domestic and social issues. Christian Aid/Partner's complaint boxes as well as those of other NGOs were the preferred method of making a complaint in this instance. In general, there was a high degree of satisfaction in the manner in which complaints were handled: all but one person who had made a complaint had subsequently received a response. High levels of satisfaction were also reported during direct meetings with community representatives as part of this evaluation.

Communication with Communities

When asked whether they felt well informed by CAID/Partners about what was happening in their camp community, more than half of survey respondents (57 per cent – with similar numbers of women and men) said that they were “fully informed”. Community leaders were mentioned by 83 per cent of respondents as being the main source of information, for example, food distribution, followed by CAID or partner personnel (15 per cent).

The successful pick-up of information is likely to be associated with the very frequent – sometimes daily – and visible household visits undertaken by SMA volunteers, for example. In the camps, 55 per cent of households stated that a volunteer visited them on a daily basis while an additional 43 per cent said that this was on a weekly basis.

The above findings are further supported by the vast majority of survey respondents (92 per cent) expressing that there was either “high improvement” (26 per cent) or “some improvement” (65 per cent) in the way that camp management structure communicate or co-ordinate with them.

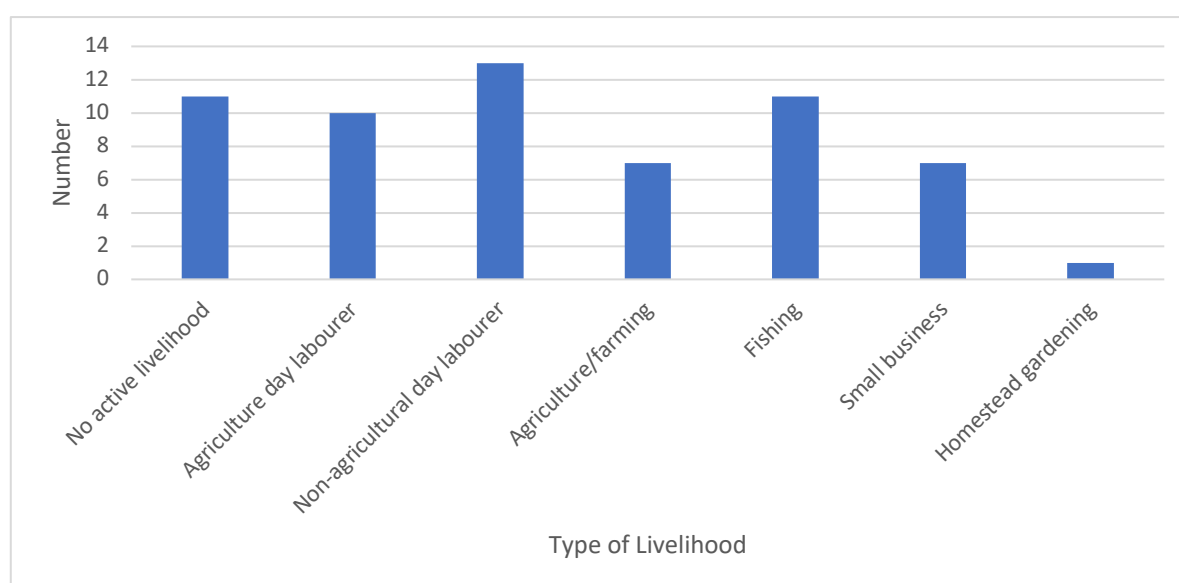
4.2.4 Promoting Self-reliance

Cash for work and training were the two main forms of livelihood support provided by CAID to both communities, though host communities have additionally benefitted from similar support from other organisations, including BRAC, IOM and the World Food Programme.

Livelihood options – and hence the potential for self-reliance – are extremely limited for the refugee community due to the lack of space with camps, lack of opportunities, lack of experience (given that most people were farmers in Myanmar) as well as work restriction limitations on movement outside of camps. Household surveys show that agriculture (51 per cent), followed by small businesses (24 per cent) and day labour (12 per cent) are the most frequently practiced forms of livelihood support. Labourers and farmers receive around BDT250-400 (GBP1.8-3.6) per day whereas a successful small businessman can make as much as BDT2,000 (GBP18) a day.

Host communities have slightly more diversified options for self-reliance, as shown in Figure 3, which identifies that day labour and fishing constitute some of the main activities practised. Twenty-seven per cent of these beneficiaries mentioned that they have changed their livelihood since receiving support from CAID: slightly more than half of the total number of livelihood beneficiaries acknowledge that the support from CAID has resulted in an improvement to their situation in general.

Figure 3. Main source of livelihood for host communities



Almost all families surveyed depend on a single source of income – 78 per cent and 90 per cent for the Rohingya and host communities, respectively – though this was widely noted as being insufficient to meet family needs. Coping strategies adopted by host communities include relying on less preferred and less expensive foods (most common), eating seed stock set aside for the next growing season, borrowing food, feeding the working members of a household at the expense of others, purchasing food on credit and/or prioritising children for what food is available.

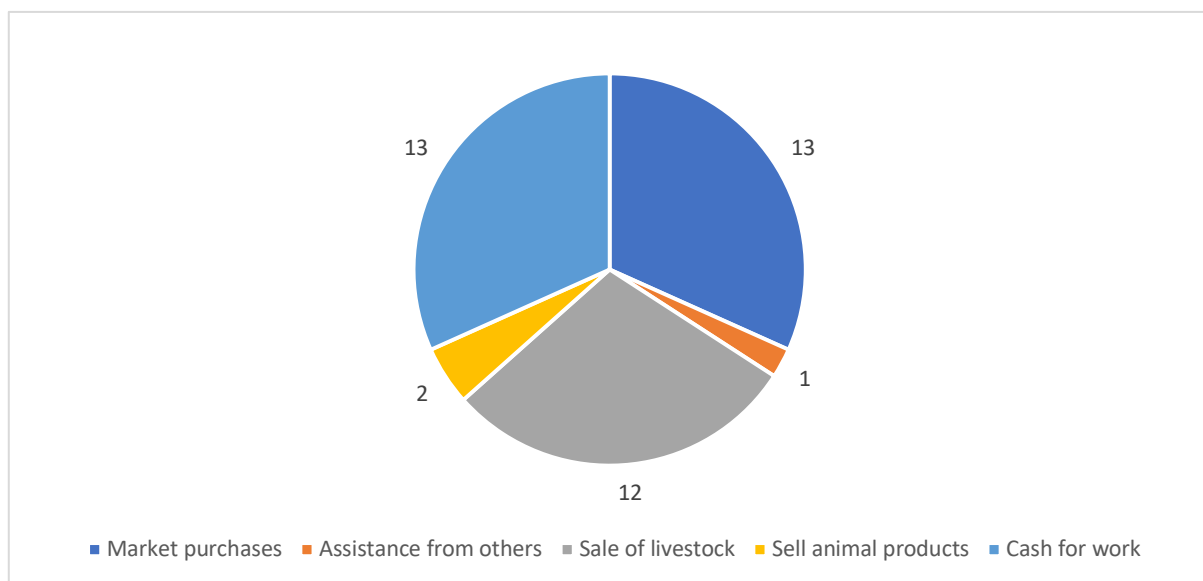
Food rations are provided to all refugees: 36 per cent of survey respondents, however, admitted to selling part of these rations, with estimates ranging from 30 to 70 per cent of what they received. Beans are the most commonly sold items, though rice and oil are also traded by some people. Fish, followed by fresh vegetables, are the two most popular foods purchased with income from selling food rations.

Almost all households spoken with (93 per cent) reported that they had experienced periods of food shortages in the past 18 months. Sixty-three per cent of those who experienced such shortages further

added that this was a regular phenomenon each month, while an additional 29 per cent mentioned that they experienced this situation on a weekly basis. Various coping mechanisms are applied, as shown in Figure 4, the most common of which is buying additional food in the market, the sale of livestock and/or cash for work.

While host communities are clearly in a better position to generate an income based on a combination of options, they have been impacted by the suddenness and scale of the ensuing humanitarian response, some of which has clearly had negative impacts. What CAID has started to do through its training support has been widely welcomed as most forms of livelihoods are traditional and lack any form of diversification. When asked to compare their household’s livelihood security with the situation two years ago, 72 per cent of host community respondents said that there had been “some improvement”. Likewise, despite the challenges they face, many refugees spoken with (88 per cent of survey respondents) also found that the situation was better today.

Figure 4. Refugee coping mechanisms for food shortages



4.3 EFFECTIVENESS

Since 2017, CAID and partners have implemented a phased series of activities that addressed WASH , Health, Protection, Livelihoods and DRR, with variable intensities and emphasis. Planned activities have been delivered and the overall response programme has made good progress in achieving the intended results. Overall effectiveness seen in implementation reflects upon successful and appropriate project design through careful targeting of much needed services.

While support provided by CAID is deemed to have been quite effective overall, its potential effectiveness was limited to some degree due to factors largely or completely outside of its control, in particular the congested environment and lack of physical space. Lack of space, for example, has prevented Health Centres and other social structures from expanding while the provision of better shelter and washing and sanitation facilities are constrained for the same reason. Some delays were also experienced with project implementation due to lack of clearance and approval from government.



More attention could have been given to ensuring greater consistency, for example, in waste management and site cleanliness between Camp 14 and Camp 15: blocked gulleys and stagnant water bodies – which can harbour disease carrying vectors – were seen in the latter.

At the same time, however, while many of the project's activities are seen as effective and strategic, a definite weakness in CAID's role as SMA for camps 14 and 15 was its earlier lack of preparedness for this role. Several issues stand out in this context:

- CAID's own internal lack of experience of being a SMA, which included a lack of operational procedures and systems;
- challenges faced in terms of rapid, and large scale, recruitment and urgent procurement, for example;
- lack of knowledge of camp management;
- failure to take on board and adopt (if needed) tried and tested experience from the CCCM;
- lack of agreement and concerns between senior management on CAID's role as SMA, which led to some of its internal support services not contributing to the programme;
- lack of experience of working with short (three month projects at times) contracts, with associated reporting requirements; and
- engagement with partners who had no prior experience of working with refugees in such a large-scale and fluid emergency context.

All activities – especially health care, WASH and CwC – are well recognised and appreciated by both the Rohingya and host communities. Particular credit should be given to hygiene promotion activities which has seen a high uptake, resulting in some important changes of behaviour and practices. Overall there has been significant improvements to living conditions within the camps covered by this evaluation since the start of the humanitarian response in 2017. Host communities too have appreciated new learning and the provision of key facilities such as boreholes.

The formulation of VDMCs has also played an important role in helping bring people together to find agreed solutions on how to better prepare for future weather events. Emergency preparedness plans were likewise developed for both camps 14 and 15. Collectively, these have been strategic activities that will serve both communities well in coming years.

4.4 EFFICIENCY

Overall, the complement of programme activities appears to have had a good balance between hardware provisioning, such as WASH facilities and DRR structures, and software skills in the form of awareness raising, counselling and social organisation. Given the poor levels of education and health and hygiene knowledge before this project, this combination was imperative, and the time invested by field staff in mobilising people and helping them apply this learning is a major achievement which will likely last and continue to benefit these communities in the future.

Despite frequent staff turnover – which is by no means unique to CAID in this situation – delivery of programme activities seems to have progressed very well, despite some delays. This has been possible perhaps because of CAID’s own good experience on leadership and co-ordination in other contexts. Competent and experienced staff have been put in place to oversee management. Effective use has also been achieved by engaging a large number of volunteers within the camps.

Field observations confirm that the CAID and its partners are well respected and known by refugees and host communities in Bahachora and Palong Khali (also emphatically confirmed by household surveys) and other NGOs. In Cox’s Bazar, CAID has developed strong local rapport with key agencies and authorities and have made significant advances in their approach to emergency response in support of the Rohingya community.

A higher level of efficiency would inevitably have been achieved if more attention was given to pre-preparations for assuming the role of SMA, including more thorough briefings and induction to staff and intended partners, particularly as there were reportedly often no opportunities for handover from outgoing to newly recruited staff. Had greater and more targeted support been provided to its traditional partners that would likely have helped them to better prepare for taking on similar and additional roles in the future.

4.5 IMPACT

In general, the range of activities provided by CAID and partners through its various donors have resulted in well-targeted and much needed initiatives, with a resulting high impact. The inclusion of host communities (though now a formal requirement) in this programme was judicious as it had helped address critical needs while at the same time balanced the situation and contributed to better relations being maintained between the two groups. Feedback from beneficiaries who responded to household surveys as well as those who participated in FGDs were highly appreciative of the support provided over the past two years, with clear acknowledgements of the improved conditions today.

Among the most commonly mentioned impacts of this programme has been a positive shift of behaviour and attitude in hygiene practices, in addition to people’s readiness to visit health posts. Better health care facilities – together with improved access to safe drinking water – reduced the level of water-borne infections in the last monsoon, compared with previous years. People are also more aware of their basic rights, though continued awareness raising is still required on this issue, particularly in terms of child protection and GBV.

In terms of environmental impacts, the footprint of camp based operations is considerable, particularly as a result of significant areas of deforestation to create space for the camps. Soil erosion is widespread, particularly during the wet season. Starting in 2018, in conjunction with some disaster preparedness planning, CAID as the SMA began to address erosion and slope stabilisation at strategic parts of the camps, which has made a great improvement in terms of access to markets and distribution points as well as general movements within camps. Addressing longer term site rehabilitation needs – for example, through large-scale tree planting programmes or setting aside sizeable zones for natural regeneration – is not a practical consideration at this point in time given the need for space for shelters and basic facilities and

services. It should, however, be kept on the radar with donors as this will almost certainly be expected by host communities and government authorities/services.

4.6 SUSTAINABILITY

Ensuring sustainability in any programme such as this is always going to be a challenge given the challenging physical and political environment in which it operates. Added to this is the continuing – perhaps escalating – scale of needs, particularly for the Rohingya whose movements outside of camps as well livelihood opportunities are curtailed and restricted, respectively.

While significant challenges were experienced upon taking up the role of SMA, CAID’s programme in general is judged to have made significant advances in most areas. All beneficiaries spoken with as part of this evaluation were extremely pleased with their newly acquired knowledge and the benefits they are receiving from CAID and partners. Such an achievement should not be dismissed, particularly that much of what was intended to happen was dependent of people changing traditional attitudes and behaviour and accepting new practices, all in a relatively short period of time. Credit must be given for this.

Rather than any single activity standing out for its individual achievements, it is perhaps more appropriate to recognise the strength in the synergies between the raised awareness and practical activities undertaken. The keen uptake of hygienic practices is a case in point which, as long as people are in a position to receive or purchase hygiene items, will likely mean that these practices will continue to be applied. Improved knowledge on livelihoods (especially for host communities), together with awareness on what individuals, households and communities can do to prepare for an extreme weather event will remain with people for some time, which represents good value in terms of time and resources invested in these activities.

Overall, however, the question of “sustainability” cannot be addressed to the level it needs and will need. Too many challenges prevent this from happening at the current time.

5. ANALYSIS ACCORDING TO CHRISTIAN AID’S QUALITY STANDARDS AND DEC TOPLINE QUESTIONS

5.1 CHRISTIAN AID QUALITY STANDARDS

Based on the findings of this evaluation – considering all inputs – Table 7 provides an overview of key observations matched against CAID’s Quality Standards. It also provides a reference – where applicable – to recommendations made later in this report (Section 6).

Table 7. Key Observations in relation to CAID’s Quality Standards

QUALITY STANDARD	OBSERVATIONS	RELEVANT RECOMMENDATION(S)
1. Humanitarian response is appropriate and relevant	<ul style="list-style-type: none"> Without doubt, CAID’s response – and the nature of support – has been appropriate and relevant for the Rohingya communities in the respective camps. In two host communities, well-targeted support has been provided in three key sectors – WASH, livelihoods and DRR. The inclusion of national implementing partners has continued CAID’s traditional role of institutional engagement and capacity building and has helped fill important voids, for example 	<p>6.1.1 6.1.2 6.1.3 6.1.6 6.2</p>

	in terms of Health Centre services for both communities.	
2. Humanitarian response is effective and timely	<ul style="list-style-type: none"> • The timing of the initial response was much appreciated – by government and recipient communities. • Overall co-ordination of SMA responsibilities in camps 14 and 15 was at a high level at the time of this evaluation: other camp-based agencies now respect regular meeting schedules. • Needs arising have, reportedly, been dealt with effectively by CAID. For example, during this evaluation, several shelters were destroyed by landslides – the CiC and CAID/responsible partner were quick to ensure peoples’ safety and find alternative sites for shelter construction. • The quality of some of CAID’s work – cleanliness of Camp 14, good drainage run-away channels and much needed DRR structures (steps, bamboo bridges) – sets a benchmark for other agencies to adopt in future. • Capacity building and materials for Disaster Management Unit volunteers have been distributed at camp level to respond to fires, cyclones, landslides and other disasters. • Consistent monitoring has been carried out. • A recently introduced initiative by the SMA in Camp 15 (at least) would support “Community Engagement Activities”, whereby people discuss and agree on priority needs and concerns and then prepare a simple proposal for the SMA to review and potentially finance. If such an opportunity can be continued it could have very positive results for participating groups. 	<p>6.1.2 6.1.3 6.1.7 6.2</p>
3. Empowers and equips local actors to be central stakeholders of the humanitarian system and builds long-term community resilience	<ul style="list-style-type: none"> • Working with local partners (previously lacking experience in emergency response and transition to recovery) has been successful though several felt that they need – need – additional training and capacity building. None have any emergency experience or knowledge outside of this operation; most have not even been able to reflect on what they have learned thus far. • At the host community level, Village Development Management Committees have been established: this has increased community cohesion and helped communities – not only individuals as was the situation before – become better prepared. Communities feel empowered through this planning process. No other actor has provided such assistance. 	<p>6.1.2 6.1.3 6.1.5</p>

	<ul style="list-style-type: none"> • Christian Aid previously supported camp-based structures (Block Committees and Community Kitchens) which were seemingly very popular as meeting and discussion venues and likely contributed to community cohesion and more effective exchange of information. These structures, however, were cancelled by government in 2019. In the view of this evaluation, such structures (in addition to women- and child-friendly spaces) should be widely promoted in other refuge contexts through, e.g. the CCCM. • The evaluation would like to underline the fact that long-term thinking is not possible in the current situation: what CAID and partners have achieved, however, in terms of information uptake of even simple DRR measures, Hygiene promotion, information on rights, Protection and others will likely remain with people for a considerable length of time. • Training provided to volunteers (from both communities) will likely serve a longer-term purpose in helping communities to become/remain better organised. 	
4. Humanitarian response is based on communication, participation and feedback	<ul style="list-style-type: none"> • Communication mechanisms have generally worked well with beneficiaries and government structures. • An array of mechanisms has been put in place early on to allow feedback – complaint boxes, FICs (one per block, for example, and staffed by people from both communities – male and female), voice recordings... • Post-distribution monitoring had enabled and provided repeated opportunities for community engagement. 	6.2.1
5. Complaints are welcome and addressed	<ul style="list-style-type: none"> • This seems to have been particularly active and well appreciated. Monthly reports (which list issues raised and to whom they have been addressed) are completed and reviewed by CAID and partners. • Visual verification of tracking was also seen by the evaluation team at FICs. • Provision of shelter materials – currently the most frequent complaint – is outside the capacity of CAID alone to remedy – though this has been referred to the Shelter Sector and other responsible agencies. 	6.2.1
6. Humanitarian response is co-ordinated and complementary	<ul style="list-style-type: none"> • Christian Aid has played a clear co-ordination role at camp level over the past two years (two camps). A strict schedule of meetings between the SMA and camp-based implementing agencies (initiated by CAID) has contributed to 	6.2.1

	<p>much improved inter-agency knowledge sharing and co-ordination.</p> <ul style="list-style-type: none"> • At the level of Cox’s Bazar, CAID has been a regular contributor to sectoral and inter-sectoral meetings, with timely feedback provided to the field and other partners who are not represented in such meetings. • Christian Aid/SMAAs played a proactive role in preparing communities for the recent monsoon – key materials were stockpiled (for release within 24 hours), some critical slopes had been stabilised through the insertion of earth-filled jute bags and drains were cleared of rubbish. This, with some assistance from camp-based communities. 	
<p>7. Humanitarian actors continuously learn and improve</p>	<ul style="list-style-type: none"> • Christian Aid staff mentioned that this situation is improving, though not sufficiently. As noted elsewhere in this report, lessons learned are not being disseminated either within the organisation or amongst its partners. Recommendations from CAID staff have not been followed through, even on key topics including protection. • Despite the experience gained through its work as SMA, the evaluation is not aware of any specific exercise having yet being organised to discuss Lessons Learned or, indeed, to share experience within the CAID team or its immediate partners. • Where lessons learned events have previously taken place, there is little evidence of these being shared widely or of influencing change. • Christian Aid’s immediate national partners require additional capacity building – in addition to more documented information on other emergency situations – in order to be able to provide better and more appropriate services and support. 	<p>6.1.1 6.1.2</p>
<p>8. Staff are supported to do their job effectively and are treated fairly and equitably</p>	<ul style="list-style-type: none"> • As in any emergency situation, staff changes are inevitable: several staff with key roles of SMA management had only joined these positions shortly before this evaluation. • The evaluation is of the opinion that much more could – and still should – be done in terms of initial orientation to this situation. • Given the high stress working conditions – including security and related tensions at the time of this evaluation – staff welfare should extend to stress monitoring and psychosocial support in cases where such a need is identified. This should extend to field-based volunteers given that they are on the frontline 	<p>6.1.2 6.1.7</p>

	<p>of interaction and exchanges with communities almost every day.</p> <ul style="list-style-type: none"> • Christian Aid needs to re-evaluate its capacity building strategy with its traditional local partners. • Several CAID field staff (including Site Management Assistance) also requested to have more knowledge on how CAID actually operates in other situations. • Additional qualified CAID staff should be made available to further assist with camp- and community-based activities, including documentation and M&E. 	
9. Resources are managed and used responsibly for their intended purpose	<ul style="list-style-type: none"> • The Evaluation Team believes that CAID made this a priority – both for itself and its local partners. An instance was noted of one such partner being investigated at the time of this evaluation. • Bamboo is widely used in all camps in Cox’s Bazar for shelter, support, access and security (screening). This has likely had a significant impact on the environment in many locations – now primarily the Chittagong Hill Tracts – though no evaluation has been conducted of this. For the moment, however, no alternative materials are being considered. • Several organisations such as the Bangladesh Red Crescent Society and IOM are providing bottled gas and stoves to Rohingya households in some camps, largely in an effort to stem local deforestation. While applauded, this is not sustainable and a sudden cut to funding would mean that camp-residents would almost certainly have no alternative but to resort to firewood collection. 	6.2

5.2 DEC TOPLINE QUESTIONS

In addition to the above – and considering it had invited independent evaluations of five of the emergency response interventions it supported in Cox’s Bazar – the DEC also sought to have feedback on some common questions requested of all five agencies. These are presented in Table 9, which includes some additional (and in some case overlapping) questions from CAID in London that were provided to the evaluation team ahead of deployment to Bangladesh.

Table 9. Topline questions from DEC and CAID, with responses from the evaluation team

QUESTION	RESPONSE
1. To what extent has the response programme advanced the pro-localisation recommendations put forward in the 2018 Localisation Report of Bangladesh where CAID has been directly implementing.	Recognition must be given to the scale of this emergency, the fact that many local NGOs (including some of CAIDs existing partners) were completely overwhelmed by the urgency and scale of requests – and funding – placed on them from other INGOs. One such NGO (which was a former CAID partner) saw its previous project financing increase by over 150 per cent in

	<p>just a few weeks: CAID wisely, in the view of this evaluation, did not work with such organisations.</p> <p>To satisfy the need, however, CAID brought in some of its traditional partners from other parts of the country. While this was a well-considered step in support of localisation, none of these agencies had any prior experience of refugee emergency response of this nature and scale experienced in Cox’s Bazar, which left them at a serious disadvantage if one compares them with other “traditional” emergency responders.</p> <p>Caught up in the day-to-day crisis of managing the ever-changing situation on the ground – and given the lack of internal clarity, agreement and ownership of the direct implementation process – CAID was not in a good position to consider its own 2018 recommendations for localisation and partnership in Bangladesh. Traditional partners experienced different challenges – some made impressive advances at the beginning though later internal weaknesses in administration led to their support being suspended at the time of this evaluation. Most, however, struggled.</p> <p>In fairness, given the many complexities and uncertainties that have underpinned the whole refugee status/ repatriation discussions, the time just was not right and the systems not yet in place to allow CAID to even plan on how to transition to a genuine partner-based approach where local capacities (not just technical) are indeed strengthened. This though should remain at the centre of CAID’s focus and strategy in going forward into 2020 and beyond. The insights it has gained from being SMA are likely to be very informative in taking this forward.</p>
<p>2. To what extent has CAID contributed to capacity development of our partners?</p>	<p>Had CAID remained with its well-known strengths in this field, it is likely that a far greater impact could have been achieved, more effectively and efficiently. As it stands, some partners feel that CAID did not do enough to prepare them for the situation and how to best respond to needs – programmatically, administratively and in relation to dealing with RRRC-related bodies in terms of administration. More hands-on support – and more comprehensive capacity building – was needed.</p> <p>Little was seemingly done to prepare its traditional partners for the situation in Cox’s Bazar: one senior former member of one of these NGOs explained to the evaluation that “<i>the greatest challenge they faced was the language barrier with the Rohingya</i>” for which they were totally unprepared.</p> <p>Likewise, another comment received in a similar vein was that “<i>CAID was only thinking of the project [as SMA] – not the full needs of field staff</i>”.</p>
<p>3. To what extent has CAID’s ability to advocate been affected by</p>	<p>As mentioned in the Introduction, for much of the past year the situation between government, the Rohingya community and humanitarian organisations has been tense given</p>

<p>concerns that speaking out may restrict our humanitarian access?</p>	<p>uncertainties with regards repatriation. At the time of this evaluation a considerable number of national and international humanitarian organisations had had their operations cancelled by the government.</p> <p>In this instance, however, CAID is not only supporting local partners but is itself in a high profile being the SMA of two camps. It is therefore highly likely that CAID would have found itself further to additional scrutiny by government had it, for example, taken a firm public position on repatriation. Was it not an SMA, it would probably have been in a stronger position to at least undertake some targeted advocacy. That said, however, the situation is delicate and concerns must be given to the safety and security of all its beneficiaries, field staff and fellow colleagues in the field.</p>
<p>4. To what extent do affected populations feel like CAID are putting crisis-affected communities at the centre of our response?</p>	<p>Feedback from FGDs and KIIs (Rohingya and hosts) were very positive about CAID and its partners. The significant improvements in safety (DRR-related activities) and services in camps 14 and 15, in particular, were widely spoken of.</p>
<p>5. To what extent are the complaints and feedback mechanisms in use relevant and appropriate to the context?</p>	<p>Christian Aid – as SMA – has put this issue clearly (and visibly) at the centre of its work, which is extremely relevant and appropriate. Complaints are dealt with effectively on the most part, the only incident which faces problems is related to the provision of new shelter and structural materials on account of a lack of resources.</p>
<p>6. To what extent has the programme applied previous learning of the Rohingya context, as well as lessons learnt in relation to refugee crises globally?</p>	<p>Christian Aid’s lack of direct, hands-on experience with other refugee crises must have been a source of concern to management when it took on the role of SMA in two camps – though importantly these were spaced out over a year.</p> <p>Nonetheless, its total lack of procedures (financial, administrative and technical) was a major challenge at first though gradually this was addressed. It would not appear, however, that much experience was drawn from the Camp co-ordination and Camp Management Cluster, despite one of the Camp Leaders being a Master Trainer on this programme. Other field staff spoken with had to search the web for possible inspiration. Over time, however, regular meetings were called between camp-based agencies which helped a great deal with co-ordination and communications.</p> <p>Insufficient training was provided to partners: one-day induction courses, for example were provided on topics like CHS and Sphere, but these were not sufficient.</p>
<p>7. To what extent are staff expertise and competencies adequate to implement the response programme? Consider knowledge of the context, refugee rights and protection issues.</p>	<p>Managing more than 60 agencies within a single camp (Camp 15) requires considerable skills, including knowing when to be able to trust a partner for their specific area of expertise. Christian Aid did not have this capacity at the outset.</p> <p>Internal CAID Field Reports have documented the lack of preparedness on the ground for taking on the role of SMA, including lack of experience, lack of adequate induction, safeguarding issues and more. Frequent staffing changes were</p>

	<p>not always handled in the best way. Clearly, much was learned while on the job and this experience should be recorded before the operation concludes.</p> <p>At the time of this evaluation, however, CAID seemed to be in control of both camps where it is the SMA, with the possible exception of relations with some CiCs. Recent staffing changes at the latter level, however, are likely to have accounted for this.</p> <p>Discussions with other NGOs suggested that while CAID might not always have played a proactive role, if a problem was brought to their attention – such as the lack of a tubewell near a Health Centre – they would follow-up with this and try and get the situation rectified as soon as possible.</p> <p>While some people suggested that CAID field management staff could be more hands on and visible in community meetings, note should also be made of the effort made by SMA volunteers who visit households on a regular – even daily in some instances – basis.</p>
<p>8. To what extent has the programme been adapted to the characteristics and evolution of the context? What factors have hindered or enabled adaptation?</p>	<p>The current programmes in camps 14 and 15 are quite comprehensive and are (with the exception of shelter) trying to address most pressing needs.</p> <p>More could be done with host communities in future, following on from current DEC lines of support for livelihood, WASH and DRR-related activities.</p> <p>As mentioned elsewhere in this report, the approach, scope and scale if this response is very restricted by the difficult enabling environment currently in place in Cox’s Bazar.</p>
<p>9. To what degree are there any current or potential negative effects resulting from the programme? (E.g. environmental, host community tensions, sub-standard WASH facilities etc.)</p>	<p>There are a number of continuing (and emerging) challenges in the camps – as well as for CAID’s current partners – though these are not as a result of CAID’s work to date. These include:</p> <ul style="list-style-type: none"> • ensuring protection for beneficiaries; • environmental degradation (deforestation and soil erosion) which will induce further landslides; • physical congestion within camps, preventing better facilities to be provided, e.g. larger health centres; • DRR – people are still completely vulnerable to floods and heavy rains; • tension between refugees and the government and host communities; • sub-standard WASH and Shelter services.
<p>10. To what extent, and how, were negative effects systematically anticipated, identified, and mitigated?</p>	<p>Measures put in place to draw more attention to and help people better understand complaint mechanisms has been an important step towards enhancing protection, though this needs to be continued.</p> <p>Major problems (current and anticipated) are related to the physical environment: CAID’s DEC (and some other donors) response to DRR and improved site management – especially</p>

	in terms of drainage – made a significant difference to peoples’ safety and mobility in the recent monsoon season.
11. To what extent have long-term and inter-connected problems been taken into account, when carrying out short-term activities? (For example, WASH programming)	Long-term solutions are currently not possible give the current restriction on semi-permanent or permanent structures and services, such as shelters, latrines, much needed washing facilities, health centres and more.
12. To what extent is the engagement strategy (communication, participation and feedback loops) relevant and appropriate to the context?	Christian Aid has achieved a great deal in this context and there is a high level of understanding and appreciation for this work by beneficiaries in camps and host communities.

6. RECOMMENDATIONS

Note: The following recommendations have been modified from the original draft report to take account of the end-October decision by IOM to select a different NGO as the SMA for camps 14 and 15.

6.1 OPERATIONAL MANAGEMENT AND OVERSIGHT

6.1.1 Christian Aid should review its experience of the past two years in this operation and decide how it intends to proceed with the Rohingya response.

At the time of this evaluation there was some uncertainty (in addition to unease) amongst people met whether CAID would or should continue in its role as SMA in both camps 14 and 15. Or whether it should resume its more traditional role of supporting local partners, in accordance with its commitment to the Grand Bargain. At the end of October 2019, IOM announced that it was not renewing its agreement with CAID as SMA. Christian Aid now needs to reassess its intention and future approach if continuing to be an important and respected actor in this humanitarian operation. Existing traditional parties now in Cox’s Bazar should be consulted in depth as part of this process, with emphasis on forward looking partnerships and localisation commitments.

6.1.2 Christian Aid’s traditional partners need additional capacity building.

Christian Aid needs to make a renewed effort to further strengthen the operational capacity of its traditional partners, helping them adapt further to the ever-evolving humanitarian situation. Training received on Common Humanitarian Standards, Sphere standards and Accountability, for example, were welcomed but this was deemed insufficient, both in terms of the duration and coverage or training. As one person interviewed during this evaluation stated, *“Partners only received orientation rather than deep immersion in topics such as Sphere standards, Common Humanitarian Standards and others”*. All operational staff should receive comprehensive training on these and other relevant standards. Training and capacity building should be prepared and delivered on an identified needs basis with participating partners.

6.1.3 Particular attention needs to be given to Camp Management activities by Partners.

Apart from improved knowledge on standards and accountability, CAID’s current partners need considerable guidance on camp management, dealing with shorter implementation timelines and budgetary reporting than they have been used to. Investment here should enable partners to better align future independent funding proposals to different donors. This is important given the high rate of staff turnover experiences by most partners.

6.1.4 Together with local partners, CAID should develop a strategic plan of actions in support of the former's roles as part of the Grand Bargain

If CAID intends to pursue its commitments to the Grand Bargain, consideration needs to be given as to how it can help position and prepare its local partners to take on appropriate roles in this humanitarian setting. While this was intended in the current programme, the scale of the emergency together with competing needs and interests meant that a comprehensive programme of support was not designed with local partners. This needs to be addressed in going forward.

6.1.5 Christian Aid needs to maintain its respect for partner staff.

Christian Aid may have far greater resources, strengths, better defined principles and greater capacities than many of its traditional partners. Respect for partners and their staff should be a constant norm in every country context. Some comments to the evaluation team, however, raised concerns as to how some of its traditional partner record keeping and performances were assessed and how conditions (particularly financial disbursements) were on occasion delayed, these leading to forced staff lay off and demotivation. Staff should be reminded that they have signed a Code of Conduct while partners should be encouraged to use established mechanisms for reporting any irregularities.

6.1.6 Christian Aid should document its Lessons Learned from this operation.

Prior to the completion of its role as SMA, CAID should make a concerted effort to identify and document lessons from the past two years' experience of this initiative, from an internal perspective. While this would almost certainly strengthen CAID's position for future similar roles, it would also be an important opportunity for traditional partners to express their thoughts and observations so that they can contribute to this process while at the same time learn more about operational management at this scale, which might be valid and helpful for their continuing support to the Rohingya and host communities. Also, given some of the innovations that CAID staff have developed, this is rich learning for Camp Co-ordination and Camp Management, in general, as well as partners such as IOM and UNHCR.

6.1.7 Christian Aid should ensure that follow-up actions are taken to recommendations made in trip reports and assessments/evaluations.

As an organisation keen to learn from its experiences, CAID needs to review the reasons why findings – even recommendations – from previous field visits (and reports) linked with this humanitarian programme have not been taken into account, especially for what are very obviously relevant issues such as protection.

6.1.8 Christian Aid should consider appointing more female officers at camp level, particularly for CwC.

Feedback from FGDs – and cross checks with FICs – highlighted that the number of women coming to these facilities is increasing, which is a very positive finding. At present in Camp 14, CAID has just one female officer⁷ (compared with 22 men): she is responsible for verifying and resolving complaints as well as liaison with her counterparts at the Ministry of Women and Children Affairs. More women should be appointed (and provided with training) to such roles. In some of its final interviews with CAID staff, the evaluation learned that this had been an institutional recommendation as early as 2017 but clearly had not been acted upon.

6.2 CAMP-/COMMUNITY-BASED ACTIVITIES

6.2.1 Christian Aid should ensure a smooth and comprehensive hand-over to the incoming SMA at camps 14 and 15.

To ensure continued protection and access to services for the Rohingya community in camps 14 and 15, CAID should prepare for a comprehensive and smooth hand over to the incoming SMA, CARE International. This should cover the full spectrum of site management in addition to partners roles and responsibilities, staffing complements and so forth. While contributing itself to CAID's own internal learning this would likely be a major assistance to the new SMA. The following specific recommendations from this evaluation might also be drawn to their attention.

⁷ A second is also present in Camp 15.

6.2.2 Priority attention should be given to installing lighting at toilet and communal washing facilities.

Protection and WASH-related lessons from other humanitarian interventions have not been adequately taken into account so far in this response (despite having been recommended by earlier Trip Reports), particularly in the strategic positioning of solar lights – not only along pathways (as is the current situation to some extent) but importantly directly at washing and toilet facilities. Furthermore all latrines should have functional internal locks (Sphere recommendation) which is not the case in many situations in both communities.

6.2.3 A new design should be introduced for women only latrines.

As seen in this evaluation, there is still very poor provision of separate latrines for women and men. In relation to Sphere standards, there are too many users per facility (20 persons are the recommended standard for shared latrines, for example with a ratio of 3 female to 1 male toilets). In addition, many latrines seen in the field were not marked as per the intended user: people in FGDs also commented that many of them were unfamiliar with what the marking actually meant, when they were present. Refugee women are calling for clearly separated latrines that consist of a single chamber – many women felt uncomfortable using latrines with shared pits.

6.2.4 Service providers responsible for WASH should be encouraged to install separate latrine and washing facilities at Women and Child Friendly Spaces.

Women and child friendly spaces have proven to be important additions to camp landscapes and are greatly appreciated by users. Further efforts should, however, be made by the future SMA to encourage those designated camp-based WASH service providers to install both latrine and washing facilities for users of these centres – this would contribute greatly to improving peoples' dignity while at the same time attract more users which would help facilitate information dissemination and trainings. From direct observations, space should not be too much of a constraint in this instance.

6.2.5 Highly appreciated services and facilities should be upgraded.

Facilities such as Health Centres supported through CAID's work are in high demand – yet they operate out of very basic structures that need to be upgraded and expanded, though accepting that physical space might be a legitimate limitation⁸. Christian Aid's camp based partners that run such facilities should also receive additional funds that would enable them to deal more efficiently and effectively with some referrals, given that organisations to whom these patients are usually referred on to may not have the financial resources to accept additional caseloads. Facilities such as cold chains (solar powered) should also be provided.

6.2.6 To ensure beneficiary safeguarding all volunteers (host and Rohingya) should receive periodic training and counselling to ensure they are fit for their work.

Site Management volunteers are at the front line of communication with refugees in the camps: they therefore get to hear of peoples' fears and frustrations, their repeated needs and more. Ensuring their safety and well-being (including mental) should therefore be a priority for CAID, requiring that strong systems of communication and feedback on the volunteers' own situations are place and being monitored. This is important for both volunteers as well as the people they engage with in the two communities.

⁸ Note, however, that a recent assessment in Camp 15 allowed the SMO Team Leader to inform the CiC that while there was a need for 324 Learning Centres in the camp (based on the current population), there were in fact 345 such centres. Findings such as this should help improve future camp planning and could free up space for other needed facilities such as larger Health Centres.

8. CONCLUSIONS

A great deal of very positive improvement has happened in the camps and host communities where CAID is providing support, through DEC as well as other donors. This is not confined to any single sector, but includes WASH, Health, Protection, livelihood support and DRR making this quite a comprehensive, integrated and supportive package of interventions.

This was the first occasion when CAID chose to directly implement activities through assuming the leadership of camp management at two locations. Already overwhelmed and struggling to get some operational structure and systems in place in the first of these (Camp 15), CAID perhaps took their eye off the ball in terms of ensuring their traditional partners were coping with what was a totally new experience. In inviting some of its traditional partners to work in Cox's Bazar, CAID should have given more attention to orientation and backstopping, assisting them with setting up their own (compatible) systems and management. Challenges faced by these national NGOs were perhaps not fully realised/appreciated by CAID at the time.

So, an important question needs to be asked: Was CAID ready to assume the role of SMA? Most evidence shared with this evaluation would suggest that the answer is "No, it was not", for the following reasons:

- the scale of the emergency and the difficult environmental conditions meant this was already a highly challenging situation;
- the emergency response was highly donor driven;
- the decision to engage in direct implementation did not have the support of several departments within CAID, resulted in lack of engagement and ownership: alternative systems had to be hurriedly developed and put in place to deal with issues such as recruitment, logistics and financial management;
- Christian Aid had no previous experience of this kind of work in an emergency – it lacked all basic tools and prior experience of handling such complex work;
- it engaged with some local implementing partners, none of who had previous experience of working in Cox's Bazar or with refugees. This posed a significant challenge.
- previous guidance and learning from other emergency refugee responses was not applied; and
- the decision to engage in this work was seemingly not unanimous within the organisation.

There was, however, a huge void in the response at the time when IOM requested CAID to take on this role: the previous organisation in charge had failed to deliver what was needed. Through what must have been a considerable struggle and endurance, – largely down to individual rather than institutional determination – CAID gradually started getting systems in place which, over time, resulted in a good turnaround. Today, there is good evidence of satisfaction amongst refugees in the camps visited as part of this evaluation, in addition to the host communities where DEC and other donors have enabled other interventions.

ANNEX I. TERMS OF REFERENCE FOR THIS EVALUATION

EVALUATION OF CHRISTIAN AID'S ROHINGYA CRISIS RESPONSE IN BANGLADESH

TIMELINE: JULY 2019

ROHINGYA CRISIS

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 refugees reside in Ukhiya and Teknaf Upazilas. The vast majority live in 34 extremely congested camps.⁹

CHRISTIAN AID'S RESPONSE

Christian Aid (CA) is an International Development and Humanitarian organization working for over 70 years across the world. Christian Aid insists the world can and must be swiftly changed to one where everyone can live a full life, free from poverty. We provide urgent, practical and effective assistance where need is great, tackling the effects of poverty as well as its root causes.

CA has been working in Bangladesh since 1971 and has been present in Cox's Bazar for the last 6 years implementing disaster risk reduction, early recovery, preparedness and emergency humanitarian response for crisis-affected host communities.

Since September 2017, CA has scaled up its operation in Cox's Bazar to address the humanitarian needs of the Rohingyas living in refugee camps. In addition, Christian Aid has helped host communities who have faced the consequences of the tripling of the regions' population - inflation, lower wages, environmental degradation, and pressure on public services.

Goal: Save lives and reduce the suffering of Rohingya refugees and host communities.

Strategic Objective 1: Provide life-saving assistance and basic services to Rohingya people and host communities, seeking their protection, dignity and safety.

Strategic Objective 2: Improve conditions and management of settlements, including infrastructure and signage and CwC within the camps.

Strategic Objective 3: Ensure meaningful and active participation of community in design, implementation and review of Programme through effective Communication with Communities.

Strategic Objective 4: promote self-reliance of Rohingya people and host communities to minimize aid dependency.

⁹ Joint Response Plan 2019

In partnership with IOM, CAID is managing two of the new settlements – Camp 15 (Jamtoli), home to more than 11,000 families/over 50,000 people and Camp 14 (over 33,000). As part of the wider Rohingya humanitarian response, CAID is operating in camps 12, 13, 14 15, 16 and 19 focusing on Health, Site Management, WASH, Shelter/NFI, Energy & Environment, Food Security & Livelihood (FSL), Communication with Communities (CwC) and Protection sectors. In host community locations, we are implementing Disaster Risk reduction, FSL, and WASH projects.

CA is implementing programmes directly, and in partnership with five National NGOs:

- Dhaka Ahsania Mission (DAM)
- Gana Unnayan Kendra (GUK)
- Dushtha Shasthya Kendra (DSK)
- Alliance for Cooperation and Legal Aid Bangladesh (ACLAB)
- Christian Commission for the Development of Bangladesh (CCDB)

CA has received funding from WFP, IOM, UNOPS, DfID, Irish Aid, DEC, ACT Alliance and others, totalling over £14 million since 2017. So far Christian Aid have reached over 120,000 people in the following sectors:

Sector	Estimated individual people benefitting from CA and partners' interventions
Water, Sanitation and Hygiene	123,053
Health	81,599
Food	62,525
Protection	38,000
Livelihoods	11,000
Site management and site development (CCCM)	81,360
Shelter	77,500
NFIs	67,000

THE EVALUATION

Reasons for the evaluation and intended audiences

CA has been selected as one of three DEC Member Agencies to commission and publish an independent evaluation of the DEC funded response to the sudden influx of refugees arriving in Bangladesh from Myanmar. The evaluation is a means of accountability to the British Public who generously gave through the DEC Appeal. While the DEC is funding this report, the evaluation will focus on the entire CA and partners' response. Five DEC agencies are undertaking evaluations of their Rohingya responses. Through inclusion of common evaluation questions (to be defined in coordination with appointed evaluator), this evaluation will contribute towards the collective learning of DEC agencies.

The following main audiences will utilise findings from this evaluation:

CA, implementing partner and programme participants

- To assess programme achievement, generate knowledge, to learn and document lessons for replicating good practices and use findings to inform future responses.
- To assess and demonstrate accountability for the funding received to communities we work with and the Disasters Emergency Committee
- To share findings with the affected communities

The DEC

- To share findings, information and impact on the Emergency Appeal for People Fleeing Myanmar to external stakeholders and supporters.

Purpose of Evaluation

Christian Aid is committed to assessing and improving the quality of its humanitarian programmes. This evaluation of Christian Aid and our partners' humanitarian response will serve as foundation for developing effective, timely, and appropriate interventions in the future. The evaluation will lead to the production of succinct report with lessons and recommendations for improvement of future programming.

The purpose of this evaluation is to review the overall progress of the humanitarian response programme against the Christian Aid Humanitarian Quality Standards as well as to capture emerging lessons that can feed in to improved practice.

The report will be published on the Christian Aid website and shared with external stakeholders, including affected communities as relevant.

Objectives of Evaluation

Working closely with the local programmes and M&E teams, the consultant team will conduct an evaluation of the humanitarian response. The objectives of this assignment are:

1. To review the response against the Christian Aid's [Humanitarian Quality Standards](#) (which align with the [Core Humanitarian Standards](#))
2. To review the extent to which CA has successfully implemented its response strategy, and assess the extent to which objectives and interventions respond to the needs and priorities of target populations.
3. To identify good practices and persistent weaknesses, and to make recommendations both for CA's Rohingya response and for CA's future humanitarian work.
4. To assess the extent to which the emergency response adheres to CA's approach to partnership and CA's commitment to localisation?

Specific questions will be developed and refined between the assigned evaluator and Christian Aid.

Methodology

Technical proposals should include the proposed evaluation methodology. The selected Lead Evaluator will then develop an 'Inception Report', in discussion with the Bangladesh Response Programme and M&E teams. The Lead evaluator *may* be accompanied by an internal co-evaluator to provide support. A gender balanced evaluation team should be ensured.

Prior to the field trip, a desk-based review of documents: strategies, proposals, reports, evaluations, and learning documents will be conducted by the Lead Evaluator as well as interviews with sector specialists and other staff who have recently visited or been involved in supporting the response. Evaluation activities may include:

- Desk review of key documents prior to departure including previous evaluations.
- Analysis of response against the Christian Aid's Humanitarian Quality Standards (which align with the Core Humanitarian Standards)
- Review of CAs and partners' strategic & project documents, as well as any third-party reviews
- Review of CA and partners' implementation and monitoring documents

- Interviews with key CA staff supporting the programme
- Semi-structured interviews with refugees in camps and host population in surrounding communities, assisted by CA and partners
- In country key informant interviews with local government officials, sector leads and other humanitarian actors in sectoral areas where CA and partners have intervened
- In country CA and partner staff interviews
- Community Focus Group Discussions
- Direct observations of the work being carried out during visits to the camps and host communities in Cox's Bazar area
- Document lessons learned and develop clear and actionable recommendations for adoption and integration into any similar future development related projects within the region and elsewhere.
- Discussion of initial findings with in-country CA and partner staff in Bangladesh
- Discussion of final report with Bangladesh team and UK staff after submission to finalise any corrections and review findings.

Presentation and documentation of findings and recommendations

The evaluation team will debrief Christian Aid response team and partners in a consultation session/workshop and complete a draft report for comments. A final report should be produced ideally within the following week. The report should be concise, and should be in line with Christian Aid's [Notes for the Evaluator](#).

Ownership, resourcing and timing

The evaluation-commissioning manager is Vivek Chemmacherik - Senior Emergency Response Manager of Christian Aid. The Senior Emergency Response Manager will organise administrative and logistics support for traveling in the field, consultation sessions, refreshments and accommodation during the time spent in Cox's Bazar.

We expect that up to 10 days will be required for assessment including field visits, meetings, reporting, and debrief. We intend this evaluation to take place in July 2019. More detailed timelines will be developed once the evaluation team is in place.

Consultant Suitability

All applicants should demonstrate experience and competence in the following areas:

1. Degree or Masters qualification or equivalent experience in a relevant subject.
2. Previous experience working in Bangladesh.
3. Proven experience of conducting crisis response evaluations, including in refugee or displacement contexts.
4. Provision of a strong proposed methodology, work plan and schedule of activities for the evaluation.
5. Knowledge and understanding of the humanitarian system in an emergency response, including the cluster/sector system, UN/NGO coordination.
6. Familiarity with the international quality standards applied in emergency contexts, including the Core Humanitarian Standard.
7. Experience of programming in an emergency response, in some or all of the following sectors: WASH, DRR, Shelter, NFI, Health, Livelihoods, CCCM, Protection, CwC.
8. Proven track record dealing and working with governments, UN agencies, and (I)NGOs.
9. Experience in the use of participatory methodologies including strong facilitation and coordination skills
10. Excellent report writing and analytical skills, including proven ability to form concise, actionable recommendations

11. Suitable cost and required availability

Expression of interest and proposal submission details

Please submit your proposal - both financial and technical, with CVs (all soft copies) to:

Humanitarian@christian-aid.org by 27/06/19. Please mention – ‘Rohingya Crisis Response - Evaluation’ in the subject line of the email. Please include two samples of previous evaluations if possible.

Please note:

- Only shortlisted submissions will be called for discussions/interview.
- Cost effectiveness and quality of proposal will be considered.
- Incomplete submissions will not be reviewed.
- Submissions from candidates not demonstrating the required skills experience will not be considered.
- Interested individual consultant are encouraged to seek explanations or clarifications before submission.

Confidentiality

All the outputs deliverables e.g. report, documents, information etc. produced by this evaluation will be treated as the CA’s property and the mentioned outputs or any part of it cannot be sold, used or reproduced in any manner by the assigned organization/ individual without prior permission from Christian Aid.

ANNEX

Christian Aid’s Humanitarian Quality Standards

<https://drive.google.com/open?id=14jgDX-4fSvOTFuNrdwsfOmodL6PtfxZv>

Core Humanitarian Standards

<https://corehumanitarianstandard.org/the-standard>

Notes for the Evaluator

<https://drive.google.com/open?id=1ZahkCTIeSMWaQHWe3xENRUjs2LCsKtiB>

ANNEX II. FIELD ITINERARY

DATE	ACTIVITY
Monday 26 August	International travel London - Dhaka
Tuesday 27 August	Domestic travel Dhaka – Cox’s Bazar
Wednesday 28 August	Enumerator training CAID logistics/planning Secure camp pass
Thursday 29 August	Camp 14 Household Surveys and FGDs
Friday 30 August	Document review/planning/survey finalisation
Saturday 31 August	Camp 14 Household Surveys
Sunday 1 September	Camp 15 Household Surveys and FGDs
Monday 2 September	Camp 14 Household Surveys and FGDs Partner interviews
Tuesday 3 September	Camp 14 Household Surveys Camp 15 FGDs
Wednesday 4 September	Palong Khali host community – Household Surveys, FGDs
Thursday 5 September	Bahachora community Household Surveys Camp 12 Household Surveys Debriefing with CAID, Cox’s Bazar
Friday 6 September	Domestic travel Cox’s Bazar to Dhaka International travel Dhaka – London
Saturday 7 September	International travel Dhaka to London

ANNEX III. PEOPLE MET AS PART OF THIS EVALUATION

NAME	ORGANISATION/POSITION
Vivek Chemmacherik	Senior Emergency Response Manager, CAID
Md Mokhlesur Rahman	MEAL Manager, CAID
Kajal Ahmed	ACT Forum Co-ordinator, CAID
Anjum Nahed Chowdhury	Project Manager WFP-DRR Project, CAID
Salome Ntububa	Consortium Manager, CAID
Golam Rabbani	Team Leader Camp 14, CAID
Nasif Ahmed	Site Management Officer, Camp 14
Joanna Rich	Project Manager, Camp 15
Mohammed Abdullah	Site Management Assistant, CAID
Mohammed Mayem Uddiin	Site Management Assistant, CAID
Ms Salma Sultana	Site Management Assistant, Camp 15
Dr Najib	Medical Officer, G Block
Mohammed Al Kawsar	Camp Co-ordinator, WASH, BRAC
Md Rakibuzzaman	Programme Officer MEAL, CAID
Zahedul Alam	Volunteer Support Officer, CAID
Dipan Mitra	Team Leader, DAM
Md Rashidul Hasan	Programme Co-ordinator, ACLAB
Md Didarul Hasan	M&E Co-ordinator, ACLAB
Md Ershad Ali	Programme Manager, GUK
Kazi Faruk Ahmad	CiC, Camp 15

KEY INFORMANT INTERVIEWS

	WOMEN	MEN
Site Management staff (camps 14 and 15)	3	5
BRAC WASH	-	1
Government (Protection Officer)	1	-
DAM	-	2
Doctors (Block G, Camp 15)	1	1
CAID Field Staff Camp 15	-	2
SMO Camp 15	1	-
GUK (and former staff)	1	1
DSK	-	1
ACLAB	-	2
CAID DRR	1	-
Madhzi	-	1
Women Friendly Space	1	-
Child Learning Centre	2	-

FOCUS GROUP DISCUSSIONS

LOCATION	WOMEN	MEN
Block C, Camp 14	14	19
Block G, Camp 15	16	19
Block B, Camp 15	8	-
Block A, Camp 15	8	15
Host community	12	3
VDMC (host community)	4	-
TOTAL	62	56

ANNEX IV HOUSEHOLD SURVEY – ROHINGYA COMMUNITY

1. BACKGROUND INFORMATION		
0	Do you consent to answering some questions in relation to Christian Aid's work in this camp?	Yes = 1; No = 2 (end interview)
1	Name of Camp	Camp 12 Camp 13 (Thayngkhali) Camp 14 (Hakimpara) Camp 15 (Jamtoli) Camp 16 (Bagghona/Potibonia) Camp 19
2	Block Number	Text Field
3	Gender of respondent	Female = 1; Male = 2
4	Your position in this household?	Female head of household = 1; Male head of household = 3 Other = 3
5	Number of people in this household	Text Field
6	Age of the respondent	Under 18 = 1; 19-25 = 2; 26-30 = 3; 31-35 = 4; 36-40 = 5; 41-45 = 6; 46-50 = 7; >50 = 8
7	Education level of the respondent	No formal education = 1; No formal education but can sign = 2; Below Grade 8 = 3; SSC or equivalent = 4; HSC or equivalent = 5; Graduate or higher = 6
8	How long have you lived/stayed in your present location?	< 12 months = 1; 12-24 months = 2; >24 months = 3
2. KNOWLEDGE OF CHRISTIAN AID/LOCAL PARTNER(S)		
9	Are you aware of the work that Christian Aid/Local Partner(s) is doing in this camp?	Yes = 1; No = 2; Not sure = 3 [If "No" or "Not Sure" close the interview and thank the person for his/her time]
10	If "Yes" what support have you received? <i>Multiple Choice</i>	Health = 1; WASH = 2; Protection = 3; Food = 4; Livelihoods = 5; Shelter = 6; Non-food items = 7; Site management = 8; DRR = 9 Other (Please Specify) = 99
11	Of the support you have just identified, which <u>single activity</u> is the most relevant and important to you?	Health = 1; WASH = 2; Protection = 3; Food = 4; Livelihoods = 5; Shelter = 6; Non-food items = 7; Site management = 8; DRR = 9; Other (Please Specify) = 99
12	Why is this?	No other agency is providing this support = 1; Christian Aid/partners are well known for its expertise in this activity = 2; It responds most to my/household needs = 3; Their staff listen to us and try to help us = 4; Not sure = 5; Other (Please Specify) = 99
3. WASH – WATER, SANITATION AND HYGIENE		
13	Did you/household members receive training on good Water,	Yes = 1; No = 2 (Skip to Q16)

	Sanitation and Hygiene practices from Christian Aid/partners?	
14	Do members of your household apply better Water, Sanitation and Hygiene practices today as a result of this training?	Yes = 1; No = 2 (Skip to Q 16)
15	If "Yes", what has been the main change you practice?	Store water in closed basins = 1; Wash hands before eating = 2; Wash hands after using the toilet = 3; Wash hands after changing baby/looking after elderly people = 4; Occasionally clean the communal latrine = 5; Dispose of waste properly = 6; Other (Please Specify) = 99
16	If "No" why not?	Can't afford it = 1; Didn't understand it = 2; Not relevant to my needs = 3; Other (Please Specify) = 99
17	Do features of existing WASH facilities help prevent gender-based violence, e.g. sex-segregated toilets, adequate lighting and privacy?	Yes fully = 1; Yes partially = 2; They are OK = 3; To some degree = 4; Not at all = 5; Not sure = 6
18	Did WASH community outreach materials and activities include basic information about GBV risk reduction, where to report GBV risk, and how to access care?	Yes fully = 1; Yes partially = 2; They are OK = 3; To some degree = 4; Not at all = 5; Not sure = 6
19	Is lighting provided at key facilities such as latrine blocks or washing areas?	Yes = 1; No = 2 (Skip to Q 22)
20	If "Yes" is this well maintained – i.e. does it work all of the time?	Very well maintained and working well = 1; not working properly = 2; Has not worked in the past month = 3
21	If "Yes" are the lights placed in the best possible positions?	Yes = 1; No = 2; Not sure = 3
3.1 SANITATION		
22	Does your household have access to a latrine?	Yes = 1; No = 2 (Skip to Q 34)
23	Do you share this facility with other households?	Yes = 1; No = 2 (Skip to Q 25)
24	If "Yes" how many households, approximately?	1-5 = 1; 6-10 = 2; 11-15 = 3; >15 = 4; Not sure = 5
25	How far is the latrine from your home?	< 50m = 1; 51-100m = 2; 101-150m = 3; 151-200m = 4; >200m = 5
26	Are separate facilities available for women and men?	Yes = 1; No = 2; Not sure = 3
27	Are the facilities for women and men clearly marked and do you know which is which?	Yes = 1; No = 2; Not sure = 3
28	Do you feel personally safe when you use this facility?	Yes, always = 1 Yes, some time = 2 Not at all = 3

29	If "No",	Not secure at night = 1; Latrine is in an unsafe place = 2; There are no locks on the door = 3; No separate toilets for men and women = 4; No lighting = 5; Other (Please Specify) = 99
30	Is this facility accessible and safe to use during periods of bad weather such as heavy rainfall or cyclones?	Yes = 1 (Skip to Q 32); No = 2
31	If "No", then how do household members cope?	Defecate in the open= 1; Share other latrines = 2; Other (Please Specify) = 99
32	Do you or other members of your household help maintain and clean the latrine facility?	Yes = 1; No = 2
33	How would you compare your household's sanitary conditions today, compared with when you first came here?	High Improvement = 1; Some improvement = 2; No change = 3; Not as good as it was before = 4; Much worse off today = 5
3.2 WATER		
34	What is the <u>main</u> source of drinking water for your household?	Tube well = 1; Harvested rain water = 2; Pond = 3; Stream/River = 4; Other (Please Specify) = 99
35	How far do you have to go to collect water for household use?	< 50m = 1; 51-100m = 2; 101-150m = 3; 151-200m = 4; >200m = 5
36	Do you believe that the water you get for drinking is safe?	Yes = 1; No = 2; Not sure = 3
37	On average, how many litres of water does your household use each day?	< 5 litres = 1; 6-10 litres = 2; 11-15 litres = 3; 16-20 litres = 4; 21-25 litres = 5; > 25 litres = 6
38	Does your household have sufficient water on a daily basis to meet your needs?	Yes = 1; No = 2; Not sure = 3
39	Do you have to queue to get water?	Yes = 1; No = 2; Sometimes = 3
40	On average, how long do you spend queueing to get water each day?	< 15 minutes = 1; 15-30 minutes = 2; 30-45 minutes = 3; 45-60 minutes = 4; > 60 minutes = 5
41	Do you or other household members feel safe going to collect water from this point?	Yes = 1; No = 2; Not sure
42	During heavy rainfall or a cyclone, do you use the same source or a different source?	The same = 1 (Skip to Q 44); Different = 2
43	If "Different" from what source do you collect water during disasters?	More distant tube well = 1; Pond/ River = 2; Rain water = 3; Other (Please Specify) = 99
44	Have you experienced any problems when using this source of water during flooding, heavy rainfall, a cyclone or as a result of a landslide?	Yes = 1; No = 2 (Skip to Q 46)
45	If "Yes" what was the main problem?	Health = 1; Security = 2; Other (Please Specify) = 99
46	Has any member of your household suffered from any water-related disease in the past 2 months?	Yes = 1; No = 2 (Skip to Q48)

47	If "Yes" what was the disease?	Diarrhoea = 1; Dysentery = 2; Other (Please Specify) = 99
48	How would you compare your household's situation today with regards access to water, compared with when you first came here?	High improvement = 1; Some improvement = 2; No change = 3; Not as good as it was before = 4; Much worse off today = 5
3.3 HYGIENE		
49	When do you wash hands? Multiple choice	Before cooking = 1; Before eating food = 2; After using latrine = 3; Before feeding children = 4; After cleaning child/aged person = 5; Other (Please Specify) = 99
50	How do you wash hands?	With Soap = 1; With ash/mud = 2; With water only = 3; Other (Please Specify) = 99
51	Do you have access to a safe place for washing yourself?	Yes = 1; No = 2
52	If "Yes" how far is this from your household?	< 50m = 1; 51-100m = 2; 101-150m = 3; 151-200m = 4; >200m = 5
53	Are there separate washing areas for women and men at this facility?	Yes = 1; No = 2
54	Are you satisfied with the condition/ cleanliness/safety of these facilities?	Yes = 1; No = 2
55	Who constructed this washing facility?	Christian Aid/partner = 1; Other agency = 2; Myself/family = 3; Not sure = 4
56	Were you consulted on the location of this facility?	Yes = 1; No = 2
3.4 MENSTRUAL HYGIENE MANAGEMENT (MHM) [FOR WOMEN ONLY]		
57	Do you have knowledge about MHM?	Yes = 1; No = 2 (Skip to Q 68)
58	Have you received any information on this in the past 12 months	Yes = 1; No = 2 (Skip to Q 61)
59	If "Yes" has this led to a change in your practice with regards MHM?	Yes = 1; No = 2
60	What did you appreciate most from this learning?	About personal hygiene issues = 1; About understanding the health aspects of menstruation = 2; Not sure or would prefer not to answer = 3
61	Do you think that menstruation issues are viewed with respect within your community, or are they not spoken about?	Viewed with respect in the community = 1; Not spoken about in public = 2; Not spoken about in the household = 3; Not sure or would prefer not to answer = 4
62	Do you (and other women/girls in your household) have access to suitable facilities and adequate materials (segregated toilets, water, soap and disposal facilities) at schools and at home?	Yes = 1; No = 2
63	Do you receive Hygiene Kits as part of your rations or from external organisations?	Yes = 1; No = 2; Sometimes = 3
64	Are these sufficient to meet your needs?	Yes = 1; No = 2

65	How do you dispose of menstrual hygiene materials?	Bury them = 1; Burn them = 2; Throw them away in the open air = 3; Wash them for re-use = 4; Hide them away so no one sees them = 5; Other (Please Specify) = 99
66	During menstruation, does your family respect your choice to engage or not in active work?	There is no difference from any other days = 1; Yes, I can be active outside of the household and my family helps me if I do not feel well = 2; No, I cannot leave the household = 3; Not certain = 4
67	What, if any, information would you like to have that could help you deal with MHM in a culturally and respectfully open situation?	Awareness provided to men (my husband) to understand MHM = 1; More information on how to make/maintain sanitary pads = 2; More information on safe and hygienic disposal practices = 3; More information on how I can reach out to help other women/girls = 4; Counselling to help overcome cultural barriers, especially embarrassment = 5; Understanding of how and where I can reach out for medical help = 6; Understanding how to conduct outreach and counselling to spread information on MHM = 7; Other (Please Specify) = 99

4. FOOD SECURITY AND LIVELIHOODS

68	What form of Food Security and Livelihood support did you receive from Christian Aid/Partners?	Training = 1; Cash for work = 2; Support with vegetable production (micro-gardens) = 3; Livestock = 4; Other (Please Specify) = 99
69	What is your household's <u>main source</u> of income (livelihood) today?	No active livelihood = 1 (Skip to Q22); Agricultural day labourer = 2, Non-agriculture day labourer = 3, Agriculture/farming = 4, Fishing = 5, Raising livestock = 6, Poultry rearing = 7, Small business = 8, Homestead gardening = 9, Transport = 10, Handicrafts = 11, Tailoring = 12, Trade = 13; Salt farming = 14; Other (Please Specify) = 99
70	How much do you earn on average from this activity each day?	BDT [Text Field]
71	Does your family rely on a single source of income?	Yes = 1; No = 2; Not sure = 3 (If "No" or "Not Sure" skip to Q 74)
72	Is your livelihood/income sufficient to prevent your household experiencing periods of food shortage?	Yes = 1 (Skip to Q74); No = 2; Not sure = 3
73	If "No" or "Not sure" how do you cope?	Rely on less preferred and less expensive foods = 1; Borrow food, or rely on help from a friend or relative = 2 Purchase food on credit = 3 Gather wild food, hunt, or harvest immature crops = 4 Consume seed stock held for next season = 5 Send household members to eat elsewhere = 6 Send household members to beg = 7 Limit portion size at mealtimes = 8 Restrict consumption by adults in order for small children to eat =9; Feed working members of household at the expense of non-working members = 10 Reduce number of meals eaten in a day = 11; Skip entire days without eating = 12; Other (Please Specify) = 99
74	Are you satisfied with your present form of livelihood?	Yes = 1 (Skip to Q76), No = 2

75	If "No", what problems do you face in your present form of livelihood? <i>Multiple answers possible</i>	Traditional livelihoods are no longer effective/unproductive = 1 , Climate characteristics have changed = 2 ; Damage land due to salinity = 3 , Lack of knowledge about climate adaptive livelihood options = 4 , Water logging = 5 , Flash flood = 6 , Loss of land to floods = 7 , Lack of skill in managing livelihood options = 8 , Lack of demand in markets = 9 , No knowledge on how to access markets = 10 , Lack of access to extension service providers = 11 , Lack of capital = 12 , Other (Please specify) = 99
76	Are you able to access work on a regular basis?	Yes = 1 (Skip to Q78); No = 2
77	If "No" what are the main reasons for this? <i>Multiple choice possible</i>	I don't want to work = 1; I am disabled/need to stay at home = 2; I am not allowed to work = 3; There is no demand for work = 4; Not skilled = 5; Don't know where to go = 6; Afraid of causing tension with host community = 7; Afraid of causing tension in our household = 8; Other (Please Specify) = 99
78	Do women in your household contribute to family livelihood?	Yes = 1 , No = 2 (Skip to Q80)
79	If "Yes" what is the <u>main activity</u> they do?	Agricultural day labourer = 1 , Non-agriculture day labourer = 2, Agriculture/farming = 3 , Fishing = 4 , Raising livestock = 5 , Poultry rearing = 6 , Small business = 7, Homestead gardening = 8, Transport = 9, Handicrafts = 10, Tailoring = 11; Cooking for people outside of the household = 12; Salt making = 14; Domestic help for people in the host community = 15; Other (Please specify) = 99
80	Do you/your household depend on food rations?	Yes = 1; No = 2; Not sure = 3 (If "No" or "Not Sure" Skip to Q 85)
81	If "Yes" do you ever sell some of this ration?	Yes = 1; No = 2; Not sure = 3 (If "No" or "Not Sure" Skip to Q 85)
82	If "Yes" to what extent (estimate a percentage of the overall amount received)	% Text Field
83	If "Yes" what do you sell most from these rations?	Rice = 1; Pulses = 2; Beans = 3; Oil = 4; Salt = 5; Fresh food items = 6; Other (Please Specify) = 7
84	If "Yes" what do you purchase instead? Multiple choice options	Vegetables = 1; Meat = 2; Fish = 3; Clothing = 4; Household items = 5; Hygiene items = 6; Betel nut = 7; Medicines = 8; Paying for transport = 9; Hospital fees = 10; Other (Please Specify) = 99
85	In the past 18 months has your household experienced food shortages?	Yes = 1; No = 2; Not sure = 3 (If "No" or "Not Sure" Skip to Q 88)
86	If "Yes" is this a regular event every week or month or is it a random event?	Regular each week = 1; Regular each month = 2; Random event = 3
87	If "Yes" how has your family/ household coped with such shortages?	Market purchases = 1; Sale of livestock = 2; Sell animal product = 3; Wage labour = 4; Cash for work = 5; Food aid = 6; Get food/cash on credit = 7; Take out a loan = 8; Petty trading = 9; Assistance from relatives/neighbours = 10; Remittances = 11; Other (please specify)

8888 88	How would you compare your household's livelihood security today compared with when you first came here?	High improvement = 1; Some improvement = 2; No change = 3; Not as good as it was before = 4; Much worse off today = 5
5. HEALTH		
89	What is the <u>main service</u> you receive from the Christian Aid/Partner Health Centre?	Free consultations = 1; Free medicines = 2; Blood pressure and other checks = 3; Vaccinations = 4; Nutritional guidance and support = 5; Reproductive health and well-being = 6; Infant support = 7; Micronutrient supplements for pregnant or lactating mothers = 8; Trauma = 9; Occasional personal injury = 10; Dignity kits = 11; Mental health = 12; Other (Please Specify) = 99
90	What other services do you receive? <i>Multiple Choice</i>	Free consultations = 1; Free medicines = 2; Blood pressure and other checks = 3; Vaccinations = 4; Nutritional guidance and support = 5; Reproductive health and well-being = 6; Infant support = 7; Micronutrient supplements for pregnant or lactating mothers = 8; Trauma = 9; Occasional personal injury = 10; Dignity kits = 11; Mental health = 12; Other (Please Specify) = 99
91	On average, how long do you have to wait before being seen by a Doctor or Nurse?	< 15 minutes = 1; 16-30 minutes = 2; 30-45 minutes = 3; 45-60 minutes = 4; > 60 minutes = 5
92	How would you rate the quality of the Health Centres that you have used?	Excellent = 1; Very good = 2; Not sure/OK = 3; Could be better = 4; Could be greatly improved = 5 (If "Could be better" or "Could be greatly improved" Skip to Q 94)
93	If "Excellent" or "Very Good", why do you think this?	Staff are very attentive and helpful = 1; I/family always get good support when I go there = 2; In case they cannot help me/family, they refer to another centre = 3; Services are free = 4; I/family feel safe going to these facilities = 5; Other (Please Specify) = 99
94	If "Could be better" or "Could be greatly improved" what would you suggest?	More specialist staff available to provide support = 1; Shorter waiting time = 2; More privacy available = 3; better access and services = 4; Better physical location = 5
95	How would you compare your household's access to health services today compared with 24 months ago?	High improvement = 1; Some improvement = 2; No change = 3; Not as good as it was before = 4; Much worse off today = 5
SHELTER/NFIs		
96	What has been the <u>most useful and appropriate</u> shelter-related support your household has received from Christian Aid/Partner?	Shelter tie down kit = 1; Shelter upgrade kit = 2; LPG stove and cylinder = 3; Solar light = 4; Other (Please Specify) = 99
97	Are you aware of areas within the camp that have been identified as areas of high risk?	Yes = 1; No = 2; Not sure = 3
98	Is your shelter in a safe physical location?	Yes = 1; No = 2; Not sure = 3
99	Was your household secure during the recent monsoon?	Yes = 1; No = 2

100	Did you apply information from Christian Aid/Partners in securing your shelter ahead of the monsoon?	Yes = 1; No = 2
101	Have you noticed any improvements to the structures, facilities or services provided in the camp in the past 12 months?	Yes = 1; No = 2; Not sure = 3 (If “No” or “Not Sure” Skip to Q 103)
102	If “Yes” what were some of these?	Improved lighting = 1; Improved road/path access= 2; More consultations with CiC and Site Management = 3; Improved shelter = 4; Improved complaint and feedback systems = 5; Improved drainage = 6; More co-ordination/information sharing meetings = 7; Improved waste management/Cleaner site = 8; Greater physical security/protection = 9; Community kitchens = 10; Women Safe Spaces = 11; Child Friendly Spaces = 12; Better understanding of Community structures by camp agencies = 13; Other (please Specify) = 99
103	What is the <u>main source</u> of domestic energy you use?	LPG = 1; Wood = 2; Charcoal = 3; Solar energy = 4; Other (Please Specify) = 99
104	How do you obtain this?	Provide by Christian Aid/Partner = 1; Provided at Community Kitchen = 2; Collect from the surrounding environment = 3; Purchase in market = 4; Trade food rations = 5; Other (Please Specify) = 99
105	How would you describe your household’s shelter facilities today compared with 24 months ago?	High improvement = 1; Some improvement = 2; No change = 3; Not as good as it was before = 4; Much worse off today = 5
6. ACCOUNTABILITY AND INFORMATION DISSEMINATION		
106	Do you feel well informed by Christian Aid/Partner about what is happening in your camp community?	Yes fully informed = 1; Aware of some things but not everything = 2; Not sure = 3; I don’t really know what is going on all of the time = 4; I have no idea what is taking place outside my household = 5
107	How do you get information about what is happening, e.g. ration distribution?	Christian Aid/Partner personnel = 1; Other agency volunteers = 2; Public announcements = 3; <i>Mazhis</i> = 4; Community leaders = 5; Block Development Committee = 6; Camp Development Committee = 7; Signboards = 8; CIC = 9; Religious leaders = 10; Radio Listener Groups = 11; Other (Please specify) = 99
108	Are you able to understand the information given about services provided in the camp or by external actors?	Yes = 1; No = 2; Only sometimes = 3
109	Has your household ever been visited by a Site Management volunteer?	Yes, daily basis = 1 Yes, weekly basis = 2 Yes, Once in month = 3 Yes, once in quarter = 4 Never visited = 5
110	Do you believe you have access to adequate assistance and protection ?	Yes = 1; No = 2; Not sure = 3

111	Do you feel well informed about your own basic rights?	Yes = 1; No = 2; Not sure = 3
112	Do you feel well informed about basic rights for children, e.g. prevention of forced labour and family planning?	Yes = 1; No = 2; Not sure = 3
113	Would you say that camp services such as distributions are successful in reaching children, women and the most vulnerable members of your community?	Yes = 1; No= 2; Not sure = 3
114	Do available facilities (water, latrines, etc) meet the needs of children, women and the most vulnerable members of your community?	Yes = 1; No= 2; Not sure = 3 [If "Yes" or "Not Sure" Skip to Q 116]
115	If "No" what needs to change?	More services generally = 1; More services available at household level = 2; Better quality services = 3; More consideration of peoples' needs = 4; Other (Please Specify) = 99
116	Do you think that your safety and security is well protected by the formal camp structures?	Yes = 1; No= 2; Not sure = 3
117	Are you aware of the ways in which you can register a complaint if you are unhappy with something or wish to report an incident?	Yes = 1; No= 2; Not sure = 3 (If "No" or "Not Sure" Skip to end)
118	If "Yes" which system are you aware of?	UNHCR Hotline = 1; Christian Aid/Partner Complaint box = 2; Christian Aid/Partner phone number = 3; Focal person at another NGO = 4; Cultural system (<i>Mazhis</i>) = 5; CIC = 6; Traditional/Community Leader = 7; Voice recorders = 8; Feedback Information Centre = 9; Radio Listener Group = 10; Other (Please specify) = 99
119	If "Yes" have you ever used this system?	Yes = 1; No= 2 (If "No" Skip to end)
120	Did you receive a response from your complaint?	Yes = 1; No= 2; Not sure = 3 (If "No" or "Not Sure" Skip to end)
121	If "Yes" were you satisfied with the way in which your complaint was dealt with?	Yes = 1 (Skip to end); No= 2; Not sure = 3 (Skip to end)
122	If "No" why not?	Don't know about it = 1; Afraid to use it = 2; Not sure what might happen = 3; It's not in our culture to complain = 4; Other (Please specify) = 99
123	Compared with when you first came to this camp, do you think there has been any change in the way that camp management structures communicate or co-ordinate with you?	High improvement = 1; Some improvement = 2; No change = 3; Not as good as it was before = 4; Much worse off today = 5

ANNEX VI. GUIDING CONSIDERATIONS FOR OECD-DAC CRITERIA

RELEVANCE

- How relevant were interventions in the overall humanitarian context?
- How relevant are the project strategies and activities as perceived by the target groups – Rohingya and host communities?
- Did this response give priority to addressing the protection needs of the Rohingya community?
- Were beneficiaries consulted about their priority needs before support was provided?
- Does the overall design of this response package reflect the needs and priorities identified by the ISCG?
- Are the objectives and strategies identified realistic, appropriate and adequate to achieve the results?
- To what degree did the response specifically targeted and reached vulnerable groups like women, the elderly, the disabled and any other marginalized people?
- To what degree were participatory, accountability/complaint-feedback and cross cutting issues integrated in the various sectors of the response.
- What, if any, are the project's unique contributions to protection?
- What, if any, are the project's unique contributions to livelihood enhancement?
- Does the programme complement/enhance or duplicate/hinder related activities carried out by other NGOs or government actors?

EFFECTIVENESS

- What are the main outputs and outcomes of this response? What progress has been achieved since baseline?
- What has been the single most strategic approach taken in this response and why?
- What, if any, approach has been the least effective and why?
- To what extent have expected objectives been achieved to date?
- To what extent are the target groups (Rohingya and host communities) reached?
- To what extent have the activities undertaken resulted in positive changes in peoples' attitudes and behaviours? Evidence?
- To what extent have the activities undertaken contributed to empowerment and transformation within the target groups? Evidence?
- Did internal CAID field-based management structures ensure the effectiveness, timeliness and efficiency of the humanitarian response?
- What was the nature and quality of CAID co-ordination with other actors?
- To what extent did local partner organisations have capacity to implement emergency response actions and how were any capacity constraints addressed?
- What unexpected – positive or negative – results has this response resulted in?
- To what extent has CAID's partnership modality been able to ensure overall effectiveness and efficiency of the responses' results?
- Are there attributable examples of Value for Money through CAID/partner interventions with the target groups? Examples.
- What, if any, types of modality need to be adapted to be even more appropriate and conducive in future similar interventions?

EFFICIENCY

- How efficient has this response been in terms of positive use of resources, cost-effectiveness and reaching target groups?
- Were the response resources used as planned? Was there any major deviation from original intended approaches/activities? Explain.
- Did response activities overlap and/or duplicate other similar interventions in the camps or host communities?
- Are there more efficient ways of delivering more and better results (outputs and outcomes) with the resources that were available?
- Was the relationship between the activity costs and results reasonable?
- Were the most efficient approaches used during the implementation of the activities?
- What were the main factors – including implementation approach – that influenced the efficiency and non-efficiency of the response interventions?
- How did the responses' financial management processes and procedures affect the scale and impact of the response?
- What were the strengths, weaknesses, opportunities and threats of the implementation process followed?
- What were some of the comparative advantages between direct implementation and working with local partners?

IMPACT

- What changes – positive and negative have resulted directly from this response?
- What, if anything, could have been done to secure a greater impact from the resources available?
- What will be the social impacts of this intervention in the long-term?
- What will be the Environmental impacts of this intervention in the long-term?
- What extent have the responses' four Strategic Objectives contributed to attain the objective in an integrated way?
- To what degree have activities in this response contributed to the overarching goal of the government's humanitarian programme?
- To what degree have activities in this response contributed to the overarching goal of the Joint Response Plan?

SUSTAINABILITY

- What is the likelihood of continuation of response outcomes and benefits if support is withdrawn?
- To what extent are the target groups capable and prepared to continue using/applying new experiences learned?
- Has an exit strategy and approach to phase out been prepared? If not, is there an intention to do so?
- What are the main barriers to achieving sustainability in the key relevant sectors supported through this response?
- What opportunities exist – can be identified – to help strengthen such initiatives with a view to enabling sustainability?
- Is there evidence of other attempts – either by the communities, NGOs or government – to replicate successful experiences/lessons introduced as part of this response? Describe.

INSTITUTIONAL

- What are some of the best practices that have been applied in this response? Why do these stand out from others?
- At any stage of this response was there a need to redesign an approach or activity to respond better to a particular need?
- How effective were communication mechanisms put in place to interact with the target groups? Were these effective? Describe practices and experiences.
- What measures have [your organisation] taken to ensure accountability to refugees and the host communities? Describe practices and experiences.
- What specific measures has [your organisation] taken to mainstream gender and inclusion?
- Have local partners faced particular challenges of engaging with this humanitarian response?
- Did CAID provide any form of support to enable [your organisation] to strengthen its capacity in areas of recognised weakness?
- What have been the experiences of local partners engaging with CAID? What can be learned from this approach? Have local partners adopted any particular strategy from their experience of working with CAID, e.g. applying learning in new project design or HR/Administration?
- What has been CAID's experience of direct implementation v working with local partners?
- What are some examples of compliance with quality and accountability standards?
- What are some of the main Lessons Learned during the course of this response – positive and negative?
- What are some of the main recommendations you can draw from this response – positive and negative?

ANNEX VII GUIDING QUESTIONS FOR FOCUS GROUP DISCUSSIONS

1. HOST COMMUNITIES

- Introduce the team and our purpose – take special care not to raise expectations.
 - Thank people for making time to come to the meeting and share information.
 - Seek their consent.
 - Information shared with us will not be attributed to any one individual.
1. Could you please describe how your situation was – livelihood, employment, environment, access to services – before the arrival of the Rohingya community here in [Village]?
 2. What, if anything, has changed for you in the past two years? Could you please describe any major changes?
 3. Have you, as the Host Community, ever been asked what your most important needs were in terms of dealing with the increased population? If “Yes”, what were these?
 4. Have any of these needs been addressed? If “Yes”, to what extent have the needs you identified been addressed under this project?
 5. Has your personal or family situation changed since the Rohingya community first came here? If “Yes” is this in a positive or negative way? Please explain.
 6. Have you received specific support from Christian Aid/Partners? If “Yes” please describe.
 7. What has been the most important type of support you have received since the refugees came to this location? Please explain.
 8. Are any of your needs not being met at present?
 9. How would you describe the situation with regards protection and security today? Have there been any conflicts with the Rohingya community? If “Yes” how have these been resolved?
 10. How would you describe the situation with regards drinking water today? Do you have sufficient throughout the year?
 11. How would you describe the situation with regards sanitation today? Have any improvements been made to your latrines and/or washing facilities through support of Christian Aid/Partners?
 12. Have there been any changes in your hygiene practices since the intervention of Christian Aid? Please describe
 13. How would you describe the situation with regards livelihoods today? Has Christian Aid/Partners provided any specific support in relation to Livelihoods? Has the situation improved at all in the past 12 months? Please describe.
 14. Have there been any changes to the level of preparation to floods/cyclones your household/ community has experienced as a result of support provided by CAID/Partner? Please describe

15. In terms of disaster preparedness, have you received any specific support, training or organisation in terms of risk assessment, disaster risk reduction or risk management from Christian Aid/Partners? Please describe.
16. Does your community now have a Village Development Management Committee? Is it active? What has it done?
17. Compared with the situation before the Rohingya community came here (2 years ago), how would you compare your situation today: 0 = No change, 1 = Much worse, 2 = Much better? Why?

Thank people for their time and remind them that no comments will be linked with individuals.

2. FORCIBLY DISPLACED MYANMAR NATIONALS

- Introduce the team and our purpose – take special care not to raise expectations.
 - Thank people for making time to come to the meeting and share information.
 - Seek their consent.
 - Information shared with us will not be attributed to any one individual.
1. Could you please describe how your situation was – livelihood, employment, environment, access to services – when you first arrived here in [CAMP]?
 2. What, if anything, has changed for you in the past two years? Could you please describe any major changes?
 3. Are you aware of support being provided to your community by Christian Aid/partner? If “Yes”, what type(s) of support have you received?
 4. Were you consulted about your needs before this support was received? If “Yes”, did the support you received correspond to your main needs?
 5. What has been the most important type of support you have received since coming to this location? Please explain.
 6. How would you describe the situation with regards protection and security today? Have there been any conflicts with the Rohingya community? If “Yes” how have these been resolved?
 7. Do you or a member of your household attend the Women Friendly Spaces or Child Friendly Spaces? If yes, what do you think of these facilities?
 8. How would you describe the situation with regards drinking water today? Do you have sufficient throughout the year?
 9. How would you describe the situation with regards sanitation today? Have any improvements been made to your latrines and/or washing facilities through support of Christian Aid/Partners?
 10. Have there been any changes in your hygiene practices since the intervention of Christian Aid? Please describe. Do you – and other family members – continue to apply these practices today?
 11. How would you describe the situation with regards food and food security today? Do you have sufficient?
 12. How would you describe the situation with regards livelihoods today? Has Christian Aid/Partners provided any specific support in relation to Livelihoods? Has the situation improved at all in the past 12 months? Please describe.
 13. What, if any, challenges do you still face with regards livelihoods?
 14. How would you describe the situation with regards access to health services today?

15. Have you received any specific assistance from Christian Aid/Partners in terms of disaster risk reduction and preparedness? Please explain.
16. Compared with the situation when you first came here (two years ago), how would you compare your situation today: 0 = No change, 1 = Much worse today, 2 = Much better today? Why?

Thank people for their time and remind them that no comments will be linked with individuals.