COVID-19 RESPONSE AND RECOVERY OPERATIONS IN BANGLADESH: EVALUATION OF ACTIVITIES FUNDED BY THE DISASTERS EMERGENCY COMMITTEE

EVALUATION REPORT

AUGUST 2022

PREPARED FOR THE BRITISH RED CROSS

Proaction Consulting

Environmental Partnerships for Resilient Communities

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Krajai Chowdhury
David Stone

Cover image: Focus group discussion between the evaluation and Community Volunteers in Camp 18. Credit: Krajai Chowdhury

ACRONYMS AND ABBREVIATIONS

BDRCS	Bangladesh Red Crescent Society
BDT	Bangladesh Taka*
BRC	British Red Cross
CDMC	Community Disaster Management Committee
CEA	Community Engagement and Accountability
CHS	Core Humanitarian Standard
CiC	Camp in Charge
DEC	Disasters Emergency Committee
DRU	Disease Response Unit
ECV	Epidemic Control for Volunteers (training)
FGD	Focus group discussion
GBP	British Pound (Sterling)
IEDCR	Bangladesh Institute of Epidemiology, Disease Control and Research
IFRC	International Federation of Red Cross and Red Crescent Societies
IITC	Integrated Isolation and Treatment Centre
KII	Key informant interview
MHM	Menstrual Hygiene Management
PGI	Protection, Gender and Inclusion
PMO	Population Movement Operation
PNS	Participating National Society
SweRC	Swedish Red Cross
V2R	Vulnerability to Resilience (Programme)
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

*At the time of this evaluation BDT was the equivalent of GBP8.5, approximately.

EXECUTIVE SUMMARY

INTRODUCTION

The Covid-19 pandemic has been one of the most significant shocks to global society in recent history. Two years on from when it was first identified, a great many peoples' lives and their livelihoods are still affected. The impact of the pandemic is being most strongly experienced by people who have been impacted by conflict, forced displacement, food insecurity and natural disasters. In response, the Red Cross and Red Crescent Movement's focus remains on supporting communities to reduce transmission of Covid-19 and save lives, while helping some of the most vulnerable people cope with the pandemic's wide-ranging impacts.

The British Red Cross (BRC) received funding from the UK's Disasters Emergency Committee's (DEC's) Covid-19 Appeal from August 2020 to January 2021 (Phase 1) and, again, from February 2021 to July 2022 (Phase 2), to support activities in five countries, of which one was Bangladesh, a country that has received more than 740,000 people fleeing unrest in neighbouring Myanmar since 2017.

The pandemic has disrupted the Bangladesh economy with a substantial negative impact on human lives and economic activities. A study conducted in 2020 by the Bangladesh Red Crescent Society (BDRCS) assessed the impact of Covid-19 on the lives and livelihoods of host communities in Teknaf Upazila, which revealed a sharp economic slump in each of the employment groups surveyed as a result of the shutdown declared by the government.

Funding from DEC has supported different components of the BDRCS' Covid-19 response and recovery operations in Cox's Bazar, as follows:

- the health component of the BDRCS Covid-19 Plan of Action, targeting guest communities in specific camps in Cox's Bazar;
- a pre-existing BRC-BDRCS Resilience Programme in Teknaf Upazila, funding livelihoods, WASH and health interventions; and
- Water, Sanitation and Hygiene (WASH)-related activities targeting guest communities in Camp 18, as part of a consortium between the Swedish Red Cross (SweRC), BDRCS and BRC.

As a standard condition of DEC funding, an evaluation showing how specific DEC funds (Phase 1 and Phase 2) were used is required by the end of Phase 2 of this particular appeal, July 2022.

THIS EVALUATION

The purpose of this independent end of project evaluation was to evaluate, summarise and generate lessons on both service quality and the impacts implemented in response to Covid-19 in Cox's Bazar and Teknaf Upazila, with particular emphasis on the approaches and implementation support provided by the BDRCS in its auxiliary role to the government. The uniqueness of this pandemic – including the responses taken – means that there is a great deal of learning potential from this, in particular to understand what it actually takes for a National Society (already engaged with many other programmes) to adjust to the needs and priorities of an event such as this.

The evaluation was conducted by a team of two people from Proaction Consulting, UK, with oversight from the British Red Cross. Terms of Reference for this evaluation are presented in Annex I.

METHODOLOGY AND APPROACH

A number of studies and evaluations had been undertaken – or were in the process of completion – of the three responses mentioned above, involving the BDRCS, SweRC and/or BRC, in addition to concerned government services. As such, no significant primary data collection was considered with community representatives as part of this evaluation. The evaluation did, however, speak with a

representative sample of people from the involved communities as well as other actors who had participated or were involved in some of the activities supported by the three initiatives funded by DEC.

In addition to a comprehensive desk review of existing studies, some first-hand qualitative data was collected through interviews with representatives from BDRCS, BRC and the SweRC – senior management, programme staff, field personnel and volunteers. Recognising that some delegates from Participating National Societies no longer had an active role in the activities being evaluated, an attempt was made to reach out to some of them in order to register their experiences from their time with the programmes.

Interviews were also held requested with certain government officials/offices, primarily in relation to synergies in response to Covid-19 as well as specific camp- and host community-related interventions.

A selection of participatory appraisal tools was used to help identify and assess the effectiveness and appropriateness of the measures taken to adapt to the pandemic, in each of the three initiatives considered. Particular attention was given to acquiring as comprehensive – and triangulated – a series of data as possible from the respective sources. For this reason, Proaction elected to conduct some interviews face to face – while fully respecting Covid-19 protection/prevention advice – and some on a remote basis. With approval from BRC and BDRCS, the evaluation believes that this was a positive decision that has allowed for a more comprehensive overview of the situation in addition to greater clarity and depth of findings on specific issues.

A series of contextualised questionnaires was designed to guide interviews, each tailored to a specific audience. Questionnaires were developed and co-ordinated by the UK-based Evaluation Manager, while offering remote support to a Bangladesh-based Evaluation Assistant. Selected interviews were also organised with key informants either in person (in Cox's Bazar and in Teknaf Upazila) or through Zoom or WhatsApp.

From its Inception Report, the evaluation recognised that some of the DEC funded activities were integrated with or build onto ongoing programmes, specifically the Vulnerability to Resilience programme with host communities in Teknaf Upazila and WASH-related activities in Camp 18. To help attribute findings to that support provided by DEC, a mapping of activities according to expected outcomes was conducted to try and ensure that a good representation of activities was considered.

KEY FINDINGS

During the two phases of this DEC-supported programme, different activities were conducted in several locations:

- Camp 7 (and initially in Camp 2), where specific medical support was provided to patients with Covid-19 symptoms, both from the camps in addition to local host communities;
- Camp 18 in Ukhiya Upazila, targeting people from Rakhine, implemented by the BDRCS, IFRC and SweRC; and
- selected host communities in Teknaf Upazila who have been affected by the influx of people from Rakhine as well as the Covid-19 pandemic.

The evaluation found that, despite some significant challenges and periods of uncertainty, virtually all activities have been delivered as planned for the three sets of activities mentioned above. Financial support from DEC came at an opportune and critical time for many individuals and households. While the establishment of a specialised treatment centre for Covid-19 in Camp 7 was not immediately clear to some people, it served an important role by not only supporting the government through its provision of hospital beds and treatment facilities, but was also an accessible service for people from

both host and guest communities[1]. Other key services provided by BDRCS, and part funded by DEC, included awareness raising campaigns and support to the national vaccination programme, all of which was closely co-ordinated with government and other services and to required medical standards.

Significant progress has been made in relation to various WASH activities over the past two years, some of which was a deliberate move to raise awareness around Covid-19 and the importance of frequent hand washing with soap as well as social distancing at normally crowded venues such as tap stands. The provision of construction materials for latrines in selected host communities has also started to transform peoples' attitudes and behaviour around personal hygiene, with a noticeable improvement in health and cleanliness within the communities.

As the social and economic impacts of Covid-19 started to become apparent, BDRCS and Movement partners took a series of appropriate actions to address the threats to some of the most vulnerable people in communities where it had been working on its Vulnerability to Resistance programme. Peoples' livelihoods were being put at risk and there was a real danger that some people would have no option but to sell their assets or engage in undesirable activities. Through a series of cash grant distributions, BDRCS successfully reached out to some of the most vulnerable households and assisted them through a package of livelihood support that included skills training and financial management. In the process, women (in particular) have been empowered and livelihoods made more secure. While it is still too early to measure the full impact of this intervention, significant changes are already being noted in participating communities, including financial gains and women playing a more active role in decision-making.

One aspect that stands out in this programme has been the detail given to identifying priority needs – amongst two very different situations and communities – and in responding to these needs with timely and appropriate solutions. Paying school-related fees on time and being able to expand working livelihoods were amongt the examples of needs met through this project. The attention to detail in identifying the most vulnerable households and their needs was noticeable through the different consultation systems and communication channels put in place and activated by strong networks of volunteers and local staff.

In addition to the sectoral approaches mentioned above, and described in more detail in Sections 4 and 5 of this report, the evaluation also noted that the capacity and ownership shown today by BDRCS shows a considerable improvement over the situation observed in a 2019 evaluation by members of the current evaluation team. At that time, BDRCS was starting to move away from its Emergency Response to the influx of people from Rakhine State and was in the process of recruiting staff for its programmes in Camp 18 and Teknaf Upazila. As such, it was not yet playing a significant role in these programmes. Today, with assistance and experience enabled through DEC funding, in addition to that from other parts of the Movement, it is playing a far more responsible role, including its multi-pronged approach to supporting government and other humanitarian actors in its auxiliary role.

SELECTED RECOMMENDATIONS

These, and other recommendations, are described in more detail in Section 7.

- Measures are needed to prepare for future potential health and medical emergencies.

- Review and amend conditions for staff and volunteers supporting future specialist facilities such as the IITC.

[1] The Centre has since reverted to serving as a Field Hospital.

- Reasonable stockpiles of regularly distributed materials should be considered in camps.
- Additional training and awareness raising is still required on some core WASH activities and services.
- Urgent attention is needed for some WASH Infrastructure.
- Maintaining the enthusiasm and willingness of community volunteers is essential.
- Explore options (and conditions) to spread the benefits of certain livelihood activities supported by conditional grants.
- Facilitating links with banking services was an important step in promoting confidence and future independence for personal/business savings.
- More evidence needs to be gathered around the improvements to and potential sustainability of activities specifically funded by conditional grants.
- Social topics needs to be addressed within the context of the V2R programme.
- BRC Management should review its approach for handling multi-country DEC appeals.

1. INTRODUCTION

1.1 BACKGROUND AND CONTEXT

The Covid-19 pandemic has been one of the most significant shocks to global society in recent history. Two years on from when it was first identified, a great many peoples' lives and their livelihoods are still affected. The impact of the pandemic is being most strongly experienced by people who have been impacted by conflict, forced displacement, food insecurity and natural disasters. In response, the Red Cross and Red Crescent Movement's focus remains on supporting communities to reduce transmission of Covid-19 and save lives, while helping some of the most vulnerable people cope with the pandemic's wide-ranging impacts.

As part of its response, the IFRC is supporting National Societies with a global appeal that is co-ordinating the mobilisation of resources and technical capacity, with a targeted immunisation plan that aims to help 500 million people around the world. The operational framework for its Covid-19 response is set out according to three operational priorities, namely:

- Priority 1: Sustaining Health and Water, Sanitation and Hygiene (WASH);
- Priority 2: Addressing socio-economic impacts; and
- Priority 3: Strengthening National Societies.

The British Red Cross (BRC) received funding from the UK's Disasters Emergency Committee (DEC) Covid-19 Appeal in Phase 1 (August 2020 to January 2021) and Phase 2 (February 2021 to July 2022), to support activities in a total of five countries, of which one was Bangladesh, a country that has received more than 740,000 people fleeing unrest in neighbouring Myanmar since 2017.

The pandemic has disrupted the Bangladesh economy with a substantial negative impact on human lives and economic activities. A study conducted in 2020 by the Bangladesh Red Crescent Society (BDRCS) assessed the impact of Covid-19 on the lives and livelihoods of host communities in Teknaf Upazila, which revealed a sharp economic slump in each of the employment groups as a result of the shutdown declared by the government.

In responding to the pandemic, the BDRCS has been working closely with the Government of Bangladesh. Services and areas of support have included health, livelihoods, basic needs, risk communication and community engagement, gender and protection. The BDRCS also supports the government with the roll out of Covid-19 vaccines and provides essential healthcare through Mother and Child Health Care Centres and other health posts.

As of August 2020, funding from the DEC has supported different components of the BDRCS' Covid-19 response and recovery operations in Cox's Bazar, as follows:

- supporting the health component of the BDRCS Covid-19 Plan of Action, targeting guest communities in specific camps in Cox's Bazar;
- supporting a pre-existing BRC-BDRCS Resilience Programme in Teknaf Upazila, funding livelihoods, WASH and health interventions; and
- supporting WASH-related activities targeting guest communities in Camp 18, as part of a consortium between the Swedish Red Cross (SweRC), BDRCS and BRC.

"O*ne of the great features of DEC's support was the fact that they were always receptive to the need to change plans, if needed*."

BRC Staff Member

As a standard condition of DEC funding, an evaluation showing how specific DEC funds (Phase 1 and Phase 2) were used is required by the end of Phase 2 of this particular appeal, July 2022.

1.2 THIS EVALUATION

The purpose of this independent end of project evaluation is to evaluate, summarise and generate lessons on both service quality and the impacts implemented in response to Covid-19 in Cox's Bazar and Teknaf Upazila, with particular emphasis on the approaches and implementation support provided by the BDRCS in its auxiliary role to the government. The uniqueness of this pandemic – including the responses taken – means that there is a great deal of learning potential from this, in particular to understand what it actually takes for a National Society (already engaged with many other programmes) to adjust to the needs and priorities of an event such as this.

The evaluation will therefore focus on learning at the organisational level, examining the role that the National Society took to responding to a public health emergency, as an auxiliary to public services in the humanitarian field, while providing ongoing services in support to other humanitarian and development projects in country.

The quality of activities in response to Covid-19 in Teknaf Upazila, specifically, will also be assessed to review and evaluate the effectiveness of adjustments made to WASH- and livelihood-related activities, in particular. Here, the evaluation will look at what was done to mitigate the negative impacts of the pandemic in its early phases and the extent to which this was successful. Lessons will once again be drawn from findings.

The evaluation covers two phases of funding from DEC – Phase 1 (August 2020 to January 2021) and Phase 2 (February 2021 to July 2022) – with different activities being undertaken in each. In Phase 1, for example, planned outcomes were:

- rehabilitation and modification of a field hospital to an Integrated Isolation and Treatment Centre (IITC);
- people assisted with meeting basic needs to avoid negative coping practices due to Covid-19 related impacts;
- Covid-19 prevention, control and surveillance mechanisms established and strengthened in 10 communities;
- improved access to sanitation facilities;
- hygiene promotion; and
- access to safe drinking water.

Planned outcomes in Phase 2 were as follows:

- mitigate the adverse effects of the Covid-19 pandemic on the health and livelihoods of targeted communities;
- increased access to Covid-19 treatment centres; and
- reduced risks of waterborne and sanitation related health issues.

This evaluation was conducted by Proaction Consulting, an independent consulting group based in the UK. While some interviews were carried out in Bangladesh on a remote based, an Evaluation Assistant based in Bangladesh also conducted some direct interviews in Cox's Bazar and Teknaf Upazila.

2. STRUCTURE OF THIS REPORT

An overview of the general context and justification for this evaluation has been presented above. Section 3 presents an overview of some of the salient points from the approach taken when designing

this evaluation in addition to some of the main methods used to conduct this inquiry. Particular note is drawn to considerations around Covid-19 – which resulted in part of this evaluation being conducted in person on the ground in Cox's Bazar with additional and separate interviews being held remotely via Zoom.

The broad methodology proposed in the evaluation's Inception Report is also outlined, which includes a definition of the evaluation's scope (Phase 1 and Phase 2 of DEC funding), in addition to some challenges and limitations identified primarily while researching the Inception Report.

Throughout, the evaluation was guided by core humanitarian principles, the BOND Evidence Principles and the evaluation standards and applicable practices outlined in the IFRC Evaluation Policy and Standards, respecting the following: **Utility**, **Feasibility**, **Ethics and Legality**, **Impartiality and Independence**, **Transparency**, **Accuracy**, **Participation and Collaboration** (see Section 3 for further details).

In Section4, the evaluation breaks down and examines its findings against each of the three broad activities of activities that received funding from DEC (both phases): support to the Covid-19 response, support to WASH-related activities and support to livelihood security. Separate analyses and findings are described for the guest and host communities, as appropriate.

Section 5 considers the framework of the Core Humanitarian Standard (CHS – Figure 1), against which general observations and considerations are reported. Specific lines of questioning were drawn up (Annex VI) to help steer this process during interviews, analysis and reflection of findings.

A selection of Lessons Learned from this evaluation are presented in Section 6, followed by a series of actionable recommendations which represent a combination of topics identified directly by the evaluation team and noted worthy of future attention and/or some suggestions from people spoken with during the evaluation and where the evaluation team concurs with the suggestions.

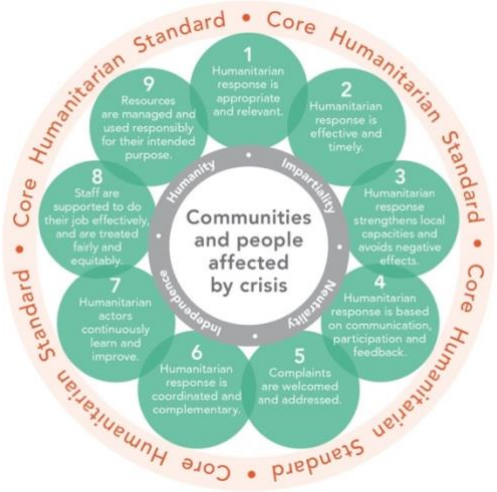

Figure 1. The Common Humanitarian Standard

Concluding statements are presented in Section 8, which are followed with additional information also relevant to the evaluation process with a series of annexes: please see the Table of Contents for an overview of this section.

3. APPROACH AND METHODOLOGY

3.1 PARTICULAR CONSIDERATIONS TO NOTE

The evaluation team was aware of the general and country specific guidance relating to the Covid-19 pandemic and was guided on this matter at all times by those responsible for safety and security at the BRC and BDRCS. At no point during the evaluation was an exercise – meeting – held with project staff, community representatives, members of a participating government agency or others that might knowingly have put that person at risk. Safety measures – wearing a face covering, social distancing

and use of hand sanitiser/soap, for example – were observed by the Evaluation Assistant when in the field and in other meetings, as appropriate.

3.2 ETHICAL PPRINCIPLES

Guided by humanitarian principles[2], the evaluation team endeavoured to ensure objectivity, honesty and the highest levels of ethics in its work, including compliance with the UNEG Ethical Guidelines on Evaluation (2008) to ensure that findings will be useful and usable for the BRC, BDRCS, SweRC, DEC and others. These principles underpinned the evaluation to produce information and make recommendations that are sufficiently valid and reliable based on the field data collected and due analysis.

This evaluation was designed in line with the BOND Evidence Principles of:

- **Voice and Inclusion**: the perspectives of people living in poverty, including the most marginalised, are included in the evidence, and a clear picture is provided of who is affected and how;
- **Appropriateness**: the evidence is generated through methods that are justifiable given the nature of the enquiry;
- **Triangulation**: the evidence has been generated using a mix of methods, data sources and perspectives;
- **Contribution**: the evidence explores how change happens, the contribution of the intervention and factors outside the intervention in explaining change; and
- **Transparency**: the evidence discloses the details of the data sources and methods used, the results achieved, and any limitations in the data or the conclusions.

3.3 OUTLINE OF EVALUATION PROCESS

3.3.1 Overview

A number of studies and evaluations had already been undertaken – or were in the process of being completed – of the three responses mentioned above, involving the BDRCS, SweRC and/or BRC, in addition to concerned government services. As such, no substantial primary data collection was considered with community representatives as part of this evaluation. The evaluation did, however, speak with a representative sample of people from some of the participating host and guest communities as well as other actors who might have contributed to some of the activities supported by the three initiatives funded by DEC.

In addition to a comprehensive desk review of existing studies, first-hand qualitative data was gathered through interviews with representatives from BDRCS, BRC and the SweRC – senior management, programme staff, field personnel and volunteers. Recognising that some delegates from National Societies were no longer involved in the activities being evaluated, a deliberate effort was made to reach out to some of them in order to register their experiences from their time with the programmes.

Local interviews were also held with certain government officials/offices, primarily in relation to synergies in response to Covid-19 as well as specific camp- and host community-related interventions.

A selection of participatory appraisal tools was considered and prepared to help identify and assess the effectiveness and appropriateness of the measures taken to adapt to the pandemic, in each of the three initiatives being considered. Particular attention was given to acquiring as comprehensive – and triangulated – a series of data as possible from the respective sources. For this reason, Proaction

[2] Humanity, Impartiality, Independence, Neutrality

Consulting elected to conduct some interviews face to face – while fully respecting Covid-19 protection/prevention advice – with others undertaken on a remote basis. This dual approach was expected to provide a more comprehensive overview of the situation than if it has been conducted 100 per cent on a remote basis, in addition to greater clarity and depth of findings on specific issues that were discussed on a face-to-face basis.

A series of contextualised questionnaires were designed to guide interviews, each tailored to a specific audience. These were delivered either in person by Proaction's Bangladesh-based Evaluation Assistant (see Annex IV) or remotely via Zoom by Proaction's UK-based Evaluation Manager.

3.3.2 Evaluation Scope

The evaluation recognises that some of the DEC funded activities were integrated with or built onto ongoing programmes, specifically the V2R programme with host communities in Teknaf Upazila and WASH-related activities in Camp 18. Recognising that it might to be difficult to attribute some of the evaluation's findings exclusively to support provided by DEC, a mapping of activities according to expected outcomes was conducted to try and ensure that a good representation of activities was considered. An overview of this exercise is presented in Table 1, which shows that similar activities concerning Covid-19 awareness raising and response, and some WASH-related activities, were common to both groups but that financial support through multipurpose cash grants focused exclusively on host communities.

Table 1. Coverage of Outputs/Outcomes by DEC Funding (Phase 1 and 2)

Output/Outcome	Camp Community/ Communities	Host Communities
A1	√	√
B1	-	√
B2	-	√
B3	√	√
C1	√	-
C2	√	-
C3	√	-
A (A1 – A5)	-	√
B1	√	√
C1	√	√

3.3.3 People Contacted

As part of the evaluation's Inception Report, a start was made to identify some potential key informants. This was gradually amended throughout the evaluation: please see Annex XX for a list of those people eventually spoken with. The selection process of who to interview was a balance between time and resources available to the evaluation: it did, however, aim to reach out to as many people as possible, with a goal of being as inclusive as possible with beneficiaries of the specific project activities.

As standard practise, peoples' consent was always sought before starting any interview. Taking part in an interview was voluntary and people were informed that their inputs and comments would be treated in confidence by the evaluation team.

Although time on the ground was limited for this evaluation, with assistance from local project field staff and volunteers, every effort was made to ensure that women, men, youth, people with disabilities, the elderly and any others who might be marginalised from being able to contribute to the

evaluation – from both samples will be made from within Camp 18 and the selected host communities – were reached by the Evaluation Assistant.

Upon completion of the desk review and interviews, data analysis was completed to inform a draft evaluation report – this report – be shared with BRC for comments. Feedback from reviewers will allow any necessary revisions to be made to the report, prior to finalisation. Subject to further discussions with BRC, Proaction Consulting anticipates participating in a formal Virtual Learning presentation to allow for wider sharing of evaluation findings as an additional learning exercise. This can be organised at different levels, as seen fit by BRC.

Throughout this entire process, the evaluation team sought to adhere to IFRC Evaluation Standards – utility, feasibility, ethics and legality (including data protection), independence and impartiality, accuracy, participation and collaboration.

3.4 CHALLENGES AND LIMITATIONS

- The main challenge faced by the evaluation was in relation to the Covid-19 situation in Bangladesh, and Cox's Bazar district, in particular. From experience with similar evaluations in other countries and contexts, Proaction has developed and applied a hybrid approach to such work – remote management and consultation with some stakeholders (particularly at management and programme level) complemented by direct engagement with some selected beneficiaries from participating communities, if possible and safe to do so.
- Some of the DEC funded activities were part of programmes that received funding from other donors and sources. It was expected that beneficiaries and some programme staff would not be familiar with this source of funding, which was verified during certain interviews. There was, therefore, a risk that reference might be made to a particular outcome or activity that was not – partially or fully – related to DEC funding.
- Given the time and resources available for this evaluation on the ground – some of which related directly to Covid-19 – it was not possible to reach a statistically representative sample of people to interview for all activities. The evaluation team did, however, try and maximise the number of people interviewed, distributed and disaggregated across the various strata, to ensure that findings would still be rigorous and representative of the situation on the ground.
- Some international staff previously working on the Population Movement Operation (PMO)[3] in Bangladesh have moved to other positions/organisations. As the evaluation wanted to gain a temporal perspective of the operation, attempts were made to speak to some former colleagues by Zoom.
- The evaluation was aware that the security situation in camps could deteriorate at any point. Security guidance from BRC/BDRCS was heeded at all times and every effort made to ensure that work in the camps was completed as quickly as possible.
- The evaluation also recognised that beneficiaries are likely to have been approached many times by monitoring and evaluation teams and may be fatigued by the experience. Given this, the evaluation team was at all times respectful of their situation, explained the purpose of the enquiries, and took as little of their time as possible. Prior consent was always sought from people spoken with, both during KIIs and FGDs.
- This evaluation took place at the time of the Eid al-Adha holiday celebration, which influenced the start date for fieldwork. This, however, was unavoidable and arrangements were made around this to conduct fieldwork as soon as it was realistically practical.

[3] The Population Movement Operation is managed by the BDRCS with the support of IFRC and 11 Participating National Societies.

4. KEY FINDINGS

During the two phases of this DEC-supported programme, different activities were conducted in several locations:

- Camp 7 (and initially in Camp 2), where specific medical support was provided to patients with Covid-19 symptoms, both from the camps in addition to local host communities;
- Camp 18 in Ukhiya Upazila, targeting people from Rakhine, implemented by the BDRCS, IFRC and SweRC; and
- selected host communities in Teknaf Upazila who have been affected by the influx of people from Rakhine as well as the Covid-19 pandemic. This work was implemented by the BDRCS, with support from the BRC.

4.1 COVID-19 RESPONSE

4.1.1 Overview

While the BDRCS – and Participating National Societies (PNSs) present in Bangladesh – has extensive experience of emergency preparedness and response, it was clearly not prepared for a health pandemic of the nature and scale of Covid-19. This, however, was not unique to Bangladesh: with perhaps the exception of countries that had experienced Severe Acute Respiratory Syndrome (SARS) – in particular mainland China and Hong Kong – no country worldwide was seemingly prepared for an outbreak such as this. However, with guidance from the IFRC and WHO, and in close collaboration with governmental services in country and the specially assembled Covid-19 Working Group, the BDRCS took a number of decisive actions that were positive moves in the nation's response to the pandemic – some of which were at least partially funded by DEC support.

The National Society's auxiliary role to the Government of Bangladesh was prominent in the early response, with activities being planned and decided together with the Ministry of Health and the Covid-19 Working Group. Initial challenges were nonetheless experienced with following the different protocols that were being shared by the WHO, IFRC and the Bangladesh Institute of Epidemiology, Disease Control and Research (IEDCR), in particular, partly as this was the first time those responsible within BRDCS/BRC had to implement such directions but also as the information was at times confusing or contradictory.

"*In any crisis or disaster, BDRCS is ready to support the government*."

BDRCS Staff Member

Vital support to government programmes included awareness raising on possible prevention and containment measures for Covid-19. Another was the BDRCS' support to the national vaccination programme which, by all accounts, was very effective. Both actions drew heavily on the National Society's volunteer base, whose mobilisation was almost certainly expedited and facilitated from previous emergency preparedness and response operations by the BDRCS.

In direct response to Covid-19, four separate activities – primarily awareness raising and treatment – were addressed in both Phase 1 and Phase 2. An additional activity relating to economic and livelihood recovery – as a result of Covid-19 – was also supported for selected host communities: please see Section 4.3 for details where this specific initiative is examined alongside other response activities.

A summary of the achievements gained in this context is presented in Table 2, though noting that not all of these can be quantified. Available figures, however, note that from 15 March 2020 to 31

December 2021, 1.1 million people were reached in both camp and host communities by some of the Covid-19 actions put in place with the assistance of 3,880 trained community volunteers[4].

Table 2. Summary of Achievements in Relation to Covid-19 Response

PHASE	OUTPUT	AUDIENCE	TARGET	LEVEL OF ACHIEVEMENT	PROGRESS REPORTED
1	A1: The Red Crescent field hospital is rehabilitated and modified as an Integrated Isolation and Treatment Centre	Camp and Host Community	Specialised IITC established and functioning	During Phase 1, 596 patients with flu-like symptoms were referred to the IITC for treatment. Contact tracing was also conducted in relation to confirmed Cov-19 patients The IITC complied with national and WHO guidelines for Covid-19 patient management	
1	B2: Covid-19 prevention, control and surveillance mechanism in 10 target communities is established and strengthened	Host Communities	10 communities – no specified measurement	150 sessions on epidemic prevention and control conducted across 10 communities in Ukhiya Upazila, reaching 2,424 people (mostly aged 18-65) directly during Phase 1	
2	B1: Number of patients with Covid-19 symptoms treated at the IITC in Camp 7	Camp and Host Community	1,800	3,162 people	
2	A4: Number of communities that have functional Covid-19 prevention, control and surveillance mechanisms	Host Communities	10 communities	17,317 people	

[4] 100 volunteers were trained in each of the country's 34 camps hosting people from Rakhine State, under the Cyclone Preparedness Programme, a joint initiative of the Government of Bangladesh and BDRCS, supported by the IFRC PMO revised appeal. The remaining 480 volunteers were individuals trained in Health, WASH, Protection, Gender and Inclusion and Community Engagement and Accountability.

Note:

Target achieved		Target surpassed		Target not reached	

4.1.2 The Integrated Isolation and Treatment Centre

While concerns for Covid-19 in general were at the forefront in the country, the crowded living conditions in camps were a particular concern given the nature of disease transmission. Early in the response, the Health Sector in Cox's Bazar issued a warning about the gap in suitable facilities to treat and isolate confirmed or suspected cases of Covid-19 in Cox's Bazar. This posed a serious risk to vulnerable people living in the camps as well as host communities.

With support from DEC, a specialised centre was established to screen and accommodate identified cases of Covid-19. An initial facility was set up in Camp 2 at an existing health facility, though this proved to be a poor choice of location given access difficulties both for pedestrians and vehicles, including ambulances. In June 2020, a new and equipped centre was established adjacent to a Field Hospital in Camp 7, a pre-existing facility since 2017. With some 38 staff – both medical (21) and non-medical (17), some of whom were recruited specifically for this service – the Centre was provided with 50 beds, though this was later reduced to 30 after the first wave of patients given the high operational costs[5]. During Phase 1, the Centre operated on a part time basis (though emergency medical staff were always on standby).

The eventual catchment for the Centre covered Camp 7 and Camp 2E, in addition to the Ghumdum host community – a total of 79,557 people (Table 3). While operational[6], the centre offered testing, isolation and treatment facilities, in accordance with national standards and WHO guidelines. Referral patients from the DRU and WHO were also received at the Centre.

"*Volunteer mobilisation is a natural strength of the BDRCS*."

BRC Staff Member

During Phase 1, the following was achieved with DEC funding:

- 50 beds were installed at the IITC in Camp 7;
- 2,683 patients with Covid-19 symptoms were treated between September and December 2020;
- 337 patients were admitted with confirmed Covid-19; and
- 636 samples were collected from Covid-19 suspected people and their close contacts.

Table 3. Catchment Population for the IITC

LOCATION	POPULATION
Camp 2E	25,921
Camp 7	37,157
Ghumdhum Community	16,479
Total	79,557

The centre was seemingly well planned, with separate wards for suspected cases amongst women, men and children, had wheelchair access and provided additional support for elderly people, if required. Key services provided included awareness raising by Volunteers, screening suspected cases

[5] This was again a meaningful contribution of the BDRCS' auxiliary role to the government's own standard for a desired number of hospital/treatment centre beds.

[6] The Centre closed in June 2022 and reverted to providing support as a Field Hospital. Some referrals have, however, continued to be made to other centres.

and collecting samples and referrals to other more specialised facilities. The IITC also had a dedicated ambulance provided by BDRCS, pursuant to a request from the Disease Response Unit (DRU).

"*Though not immediately apparent what the IITC could achieve, it was the safe thing to do at the time*."
BRC Staff Member

Design of the IITC considered appropriate and safe disposal of medical equipment and waste to minimise damage to the environment and protect human health. Designated bins were available for hazardous waste disposal that was ultimately incinerated on site. Appropriate latrines were constructed with WASH, laundry and waste management guidance followed as per IITC Operational Guidelines.

The IITC was deemed to have played an important role in both raising awareness and screening and treating patients. Overall, the quality of services provided was judged to have been very good, despite the fact that the Centre was unable to treat moderate or severe cases of Covid-19, though these were referred to other centres for treatment, much of which required isolation.

During Phase 2, the IITC was operational 24 hours, seven days a week. From June to December 2021, more than 3,100 people were treated at the Centre (Table 4). Of these, 114 tested positive for Covid-19 (61 female and 53 male). This activity's target was surpassed by a significant degree.

Table 4. Number of People Treated at the IITC

PATIENT CATEGORY	NUMBER OF PEOPLE		
	MALE	FEMALE	TOTAL
Out-patient	1,296	1,594	2,890
In patient	99	173	272
Total	1,395	1,767	3,162

During Phase 2, Health Outreach Teams continued to disseminate key messages on Covid-19 prevention and the availability of Covid-19 treatment to ensure people remain aware of the current situation. A tom-tom (battery operated passenger vehicle) travelled to and within designated communities to deliver pre-recorded messages prepared with the support of Naf Radio Station. Given the low literacy levels in the targeted communities, the initiative also helped people register online for Covid-19 vaccinations, as some people were having to resort to paying shop keepers to do this for them. Just over 200 people – 102 women and 101 men – were assisted in this manner. Awareness raising sessions were also organised in communities to demonstrate good hygiene practices – specifically hand washing – show people how to correctly wear a face covering and informing them of the importance of social distancing.

Particular attention was given to ensuring Duty of Care to staff and volunteers at the Centre, in addition to providing Personal Protective Equipment (PPE) to patients attending or staying at the Centre. Special provisions were also made available to BDRCS staff and volunteers should then need to isolate (away from other family members) or required being admitted to hospital for treatment.

"*Preparedness is more important than treatment*."
Movement Staff Member

4.1.3 The Situation in Camp-18 and Communities in Teknaf Upazilla

Focus group discussions with people in Camp 18 helped the evaluation get a first-hand account of peoples' experiences during the past two years. Understandably, it was very difficult for the Rohingya community to maintain social distancing given the number of people living in the camp in addition to

the crowded conditions due to lack of space. Due to lockdowns, BDRCS staffs were not able to visit the camp at the same frequency as they were used to though they continued to provide some technical support to community supervisors and hygiene promotion volunteers remotely. Being able to draw on the willingness and expertise of resident community volunteers in these circumstances was a major benefit. Having an existing stock of hygiene kits in the camp also meant that volunteers were able to continue to distribute these during lockdown which prevented any scarcity from arising.

Starting in 2020, the BRC introduced its Epidemic Control for Volunteers (ECV) training to help prepare volunteers to respond effectively and rapidly at the very start of an outbreak. In Teknaf Upazila, as part of the V2R programme, a two-day training on ECV was conducted separately for project staff, Red Crescent Youth volunteers and community volunteers, including school teachers, religious leaders and representatives of local government. Through this, volunteers were encouraged to apply evidence-based methods to control the spread of disease in their communities, care appropriately for the sick, and, in so doing, reduce mortality.

Training was also provided on Community Engagement and Accountability (CEA) approaches for frontline health staff such as community health facilitators, community mobilisers and health co-ordinators. A planning session was also held with health staff to extend active CEA support to the various health centres being supported by BDRCS.

In Teknaf, 29 tailors (all women, identified by the CDMCs and subsequently verified by project staff) were trained on how to prepare a cloth face mask. These were then purchased from the tailors – in what effectively was an income-generating activity – and distributed to households: 3,400 households each received nine facial masks as a result of this initiative. In addition to a broad public awareness campaign on Covid-19, special training events were organised for community leaders, religious leaders and other influential people, while courtyard sessions were held with small groups of people to raise awareness and share information. Combined, these measures are thought to have had a positive impact on preventing the spread of Covid-19: of the 10 communities that were being supported through the V2R programme, only one community reported positive cases of Covid-19 (two people) during the reporting period.

The intensity of the hygiene awareness programme – which included hand washing practices, personal hygiene behaviours, wearing facial masks amongst others – also likely had a strong positive impact on peoples' health in Camp 18. Community volunteers again played a pivotal role in raising awareness and keeping track of the situation on the ground: if a positive case of Covid-19 was identified, those persons were advised and encouraged to remain in isolation at home, if possible.

4.1.4 Summary

While the overall impression of the IITC and BDRCS' support to government in this context appeared to have been entirely relevant and of high quality, more consideration might have been given to the welfare and well-being of people immediately linked with the Centre. Volunteers, for example, were reportedly very confused about their roles and how they might go about identifying possible patients from within the communities[7]. Working and living conditions for workers at the Centre were also quite severe and strict (as might be expected given the nature of the emergency), with accommodation and washing facilities established in tents and staff not being allowed out of the centre to prevent possible transmission. Some staff members also experienced a certain stigma[8] and distancing/avoidance from management and other staff, during the early stages of the pandemic in particular, which placed an

[7] Some 300 "frontline" volunteers were provided with insurance coverage by BDRCS, while all 3,880 had access to Personal Protective Equipment to help fulfil their duty safely.

[8] The evaluation is aware that there was considerable stigma around Covid-19 in general at the time – a situation that was not exclusive to Bangladesh or Cox's Bazar itself.

additional strain on an already difficult and charged situation. These – and possibly other related issues – should serve as an important learning opportunity for the National Society and the Movement in general.

So too is a reflection on the response itself in Bangladesh. In hindsight, it is clear that the pandemic affected some countries – and communities – in different ways. At the global level, during the early phases of the pandemic, most attention was given to the actual and potential health and social impacts of Covid-19. While of extreme importance this, however, did not have a universal application. In Bangladesh, for example, the economic impacts of the pandemic – and lockdown, in particular, where many livelihood activities were restricted and the cost of living increased – were judged to have had far greater consequences that health alone. This was borne out through consultations with communities in Teknaf Upazila where the V2R programme had been operational: insights that helped inform the selection of certain approaches/activities that were later funded by the DEC and which ultimately have helped protect/bolster livelihoods and personal assets.

4.2 WATER, SANITATION AND HYGIENE ACTIVITIES

A range of WASH-related activities were provided separately to people in Camp 18 and some host communities, with both sets of stakeholders also benefitting from selected interventions. Activities in the host communities were undertaken directly by BDRCS while those in Camp 18 built on previous activities that were being supported by either BRC or SweRC and were now being implemented by BDRCS. A summary of activities and related achievements is shown in Table 5, which shows that almost all targets were achieved as planned.

Table 5. Summary of Achievements in Relation to WASH Response

PHASE	OUTPUT	AUDIENCE	TARGET	LEVEL OF ACHIEVEMENT	PROGRESS REPORTED
1	B3: People have access to improved sanitation facilities	Host Communities	503 household latrines	363 latrines – 80 per cent achieved	
1	C1: People have access to improved sanitation facilities	Camp 18	8,900	4,200 women and 4,700 men reached	
1	C2: People receive hygiene promotion	Camp 18	6,959	3,619 women and 3,340 men reached	
1	C3: People have access to safe drinking water	Camp 18	14,450	7,400 women and 7,050 men reached	
2	C1: Number of women, men, girls and boys (including persons with disabilities) have safe access to and use standard sanitation facilities that are adapted to their needs	Camp 18 and host communities	13,000	13,000 people reached	
2	C2: Number of men, women (including Persons with	Camp 18 and host communities	13,000	13,000 people reached	

	disabilities) reached through hygiene promotion activities				
2	C3: Number of men, women (including persons with disabilities) with access to and using a properly managed water supply system adapted to their needs	Camp 18 and host communities	17,000	17,000 people reached	

Note:

Target achieved		Target surpassed		Target not reached	

4.2.1 The Situation in Host Communities

Early in Phase 1 – September 2020 – and as part of the V2R programme, a total of 3,452 household surveys were conducted in 10 communities in Teknaf Upazila to understand peoples' vulnerabilities and the needs of families in terms of WASH. The surveys were based on a series of prioritisation criteria that included:

- most vulnerable category of household surveyed;
- single households;
- families with a low income;
- location of any existing latrine;
- ownership of the latrine;
- condition of the house structure; and
- condition of the latrine structure.

Once the beneficiary list was prepared, additional checks were made concerning site selection to ensure that the selected beneficiary family had sufficient land on which to construct the latrine and that the site met with required standards, including being more than 30 metres from a water source to avoid water contamination.

Based on the findings, and considering the available budget, part of which was from DEC, initial plans were made to construct a total of 503 latrines, this being deemed as one of the main requirements to improve health and sanitation in the participating communities. This was, however, later scaled back due to price increases from suppliers and masons: eventually, 363 latrines were constructed and serve almost 1,900 people.

During Phase 2, 538 household latrines were constructed in seven communities, 153 of which were funded completely by DEC. The final cost of each latrine amounted to GBP209. An additional 150 twin-pit latrines were also constructed before closure of the project. These have the advantage of not filling up as quickly as single latrines but their design was also modified to take account of the high level of groundwater in Sabrang Union, in particular, less than two metres below the surface.

In addition to conducting household selection in a very open and transparent manner, this initiative also sought to strive for quality and capacity building. A training module – and orientation – was developed for intended masons[9] to follow to help ensure consistency in latrine quality. Two "model

[9] Masons were themselves subjected to a set of selection criteria which included, *inter alia*, being from the target community, having at least two years' experience as a mason, possessing the required tools for the work, and

latrines" were also constructed in the targeted communities to establish and verify the acceptance of the latrine design by beneficiaries. Members of the Community Disaster Management Committees (CDMCs) (see Section 4.3) were instrumental in this whole process while helped ensure that the latrines were appropriate to peoples' needs.

The BDRCS was responsible for the tender process for building materials, with additional verification from the BRC Logistics Adviser if that tender value exceeded GBP25,000. Materials were provided to selected households, whose responsibility then included safe storage and the provision of labour to assist with construction.

People spoken with in the communities visited during this evaluation reported their high satisfaction with the latrines, although there was a general call for every household in the community to receive such a facility. People did, however, speak about a much lower level of open defecation, compared with the past.

4.2.2 The Situation in Camp 18

DEC funding in Phase 1 targeted some 27,500 people in Camp 18, through an array of WASH activities. Water supplies, for example, were increased by an average of 30 per cent at all stations in Camp 18 during the first half of 2020, in line with anticipated increased needs due to the pandemic[10]. This was achieved through increasing generator pumping time in the morning and evening[11]. With appreciation and positive feedback from the community on the increased availability of safe drinking water, the same system was extended into 2021. Some precautionary measures should, however, be considered at times such as this with consideration given to the actual state of groundwater supplies and recharge rates.

With DEC support, 16,128 people (8,387 women and 7,741 men) were reached at tap stand and household levels through safe water chain activities. Discussions were centred on Covid-19, disinfection of water points – in particular, high contact points such as tap stands – and the importance of using treated water during the pandemic.

"Covid-19 helped us achieve some key changes in the community – people were not previously motivated to wash their hands but now do so, properly and on a regular basis."

BDRCS Staff Member

By December 2021 there were 1,071 functional[12] WASH facilities (648 latrines and 423 bathrooms) in Camp 18 BDRCS/SweRC supported facilities. At the time, some 69 per cent of people with a disability had access to one of the 31 adapted latrine facilities that had been adjusted to meet their specific needs: other people were unfortunately either bedridden or immobile due to various reasons.

Significant investment has taken place by the IFRC and certain PNS in relation to faecal sludge management in Camp 18, with additional financial support provided by DEC. Based on earlier models and trials the new Faecal Sludge Treatment Plant allows faecal sludge to be treated on a regular basis, ensuring that the waste can be safely discharged into the environment. The objective of the plant is to be low-cost, low-tech, be based on local technology and use locally procured materials, all while meeting effluent standards and treating approximately 15m^3 of sludge per day. Technically, the facility has the capacity to serve around 30,000 people in Camp 18 (currently serving around 16,000) and

others. This was also intended as a deliberate ploy to ensure that required skills would be available within the community for future maintenance and repairs.

[10] Some of the water currently supplied in Camp 18 is drawn using solar energy.

[11] It was also likely assisted by the repair of 145 tube wells that had been constructed earlier in Camp 18 by other organisations, particularly during the early phase of the population influx.

[12] Defined in terms of accessibility, gender disaggregation, privacy, safety and meeting sector structural standards.

offers a sustainable solution to waste management in a densely populated site with limited space available. Operational costs have also been reduced: fuel requirements have been reduced from 28 litres of fuel per day to three litres today, while formerly 32 people were engaged to manage the plant, compared with eight today.

Some challenges were experienced in setting up this new structure, including the available space in the camp and the hilly terrain. The initial design of the plant, however, was not appropriate as the original engineer was unable to visit the site due to Covid-19 related travel restrictions, which meant that local engineers had to modify the plans to suit the needs and local context. Other challenges were experienced with local procurement as some materials had to be brought in from Chittagong, with further interruptions caused by Covid-19 lockdown and flash flooding during the monsoon. Ultimately, the Plant took three months longer than planned to be completed and operational.

By the end of December 2021, around 87 per cent of latrine pits were being emptied within the 15-day target – a decrease from 95 per cent a year earlier. All of the sludge received at the treatment facility was treated and disposed in line with WASH sector and international standards.

Hygiene promotion remained at the front of WASH-related activities with hygiene promotion teams conducting outreach and regular hygiene promotion sessions at the household level. Particular attention was given by designated volunteers to reach children under the age of 18, an approach that has proven effective in other instances as children are known for their eagerness and willingness to share information widely amongst friends and other household members. General observations by programme staff noted that most people did adopt improved hand washing practices and behaviour as a result of the various awareness raising events staged. Some 10,610 people were reportedly reached with hygiene promotion activities in 2021 alone. This, in itself, is impressive given that regular hygiene promotion programming was disrupted on account of repeated lockdowns: learning centres were closed and mass gatherings were not permitted by local authorities. To overcome this, small group meetings were organised with up to six people – safely distanced and wearing masks – together with household visits.

Although people were also encouraged to wear face masks – every adult in the camp was provided with some – uptake of this specific aspect of Covid-19 prevention/spread was very limited. According to feedback from the community volunteers, this was attributed to a degree of “mask fatigue”, the fact that the guest population regarded Covid-19 as “very low risk” and a general belief that the peak of Covid-19 was already in the past.

Focus group discussions with different groups from the camp residents showed that people were generally very happy with the services and inputs received from BDRCS. Some concerns were, however, also identified, though it should be recognised that some of the WASH-related services and facilities in Camp 18 were originally put in place by other organisations, with decommissioning and repairs now being undertaken by BDRCS. Issues raised by camp residents included the following:

- a number of latrines are showing signs of age and need to be replaced;
- some latrines also need to be moved or protected against soil erosion and landslides;
- the collection of faecal sludge is a challenge from some latrines/sub-blocks, with no possibility of a vehicle entering there to help with transfers;
- some households are located far away from the nearest tap stand at the camp level, with calls for an extension to connecting pipes to carry the water to the edges of the camp;
- urinals were recently constructed at different parts of the camp: these, however, do not appear to being well maintained (cleaned) and are the source of bad odours;
- solid waste management continues to be a concern as not enough volunteers have been assigned to collecting and disposing of waste;

- some lighting needs are not being met at present: although hand-held lights have been distributed to some households, these are not as effective as street solar lights and are not sustainable; and
- a specific request from tap stand committees was for some basic training on how to repair a broken pipe or tap, for example, so that they might be able to carry out the repairs themselves.

4.3 VULNERABILITY TO RESILIENCE ACTIVITIES

4.3.1 Overview

The V2R programme has been introduced and refined by BDRCS in several districts of the country since 2012, with support for host communities starting in Teknaf Upazila in 2019. This was initially supported by BRC, in conjunction with local disaster management authorities. The V2R model follows the IFRC Framework for Community Resilience and focuses primarily on disaster risk reduction and disaster preparedness, livelihoods and WASH. The overall programme is aligned with the 2021-2025 BDRCS Strategic Plan, specifically its resilience building objectives.

Community engagement and accountability are at the core of this approach, with Community Disaster Management Committees (CDMCs) being formed in participating communities. The CDMC is a decision-making body at the community level and leads the implementation of activities in their respective community. Almost half of the members are women. To ensure representation from all sections of a given community, micro-groups were established in each community which ensured that each household was part of one of these groups. Micro-groups, in turn, nominate one of their members to be a member of the CDMC.

The current programme started in 2019. As some of the implications of Covid-19 began to become more apparent it was realised that the economic impacts of the pandemic were likely to have a bearing on peoples' livelihoods and security, with some households being more exposed and vulnerable to this shock than others. With this in mind, the V2R programme – with DEC funding – initially sought to provide some of the most vulnerable and at-risk individuals and households with an unconditional or multipurpose cash grant, which effectively enabled the recipients to determine how to use the funds (Section 4.3.2). Later, in 2021, a more refined approach was taken with the provision of conditional cash grants to selected individuals, the main focus of this being to strengthen an individual's skills set and capacity to help them protect their assets and re-inforce their chosen livelihood(s) (Section 4.3.3).

"*DEC funding helped us to avoid losing gains made in the previous years*."

BRC Staff Member

4.3.2 Multipurpose/Unconditional Cash Grants

As part of the activities supported during Phase I, the household survey conducted in 10 host communities mentioned above in Section 4.2 also sought to identify households that might be eligible to receive financial support to help meet immediate needs. This was in recognition of the negative impacts experienced as a result of decisions to help avoid transmission of Covid-19, which included several lockdowns. This activity was centred exclusively on selected host communities in Teknaf Upazila.

Guiding criteria were established by V2R programme staff in addition to some direct consultations with communities. The criteria included:

- poor and extreme poor household;
- vulnerable livelihood group – for example, rickshaw puller, daily labourer, domestic help worker, fishing labour;
- child/women/elderly headed households;
- households with a disabled family member;
- widow/divorced headed households;
- single parent headed households with children under five years of age;
- poor households having more than six family members but only one who was earning;

- households that had lost their income source(s) due to Covid-19;
- households living on charity, with loss of income;
- households with no access to credit;
- households with debts/monthly income below BDT5,000 (GBP43);
- households with pregnant and/or lactating women/aged/chronically ill family member;
- poor/vulnerable people exposed to recurrent disasters; and
- households with a Bangladesh National Identity Card.

A list of proposed beneficiaries was displayed in the respective communities with feedback invited from all concerned. Eighty-two complaints/queries were registered as a result, mostly concerning the identification numbers of some people's mobile wallets which needed correction. All queries/complaints were resolved.

Based on the above criteria, a second tier of ranking was applied to distinguish "vulnerable beneficiaries" from "most vulnerable beneficiaries". Households identified as being the most vulnerable received a total of BDT10,500 (GBP90) in three separate tranches – an initial provision of BDT 4,500, followed by two additional payments of BDT3,000 each. In total, 6,032 cash grants were provided to 1,163 households, specifically to 3,054 women and 2,978 men. All funds were sourced from the DEC contribution.

An additional 300 vulnerable households (787 women and 771 men) received a single cash grant of BDT3,000 (GBP25). This again was supported by DEC: similar funds were provided to an additional 886 vulnerable households from separate funding sources.

To distribute the multipurpose cash grants, BDRCS undertook a separate assessment to identify a suitable financial provider, with bKash mobile wallet being selected as the most suitable for this context. A pre-existing agreement between BDRCS and bKash was a positive aspect in the decision making, in addition to the fact that some beneficiaries already had accounts with bKash and so knew how the system operated. For those who were new to the system the project facilitated the opening of bKash numbers via local agents. Pledges were signed by each beneficiary which allowed the project to then transfer cash into the respective accounts. Help desks were established by CDMC members and community mobilisers in each of the 10 communities to assist people with the following:

- explain the cash withdrawal process;
- provide solutions to any issues/problems encountered while withdrawing cash;
- register any complaints from beneficiaries; and
- provide a beneficiary list for each community.

From December 2021 to April 2022, an additional 1,181 households (6,762 people – 3,547 women and 3,225 men, including 162 people with a disability) were identified through a similar process to that described above and provided with a similar multipurpose cash grant of BDT15,000 (GBP130) in four instalments – two of BDT4,500 and two of BDT3,000. This unconditional cash was again considered a preferred form of assistance to households as it provided them with choice, dignity and flexibility on how to address priority needs.

A post-distribution monitoring exercise was conducted following the first two distributions (and covered a total of 372 households) as well as the third instalment (349 households). Among the findings were the following:

- beneficiaries were generally grateful for the feedback hubs cum help desks set up for three days in each community;
- while beneficiaries showed a good understanding of why they had been selected, the main purpose of the grant to help them overcome some of the impacts of the Covid-19 crisis. Almost all recipients, however, agreed on the usefulness of the grant;
- timing of the grant at the end of the year was high appreciated as this is typically a moment when money is needed for school materials. This was a also a key period for vegetable production and allowed households dependent on farming to make additional investments;

- most survey respondents reported spending the cash grant on food, health and medicines, investing in small businesses and education. Some also used it immediately to pay back loans; and
- greater attention needed to be given when collecting prime data from intended beneficiaries in terms of accuracy of peoples' mobile or bKash account: this would help reduce confusion and delays with people accessing cash.

A summary of activities and related achievements is shown in Table 6, which shows that almost all targets were either achieved or surpassed.

Table 5. Summary of Achievements in Relation to V2R-related Activities

PHASE	OUTPUT	AUDIENCE	TARGET	LEVEL OF ACHIEVEMENT	PROGRESS REPORTED
1	B1: People are assisted to meet the immediate basic needs as per their choice to avoid negative coping practices due to Covid-19 related impact	Host communities (multipurpose grant)	1,463 households	1,463 households in total – 1163 "most vulnerable" and 300 "vulnerable"	⟷
2	A1: Number of individuals assisted through livelihood restoration activities (cash grant BDT27,000)	Host communities	500 people	503 people	↑
2	A2. Number of individuals provided with new skills to strengthen their livelihoods	Host communities	500 people	853 people	↑
2	A3. Number of communities with improved market and ancillary businesses or infrastructure to create an enabling environment for the value chain/s	Host communities	10 communities	861 households (4,520 people)	⟷
2	A5: Number of households benefitting from multipurpose cash assistance (in addition to support provided in Phase 1)	Host communities	1,066 households	1,181 households – 6,762 people (3,547 women and 3,215 men)	↑

Note:

Target achieved	⟷	Target surpassed	↑	Target not reached	↓

4.3.3 Conditional Cash Grants

Learning from the experience described above in Phase 1 was taken into account when planning Phase 2, with particular consideration being given again to livelihood support for people affected by the economic impacts of Covid-19 as well as the influx of people from Rakhine State. This included the

need to develop short-term measures that could help address any immediate risk to their business by helping them establish a stable value chain.

A total of 503 households were identified, with input from CDMC members from the respective communities, in addition to community consultations. Project staff were trained by the Sonali Bank on how to use a mobile application to open bank accounts, which permitted them to then share this knowledge with selected beneficiaries. Prior to receiving a grant, however, each intended recipient was required to develop a business plan, which included a review of the person's assets, their working capital, the viability of their business, the risk behaviour of the beneficiary and the overall level of investment in the business. The scale and scope of these individual business plans was later used to determine the amount of the cash grant a person would receive, which mostly ranged from BDT27,000 to 30,000 (GBP230 to 255).

"*It [the grant] saved our lives as we did not have money to survive the Covid pandemic. We had lost our income and could not go out to work due to the strict lockdown*."

Grant recipient, Sabrang Union

Training on technical and practical knowledge was provided to intended beneficiaries in accordance with their respective value chains. Technical training was provided by the appropriate government departments with additional support given in terms of financial management and financial literacy.

As part of this evaluation a number of meetings were held with community representatives (women and men) in Ashrayan Gucchogram, Jummapara Gazipara and Ulubunia Dalipara communities to receive their inputs and feedback on the activities provided through the V2R programmme. Many of the people spoken with from the livelihood support programme shared that they are now making a profit from their small business – auto rickshaw, grocery shops, agriculture and other related livelihood programmes:

- on receipt of his grant of BDT27,000 (GBP230), one man spoken with borrowed an additional BDT50,000 (GBP430) from his elder brother and, with a little of his own personal savings, bought a new auto rickshaw. After six months us work he was able to pay off his loan completely. Now his family is well off and his children attend school on a regular basis;
- another man who also purchased a auto rickshaw has – six months later – managed to purchase a piece of land and build a house. According to this person, it was difficult, if not impossible, for people in his situation to open a bank account and the banks were not interested in such custom. Now, however, as a result of BDRCS staff helping him open an account he knows the requirements of the process and has already started to place some savings in the account;
- a lady who was used to doing odd tailoring jobs for people from an early age benefitted from a grant and associated skills training to now be able to purchase cloth and make and sell dresses according to a range of designs. She now employs two other women to help make clothes and local wholesalers are in contact with her for specific orders. Profits from this work have been invested in livestock, buying and selling dried fish and other businesses: she hopes to shortly rent a shop in the local market place to sell her clothes.

While these, and other reports from grant beneficiaries, show that they have been able to protect their assets and are now practising their skills and making an income, some people also mentioned that they needed more time and financial assistance to confidently get their business running, which is to be expected given that not everyone was doing the same activity and some were able to start to generate income faster than others. What is interesting as well from speaking with people is the common desire to try and diversify their activities bit by bit: women in particular are attracted by the multiple options of cow rearing (and sale of milk), tailoring, poultry keeping and vegetable gardening.

Clearly, many women have been able to play a more open and active role in income generation at the household level as a result of their skills training and associated support.

These observations are supported by a finding from an internal mid-term review of the V2R programme by BRC and BDRCS which noted that" "…c*ommunities are very conservative and women normally do not leave their house. However, given that the community organisers are women, they have been able to engage and empower women from the community. As a result, women are more visible, are leaving the house and raising their voice. Women are apparently motivated by the [V2R] activities and are communicating their needs and what needs to be done in the future*". The current evaluation supports this finding and notes, in addition, that as many of the female members of the CDMCs are also the Committee's cashier/book keeper, they have been actively engaged in diversifying their livelihoods and skills following receipt of the conditional grant.

"M*obilisation of Community Organisers was key in this response as they are our essential link for communities."*

BDRCS Staff Member

5. KEY FINDINGS ALINGNED WITH THE CORE HUMANITARIAN STANDARD

5.1 HUMANITARIAN RESPONSE IS APPROPRIATE AND RELEVANT

From an overall perspective, findings from this evaluation note that the responses taken by BDRCS, BRC and SweRC in conjunction with government and other partners, are totally relevant and appropriate to peoples' needs: those in Camp 18 as well as host communities. Support provided by DEC to this programme over the past two years has helped address urgent and priority unforeseen needs on the one hand while strengthening peoples' resilience and livelihood security on the other, effectively building on existing initiatives.

In its auxiliary role to government, the BDRCS displayed one of its strengths by positively contributing to some of the government's own programmes. The establishment of the IITC, for example, meant that an additional 50 beds were made available for Covid-19 patients – a facility that was open to both host and guest communities. In addition, BDRCS-led awareness campaigns helped inform a great many people in Cox's Bazar and Teknaf Upazila of how to recognise Covid-19 symptoms, how to respond to these and how to take preventive measures to help avoid contracting or spreading the disease. Likewise, its support to the government led vaccination campaign, using its existing facilities, was another prime example of BDRCS adapting its "normal" programme of work to support government led initiatives.

While response measures to Covid-19 were of course a new and unplanned course of actions, certain aspects of the Movement's Operational Plan were maintained in order to continue to provide essential life supporting services. This was especially the case for both the WASH and livelihood support initiatives that were already underway prior to Covid-19. Extra measures were quickly started in terms of water provision to residents of Camp 18, for example, to help encourage wider hand washing activities and improved hygiene. At the same time, the provision of latrine construction materials – and accompanying training of masons to follow a culturally accepted model building – was an important contribution towards improving hygiene and health amongst selected households in host communities.

An important feature that stands out from the past two years of support has been the levels of consultation with different stakeholder groups – information that has been actively used to inform response planning in both situations. For the host communities, BRC and BDRCS conducted a

Vulnerability Capacity Assessment at the start of the V2R programme, according to which the initial response was planned and has since been adapted, as needed. Vulnerable groups including women, disabled and elderly groups have been consulted as part of the community need assessment process. Formation of and support provided to the CDMCs was an important stage in gaining insights into community needs, in identifying the most vulnerable people in need of support and in terms of building an internal community structure for information sharing and feedback.

Multiple sources of information have also been consulted at the camp level, mostly collected from the Block *Mahji*, the WASH committee members, hygiene promotion volunteers, tap stand committee members and community volunteers. All stakeholder groups – women, men, disabled persons, children and elderly members of society – have been engaged in various consultation processes over the past few years, and in particular on issues surrounding Covid-19. The Covid-19 response paid deliberate attention to meeting the most urgent needs first, which involved consideration of different stakeholders, in particular men and women, children, the elderly, vulnerable and the disabled. During this project period, for example, BDRCS started to install disabled friendly latrines in Camp 18, which included the construction of a pathway to provide easier access – a direct response to specific needs and priorities.

5.2 HUMANITARIAN RESPONSE IS EFFECTIVE AND TIMELY

Many of the activities supported by DEC funding are seen to have been very effective, particularly given that they built on pre-existing structures and approaches for WASH services and livelihood support. They were also timely, especially the grants provided to help protect and cushion peoples' livelihoods at a time when many people were unable to work or faced sudden and unprecedented demands in terms of family support.

With regards the promotion of hygiene messages around Covid-19, hygiene promotion teams in Camp 18 played a significant role in disseminating information on the importance of frequent and correct hand washing practices, on social distancing and the importance of wearing a face mask in a crowded public place. The evaluation understands that while social distancing and mask wearing were particular challenges in the circumstances, it also recognises the conscious efforts made by BDRCS and volunteers to avoid holding large meetings, switching to small groups only and even household visits which was far more demanding on their time.

People spoken with in both Camp 18 and host communities spoke favourable about the timely responses by BRC/BDRCS in meeting the needs of the affected people, especially vulnerable people. In Camp 18, for example, once a request is received from the community, BRC/BDRCS makes a requisition and, within a week, they are able to provide services/materials such as hygiene kits, soap, detergent powder, cleaning brushes and other products. This process has likely improved with the increasing levels of responsibility being taken on by BDRCS itself (in terms of logistics and financial management) but is also aided by the fact that the demand itself comes from the community through the community volunteers which is a very quick and effective route as they live within the community and are always available to be contacted, as needed.

5.3 HUMANITARIAN RESPONSE STRENGTHENS LOCAL CAPACITIES AND AVOIDS NEGATIVE EFFECTS

The need for strong, local capacities came to the fore at the start of the Covid-19 pandemic, particularly given travel restrictions that disrupted support and monitoring visits by staff to Camp 18 and host communities, in addition to meeting arrangements for information sharing and support. Even prior to this, however, a move had already started by the SweRC and BRC, in particular, to

strengthen the capacity of the BDRCS in terms of WASH and livelihoods programming and management. To this effect, and despite the restrictions faced on account of Covid-19, the evaluation noted a striking difference in the levels of engagement and ownership by BDRCS in both sets of activities compared with its previous evaluation conducted in 2019. Funding provided by DEC, while not directly supporting capacity building of the BDRCS *per se*, nonetheless enabled it to gain additional experience and expertise through implementation of the activities covered in this programme.

"*Today, the BDRCS teams working in Camp 18 (WASH) and Teknaf Upazila (V2R) are not looking to HQ for every decision: this shows confidence and ownership in what they are doing*."

BRC Staff Member

While not a specific line of investigation in this evaluation, the management style and capacity of the BDRCS at the Cox's Bazar level has improved a lot in relation to programme management[13]. Some staff have developed their capacity through additional training, for example, some community mobilisers were promoted to officers, officers promoted to senior officers and senior officers promoted to managers. As part of the SweRC's PMO Human Resources Strategy, the PNS made a deliberate reduction in the number of international personnel engaged in the WASH operation while at the same time increasing the number of national counterparts. Accompanying this, BDRCS appointed a dedicated PMO BDRCS Programme Manager for the SweRC-supported WASH programme.

Both the BRC and SweRC have covered their objectives in terms of building the capacity of BDRCS and have started to hand over some activities to BDRCS. From 1 July 2022, BRC will directly fund the BDRCS, for example, for procurement and financial management. At the same time, it is also acknowledged that some technical support is still required from the BRC/SweRC, with regards quality reporting, monitoring and evaluation, and co-ordination with other humanitarian agencies.

For WASH, the investment made in elaborating a comprehensive WASH Strategy can be singled out as a major transformation in this programme – an initiative that drew on resources from BDRCS, seven PNS, the ICRC and others. By maintaining this Strategy as an "evolving process", partners are now in a good position to be able to quickly and effectively identify and respond to unforeseen risks or unmet needs if they arise.

Close co-ordination and planning was a vital requirement early on in the Covid-19 response, particularly with national and district level government offices and, again, existing structures helped facilitate this. For example, implementing organisations needed to inform and engage the Upazila/Union chairman and government officials regarding changes planned for ongoing activities, including the identification and selection of intended beneficiaries of the multipurpose and conditional cash grants, for example. At the Camp level, authorities such as the CiC likewise needed to be consulted and kept informed of progress

Particular attention was given to addressing inclusion across the programme, ensuring that vulnerable and marginalised groups – including widow, women, adolescent girls and boys, people with a disability, the elderly and children – had an equal opportunity to participate and receive support. In Camp 18, for example, the grouping of widows in a concentrated area helped ensure that volunteers and others were able to easily remain in contact with these people and, from FGDs conducted during the current evaluation, people reported their satisfaction with the services they receive from BDRCS.

[13] The importance of this is also noteworthy given that BDRCS is now supporting activities in 17 of the district's 34 camps for guest communities, not only on WASH and livelihood security but also on protection and gender as well as promoting a greener environment.

Amongst participating communities in Teknaf, the existence of the CDMCs and presence of community mobilisers – and their active involvement in identifying and selecting eventual beneficiaries – helped ensure that support was received by the most vulnerable members of those communities.

5.4 HUMANITARIAN RESPONSE IS BASED UPON COMMUNICATION, PARTICIPATION AND FEEDBACK

A hallmark of this operation has been the extent to which both communities have been actively engaged during the course of the response. The BRC/BDCRS field staff have worked closely with the host community, primarily through Community Organisers and community representatives selected to form the CDMCs, though supplemented with other support from Cox's Bazar and Dhaka, as well as local government services, as needed. Project staff have consistently communicated with the CDMCs and held regular meetings prior to during implementation of the various activities. Members of the CDMCs spoken with during this evaluation reported being consulted at every step of the process, being especially active in ensuring that the beneficiaries selected were appropriate.

In addition to frequent direct communications, there are mechanisms for immediate feedback and action through the same channels as mentioned above. From discussions with members of the CDMC from Sabrang Union, the evaluation learned more about their involvement during the beneficiary selection process in their community. Once BDRCS shared a preliminary beneficiary list with the CDMC, its members then checked the names of people and made their own observations on the list, helping identify more vulnerable households who had been missed by the preliminary selection process. This was also an important opportunity to verify whether intended beneficiaries were really from the host community and could demonstrate that they possessed a national identity card.

Regarding the engagement strategy (communication, participation and feedback loops) in the context of Camp 18, the relevance and appropriateness of this system can be seen in the day-to-day activities conducted by the community volunteers. Based on direct feedback from women and adolescent girls in the camp, BDRCS has increased awareness raising and support on Menstrual Hygiene Management (MHM) and is now providing women with 10 pieces of cotton cloth as part of its MHM kit. Mention was, however, also made to a desire for single-use sanitary pads in future.

Most of the women spoken with also demonstrated their knowledge of protection issues, in particular the system to register a complaint – trying to solve the problem initially at the block level with the help of the Mahji, but if that fails then proceeding to the CiC. People were also aware of the hotline and complaint box for feedback at the BDRCS office gate, though their preference is for direct communications as mentioned above.

From discussions held in Camp-18 and host communities, it would appear that most people – including those vulnerable and marginalised groups – have not experienced any major problem in accessing and understanding information provided by the BDRCS. This is likely due to a combination of the fact that community volunteers and task-specific committees are at the forefront of information sharing, together with the fact that at least some of the information that was being dispersed was a repeat of earlier campaigns – hand washing, for example.

That said, however, credit should also be given to the fact that new information and awareness raising campaigns were also put together in a quick and effective way on Covid-19 messaging, for example. So too were the extra measures put in place to help intended recipients of either the multipurpose or conditional cash grants understand the process of receiving cash from the designated providers, which included the creation and staffing of a help desk in each of the 10 participating communities.

Although there is no overall assessment of the impact of the various cash grants to peoples' livelihoods, from discussions with some of the beneficiaries there is no question that this support was both welcome and timely. Clear beneficiary selection criteria, together with the involvement of CDMC members and community mobilisers (who were probably aware of peoples' circumstances) helped ensure good targeting from this support. Further consultations by BRC/BDRCS guided the ultimate design of activities provided ensuring that these focused on community needs. This helped address immediate and some longer term needs: for example, while the V2R project provided immediate skills training and financial support, it also helped bridge the gap between communities and service providers.

5.5 COMPLAINTS ARE WELCOMED AND ADDRESSED

A range of complaint mechanisms are in place in both Camp 18 and those host communities visited by the evaluation, with those in Camp 18 being more elaborate and better developed. From discussions held with representatives from both situations, however, people appeared to know about these systems, how they operated and what they might expect from them.

Members of host communities are able to make complaints and raise concerns through the Community Organiser or the Upazila Project Officer[14], in addition to two hotlines provided by BDRCS. For the latter, one is a dedicated national BDRCS hotline while the second is specific to the area of implementation. Sensitive cases are recorded and responded to within 72 hours while less sensitive cases are responded within seven days. Complaints that lie outside of "normal" or family-/neighbour-related issues may be taken up directly with the office of the Upazila Chairman.

In Camp 18, family/neighbour or more general complaints are usually first brought to the attention of the Block Mahji who will attempt to resolve the problem directly with those concerned. If, however, the matter cannot be resolved easily by the Mahji, the complaint may be elevated to the Camp-in-Charge who will then take a decision. In addition to these pathways, there is also a complaints box in the BDRCS compound which is regularly checked by staff.

Within the camp context, there are also a series of networks through which people can register complaints or make a request to the BDRCS. Community Volunteers are often approached by people who wish to have their concerns recorded while members of the various WASH-related committees are often approached if there is a problem with supplies or breakages. Complaints and feedback is routinely collected and acted upon without too much delay: these systems appear to be very effective and, by being operated by people from within the community, are indeed locally owned.

With regards any complaints about sexual exploitation and abuse, reported cases are mainly handled by the Protection, Gender and Inclusion (PGI) Officer who has guidelines for the referral of such cases. The PGI Officer is responsible for co-ordinating follow-up action on behalf of the person filing the complaint and refers them to the relevant agency dealing with protection issues so that they can get further support.

5.6 HUMANITARIAN RESPONSES ARE CO-ORDINATED AND COMPLEMENTARY

Support to the government's initial response to Covid-19 was closely co-ordinated with key actors, ensuring there was little duplication of effort while maximising the use of existing facilities, such as

[14] Though some people spoken with also mentioned contacting CDMC members if they had a complaint – recognition of the trust that people are starting to place in these structures, which is good in terms of their sustainability.

the Field Hospital cum IITC and resources – community volunteers. This was a critical time for the BDRCS in its auxiliary role to government and other humanitarian actors.

BDRCS was the main organisation providing support in relation to both WASH and livelihood security in both situations – having taken over more of the WASH component in Camp-18 from other organisations in the past few years. Apart from co-ordination with camp-based administration and local government services, the main level of co-ordination lies with PNS, in this context.

Managing the livelihood component of this programme, the current BDRCS field team is based in the Teknaf and has close and regular co-ordination with the beneficiaries, mainly through the Community Organiser and Upazila Project Officer. Periodic support visits are also made from Cox's Bazar and Dhaka. Maintaining contacts with local government, key figures, such as the Upazila Chairman have been invited to attend special events linked with activities, including the inaugural workshop and distributing programmes. One comment received from a few people by the evaluation team, however, requested closer and more frequent co-ordination between the V2R programme and local authorities.

Close co-ordination was also required with the delivery of the cash grants through the banking service as not all of the beneficiaries were familiar with the process. Essential guidance was provided by BRC/BDRCS staff in helping beneficiaries open their bank accounts and receive the cash disbursements. While this activity has now been concluded, many of the beneficiaries spoken with – in particular women – expressed their satisfaction with now knowing how to operate a bank account as they see this as being of benefit to them in the future.

Within the available resources and time available for this programme, it is apparent that the support provided was closely tailored to meeting priority needs. Improved access and structural facilities for some of the latrines in Camp 18, for example, have been welcomed by disabled persons. Likewise, the cash grants and other distributions of food to some host community households helped them get through what might otherwise have been a very difficult and challenging period. At the same time, however, requests for more comprehensive coverage of latrines – including adapted designs for pregnant women/people with disability under the WASH programme in host community could not be met under the current activity. This, to a degree, undermines the potential for a clean and health community environment as some people will have no choice but to continue to use open space for defecation.

5.7 HUMANITARIAN ACTORS CONTINUOUSLY LEARN AND IMPROVE

The suddenness, levels of uncertainty and lack of preparedness for a health pandemic such as Covid-19 meant that humanitarian actors in general were not in a good position to respond to the immediate threats posed at the time. Despite vast experience in emergency preparedness and response, very little of this was relevant or practical to the evolving situation and emerging needs.

Co-ordination was possibly an exception to the above and the fact that several PNS had had experience of planning and working together in Cox's Bazar with both communities, which was likely a major factor in the successful identification and delivery of DEC-supported assistance.

BDRCS worked hard to try to avoid any duplication of support, which was only possible with strong co-ordination within the sector and with other actors, including government services. The latter, for example, were responsible for some livelihood training to community members in Teknaf. While drawing on locally available skills, this deliberate move has also established direct links between the communities and government – in terms of agricultural support or livestock management, for example – which should endure in the future.

Within the pre-existing operations there was also some significant learning. The importance of a meaningful and comprehensive consultation process with intended beneficiaries is an important lesson from this operation. Resulting actions, which included the design and construction of disabled-friendly latrines (with improved access), the selection of volunteers from within communities, identification of the most vulnerable households for targeted support, the provision of portable solar lamps to households where latrines were not covered by installed facilities in Camp 18 and the provision of gas cylinders to selected households in host communities are just some instances where reflection of past activities and applying that learning are noteworthy.

Previous operations have also experienced the merits and possible risks with cash grant disbursements and particular consideration was given to this in the current project phase for host communities. While some people were already familiar with the bKash system, for others it was a new experience. Volunteers, community mobilisers and others, however, were always on hand to help people if they encountered an issue or problem: the establishment of a dedicated help desk in each of the 10 participating communities was an added bonus that was widely appreciated by recipients. Establishing direct links with banks was also acknowledged by several people spoken with during this evaluation as this had effectively helped them to grow on their chosen businesses independent of BDRCS.

5.8 STAFF IS SUPPORTED TO DO THEIR JOB EFFECTIVELY, AND ARE TREATED FAIRLY AND EQUITABLY

The early phase of the Covid-19 response was a difficult and unprecedented experience for many staff members and volunteers at the field level and Cox's Bazar, in particular. Not being able to meet with colleagues directly, hold meetings with community members and having to work from home was a particular challenge for many, particularly so for BDRCS staff who were used to working in a convivial office environment. Staff spoken with during this evaluation noted that they were aware of psychological trauma[15], but no training was apparently provided on stress management.

Staff retention at the field level appears to have been quite consistent, at least for the V2R programme given that many of the people interviewed during this evaluation were also present in 2019 when Proaction Consulting conducted an earlier evaluation. While these persons – and their counterparts in Camp 18 – managed to provide remote support to the various committee members in Camp 18 and CDMC members in Teknaf, the main driving force in this programme during lockdown in particular was the community volunteers in both situations. Without their presence and ability to engage – albeit it in a different manner – with communities, the situation would almost certainly have been far more serious.

Given this realisation, early training on Covid-19 response for community volunteers was of paramount importance. While staff, in general, have received various training on the response programme, additional attention continues to be needed on topics such as gender and protection to ensure that these and other vital considerations are fully integrated across the programme and remain a priority for all concerned.

Recognition of the important role played by female volunteers and staff led to the creation of a common room for women at the BDRCS office in Camp 18. The room is equipped with separate toilets, lights and a fan, allowing people to rest in some comfort when they return from the field. Female

[15] A helpline for psychosocial support was in operation for BRC staff at the early stages of the pandemic.

visitors to the office are also able to use the facility for breast feeding, in needed. The room also serves as a venue for awareness raising and training on MHM at times.

5.9 RESOURCES ARE MANAGED AND USED RESPONSIBLY FOR THEIR INTENDED PURPOSE

As shown in Section 4, most of the anticipated outputs that received DEC financial support have been reached – some have even been surpassed. This programme has had a strong and active monitoring service, which has often shown readiness to adapt and improve the quality of data collection and analysis, for example, by developing new reporting templates, training volunteers on digital data collection (which improves rigour – fewer mistakes when transferring data from paper to data registers – saves time and provides people with an additional skill). Thus, while the evaluation was not in a position to collect its own independent primary data to verify reported results, it is confident that the quality of data provided by BRC is robust and true.

Discussions with different stakeholders from the two communities also highlighted peoples' satisfaction with each of the different elements of programme evaluated here. This, again, demonstrates the relevance and appropriateness of these activities, in addition to their timeliness and ways of delivery.

Core humanitarian principles would appear to have been upheld, Codes of Conduct respected – signed in the case of BRC/BDRCS staff – and a seemingly high level of Duty of Care to volunteers, which included specific training on Covid-19 and insurance for at least some front-line workers during lockdown.

Procured goods, such as the materials for latrine construction in host communities, went through a carefully controlled competitive bidding process. An unavoidable rise in the price of some materials, due to market shortages, did however mean that slightly fewer latrines that anticipated could be constructed with the funds available. Preference was, however, given to local sourcing and procurement wherever possible, including the purchase of cloth for tailors to make facial coverings which were later purchased by BDRCS and distributes within the communities. Construction of the IITC itself also went through a rigorous tendering process.

While not specifically part of the DEC support, the SweRC's WASH programme in Camp 18 has given specific attention to environmental rehabilitation in recent years. This has included slope stabilisation (and essential accompanying infrastructure such as steps and paths to WASH facilities) and replanting with native species. The new sludge treatment plant the camp was also designed with certain environmental issues in mind, mainly to avoid contamination of water sources and to reduce the amount of energy needed to operate. One issue that should be considered as part of ongoing camp management, however, is the level of groundwater extraction, which was particularly high at the early stages of Covid-19 to encourage and facilitate more frequent handwashing.

6. SELECTED LESSONS LEARNED

Contextual analysis is key when designing emergency response actions
The past 12-18 months in particular, in Bangladesh, have shown the importance of understanding the national context of an emergency situation and how to start to address this. Regardless, perhaps, of the nature of the emergency. In the current instance, livelihood and economic considerations became a far more widespread and directly and immediately relevant concern to many individuals and households, than health concerns alone.

More attention should be given to findings and recommendations from emergency-related evaluations

All actors from the Movement in Bangladesh have experience in emergency preparedness and response, much of which has been well documented. Even though Covid-19 was perhaps an extreme emergency, with little direct, relevant experience to draw upon, there were nonetheless certain lessons from previous emergencies that could have been considered which might have helped with key decision making – in the contextual climate – during the early stages of this pandemic.

Reflecting on evaluation findings can result in positive changes

Proaction Consulting's 2019 independent evaluation of another DEC funded programme concluded that: "*A shortcoming in this intervention, in relation to co-ordination between BRC and BDRCS in both Teknaf and Camp 18, was an issue, with DEC activities not fully implemented as originally planned. BDRCS is considered not to have been in an initial position to take on the workloads in both Teknaf and Camp 18, to meet deliverables as anticipated*". The situation today[16] is quite different and the BDRCS is steadily taking on greater responsibilities not only in programme management but also the essential backstage support processes such as procurement and financial management. With assistance from other PNS, this though is to BDRCS's credit at a time when so many competing interests and needs abounded.

BDRCS should evaluate its existing medical structures for future epidemics

The ability of being able to construct a specialised treatment centre for Covid-19 alongside existing field hospital facilities should serve as a useful lesson for BDRCS as it stepped up its normal support to the government to assist with service provision at a time of need. As a stage in preparedness, BDRCS might consider which other of its existing facilities might be modified or refurbished to provide similar services should a need arise again in the future, including support to possible vaccination campaigns.

Community Engagement and Accountability should remain a core approach in ongoing work

Being able to draw on a robust CEA communication and feedback mechanism was of considerable importance in this response operation by sharing messages, dispelling Covid-19 myths, and receiving and acting on community feedback in a timely and responsive manner. This approach was also invaluable in gaining peoples' confidence and trust when difficult decision such as those concerning beneficiary selections were being taken.

Volunteers played a pivotal role in ensuring service/support continuity

The past two years have shown without a doubt the importance or investing in volunteers – many levels – in building a series of locally effective and dynamic networks, in building peoples' capacity and in learning from feedback from the different community groups that have been supported in this programme. With so much uncertainty around Covid-19, lockdowns and restricted staff movements, volunteer networks ensure that the Red Cross and Red Crescent Movement was able to continue to provide essential, life-saving services and counsel to a countless number of people.

Training volunteers is an effective approach to reach people within their own communities and build trust and confidence

The fact that community volunteers had been trained in conducting hygiene sessions, for example, ensured that they were able to continue their work – including providing advice on wearing a face mask, social distancing and hand washing – even when BDRCS staff were not able to visit the camp. Volunteers also too responsibility for distributing stocks of hygiene kits during lockdown, helping ensure that people were not inconvenienced by a disruption in these important supplies.

[16] The current evaluation does, however, acknowledge that its separate 2019 analysis was at a time when BRC was leading the support and development of the V2R programme in Teknaf Upazila, as BDRCS staffing capacity was not yet at the intended level.

Strengthening localised capacity is relevant and should be cost-effective, especially in an emergency situation

For the WASH and V2R activities supported by DEC, most project staff in charge of overseeing delivery and progress were based locally, which reduced overall costs as the salaries of branch staff are lower than HQ staff. Working with volunteers on the same programmes also reduced the cost-of-service delivery and support, in addition to fostering close relations with the respective communities.

Beneficiary selection

The meticulous process of identifying and verifying beneficiaries for the two series of cash grant distributions has been a lesson in itself, especially as it has shown up certain possible weaknesses such as the need to identify contact number of intended beneficiaries at the earliest possible stage to avoid later confusion. The degree of transparency, however, has been considerable.

Selecting volunteers from within the community pays dividends

Volunteers in Camp 18 are all drawn from the Rohingya community. This has had a very positive impact on communications, both internally within the community as well as with staff from BDRCS and other PNS. Women, for example, expressed that they are very comfortable discussing personal issues with female volunteers, compared with having to speak with an outsider. Having women representatives on WASH committees also means that other women and girls – who are mainly responsible for fetching water – are able to confidently discuss any issues or needs with these members.

Timing of cash grants can make a considerable difference for people

The post-distribution monitoring exercise of the multipurpose cash grants showed the importance of timing of payments. The second set of disbursements from 2021-2022 came at a time when money was needed to pay school fees and buy clothes and materials for children, in addition to being a key time for vegetable growers. The final instalment also had a positive impact on peoples; life during Ramadan by enabling them to purchase additional food and cloth for the Eid festival.

A **Real Time Learning exercise from IFRC's Covid-19 global operation** was published in January 2022[17] and contains a number of key takeaway messages that are re-iterated here as many of them are supportive of some of the issues raised in this independent evaluation and should be considered further by BDRCS and all those PNS engaged with the PMO in Bangladesh. The findings include:

- √ invest in strengthening and institutionalising the multi-hazard response capacities of National Societies;
- √ identify/revise cross-cutting issues and produce instructions for their mainstreaming into all response operations;
- √ ensure regular and systematic revision of Business Continuity Plans based on changing local contexts;
- √ enhance the internal co-ordination mechanisms within the IFRC and National Societies, including co-ordination between HQ and branches;
- √ ensure that the National Societies have access to digital tools facilitating co-ordination and information exchange;
- √ strengthen the Movement Co-ordination Mechanisms;
- √ ensure Movement-wide consistent data management and exchange to enhance the response;
- √ strengthen the National Society's Auxiliary Role and invest into cultivating and enhancing meaningful partnerships with public authorities and external stakeholders; and

[17] https://www.ifrc.org/media/50169

√ ensure the institutional strengthening of National Societies, involving the generic and technical capacity building of its staff and volunteers, and the establishment/enhancement of the existing volunteer management systems.

7. ACTIONABLE RECOMMENDATIONS

7.1 HEALTH EMERGENCY CONSIDERATIONS

Measures are needed to prepare for future potential health and medical emergencies.
Preparedness is key for emergency health and medical services. BDRCS management – and broader actors within the Movement – should recognise this, learn from its/their experience in addressing Covid-19 over the past two years and invest appropriately in research and staff capacity to be prepared for a future eventuality of this nature and scale. Having a pool of skilled human resources to hand is especially important in health-related emergency preparedness and response as such skills cannot be hired immediately and are likely to be in high demand should an epidemic/pandemic situation occur again. Preparedness of such a nature would also help position BDRCS for future responses to outbreaks of Cholera and Acute Watery Diarrhoea, for example. Given that Bangladesh is a high priority country for the eradication of cholera, BDRCS could benefit from other preparedness and control training like the Branch Transmission Intervention Team for cholera eradication, which is focused on localisation of the response and capacity building of the National Society branch staff.

Review and amend conditions for staff and volunteers supporting future specialist facilities such as the IITC.
Working in a specialist facility such as the IITC requires specific measures to be put in place from the outset. Making sure people are confident with decisions in what could be life-threatening situations is imperative. Staff and volunteers who are being asked to work outside what would be considered normal comfort zones for most people, need to have the best advice and guidance and the best protective measures possible. Specific measures need to be defined and respected with regards work conditions and expectations, working times and rota, free time and others, in addition to having access to psychological support and other stress-related support, as needed. Management needs to respect the extra pressure being put on key personnel at such time, make necessary allowances for this and provide clear recognition for the dedicated work such people provide.

Reasonable stockpiles of regularly distributed materials should be considered in camps.
The lockdown experience demonstrated the importance of having essential materials such as hygiene kits already stored in Camp 18, given peoples' growing dependence on hygiene kits and other WASH-related materials. Even at such times – as clearly demonstrated during this phase of activities – local volunteers were able to organise and distribute hygiene kits at a time when BDRCS or BRC staff were not able to travel to Camp 18. Possible materials might include hygiene kits, rehydration powders and hand washing and latrine/washing block cleaning materials. Extra measures might, however, need to be considered from a security perspective in terms of stored materials.

7.2 WASH RELATED ISSUES

BDRCS might consider additional training courses such as the Epidemic Control for Volunteers.
To help prepare volunteers – and other community members – to respond effectively and rapidly at the very start of an outbreak, additional training such as the two-day ECV training provided in this instance. The Branch Transmission Intervention Team training on cholera preparedness and control might be considered.

Additional training and awareness raising is still required on some core WASH activities and services.

Significant progress has seemingly been made in providing quality WASH services and infrastructure to a larger part of Camp-18 compared with 2-3 years ago, largely through support from SweRC to the BDRCS. Several areas where improvements or attention are still required, however, were raised with the evaluation and should be considered in a future phase of support:

- separate sessions on hygiene and MHM are required for men as well as women;
- tap stand committee members should receive basic training on how to assess repair needs and requirements, access spare parts and, where possible, repair taps, which would contribute to faster repairs and resumption of good services, as well as less water loss; and
- WASH and Tap Stand committees at the block level should be on a rotation of *circa* six months, to develop a broader sense of ownership and shared responsibility.

Urgent attention is needed for some WASH Infrastructure.

The evaluation recognises the challenges and limitations posed by the topography and terrain in Camp 18, in addition to the level of congestion. It also acknowledges the significant investments in WASH infrastructure already made by the Movement from the outset of this PMO. Currently, as identified from people spoken with in the Camp, as well as staff, some latrines – which could have been installed by other organisations during the earlier phases of support to the camp – need to be repaired while others need to be relocated as they are not safe for use. There were also calls for extensions to some of the piped water structures to reach remote parts of the camp. An additional/alternative solution needs to be found and put in place to ease the burden associated with desludging those latrines that are located far from the treatment centre. These, and related, elements of WASH infrastructure lifespan and expected extensions should be integrated into the WASH Strategy for Camp 18.

WASH findings from this evaluation should be shared with other camp-based actors.

The evaluation recognises that the BDRCS – with support from SweRC and IFRC – has started to rehabilitate, upgrade repair or replace certain WASH-related facilities and services in Camp 18. As mentioned above, this is an ongoing need and investment. Findings on the above, however, should be shared with the Intersectoral Co-ordination Group in Cox's Bazar to advocate for other humanitarian agencies present in Camp 18 to also contribute to improvements of the WASH – and other key – facilities.

Maintaining the enthusiasm and willingness of community volunteers is essential.

The evaluation was struck by the degree of volunteer engagement in this programme and its seeming effectiveness overall in the camp context. Some volunteers spoken with did however express a desire for additional training and responsibility whilst others, such as members of WASH Committees, felt underappreciated, and which presents a potential risk to the ongoing success and future sustainability of these interventions.

7.3 VULNERABILITY TO RESILIENCE-RELATED ISSUES

Explore options (and conditions) to spread the benefits of certain livelihood activities supported by conditional grants.

Supporting a single household (member) with a conditional cash grant, while beneficial, misses opportunities for the possible multiplication of benefits beyond the immediate direct beneficiaries. People who venture into livestock keeping (especially ruminants and poultry), for example, should be encouraged to share at least one offspring per litter with other non-beneficiaries. Such a gradual multiplier effect would benefit the broader community and could help reduce residual tensions that might have persisted around beneficiary selection.

Facilitating links with banking services was an important step in promoting confidence and future independence for personal/business savings.
Directly linking beneficiaries with banking institutions was a strategic, and potentially beneficial choice, enabling and encouraging beneficiaries on conditional cash grants to start their independent banking and saving activities. While the conditions of the arrangement with Sonali Bank seem to have been well negotiated, programme staff should be vigilant to ensure that such arrangements do not encourage or enable banks to pursue their own commercial interests such as encouraging beneficiaries to open extra bank accounts, which could jeopardise the success of the person's own achievements in addition to broader humanitarian and development interventions.

Some existing CDMC structures require additional support.
The CDMC structure is a pivotal component of the entire V2R philosophy and considerable work has been achieved with the 10 participating structures. At the same time, however, it is recognised that not all of these are at the same level of development and attainment. Additional training support is needed – on a need identified basis – for some CDMCs. Demonstrating their effectiveness and capacities will likely be an important point in future discussions with government as BDRCS/BRC work towards having CDMCs establish stronger links with Ward, Union and District level disaster management authorities, with a goal towards sustainability.

More evidence needs to be gathered around the improvements to and potential sustainability of activities specifically funded by conditional grants.
The evaluation recognises that the complete disbursements of conditional grants has only recently been concluded and that time is needed for recipients to consolidate their activities. It is important – looking to the future – however, that evidence is gather as to the effectiveness (or not) of these conditional grants, matched against specific parameters such as peoples' business plans, the value chains selected, the level of support and training provided to recipients and so forth. Coming out of an emergency situation where peoples' livelihoods were clearly being put at risk should provide vital learning for future programmes of this nature.

7.4 GENERAL RECOMMENDATIONS

Social topics needs to be addressed within the context of the V2R programme.
There were widespread calls for broader social topics to receive additional focus within the scope of the V2R programme in Teknaf Upazila. Particular challenges experienced include domestic violence, child marriage, human trafficking and child labour. While protection and gender issues are being streamlined into the programme, more needs to be done in order to make the impact of this approach more robust and lasting, in general. Local religious leaders, Imams and other community leaders should be involved in raising awareness of protection issues.

BRC Management should review its approach for handling multi-country DEC appeals.
Support from DEC to BRC's Covid-19 response covered five countries in total – Bangladesh, India, Somalia, Syria and Yemen. The lack of clear criteria for the selection of some countries and specific activities funded was not apparent to people spoken with during this evaluation. A general consensus was that BRC's own priority operations should have been considered first. Moreover, some countries operations did not have the capacity to absorb their fund allocation within the timeframe available and as the funds were managed by several people there was not a possibility to identify such challenges and request for reallocation of funds within the timeframe available.

Continue to share lessons and experiences with other Movement actors.
The need to continue analysing experiences and documenting best practices from all three activities covered in this DEC-funded package is clear, given that needs and approaches are evolving all of the

time. Lessons from the V2R programme in Teknaf have already been shared with IFRC and the German Red Cross who are supporting other similar programmes elsewhere in the country. So too are some of the tools and approaches that have been applied. The same relates to WASH, CEA, PGI and related activities given that BDRCS is working in 17 camps in total in the country.

ANNEX I EVALUATION TERMS OF REFERENCE

COVID-19 Response and Recovery Operations in Bangladesh: Evaluation of activities funded by the DEC

Summary

Purpose: An independent evaluation of the Bangladesh Red Crescent Society (BDRCS) and the British Red Cross (BRC) support to refugees and host communities in Cox's Bazar and Teknaf in response to COVID-19, funded by the Disaster Emergency Committee (DEC).

Commissioner: Gen De Jesus, Bangladesh Country Manager, British Red Cross

Evaluation manager: Kaustubh Kukde, British Red Cross

Timeframe: *May 2022 to July 2022*

Locations: Cox's Bazar (Bangladesh) and/or remotely

BACKGROUND

Context and background

The COVID-19 pandemic is unprecedented in recent history. More than two years since the onset of the pandemic in January 2020, every aspect of peoples' lives is still affected. It is both a public health crisis and a socioeconomic crisis that is threatening the lives, health, and livelihoods of billions of people all over the world. It has resulted in global lockdowns and widespread travel restrictions throughout 202, 2021 and 2022.

The impact of the pandemic is being most strongly felt by people already affected by displacement, conflict, food insecurity and natural disasters. In addition to the impact of public health and the ability of health systems to provide continuous care, the resulting socioeconomic impacts have caused widespread hardship and will continue for many more months and years to come.

The British Red Cross (BRC) received funding from the DEC COVID-19 appeal in Phases 1 and 2 to support activities in Bangladesh, Syria, Yemen, India and Somalia. As of February 2022, DEC funding supported different components of the BDRCS COVID-19 response and recovery operations in Cox's Bazar, as follows:

- Supporting the BRC-BDRCS Resilience programme in Teknaf[18], funding livelihoods, WASH, and health interventions (BRC-BDRCS bilateral programme)
- Health component of the BDRCS COVID-19 Plan of Action, targeting guest communities in the camps (IFRC Appeal) in Cox's Bazar.
- WASH activities, targeting guest communities living in Camp 18 (consortium between the Swedish Red Cross, BDRCS and BRC).

An evaluation showing how these funds were used will be required before the end of Phase 2 (July 2022).

Red Cross Red Crescent Movement Response

The Red Cross and Red Crescent Movement is uniquely placed to respond to the pandemic. More than two years since the onset the focus remains on supporting communities to reduce transmission and

[18] The surrounding area of Cox's Bazar where support is provided to host communities by BDRCS.

save lives, while helping the world's most vulnerable people cope with its wide-ranging impacts. National Societies are supporting their domestic health authorities to slow the spread and/or mitigate the impact of the outbreak, and many are supporting national vaccination campaigns.

The IFRC is supporting National Societies with a global appeal that is coordinating the mobilisation of resources and technical capacity, and a targeted IFRC immunization plan aims to help 500 million people around the world. The ICRC is tackling the outbreak in some of the most challenging contexts and settings, including places of armed conflict and places of detention. Together, the IFRC and the ICRC are appealing for CHF 3.1 billion to respond to the COVID-19 pandemic and its socioeconomic impacts. These coordinated appeals build on the previous ones, jointly launched on 26 March 2020, and represent perhaps the largest coordinated Movement emergency response plan in its history.

The overall objective of the COVID-19 operation is to contribute to reducing loss of life, while protecting the safety, well-being, and livelihoods of the most vulnerable people. This revised Emergency Appeal highlights a continuous focus on the work of National Societies to deliver this response. The operational framework for the COVID-19 response is set out according to the three operational priorities:
Priority 1: Sustaining Health and WASH
Priority 2: Addressing socio-economic impact
Priority 3: Strengthening National Societies

BRC Global Response
BRC is responding to the COVID-19 crisis in a variety of ways, with an overarching principle of contributing to a well-coordinated Movement effort, led at country level by National Societies. It is also guided by acknowledgement of the protracted and layered nature of the humanitarian impacts of COVID-19, and the need for ongoing response and other interventions and partnerships to be supported and sustained with this complexity in mind.

In Bangladesh BRC supports BDRCS' response with funds received by the DEC, among others. Activities funded by DEC include health and WASH activities in refugee camps in Cox's Bazar and livelihoods and WASH activities in host communities in Teknaf.

Bangladesh Red Crescent Society (BDRCS) Response
The Bangladesh Red Crescent Society (BDRCS) has been responding to COVID-19 across Bangladesh working closely with the Government of Bangladesh. Services and areas of work include health, livelihoods, basic needs, risk communication and community engagement, gender, and protection. Health work include psychosocial-social support, infection prevention and control, hygiene promotion, COVID-19 isolation, and treatment management in health facilities such as the BDRCS Holy Family Red Crescent Medical College Hospital and the Integrated Isolation and Treatment Centres (IITC) in Cox's Bazar. BDRCS also supports to the government in the roll-out of COVID-19 vaccines across the country and provides access to essential healthcare through Mother and Child Health Care centres and other health posts.

In Cox's Bazar, BDRCS has been working with host and guest communities under the Population Movement Operation (PMO). BDRCS, along with IFRC and other partners, has had to cope with the pandemic, the ongoing population movement crisis as well as other emergencies such as fires and flooding.

PURPOSE AND SCOPE

The purpose is to evaluate, summarise and generate lessons on service quality and activities implemented in response to COVID-19 in Teknaf and Cox's Bazar, while focusing on the role of BDRCS.

Given the uniqueness of the pandemic and the learning opportunities an evaluation can generate, BDRCS and BRC would like to focus on understanding what it takes for a National Society to adjust to a pandemic whilst also responding to other emergencies and providing ongoing services, using the response in Cox's Bazar and Teknaf as an example.

The area to cover will be Cox's Bazar and surrounding host communities in Teknaf, including non-COVID-19 responses implemented concurrently, as well as 'business as usual' services provided by BDRCS in the same area.

The evaluation should cover Phase 1 (August 2020 to January 2021) and Phase 2 (February 2021 to July 2022[19]) of the DEC funding cycle for COVID-19 response.

USERS AND USES

- Red Cross Red Crescent Movement
- DEC members
- Wider sector (e.g., local NGOs or CSOs)

EVALUATION FOCUS

COVID-19 and Localisation

Since the Grand Bargain, the localisation agenda has become prominent, calling for change in our ways of working so that national actors can play an increased and more prominent role in humanitarian response. For Red Cross Red Crescent National Societies this is a given, although cooperation with partner National Societies from the global north, including receiving financial, operational, and technical support, is common. However, COVID-19 has presented a new reality to the humanitarian sector - access challenges and movement restrictions for many international agency staff has been limited and has changed the way in which we work, further stressing the importance of localised aid.

The evaluation will therefore focus on learning at the organisational level, looking at the role of the National Society responding to a public health emergency as an auxiliary to the public authorities in the humanitarian field, while providing ongoing services and implementing humanitarian and development projects.

The quality of activities implemented in response to COVID-19 in Teknaf will also be assessed using recent evaluations and studies commissioned by BDRCS, BRC and partners. Focus will be given to assessing the effectiveness of the adjustments in relation to COVID-19. For example, early in the pandemic, BDRCS and BRC assessed the effects of COVID-19 restrictions on livelihoods in Teknaf and adapted planned activities as a result. The evaluation will look at what has been done to mitigate negative impact and the extent to which it has been successful.

Where appropriate, relevant Core Humanitarian Standards (CHS) commitments and quality criteria will be used as the basis of the evaluation.

[19] The evaluation will take place before the end of Phase 2 and therefore may not cover the months of May to July.

Suggested areas of focus, key questions and alignment to the CHS:

CHS commitment	Quality criterion
Commitment 1: Communities and people affected by crisis receive assistance appropriate and relevant to their needs. **Commitment 2**: Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.	Humanitarian response is appropriate and relevant. Humanitarian response is effective and timely.
Area of focus/questions: Quality of service provided and activities implemented in response to COVID-19 What and how adjustments to COVID-19 of ongoing projects/activities were made	
CHS commitment	**Quality criterion**
Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.	Humanitarian actors continuously learn and improve
Area of focus/questions: BDRCS ability to continue implementing the Population Movement Operation Humanitarian actors continuously learn and improve	
Commitment 4: Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them. Commitment 5: Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.	Humanitarian response is based on communication, participation and feedback. Complaints are welcomed and addressed.
Area of focus: Impact COVID-19 restrictions on the ability to engage and mobilise communities.	

APPROACH AND METHODOLOGY

- Recent studies and evaluations took place to assess the quality-of-service provision in Teknaf and an evaluation of the support provided in Cox's Bazar (WASH in camps) is planned. Considering the timing of these studies, primary data collection from community members is not required for this evaluation.
- A synthesis of recent studies and reviews is a core part of this evaluation and should be reflected in the evaluation framework, design and final report.
- The evaluation will utilise a mixed method approach including interviews/FGD with staff members and volunteers at the HQ, PMO and branch, as well as a survey if needed.
- Triangulation of findings across different sources is expected, also in relation to findings from the synthesis of previous studies.
- The evaluation will adhere to BRC's evaluation standards: utility; feasibility; ethics and legality (including data protection); independence and impartiality; accuracy; participation and collaboration.

Recent Evaluations & Studies

- V2R Cox's Bazar project final evaluation, commissioned by BDRCS and BRC in October 2021

- V2R Cox's Bazar project final lesson learned workshop, commissioned by BDRCS and BRC in December 2021
- Cox's Bazar WASH programme (in camps) evaluation, commissioned by the Swedish Red Cross and BDRCS (expected in Q2 2022)

EVALUATION PROCESS AND DELIVERABLES

The expected deliverables will adhere to the BRC Evaluation Quality and Standards (Annex. 1) are as follows:

An inception report, presenting:

- A detailed methodology based on this ToR, including a rationale for the choice of methods and how they will be used. This should include planned timeframe, list of stakeholders to be consulted, protocols for data synthesis, collection and analysis, ethical procedures to be followed and proposed travel and logistical arrangements for the team if applicable.
- Initial findings based on review of programme documentation, existing data, prior evaluations/reviews and secondary data.
- An outline of key knowledge gaps not covered by this ToR and any suggested additions/alterations to the proposed evaluation.
- One electronic copy of qualitative and quantitative data collected.
- Draft and final versions of the evaluation report/outputs. The evaluation report should:
    - Include an Executive Summary, brief response background, outline of the methodology used and acknowledge its limitations, findings and recommendations by evaluation criteria used and questions.
    - Ensure analysis is backed up with relevant data and validated with reference to the data source.
    - Ensure recommendations made are specific and include relevant details for howthey might be implemented.
- A presentation for dissemination of findings and recommendations which can be used by BRC or BDRCS in learning events and conferences.

TIMEFRAME

Evaluation task/ output	Date (TBC)
Kick off meeting	Late April / Early May
Data analysis and synthesis	May
Validation workshop	Mid-June
Draft report submitted	Early July
Feedback on draft report shared	Mid July
Final report submitted	End of July

BUDGET

An indicative budget for this evaluation is GBP 20,000 inclusive of all costs.

CONSULTANT SPECIFICATION

Required

- Prior experience conducting evaluations, reviews and/or learning initiatives, including methodology design, data collection and analysis.
- Prior experience reviewing and synthesising large amount of information and datasets.
- Demonstrable skills in producing high quality, accessible reports/outputs.
- Considerable technical knowledge and experience in international emergency response operations, health and livelihoods.
- Fluency in written and spoken English
- Knowledge and experience of the Red Cross Red Crescent Movement
- Experience working in Bangladesh

APPLICATION PROCEDURES

We will consider applications from consultancy firms, individual consultants and/or teams of individual consultants.

Interested parties should submit their applications to chaity@redcross.org.uk by midnight (BST).

Applications must include:

- Curricula Vitae (CV) for all proposed team members
- Cover letter outlining how the consultants meets the person specification, confirming of availability in the timeframe indicated, and contact details for two professional references
- Proposal not exceeding six pages, outlining a proposed approach and methodology with time plan and budget, and an outline of the roles and responsibilities of each member of the consultancy team
- An indicative budget
- A sample of a similar piece of work previously conducted

ANNEX II FIELD SCHEDULE

PARTICULARS	NAME OF COMMUNITY	TYPE OF INTERVIEW	PARICIPANTS NUMBERS/NAME	DATE
Upazila Chairman	At Upazilla Compound	KII	Chairman	20 July
Individual meeting with male & female beneficiaries from sanitation beneficiaries	Jummapara Gazipara	FGD - mixed group	5-7 persons	20 July
Meeting with female beneficiaries Business Development	Jummapara Gazipara	FGD - female	5-7 persons	20 July
Individual meeting with male & female beneficiaries	Jummapara Gazipara	KII	2 (1 male & 1 female)	20 July
Meeting with male beneficiaries (Business Development)	Jummapara Gazipara	FGD - male	5-7 persons	20 July
Meeting with CDMC's	Jummapara Gazipara	FGD & KII	10-15 CDMC members	20 July
Individual meeting with male & female beneficiaries from sanitation beneficiaries	Ashrayan Gucchogram	FGD - mixed group	5-7 persons	21 July
Meeting with female beneficiaries (Business Development)	Ashrayan Gucchogram	FGD - female	5-7 persons	21 July
Individual meeting with male & female beneficiaries	Ashrayan Gucchogram	KII	2 (1 male & 1 female)	21 July
Meeting with male beneficiaries (Business Development)	Ashrayan Gucchogram	FGD - male	5-7 persons	21 July
Meeting with CDMC's	Ashrayan Gucchogram	FGD & KII	10-15 CDMC members	21 July

ANNEX III PEOPLE MET/INTERVIEWED AS PART OF THIS EVALUATION

PERSON/GROUP	WOMEN	MEN
TEKNAF		
Upazila Chairman (KII)	-	1
Ashrayan Gucchogram Community, Sabrang Union (FGD)	7 (WASH beneficiaries)	5 (WASH beneficiaries)
Community beneficiaries (FGD)	8 (business development)	6 (business development)
Ashrayan Gucchogram Community, Sabrang Union (FGD)	8 (multi- purpose grant recipients)	7 (multi-purpose cash grant recipients)
Ashrayan Gucchogram Community, Sabrang Union (KII/HH visits)	3 (KII with WASH, multi-purpose and conditional cash grant)	2 (KII with multi-purpose and conditional cash grant recipients)
CDMC mambers	8	6
Jummapara Gazipara Community (FGD)	7 (WASH beneficiaries)	6 (WASH beneficiaries)
Jummapara Gazipara Community (FGD)	7 (multi-purpose cash grant recipients)	5 (multi-purpose cash grant recipients
Jummapara Gazipara Community (FGD)	8 (conditional cash grant recipients)	7 (conditional cash grant recipients)
Jummapara Gazipara Community (KII)	2 (multi-purpose cash grant and conditional cash grant recipients)	2 (multi-purpose and conditional cash grant recipients)
CDMC members (FGD)	9	6
Sub-total	**67**	**53**
CAMP 18		
WASH Committees	6	4
Hygiene Promoters	8	6
Tap Stand Committees	4	-
Community Volunteers	8	6
Sub-total	**26**	**16**
INDIVIDUALS (BRC/SweRC/BDRCS/OTHER)		
Mr Khurshid Alam, BDRCS Secretary, Cox's Bazar District		√
M A Halim, Director and Head of Operations, PMO, BDRCS		√
Md Belal Hossain, Director Community Development, BDRCS		√
Rezaul Karim, Deputy Director and Project Manager (V2R Project), BDRCS		√
Hrushikesh Harichandan, Head of Sub-Delegation, PMO, IFRC		√
Engr Md Khairul Bashar, WASH Manager, BDRCS		√
Md Saiful Islam, Unit Level Officer, V2R, Cox's Bazar		√
Dr Somen Palit. Health Manager, IFRC		√
Dr Bayezeed, Health Manager, BDRCS		√
Biblop Barua, Liaison Officer, BRC		√
Iftekhar Alam Rumi, WASH Programme Manager, SweRC		√

Tapas Kanti Das, Senior WASH Engineer, SweRC		√
Mohammad Rashid, Field Co-ordinator Teknaf, BDRCS		√
Abonindro Karmakar, DRR and Livelihoods Officer Teknaf, BDRCS		√
Musfiqur Rahman, Project Officer, BDRCS		√
Arefin Noman, PMEAL Officer, BDRCS		√
Bibi Mariam, PGI/CEA Officer, BDRCS	√	
Tanvir Ahmed, Technical WASH Officer, BDRCS		√
Illias Shah, Upazila Project Officer		√
Amainul Islam Upazila Project Officer		√
Mehedi Hasan, Senior WASH Officer, Camp 18		√
Md. Mashu Billah, WASH Officer (Hygiene Promotion), Camp 18		√
Gen de Jesus, BRC Country Manager	√	
Kaustubh Kukde, Programme Management Delegate, BRC		√
Ben Chadwick, Former Programme Manager, BRC		√
Thomas Viger, Former Head of Delegation SweRC		√
Tamar Gabay, PMEAL Co-ordinator, BRC	√	
Magda Rios-Mendez, Grants Management Delegate, BRC	√	
Sub-total	**4**	**24**

SUMMARY

SITE	WOMEN	MEN
Teknaf communities	67	53
Camp 18	26	16
Individuals	4	24
Sub-totals	**97**	**93**
TOTAL	**190**	

ANNEX IV EVALUATION TEAM COMPOSITION

This evaluation was conducted by Ms Krajai Chowdhury and David Stone, on behalf of Proaction Consulting.

Evaluation Assistant: Ms Krajai Chowdhury is a Senior Associate of Proaction Consulting in Bangladesh and, in assuming a lead role for conducting face to face KIIs and FGDs in this evaluation, gave particular attention to the inclusion of the elderly and vulnerable, women and children/adolescents on this assignment, focusing on Gender, Protection, Livelihoods and WASH, in particular, and the response taken in relation to these with Covid-19. Krajai's experience spans programme development and evaluation with a wide range of humanitarian and development-oriented NGOs, often in remote regions following conflict or crisis.

Evaluation Lead: David has considerable experience in designing and leading evaluations such as this – including under remote circumstance such as in this instance. David has a strong background of working with communities who are vulnerable to and at risk from conflict, disasters and climate change (with IFRC, BDRCS, BRC, UNHCR, IOM, CARE International, Plan International and many others) and has already conducted many independent evaluations in Bangladesh, in addition to some Covid-19 response evaluations. He has extensive experience of evaluating a wide range of sectors and cross-cutting themes, both in humanitarian and development contexts.

Krajai and David have worked together on many evaluations in Cox's Bazar in connection with the presence of displaced persons from Myanmar, in addition to programmes designed to support host communities, mostly in relation to environmental management, disaster risk reduction and resilience building and livelihood security. This includes previous evaluations with the BRC and BDRCS on DEC (and other) supported initiatives.

ANNEX V GUIDING QUESTIONS FOR FOCUS GROUP DISCUSSIONS AND KEY INFORMANT INTERVIEWS

OUTCOME A1 (PHASE 1). REHABILITATION AND MODIFICATION OF A FIELD HOSPITAL TO AN INTEGRATED ISOLATION AND TREATMENT CENTRE (IITC)

and

OUTCOME B (PHASE 2). NUMBER OF PATIENTS WITH COVID-19 SYMPTOMS TREATED AT THE IITC

AUDIENCE: IITC Staff (Remote Interviews)

NOTE: Q15-19 are quite personal, so the evaluator will need to take particular care when asking. They will only be asked if the interviewer judges the situation to be OK.

When was the decision taken to upgrade the Field Hospital to and IITC an who took this decision? Is this the only such facility supported by BDRCS or are there similar Centres in other camps/communities?

What were the main requirements – materials, vital equipment, staffing and training to upgrade the existing Field Hospital to a fully functioning IITC?

What were the main challenges for BDRCS in doing this and how were these addressed? Did the BDRCS have any previous experience of setting up a specialised unit like this? Was it able to apply previous experience or was this a highly specialised response?

If DEC funding had not been obtained, would BDRCS have tried to build and staff this facility on its own, or with support from a Partner National Society?

Rehabilitation of the IITC has now been completed. What, in your experience was the most important function served by this facility? Please explain. [Probe around Testing, Isolation, treatment, etc.]

Does the Centre have special facilities for women, children, PWD, elderly people? Please explain and describe.

Was the Centre open to people coming on their own desire (concern) or did they need to be referred by the Disease Response Unit or World Health Organisation? Was this fair? Was it effective?

How was awareness shared about the existence of this Centre? In the Camps and in the neighbouring community? [Response should describe the Health Outreach Team.]

What was the main (most used) service/purpose of the Centre?

Was this the only such Centre in the two camps and host community, or were there others?

How did the running and management of this Centre match with government activities related to the Covid-19 response?

As a field-based isolation and treatment centre, how would you describe the quality of support and services provided to patients? Were there any failings or shortcoming when special treatment was required?

Did management of the Centre ensure Duty of Care to all of its workers, at all times? Please describe.

If this Centre had not been established, what do you think the consequences would have been?

Now that DEC funding has been concluded, what is the future for this Centre?

Is there an Exit Strategy within BDRCS to hand over this facility to government?

*In your opinion, were you -- from a personal and professional perspective – given sufficient and correct guidance and support to working in this Centre while so many uncertainties surrounded Covid-19? [**And remind the person that her/his comments are confidential**].*

*From a personal and professional perspective, do you think that BDRCS took all necessary precautions, at all times, to provide **Duty of Care** for you and other staff/Volunteers working at the IITC? Please describe [**And remind the person that her/his comments are confidential**].*

Did you/fellow staff and colleagues, have access to psychological support or similar welfare support while working the IITC over the past 2 years, or even for part of this time?

If you had a concern or worry about something you saw or were told about the support or services provided, were there appropriate channels of communication available to you withing BDRCS to raise these issues, without fearing any repercussions? Please describe.

Did you ever use these channels of communication and, if so, what was the response?

What are some of the main lessons you have learned from working at the IITC?

Do you have any recommendations as to how things might have been done differently, or could still be improved? Do you have any suggestions for improving the current IITC?

Is there anything else you would like to mention to us today?

Thank you for your time and for sharing your thoughts and observations.

OUTCOME B1 (PHASE 1). PEOPLE ASSISTED WITH MEETING BASIC NEEDS TO AVOID NEGATIVE COPING PRACTICES DUE TO COVID-19 RELATED IMPACTS

AUDIENCE: Phase 1 – Female and Male beneficiaries from 2 host communities – FGDs

Why do you think you were selected to receive a cash grant from the BDRCS?

Were you consulted ahead of time about the possibility to receive a cash grant? If "Yes", who contacted you? [This could be CDMCs, Community mobilisers, BDRCS field staff or others.]

Did the people who contacted you explain the process clearly to you or were you confused about this? Please describe.

Were you aware of the criteria for selecting potential participants in this activity? Were the criteria used clear to you or did you have difficulty understanding these? Please explain.

Did you understand the process of receiving cash? Had you had previous experience of using bcash or was this the first time you used this? What are your thoughts on this process? {Probe for positives and challenges with using the system.}

Did you experience any challenges in accessing the cash grant? Please describe?

Did you have a Help Group in your community to help address any queries you had? Was this useful? If "Yes" or "No" why?

What did you use the cash grant for? Was this to support a previous livelihood or to start something new?

Prior to receiving this grant, did you develop a business plan to help guide and manage your livelihood? Or had you already a business plan? [This is unlikely but ask so as to compare with Phase 2.]

If "Yes" what has been your experience with your business plan? Has it helped you or not? Please describe.

How important was receipt of this grant to you at the time? If you had not received this cash, what do you think the consequences might have been?

Were you aware of a complaint mechanism in case you wished to register a concern or complaint to the BDRCS? If "Yes" what mechanism was this? Did you ever use the complaint mechanism and, if so, what was the result?

If the BDRCS was to start this activity again, is there anything that you would request or recommend to them to consider when deciding how to make the grants available to people?

Is there anything else you would like to mention to us today?

***Thank you for your time and for sharing your thoughts and observ*ations.**

OUTCOME B2 (PHASE 1). COVID-19 PREVENTION, CONTROL AND SURVEILLANCE MECHANISMS ESTABLISHED AND STRENGTHENED IN 10 COMMUNITIES

AUDIENCE: Female and Male beneficiaries of awareness raising in host communities

What information did you receive about Covid-19 from BDRCS? Who was responsible for sharing this information with you, e.g., CDMC, Community Mobilisers, other?

Was the information you received easy to understand and were you able to put this into practice?

Was the information you received relevant to your needs or concerns at the time?

Please explain how you came to getting this information. Were you selected specifically or was this a random process?

Did you share the information you received with other people and, if so, who?

What was the best media for receiving information from BCDRS – for example, posters or billboards, actual presentations (explanations) from people, handouts, etc? Why was this the best for you?

Were illustrations used to help convey messages about Covid-19? If "Yes" were these appropriate to your culture and easy to understand? Please describe.

What other sources of information did you receive about Covid-19 and from whom? How did the timing and clarity of messages from BDRCS (including CDMC and Mobilisers) compare with these?

If you had a particular question or concern about Covid-19 who would you approach for clarity or more information? Why?

Do you think that the information you received helped keep you and/or family members safe from Covid-19? Please explain.

Had you not received this information, what do you think you might have done or might have happened?

Do you continue to apply the knowledge that you learned from this activity, today? What practices do you continue to follow and why?

Do you feel the need for more information or clarity about Covid-19 or are you satisfied with the knowledge you now have?

Is there anything else you would like to mention to us today?

***Thank you for your time and for sharing your thoughts and observ*ations.**

OUTCOME B3 (PHASE 1). IMPROVED ACCESS TO SANITATION FACILITIES

Audience 1: Household representatives who received latrines.
And
Audience 2: Camp 18 – DEC funds supported SweRC/BDRCS WASH activities reaching 27,500 people. T

Could you please describe the sanitation situation for your household before BDRCS support?

Prior to receiving your new latrine, where used you go to the toilet? Was this facility shared with others – who? Was it safe? Was it clean?

Why do you think you were selected to receive a new latrine from BDRCS? Did you understand the process that BDRCS used to select people like you?

Were you consulted about the location of this facility? If "Yes" were your considerations taken into account?

Are you satisfied with the type of structure built? Does the latrine include a hand washing facility? If "Yes" is this maintained and used on all occasions when the latrine is used?

Were any specific changes made to the latrine design to help accommodate your ease of accessing the facility? (For example, a ramp, step or hand rail?)

Do you feel safe using this latrine? Discuss in terms of lighting, lock on door and whether used by other (non-family) members.

Did you receive any additional hygiene awareness raising from BDRCS? If "Yes" what did this entail? Was this information useful and do you continue to use it today?

Do you think there has been any change in the quality of your life as a result of now having your own latrine at home? Please describe. (For example, health, sickness, cleaner environment…)

Are you in a position to be able to maintain this latrine in good condition? Please describe.

Is there anything else you would like to mention to us today?

***Thank you for your time and for sharing your thoughts and observ*ations.**

OUTPUT C1 (PHASE 1). PEOPLE HAVE ACCESS TO IMPROVED SANITATION FACILITIES
OUTPUT C2 (PHASE 1). HYGIENE PROMOTION
OUTPUT C3 (PHASE 1). ACCESS TO SAFE DRINKING WATER

AUDIENCE: Female and male groups (separate) in Camp 18

Sanitation
Have you or a member of your household suffered from a water/sanitation related infection in the past 1-2 months? Is this a regular occurrence and, if so, what do you think is the cause of this illness?

Do you feel safe using latrines and/or washing facilities? Discuss in terms of lighting, locks on doors and segregation/marking on doors.

Were you consulted about the location of these facilities – latrines, water points, washing facilities? If "Yes" were your considerations taken into account?

Has the support provided to you considered the specific needs of women, children, and the elderly, including for their safety, especially when using latrines?

Are you satisfied with the condition and cleanliness of latrines in your block?

Are you aware of a waste management system in the camps? If yes, please describe. Does it work and does it help to keep the camp relatively hygienic?

If there is a problem with the latrines (e.g., desludging) or bathing places do you know whom to contact to inform about it?

Hygiene
Have you benefited from hygiene promotion activities within the camp? Could you please briefly describe any training or awareness raising activities relating to hygiene that you received?

Who were these provided by? What did you learn from these hygiene activities? Do you practise these activities today?

As a result of what you have learned have you made any changes to your hygiene practices? Please describe. Do you think that these have made any difference to the quality of your life? Please describe.

Was the information you received helpful and appropriate and, if so, do you continue to use this today?

Safe Drinking Water
Are you able to access enough water each day of your family needs?

Are the water facilities that you normally use in good condition and work properly?

Do you believe that the water you access is safe to drink? Throughout the year, or are their times when this is less certain?

Are you satisfied with the cleanliness of washing areas in your block?

If you have any problem or concern with regards accessing water who do you contact?

General
Are you satisfied with the way in which WASH committee(s) operate in your Block? Do you have any reasons for concern or unhappiness in relation to their work? Has the general situation improved (or not) as a result of their work? Please describe.

In relation to Water, Sanitation and Hygiene overall, should you have a concern or complaint, what feedback mechanisms are you familiar with? Which one(s) have you used and what is your opinion of this?

Are you able to understand the process? Do you have any feedback or suggestions on this?

Have you made any complaints in the past 12 months? If so to who and what was the response/follow-up? Were you satisfied with this?

FOR WOMEN ONLY AND IN FEMALE ONLY GROUPS:
What support have you received from BRC/BRCDS in terms of managing menstrual hygiene? (for example do you receive menstrual cloth, disposable sanitary napkins, underwear, soaps etc)

Was this appropriate and has it helped you? Please describe.

How important is menstrual hygiene for you? Do you face any challenges to maintain hygiene? If yes, describe?

Over the past 12 months have you regularly received hygiene kits from BRCDS?

How do you dispose of or manage the menstrual products? Have you been given orientation on menstrual hygiene? Especially adolescent girls. If yes, what have you been taught/ what information did you receive.

Has the support provided to you considered the specific needs of women, children, and the elderly, including for their safety, especially when using latrines?

Do the latrines have equipment for disposal of sanitary products? Is there soap available?

TO BE ADAPTED FOR UP CHAIRMAN AND CAMP 18 SUPERVISOR

What have been the main interventions by BDRCS in [Teknaf/Camp 18] over the past 2 years [in the respective communities]?

Have these activities been appropriate and relevant to peoples' needs?

Were people consulted in advance about the support they received? In general, did the support received correspond with peoples' needs: have you, for example, received any complaints about the support being provided by the BDRCS?

Do you know whether special attention was given to vulnerable people and extremely poor people when the selections of beneficiaries was made?

Was any of this support a duplication of efforts by other organisations, or was this well planned and were you well informed of this?

Of the support provided over the past two years what, in your opinion was the most relevant and important to peoples' needs? Please describe your answer in detail.

In terms of support provided in response to Covid-19, what were your observations of the support provided by BDRCS?

[For UP Chairman only.] In terms of support provided in response to livelihood security, what were your observations of the support provided by BDRCS?

Overall – on a scale of 1 (very poor) to 5 (very good) would you rate the support provided by BDRCS over the past 2 years?

Are there any particular lessons that you personally have learned from the support that was provided by BDRCS?

Do you have any recommendations that you would like this evaluation to consider when it makes its report to the British Red Cross and BDRCS?

Is there anything else you would like to mention to us today?

***Thank you for your time and for sharing your thoughts and observ*ations.**

GUIDING QUESTIONS FOR CDMC MEMBERS

1. Prior to receiving support from BDRCS, what challenges did you or your community face in relation to disaster prevention and/or management?

2. In terms of disaster management, what support did your household/community receive?

3. How was this decided? Were you consulted ahead of time as to your main needs?

4. Do you believe that the support you received corresponded to these needs – was it appropriate and relevant? Was any major need missed or overlooked? Please describe.

5. Could you please describe any changes – positive or negative – that the support provided by BDRCS has resulted in? What have been the main reasons for these changes?

6. In terms of the CDMC, what support have you received from BDRCS in the past 2 years?

7. What have been some of the main achievements of your group? Would these have happened if not for the support provided by BDRCS?

8. What, if anything, has been the most significant change/practice that you have seen as a result of the assistance provided? [Probe for people working together for a common good; providing time and materials, etc.

9. As a result of the awareness and assistance you have been given on disaster risk reduction by BDRCS do you now feel better prepared to prevent future disasters such as flooding?

10. Have you – the CDMC – already been able to apply/practice any of the learning you have received from this project? Please describe.

11. Overall, has the support that the CDMC received from BDRCS contributed towards peoples' security and well-being – in terms of safety, income, food security or something else? Please describe.

12. What, if any, challenges might you – as the CDMC – foresee in terms of being better prepared to help your community become more resilient to future disasters?

13. Going forward, do you think that you – the CDMC – will continue to use the information and/or experience you have gained from this project? If "Yes", why; If "No" why not?

14. Going forward, will this Committee continue to exist and function as it was expected to do, or will it not be able to sustain itself – in terms of financial support, human resources, etc? Has the capacity of this Committee been sufficiently strengthened to enable it to continue to function on its own?

15. For future initiatives like the support of CDMCs, is there any recommendation you would like to make to BDRCS to help them consider how they support future activities such as this?

16. Is there anything else that you would like to add or ask?

Thank you very much for your time and very interesting contributions to this survey.

GUIDING QUESTIONS FOR VOLUNTEERS

1. How long have you been a volunteer with the BDRCS?

2. Have you all signed the Code of Conduct and do you have an insurance cover with BDRCS?

3. In the past two years, were you provided with an induction and/or appropriate and ongoing training to help you effectively do your jobs?

4. How would you describe the working conditions for Volunteers in Camp 18?

5. In general, do you feel that BDRCs provides adequate Duty of Care for you, as Volunteers? If not, what more could/should be done?

6. And how would you describe the measures put in place by BDRCS around Covid-19? Were these appropriate to your culture and needs? Were they sufficient? Please describe.

7. Do you have access to a complaint mechanism and, if so, have you ever used this? If "Yes" how this this work and were you satisfied with the outcome?

8. Are you aware of psychosocial traumas that can be experienced when working in stressful conditions and are systems in place to detect and follow-up on this?

9. What are the main challenges that you experience in carrying out you duties within the Camp?

10. What Lessons have you learned from working with the guest community as well as BDRCS and other Partner National Societies?

11. Do you have any specific recommendations that you would like this evaluation to consider as part of its reporting to British Red Cross, BDRCS or other Partner National Societies?

OUTCOME A (PHASE 2). GUIDING QUESTIONS FOR PEOPLE WHO RECEIVED CASH GRANTS

A1: Number of Individuals Assisted through Livelihood Restoration Activities (up to BDT30,000, single tranche)
A2: Number of Individuals Provided with New Skills to Strengthen their Livelihoods
A3: Number of Communities with Improved Market and Ancillary Businesses or Infrastructure to Create Enabling Environment for the Value Chain/s

AUDIENCE: Separate FGDs for women and men

Why do you think you were selected to receive a cash grant from the BDRCS?

Did the Covid-19 pandemic – lockdown – impact your (household) livelihood? Please describe if it did and, **specifically**, the impact of this, e.g., loss of income, taking out debt, etc.

Were you consulted ahead of time about the possibility to receive a cash grant? If "Yes", who contacted you? [This could be CDMCs, Community mobilisers, BDRCS field staff or others.]

Did the people who contacted you explain the process clearly to you or were you confused about this? Please describe.

Were you aware of the criteria for selecting potential participants in this activity? Were the criteria used clear to you or did you have difficulty understanding these? Please explain.

Did you understand the process of receiving cash? Had you had previous experience of using Sonali Bank or was this the first time you used this? What are your thoughts on this process? {Probe for positives and challenges with using the system.}

Did you experience any challenges in accessing the cash grant from your account once this had been opened? Please describe?

If you needed assistance with understanding/using this system who did you go to for help? Was this useful? If "Yes" or "No" why?

Prior to receiving this grant, did you already a business plan? Did you have this plan before March 2020 – when Covid-19 was officially recognised as a global concern? Who helped you develop this plan?

If you did not have a business plan before receiving this grant, have you developed one as part of the learning process and in order to be able to receive the grant? Could you please describe the process you went through to elaborate this?

Has the plan – and the process of developing it – been useful for you? Was it easy to follow? And do you use it today? Please describe.

On a scale of 1 (not useful) to 5 (very useful) could you please describe your thoughts on the relevance and usefulness of having a business plan to guide and support you preferred livelihood? Please give your reasons for this.

Did you receive any training – technical and/or practical knowledge on the specific value chain that you chose for your business plan? Could you please describe this in detail – what did you learn, was it easily understood, was it useful and, most important, are you using this knowledge today?

What did you use the grant for? Was this to support a previous livelihood or to start something new? Was this according to your business plan or did you choose to do something else with the cash if you needed to?

How important was receipt of this grant to you at the time? If you had not received this cash, what do you think the consequences might have been?

Were you aware of a complaint mechanism in case you wished to register a concern or complaint to the BDRCS? If "Yes" what mechanism was this? Did you ever use the complaint mechanism and, if so, what was the result?

Overall, do you think that this approach to building your capacity within a specific value chain has made a difference to your income and livelihood and security? Please describe.

If the BDRCS was to start this activity again, is there anything that you would request or recommend to them to consider when deciding how to make the grants available to people?

Is there anything else you would like to mention to us today?

***Thank you for your time and for sharing your thoughts and observ*ations.**

OUTCOME C1-C3 (PHASE 1) AND C1-C3 (PHASE 2)
Audience: WASH Committees, Tap Stand Committees, Hygiene Promoters – mixed female/male FGDs, possible with different blocks represented

You provide very important services to people in this Camp with regards key WASH services, facilities and information. What effect did Covid-19 have on your outreach and support activities at the beginning of the pandemic, around March 2020?

Have you been able to continue to provide your important support and service to people during the pandemic?

What, if any, adjustments have you had to make to be able to continue this work?

Did you receive guidance from the BDRCS/BRC or SweRC on how best you should try and continue to provide support to communities during this time? Did you find this appropriate? Were you concerned about interacting with people? Please describe.

Did you receive any additional training/guidance specific to Covid-19 precautions from BDRCS/BRC or SweRC during this time? Was this helpful?

Were you involved in designing the information/messages that you were being asked to share with your communities? Was this information appropriate? Was it clear? How did people – in genera react to this? Please describe.

What were some of the main challenges you faced with community members during this period – the past 2 years? How did you manage these?

Do you think that the BDRCS/BRC/SweRC paid sufficient to Duty of Care to you all – i.e., provided up to date and accurate information, advised on what measures you should take to try and avoid contracting or unknowingly spread Covid-19, what safety precautions you should use and what message you should transfer to the communities and people that you engage with?

Were you provided with sufficient and quality materials to help reduce the possibility of contracting or spreading Covid-19, e.g., face coverings, soap or hand sanitizer, etc? Please describe.

Did you/fellow colleagues, have access to psychological support or similar welfare support over the past 2 years, or even for part of this time?

If you had a concern or worry about something you saw or were told about the support or services provided, were there appropriate channels of communication available to you withing BDRCS to raise these issues, without fearing any repercussions? Please describe.

Did you ever use these channels of communication and, if so, what was the response?

What are some of the main lessons you have learned from working in your role during the past two years, in particular?

Do you have any recommendations as to how things might have been done differently, or could still be improved? Do you have any suggestions for improving the situation if there was another event like Covid-19?

Is there anything else you would like to mention to us today?

***Thank you for your time and for sharing your thoughts and observ*ations.**

GUIDING QUESTIONS FOR BDRCS, BRC and SweRC SENIOR MANAGEMENT AND PROGRAMME STAFF

General Management and Covid-19

With all of its experience, how well prepared was the BDRCS to respond to the Covid-19 pandemic? What were some of the greatest challenges and how were these addressed?

Was the National Society able to draw on past experience to help it start to cope with the emergency conditions? Please describe what particular strengths the Society had that enabled it to start to provide support.

How soon after the WHO officially recognised Covid-19 as a global threat (March 2020) was the National Society able to start to take action?

How well co-ordinated was resulting action with IFRC and Partner National Societies?

How well co-ordinated was resulting action with government?

What stands out for you as the greatest achievement by the National Society – or The Movement – in its response to Covid-19?

How well would you say that the BDRCS managed this pandemic – on a scale of 1 (Very Poor) to 5 (Very Good)?

What, in your opinion could have been done better or done differently for more impact?

What are some of the main lessons that you/BDRCS has learned from this emergency response?

What recommendations would you make to BDRCS/IFRC management in preparation for another emergency of this nature?

Covid-19 Response and DEC Funding

What has been the main contribution that DEC funds has made to BDRCS Covid-19 response, in general?

What are some key achievements that BDRCS-BRC has been able to deliver as a result of these DEC Funds?

What factors informed/influenced your choice of activities for DEC funding, i.e., why did you (BDRCS-BRC) choose the specific activities for Phase 1 and Phase 2?

Was there value in building on to pre-existing activities/programmes (in part) such as V2R and WASH, in particular? Please explain.

But, in doing do – in continuing the “traditional” approaches in both host communities and Camp 18, were some opportunities or needs missed or minimised?

So, in hindsight, were the final activities funded/supported by DEC the best/right ones to have chosen, or would something else have been more appropriate or likely to have had a great impact?

How would you describe the liaison with government services, starting from the body of knowledge affirming Covid-19 by the Federation, around March 2020?

In its auxiliary role to government and the humanitarian operation in Bangladesh in general, what, in your opinion was/were some of the most influential decisions and actions taken by the Movement in Cox's Bazar – and Dhaka – in response to Covid-19.

Did the Movement hold its position on this throughout the pandemic or were there some major alterations in its approach and support to government, in particular?

Could you please provide an overview of the co-ordination process between BDRCS, BRC, SweRC and others during Phase 1 and Phase 2? Were any co-ordination concerns/problems experienced and, if so, how were these resolved.

Was this an opportunity for greater inter-Movement co-ordination and, if so, what can be learned from this experience? [Including, for example, the opportunity to access DEC funding.]

Programme
To what extent did project activities respond to identified needs and priorities at the time.

What were some of the main adjustments made to projects to address the threat/risk posed by Covid-19. What were the impacts of this on BDRCS' other and unforeseen activities?

How did the project activities complement and align to similar activities and influence efforts implemented by national and international actors?

To what extent has the response achieved its DEC funded objectives?

What factors have contributed to achieving or not achieving intended project outcomes and set objectives?

Have the M&E system delivered robust and useful information that could be used to assess progress towards outcomes and contribute to learning?

Has the accountability system ensured participation, regular feedback/complaint from the community and provided a timely response?

To what extent are there financial, institutional, socio-economic, and/or environmental mechanisms built into the design of the project for sustaining project results after end of external support?

To what extent can activities supported by DEC continue after donor funding ceased, e.g., the IITC and livelihoods?

Was there an exit/sustainability strategy in place or planned? With government (IITC/Covid-19 response) and/or communities?

ANNEX VI GUIDING QUESTIONS TO ADDRESS THE CORE HUMANITARIAN STANDARD

This questionnaire is intended to help test the compliance of the interventions to selected requirements of the CHS. Not all questions will be posed but within the time available the evaluation team will use them to conduct an overall assessment of the interventions.

1. HUMANITARIAN RESPONSE IS APPROPRIATE AND RELEVANT

- To what extent has the programme been adapted to the characteristics and evolution of the context? What factors have hindered or enabled adaptation?
- Has a comprehensive needs assessment been conducted and used to inform response planning?
- Are multiple sources of information, including affected people and communities, local institutions and other stakeholders consulted when assessing needs, risks, capacities, vulnerabilities and context?
- Are assessment data and other monitoring data disaggregated by sex, age and ability?
- Does the response include different types of assistance and/or protection for different demographic groups?
- Are the project objectives relevant to the specific needs and priorities of the affected community? Are the activities also appropriate to realise the objectives? Was the assistance culturally appropriate?
- Did the project meet the most urgent needs first? Were the project components well integrated?
- Has the assistance provided by BRC/BDRCS met the needs of different stakeholders, in particular men and women, children, the elderly, the disabled?

2. HUMANITARIAN RESPONSE IS EFFECTIVE AND TIMELY

- Were constraints and risks identified and analysed?
- Did planning consider optimal times for activities?
- Were globally recognised humanitarian technical standards used and achieved?
- Were priority unmet needs identified and addressed?
- How timely was the BRC/BDRCS response in meeting the needs of the affected people, especially vulnerable people?
- Was there any implementation delay? If yes, why? If yes, how did you ensure timely completion of the project activities? If yes, were any changes made to the project as a result and if not, should changes have been made to be more appropriate?
- What, if any, changes could have been made to improve timeliness of the overall response?

3. HUMANITARIAN RESPONSE STRENGTHENS LOCAL CAPACITIES AND AVOIDS NEGATIVE EFFECTS

- In what ways are local leaders (formal and informal) and/or authorities consulted to ensure strategies are in line with local and/or national priorities?
- Are there equitable opportunities for participation of all groups in the affected population?
- Does the response facilitate early recovery?
- To what extent have long-term and inter-connected problems been taken into account, when carrying out short-term activities?

  To what degree are there any current or potential negative effects resulting from the programme?

4. HUMANITARIAN RESPONSE IS BASED UPON COMMUNICATION, PARTICIPATION, AND FEEDBACK

- To what extent is the engagement strategy (communication, participation and feedback loops) relevant and appropriate to the context?
- Is information about the organisation and response provided in accessible and appropriate ways to affected communities and people?

- Are people, especially vulnerable and marginalised groups, accessing and understanding the information provided?
- Are crisis-affected people's views, including those of the most vulnerable and marginalised, sought and used to guide programme design and implementation?
- To what extent have longer-term and interconnected problems been taken into account?
- What was the programme's contribution in influencing national/ regional/ local government policies and programs on livelihood recovery?
- To what extent has local capacity (government, civil society and other partners) been supported and developed?
- Was a specific exit strategy prepared and agreed upon by key stakeholders to ensure post project sustainability? Do the local institutions demonstrate ownership commitment and technical capacity to continue to work with the programme or replicate it?
- What, if any, changes could be made to improve connectedness of the overall response?

5. COMPLAINTS ARE WELCOMED AND ADDRESSED

- To what extent are complaint mechanisms relevant and appropriate to the context?
- Is information provided to, and understood by, all demographic groups about how complaints mechanisms work and what kind of complaints can be made through them?
- Are complaints about sexual exploitation and abuse investigated immediately by staff with relevant competencies and an appropriate level of authority?
- Was there a written complaints system developed (preferably in local language) involving the communities?
- Was the complaint system clearly and effectively communicated to staff and partners?
- Was there any complaint received?
- How were they dealt with?

6. HUMANITARIAN RESPONSES ARE COORDINATED AND COMPLEMENTARY

- Is information about the organisation's competences, resources, areas and sectors of work shared with others responding to the crisis?
- Is information about the competences, resources, areas and sectors of work of other organisations, including local and national authorities, accessed?
- Were existing co-ordination structures been identified and supported?
- Are the programmes of other organisations and authorities taken into account when designing, planning and implementing programmes?
- What criteria were used to select the specific camp/community? Did the project target the most vulnerable areas where the needs were highest?
- How many people did the project target in relation to the total number of people affected? What criteria were used to select the project beneficiaries? Was it participatory and transparent? Has the project reached to the targeted number of beneficiaries?
- Has the project considered the differing needs of men and women, children, adults, the elderly, the able and the disabled, and the poor?
- Which group has benefited most from the intervention, how and why? Was there any group excluded? If yes, why?
- What, if any, changes could be made to improve the coverage of the overall response?

7. HUMANITARIAN ACTORS CONTINUOUSLY LEARN AND IMPROVE

- Are evaluations and reviews of responses of similar crises consulted during programme design?
- Are monitoring, evaluation, feedback and complaints-handling processes leading to changes and/or innovations in programme design and implementation?

- Is learning systematically documented?
- What kind of actions and systems are used to share learning with relevant stakeholders?
- To what extent has BRC/BDRCS's response been coordinated with the efforts of the broader humanitarian community and the government?
- What have been the biggest successes in coordination? What were the biggest gaps?
- What internal co-ordination problems have you faced and how have they been addressed?
- What, if any, changes could be made to improve co-ordination of the overall response?

8. STAFF IS SUPPORTED TO DO THEIR JOB EFFECTIVELY, AND ARE TREATED FAIRLY AND EQUITABLY

- To what extent are staff expertise and competencies adequate to implement the response programme? Consider knowledge of the context, refugee rights and protection issues.
- Does staff sign a code of conduct?
- If so, do they receive orientation on this and other relevant policies?
- Are complaints received about staff? How are they handled?
- Is all staff provided with an induction and appropriate and ongoing training to help them to effectively do their jobs?
- Was staff working as per the agreed organisational values?
- Does the office have all appropriate and upto date policies and procedures available to them for reference should they be required?
- Are staff aware of psychosocial traumas that can be experienced when working in stressful conditions and are systems in place to detect and follow-up on this?

9. RESOURCES ARE MANAGED AND USED RESPONSIBLY FOR THEIR INTENDED PURPOSE

- To what extent were the proposed outputs achieved?
- To what extent have agreed humanitarian standards, principles and behaviours including the Code of Conduct standards been respected?
- What, if any, changes could be made to improve impact of the overall response?
- Are services and goods procured using a rapid competitive bidding process?
- Are potential impacts on the environment monitored, and actions taken to mitigate them?
- Is a safe whistle blowing procedure in place and is known to staff, communities, people and other stakeholders?
- How did you ensure that good practices/lessons were incorporated from similar on-going or completed projects (good practice review) in the project design and implementation?
- Have the essential project support functions of (including finance, human resources, logistics, media and communications) been quickly and effectively set up and resourced, and performing to an appropriate standard?
- How efficient was procurement process? Did the procurement process ensure that the best and lowest prices were obtained balancing quality, cost and timeliness? What could have been done better? Covered above?
- Were the funds used as stated?
- To what extent have innovative or alternative modes of delivering on the response been explored and exploited to reduce costs and maximise results?
- What, if any, changes could be made to improve efficiency of the overall response?
- How effective has livelihood recovery approaches been in reducing climate vulnerability over time and is there evidence of this?
- Was timely provision of support, goods and services achieved, according to the perceptions of key stakeholders? How do you know?
- What were the biggest obstacles to the achievement of the purpose of the intervention?
- What, if any, changes could have been made to the programme to make it more cost effective?