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External evaluation. Plan International UK's DEC funded response to the Rohingya refugee crisis in Bangladesh

DEC Phase II:

May 2018 to June 2019

Final Evaluation report

PLAN
INTERNATIONAL

DEC DISASTERS
EMERGENCY
COMMITTEE

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Plan International mobilized many staff during the field visit and we were able to access a good and representative sample of all activities implemented by the project funded by DEC.

We hope that this report will be useful to better appreciate the previous work done by Plan International and that the recommendations will inform future programming in humanitarian settings in Bangladesh and in other countries.

The views expressed in this report are those of the evaluators only. They do not represent those of Plan International or any other organizations mentioned in this report.

List of Abbreviations

AAP	Accountability to Affected Populations
AFS	Adolescent Friendly Space
BIA	Best Interest Assessment
CBCPC	Community Based Child Protection Committees
CCCD	Child Centred Community Development
CCCM	Camp Coordination and Camp Management
CHH	Child Head of Household
CHS	Core Humanitarian Standards
CiC	Camp in Charge
CM	Case Management
CoC	Code of Conduct
CFS	Child Friendly Space
CP	Child Protection
CPiE	Child Protection in Emergencies
CPSS	Child Protection Sub Sector
CPIMS	Child Protection Information Management System.
CwC	Communicating with Communities
DC	Deputy Commissioner
DEC	Disaster Emergency Committee
DRR	Disaster Risk Reduction
DSS	Department of Social Services
FGD	Focus Group Discussion
FTR	Family Tracing and Reunification
GBV	Gender Based Violence
IASC	Inter-Agency Standing Committee
ISCG	Inter Sector Coordination Group
KII	Key Informant Interview
LCCMP	Lost Children and Carers Meeting Points
JRNA	Joint Rapid Needs Assessment
JRP	Joint Response Plan
MHPSS	Mental Health and Psychosocial Support
NGO	Non-Government Organization
NGOAB	NGO Affairs Bureau
PIB	Plan International Bangladesh
PFA	Psychological First Aid
PSS	Psychosocial Support Service
RRRC	Office of Refugees Relief and Repatriation Commission
SP	Safe Places
SMS	Site Management Support
UASC	Unaccompanied and Separated Children
UN	United Nations
UNCRC	UN Convention on Rights of the Child
UNO	Upazila Nirbahi Officer

Section 1: Executive Summary

See separate document.
Note: Answer to each Evaluation Question has been highlighted in blue in the report.

Section 2: Introduction, scope and objectives of the evaluation

Introduction and scope of the evaluation

The evaluation covered the phase 2 of the DEC funded response for the period May 2018 to June 2019. The project was then extended up to August 2019.

As specified in the T.o.R, the findings have been presented in this final report per study's objectives, per evaluation criteria and following the Core Humanitarian Standards (CHS). The main evaluation criteria used for this evaluation were: relevance, timeliness, efficiency, effectiveness, sustainability, accountability, impact etc.

To ensure a good alignment with the study's objectives and avoid a duplication of information in the final report, we have reorganized some of the Evaluative Questions (EQ). To reduce the number of questions and ensure a more '' manageable evaluation '' some of them have been clustered together as they had very similar meanings. At the end, we ended up with 17 Key Evaluative Questions (KEQs) that have been used during our KIIs and FGDs and are reflected in this evaluation report.

Objectives of the evaluation

The broad objective of the evaluation is to understand the achievements of the project made so far in relevance with the expected outcomes of the project. Therefore, the specific objectives are:

1.   To assess the quality of achieved outputs, outcomes and results of the project (annex 2) throughout the period of implementation and its continuous improvement against the key evaluation criteria (relevance, timeliness, efficiency, effectiveness, sustainability, accountability, impact etc. (annex-1) considering how the response is aligning to the Core Humanitarian Standards (CHS) including analysing the reasons behind their successful or unsuccessful achievement.
2.   To assess the effect of the project, including intended and unintended impacts and adaptation to the changing context, on the target communities and their environment; particularly considering the effects on adolescent and young girls and the impact of project strategies in social, economic and environmental terms (CHS commitments 2 and 3).
3.   To evaluate the extent to which the program encouraged meaningful participation of the different groups and communities it worked with- making particular reference to the opinions of young girls and young boys - throughout the program cycle and identifying areas for improvement including in: effectively communicating with communities, encouraging and using feedback, supporting community decision making (CHS commitment 4), and responding to the priorities, needs and culture of the communities and groups the response is working with (CHS commitment 1).
4.   To identify key good practices and key lessons learnt, including how these have been used throughout the program to improve its delivery (CHS commitment 6), and make recommendations for future improvement of similar programs based on evaluation findings.

Section 3: **Methodology**

3.1. **Evaluation's approach**

The **evaluation team** was made of an international consultant, two national researchers and two research assistants/translators.

A **Qualitative approach** was employed to gain a deeper understanding of the impact of the project. The team examined the outcome and impact of the project through the respondents' experiences, by interacting with them to understand their perspectives and presenting the findings in a descriptive manner through quotes.

The evaluation took a **summative** approach, reviewing and discussing how and to what extent the programme realized its expected results and outcomes**.**

In addition, there was also a **formative** element in that the evaluation documented some important lessons learned.

The evaluation took a constructive and **participative approach** to engaging programme staff and other key informants (including the project beneficiaries, Plan International staff and other organisations). Discussions offered opportunities for joint reflection and lesson learning. At the beginning of the field work in Bangladesh, a briefing meeting was organised to collect invaluable learning in relation to the main evaluative questions. At the end of the field visit a debriefing meeting took place with Plan International staff in Cox's bazar to present the preliminaries findings of the mission.

The consultant team conformed with **principles for good practices and ethical behaviour** in all aspects of the work.

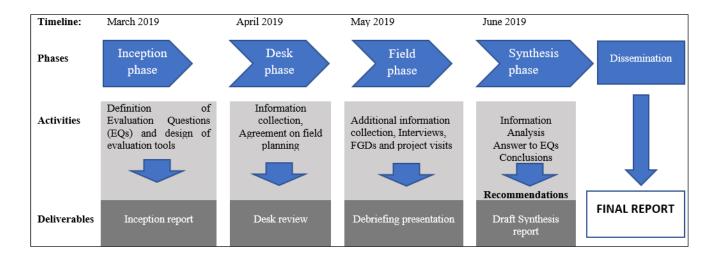| Ethics and Principles	Activities done
VALIDITY & RELIABILITY	❖ Information sources were triangulated as much as possible (with some limitations for the CM component[1] and in relation to secondary data readily available from Plan). ❖ Request for information was continuous before and during the field work as the aim was to have evidence-based findings.
QUALITY INSURANCE	❖ The evaluation team had a one-day orientation session together before the field work. ❖ The instruments used were shared, reviewed and pre-tested before the exercise. ❖ The team ensured that the participants understood the purpose of each of the sessions before the interviews and FGDs conducted. ❖ Members of the evaluation team had prior experience in evaluation and emergency programming in child protection.
CONFIDENTIALITY & SENSITIVITY OF INFORMATION	❖ No names were mentioned anywhere in the report when quoting the opinions collected from the respondents during the fieldwork.
RESPECT OF LOCAL CULTURE	❖ The international and national team was very sensitive to gender, child safeguarding principles and respectful of local cultures.

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[1] As to respect the confidentiality of information as per requirements for CM projects.

	❖ 2 out of the 5 members team were female to ensure a good gender balance team.
USEFULLNESS OF RECOMMENDATIONS	❖ Findings have been balanced between a presentation of strong and positive points of the programme with the areas that would need improvements. ❖ Whenever possible, ''ideas, draft'' recommendations were shared and discussed with various Plan staff during the field work to ensure their relevance for the project.

3.2. Research process

Different data collection methodologies have been used and different types of data collected. The evaluation team utilized **mixed-methods and participatory approach** through **a four-phase activity plan categorized around inception, desk review, data collection, and synthesis** as per the table 1 below:

- This study used a rigorous process including research plans, the development of research instruments, forming a research team, consultation and discussion before and after the field work with Plan staff, volunteers and the local communities.
- Information was collected from Plan Staff, Children attending static and mobile CFS, Clubs, Community, CBCPC, Key Informants and Experts, Service Providers and Specialists, through face-to-face interview sessions. The fieldwork involved gathering information on all project components of the Child Protection project funded by DEC.
- The Plan Staff was asked to nominate a time and suitable place for the interviews and FGDs. The respondents were selected on the basis of consultation between the evaluation team and the Plan Staff.
- Before the fieldwork began, both the translators participated in an orientation to ensure they had a clear understanding of the project and their roles in the data collection process.
- FGD sessions took place near the houses of the respondents, so that they felt comfortable answering the questions.
- Most respondents were selected purposefully so that participants they could contribute to key areas in the study. Children attending the CFS and adolescent clubs were selected randomly for interviews.
- The study ensured that the collection of information used different sources and methods, such as documents, interviews, FGDs, participant or non-participant observation and physical observations. It contributes to the triangulation of data provided, meeting evidence that breeds credibility. In this way, the team support its findings and reduce the effect of potential biases and allegations that may arise if a single method or source is used.

The first data collection method included a desk study[2] of all relevant M&E documentation, reports and studies related to the programme. The relevant documentation was read to pull out information relevant to answering each evaluation question. This data was triangulated with the data collected in the field, which allowed the team to see information gaps and adjust fieldwork efforts accordingly through the other data collection tools used during the field visit.

A field visit took place from 7th May to 25th May 2019 in Bangladesh, more particularly in Cox's bazar district and included refugees' camps and host communities.[3] 2 out of the 3 camps covered by the project were selected for the field work: Camp 17 and camp 20 with some level of interaction with camp 20 extension as well. In addition, the evaluation team collected primary data in one village of Host Community in Palongkhali Union of Ukhiya.

A total of 143 persons was met through KIIs and FGDs with project beneficiaries. (70 female and 73 male) including Plan International staff and other organisations. (see in annex 10.4 for more details)
The program for the field visit included a good sample of the variety of the activities implemented as well as reflected well the diversity of the stakeholders with whom Plan International is working.

The following deliverables were produced during this evaluation:
- Inception report[4] presenting the Evaluation Questions (EQ), a proposed schedule of work for the field visit and a list of documents needed for the desk review.
- A power point presenting the preliminaries findings after the field visit
- This evaluation report that also includes a separate executive summary

3.3. Limitations of the evaluation

- The documents provided for the desk review did not include previously gathered documented evidences of impact for the project therefore it was difficult to triangulate information on impact with the information gathered during the evaluation.
- The CPSS Quality benchmarks have been recently piloted by Plan therefore we could not compare the quality of the project before and after intervention.
- It was difficult for the evaluation team to fully assess the quality of the intervention of the Case management intervention for the following reasons:
  - Interviews with the children who benefited from the case management support were conducted directly by the Plan International Case Management Coordinator/Case Management Specialist, without the participation of any member of the evaluation team due to the strong desire from Plan International to respect the Data Sharing and Data Protection Protocol.[5] The outcome of the interviews was provided to the Consultant team without any personal data. Data mentioned only camp location, age and gender of the person interviewed. If we fully understand the importance of maintaining a high level of confidentiality, we also note that the information collected through this means may be biased. We also believe that it would be useful for Child protection agencies such as Plan International to discuss further the use of sensitive data in the context of an evaluation during the regular meetings organized at the level of the CPSS.
  - For the same reason, as the database of the cases followed by the project was not made available to the evaluation team[6], it was not possible to triangulate information to verify effective implementation of some of the commonly agreed Child Protection Minimum

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[2] See in annex 10.5 the bibliography used for this evaluation
[3] List of persons met during the field visit is available in annex 10.4 to this report.
[4] Available in a separate document.
[5] A cluster random sampling methodology was used to select one case in each visited location out of the total number of close cases. A total of 3 cases (one per location) was interviewed by Plan.
[6] We requested access to anonymized information of the case management database in the context of the desk review.

Standards (CPMS) such as time spend between the various steps of the case management process. [7]

- Note for the reader: Support provided to the CBCP was not in the project design of the DEC phase II project as activities in this area have been funded separately by UNICEF. Nevertheless, the evaluation team still visited CBCP activities and decided to share the findings in this report as all CPiE activities are interconnected.
- In one instance in camp 20 and 20 extension, people from 4 FGDs were waiting for the evaluation team in the same time while the team could only be split in 2 sub teams. For this reason, we combined together an FDG with parents of children attending the CFS with members of the parent's committees in camp 20 extension. Unfortunately, we could not visit other parents that waited for us in the CFS camp 20 due to a coordination issue between the Plan teams of the two camps.
- The evaluation team was initially not supposed to visit activities[8] in camp 20 extension but because of the issue described previously some activities were also assessed in this camp.

Section 4: **The Rohingyas crisis**

Series of violence in Rakhine State, Myanmar, began on 25 August 2017, and drove thousands of people to seek sanctuary in Cox's Bazar, Bangladesh joining approximately 212 500 others who had fled in earlier waves of displacement- the fastest growing forced displacement crisis in the world. The speed and scale of the influx has resulted in a critical humanitarian emergency.

As of 12 December 2018, there were 907,952 Rohingyas refugees in Bangladesh[9] mostly living in camps concentrated in two Upazilas of Cox's Bazar District; Ukhia and Teknaf putting an immense strain on the almost half a million Bangladeshis who live there, and the District government in particular. Infrastructure, health and water services, and the environment, especially fragile forest and land resources, are now under massive pressure which also create tensions between host and refugees' communities. The crisis has also impacted the livelihood of host communities.

The Government of Bangladesh (GOB) refers to the Rohingya that arrived since August 2017 as Forcibly Displaced Persons from Myanmar (FDMN). Bangladesh is not a party to the 1951 Convention and does not have domestic legislation, decrees or policy in place that regulate the reception and protection of persons of concern. Coordination of the overall emergency is done by the government and through the Inter Sector Coordination Group (ISCG).

Refugees live in congested sites that are ill-equipped to handle natural hazards with alarmingly limited options for relocation or evacuation because of the lack of space. Access to basic services remains insufficient in the camps; The government authorities are not allowing any permanent structures to be constructed and have severely limited what shelter items can be given to refugees by NGOs. Refugees are not allowed to access local markets. Some traders come in to the camps but refugees lack resources to buy items they need as they are also forbidden to work and therefore cannot earn an income.

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[7] The CPMS indicates that an assessment should be carried out within one week of the child being registered and that the case plan must be initiated two weeks after the assessment is completed. The comprehensive assessment should always be completed within a month maximum and should be done more quickly in emergency contexts. The assessment should be revised and updated throughout the process of review. A review of the case plan should take place at least every three months, and more frequently in an emergency context, if the situation is changing rapidly or the risk level is high.

[8] As it was not part of our initial sampling.

9 ISCG sitrep 12 December 2018. See details in annex 10.6.

Through the Joint protection and education assessment conducted in December 2017 and other children consultations[10], both boys and girls highlighted key protection concerns and a lack of education opportunities being their highest priorities. Girls primarily stay in their tents due both to restriction in movements due to cultural norms, but also fear of harassment, kidnapping, abuse and GBV. They also prefer not to collect firewood from the forest due to these risks. Boys are increasingly the ones collecting firewood and also exposed to risks of physical and verbal abuse, including from host community members. Both boys and girls report incidences of kidnappings and reported cases of people offering to take children away. Displacement and loss of livelihoods as well as the lack of access to education opportunities have left children increasingly exposed to the dangers of child trafficking and labour, or other forms of exploitation, violence and abuse. In this context, girls are increasingly forced into early marriage and position/survival sex and boys more exposed to criminal acts and illicit drugs.

The ISCG sitrep of March 2019 reported that there were 19,715 children at risk including 1,865 Unaccompanied and 5,785 Separated children. Of the total, 15,433 are active cases from 2018 and 4,282 new cases since January 2019. The same document highlighted that 1,826 children were in alternative care of whom 22% received follow up in March. The February 2019 ISCG sitrep noted that as of end of February, a total of 1,228 Children were in alternative care and 39 children were reunified with their care givers including temporary lost children.

Section 5: Project Overview

Plan International has been operating in Bangladesh since 1994. Plan International seeks to ensure the rights of children to Education, Health, safe water and sanitation, Protection, youth economic empowerment and protection from climate change, environmental degradation and natural or man-made disasters throughout the country, having four divisional settings that are located in Rangpur, Dhaka, Barisal and Chittagong.

Following the influx of refugees in August 2017, Plan International has been working in Cox's Bazar, aiding the Rohingya community by supporting the needs of children, adolescents and their families through the provision of activities within Child Protection, Water, Sanitation and Hygiene as well as Learning activities for children and adolescents. (funded also through the DEC phase 1 activities).

The DEC phase 2 project has focused its intervention on Child Protection activities on the following communities in Cox's Bazar district: One host Community in Palongkhali Union of Ukhiya, Ward No. 1, 2, 3, 4, 5 and 3 camps: 17, 20 & 20 Extension.

Phase 2 of the DEC funding focuses more heavily on protection activities while mainstreaming hygiene promotion and DRR in its awareness raising sessions with adolescents. While still being a key concern, Plan International indicated that it was not within the scope of the project to comprehensively address Gender-Based Violence (GBV) needs, due to the need to focus on other protection issues like prevention of separation.

The main target group is the Rohingya refugee and host community children and adolescents 5-17 years old.

The project goal is to improve child protection and emergency preparedness in Rohingya refugee and host communities. The project has two main planned outcomes:
   ▪ The risk of abuse and other protection issues for adolescents and youth, especially adolescent girls and young women, is reduced in refugee and host communities through safe space activities and awareness raising.
   ▪ Adolescents and youth in need of protection, including UASC, are receiving age and gender friendly adequate support by strengthening access to child protection and case management services and efficient coordination.

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[10] Childhood Interrupted: Children's Voices from The Rohingya Refugee Crisis was launched on 25 February 2018, to amplify the voice of the unheard Rohingya children.

Key activities include safe spaces for children, provision of gender and age appropriate protection services including case management, family tracing and reunification and enhancing community-based child protection mechanisms.

The intended operational approach is to adopt a youth-led approach to promote positive norms, targeting male and female adolescents, youth and community members in the hard-to-reach areas of camps and the host community. This is achieved through the use of mobile teams and safe spaces to reach out to adolescents and youth in the target areas providing them access to child protection/psycho-social support and Psychosocial First Aid services; and knowledge on protection risks and available services. The mobile teams take the opportunity to spread DRR preparedness messages related to the monsoon season as well as hygiene promotion.

Section 6: Key Findings

The following sections set out the key findings. Performance was assessed against the OECD-DAC criteria using the following scoring system. A score of 1 indicates that there is a poor contribution to the criteria, with 4 a strong contribution.

0	1	2	3	4
Low or no visible contribution to this aspect	Some evidence of contribution to this aspect but significant improvement required	Evidence of satisfactory contribution to this aspect but improvement required	Evidence of good contribution to this aspect with some areas for improvement and change	Evidence that the contribution is strong and/or exceeding that which was expected of the project/programme

Table 1: Scoring System

6.1. Effectiveness

Effectiveness: A measure of the extent to which an aid activity attains its objectives.

6.1.1.   Key Findings

Key Evaluative Question (KEQ 1): What is the level of project achievements compared to what was initially planned? What were the results achieved vs planned results and what was the reason for discrepancies?

Answer to KEQ1: Even though the project had faced significant delays mainly due to the lengthy process of the FD7 authorization to operate in the camps, it will most probably achieve majority of its quantitative targets except for the number of children reached due to the late construction of the new AFS in host community area. Because of the delays, the DEC project had been extended by 3 months and Plan is confident that it will be able to reach the additional planned beneficiaries before the end of the project. One of the main project achievements has been the extensive training conducted for staff and volunteers on PSS, Case Management, identification and referral of children at risk, GBV, human trafficking, FTR, Disaster Risk Reduction and emergency preparedness. Other key outputs have been i) the development of a Case management system (for children in need, unaccompanied and separated children, survivors of GBV (incl. child marriage) and victims of trafficking), ii) a strengthened protective and learning environment for children with the CFS, clubs and CBCPC.

Below a snap shot of the main quantitative achievements of the project at the time of the evaluation.
In relation to outcome 1 of the project:
- 2 static CFS established, 1 at camp 20 Extension, 1 at camp 17 (jointly operated with a local NGO DSK).
- More than 120 children participating in CFS on an average.
- 8 Mobile CFS operational – approximately 1050 children are participating monthly (1 space, 12 hours activity per month)
- 1 Plan CFS Officer engaged and leading in every static CFS.
- 30 youth clubs formed and trained– each with a membership of 15 youths, a total of 450 youths was reached.
- Club members have received Basic level DRR, GBV, CP, PFA training.
- Radio NAF has conducted 11 Interactive Popular Theaters and reached 10,500 people (including the involvement of Adolescent and youth)
- Training was conducted for 50 volunteers on Child Protection, DRR, CFS Management and GBV.
- One AFS is under construction in the host community of Palongkhali Union, Ukhiya Upazila.

In relation to outcome 2 of the project:
Services provided:
- A Case management system for children in need, unaccompanied and separated children, survivors of GBV (incl. child marriage) and victims of trafficking is operational.
- Trained case workers have identified and registered 219 children with different protection concerns for further support of which 99 are UASC. Plan shared in its 12-month report that the majority of cases are receiving support according to the agreed care plan and received NFI kits for support. (This information could not be verified as we did not have access to the database)[11]
- 30 foster care families have been assessed, identified and trained and could be used in case of natural hazards leading to disasters.
- An FTR process has been established.
- The project has taken care of 223 children cases altogether in host community and camps.

Capacity buildings:
- Staff received training on PSS, Case Management, identification and referral of children at risk, GBV, human trafficking, FTR, Disaster Risk Reduction and emergency preparedness.
- Capacity building activities were implemented for volunteers, foster carers on CP issues, identification and referral of children at risk, prevention of separation and FTR process.
- The project contributed to the development of training modules and co-facilitating inter-agency CP trainings.
- Plan oriented 50 volunteers on child safeguarding policy and CPiE.

Coordination:
- Implementation coordinated within Child Protection Sub-sector, GBV Sub-Sector and Case Management Task Force and Protection Sector.
- Plan International is Child Protection Focal Point in camp 20 and 20 extension, currently focusing on CP emergency preparedness plan. The CP Focal Point coordinates with other child protection agencies and sectors in camp level.
- Field level protection and coordination meeting are held by IOM Site Management Support and Camp-in-charge to coordinate with service providers.
- Conducted CP Service mapping in all camps.

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[11] Plan reported in its 12-month report that some unaccompanied minors are living in child headed households (CHH) but did not specify the number. Out of the 219 children supported by the project 99 UASCs (45% of the cases) have been identified, registered and comprehensive assessment (Best Interest Assessment) completed by the DEC project as of end of March 2019. 78 (51 girls, 27 boys) are unaccompanied minors and live with spontaneous foster carers (alternative care type where community members willingly and voluntarily started to take care of unaccompanied children) and 21 (14 girls and 7 boys) have been identified as separated from their caregivers.

Below a synthetized view of the status of the outputs with planned and reached beneficiaries. Plan will most probably achieve majority of its quantitative targets except for the number of children reached due to the late construction of the new AFS in host community area. More information on project achievements can be found on annex 10.9 of this report.

Achievements of the DEC funded project implemented by Plan International Bangladesh as of end of 05/19.

Color code: 🟩 On track 🟨 Some achievements but not on track 🟥 No much achievements and not on track

OUTCOME A: RISK OF ABUSE IS REDUCED

Outputs	Planned outputs	Unit	Target Planned	Reached
A.1.1.1	Adolescent (12-19) and young (20-25) boys and girls from refugee and host communities have improved capacity to protect themselves through access to protection services	Individuals	36	32
A.1.2.1	Adolescent (12-19) and young (20-25) boys and girls from refugee and host communities have improved capacity to protect themselves through access to protection services	Individual	5000	2,884
A.2.1.1	Adolescent and youth led community-based risk mitigation activities for Child Protection and Disaster Prevention support increased preparedness	Clubs	30	30
A.2.2.1	Adolescent and youth led community-based risk mitigation activities for Child Protection and Disaster Prevention support increased preparedness	Individuals	450	450

OUTCOME B: IMPROVED ACCESS TO CHILD PROTECTION AND CASE MANAGEMENT SERVICES

Outputs	Planned outputs	Unit	Target	Reached
B.1.1.1	Adolescents and youth at risk, including UASCs, have access to and receive timely and quality case management services.	individuals	400	219
B.1.2.1	Adolescents and youth at risk, including UASCs, have access to and receive timely and quality case management services.	individuals	125	99
B.1.3.1	Adolescents and youth at risk, including UASCs, have access to and receive timely and quality case management services.	centres	3	3
B.2.1.1	Coordination mechanisms between services providers are strengthened in camp and host communities.	meetings	324	?
B.2.2.1	Coordination mechanisms between services providers are strengthened in camp and host communities	individuals	50	0

Activities that are pending and that will be implemented between mid-May to end of August have been listed in the chapter on efficiency.

Level of achievements in relation to beneficiaries reached

At the time of the evaluation, Plan had reached most of its targets for the beneficiaries in the camps but is lagging behind in the host communities as evidenced by the tables below.

Activity Type CAMPS	Boys (1-18)		Girls (1-18)		Total			Others
	Target	Achieved	Target	Achieved	Target	Achieved	%	CFS, YC, Mobile space
DEC phase ii	**3468**	**2857**	**2877**	**2240**	**6361**	**5097**	**80%**	**33**
Adolescents	174	174	171	171	345	345	100	23
Case Management (merged)	120	69	125	149	245	218	89%	
CP Capacity Building		8		8	16	16	100%	
CP Community Engagement	1000	700	1000	500	2000	1200	60%	
Specialized Services	2100	2011	1500	1434	3600	3445	96%	10

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Activity Type **HOST COMMUNITY**	Boys		Girls		Total			Others CFS, YC, Mobile space
	Target	Achieved	Target	Achieved	Target	Achieved	%	
DEC phase ii	**560**	**63**	**555**	**52**	**1055**	**115**	**11%**	**7**
Adolescents	55	55	50	50	105	105	100%	7
Case Management	45	4	45	1	90	5	6%	
CP Capacity Building	0		0		0	0	0%	
CP Community Engagement	0		0		0	0	0%	
Specialized Services	400	0	400	0	800	0	0%	
UASC and children at risk (duplication)	60	4	60	1	120	5	4%	

Nevertheless, Plan is confident that it can reach the targeted beneficiaries before the project ends. Below a summary of the main additional beneficiaries that will most probably be reached at the end of the project:[12]
- 150 youths from the 10 additional adolescent clubs.
- 1 CFS in camp 20 extension hosting around 150 children
- 2 more mobile team supporting a total of around 200 children
- Jointly run CFS in camp 17 with the local NGO DSK is reaching between 80-90 children.
- First round of Interactive Popular Theaters had reached 10,500 people (including the involvement of Adolescent and youth). It is expected that the second round will reach a similar amount of beneficiaries

What were the major factors influencing the achievement or non-achievement of the objectives?

Answer to the Evaluative Question: In summary the main challenges identified by Plan that limited the project achievements are:
- *Finding appropriate training venue at camps.*
- *Lengthy process of FD-7 where Plan had to request 3 FD7, for the length of the project, for the activities in the camp.*
- *Bureaucracy issues with Local level government approval and reporting.*
- *Many humanitarians' actors are working in the camps and compete sometimes against each other's for space.*
- *Issue with continuity to services because of turnover of staff.*
- *Difficulty to identify already trained social workers with Rohingya language skills.*
- *Limited services where to refer identified cases. There has been reports where the service mapping was not precise enough to properly refer cases or that the service provider was reluctant to accept the cases even though it was under his/her responsibility.*
- *One of the trends noticed by Plan staff in the camps is a tendency from the refugees to perform child marriage during Fridays and Saturdays when NGOs and Government department are not working in the camps. Even though the volunteers are quick to inform the office if there is any case of child marriage during weekends, it is sometimes, difficult for them to tract everything that is happening in their camp.*

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[12] Project activities were extended in camp 20 extension and in the Host community.

Answer to KEQ 2:

Many project interventions were not timely. The project faced challenges due to the delay in receiving FD7 approvals. The need to seek new approvals from the NGO bureau and CiCs has caused suspension of activities and limited scope for adapting activities and budgets. This delay is also evidence by the fact that only 7% of the total funding was spent from March 2018 to end of October 2018. A detail analysis of this situation is available later in this report. The study finds delay and suspension of the following activities:

- *Due to delays in approvals and reallocation of responsibilities for Plan, the construction of the fixed safe space was only completed in late November 2018 in the camp 20 and the construction of the AFS in host community will only be completed early June 2019 while the project is due to end in August 2019. The construction of the AFS was continuously delayed because of issue related to the identification and agreement on a proper location for the center.*

- *The strategy to reach out a wider audience through adolescent peer to peer trainings has also been delayed. The 3 new activities for the clubs[13] that were added with the final DEC allocation have not started yet at the time of the evaluation.*

- *Distribution of kits (GBV and foster family kits) was delayed and started only in April 2019. One of the reasons was that no children were placed in pre-positioned foster families and therefore no kits were distributed to them, as well as the fact that Plan had less GBV cases than anticipated. Plan requested DEC approval to widen the scope of distribution for other type of alternative care arrangement. There were also difficulties due to the demand of the CiC that Plan should provide him names and locations of family's beneficiaries. Plan could not share this information as it would have contradicted the information protocol related to confidentiality of information.*

- *As described previously many adolescents' clubs were set up at the beginning of the project but the trainings only took place after October 2018. Hygiene kits for the clubs were only distributed mid-May 2019.*

- *Training for service providers on case management was delayed to the end of the project in May 2019. Nevertheless, Plan contributed to Inter Agency trainings for service providers.*

Strong points:
- The project started in April 2018. Most CBCPC and adolescents' clubs were set up between April to June 2018 except for the clubs in camp 20 extension (January 2019) that was lately assigned to Plan.
- Because of the early set up of the clubs and CBCPC, members could conduct an early risk mapping and services maps. For this reason, the CBCPC and clubs' members visited had gained a good understanding of the protection issues faced in their community.

Delays faced during implementation:/ Steps Taken to Address Delayed Implementation
To address the challenges that the project has faced due to the delay in receiving FD7 approvals from the NGO bureau and CiCs, there was a series of activities taken by Plan. The project is now catching up with its

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[13] i) Training of youth (boys and girls, separately) in Peer to Peer support to be agents of change in communities. Ii) Training of youth in basic journalism as a skill to disseminate child protection messages in communities. iii) Equip adolescents with materials such as radios, flash disks for recording and dissemination of radio messages.

implementation and quantitative targets will most probably be reached except for the number of beneficiaries reached for output A.1.2.1. The steps that were taken and that have allowed the project to remain relevant:

- ▪ Preparatory activities took place with other funding such as UNICEF (i.e training of CBCP officers and Case Management (CM) workers).
- ▪ To ensure the quality delivery of its programming, the DEC project had been extended by 3 months up to end of August 2019.
- ▪ Given changing needs in the camps and existing actors, Plan was reallocated responsibilities for Child Protection to camp 17 and camp 20 extension (instead of camp 10) and had to readjust its plans.
- ▪ To mitigate this issue of delay in the construction of the AFS, PSS, PFA and recreational activities were organized through the mobile spaces. Adolescent Peer to Peer trainings and 3 new activities for the clubs will most likely be achieved before June.
- ▪ Distribution of the kits will be distributed gradually through the case management officers which will take more time.

Key Evaluative Question (KEQ 3): What can we say of the quality of the project interventions in relation to agreed standards?

- o Has the provision of protection services followed the necessary quality standards?

Answer to the KEQ 3: Assessment of the quality of the DEC funded intervention in relation to coordination, accountability, staff competencies, building of local capacities, participation, selection of beneficiary and adaptation to change will be covered in the other chapters of this report. Quality wise, the project did not devise a specific set of qualitative indicators to follow. For this reason, in the context of the evaluation we used the Minimum Standards for Child Protection in Humanitarian Action[14]: Standard 15 Case management, Standard 16 Community-based mechanisms and Standard 17 Child-friendly spaces. Other standards used for the evaluation are derived from the agreed CP SOP and guidelines developed by the CPSS in Cox bazar. (such as the recently piloted Quality benchmark tool for CP activities[15]).

Overall, we found that the various interventions had followed well these standards but that our statement could have been more robust if the project had collected previously documented evidences related to improvement of quality. We could not triangulate much of our findings for the case management component as we could not interview directly the spontaneous foster care families and the children supported by the Case Management Officers as to respect the protocol related to the confidentiality of the cases.
The evaluation found that the case management officers were knowledgeable of the key principles and steps needed for a case management system and were using adapted case management forms translated in Bangla. They also received daily and weekly support from their supervisors particularly on high risk cases. The evaluation also found many evidences that the confidentiality of information was very well respected.
The CFS were reasonably well equipped with first aid kit, attendance books, stationary, recreational items, segregated latrines an access to soap for the children. The CFSs are supported by a management team represented by the parents who meet twice a month. The staff and these committees have been sensitized on many CP topics (FTR, LCCMP, GBV, Child trafficking, child marriage) during their regular meetings. About 85% of the students interviewed/assessed were found to attend the CFS regularly and when visiting the centers, they were full.

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[14] https://www.unicef.org/iran/Minimum_standards_for_child_protection_in_humanitarian_action.pdf
15 As the first step to rolling this out this tool through CP agencies, camp 17 has been selected as the pilot for testing this tool. This exercise has been conducted by a team of subsectors partners (BRAC, PLAN, UNICEF and Relief International) lead by Karl from AMURT on 12th March 2019.

The following areas would need to be strengthened: CBCPC are committed to their work but would require more skills trainings to be able to better prioritize their work and document the work they are doing. They need to be supported to be able to take minutes of their meetings and develop their own action plan. Finally, the evaluation found some issues with duplication of activities and relevance of the mobile CFS activities that will be discussed in the chapter on relevance.

Case management

Strong points:

- The evaluation team found that the case management intervention had put in place a proper HR monitoring system to ensure the quality of its intervention but as described thereafter that there was limited written documentation to capture written evidences of quality and outcomes of the intervention. This does not mean that the intervention has not been done properly as the evaluation was able to find cases of good practices.
- The supervisors organize weekly individual supervision session with each case officer to discuss progress, challenges and plans to deal with difficult cases. Also, Field officers have to go through mental stress and discomfort while dealing with cases. For this reason, the supervisor also provides counselling and coaching sessions to his/her team.
- Discussion with case management officers (Camp 17) shows that the timeframe of the care plan after the assessment is done, varies from a week to a month due to heavy case load. It was the case especially at the beginning of the response when Case Officers started their jobs and had less practice on using the forms/tools. For high risk cases, the plan is given within a week. For a medium risk case, the plan is prepared within two weeks, whereas, in low risk cases the plan is prepared within a month time.
- The level of risk is updated in the database whenever there is a change in the protection situation of the child.
- Case management officers interviewed reported that they review 85% of the care plans within a month compared to a target of 90% of the plans as per international standard.
- Service mapping has been done and are updated regularly in the camps where Plan is Protection Focal Agency. Plan's CM team accesses updated information of the contacts of service providers when they meet them or during the protection camp meetings.
- Spontaneous foster families interviewed by Plan reported that Plan took their written consent during the individual case planning phase (before registration/rapid assessment.) and that they were trained on parenting skills and FTR. Some families received also a hygiene kit, other requested the kit that had not been delivered yet.
- Case Management Team holds weekly meeting with the case officer, coordinator and specialists where they discuss progress, supervision on each case and follow up plan. Also, the high-risk cases are given special priority and a specific plan is prepared to address the case.
- High risk cases with diverse needs are referred to the forum for case conference where children and their family, Neighbor, inter agency NGOs, MOWCA officer sit together to discuss the case and find a common solution.[16]
- CM team has been maintaining and stored individual case file in own's locked up steel cabinet.
- Foster family interviewed by the evaluation team were satisfied with the trainings received (foster care and parenting skills)

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[16] This is the case in host communities. Case conference might happen in Cox level due to the availability of management level, and CMO, coordinator and specialists might attend.

- Case Managers interviewed could share examples of the main steps, principles[17] and knew all the forms used in a case management system. Case management officers initially faced some issues in using the English forms but since then they have been translated in Bangla.
- A list with quality benchmarks indicators for case management intervention was recently developed by the CPSS and had been piloted by few protection agencies including by Plan in camp 17. The result of the study in camp 17 had shown that the main feedback for Plan was to improve skills on PFA for the volunteers.
- Following the pilot study, Plan has not yet roll out the quality benchmark tool in its project areas as the current focus of the intervention is first to set up strong foundation of an effective case management system with qualified and well-trained staff on board. However, supervision practices have been introduced with supervision tools translated into Bangla to improve quality services and document progress.
- Plan volunteered to lead in May 2019 another pilot initiative of the quality bench mark tool in camp 20, while World vision will do the same in camp 16. The methodology used involves a peer review team that increases transparency of the results.

In the meantime, Plan indicated to the evaluation team that they have been monitoring the quality of their work through the following activities:
- Ensuring that the process for the recruitment of their staff used a mix of written tests, languages, interviews and background check to ensure that selected staff will have the necessary requirements for the position.
- Coordinators of the case management officers [18]supervise and monitor their work and they produce written notes after their weekly meetings with them.
- The evaluation team found that the recently appointed case management specialist conducted frequent field visits to meet with coordinators and case management officers to discuss the challenges they faced.
- Coordinators met reported that they organized weekly team meeting with their case management officers as well as individual support several days a week.
- A service provider interviewed, shared that the case management officer was following up regularly, once a week the 4 children that had been referred to a CFS and was visiting the families of the children to prevent and/or address drop out from the CFS.
- Plan has been using different supervision practices as individual supervision, team meetings, shadowing, observation, case discussion, case file review, however, no specific tools were provided for documentation. CPSS contextualized Supervision and Coaching training and training has been provided through inter-agency training for 3 coordinators from Plan.

Area to improve:

- Under the CPSS initiative, a situation analysis was conducted end 2018 to better understand the strengths and limitations of the current supervision system. 8 CP organisations (BRAC, CODEC, Danish Refugee Council, IOM, Plan International, Relief International, Save the Children, Terre des Hommes) took part to the exercise. The analysis shows that supervisors tend to emphasize on monitoring and administrative functions rather than supporting reflection, learning and development of CM officers. The situation analysis found various usage of practices but no supporting tool used by the supervisors of all the 8 CP agencies assessed as per the below table:

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[17] Do No Harm, Confidentiality, Best interest of the child, Meaningful participation, No Discrimination, Maintain Professional Boundaries, Ethical Standard, Collaboration and Coordination, Respect culture
18 1 coordinator supervises 6 case management officers

External evaluation of Plan International UK's DEC funded response to the Rohingya refugee crisis in Bangladesh.

Supervision Practice	Usage in CM agencies	Supporting Tool
Individual supervision session	Some	None
Capacity assessment	None	None
Shadowing	Some	None
Observation	Some	None
Case file review	Limited	None
Case Management Meeting	Some	None
Case Discussion	Some	None

- This evaluation confirms that like other CP NGO, the Plan supervisors mainly gathered written notes of their weekly meetings with their case workers but did not use a comprehensive tool to monitor the effective implementation of the newly acquired skills of the case management officers.
- Supervisors of the case management officers will only receive a training on the use of the recently developed supervision tool[19] by the CM Task force in May 2019.
- Spontaneous families reported to Plan they meet individually with the case workers and only meet as a group during trainings organised by Plan. Foster carers support group would be useful for them to exchange experiences.
- Service provider met during the evaluation were satisfied with the relationship with Plan staff. In the meantime, it was found that more information was needed for some service provider to sharpen their knowledge of the roles and responsibilities of the case management officers. For example, service provider who had an internal PSS capacity would rather refer protection cases to their own department rather than to Plan even though they did not have necessarily strong expertise in case management. [20]
- In case of urgent needs, Plan has prepositioned NFI kits for foster families. Nevertheless, it seems that the decision-making process to disseminate the kits to the needed families is lengthy within the organization.
- Time spent by the case management officers between the various steps of the case management process are considered as indicators of quality at global level[21]. This type of information is currently captured by case management officers on hard paper but not entered in a digital database for analysis because of shortage of sufficient computers for all the officers. It is expected that the ongoing roll out of the CPIMS (including in Plan's projects) will provide opportunity in the future to make the information related to the activities of the case management intervention more visible for external stakeholders and for planning, monitoring and evaluation purpose.
- Because of the sensitivity of the data involved, the evaluation team was not able to access directly the case management database (even with an anonymized format) but only the type of information that was recorded. The data entry fields used in the case management database effectively captures information related to the dates when each step of the case management system has been completed. The project is not currently analyzing the time spent by the case workers between each step. For example, the standard 15 of the Minimum Standards for Child Protection in Humanitarian Action (CPMS) which is related to case management intervention suggests for example to track the percentage of care plans developed within two weeks of the assessment or percentage of cases that are being reviewed at least once a month after designing the care plan. As said earlier, it is expected that the roll out of the CPIMS will bridge this information gap.

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[19] The tool aims to support caseworkers to self-assess their capacity, enable them to receive verbal and recorded feedback from their Supervisor, and to track and manage their competency development over a period of time.

[20] In principle, as mentioned by Plan if a service provider has CM service, they internally refer to their own CM service. If they do not have CM service, they refer to other agencies. If they have no CM service, they should not provide CM

[21] Even though these types of indicators have not been used in the piloted benchmarks list of qualitative indicators by the CPSS in Cox Bazar.

Child Protection Information Management System (CPIMS)
The Case Management Task Force of the Child Protection Sub Sector is leading on roll out of the CPIMS+ in Cox's Bazar. This inter-agency effort not only allows partners in the sub sector to work towards harmonization of practices, it helps also create a system of accountability that ensures that individual children don't slip through the cracks. The CPIMS+ is being configured to work seamlessly with other data systems, including UNHCR's proGres, to make sure that each case is unique, because each child has unique needs. CPSS actors are rolling-out a CP information management system (CPIMS +) to harmonize case management and service data. In January 2019, a CPIMS+ training was conducted for 22 participants from 9 agencies including Plan. Plan purchased smart phone for the case management officers and they are in the process of learning how to enter data directly into a digital format. Data from agencies will be migrated to CPISM in May 2019.

- Plan reported that it analyses the data from its case management database in using the format below. Latest information at the time of the evaluation was unfortunately not made available to the evaluation team for analysis.

Issues found with the referral pathways to and from service providers:

- Children who are coming with health issues to the health center and also require psychosocial support are referred to Plan. The study finds that often many of the cases which are assumed to be victims of harassment do not open up about the situation that made them come the clinic. Plan shared that they receive cases from health providers, including GBV cases. It is not clear if the case below was reported to the CM team for follow up by the health service provider. The health worker shared this case study:

Testimony from a nurse: ''Most of times, we receive regular cases like fever, cough, hypertension, asthma. However, there are also case of injuries, broken arms and legs. As we take the case history, it is difficult to get the proper reason of the injury. You can assume there is a definite case of harassment or beating but you cannot force someone to tell the truth. When someone is not willing to take psychosocial support, it is difficult to help. Also, I have noticed that adolescent girls come with their parents but are afraid to speak out in front of their parents. So, we need to work on that and communities should not feel scared talking about the issues and only then things will change.''

Further adding to the point, the staff shared a case. She said:

''I remember a case of young girl who came unconscious. I knew there was abuse and she might have lost her sense due to excessive beating but the parents refused to disclose anything and avoided the discussion. They took treatment and went back home. There was nothing we could do in terms of referring her to any agency''.

- There is also language barrier among the doctors and nurses that serve in the clinic. Sometimes, it is difficult to identify the exact issue related to child protection due to the way things are translated by the translators.
- There is also a problem of staff turnover within the service providers which is why sometimes, the referral process gets affected due to lack of understanding about child protection issues and the referral system. Also, the lack of sufficient communication with the concerned agencies is a challenge.
- It was also found that there should be more interaction between services providers about the services, possibly with everyone involved in the health services. There is a gap in understanding clearly the process of referring agencies (Health) in relation to child protection. There should be more focus on information sharing between referral agencies.
- Since water purifying tablets are not being provided now, many children were found affected by diarrhea. Health service providers recommended to strengthen awareness raising on hygiene practices for children.
- An education service provider reported that adolescent girls are less likely to attend the learning centers. More focus should be given on motivating parents to send their adolescent girls to learning centers. According to them, Plan has a bigger role to play in the future to encourage boys and girls to attend future multipurpose centers to learn different skills. Adolescent clubs are currently not working on access to education for adolescent girls.
- There should be a clear and easy referral pathway communicated through IEC Material (Referral Poster, Communication tree) so that teachers from learning centers can quickly refer the cases to relevant agencies such as Plan or other agencies. Service provider interviewed requested IEC materials (flyers, posters) on different child protection issues.

Child Friendly Space

Strong points:
- The study finds that children who are attending CFS have not been in the learning environment since their childhood due to the conflict and war situation in Myanmar. Very few had actually attended private lessons from their brothers who have attended school in that country. Since their arrival, the children have attended CFS and learned different skills and lessons.
- Visited CFS structures (CFS camp 20 extension and CFS camp 17) generally followed well the minimum requirements expected from the CPSS standards. The centers complied with an appropriate and safe location free from main hazards, the spaces are well ventilated but would still require a fan. Education Materials in English and Rohingya language were displayed at different corners of the rooms. There was First Aid Box when we visited the centers but, we could not see the Code of Conduct. Children's attendance book shows regular attendance of children. Routine/ Weekly Schedule from Saturday to Thursday for CFS was displayed on the wall. We found that there was toys, papers and colored pencils and wall charts for learning. A Plan CFS Location Map was found hanging (1 in camp 17, 2 in camp 20 and 1 in Camp 20 extension. Total 4).
- There are separate latrines for boys and girls attached to the centers. In Camp 17, the tap of the water tank was loose and found to be a concern as it could waste water. Soap is available in the CFS or/and in the latrines. There is a complain box in the CFSs but no complain in the boxes. Plan reported that boxes are used to diversify options for complaints.

- Staff have received several trainings sessions (CPiE, FTR, GBV, LCCMp, Child safeguarding, DRR) and are supported by trained volunteers.
- The CFSs are supported by a management team represented by the parents who meet twice a month. These committees have been sensitized to many CP topics (FTR, LCCMP, GBV, Child trafficking, child marriage) during their regular meetings.
- CFS are well attended and appreciated by children and parents interviewed. The CFS in camp 20 extension that was set up in November 2018 is already full. Attendance rates was found high in the CFS of camp 20 extension and camp 17. About 85% of the students are present on a regular basis.
- CFSs are open during week days from 8.30 AM to 13.15 PM.

Areas to improve:
- The evaluation found some issues with duplication of activities and relevance of the mobile CFS activities that will be discussed in the chapter on relevance.
- The CFS are supported by a management team represented by the parents who meet twice a month. This committee was sensitized to many CP topics (FTR, LCCMP, GBV, Child trafficking, child marriage) during their regular meetings but need also to be trained on effective communication in camp 20 extension (The committee has only been set up recently).
- One religious' leader (from the same block than the CFS) shared that he had not been trained yet by Plan on CP issues but had received other trainings from IOM and a local NGO. Nevertheless, we acknowledge that Plan has trained/engaged with many community members even though they might not be able to reach all religious leaders.

Mobile activities

Areas to improve:
- As described thereafter in the chapter on gender integration, sites for mobile activities may not be the best set up to encourage girl's participation and the chosen shelters do not protect children from rain and winds.
- There has been some attempt to reach out more adolescents' girls through organization of indoor activities facilitated by a female worker, nevertheless the activities proposed are not relevant for the age group 14-17 years (ex: skipping rope, crafting, storytelling...).
- There were limited recreational items available in the mobile CFS visited in camp 17. As a result, children had to wait for their turn to play with the toys available. The finding can be substantiated by this quote from a child:

''We love coming to the centers and playing games. But there are very few games like snake and ladder game, rope game and drawing items. We are almost 30 children in the center and sometime we do find it hard to get a chance to play. Some of our friends who come from a distance often remain absent in the sessions. ''

Awareness raising activities

Strong points:
- The evaluation found that the project awareness raising strategy was designed to disseminate messages to the communities on protection services available (including on case management), on disaster preparedness and protection risks but was not fully implemented as described thereafter.

Areas to improve:
- If the topics and messages used by the project for the awareness raising activities were effectively based on previous assessments and consultation with beneficiaries, the evaluation did not find any M&E tool to measure the effectiveness of the communication strategy. For example, the project did not include in its design pre and post KAPs surveys that could have been useful studies to follow up acquisition of

knowledge and practices by various audiences on protection issues, prevention of family separation (CPIE), DRR, PFA, GBV and access to services.

- Similarly, we did not feel that the project was regularly analysing trends in protection issues to adjust its communication campaign accordingly. The last UNICEF evaluation (November 2018) suggested to implement a series of protection studies to follow up protection issues and trends. (See more information in the chapter related to relevance). In the meantime, we acknowledge that the DEC phase 2 project did not have provision to cover the costs of any studies.

- Many DRR flipcharts have been developed by Plan and include separate set of messages for before and during disaster phases. It is not clear to what extend these IEC materials complement the existing work done by BBC media action on DRR and what was the relevance of producing 2-3 separate set of materials for DRR in addition to the set on CP. The concern here is that there is a risk that users of the IEC materials will be confused if they have to use too many sets of flipcharts on DRR and CP issues.

- Staff, volunteers, CBCP and clubs have not yet been trained on Behavior Change Communication methodology which limit their understanding on how change happens and why. Plan staff who conduct the awareness raising activities may not always have the recognized legitimacy to do so. For example, a doctor from a health center may be more effective in talking about the health effects of child marriage to a group of Majhes and religious leaders. The project would gain to learn from the few positive deviants that exist among the various ''gatekeepers.'' These persons could then be used as champion of change to convince others audience to support the right of children in the camps. (See case study on the ladder of change and recommendation).

- If the planned operational strategy for the awareness raising activities was to use a mix of communication channels such as small media (leaflets about services available), interpersonal communication (through the use of the adolescent clubs and Child Protection committees' members) and mass media (theatre shows), many activities will only take place at the end of the project as described thereafter:

Communication stakeholders versus means of communication used	Leaflets distribution	Interpersonal communication	Mass media	Trainings on communication skills for communication stakeholders	Distribution of IEC materials (flipcharts)
Plan staff & volunteers	Done	Awareness sessions with Religious leader, Majhe, CIC, SMS, Foster families, Women Leader and CFS and TLC Teacher	N/A	N/A	Will be done in May 2019
Adolescents clubs	Done	Done: Internal discussion within clubs & informal sharing with relatives To be done: Peer to peer	Not applicable	Will be done in May 2019 (peer to peer)	Will be done in May 2019
CBCP members	Done	Unformal and unstructured sharing of information in the community To be done? courtyards meetings?	Not applicable	?	Will be done in May 2019
Radio Naf	Not applicable	Not applicable	Theatre shows	Not applicable	Not applicable

Community Based Child Protection Committees (CBCPC)

Strong points:
- Plan has built a strong relationship with the members of the CBCPC met during the evaluation.
- Members are committed to their work.
- Members are representative of the communities and the CBCPC include many female members.
- Members know well the protection risks of their communities and have taken many initiatives to prevent and respond to protection risks and issues as described in the chapters on sustainability and impact.

Areas to improve:
- As per their ToR, the main objective of CBCPC is to ensure protective and enable environment for children through the promotion of Child Rights and child protection at camp level (including through the development of awareness raising activities), identification and referral of needed children to relevant services. It is expected that they will also develop their own action plans to also implement community-based activities such as the organization of theater, competition and Cultural events with youth club at community level.
- CBCPC are expected to deliver a range of activities as per their ToR, including awareness raising activities, nevertheless the evaluation found that they had not been trained on communication methodologies and equip with IEC materials that they can organize community led initiatives by their own.
- CBCP would require more skills trainings to be able to better prioritize their work and document the work they are doing. They need to be supported to be able to take minutes of their meetings and develop their own action plan.

Adolescent Clubs

Strong points and areas to improve:
- 30 youth clubs[22] have reached 450 youths with life skills including decision making and problem solving as well as trainings on DRR, CPIE, GBV, social cohesion, girls' mobility etc
- Safe spaces (mobile and static) have reached 4,840 children in refugee and host communities with recreational and skills building activities and are appreciated by the parents and adolescents. (see chapter on the positive impact and sustainability of the clubs).
- In the host community, Plan reported that one of the successes of the clubs was that they gradually convinced the parents and the teachers to let the adolescents attend the weekly sessions. This was done in providing access to the sessions to the parents and teachers who visited the clubs at the beginning of the project.
- The clubs visited were active evidenced by clear governance structure, regular meetings, attendances sheets, minutes of meetings and action plans.
- Adolescents interviewed were very positive about the CP trainings sessions and the new learnings they received from Plan. (see chapter on impact for this activity). Below some of the ideas they raised to improve further the activities.

Work well	Could be improved
1. Training on Health.	1. More Formal Education and vocational trainings activities.[23] (in camps) Both boys and girls are interested in having training on Kitchen Gardening. Interest in Mobile Phone repairing and Automobile training was found among some boys.
2. Learning session on Disaster Management.	2. More recreational/playing items like rackets, shuttlecocks, bat and balls, Ludo, Carom board etc.
3. Learning on the difference between good touch and bad touch.	3. Mosquito-net are needed as their families was provided only one per family. (camps)
4. Learning about the prevention of Child Labor.	4. More Visual and audio contents (host community)
5. Learning the bad effects of early/child marriage.	
6. Learning about safety and security at personal and family level.	

Cross cutting points on MEL

Strong points:
- The evaluation found that the monitoring system has successfully tracked the number of beneficiaries reached to be able to inform the reporting requirements as per the agreed logical framework and monitoring plan that committed to inform quantitative indicators of success.

Area to improve:
- The evaluation found that all indicators of the logical framework used for the DEC project (and subsequently tracked by the monitoring system) are quantitative by nature and are related mainly to number of persons reached and access to services and trainings. There was no indicator to measure the quality of the program intervention. This can also be explained by the fact that neither the Joint Response Plan (JRP) 2018 nor the JRP 2019 include qualitative indicators and outcomes related indicators.

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[22] Some clubs have only been created recently.
23 Plan noted that it is difficult to get approval from Government for these activities as they are related to vocational training/IGA, and therefore fall outside of the scope of this project.

- Recently developed (by the CPSS) Quality Benchmarks for CP have been piloted in the camps but have not been endorsed and rolled out yet by Plan.

Key Evaluative Question (KEQ 4): To what extent are staff expertise and competencies adequate to implement the response program? Consider knowledge of the context, refugee rights and protection issues. (CHS 8)

Brief answer to KEQ 4: Overall, we believe that Plan has effectively set up the foundations of a performing CP system through series of training that benefited staff, volunteers and communities. Trainings topics spanned from CM, Foster care, Family Tracing and Reunification (FTR), Child Protection in Emergencies (CPiE), Safe place management, SOP for CP, CPIMS, LCCMPs, Child marriage, Child Trafficking, SGBV and DRR. Staff would still benefit from refreshers trainings and coaching on CM, CPIMS, GBV, PFA as some of them had limited experience before joining the project. Interviewed staff recommended improvements in HR benefits that are detailed thereafter.

HR policy and staff issues

Strong points
- Plan put together a detailed and elaborated recruitment process to ensure that it is transparent and that selected staff meet the criteria of the ToR. The job add is advertised on websites and local newspaper. According to the new regulation, a copy of the circular needs to be hung on the Government DC office. The selection process included written tests and oral interviews. After joining, the newly recruited staff signs a Code of Conduct and Child Protection Policy Consent form.
- A comprehensive and competitive package of benefits is proposed to the applicants. Volunteer recruited in the camps receive an incentive that is aligned with the guidelines[24] agreed at sectorial level. Incentives for volunteers ranges from 12000-15000/ a month.

Limitations
- Recruitment is a lengthy process but the project has a short tenure. To hire and handing over the right person is a tough task that the HRD has to perform.
- Capacity building is an investment that Plan makes to ensure that the staff has the basic understanding about some of the core areas that the staff should have. Nevertheless, there has been staff turnover experienced in the DEC project. In some cases, staff moves to another organization within a month after joining.
- Cost of living in Cox's Bazar is going up every day. Plan is offering a special allowance of BDT 7000/ (around 74 Euros) for those working in Cox's Bazar. Nevertheless, the allowance seems insufficient with the price hike in Cox's Bazar. In the case of mid-level staff, the money they receive as special allowance is not enough as the income tax has also to be deducted from the amount.
- There is no PF and gratuity offered to the staff working less than a year. Also, there is no provision for festivals for the Plan staff in general.
- As a part of the central HR policy, a staff member receives maternity leave of six months with pay if she works more than a year in the organization. In emergency response projects, the donor agencies do not accept special provision to ensure maternity leave.
- A Project has a limited lifetime. As a result, staff members are always worried and remain under pressure of not having a job after the project finishes. This has also an impact on the performance and staff turnover.

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https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/guidance_on_refugee_volunteer_incentive_rate s_rohingya_refugee_response_17_july_2018_signed.pdf

Other HR related issues reported that influenced turnover of staff

- Case Management Officer mostly travel by public transport between the field office and their home, as transport is provided only between field office and camp. The workers work in the camp till 3.30 PM and then they have to report to the field office. By the time they finish their work at the field office, sometimes it becomes dark and female worker has to wait for public transport. There is a concern of safety for the female workers. So, there is also a pressure on them to return quickly from work, which has an impact on the performance of these workers.
- Around 60% of the staff working in the Ukhia office return every day to Cox where they live (1 to 1.5 hour from Ukhia). Often, they are facing difficulties to find a transportation means and would like the office to organize something for them.
- In the rainy season the roads are muddy, staff has to travel a long way and up to different locations in the hill. It is difficult and sometimes very risky to work in this difficult condition.
- There are insufficient computers for the Case Officers to input data about a particular case into the central database.
- There is no provision of medical insurance or check up for staff who work less than a year for Plan. Case Workers work is both physically and mentally stressful.
- There are different salary packages for the staff doing work at the same position, which creates dissatisfaction among others who are not getting the same salary.
- The field office at Ukhia/Kutupalong is near the camp. In one way it is good to have an office near to the camp but it also insecure as many of the cases that are identified and addressed are cases of abuse or early marriage.

Trainings conducted for the staff and communities

Strong points
- Many trainings on PFA, CPIE and FTR have been provided for CBCP and CM staff and CBCP/CM volunteers in the camps. In the trainings 46 Plan staff participated (32 from CM team and 14 from PSS Team (20 females and 26 males), 124 volunteers (50 females/74 males) and 200 CBCP members (100f/100m). See annex 10.7 for a summary of trainings conducted (and to be done) by the project for various audiences.

Expertise in Case management

Strong points
- As recommended by the CP minimum standards, Case Management workers received weekly individual supervision sessions from their supervisors and have been regularly trained on the following topics: Case management, Alternative care/ Foster care, Family Tracing and Reunification (FTR), Child Protection in Emergencies (CPiE), SOP for CP, CPIMS, as well as refreshment training on Case management. Evidences of regularity of trainings received[25] were derived from the readily available reports on weekly target reached by the case management officers and from discussions conducted during this evaluation. Most trainings were conducted together with UNICEF trainings for all staff.
- Current average workload per case management officer for the UNICEF/DEC projects is 24 cases in line with the suggested global standard of 25/case worker but this doesn't represent the exact workload at any given time that may be higher. One case worker reported up to 33 open cases to follow up. Below an example only for camp 17.

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[25] As per recommendations from the Minimum Standards 15 for Child Protection in Humanitarian Action (CPMS), case workers should receive regular training once every two months as well as supervision.

Number of Cases identified in camp 17	
Case Management Officer (1)	27
Case Management Officer (2)	28
Case Management Officer (3)	33
Case Management Officer (4)	22
	110

- Coordinators supervised 6 case management workers which is aligned with the standards.
- Plan reported that it is sharing learning among staff, volunteers and other stakeholders involved in the response through regular monthly meetings and feedback sessions with staff, circulation of internal Situation Reports, regular meetings with community volunteers and one-to-one dialogue amongst peers like Case Management Workers or CFS facilitators. These peer interactions are designed to collectively address challenges or share good practices.
- Priority of the DEC project has been to mount a well-organized and performing team. The quality insurance process was also ensured by the involvement of the case management specialist who is also in charge of monitoring the work of the supervisors.
- Shadowing supervisor practice was also a methodology used by Plan to team up together case management officers that had more experience in social work with recently appointed staff with less experience.
- Plan International support staff members on inter-agency peer-to-peer support, and encourages staff to attend inter-agency trainings for their development, sharing experiences with other front-line CP staff of other agencies.
- Since the last 6 months, the staff is now more stable and has improved its work. Plan is confident that they can now build further their skills to improve their work.

Challenges faced
- The project has experienced some delays in recruitment of staff and turnover of staff. In addition, some staff (i.e.: case management specialist) are overwhelmed by managerial/programme administrative tasks and have little time to focus more on monitoring, trainings and quality insurance important tasks. This finding highlights the need for recruitment of additional staff for project management, and keep the case management specialist for overall technical support and technical supervision of the coordinators.
- Supervisors were trained on the same topics than the officers they were supposed to follow up and gained additional supervision skills only progressively during the length of the project. Coaching was done by the senior staff but there has been issue with turnover of staff.
- The working environment has also been challenging for the case workers who have to walk long hours in the camps in a context where in some sensitive's cases, (child marriage) they have experienced security threats for themselves. Some of the workers shared that they felt that the Plan office in Ukhia was too close to the camp and that this could pose a security risk for them.
- Plan reported that it has been initially difficult for them to recruit already trained social workers with the appropriate language skills for the Rohingyas response. It took time to recruit staff and train them to the required level as some of them did not have strong capacity even with prior social work background. There has also been some issue with staff turnover.
- Officers faced challenges to close cases as there are limited service available in the camps to refer the children and the cases sometimes remain opened.
- Initially case management officers had issues to prioritize cases according to the priority list recommended by the CM TF.
- In high risk cases, when other stakeholders are involved through case conferences, response can be delayed, and in some cases, it was not possible to ensure the proper protection response within the standardized 72 hours response time.

- Building trust with the foster care families was difficult at the beginning of the case management process and families would retain information which will be later on an issue to estimate the severity of the case and rank the cases according to the appropriate level of risk.
- Case workers have limited mobile network in the camps which poses a problem of communication between staff.
- There are expectations from the foster families that they would receive in-kind support from the project and some of them tend to worsen the description of the status of the child in the hope to get more benefits.
- Case management officers and supervisors had to absorb a large quantity of new information that had not been initially translated. Documents are now translated in Bangla.
- In some camp (camp 17) there are only 2 female case management officers out of the 6 supervised by one supervisor. For this reason, it is sometimes difficult to ensure a qualitative work with adolescent girls for example.
- Case management officers do not have a specific office to conduct the interviews and have only few computers to enter the data in the database.
- Supervisor indicated that they would appreciate more trainings on FTR, GBV and supervision skills.
- Case management officers interviewed wish to receive more trainings on GBV, CPIMS+, child trafficking and computer skills.

PSS activities (CFS/AFS, mobile activities, awareness raising sessions, CBCP)

Strong points
- Volunteers and staff in charge of the PSS activities are committed to their work and have received many trainings sessions.
- There has been evidences of respect of key CP quality indicators in the CFS visited.
- Adolescents girls interviewed[26] reported that Plan 'staff have been very supportive to promote their attendance to the clubs.

'' Initially, my parents did not want me to attend the adolescent club, after the Plan staff talk to them, I was permitted to join the club activities. Furthermore, my parents are now also members of the CBCPC''

Area to improve
- Staff in charge of awareness raising activities will need to be trained on communication methodologies to better reach out hard to reach population and strengthen initial changes that are happening in the camps in relation to CP issues.

6.1.2.   Assessment

0	1	2	3	4
Low or no visible contribution to this aspect	Some evidence of contribution to this aspect but significant improvement required	Evidence of satisfactory contribution to this aspect but improvement required	**Evidence of good contribution to this aspect with some areas for improvement and change**	Evidence that the contribution is strong and/or exceeding that which was expected of the project/programme

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[26] FGD adolescent club, 7 girls, host community, 12th May.

6.2. Efficiency

Efficiency: A measure of the outputs in relation to the inputs; an economic term which signifies that the aid uses the least costly resources possible in order to achieve the desired results.

6.2.1.   Key Findings

Key Evaluative Question (KEQ 5): How efficient has the project been?
- o   Cost-benefit analysis / Has the scale of benefits been consistent with the costs?
- o   To what extent has the funding been utilized to directly assist beneficiaries? Has project support and operational costs been reasonable (%) compared to the entire budget?
- o   How well were the inputs (funds, people, materials and time) used to produce results?

Answer to KEQ 5: The project organized some efficient activities such as carpooling and open office to increase interaction between staff. Also, more costs have been allocated to staff and support but still maintaining minimum requirements on the ratio of activity vs support costs. In the meantime, the following gaps were found.
- ▪ *Many activities had been delayed because of numerous external factors (including the obtention of the FD7 authorization to work).*
- ▪ *Repository of information, staff turnover, documentation and tracking of quality and outcomes, circulation of information and cross collaboration between departments are all areas that would need to be strengthened to improve the efficiency the program.*
- ▪ *As many activities will only be completed end of May- June 2019, it will be difficult to fully monitor them and appreciate fully their quality for DEC before the end of the project. Nevertheless, we acknowledge that the project will continue and that therefore this risk will be mitigated as monitoring visits will continue to be performed after august 2019.*

Strong points in term of project efficiency
- ▪ The curriculum of trainings involves a variety of topics and the PSS officers in charge of the fixed and mobile spaces are being run jointly with officers and volunteers of other Plan's projects (funded by various sources of funds) for efficiency.
- ▪ Field project staff are based in Ukhia close to their project area which minimizes travelling costs and time.
- ▪ Bus pooling arrangement are the main means of transportation selected and can transport many more people than 4X4 cars.
- ▪ More costs have been allocated to staff and support but still maintaining minimum requirements on the ratio of activity vs support costs. This is evidence by the fact that planned activities (including monitoring and evaluation costs) are expected to represent a big majority of the total direct costs spent at the end of the project if the project spent all the forecasted expenses.
- ▪ Working arrangement privileges open office space to increase interaction between staff and improve cross learning and coordination.
- ▪ To mitigate turn over and attract competent staff, Plan has tried to devise a competitive package (but there is still area for improvement) and less turnover of staff have been seen during the last 6 months.

Financial overview of the project spending (as of end of March 2019) versus the revised budget

Line #	Budget lines	Approved budget in GBP	Expenditure April 2018 to Sep 2018	Expenditure Oct 2018 - 15 April 2019	Expenditure for 12 month report	Variance to approved budget	Total Projection from 15 April to 30 June 2019	Revised Budget in GBP
A	ACTIVITIES	399 926	5 126	92 914	98 039	-331 258	275 531	373 570
Output 1.1	*Adolescents and youth are provided with a safe space (fixed and mobile) and skills to protect themselves*	59 591	0	30 221	30 221	-29 371	35 818	66 039
Output 1.2	*Community-based risk mitigation activities for CPIE, DRR prevention led by adolescents and youth*	190 563	0	35 642	35 642	-154 921	156 419	192 061
Output 2.1	Adolescents and youth in need of protection and UASC have access to and receive quality case management services	122 993	0	22 606	22 606	-100 387	68 648	91 255
Output 2.2	Coordination mechanisms between services providers are strengthened in camp and host communities	7 632	0	33	33	-7 599	4 328	4 361
	Supplies	7 170	3 338	4 412	7 749	580	121	7 871
	Monitoring, Evaluation, Accountability and Learning	11 978	1 788	0	1 788	-10 190	10 196	11 984
B	*LOGISTICS*	37 681	2 785	29 478	32 263		12 310	44 572
C	*PERSONNEL*	195 217	39 508	125 743	165 250	-29 966	47 509	212 759
D	*PERSONNEL SUPPORT*	15 787	0	6 710	6 710	-9 078	11 000	17 710
	TOTAL DIRECT COSTS	648 612	47 418	254 844	302 262	-346 350	346 349	648 611
	Management support (7% of total)	45 403	3 319	17 839	21 158	-24 244	24 244	45 403
	GRAND TOTAL	694 014	50 737	272 683	323 420	-370 594	370 594	694 014

Source: Plan's expenditures report as of end of March 2019

Comments from Plan in relation to the budget revision:

- According to Plan, changes and modifications brought to the budget was due to the lengthy process to obtain FD7 authorization but had a limited impact to the budget allocation.
- The main impact of the delays activities has been to operation costs. Plan reported that costs of working in Cox's are high and the extension of the time period has meant more costs need to be allocated for staff and support. During delays from FD7, staff remained engage to ensure activities were resumed and has been able to continue with preparatory activities like the development of materials, SOPs, attending trainings, among others.

Analysis of the evaluators in relation to the financial chart above:

Spending and projection

Period of the financial reports	Spending : April to Sept 2018	Spending : Oct 2018 to 15 April 2019	Projection : 16 April to 30 June 2019
Period	6 months	6,5 months	2,5 months
% spent	**7,3 %**	**39,2%**	**53,3%**

- Only 7,3% of the revised total budget was spent during the 1st semester period of the project indicating a delay in startup activities. This is also emphasized by the fact that only 10% of the overall expenses from the first semester was related to activities costs. 78% of the spending for the first period concerns personnel costs.
- The project started effectively to spend funds after October 2018 but could only catch up with the spending to some extent as during the second semester of the project, only 39,2% of the overall revised budget was spent, leaving 53,3% of the total revised budget still projected to be spent during the last 3 months of the project (From April to June 2019)
- This shows that at the end of the project, if the forecast materialized, the bulk of the expenses (53%) for the entire project would have been spent only during the last 3 months.
- Main cost drivers observed and analysis of the costs:
  - The main cost driver is related to personnel with 30% of the forecasted overall budget expenses at project end which seems reasonable to us if we consider that the nature of a Child protection

project (case management and support to safe places) is known to require a lot of human resources.

- o Almost one third of the total budget (27%) is related to output 1.2 *''Community based risk mitigation activities for CPiE, DRR prevention led by adolescents and youth.''*
- o A more detailed analysis of output 1.2 shows that a particular activity: *''Training of youth and adolescents on basic journalism to support in disseminating CP Messages through Radio Naf in 3 camps''* will contribute to 38% of the total yearly budget of this output 1.2. This is mainly the cost associated to the training and dissemination of the messages produced by the adolescents and the purchase of the radio sets. We believe that this planned activity would need to be followed up carefully even after the end of the project to ensure that it has effectively been cost effective. Even if the project did not conduct a baseline KAP survey, it is recommended to undertake a KAP survey which includes question with before and after intervention. This survey will confirm that the messages have effectively reached the communities (or not).
- o 17,7% of the yearly costs of output 1.2 will most probably be related to incentives for volunteers. This seems to be a good investment to us as this activity participates to strengthen social cohesion between the Rohingyas volunteers and their Bangladeshi colleagues while in the same time bringing some income to the refugees in a very restrictive context where strong government regulations prevent refugees to earn an income.

Ongoing activities and planned activities before project ends representing 53% of the total budget

The following activities are planned for the remaining period of the project (Mid May to end of August 2019):
- Finalization of the construction of the AFS in Host community
- End of May, 3 days supervision training for coordinators of case management officers. [27]
- Training on peer to peer education and journalism for adolescents and dissemination of 900 radios set and 900 USB keys to the clubs.
- Interactive theatre performances
- Translation of FTR SOP and LCCMP training materials
- Initiate the roll out of the CPIMS
- Distribute 80 GBV kits through the case management officers
- Structural assessment of static places buildings in prevision of the rainy season
- Procurement and distribution of hygiene kits for adolescents
- Plan is planning 1-day training on FTR and one more day on DRR for foster families in May and June 2019
- 1 day on PFA and another day on DRR for staff from the safe places will be conducted before June.
- Procurement and dissemination of recreation kits for youth and mobile teams.
- Procurement and dissemination of IEC materials (flip charts) on DRR, CPiE and hygiene awareness for CBCP members and clubs.
- Implement 2n phase theatre shows in the communities

Plan is confident that it can complete all planned activities before the end of the project in August 2019.

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[27] This training is an inter-agency training, however accommodation/per diem is provided out of the DEC fund

Challenges in relation to the efficiency of the project

- Issues with turnover of staff.
- Some cases of overlapping of activities with other agencies have been reported in some of the camps.
- There have been issues in relation to coverage, duplication and relevance of CFS and mobile activities that limit the efficiency of these interventions (see more information in the chapter on relevance-coverage).
- There are too many sets of IEC materials produced on DRR (Flipcharts) and there is a risk that he intended users may not get all of them or will only use some of them. It is not clear to what extend Plan has used existing DRR materials from BBC media action.
- There have been some issues with information sharing between various departments of Plan in the context of the project and also for the organisation of this evaluation.
- The repository of information needs to be strengthened as it was not always easy for the evaluation team to access the various reports and tools needed for the evaluation.
- The evaluation noted that the project design and subsequently the monitoring system do not efficiently capture and document quality and outcomes of the project even though the evaluation found some good examples of quality programming and impact as shared in this report. Because of this aspect, there are room for improvement to better learn and improve project activities to maximize results and impact.

6.2.2. Assessment

0	1	2	3	4
Low or no visible contribution to this aspect	Some evidence of contribution to this aspect but significant improvement required	Evidence of satisfactory contribution to this aspect but improvement required	Evidence of good contribution to this aspect with some areas for improvement and change	Evidence that the contribution is strong and/or exceeding that which was expected of the project/programme

6.3. Sustainability

Sustainability: Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn.

6.3.1. Key findings

Key Evaluative Question (KEQ 6): What systems have been put in place to enable the sustainability of the project?
  o Has the project been able to strengthen communities' and local capacities? (CHS3)

Answer to KEQ 6: Plan has organized numerous needs-based training for the staff, community volunteers, Youth Club members, CFS Management Committees, Community Protection Groups, religious leaders, majhees, local leaders and other stakeholders to improve resilience to future crises. The training includes CPiE, DRR, FTR, PFA, GBV, PSS, CFS management, Referral Pathway System, Case Management, Community Resilience, Social Cohesion, Reporting and Monitoring and Risk Management which have strengthened capacities for managing risks and their impacts. Through this comprehensive approach, the project strengthened the ability of the targeted beneficiaries and communities to adapt, cope with and withstand shocks which will certainly contribute to sustain the project achievements.
CBCPC were newly formed and trained and would need more capacity building exercises on prioritization of tasks, action planning and effective communication methodologies. They should also be better link with the DSS office (for host community intervention). The project effectively mobilizes and coordinates community stakeholders

from the CBCP to mitigate the increased risks and exposure to acute child protection needs (family separation, trafficking, forced labor, early marriage, further psychosocial distress) by building capacities the members of the CBCP nevertheless they have not been used yet at their full potential to be used as agent of changes/gate keepers/duty bearers to organize structured awareness raising activities through courtyards meetings for example.

Improved capacity of adolescents and young people

Strong points:
- The evaluation found that capacities was improved for 450 Adolescents and youth who have been mobilized in the 30 clubs and gained effective knowledge and skills on disaster preparedness, protection (CPIE), health and hygiene. They also benefited from Psychosocial First Aid and recreational activities in the safe spaces. Workshops were organized with adolescent/youth clubs to identify and map protection risks in the community and develop action plans to reduce especially CPIE and DRR, PFA, hygiene and GBV issues.[28] See chapter on impact in relation to the observed outcomes of these trainings.
- Adolescents interviewed in the host community demonstrated a good knowledge of emergency preparedness measures to put in place before and after disaster. They created their own dramas on CPiE and DRR.

Activity to be completed to increase coverage of awareness raising activities
- Adolescents have not been trained yet on i) communication skills to disseminate messages as well as on the development of IEC materials (ex: recording radio messages), ii) journalism training to enhance their communication skills and build confidence).

Capacity building of CBCPC

Strong points:
- Plan International effectively provided technical support to build the capacity of CBCPC on CP report mechanism, violation, abuse, sexual harassment, exploitation, trafficking, Child marriage, child labor, GBV etc. This strategy is well aligned with the JRP 2019 that calls for enhancement of the protective environment for children, including adolescents through Community-Based Child Protection Committees to monitor child protection risks and develop community led response plans, including working to address social norms affecting levels of violence, abuse and exploitation, preventing trafficking and referring children in need to key services.
- CBCPC members interviewed have increased their own awareness of the existing issues in their community and have shown strong commitment to address them in a difficult context where influential and powerful people at local level are sometimes contributing to the problem as shared with the evaluation team. (ex: involvement of powerful people in drug trafficking, issues with corruption and production of fake birth certificate to allow someone to marry underage girl…)
- CBCP members reported a case of averted child marriage that has been followed up by the CM coordinator (see the case study in the chapter on impact)
- Majhi, Committee members and volunteers who were trained in DRR, have been found warning community members using mike and asked them to take preparatory measures and take shelter in safe places before disaster.
- The CBCP members have learned about different areas of child protection including early marriage, trafficking, abuse, negligence, child labor, etc. They are also aware of DRR and Disaster Preparedness.

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[28] Example of trainings conducted: peer to peer support and learning, awareness raising on child protection risks and issues, knowledge of available services, hygiene promotion, disaster preparedness strategies for the monsoons, building confidence and communication skills

During the discussion the participants could mention the following DRR knowledge, which shows their preparedness and understanding about disaster preparedness:

- They can identify which different signals will be disseminated before and during disasters.
- They have a clear understanding about where to take shelter during a disaster (Cyclone).
- Children should wear a shirt of a particular color so that they can be identified in large crowd. Also, each of them should wear a bracelet with a number on it to be identified during a disaster situation.
- They know how to preserve food and put important documents in safe places before a natural hazard.
- They know how to tie their houses with ropes so that when the wind comes, damage can be minimized.

- The CBCPC Committees also talks about safety measures during their family visit. The following messages are passed to the families during these visits:
  - Do not allow children to play with sharp things like knifes or other utensils used to cut vegetables,
  - Do not let children go near pond water because of risks of drowning
  - Keep an eye on children as they go to school for any incident of eve-teasing or harassment.
  - Do not beat up children or show aggressive behavior towards the children.

Area to improve:
- If CBCPC members have gained knowledge on technical protection issues thanks to the project, they also need further trainings on how to prioritize their intervention at community level, how to develop action plans and maintain documented records of their meetings. Members of the CBCPC met in the host community reported many cases of child marriage that they prevented but none of them had been documented with evidences highlighting the need for more trainings on documentation. In the meantime, Plan suggested that CBPCP committees shall not keep record on children, as those are sensitive information. They should keep record of statistical data and on how many referrals and prevention measures they did.
- CBCPC have been set up in the host community at ward level where there is no other local governance bodies to address the important needs of the community.[29] For this reason, through their involvement in the project, the members of the CBCPC realized the importance of communities issues to deal with and have now high expectations on what the project could deliver for them.
- The CBCP in the host community should also be better link with the ongoing meetings and coordination space of the DSS at Upazila level.
- The project effectively mobilizes and coordinates community stakeholders from the CBCP to mitigate the increased risks and exposure to acute child protection needs (family separation, trafficking, forced labor, early marriage, further psychosocial distress) by building capacities the members of the CBCP nevertheless they have not been used yet at their full potential to be used as agent of changes/gate keepers/duty bearers to organize structured awareness raising activities through courtyards meetings for example.

Case management

Strong points:
- Case management officers reported having been trained on foster care arrangement, GBV awareness session (Youth and Adolescent), Mobile CFS and Youth Club.

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[29] Local Government representation stop at Union level in Bangladesh. A Union can have up to 15,000 people.

External evaluation of Plan International UK's DEC funded response to the Rohingya refugee crisis in Bangladesh.

- The Case Management process is well elaborated: A Case worker makes a primary risk assessment with a door to door visit in the camp. He organizes a one and one conversation with the children, their parents, neighbor, and care giver which helps triangulate the information. Volunteers also help identifying cases in the Camps. Case workers initially fill in the form and send it to the central database. The form includes the basic information about the case. If the information indicates risks and vulnerabilities, a comprehensive assessment is done to measure the risk of these cases. The assessment includes both background history and the present situation which helps identifing the risk and strength of the child/ family. The case is prepared keeping both the risk and protective factor. The risk is categorized into high, medium and low categories. Keeping the risk factor in mind it is decided whom to be included in the plan. A case plan is prepared in consultation with the supervisor, care giver and community leader with concrete actions to implement.
- The evaluation found that the use of volunteers from among the refugees' communities was a good avenue for building self-reliance skills and more particularly in a context where refugees have very limited work opportunities as they are not allowed to earn an income. Case Management Volunteers have been capacitated that they can conduct door to door visit to identify vulnerable children and make referral to Plan's Case Management Officers that will then register/ follow up the cases.

Capacities of service providers and government institutions

Strong points:
- Plan International has also been working closely with the Department of Social Services assisting during the registration of unaccompanied, separated and orphaned children by providing support and capacity building.
- 2 days trainings will be organized in May-June 2019 for staff of the departments of social services and of women and children affairs on case management and GBV.

Areas to improve:
- In some cases, it was reported that the service providers were not positively responding to request for assistance even though their responsibilities were mentioned in the services mapping. This was attributing to the presence of new staff among the service providers that were not sufficiently aware of the work done by Plan.
- Another issue found is that the service mapping does not provide enough detailed information on each service. This limit the capacity of the CM officers to refer the case to the most appropriate service.

Has the project managed to put in place systems to enable sustainability after donor funding ceases? To what extent have long-term and inter-connected problems been considered when carrying out short-term activities? (CHS3)

Answer to EQ related to CHS3: After the DEC funding ceases, Plan is planning to convert 2 CFSs in multipurpose centers and to work with the local NGO YPSA (Youth Power in Social Action) in Host Communities. Through a grant from Canada, Plan will be able to sustain its activities in the camps. We believe that a long-term exit strategy should be defined in the Host community for the CM activities. The DSS officer values the work done by Plan in Case Management in the host communities but we could not perceive a strong ownership of the intervention by the DSS office.

- The latest UNICEF program evaluation JRP 2019 suggested more sectorial collaboration between protection and education initiatives. This was translated in the new JRP 2019 by the following statement: *''A key shared initiative will be the development of adolescent and youth hubs, through which CP agencies will partner with other sectors such as Education to co-create and scale up solutions related to education and learning opportunities, skills for learning, employability, decent work (including entrepreneurial skills), and empowerment, with a focus on girls''.*

- Plan is committed to contribute to the objectives of the JRP 2019 and along with other CP and education agencies will contribute in the future, to the set-up of multipurpose centers in the camps. Whenever feasible (if space allows), 2 CFS will be converted into multipurpose centers and will offer space for learning activities for different age groups that will attend education and protection sessions at different times of the day. In 2 out of the 4 CFS (UNICEF/DEC funded), a room will be dedicated to case management workers while the other room will be used for learning activities. Activities will gradually be more structured for adolescents. One option envisaged by Plan will be to also enroll adolescents in home gardening activities. Other complementary options could be explored as it seems that the government is increasingly more opened to consider vocational trainings activities in the camps for adolescents and youth (See part on recommendations at the end of this report).
- For the project extension after DEC funding, under its 2 years program strategy, Plan will continue its interventions in the current camps. In the Host Community, Plan is planning to partner with the local NGO YPSA (Youth Power in Social Action) that had already established long term partnership on child protection with Plan. Current collaboration with the department of social services will continue in the future.
- Through a grant from Canada, Plan will be able to sustain its activities in the camps and more particularly the adolescent clubs' activities that will soon be trained (under the DEC project) to become agent of changes in their communities. CBCP and case management activities will continue in the current locations supported by DEC.

Key Evaluative Question (KEQ 7): What were the major factors which influenced the achievement or non-achievement of sustainability of the project?

Answer to KEQ7:
The two following negative factors have influenced the non-achievements of the sustainability of the project: Ongoing restrictions on movement of girls/women and participation have reduced their ability to access services, access volunteers' position and develop their life skills. Government restrictions on education, livelihoods, movement, shelter, access to services and lack of protection framework limits self-resilience of refugees.
The following positive factors have influenced the achievements of the sustainability of the project: Commitment of communities (parents, CBCPC) and volunteers, trainings provided to volunteers and beneficiaries that contributed to project sustainability and trust building measures and efforts done by Plan to invite them to attend at the clubs at the beginning of the intervention to reinsure them that their children were in good hand.

Negative factors that have influenced the non-achievements of the sustainability of the project.

- As recognized by the International community, Bangladesh has been a welcoming country by hosting nearly one million Rohingya refugees.[30] In the meantime, the government enforces strong restrictions to the refugees (limitation of access to civil documentation, to justice, to education and to livelihood opportunities) that have strongly limited the options to support the self-reliance of refugees. One observed constraint is that marriages are not always registered in the camps by the CiC. This is an issue as the registration of marriage are also good way to prevent child marriage.
- As highlighted in another evaluation[31], the lack of an overall protection legal framework[32] that secures the rights of the Rohingya in Bangladesh is also seen here as an external (to the project) limiting factor for the sustainability of the intervention as the refugees have limited options for self-resilience.
- More particularly, the Plan response contributed to build knowledge and skills in DRR, hygiene promotion and child protection but could only build the self-reliance skills of the youth to some extend

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[30] Toward Medium-term solutions for Rohingya Refugees and hosts in Bangladesh: mapping potentials responsibility-sharing contributions. Center for Global development. February 2019.
[31] Evaluation of UNICEF's response to the Rohingya refugee crisis in Bangladesh- November 2018.
32 Bangladesh is not party to the 1951 Convention relating to the Status of Refugees and the 1967 Protocol.

as the government does not allow them to be involved in economic activities and earn an income. The use of volunteers is somehow tolerated and the project could enlist some volunteers for some of the activities as described previously.

- Adolescents face specific risks, exacerbated by the absence of education, life skills and safe livelihood opportunities, and by their limited participation in decision making. Although DEC has supported safe places, there is a lack of adolescent friendly services in the camps meaning that adolescent girls and boys remain underserved and have fewer opportunities. This places boys at higher risk of being involved in criminal activities, violence and developing negative practices for conflict resolution or building relationships. For adolescent girls, the ongoing restrictions on movement and participation reduces their ability to access services and develop life skills.
- Other factors that are negatively influencing the sustainability of the project are a pronounced power dynamic along gendered lines and a low level of literacy among the refugee's population. This means that it is always a challenge for the project to enroll and empower women in the project activities either as volunteers and/or as beneficiaries.
- The DEC project experienced some delays during the implementation. Some CBCPC were set up only few months ago and would therefore require additional trainings and coaching to be able to effectively fulfill the roles and responsibilities described in their ToRs.
- In the host community, the department of social services has only 3 social workers for a population of 240,000 (without counting the refugees) in the Upazila. Plan is supporting a team of 6 case management officers in one of the 5 Unions. There is a limited capacity and ownership of DSS to take over CM work in Host community. It is not clear on when the government will assign more social workers to take over the work currently performed by the case management officers of Plan in this Union.

Positive factors that have influenced the achievements of the sustainability of the project.

- Trainings (and more particularly the coaching role played by the Plan staff) as well as the joint engagement of several protection stakeholders seems to be important determinants of success to ensure the sustainability of the intervention.
- Commitment of staff and volunteers that adapt to a particularly difficult context of operation. (more particularly during the rainy season)
- The fact that parents and teachers could freely visited the activities of the clubs have increased their buy in of the activities. (but not yet for the parents of out of school adolescents).

6.3.2. Assessment

0	1	2	3	4
Low or no visible contribution to this aspect	Some evidence of contribution to this aspect but significant improvement required	Evidence of satisfactory contribution to this aspect but improvement required	Evidence of good contribution to this aspect with some areas for improvement and change	Evidence that the contribution is strong and/or exceeding that which was expected of the project/programme

6.4 Impact

Impact: Impact is the cumulative contribution of various stakeholders and is both positive and negative changes that have been brought about directly or indirectly, intended or unintended.

6.3.3. Key findings

Key Evaluative Question (KEQ 8): What are the differences the project has made to adolescent girls and boys and children targeted and the wider community?

Answer to KEQ 8: The DEC project effectively implemented a range of activities that have contributed to reduce the risk of abuse for children (outcome A)

Adolescents and youth in need of protection, including UASC, have received age and gender friendly adequate support by strengthening access to child protection and case management services and efficient coordination (Outcome B)

Static CFS and mobile teams are safe and secure spaces for children in the camps and have contributed to supporting children to cope with the traumatic experiences they have experienced, by reestablishing routines, facilitating socialization and offering learning in their own language.

The life-skills program for adolescents is valuable in raising awareness around key child protection risks and equipping adolescents, especially girls, with skills for resilience.

Case management achieved positive impacts in the living situation of children and their families by i) addressing cases' prevalent needs through direct service provision and linking to available services, ii) supporting them to better cope with the situation that they face, and iii) supporting children and families in reducing risk mitigating behavior, often resulting in protection concerns.

The findings also suggest that case management activities, and awareness raising and outreach activities conducted had an impact on people's awareness of their rights and services available to them, as well as people's perceptions around child protection concerns, abuses of rights, and the receipt of case management support.

The evaluation found many evidences and case stories of how the project has changed positively the life of children. Practices and stories show preliminaries impact on education, family relationship, violence against children, child trafficking, hygiene and preparedness measures before natural hazards

In the meantime, the evaluation found that the project did not capture evidences of change such as case studies or qualitative studies on Most Significant Changes. Pre and post KAPs surveys were not included in the project design to measure knowledge, Attitude and Practice related to awareness raising activities and capacity building interventions. There was also no readily available analysis of the case management database of the closed cases to identify outcomes of the case management interventions.

It is expected that the newly introduced CPIMS+ will provide information to analyze trends in protection issues that can later on be used for planning and prioritization of activities and resources.

Satisfaction of services is considered as a proxy indicator of impact in the context of emergency. The evaluation appreciated that there has been attempt from Plan to investigate the satisfaction of the children engaged in the CFS and mobile activities. This interesting initiative would need to continue but the methodology would need to be strengthened to also record the challenges faced by the children as the survey report that was provided to the evaluation only recorded positive outcomes and no challenges which is surprising.

DEC project's outcome A: The risk of abuse and other protection issues for adolescents and youth, especially adolescent girls and young women, is reduced in refugee and host communities through safe space activities and awareness raising.

Strong points:

CFS:
Below findings from a satisfaction survey conducted in Jan-Feb 2019 by Plan confirmed by our own FGDs.

''Now the children are cleaner and more aware of the importance of hygiene practice.''
''It has been observed that attendance of the children is increasing significantly in CFSs''
''Now their fears are reduced through participating in various PSS activities. It has been observed that boys & girls are very helpful to each other, enjoyed group activities and games with their friends.''
''Children started sharing their opinion with other children, girl children are found more participative.''

- Children have learned how to behave with elders and parents and also obeying what parents are saying. There is a positive change among these children in their attitude and behavior and they are not involved in any verbal and physical confrontation.

- Children are keen to learn new things which show their eagerness to learn more and do better in life.
- Children from the CFS know what to do before and during disaster. One of the participants of FGD said:

''When we hear that Jhor-Tofan (Cyclone) may hit the area, we preserved dry food, tight house with ropes, kept books and papers in a bag and place it in a safe place. ''

Adolescents clubs:
- Engagement with adolescents and youth (girls and boys) as agents of change is one of the core components of the intervention. To support adolescents and youth clubs with awareness raising and action planning towards CPiE and DRR, Plan International has built their skills by strengthening their self-confidence, resilience and psycho-social well-being, awareness raising on child protection risks, issues and available services and preparedness strategies for the upcoming monsoons, building confidence and communication skills.
- Attitudes of children have changed. They are keen to talk to families involved in child marriage and raise their voice on child right and child protection issues.

'' Now, I feel comfortable to speak in public'', '' In the past, in case of eve teasing[33], I would not report the case, or at best would report the issue to our teacher, now we organize a group of girls (from the club) and contact directly the chairman of the village'' Adolescents from host community.

- Children have also successfully resolved few cases of eve-teasing. One of such case was related to one of their friends. According to their description:

''Our friend, who is studying in class 10 was victim of eve-teasing. It happened few times and she did not initially talk to anyone that she received abusive comment. But, one day she spoke up and let us know that a boy is disturbing her. So, we decided to talk to him. We made him understood that it is not a good thing to do and there is a repetition to this act, we will let our headmaster and local council representative know about it and they will take further action. The boy understood that he was doing a wrong thing and since then he never disturbed her.''

- Trainings on peer to peer support, structured dissemination of key protection and DRR related messages to the communities and learning activities are only planned for June 2019, but adolescents have already started to cascade down their knowledge to their close friends and family's members.
- In the clubs met by the evaluation team, each adolescent reported having reached an average of 10 to 18 relatives with whom they have shared their knowledge acquired in the clubs.
- Adolescents reported stories to highlight how they put in practice the knowledge acquired in the clubs. The following quotes were gathered during our interviews.

Practices shared that had an impact on education, family relationship, violence against children, child trafficking, hygiene and preparedness measures before natural hazards:
'' I have shared the knowledge I got in the club with my family "
'' I changed my behavior and do not beat my brothers and sisters as I used to do before''
'' I used to tease girls and stopped it now "
 '' We convinced our parents that children should not carry heavy loads ''
'' Before the last cyclone ''phony'', we pack our school supplies in a plastic bag as well as dry food"
'' I used to ignore my parents when they will ask me to do something, now I listen to them"
'' I did not attend any learning activities before attending the club's sessions, now I am enrolled also in another learning center in addition to the club''
'' I am now using soap before eating and after going to the bathroom''

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[33] Eve teasing is a euphemism used throughout South Asia, which includes (but is not limited to) India, Pakistan, Bangladesh, and Nepal, for public sexual harassment or sexual assault of women by men. Source: https://en.wikipedia.org/wiki/Eve_teasing

> '' I am more respectful with elders in the street and with my parents"
> '' Now, I feel more aware and prepare in case of any attempt related to child trafficking''
> '' If we are lost after a disaster we know where to go and our address. We also have at home a wristband with contact number of our parents that we will wear before an incoming natural hazard[34] ''

Cases of early marriage
In camp 17, one girl attending the club was shared a story by another child (12 years old) not attending the club. The parents of the 12 years old girl wanted to marry her. The girl attending the club raised the issue with other club members and all together they decided to inform the volunteer of the club. Following a discussion, they all went to see the parents of the concerned child and convinced them not to marry the girl.
Another similar example was shared by the club supported in the host community. The marriage was suspended for a while thanks to the intervention of the adolescent club but at the end the parents decided to marry the girl anyway.

CBCP:
- CBCPC members interviewed in the host community, reported having prevented several cases of child marriage. One member also shared that she personally advocated successfully for the enrollment of a child in the school system.

> *''There was a case of child labor in my family as one of my husband's nephew quitted school and started working as a helper in a tailoring shop. Parents of the boy tried to stop him going to the shop for work but in vain. As our family are well-educated – both myself and my husband finally could convince him about the benefit of education and he left his work and started his study again. Now he is a student of class eight.''*

- In the host community, an adolescent was about to drop the school and the members of the CBCPC convinced the family that he should continue his study. At the end the 16-year-old boy completed his O level final exam thanks to the project.
- After their DRR trainings, CBCPC members[35] conducted door to door visits prior to an incoming cyclone to raise awareness on the importance of preparedness measures and effective evacuation to emergency shelters.

DEC project's outcome B: **Adolescents and youth in need of protection, including UASC, are receiving age and gender friendly adequate support by strengthening access to child protection and case management services and efficient coordination**

The goal of case management can be described in various ways such as achieving 'wellbeing', 'recovery', 'self-reliance', 'the full enjoyment of rights' and 'opportunities to develop full human potential'.[36]

Direct service provision by case manager have encompassed the following activities:
- Follow up of cases
- Psychosocial support and counselling for the children and also extended family members (on positive parenting skills)
- Provision of information about services and rights of children
- Provide educational messages on the risks related to protection issues in camps.

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[34] All 14 children interviewed confirmed this information in camp 17.
[35] Host community visited on 12th May 2019.
[36] Taken from the definition of case management used in training on the Inter-Agency Child Protection Information Management System (IA CP IMS).

Strong points

- In its monthly report from April 2019, Plan shared that the CPiE team stopped two early Marriages at Camp- 20 thanks to the support provided by their Volunteer and Community people. In addition, with the cooperation of the Case Management officers, 4 children got admitted to the Primary School in the host community. These children have been receiving free educational services including monthly scholarship and high energy biscuits from the school authority.
- Child Marriage has reduced due to the work of the Case Management Teams along with CBCPC on awareness building about early marriage and health risks.
- Plan does not yet document in a systematic way, case studies of its interventions. We capture the following evidences of positive impact of the case management activities.

Case study on child marriage:

In one camp, A girl, 14 years old was about to be married to a boy, 17 years old. The Plan coordinator was informed that the marriage was agreed between the two families and that the religious leader will officialize the union in few days. Plan started a race against time that involved several back and forth discussions with the two involved families, the adolescents, the CiC, the CP focal agency, the block leaders and the religious leader (and other CBCP members) to recall the health and legal implications of early child marriage. Volunteers remained on standby during the night to ensure that the illegal event will not happen while using the opportunity that NGO staff were not in the camp after dark. Thanks to the dedicated and committed staff that involved volunteers, case management officers, supervisors and senior staff from Plan, the marriage did not take place. A very similar case took place in camp 20 and was stopped through the involvement of CP stakeholders including the clubs.

- Children that were once neglected and did not attend the CFS or Learning center, are now going there. While sharing their experience one case worker said:

''I have noticed that when we identify a child facing negligence in the family and who is not getting the opportunity to learn, and that he is offered a chance to discover new things through learning center and CFS, they are the ones performing best in the center.'' One case worker

- Many children who were working outside for their families and never attended any learning centers are now motivated to go there at least 2-3 times in a week. While explaining the change a case management officer said:

''We have found many cases where boys used to be involved in child labor and could not attend any of centers available to them. But we, as case workers, while hearing their stories and working with them, we tried to motivate them to attend learning centers and clubs. Now, many of them are coming to AFS and CFS, if not on a regular basis, but, at least few days a week.''

- Adolescent girls who were shy to come out of their house are now attending Girl Friendly Space and Girls Club. While talking about the change a case worker said:

''Inspiring from others, there are more girls coming to Girls Friendly Space and Girls Club, which can be considered as a significant achievement.''

- Case management staff also contributed to refer children with special needs to relevant services as evidenced by this quote:

'' We, as a case management officers, referred 4 children with disabilities to the Handicap International team that provided rehabilitation equipment for them.''

- Due to the trainings on FTR, GBP, Child Protection, and also thanks to the visit and monitoring of cases, communities have increased their understanding of child protection issues which they did not know previously. Also, there were cases reported to the evaluation team where the spontaneous care givers have become more conscious about their roles as a parent to better care of their own children as well as the children they foster.
- The program contributed to building capacity and knowledge about child protection issues.
- Children involved previously in child labor are now linked to CFS, AFS, and Learning centers.
- Spontaneous care giving families have received training on positive parenting, so, they are aware of discrimination or negligence that could happen to the foster children from certain behaviors and actions. They have also received training on FTR.
- There are less cases of reported child labor compared to the beginning of the project according to our discussions with the case management officers.

Area to improve in relation to impact measurement

- If all awareness raising activities organized by the project were found relevant as protection risk reduction measures, there was no activity planned in the project to systematically measure changes in Knowledge, Attitude and Practices of communities' members and gatekeepers in relation to protection issues. Findings from KAP surveys and collection of case studies could have been used to follow up proxy indicators of effective risk reduction of abuse and other protection issues faced by adolescents and youth. (i.e.: Improved knowledge and practice at Household level in relation to better parenting and care and attitude change in relation to child marriage or trafficking).
- The evaluation found that the project logical framework and related M&E framework mainly track and report quantitative indicators of outputs (number of people trained or reached per services) but not outcomes. For examples, there is no M&E tools in the project to:
  - Measure the knowledge and attitude of various audiences sensitized by the adolescent's clubs' members and the CBCP committees on child protection issues and DRR messaging.
  - Assess the satisfaction of the beneficiaries in relation to the services provided except for the CFS. (satisfaction is a proxy indicator of impact in emergency)
  - Understand if the risk of abuse and other protection issues for children is reduced. (outcome 1 of the project) through protection situation monitoring activities under an active surveillance system (CPIMS+ started recently but is not yet rolled out)
- Case managers reported changes in the prevalence of child protection concerns, with a reduction in the prevalence of some concerns, as a direct result of case management and awareness raising activities but this was not back up with strong evidences.
- The evaluation notes the use of a satisfaction survey tool to capture data on effectiveness of the PSS interventions (CFS and mobile activities) on the well-being of children and youths. Nevertheless, analysis provided is not well balanced as only the strong points have been reported.

Key Evaluative Question (KEQ 9): What have been the unforeseen positive and negative impacts of the project?
  - To what extent, and how, were negative impacts, including in all sectors from above, systematically anticipated, identified, and mitigated? (CHS3)
  - Did the project have any unforeseen positive and/or negative impacts[37] (including on social, political, environmental and economic factors) which have influenced Plan or prompted changes in ways of working etc.? (CHS3)

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[37] Consider people's safety, access and dignity, sexual exploitation and abuse, cultural, gender, social and political relationships, livelihoods, the local economy and the local environment.

External evaluation of Plan International UK's DEC funded response to the Rohingya refugee crisis in Bangladesh.

Answer to KEQ 9:
Observed, unforeseen negative effects are i) some cases of early marriage went '' underground" also because of the increased awareness on its illegality (thanks to the awareness raising work done by many NGOs). Volunteers are still reporting such cases indicating that the Plan network is still performing well. ii) Also, the project did not put in place measure to mitigate CO2 emissions of its transport activities (This was not part of the project design). There were also some unforeseen positive impacts such as i) the foster parents reporting that their own children benefited from the training received on positive parenting ii) vendors becoming increasingly aware of not hired underage children in the camps.

Unforeseen positive impact

- The evaluation team felt that in the adolescent's clubs (mix gender), boys and girls were more gender sensitive thanks to their interaction in the clubs. This was evidenced by the fact that girls were not shy to speak in the presence of their male peer.
- External contractors and vendors became more and more aware of child labor issue as they hire workers in the camps.
- The evaluation team interviewed one foster family that has been trained in positive parenting skills and Foster care to potentially host in the future children who may be separated during a disaster event. The head of Household interview has 4 children and already put in practice the skills he received from only the 2 days sessions he followed:

'' I now encourage my children to attend learning centers'', '' I do not beat my children anymore as I have learnt that this could affect them mentally ", '' I can now better manage my emotions with my children (more self-control) thanks to the trainings received''

Unforeseen negative impact

- As described thereafter, the project has certainly contributed to important emissions of Co2 an more particularly during the transport of goods and staff to project sites. There were no measures taken by the project to mitigate impact of CO2 production.
- Case management officers perceived that because of increase awareness on CP issues in the camps, certain cases of early marriage now go ''underground'' and become more difficult to identify and stop before the marriage is recognized by the religious leader[38]. Volunteers still report cases happening during the week end when NGOs workers are not in the camps.

Key Evaluative Question (KEQ 10): How has project impact on the environment been considered and how will it impact future opportunities in the area? (CHS3)

Answer to KEQ 10: There was no specific negative impact found on the environment nevertheless activities to transport staff and goods that are one of the cost drivers of the budget have produced CO2 emissions that have not been compensated or mitigated. Adolescents clubs could have been trained on tree plantation as to restore the degraded environment in the camps but this activity was not in the project design. (This would have had a multiplicator effect as trees are also excellent carbon sinks in the fight against climate change).

Strong points

- While the project is not directly addressing the environmental impacts caused by both the crisis and the response itself such as deforestation, water pollution and general degradation of the environment, it

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[38] Some families have interest to marry earlier their daughter as the new couple may receive a separate shelter and benefits from aid agencies.

has identified potential risks and hazards related to the environment and how the response could worsen the situation. (through the inclusion of DRR component in the risk mapping done in the clubs).
- Using mobile teams for safe spaces have reduced the need to procure and use materials while the design of the established safe space looked at having suitable materials able to withstand environmental hazards and are generally located in a suitable area. (but not always accessible to people with disability).

Area to improve
- Through the delivery of the intervention, Hygiene promotion and awareness raising sessions on DRR did not include messaging on contamination of the environment from human waste as originally planned at the project design stage.
- One of the impacts of the intervention on the environment has been the emission of CO_2 and more particularly during transport of goods and personnel to the project sites. Transport is one of the key cost drivers of the project.
- The evaluation did not find evidence of specific actions taken to reduce CO_2 emission and compensate for activities with high rate of emissions.
- We acknowledge that the project design did not have provision for tree plantation. It could have been interesting to train the adolescents on tree plantation as to restore the degraded environment in the camps. This would have had a multiplicator effect as trees are also excellent carbon sinks in the fight against climate change.

6.3.4. Assessment

0	1	2	3	4
Low or no visible contribution to this aspect	Some evidence of contribution to this aspect but significant improvement required	Evidence of satisfactory contribution to this aspect but improvement required	Evidence of good contribution to this aspect with some areas for improvement and change	Evidence that the contribution is strong and/or exceeding that which was expected of the project/programme

6.4. Coordination, communication and accountability

6.4.1. Key findings

Key Evaluative Question (KEQ 11): How did the project coordinate and complement its interventions with others?
- o How effective was the coordination/collaboration between Plan and coordination bodies, local stakeholders, government and other organisations?
- o Has the project complemented and been compatible with government approach?

Answer to KEQ 11: There have been many reported positive examples on how Plan coordinated well at CPSS level and with government institutions. Plan is a recognized active contributor to the work of the CPSS and staff are participating regularly to the CP coordination meetings in the camps. UNICEF reported to the evaluation team that Plan's contribution to the CPSS has been valuable and consistent through inputs provided to tools, SOP, guidelines and training module development and co-facilitating inter-agency trainings. Out of the 39 CP agencies, Plan is considered as one of the Core Group CP agencies.

In the meantime, the evaluation found some area to strengthen as there has been cases of overlapping programming in some blocks that are being discussed between agencies. Also, cross components and cross departments collaboration could be improved within and outside the organization.

Strong points:

- Plan International has been a recognized active member of the bi-monthly Child Protection and GBV subsectors and the Protection sector coordination mechanisms, including the Case Management Task Force (co-chaired by Plan) at Cox's Bazar and Ukhiya levels. Below some evidences collected:
  - UNICEF reported to the evaluation team that Plan's contribution to the CPSS has been valuable and consistent through inputs provided to tools, SOP, guidelines and training module development and co-facilitating inter-agency trainings. Out of the 39 CP agencies, Plan is considered as one of the Core Group CP agencies.
  - Plan is contributing to the CPSS process of rolling out the CPIMS+. Plan signed the information sharing protocol and migration of data into the CPIMS system is ongoing.
  - Plan was actively involved in development of child protection messages for the CPSS.
  - Plan joined an inter-organizational exercise to assess and score existing CFSs in camp 17 using CPSS-developed quality benchmarks, to which Plan contributed. Plan volunteered to lead another piloting of the tool in camp 20.
  - Plan regularly provides updates through the 4W/5W matrix.
  - The project coordinated with the RRRC (Rohingya Rehabilitation Repatriation Committee) and with the CiC (Camp in Charge) while designing and implementing activities. (i.e for the selection of the site for the Safe Places) and tried to minimize overlap.
  - It was reported to the evaluation team[39] that Case Management Coordinators attend CP Sub-Sector Meeting and general coordination meeting in camp-20, 20 Ex & Camp-17 on regular basis where they discussed the current gaps and challenges faced.
  - Under the CPSS, Plan volunteered to undertake with other CP agencies a qualitative study covering several protection issues.
- Plan is the Focal Point for CP in Camp 20 and Camp 20 Extension and therefore coordinates more closely with other actors in these locations.
- On October 11th 2018, a learning event attended by Plan was organized for all DEC partners where information, progress, challenges and ways forward were shared.
- Plan's activities and indicators are designed to contribute to achieve the overall goal of the JRP, specifically of the Protection cluster.
- In camp 17, Plan established a good relationship with the CP focal agency and has been able to access a counseling room from a local NGO to discuss sensitive and confidential issues.
- In camp 20, Plan has established good relationship with various service providers met during the study.
- In Host communities, the department of social affairs official was very positive about the case management work done by Plan at Union Level. He knew about the work of the CBCPC and clubs but it doesn't seem that the government official had ever visited the activities of the CBCPC or that there was any connection with the existing coordination mechanisms organised at Upazila level.[40]
- Few days ago, Plan organized a first coordination meeting with few departments and NGOs working on child protection issues in the Union where Plan is operating.
- Thanks to coordinated time schedules, children reported that they could attend several learning facilities at different time.[41]

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[39] Child Protection focal agency in camp 17 (SKUS) reported that Plan was attending regularly the bi monthly meetings in the camp and had been an active member also to share information.

[40] There is a child welfare board composed of government departments officers that meet sometimes at Upazila level.

[41] 9 to 10 am: Madrasat early morning, 10 to 14pm: CFS, Clubs, mobile CFS and 14 to 16 pm: Learning centers

- Plan indicated that with a growing number of actors in Cox's Bazar, coordination remains paramount and at the same time increasingly challenging. Challenges related to coordination are the rapid proliferation of coordination mechanisms, which tend to be time consuming and can duplicate efforts. There are gaps in predictable leadership (due e.g. to the high turnover rates of staff), and there is a lack of impartiality of lead agencies and insufficient training and experience of coordinators. The previous statement originated from the Plan's proposal materialized as in its April 2019 report Plan shared that: *''Different actors work for the same activities in same location which is very much a challenge for smoothly continuation of the program activities.''*

- Plan and TDH are currently discussing together as there have been some example of overlapping of programming areas in their respective case management interventions in some blocks in camps where both organizations are operating. (camp 20 and 20 extension).

- As described in this report (chapter relevance-targeting), there has been some duplication of activities between the static safe places and mobile CFS activities.

- The evaluation did not feel that there was a strong exchange of information and collaboration between the two departments of Plan in charge of the two main components of the DEC project (case management and PSS). One example of this is the lack of connection between the CBCP that was set up in one Union of the host community with the ongoing meetings that take place at the Upazila level (DSS office) with the Case Management staff. Similarly, in some instances, case manager staff did not know much about the work done by the CBCP. We also notice some coordination issues between the two departments to organize the field work of this evaluation.

- If Plan was reported as attending regularly the CP coordination meetings in the camps, a CP focal agency reported that he had to call two persons from two different departments in Plan (Case management and CBCP/PSS) to ensure that one of them will attend. This point may reveal an area for improvement to ensure a better exchange of information within Plan.

- One of the challenges faced in the camps is the disruption of service as explained by a CP focal agency.

''It is difficult for all of us concerned in coordinating interventions, when one organization has to stop intervention and leave the operation, it creates a vacuum. For example, there are 5 CFSs and 2 WFSs closed in my Camp, but we are still searching for an organization to fill in the gap.''

- It is not clear on how much efforts were developed within Plan to create linkage between protection and education related projects[42] and/or between organizations working in protection and education in the same camps. As reported by a recent UNICEF external evaluation of their own Child Protection program (in which Plan is also a partner), one of the key gaps in coordination found at the end of 2018 was a weak link between education and protection activities as highlighted in the description below:

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[42] Plan noted that their CP and EDU departments work in different camps. However, there are 4 CMOs under EiE who are supervised by a CM coordinator. They only identify, register and refer cases to other CP actors.

The UNICEF evaluation Nov 2018 found that: Links between education and child protection were critically weak, though some examples of good practices in referring children from temporary learning spaces to child-friendly spaces have been observed. There is no evidence of joint programming towards adolescents, especially girls; inclusion of children with disabilities is weak; teachers are not trained on psychosocial support and the identification and referral of child protection cases; learning centre management committees are not linked to child protection committees; and the psychosocial support-social and emotional learning component of the LCFA has not been developed with the assistance of the child protection section.
A positive example of inter-sectoral coordination was the coordinated strategy with education for requesting space for learning centres and child-friendly spaces. The joint education and child protection rapid assessment Jan 2018 is another example of a good practice in coordination between child protection and education sectors.

Following the UNICEF evaluation, UNICEF is currently developing a guidance note on the concept of multi-purpose centers that will aim to maximize the use of the protection and education safe places for children. The idea is that if space allows, one stop shop will be created whereby various protection and education services will be provided for children aged 10-18. The multi-purpose centers could provide in the same space, case management counselling services, vocational and life skills trainings for adolescents and PSS activities. The centers will be managed by protection agencies and will include staff appointed both by education and protection agencies. Parallel to these centers, learning centers will continue to exist (managed by education focused agencies and will provide learning competencies for children aged 3 to 14 (or 18?). Protection trainings will then be mainstreamed in the educational facilities through training of teachers in PFA and CPiE for example.

Key Evaluative Question (KEQ 12): How did the project communicate, was accountable to the beneficiaries and has used the feedback received to improve project design and implementation?
- o How gender, age and culturally appropriate and functional were Plan's strategies for communicating with communities, community participation and closing feedback loops?
- o Have they remained appropriate and functional through context changes? (CHS4)
- o Were the beneficiaries, especially adolescent girls able to provide feedback throughout the different stages of programming? (CHS4)
- o Did targeted young and adolescent girls, boys and the wider community feel safe and trusted the confidentiality when communicating with Plan and its relevant stakeholders? (CHS5)
- o To what extent were the complaints mechanisms understood, relevant, trusted and appropriate to the context? (CHS5)
- o Was the feedback from beneficiaries able to be incorporated into the project design? Why/why not? and what were the enabling/ hindering factors for this? (CHS4)

Answer to KEQ 12: Plan put together feedback mechanisms that mainly involve face to face interactions (even though feedback boxes were also used) through different entry points including the CP focal points, CBCP committee members, refugee community volunteers, adolescents and children of the Safe Spaces with the project staff. Interviews confirmed that the beneficiaries are aware of the system. Shortcoming of the project is that complaint were not systematically recorded and made available for analysis during the evaluation. All respondents contacted during the evaluation did not report bad behavior of Plan staff. Confidentiality of information in the context of the CM work was strictly followed.

Confidentiality of information in the context of the CM intervention

Plan strictly follows confidentiality measures as one of the main principles of case management. Data and Information sharing protocol was contextualized through the Case Management Task Force and Plan is a signatory to the data protection protocol. UNHCR conducted previous DPIA (Data Protection and Information Assessment) on overall data storing, protection and sharing of Plan and found it one of the strongest assessment in the response among child protection actors (feedback was given verbally to Plan). Case Management workers have received and will continue to receive training on the importance of confidentiality of information and data protection and feeding into the Child Protection Information Management system (CPIMS).

The evaluation found many evidences that Plan had implemented a strict protocol to ensure the respect of the confidentiality of the case files related to the case management intervention[43]:

- CM team has been maintaining and stored individual case file in own's locked up steel cabinet to ensure confidentiality of information.
- The evaluation team was not allowed to interview children followed by case management officers. If this was a limitation for the evaluation, it shows also that Plan is taking seriously the importance of respecting agreed data protection policies.
- Similarly, all staff working on case management met during the evaluation were found very protective of the sensitive information they had access to and did not share any names and address of the children with the evaluation team.
- CiCs requested that all types of protection related case information should be submitted to them. As this request could pose a risk for the children benefiting from the protection services, Plan has raised its concern with the RRRC office and Child Protection Sub-Sector and did not share the information to the CiCs.
- A service provider met during the evaluation indicated that it requested more information on some cases that had been referred to them to access their CFS but that Plan provided only very minimum information on the cases as to ensure confidentiality of the case. (Information is provided only on a ''need to know basis'' as per data sharing principles)
- Trainings organized for the spontaneous families have been purposely conducted in different locations than where they reside as to limit the risks that the families will be recognized as fostering UASC.
- Apart from very specific and designate person like Case Officer, Coordinator, Case management Specialist, Case Management Advisor, CPIMS+ administrator, information remained confidential and none have access to the data recorded.

A Case officer while taking about the confidentiality said: *'There was case where a girl was having a medical issue which requires her to see a doctor. So, I took her to the doctor without disclosing the reason which lead it to the problem. I only discussed the problem and asked the doctor to give her the treatment.'*

Accountability and feedback mechanisms:

Strong points

- Plan put together feedback mechanisms that mainly involve face to face interactions (even though feedback boxes were also used) through different entry points including the CP focal points, CBCP committee members, refugee community volunteers, adolescents and children of the Safe Spaces with the project staff.
- The desk review found that direct interaction (as currently used by Plan International) was indeed the preferred source of information for feedback for the refugees (rather than mobile phones or complaints boxes that are also used by Plan) as evidenced by the findings of a recent evaluation of the Common Service for Community Engagement and Accountability for the Rohingya refugee response. (September

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[43] In line with the Minimum Standards for Children Protection in Humanitarian Action

External evaluation of Plan International UK's DEC funded response to the Rohingya refugee crisis in Bangladesh.

2018. BBC media action). The BBC study also reported that Mahjis (Rohingya community leaders) remain the main and most trusted source of information for Rohingya people (mentioned by 87% of participants).

- Examples of feedback mechanisms used by the project are:
  - Children and adolescents were invited to suggest their preferred activities at the onset of the design of the safe places. They were also requested by project staff to give their feedback at the end of the sessions in the Safe Spaces and in the youth clubs.
  - The CBCP committees' members also relay to Plan staff the information they receive from the beneficiaries on services being provided.
  - Plan organizes monthly feedback sessions with the communities, volunteers, stakeholders, boys, girls and adolescents during monthly meeting/training with community protection groups, CFS management committees and during weekly session with Youth Clubs members.
  - Child Protection Focal Persons 'contact numbers have been printed on signboards in the camps so that community members can raise protection concerns or any other feedback about the project. Plan's phone number is shared in the CFS centers and children interviewed know the number.
  - Feedback boxes have also been placed in the project office and in CFS at camp level but are rarely used according to our findings. Messaging about the mechanisms has been disseminated within communities through meetings, trainings, campaigns etc.

Area to improve

- If many beneficiaries interviewed knew where to report complain in case of bad behavior of Plan staff, it was also not clear if the project was keeping track of complaints raised through the complaint response mechanism and if any analysis had been done to learn from it and improve programming. We requested access to any analysis of a possible database to track complaint but the information was not readily available.
- Complain boxes in the CFS were found empty. CBCP coordinator reported that boxes are not used as some children do not know how to write and/or prefer to report issues directly to NGO staff or peer. (interpersonal communication is preferred)
- As described previously, refugees prefer face to face interactions to report a complain. Coordinators of the case management officers tend to visit mainly families with high risk cases. Therefore, foster families with middle or low risk cases have less chance to meet them to report a complain they could face with CM officers. Plan acknowledge that they could improve their feedback mechanisms however, Plan shared that it will not be the job of the coordinator to keep visiting families due to high caseloads and other activities coordinators need to attend to (capacity building, administration, supervision)

6.4.2. Assessment

0	1	2	3	4
Low or no visible contribution to this aspect	Some evidence of contribution to this aspect but significant improvement required	Evidence of satisfactory contribution to this aspect but improvement required	Evidence of good contribution to this aspect with some areas for improvement and change	Evidence that the contribution is strong and/or exceeding that which was expected of the project/programme

6.5. Relevance, coverage and targeting

Relevance: The extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor.

6.5.1. Key findings

Key Evaluative Question (KEQ 13): What were the beneficiaries' implication in determining the selection criteria?
- o Were the selection criteria of beneficiaries appropriate?
- o Were the selection criteria successfully and transparently implemented?
- o Was the community involved in determining the selection criteria and well informed about the decisions? (CHS4)

Answer to KEQ 13: The community reported that they have been consulted before the activities started. They were not always aware of the selection criteria and in the case of the adolescents, they mentioned that Plan staff asked them to attend the club sessions. A parent from a foster family indicated that he understood well the implication of his commitment to receive a child if needed. He highly valued the relationship already established with a case management officer. Influential people selected the adolescents for the clubs but unfortunately were not given vulnerability criteria to ensure a better inclusion based on vulnerability, age, gender and disability. For example, there were no specific vulnerability criteria used such as girls after puberty, learners with disabilities, child-headed households, working children, out of school's youths, adolescent girls not attending any learning facilities or children with protection issues.

Strong points:

The evaluation found that the beneficiaries were generally well informed about the decisions of the project as evidenced by the following examples:
- Influential persons in the community were asked to select the adolescents for the clubs such as the village head, the teachers, the Majeed or the religious leader. The following criteria were used by Plan to select the adolescents for the adolescent's clubs: 1) child not enroll in other clubs or CFS/AFS, 2) age groups from 12 to 17 years old 3) each club should include 8 girls and 7 boys. 4) willingness to participate to the activities. We observed that these criteria were well followed in the clubs visited during the evaluation.
- Adolescents from the club interviewed in the host community were aware of the selection criteria but not those from camp 17.
- A parent from a foster family indicated that he understood well the implication of his commitment to receive a child if needed. He highly valued the relationship already established with a case management officer.

Area to improve:
- For the clubs, Plan initially tried to enroll ''out of school adolescents'' from the host community but unfortunately the parents won't accept to send their children to the clubs and more particularly adolescent girls. Plan therefore decided to work with the formal school institutions who selected the children based on their age and interest to join the activity. Nevertheless, there were no specific vulnerability criteria used such as girls after puberty, learners with disabilities, child-headed households, working children, out of school's youths, adolescent girls not attending any learning facilities or children with protection issues.

- The evaluation felt that other strategies could have been used to engage more the parents of out of school adolescents to participate in the clubs as explained in the recommendations.

Key Evaluative Question (KEQ 14): Was the project relevant to needs?
- Quality of assessments: what was missing; what can we do differently next time?
- How appropriate and useful were the interventions and/ activities implemented?
- Were the strategies used, particularly the diverse mobile and static approaches , appropriate to achieve results intended?
- Did the project address the needs of intended beneficiaries in a consistent manner as per project design?
- If not, what should have been done instead? (CHS1).

Answer to KEQ 14: Based on available information produced by series of child protection related assessments, this evaluation found that the DEC project was relevant with the protection needs of the children and relevant to the needs expressed by adolescents 12-14. The program has contributed to address some of the gaps in services for adolescents while in the meantime providing safe place for children. To some extent, the child-friendly spaces compensate for the limitations imposed by the Government of Bangladesh on education activities and have facilitated the identification of children who were severely affected by the crisis and in need of focused and specialized psychosocial support. The project contributed to several key protection objectives of the Joint Response Plan 2018 and 2019. The provision of preparedness messages to the children affected by weather-related risks was appropriate and shows a good example of DRR mainstreaming in a protection project.

As suggested by the recent UNICEF evaluation, more thematic focused studies on specific protection issues are now needed at the assessment/baseline stages to inform program design and also later on to measure the impact of activities and track CP trends through CPIMS.

The protection intervention did not respond well to needs of adolescent 15-17 that expressed more engagement in income generating activities and vocational trainings activities that have been restrained in the past by government regulations and that are generally activities considered under the education and food security sectors. Also, the project experienced some challenges to reach out adolescents' girls 15-17.

The evaluation found that the mobile CFS intervention would need to be revisited as there were significant duplication of activities with the ones proposed in the CFS and majority of children attended both interventions. Also, the evaluation found that the activities proposed in the mobile activities were not always relevant for adolescents' girls above 15 years old. As a consequence, mobile activities were also only partly able to reach out of school children and adolescent girls 15-17. In camp 20 extension, the evaluation questioned the rationale for having opened a CFS '' generation I '' 1,5 years after the influx when psychosocial needs of children have largely been addressed by restored family networks and increased access to social services. Plan is aware of this and is now considering moving to '' generation II'' CFS through the concept of multipurpose centers as suggested by the UNICEF evaluation.

Analysis of the context of intervention: Protection issues faced by children

Main protection issues faced by children in the camps:
Several needs assessments[44] were used to inform the project design of DEC phase II as noted in the project proposal. The main findings of these researches show that:

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[44] Plan International Bangladesh, ActionAid Bangladesh, CARE Bangladesh, and United Purpose carried out an assessment on behalf of the National Alliance for Risk Reduction and Response Initiatives (NARRI) Consortium between 15 December 2017 and 2 January 2018, and resulted in a report called: ''Needs and Constraints in Humanitarian Crisis: Challenges Facing the Displaced Myanmar Nationals in Cox's Bazar''+ Joint sectorial Rapid Needs Assessment – EiE and CPiE (December 2017)+ 'Childhood Interrupted: Children's Voices from The Rohingya Refugee Crisis''
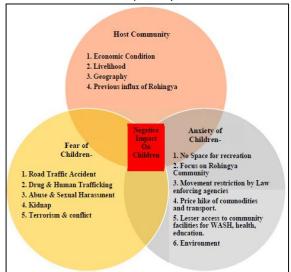
- <u>Top perceived risks for children</u> interviewed during these previous assessments included: separation from family, safety concerns, trafficking, domestic violence and psychosocial distress for both boys and girls; child marriage, sexual harassment and physical and sexual violence for girls; and child labor, exploitation and domestic violence for boys. Children and adolescents with disabilities were also found to be at higher risk.
- <u>Situations that put children at risks</u> were identified by the children as being related to the time they do household chores such as collecting firewood, water or relief aid. Beside safety issues, children worried about their and family health and the insufficiency of warm clothes and blankets.
- <u>Main overall protection issues</u> identified by the children were: lack of privacy, lack of nutritious food, lack of sufficient recreational and WASH gender segregated facilities, lack of education opportunities, lack of lighting systems at night, fear of road accident, harassment, kidnapping, abuse and GBV. In addition, risks were identified in relation to the highly hazard prone areas where the refugees are living (cyclone, strong winds, landslides, and heavy rains).

Protection issues faced by host communities in Teknaf and Ukhia:

An inter-agency protection Needs and Trends Assessment for Refugee and Host Communities in Teknaf Sub-district was conducted in July 2018. The report revealed high occurrence, fear and risk of: Gender Based Violence (GBV); human trafficking; drug use, smuggling and crimes; inter- communal disputes which overall has increased the vulnerability of communities to both physical and psychosocial risks.

There were barriers to access to information, services and assistance characterized by the lack of outdoor lighting, lack of safe spaces and fear of physical, sexual and gender-based violence. Lack of civil documentation, cultural barriers, security and administrative restrictions were reported as hindrances to free movement in the community.

The ANALP desk review report: ''Rohingya crisis, Host Communities Review, thematic report – January 2018'' indicated similar concerns from the host community.

A child protection focused study[45] in host communities found issues related to Child labor, child marriage, child trafficking, GBV, road accidents, drug trafficking (involving children) and drug consumption as important issues to address as summarized in the chart above.

Issues faced by adolescents

The desk review of this evaluation also found that the ISCG report dated on 13 December 2018 reported that inadequate services for adolescents between 15 to 24 years of age persisted as only 3,756 adolescents had access to education or life skills training – out of the 117,000 in need (97% gap) in all camps.

A multi-Sector Needs Assessment was conducted by Reach and UNHCR in July 2018 and reported attendance at child friendly spaces as roughly equal for younger children of both genders (16% of boys and 15% of girls aged 3-5 were reported as attending, along with 19% of both boys and girls aged 6-14). However, this dropped significantly for the older 15-17-year age group, with only 2% of boys and 1% of girls reported as attending. In

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[45] Rohingya crisis – a profile of child protection on host community children, a dissertation for the degree of masters in disaster management by Mohammad Ashiqur Rahman, BRAC university, Dhaka, Bangladesh, March 2018.

January 2019, attendance for youth aged 15-17 remained critically low: some 14.0% of HHs reported that boys aged 15-17 were attending TLCs, while 5% of HHs reported attendance for girls aged 15-17 (REACH 01/2019). The Rohingya Influx Overview (RIO) – April 2019[46] noted that some 40.4% of KIs cited societal norms and values as a barrier to education for girls aged 12-17.

Similarly, the evaluation of the UNICEF CP and education program conducted in October 2018 found that lack of adolescent, youth and adult education was a critical gap in the education response. Out-of-school children were also found more vulnerable to violence, trafficking, child labor, child marriage and exploitation. Restrictions imposed by the Ministry of Primary and Mass Education on age groups, language and type of education are also key barriers to adolescent and adult education. [47]

Analysis: strong points:

- Beside the '' macro level'' assessments used for the project design, Plan has supported adolescents clubs to develop effective risk mapping and mitigation plans that include information on protection related Risks, effect on the children, actions to be done to minimize the risks, person in charge of the activity planned, timeframe for completion of activity, support needed for the implementation and person in charge of monitoring the activity.
- We believe that the DEC intervention and more particularly the adolescent program has been contributing to address some of the services gaps identified previously for adolescents while in the meantime providing safe places for children.
- To some extent, the child-friendly spaces compensate for the limitations imposed by the Government of Bangladesh on education activities and contributed to address some of the psychosocial needs of the children affected the events.
- Given heightened needs resulting from the regular monsoon and cyclone seasons and camps' exposure to potential natural disasters, the provision of preparedness messages to the children affected by weather-related risks was relevant and a good example of DRR mainstreaming in the project.
- Through its various interventions, the DEC project was found to be well aligned and contributed to the Joint Response Plan 2018, more particularly in relation to Objective 3 and 6 described below:

Objective 3: Promote a community-based approach to the response and provide protection services to persons at heightened risk

INDICATOR	IN NEED	BASELINE	TARGET
Number of persons benefitting from awareness raising and community based protection mechanisms, by age and sex	103,389	13,131	103,389
Number of refugees with improved knowledge and skills on protection, child protection and GBV response and prevention, who participate in community outreach work, by age and sex	1,500	190	1,500
Number of refugees at heightened risk as well as victims of trafficking and exploitation, identified and supported, including through case management, by age and sex	15,317	3,113	15,317
Number of individuals, including percentage of adolescents, benefiting from life skills and resilience programming, by age and sex	110,000	28,334	110,000

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46 ACAPS NPM Analysis Hub.

47 In October 2017, the Government's restriction on the use of language instruction and the pre-crisis developed Ability Based Accelerated Learning package with new arrivals, led UNICEF to develop a new condensed, basic two-level bilingual curriculum covering pre-primary and Grades 1 and 2 while developing an ad hoc curriculum for children aged 4 to 14 (the Learning Competency Framework and Approach (LCFA) that took time to be developed by the Education sector. The basic two-level (pre-primary and combined Grades 1 and 2) bilingual curriculum currently being implemented in the temporary learning centres includes 2.5 hours of daily instruction covering basic literacy, numeracy and Burmese language. Hygiene promotion and recreational activities (songs) are included for the pre-primary level only.

Objective 6: Improve access to quality child protection services and psychosocial support activities for girls and boys with protection concerns and who are at risk, including unaccompanied and separated children, Relates to SO 1, 2&3			
INDICATOR	IN NEED	BASELINE	TARGET
Number of girls and boys benefiting from psychosocial activities		168,022	70%
Number of girls and boys at risk, including unaccompanied and separated children identified and receiving case management services		8,516	22,000
Number of unaccompanied and separated girls and boys reunified with their primary caregivers or placed in a long-term family based care arrangement		93	6,000

- Similarly, the project contributed to the outputs of JRP 2019 mainly for objective 2: *''Promote a community-based approach to the response and provide services to persons at heightened protection risk, including girls, boys, women and men of all ages and with diverse needs and Vulnerabilities''* and objective 5: *''Provide specialized child protection services to children most at risk, including adolescents most at risk''.*
- The ISCG sitrep of March 2019 reported that there were 19,715 children at risk including 1,865 Unaccompanied and 5,785 Separated children in the context of the Rohingyas crisis. The DEC phase II project contributed to the identification and support for 218 UASC and children at risk through its case management intervention.

Areas to improve or follow up

Cross cutting issues
- In addition to the issues found in the various protection assessments, CBCPC members interviewed in the host community reported an increase of road accidents involving children that need to be addressed. Road safety is not yet part of the various training curriculums used by the DEC project.
- Similarly, the Site Management sector has recently attracted the attention of the CPSS to better assess the physical risks and accidents[48] trends involving children in the camps. The DEC project does not seem to include yet physical risks for children in the risk mitigation plans.
- In November 2018, UNICEF released the evaluation report of its own Child protection interventions (among other sectors of intervention). The UNICEF evaluation recommended that more detailed child specific information was needed as described thereafter. This DEC evaluation agreed with the UNICEF recommendation that with the absence of more in-depth studies (including baseline KAPs surveys) on various protection issues, it seems difficult to prioritize interventions on the most prevalent protection needs and also measure the effectiveness and even impact of the awareness raising activities implemented for example by the DEC project through the CBPC and clubs to reduce protection risks.

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[48] Road accidents, risks with open sewage system, risks with construction works, risk with bad and slippery terrain during rains….

In November 2018, UNICEF released the evaluation report of its Child protection intervention (among other sectors of intervention). The UNICEF evaluation recommended that more detailed child specific information was needed on: - The incidence of exploitation and sexual and gender-based violence among young girls and boys. - Psychosocial distress and mental disorders, including the status of MHPSS well-being and coping mechanisms. - Child trafficking, particularly numbers and mechanisms. - Child labor and exploitation, particularly types of work and related dangers. - Child marriage and other coping mechanisms. - Justice for children, particularly documentation and registration. - Vulnerability analysis and analysis of inter- and intra-community dynamics, including in host communities. - Potential radicalization and children associated with armed groups. - Child protection risk profiling in host communities.

CFS

- The evaluation team visited the AFS in construction in Host community. A three rooms building is being constructed in the compound of a high school and should be finalized before end of June. Discussion with the teachers shows that one of the smallest rooms only will be allocated for the activities of the clubs but that the other rooms will be used as a classroom as the overall school is lacking space to accommodate all students. Each classroom in the school currently host 80 students/teacher. The construction was delayed because Plan and the government could not agree on a suitable place to construct the buildings. Once the construction will end, we suggest that Plan should confirm the use of the rooms in the final DEC report.

- Most of parents are sending their children to the CFS voluntarily. Since they have attending the CFS for a year and a half (camp 17), most of children are doing the same things, which is monotonous sometimes and children reported that they wanted to learn something new. Parents of children of CFS camp 20 extension requested more toys such as big doles for girls, umbrellas for the children, solar lights and toy horses.

- Even though there is a structured planning of activities, children from various age group are free to attend the sessions as they wish. Small children tend to come at the center from 830 am to 930 am and then irregularly for the rest of the days. Many young adolescents were seen attending the centers but playing with toys that were not for their age. These adolescents also attend the mobile activities and the clubs which highlight a certain overlap of activities.

- Most importantly, we noticed that the space of the CFS was not optimized to respond to the various protection and learning needs of children from various age at various period of the day. We also question the relevance of creating a new CFS of what we call '' CFS generation I '' in camp 20 extension (in Jan 2019), one and half year after the influx of refugees where psychosocial needs of children have evolved as many of them have ''re-bounced'' through reestablished social/family network, access to basic services and reestablishment of daily routine as evidences also by the findings of this study. The set-up of a learning center or adolescent clubs rather than a CFS may have been more relevant to the current needs of children.

- Based on their recent evaluation, UNICEF is now promoting the concept of multi-purpose centers that seems to us more appropriate to the current early recovery and rehabilitation phase of the crisis. Plan's current thinking is also to move towards this approach.

UNICEF recommendation (end 2018) [49]: ''*Develop a gradual exit strategy or a shift from the classic CFS model whenever possible (if space allows). Ways to do that could be through establishing CB Psychosocial Support and strengthening CB Child Protection Committees; incorporating some of the functions of the CFS into TLC (e.g. identification of CP cases and referral to case management; psychosocial support and resilience building activities incorporated in the education activities). Teachers could involve families and community (for example linking up parents' groups with community-based child protection committees). Use adolescent clubs as gateway for alternative education – especially for girls and children with mobility problems. The exit strategy should take into consideration needs and education services available for adolescents and prioritize the space for them. Contribute to a strengthened inter-sectoral links between Education Sector and Child Protection Sub-Sector and to an Education-CP sectors integration plan.*''

- Following the above-mentioned recommendation, the CPSS with support from REACH has developed a comprehensive research plan that will encompass qualitative and quantitative studies. With other agencies, Plan volunteered to undertake a study on sexual exploitation, child trafficking and child labor.[50]
- CPSS is setting up a situation-monitoring-and-alert system to track developments and identify geographic trends. The alert system will incorporate reports from a range of actors. 5 camps have been selected as a starting point in March 2019. Information generated by this system will be complemented in the future by data obtained from CPIMS.

Mobile CFS activities
- An analysis of the age group for children attending the mobile CFS activities shows that a very small number of adolescents are participating to the activities even though the activities also aim to reach the age group 12-14 and 15-17. Similarly Plan recognized in its reports that they are facing challenge to reach adolescents girls at the stage of puberty because of social norms issues. Below some area of concern found during the evaluation.

Issues found with mobile CFS activities	Area of concern
Only few children from the age group 15-17 attend the mobile activities	Limited reach of adolescent
Among the age group 15-17 a very small number or none adolescents' girls attend the activities according to the attendance book and FDGs conducted with children.	Limited reach of adolescent girls
Current mobile activities organized for girls only in individual houses may not be relevant for adolescent girls 15-17 as they are Ludo, drawing, storytelling and crafting.	Limited relevance of activities for adolescents' girls
Children requested more toys and new age specific toys such as badminton, hockey, carom and big dolls for girls.	Not enough diversified toys and limited quantity
Big majority of children attending the mobile activities also attend Madrasat, learning centers and for some of them CFS and adolescents' clubs from Plan. Different volunteers are in charge of the various spaces and may not be aware of the dupplications.	Risk of duplication of activities.
Children attending both the CFS and the mobile CFS, skip sometimes the CFS activities to attend the mobile activities and the adolescent's clubs.	Risk of duplication of activities.
Several activities are similar in the CFS, adolescents' clubs and mobile activities such: hygiene sessions, drawing, storytelling, ludo. The added value of mobile activities are the outdoor activities such as football, cricket	Duplication of activities for the majority of children

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[49] Recommendation from the UNICEF evaluation report (November 2018) addressed to UNICEF for their own education and protection programs.
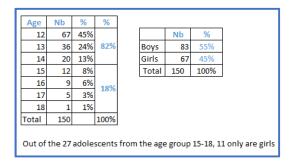[50] This study is funded by another donor agency.

but are mainly suitable for boys. (The static CFS camp 20 ext also organizes outdoor activities)	attending the mobile activities.
Children who attend only the mobile activities are in small number and do not attend other learning facilities because of lack of sufficient services in their block. Therefore, the only opportunity for them are the recreational activities proposed by the mobile interventions but these may not be enough for the grown children (adolescents).	Loss opportunities to provide more learning options for children out of learning/CFS centers.
Girls only Adolescents clubs are only organized in camp 17 (one club) but not in other camps funded by DEC. (camp 20, 20 extension and Host community).	Limited number of girls only adolescent clubs to convince parents to send their daughter to the clubs.

Adolescents clubs

▪ Below our analysis of adolescent's data attending the 10 adolescent clubs in camp 17[51] shows that only 18% of them are from the higher age group 15 to 18 years old. The clubs also involve more boys than girls that are difficult to reach because of social norms limiting their freedom of movement.

Age	Nb	%	%
12	67	45%	
13	36	24%	82%
14	20	13%	
15	12	8%	
16	9	6%	18%
17	5	3%	
18	1	1%	
Total	150		100%

	Nb	%
Boys	83	55%
Girls	67	45%
Total	150	100%

Out of the 27 adolescents from the age group 15-18, 11 only are girls

▪ Many studies and our own findings have shown that key persistent requests from the adolescents and more particularly the age group 15-17 are related to the desire for access to income generating activities and vocational trainings that would help them to become more productive members of their communities. Unfortunately, because of the Government restrictions, this was not possible to be implemented during the period funded by DEC. This external factor, which is beyond Plan's control, may have limited the relevance of the intervention as the project could only respond partly to the needs expressed by the bigger adolescents through the current activities of the adolescent clubs. Government seems now more open for suggestions to include vocational trainings activities for adolescents. (See chapter on recommendation)

Key Evaluative Question (KEQ 15): How well has the project included age, gender and disability?
   o Did the project consider age, gender, ability and culture appropriately in the project design and implementation?
   o Have the project objectives proven to be valid and appropriate in meeting the most pressing gender and age appropriate and priority needs of the affected population?

Answer to KEQ 15: *Plan's intervention was successful in recruiting an almost equal number of women and men staff and volunteers for the CP activities. Similarly, efforts were made to ensure that boys and girls participate equally to the proposed activities. Nevertheless, we found that out of 30 clubs only one was a girl only club.*

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[51] Similar findings could be seen in other camps as well.

Knowing the strict social norms that restrict adolescent girls to access educational activities, it would have been more relevant to have many more girl only clubs.
Counselling and interaction with girls and their families were implemented through home visits.
Wash facilities visited near the CFS were gender segregated with clear signs displayed on the doors. Some facilities were equipped with solar lamps to prevent GBV issues during the night.
If Plan's interventions are open for children with disabilities, we only found few evidences of disability inclusion in the program. We also acknowledge that Plan did not commit in its proposal to work on inclusion.
In term of consideration for age sensitive activities, adolescents up to 15 years old were very satisfied with the clubs. Only a few numbers of grown up adolescents above 15 years old have shown their interest for the mobile activities indicating that proposed activities may not be completely relevant for them.

Gender integration and gender issues:

Strong points

- The training for Case Management workers has also included topics on gender sensitivity and gender issues to improve their ability to engage with adolescents and youth of different genders.
- Plan has engaged parents and gate keepers through the CBCP committees to increase participation and engagement space for girls through advocacy and awareness raising on the importance of the learning and social interaction that CFS and Youth Clubs provide.
- Counselling and interaction with girls and their families were implemented through home visits.
- Wash facilities visited near the CFS were gender segregated with clear signs displayed on the doors. Some facilities were equipped with solar lamps to prevent GBV issues during the night.
- There have been cases where the case management officer demonstrated his sensitivity to gender when he asked a site management agency to equip a shelter with a separation wall as two UASC adolescents (one girl and one boy) where living in the same family (one UASC and one other child from the foster family).
- The ratio of male to female Case Manager staff and volunteers (including mobile CFS volunteers) was found to be close to 50:50 to ensure that girls and boys are able to feel comfortable with their respective worker/volunteer.
- Case management workers staff have a good gender balance. Nevertheless, it is sometimes difficult to retain some women in the team as there is community pressure for them to stay at home in the camps.

In one reported instance, a female volunteer working for Plan was asked by the block leader to stop working, as according to him, it contradicted religious values. After clarifying the role of the volunteer with the local leaders (Madjes, CiC and Iman), Plan successfully retained the volunteer in the team.

Areas to improve or follow up

- Girls who are not allowed out in public for cultural reasons have been engaged through female only adolescent clubs organized close to their homes but there is only 1 such club in camp 17. The enrollment of adolescent girls remains a challenge as evidences by the data analysis conducted during this evaluation. See chapter on targeting. More gender segregated clubs should be opened to encourage girls to participate to the CP activities.
- Our study found that for the mobile CFS activities there is almost equal representation of boys and girls for the age group 5-10, however, the representation of girls of 11-14 is significantly lower comparing to the previous age group. One of the reasons that was identified in the evaluation is that as the mobile CFSs are often placed in open areas where people can see those playing, parents may not find it appropriate for a girl child to attend due to their cultural and religious beliefs.

- There is also a challenge to find qualified volunteers to run the mobile CFSs, particularly female volunteers. The study finds that most of the times the volunteers have limited skill to read and write easy words in English or knowledge of math. While explaining the situation a CFS facilitator explained:

''It is very difficult to find female volunteers for CFS as there was limited opportunities for girls to get education in Myanmar and they could only learn lessons privately at home''. For this particular case, our volunteer was taught English and Burmese from his brother. *"Also, parents do not want girls to work outside, which is a problem in itself.''*

Inclusion of disability

Strong points
- CBCPC and case management officers refer cases of children with disabilities to services whenever they exist (ex: HI mobile pluri-disciplinary teams and learning centers).[52]
- Plan was reported as regularly following up the well-being of children with disabilities referred to the learning centers.
- The CBCPC in the host community highlighted the needs for more inclusive education and rehabilitation services for the important number of children with disabilities who do not yet access services.

Areas to improve
- If the visited safe places are keen to welcome children with disabilities[53], facilitators have not yet been trained on disability inclusion or on early identification and referral of children with disabilities to appropriate services.
- Similarly, case management staff have not been trained on disability inclusion.
- Adolescents clubs visited are not inclusive of children with disabilities even though in the host community visited, the CBCPC reported that there were many Children with Disabilities who did not attend any learning facilities. There are also no specific criteria to purposely enroll adolescents with disabilities in the clubs.
- The biweekly reporting template and attendance sheets of CFS and mobile CFS do not capture disability related information but data is segregated by age and gender.
- The personal information recorded in the case management database does not include information on disability but there are some fields to capture age and gender of the children.
- Wash facilities visited nearby the CFS centers were not equipped to receive children with physical impairment.
- Some CFS (camp 17) are difficult to access for Children with Physical Impairment.

Consideration for age sensitive activities
- Activities conducted in the CFS and by mobile teams were found more appropriate for small children rather than for adolescents.
- Only a few numbers of adolescents have shown their interest for the mobile activities indicating that proposed activities may not be relevant for them.
- Activities for adolescents organized by the clubs have been found more age appropriate but the population reached is small in comparison to the needs. Only 450 adolescents could participate to the club's activities. Peer to peer educational activities will be provided only in June at the end of the project and have the potential to reach more children.

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[52] In camp 17 and 20, 6 cases out of 121 cases (UNICEF/DEC funding) followed up by the case management officers, are children with disabilities that have been referred to HI for further rehabilitation support. Ahsania Mission reported that Plan had referred them some children.

[53] Some Children with disabilities are attending a mobile CFS activity in camp 20 extension.

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- The evaluation found some inconsistencies in relation to the stated target of the project that aims to reach children from the age group 5-17 years old and the phrasing of the outcomes that mention only adolescents and youth.

> The main target group is the Rohingya refugee and host community **children and adolescents 5-17 years old**.
>
> The project goal is to improve child protection and emergency preparedness in Rohingya refugee and host communities. The project has two main planned outcomes:
> - The risk of abuse and other protection issues **for adolescents and youth**, especially adolescent girls and young women, is reduced in refugee and host communities through safe space activities and awareness raising.
> - **Adolescents and youth** in need of protection, including UASC, are receiving age and gender friendly adequate support by strengthening access to child protection and case management services and efficient coordination.

- At the end we found that the following age groups had been effectively reached by the project through various interventions:

		Age group	CFS/mobile CFS	Adolescent clubs	Case management	Awareness raising
		5/6-11	🟩	🟩	🟩	🟩
Adolescent		12-14	🟩	🟩	🟩	🟩
	Youth	15-17	🟧	🟧	🟩	🟩
		18- 24	🟥	🟥	🟧	🟩

Key Evaluative Question (KEQ 16): How has the project adapted to the changing context?
- o Has the project approach or design changed to ensure continued relevance in and adaptation to a changing context? (CHS1).
- o What factors have enabled/ hindered this adaptation to changes? (CHS1)
- o Has the project been consistent with the initial and changing needs and priorities of the intended beneficiaries (most vulnerable members of affected communities)?
- o Have the alterations made during the project implementation had positive / negative effects to the achievement of the outputs & outcomes?

Answer to KEQ 16: In some instances, Plan developed activities indicating a good adaptation to changing context such as i) the adaptation of the Safe places to be used as Lost Children and Carers Meeting Points (LCCMPs) during emergencies as per requirements from the CPSS, ii) the reprogramming of its activities in camps 17 and 20 (instead of camp 10). Shortcomings are related to the understanding of needs for FTR support and as described earlier in the chapter on relevance and targeting, mobile CFS activities would need to be revised to better meet the needs of out of school children and grown up adolescents. The future implementation of the multi-purpose center concept would also ensure that Plan remains relevant to the changing context.

Strong points

Below examples of positive adaptation to the changing context as evidenced by the following initiatives taken:

Context	Initiatives taken
There were no meeting points for lost children during emergencies. NGO staff are not allowed to stay in the camps after 17:00 pm.	The project added one more output in the project design (funded through the additional funds provided by DEC) to adapt the Safe places to be used as Lost Children Meeting Point Centres (LCMPCs) during emergencies as per requirements from the CPSS. In case of emergencies, designated volunteers were trained to take care of these children during the night as NGO staff are not allowed to overnight in the camps.
Because of government restrictions on education, access to livelihoods opportunities and use of cash, there are very limited opportunities in the camps for people and the youths to be self-resilient and implement themselves any concrete activities for the communities.	Adolescents and youth got knowledge and skills in CPiE and DRR. They could effectively put them in practice through the practical activities of the adolescent clubs. In June 2019, Plan will provide journalism training to enhance their communication skills and build confidence.
Given changing needs in the camps and existing actors, Plan was reallocated responsibilities for Child Protection to different camps	Activities were reprogrammed in camps 17 and 20 (instead of camp 10)
Due to relocation of families to the camp 20 extension and Camp 4 extension, Plan was approached by UNICEF to expand CP services in camp 20 extension as no services were being provided there such as providing journalism training to enhance their communication skills and build confidence.	The additional allocation from DEC is being used to support this. The additional allocation is also being used to enhance the youth club activities.
Plan conducted satisfaction survey for the CFS/mobile activities	Based on the findings from the surveys, Plan encouraged children to participate to the CFS activities at any point of time during the day and not only during the planned shifts. Efforts were made to render the CFS more attractive for children.
Feedback boxes were not used by children	Plan organised interpersonal sessions with children to better understand their needs.
UNICEF internal evaluation (November 2018) suggested a stronger links between education and protection projects.	Plan is considering a different strategy in the future. (see chapters on sustainability and recommendation)

Areas to improve

▪ As explained previously, the design of the DEC project mainly relies on assessments conducted early 2018 and mid-2018. Also, it was estimated shortly after the influx that there were more than 10,000 Unaccompanied and Separated Children (UASC) among the refugee population. Nevertheless, Plan noted in its interim report (October 2018) that it emerged that the criteria used to identify UASCs and other children in need, such as orphaned children was misrepresentative. It was found that the actual

number of UASC is lower than expected while other information on needs may be missing. The criteria were therefore reviewed by the Child Protection Sub Sector (CPSS).[54]

- Nevertheless, because of this misleading information, many CP organizations (including Plan) overestimated the needs for FTR intervention[55] and invested time and efforts on trainings, meetings and establishment of FTR system and staff structure that were less used at the end.
- Plan indicated in its 12-month DEC report that after having consulted UASCs, no reunifications have been completed as children have not requested an FTR intervention. Possible but not confirmed reasons given to the evaluation team were that either:
  o Children would assume that their parents died (as per the findings from the recent Save the Children study)[56]
  o Current Spontaneous foster families would want the children to stay with them to continue benefiting from the intervention.
  o UASC are grown up children (adolescents) and are less demanding of parents' presence
  o Children are feeling better in their current house
  o Biologic parents of the children (in contact with them from other countries) have interest that their children remain with the spontaneous foster care families in the camps for various reasons.
  o Initially, Plan was not offering FTR services and did not propose this support to the families which may explain why children did not request for it.[57]

  The evaluation team found quite surprising that 100% of the 99 UASC were not interested by an FTR intervention. One assumption that we could not verify, for the lack of interest for an FTR process is that UASCs may be concerned that if they ask for FTR they may be reunified in Myanmar while they do not want to be repatriated. It is therefore recommended to follow up this information carefully in contacting again the children if possible, without the presence of the foster parents.

- As discussed in this report, the project could have better document the quality and outcomes of its intervention to better learn and adapt to changing needs and priorities of the intended beneficiaries.
- There were no vulnerability criteria used to select the adolescent for the clubs. Vulnerability criteria would have allowed to maximize impact and better prioritize interventions on the most vulnerable groups. (see recommendations at the end of the report)
- As described earlier in the chapter on relevance and targeting, mobile CFS activities would need to be revised to better meet the needs of out of school children and adolescents.

6.5.2. Assessment

0	1	2	3	4
Low or no visible contribution to this aspect	Some evidence of contribution to this aspect but significant improvement required	Evidence of satisfactory contribution to this aspect but improvement required	Evidence of good contribution to this aspect with some areas for improvement and change	Evidence that the contribution is strong and/or exceeding that which was expected of the project/programme

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[54] According to the Save the Children Nov. 2018-UASC Brief, "Understanding Family Separation Amongst Rohingya Refugees", Cox's Bazaar, Bangladesh, cases of mis-registration were cases where the child's primary caregiver prior to the violence was not the child's biological parent. This suggests that the concept of "children without their primary caregiver" (CWPC) might be more helpful in this context than the terms UASC. Also children who lost one parent where wrongly categorized as orphan.

[55] The Case Management Team has been providing services however the caseload is lower than expected partially due to how orphaned children were classified by the government during initial assessments and reduced requests for FTR.

[56] Child Protection Sub-Sector, Nov. 2018, UASC Brief, "Understanding Family Separation Amongst Rohingya Refugees", Cox's Bazaar, Bangladesh.

[57] Plan is now lead for FTR in camp 20 only. Save is leading in other camps. All organizations liaise with IFRC for FTR.

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Section 7: **Key Learnings**

Key Evaluative Question (KEQ 17) How has the project learned and used lessons across the team, response community and wider sector? (CHS7)

o   What would be the main considerations and key lessons when replicating and scaling up/down this project design for future emergencies to ensure a better quality of response?
o   To what extent has the program applied previous learning of the Rohingya context, as well as lessons learnt in relation to refugee crises globally? (CHS7)

Answer to KEQ 17. In some cases, Plan initiated basic training of staff without waiting for a sector approved tool. Coaching and shadowing were also found good avenues for learning. Adolescents will receive trainings on how to disseminate CP messages to their peers in using pre-recorded messages (using a radio set) to accelerate dissemination of CP information to children, parents and leaders in an environment with limited FM radio signal. Plan is expected to learn more from this activity planned for June 2019. Under the umbrella of the CPSS, Plan contributed in preparedness activities by participating in the development of the Lost Child and Carers Meeting Point (LCCMP) SOP. The initiative led to identification of safe spaces and meeting points for children in case of an emergency.

In its 12-month report, Plan reported that a lesson learned & reflection workshop will be organized mid-June 2019, nevertheless the evaluation team was informed that this will not take place as there has already been a lesson learned workshop organized end of 2018 and that the final evaluation will also capture some of the project learnings.

Good practices

- In the context of the camps where there is no signal to receive radio broadcasted information, Plan is planning to use an innovative strategy for wider and quicker messaging on CP. Adolescents will receive trainings on how to disseminate CP messages to their peers in using pre-recorded messages (using a radio set) to accelerate dissemination of CP information to children, parents and leaders. The activity is planned for June 2019.
- It is a recognized humanitarian good practice to use training packages developed and approved at sectorial level by the Child Protection Sub Sector. Nevertheless, the development of these trainings' packages can sometimes delay the implementation of the activities. In some cases, Plan initiated basic training of staff without waiting for a sector approved tool.[58] Coaching and shadowing were also found good avenues for learning.
- Shadowing support was also a methodology used by Plan to team up together case management officers that had more experience in social work with recently appointed staff with less experience. Case workers traveled by pair to also ensure their safety in the camps.
- Plan had initially thought that identified UASCs would be willing to be relocated to trained foster parents (by Plan), but UASCs expressed their desire to remain with spontaneous foster families who had voluntarily taken them. Plan has therefore supported these families, Child Headed Households and children living alone through the provision of training on positive parenting and other skills, NFIs, while in the same time monitor risks.
- To create a protective environment for adolescents and youth and be able to manage and safely report issues, a variety of communication methods like theatre, peer to peer campaigns and radio messages

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[58] Example: The training for alternative care (including foster care families) has not yet been developed at the time of the evaluation but Plan provided some orientation on positive parenting skills.

have been used to raise awareness of the communities on disaster preparedness, protection services, key risks and hazards. Nevertheless, pre and post KAPs surveys have not been included in the project design limiting therefore the project capacity to measure the effectiveness of this communication intervention.

- The risk of setting up a CBCPC in a community (host community) where there are no other coordination and information sharing mechanisms is that community members will have high expectations on what the project should deliver to them as they have many socio-economic issues that cannot be resolved only through a child protection committee. Skills on prioritization of tasks are therefore important assets to acquire for the members of the committees.

- Under the umbrella of the CPSS, PLan contributed in preparedness activities by participating in the development of the Lost Child and Carers Meeting Point (LCCMP) SOP, FTR for Temporary Separation and Prevention of Temporary Separation key messages. The initiative led to identification of safe spaces and meeting points for children in case of an emergency. The development of the SOP also identified the need to be able to provide emergency care for children separated during emergencies before they can be reunited with family members or put into care arrangements. The Safe spaces will therefore serve as emergency shelters for children during this time period of less than 48 hours. Children throughout the camps have also been issued with wrist bands that contained family information to facilitate any identification and Family Tracing needed.

- DRR has been mainstreamed at different level of the CP intervention through awareness raising activities and through the risk mitigation plans developed by the adolescents.

- To ensure that parents will authorize their children to attend the clubs, Plan let them freely visit the club's activities. Also, clubs' activities are organized in the school compound for the clubs operating in host community. This strategy has paid off for school going adolescents. Innovative approaches still need to be design to ensure that out of school adolescent participate to the sessions and that vulnerability criteria are used during the selection process.

Areas to improve

- As discussed earlier, the project design and therefore subsequently the monitoring system of the project mainly tracks outputs related information with less emphasis on the outcomes of the intervention. Because of this, the evaluation team believes that there has been lost opportunities to learn more on how the project changed the life of the beneficiaries also because good practices and case studies had not been documented prior to this evaluation.

- CBCP's roles and responsibilities include activities related to awareness raising but often members of the communities are more engaged in conflict prevention and conflict resolution and underestimate the role they could play as agent of changes. They should be encouraged more to fulfill this role through capacity building exercises on communication skills, provision of IEC materials and effective monitoring of their community led communication initiatives.

- Specific learnings on CP issues in camp 17 were shared by CBCP as follow:

o Children are at greater risk during rainy season. It is also difficult for them to walk and attend CFS, AFS during the time of monsoon.

o Emergency Shelter that is available nearby the CiC office has no sufficient place to accommodate a large number of populations in the camp.

o There is a need for awareness and life skill training on behaviour and attitude change for the male youth/boys on how to behave with girls as there are many cases of harassment and abusive words being passed on adolescent girls on their way to home from AFS or clubs.

o Also, young people travel different blocks to work as volunteers. In some cases, they are teasing girls and ask them to visit their houses. There is a risk that the girls may be involved in a relationship without having any information about the family. At a very young age, they sometimes take wrong decision and go out with the boy and get married in a location far from their own. There should be

some mechanism to assess and identify who is coming for a work, otherwise these cases will continue to happen according to the CBCPC.

Section 8: **Specific Actionable Recommendations**

Recommendations from project beneficiaries

Origin of the recommendations	Recommendations collected during the field work	Comments
Case management staff	-We would appreciate more trainings on how to build trust with foster families, on interview skills, GBV and on new guidelines. - We need a specific room to interview the beneficiaries. - Supervisor indicated that they would appreciate more trainings on FTR, GBV and supervision skills <u>Case officers also recommended:</u> -Psychosocial Support for the staff working on Case Management. -Providing transport facilities for the workers. -Making provision of insurance and health care support for the staff. -Sufficient administrative support (Computers) -Documenting success and good practices (without disclosing information) to encourage works of the case management team. -More Sharing events with other agencies and organizations on child protection to discuss challenges and strategies. - See other recommendations detailed in this report.	Plan is planning to train case workers on PFA and GBV in May and June 2019.
Girls group adolescent club, host community	-We need interactive and visual learning means such as videos and projectors. -We need a room for our club as we are now using the classroom from our school to meet. -The setting up of a library will be great! - Drug use is an issue in our village and we want to raise awareness about this issue	Plan is planning to train the adolescents of the clubs in June on peer to peer awareness raising methodologies and on issues faced by the use of drugs.
CBCP host community	-We need support to address the many issues we faced in our village: limited health facilities, no children with disabilities in the schools, many road accidents involving also children, children involved in drug trafficking or using drugs. - We need means of transportation to conduct our activities in the village. - Road accidents and drug use are important issues in our village and we want to raise awareness about them.	Plan is planning to provide additional trainings on how to conduct awareness raising activities at community level. IEC materials such as flip charts will be provided to the CBCPC in June.

One foster care parent	-I will be happy if I could participate more to meetings between foster care families and learn from their experience in raising their children - I will be keen to receive more trainings.	Plan is planning 1-day training on FTR and one more day on DRR for foster families in May and June.
Children and parents from CFS	-We would like to receive more books, toys, big dolls, horse toys, costumes for the drama activities	

Thereafter, see recommendations from the evaluation team to Plan International

As the evaluation has been conducted 2 months before the project ends, short term recommendations can still be implemented. As the project will continue after the current funding phase of DEC, middle term and long-term recommendations have also been suggested. This explains the number of recommendations suggested below

	Findings and issues found	Recommendations for Plan International	Short/Mid Term/long term. (ST/MT/LT)	Response & action	Responsible (who)	By when
	Strategic recommendation					
1	Lack of space and facilities limit the enrollment and access of children in education and protection, (particularly for adolescents). Use of space should be optimized in the context of early recovery and rehabilitation phases of the response.	See below for a proposition for the use of the space for an inclusive multi-purpose center.	MT			
	Awareness raising activities					
2	The project had M&E tools for process monitoring. The project design did not include KAP surveys activities.	For other projects, conduct pre and post KAPs surveys to follow up acquisition and practices of protection skills by various audiences. This could be done with support from REACH in the context of the planned protection Household Quantitative assessment in the context of the CPSS. REACH is planning an HH level survey for adolescents including on perception of various topics that could include DRR and /other CP issues.	LT			
3	Road safety and other physical risks are not taken enough in consideration in the training curriculums of the DEC project.	Consider including trainings on physical risks for sites with high risk of accident (including road accident) involving children (i.e.: host community)	MT			
4	Adolescents interviewed requested more visual and audio support to be used during the trainings.	Humanitarian practitioners interviewed by a BBC[59] study reported that community health workers were downloading educational video content on their mobile phones and were using it to engage Rohingya community members and share important information with them. This is an avenue for sharing information that Plan International could also explore.[60]	MT			

[59] Findings from a recent evaluation of the Common Service for Community Engagement and Accountability for the Rohingya refugee response. (September 2018. BBC media action).

[60] Few years ago, Plan International Asia developed an apps on safe school in relation to its regional Disaster Risk Reduction program.

5	Hygiene promotion and awareness raising sessions on DRR did not include messaging on contamination of the environment from human waste as originally planned in the project design stage.	Include awareness raising on natural disasters/environmental hazards, environment protection and activities on tree planting in the adolescent clubs' activities. Future tree planting activities would need to be aligned with the existing guidelines developed by FAO and the forest department.	MT			
6	Staff, volunteers, CBCP and parents from CFS have not been trained yet on BCC methodologies.	Train staff, volunteers, CBCP and parents from CFS on BCC methodologies. See more details information below.	MT			
7	The joint protection and education assessment done by the CP sector early 2018 did not provide detailed child information on specific protection issues.	Continue supporting some of the child specific study recommended by the UNICEF evaluation and highlighted in the REACH research road map[61] to better informed the incidence of some of the protection issues. Such studies could be used as a good baseline to measure change in protection issues following CP focus awareness raising activities.	MT			
	Safe Places, mobile activities and clubs					
8	The project design did not include activity and budget to measure the effectiveness of the PSS interventions on adolescents and youth. (except an attempt for the children of the CFS)	For future projects, conduct qualitative or quantitative survey to demonstrate the effectiveness of the child protection interventions on improved psychosocial wellbeing among adolescents and youth attending the Safe places and clubs.	LT			
9	At sector level, there is a lack of clarity and cross sector collaboration on the future mandate of Safe Places (protection) and learning places (education)	Continue contributing actively to strengthen coordination and discussion around the use of Safe places and learning spaces in the education and protection sectors. For example, UNICEF's evaluation recommended: supporting teacher training on child protection, early identification and referral of cases and psychosocial support; supporting in the development of a psychosocial support social and emotional learning curriculum; establishing referral mechanisms for children at risk; and developing standard training packages on child protection.	ST			

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[61] Presented in the last CPSS meeting in May 2019.

10	Gaps identified in relation to the mobile CFS activities are: - Unsuitable places to organize the activities - lack of trainings on DRR for the children of the mobile spaces	-Identify more appropriate places for the children attending mobile CFS activities such as house of community members. Community Based Child Protection Committee could help identify the places. -There is a need for training or orientation on DRR, particularly about fire safety and cyclone preparedness among the children of the mobile activities.	ST			
11	Issues related to reach and relevance of mobile CFS activities for adolescents 15-17 and out of school children.	-Use snowball technique with adolescent girls attending clubs to identify peers who do not attend any learning facilities. -Ensure that peer to peer learning conducted by clubs also include access to education/mobile CFS for adolescent girls. -Organize separate FGDs with adolescent girls 15-17 who are not attending any facilities (and with their parents) to better understand why their parents do not send them to clubs and mobile CFS and what activities and set up should be organized to convince them to participate to the activities. (While respecting Purdha requirement) -Scale up girls only adolescent clubs with only female staff and volunteers to conduct the sessions in the clubs. -Increase number of toys and diversified activities for mobile CFS as to better reach out of school children and adolescents. -Advocate for more learning facilities for all children in the camps, revise the type of activities offer by the mobile unit for out of school children and adolescents.	ST- MT			
12	Plan did not use a specific vulnerability criterion to enroll the adolescents in the clubs (ex: children with disabilities or Children head of households).	Revise the set of criteria to enroll children in the PSS activities with inclusion of vulnerability criteria. Identify, pilot and select alternative and innovative learning modalities to address the learning and protection needs of excluded children (e.g. girls after puberty, learners with disabilities, child-headed households, working children, adolescent girls and boys, out of school's youths, adolescent girls not attending any learning facilities, children with protection issues…)	ST			
13	The AFS is being constructed in a school compound[62] and will most probably mainly be used as a classroom for the school.	Once the building will be finalized, we suggest that Plan should confirm the use of the rooms in the final DEC report.	ST			

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[62] Thaiyankhali high school in Ukhia Upazila, Palong khali Union.

			MT			
14	In the host community, Plan could not organize clubs for out of schools' adolescents.	Plan should organize specific FGD with parents of out of school adolescents to better understand why they did not want their children to attend the clubs. Similarly, to what was learned in the existing clubs, Plan should invite the parents to attend the weekly sessions at the beginning of the constitution of the new clubs. Clubs can still take place in the school compound to reinsure the parents. Girls only clubs supported by female facilitators would help to release the fears of the parents in relation to maintaining the privacy of the places for the girls.				
15	There is an important unmet demand in the camps for more learning and livelihoods activities for the adolescents and youths. Nevertheless, adolescent education in the camps is officially restricted by the Government of Bangladesh. The DEC project is effective but the coverage of the clubs is small in comparison to the needs and the project mainly responded through life skills trainings. Government is now more open to the discussion of providing vocational trainings opportunities in the camps.	Continue increasing the range of practical and implementable youth led activities and scale up the adolescent program. Micro projects implemented by adolescents with soft funds could be developed such as: communities work, fire patrol, cultural activities, reading clubs, English classes, setting up a small library, running adolescent clubs, conducting hygiene promotion activities, learning sewing skills, organizing drawing competition, debates on protection issues, first aid trainings, organization of evacuation drills, home gardening and organizing sessions on fire/road safety…). Consider implementing vocational training activities[63] in the future multi-purpose centers with enhance collaboration with the education sector within Plan, at sectorial and cross sectoral level.	LT			
	Community Based Child Protection Committees (CBCPC)					
16	CBCP members need more trainings on how to conduct awareness raising activities and IEC materials. The results of their activities need to be tracked and documented.	Design a set of performance indicators to measure the effectiveness of the CBCPC intervention. (see also recommendation on lack of outcomes related indicators in the project logical framework)	ST			
17	CBCP have not been used yet at their full potential to be used as agent of changes/gate keepers/duty bearers to organize structured awareness raising	Train CBCP on communication skills and how to disseminate information through structured courtyards sessions. Provide them with IEC materials on CP issues and DRR	ST			

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[63] Government seems to be more open to include this type of activity in the camps.

	activities through courtyards meetings for example.					
18	The members of the CBCPC in Host Community have high expectations on what the project could deliver for them.	Plan should continue communicating clearly about the objectives of the project and support the committees to better prioritize their work in a resource constraint environment. They should be trained on planning, prioritization and reporting of activities.	ST			
	Case management					
19	Sometimes, service provider who had an internal PSS capacity would rather refer protection cases to their own department rather than to Plan even though they did not have necessarily strong expertise in case management.	More orientation is needed on the roles and responsibilities of case management officers for service providers that they can also refer cases to Plan. Case management officer recommended to organize regular technical meetings between field staff of Plan with some service providers to strengthen referral pathway between agencies and to offer capacity building in case management to the said service provider, if they are also CM agency.	ST			
20	There has been reports where the service mapping was not precise enough to properly refer cases or that the service provider was reluctant to accept the cases even though it was under his/her responsibility. Service provider were not trained on referral pathway. In some cases, service providers were not positively responding to request for assistance even though their responsibilities were mentioned in the services mapping. This was attributing to the presence of new staff among the service providers that were not sufficiently aware of the work done by Plan.	Service mapping needs to indicate also sub services available. Service provider need to be regularly oriented on the CP services and referral pathway as they also experience staff turnover. IEC materials on CP issues should be developed for service providers.	MT			
21	Coordinators/supervisors do not use yet a supervision tool that will allow them	Use the existing supervision tool developed by the case management task force (part of the supervised practice framework)[64] . The tool aims to support	ST			

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[64] Module G3 Exercise 2 - Supervised Practice Framework

	to capture keys competencies achieved by the case management officers.	caseworkers to self-assess their capacity, enable them to receive verbal and recorded feedback from their Supervisor, and to track and manage their competency development over a period of time.					
22	No reunifications (FTR) have been completed as all UASCs have not requested an FTR intervention.	The evaluation team found quite surprising that 100% of the 99 UASC were not interested by an FTR intervention. It is therefore recommended to follow this information carefully in contacting again the children (if possible, without the presence of the foster parents) in the best interest of the child. Spontaneous foster care families will be trained in May on FTR and this will be a good opportunity to better understand this issue.	ST				
23	There is a need for an additional layer of Project Manager to ensure case management specialist focusing only on technical supervision of coordinators, trainings, tools development and quality insurance	Recruit an additional staff for managerial level so the case management specialist can focus on technical supervision of coordinators, trainings, quality insurance and documentation of quality outcomes.	MT				
24	Spontaneous families meet individually with the case workers and only meet during trainings organised by Plan.	Organise Foster families support group to allow them to exchange experiences between them.	MT				
25	Foster families with middle or low risk cases have less chance to meet them to report a complain they could face with CM officers.	Ensure that coordinators of CM officers also meet regularly foster families with middle and low risks cases and/or identify a way where these families can raise a complain if needed.	ST				
26	Piloted Quality Benchmark tool not yet roll out in Plan interventions	Roll out Quality benchmark tool for CM interventions.	ST				
27	It seems that Plan is not regularly analysis time spent between various steps of the case management system	Ensure that data entered in the database is comprehensive through provision of enough computer and trainings on computer skills to CM officers. Track time spent between various steps of the CM process.	MT				
28	It is not clear if and how Plan is regularly analysis CP issues in the camps to better plan and prioritise its work.	Conduct documented protection trend analysis of CM data to identify main issues to focus on for awareness raising activities and other CP activities.	ST				
	Monitoring and Evaluation						
29	The evaluation found that the project logframe and related M&E framework mainly track and report quantitative indicators of outputs but not outcomes.	The next phase of the project should develop a logical framework and/or Theory of Change that also includes indicators of outcomes that measure long term and lasting changes (impact) of the CP activities on the life of the targeted beneficiaries. (Setting up a child-centred change monitoring system to document evidence of changes achieved by children)	MT				

	Outcomes were gathered during the evaluation					
30	Recently developed (by the CPSS) Quality Benchmarks for CP have been piloted in the camps but have not been endorsed and rolled out yet by Plan. Satisfaction surveys have been used in the CFS/mobile teams but data collection and analysis need to be strengthened to also capture challenges and lessons learned.	Roll out the Quality Standards to monitor the quality of the CP intervention and continue to conduct satisfaction survey with strengthened analysis to also capture areas to improve.	ST			
	Capacity building activities					
31	There is no specific tool to measure effective implementation of skills obtained following capacity building activities.	For future projects, Plan should consider using the Kirkpatrick model[65] to measure impact and change in learning and in effective transformation of knowledge into practices and attitudinal changes among staff and volunteers trained.	MT			
	Inclusion of children with disabilities					
32	The overall intervention is not disability inclusive and staff/volunteers are not trained on disability inclusion.	- Training of staff, volunteers and facilitators on inclusive protection and education. - Engage CBCP and volunteers to identify children with disabilities. - Establish a buddy system in the Safe places and children clubs for children with disabilities. - Develop protection and learning sessions to engage children on inclusion - Create link between HI/CBM pluri-disciplinary protection mobile teams and Plan international protection staff. - Rolling out IEC materials on awareness raising about inclusion. HI is currently using a set of flash cards from Plan International Cambodia that is still relevant to the context of the Rohingya crisis. - Track children with disabilities in all information management systems and databases.	MT			

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[65] https://educationaltechnology.net/kirkpatrick-model-four-levels-learning-evaluation/

	Other recommendations					
33	There were no specific measures taken to mitigate the negative impact of the project on climate change.	The organization is encouraged to measure its projects' greenhouse gas emissions, reduce them as much as possible and compensate the currently unavoidable ones with tree plantation and credible carbon credits.[66]	MT			
34	Limited coordination and exchange of information between the two departments of Plan in charge of the two project components.	Strengthen collaboration and information sharing between the two project components to optimize impact.	ST			
35	Many staff issues and requests for support were shared with the evaluation team	Organise a staff meeting to discuss the issues.	ST			

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66 https://unfccc.int/news/at-cop24-leading-international-organizations-commit-to-climate-neutrality

External evaluation of Plan International UK's DEC funded response to the Rohingya refugee crisis in Bangladesh.

Possible activities for inclusive (age-gender-disability) multi-purpose centers

Time	Proposed activities/shift
From..to….	**Pre- school inclusive activities** for 3 to 10 years old (mix gender)
From..to….	Various **inclusive activities for adolescent 10-14** such as life skills trainings and CPiE
From..to….	**UNDER EDUCATION SECTOR: Inclusive vocational trainings for 15-17** (gender segregated activities) such as for example: <u>Girls</u>: Sewing, First Aid/nursing, cooking, crafting, beauty parlor, reading clubs (''opening doors activities" first stage only[67]) <u>Boys</u>: other activities, tree planting, home gardening, computer, mechanic, repair mobile phones (depending on market assessments)
From..to….	**Meetings** for CBCP, staff meetings, Multi-purpose center parent meetings
From..to….	**Counselling room** for Case management officers
From..to….	**Trainings** space for staff and volunteers (including on BCC, Disability inclusion)
From..to….	**Awareness raising** on various issues organized by other agencies for children and adolescents

Recommendations for adolescent clubs

Target and selection:	Girls after puberty, learners with disabilities, child-headed households, working children, adolescent girls and boys, out of school's youths, adolescent girls not attending any learning facilities, children with protection issues…
Priority target:	Adolescent girls (14-17) not attending any learning facilities
Activities:	Life skills and CPiE + promotion of access to education for girls, inclusive education, vocational trainings activities(?).
Facilitator:	Adult and recognized facilitator by the community.
Type of clubs according to age	Gender segregated clubs for 14-17 years, mix gender group below 14. Gender segregated facilitator for clubs 14-17 years

Recommendations for mobile CFS

1.Who do we want to reach and Why?

Out of school/CFS children? Adolescent girls and children with disabilities not attending learning/CFS centers? Others?

2.What do we know about their needs?

Age and gender specific FDGs with children and parents, FDG with gate keepers.

3.What others services exist for these children?

How do we add value to existing protection and education services?

4.Revisit objective, operational strategy and target

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[67] Those activities can be used at the beginning of a vocational training project to convince parents to send their adolescents to a learning center. Other activities can be introduced in a second phase.

Recommendations for awareness raising activities

❖ Learn from the negative deviants (FDGs) and identify root cause of each CP issue.

❖ Design various communication strategy for various CP issues

❖ Ensure '' legitimacy of the speaker/facilitator''

❖ Optimize use of CBCP as agents of change through trainings on BCC and provision of IEC materials

❖ Learn from positive deviants (KIIs)

❖ Monitor and Measure success through baseline and end line KAP surveys

❖ '' Touch heart'' of audience through exposure visits (ex: visit of health centers for gatekeepers for early marriage)

Recommendations for CM support

❖ Provide orientation of service providers about Plan CM work and improve knowledge on referral pathways between agencies.

❖ More details needed on services in the service mapping tool.

❖ Follow up recommendations from the CPSS situation analysis on supervision practices. (including use of supervision tool & documentation of findings)

❖ Conduct KIIs with UASC to better understand refusal for FTR support.
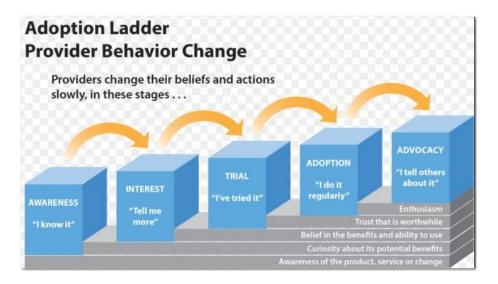
❖ Recruit additional case management specialist focusing only on trainings, tools development and quality insurance

❖ Organize Foster families support group

❖ Conduct protection trend analysis

❖ Roll out Quality Benchmark

Case study on the ladder of change

The case study below highlights the need for more awareness raising activities on CP issues as well as focused BCC activities to ensure that knowledge is effectively translated into practice. This should be done through more interpersonal communications and use of KAP surveys to track the levels of change through the ladder of change for various CP issues.

<u>Training received by one religious leader interviewed</u>: The person was sensibilised by a local NGO and during IOM weekly meetings on the effects of child marriage on health.

Ladder of change	Quotes from our KII with a religious leader	Status of change
Knowledge: I Know	*'' I learn that child marriage has many bad effects on girls' health''. '' There is one Hadith that says that it is better to marry older girls''*	
Attitude: I will do	*'' I will not validate child marriage''*	
Practice level 1: I do	*'' if under pressure from the parents[68], I will endorse the marriage even if I do not agree, as otherwise another Imam will validate the marriage''*	
Practice level 2: I convince others		

Adoption Ladder
Provider Behavior Change

Providers change their beliefs and actions slowly, in these stages . . .

AWARENESS "I know it"
INTEREST "Tell me more"
TRIAL "I've tried it"
ADOPTION "I do it regularly"
ADVOCACY "I tell others about it"

Enthusiasm
Trust that is worthwhile
Belief in the benefits and ability to use
Curiosity about its potential benefits
Awareness of the product, service or change

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[68] There have been reported cases of bribery to force marriage of children.

External evaluation of Plan International UK's DEC funded response to the Rohingya refugee crisis in Bangladesh.

Section 9: Annexes:

9.1. Terms of Reference for the Evaluation

External evaluation of Plan International UK's DEC funded response to the Rohingya refugee crisis in Bangladesh

An external evaluation of Plan International UK's DEC funded response to the Rohingya refugee crisis in Bangladesh

1.Background and Introduction

Since extreme violence erupted in the Rakhine State of Myanmar in 25 August 2017, an estimated 702,160 Rohingya men, women and children have crossed the border into Cox's Bazar, Bangladesh to find safety. Combined with pre-existing numbers of Rohingya population that fled earlier in previous years, the total Rohingya population in Cox's Bazar amounts to approximately 914,678 as of 24 May 2018.[1] The situation also negatively affected the host community. Cox's Bazar is one of Bangladesh's most vulnerable districts ranking 62nd from the bottom on the Composite Deprivation Index (CDI). The rapid and massive increase in the Rohingya population, concentrated in Ukhia and Teknaf Upazilas in the south of Cox's Bazar district, has impacted the host community's market access, labour competition, deforestation, and inflation, resulting in increasing discontent between host and Rohingya communities. 55% of the Rohingya refugee population is under 18. 3.6% are infants below one year, 15% are children under five and 36% are children between five to seventeen years old. Due to children's physical development, age, and relative vulnerability, they are considered one of the most at-risk groups. Compounding their vulnerability, the Rohingya population fleeing Myanmar have comparatively low social indicators, especially in health, education and nutrition, having suffered decades of oppression and marginalization in their native country. Women and girls experience social restrictions significantly more than men and boys: social and cultural norms dictate traditional gender roles, where women and girls, especially adolescents, are restricted to their homes, are often not able to realise their rights; and are underrepresented in decision making.

Plan International's initial response focused on providing life-saving and immediate WASH and Protection needs to the most vulnerable arriving in Cox's Bazaar, focusing in the Balukhahli Mega camp. This included the installation of gender, age and ability friendly latrines, bathing spaces and distribution of WASH and other NFI kits responding to the specific needs of boys, girls, adolescent girls, women and men. The Protection response has focused on ensuring safe spaces for children, particularly adolescent and young girls, and provision of gender and age appropriate protection services including case management, family tracing and reunification, and enhancing community-based child protection mechanisms. The response has now phased out WASH and is focusing on implementing child protection and education in emergencies programming.

The DEC Phase 2 response began in May 2018 is contributing to the Child Protection programming. It aims to address the protection needs of vulnerable boys and girls; and build their and the community's capacity to manage existing risks. The key components are 1) the establishment and running of both static and mobile safe spaces, 2) provision of Psychosocial and life skills support, 3) and the provision of quality case management services as identified to protection cases. Plan International has placed emphasis on ensuring its response is responding to the needs of adolescents, particularly girls, due to the huge risks they face, and the recognition of the need to provide adolescent specific services. Activities will be completed in June 2019.

1.   Rationale of the evaluation

This evaluation is planned to allow Plan International to record the learning around the implementation of its DEC funded emergency programming in response to the Rohingya Refugee Crisis in Cox's Bazaar, Bangladesh and analyse successes, areas for improvement, accountability strategies, and recommendations for future emergencies, particularly **around responding to the needs and priorities of adolescents and youth.** The objectives and key questions have also included references to the Core Humanitarian Standards to ensure the evaluation considers the extent to which the response is aligning to the 9 commitments. This evaluation is also part of the DEC's Accountability system. The evaluation will therefore also be shared with the DEC, published on Plan UK's website, ALNAP and used to demonstrate the impact of Plan International's and the DEC's work for this appeal.

The findings from the evaluation will primarily be used:

By the Plan Bangladesh project team and stakeholders

· to inform improvements in delivery and support sustainability and transition strategies;

· to learn and document lessons from the project for replicating good practices and/or taking up approaches and activities with evidence of success

· to share findings with the affected communities we worked with for the Rohingya Refugee Crisis emergency response.

By the Plan UK project team:

· to assess and demonstrate accountability for the funding received to communities we work with and the Disasters Emergency Committee;

· to learn and document lessons for replicating good practices and use findings to inform future responses

· to generate a body of evidence that supports scale up and sustainability of the activities /benefits delivered by the project;

By Plan Bangladesh and UK

· to continuously evaluate alignment to the Core Humanitarian Standards and progress towards Improvement Commitments;

· to inform continuous improvement on emergency responses and share lessons

By the DEC team

· to share findings, information and impacts of the Royingya Refugee Crisis Appeal to external stakeholders and demonstrate accountability to its supporters

3.Objectives of the evaluation

The broad objective of the evaluation is to understand the achievements of the project made so far in relevance with the expected outcomes of the project. Therefore the specific objectives are:

1. To assess the quality of achieved outputs, outcomes and results of the project **(annex 2)** throughout the period of implementation and its continuous improvement against the key evaluation criteria (relevance, timeliness, efficiency, effectiveness, sustainability, accountability, impact etc. **(annex-1)** considering how the response is aligning to the Core Humanitarian Standards(CHS) including analysing the reasons behind their successful or unsuccessful achievement.
2. To assess the effect of the project, including intended and unintended impacts and adaptation to the changing context, on the target communities and their environment; particularly considering the effects on adolescent and young girls and the impact of project strategies in social, economic and environmental terms (CHS commitments 2 and 3)
3. To evaluate the extent to which the programme encouraged meaningful participation of the different groups and communities it worked with- making particular reference to the opinions of young girls and young boys - throughout the programme cycle and identifying areas for improvement including in: effectively communicating with communities, encouraging and using feedback, supporting community decision making (CHS commitment 4), and responding to the priorities, needs and culture of the communities and groups the response is working with (CHS commitment 1).
4. To identify key good practices and key lessons learnt, including how these have been used throughout the programme to improve its delivery (CHS commitment 6), and make recommendations for future improvement of similar programs based on evaluation findings.

4.   Methodological guideline

The consultant/consulting firm is expected to develop an appropriate methodology to meet the objectives of the evaluation. However, appropriate triangulation in data collection methods is anticipated in the proposed methodology as per need. The methodology and relevant instruments should be adjusted in consultation of Plan International and finalised before implementation. The evaluation is expected to follow the OECD-DAC criteria as a framework integrating the Core Humanitarian Standards within it. The evaluator(s) will be also responsible for assessing the programme, financial and management issues. Therefore, the consultant/consulting firm is expected to propose a methodology for how they will cover the key questions found in **Annex 1 "Framework for Questions of Evaluation"**.

5.   Scope of Work

The assignment will preferably include, but not limited to:

· Specifically assess the DEC Funded Phase 2 project. While this will have to be assessed in the wider context of Plan International's overall response, it is not expected for the evaluation to cover other projects.

· The evaluators will also not be expected to draw conclusions on the Plan International response strategy or approaches. The evaluation team however will be given access to information on the overall response for context and understanding the project as part of the wider programming. It is expected that assessing the key questions will involve how the project worked within the response such as coordinating with other actors and projects, contributing to overarching objectives, using response-wide beneficiary feedback mechanisms and general Plan systems**.**

· Develop appropriate methodology, including determining the appropriate sample size, and data collection instruments in consultation with Plan International Bangladesh and finalise the instruments by pre-testing.

· Administer data collection in the study area that includes supervision, cross validation, quality control and data transcription. The sampling criteria and sampling methodology will be clearly described in the final report of the consultant.

· Engage qualified enumerators as necessary, train them on quantitative and qualitative data collection and quality control.

· It is important in gathering data to ensure safe and meaningful participation of different groups, including women and young and adolescent girls through gender, age and inclusion friendly approaches.

· Data management and analysis in terms of coding, computer entry, cleaning, transcription and analysis as per the study themes in the objectives.

· Prepare a study brief in both Bangla and English in consultation with Plan International Bangladesh.

6.   Expected competencies

Expected competency of the consultant/consulting firm includes:

· Expertise in conducting quantitative and qualitative study in the area of evaluating sudden-onset emergency response and recovery projects, humanitarian response programming in Bangladesh, child rights and child protection, children's participation and inclusion, Gender Sensitive programming

· Strong analytical, facilitation and communication skills, especially with regard to working with young and adolescent girls and boys.

· A minimum of 4 years' experience in carrying out impact evaluations, demonstrable relevant academic and practical experience in qualitative and quantitative research methodology, evaluation design and implementation; experience undertaking similar evaluations for reputed national and international organizations.

· Knowledge of child protection procedures when working with children, youths, and adolescent girls in particular, as well as experience with implementing child and/or youth friendly evaluation methodologies.

· Good spoken and written communication skills in Bangla and English.

· The Knowledge in local dialect of Chittagong would be an added advantage.
· Should have clear understanding on the challenges of administering data collection in the local context of Cox's Bazar specifically in Rohingya Refugee Crisis areas.
· No history of violation of child rights.
· Proven experience of using participatory tools, appropriate for different vulnerable groups including boys and girls especially adolescents, as a means of data collection for project evaluation Experience of effective interaction with local and national organizations, government departments, and marginalized communities in rural and urban areas.
· Capacity to provide necessary training to human resource for carrying out data collection, quality control (reliability) and data entry management.
· Bangladeshi and female consultants are welcome and encouraged to apply

7. Deliverables and timeframe

The whole program evaluation process is expected to take around 30 working days including: preparation, field work with partners and stakeholders, and report drafting, feedback and finalisation. The expected date for commencing work is around the **1st February 2019** and will follow the agreed work plan and deadlines based on that submitted with the application and discussed between the selected consultant/consulting firm and the Plan Evaluation Management Team. It may be possible for the evaluation to take place across more than one calendar month depending on agreed dates for travel and allowing input from the Plan International teams on the draft inception and final reports. The final report must be submitted to Plan International no later than **10 April 2019.** Follow up meetings will be held time-to-time between the contracted consultant/consulting firm and Plan Evaluation Management Team.

The final report should have the following structure:
· Title page
· Acknowledgments
· Executive summary
· List of acronyms
· Table of contents and lists of figures and tables
· Introduction
· Background
· Methodology
· Results (it should be organised as per study objectives)
· Discussion and conclusions with recommendations.
· References
· Annexes

The evaluation report should be prepared on A4 paper size in Calibri font size 11 and no longer than 35 pages (excluding appendices). The production of the evaluation report will be the liability of the evaluator(s) covering all the evaluation questions, objectives and areas outlined in this ToR. Plan Bangladesh will be responsible for coordinating the evaluation exercise. During the research process, the evaluator will keep the Evaluation Management Team up to date and agree on changes to the methodology where appropriate. The evaluation report shall be produced in English language and should be simple in expression (jargon free). The Executive summary should include a brief description of the project, a brief section on methodology but with most text for conclusions and summary of recommendation. The evaluator(s) will be liable to submit an electronic version of the evaluation report in PDF Version by the agreed deadline and should also submit all survey data, transcripts of FGDs, KIIs, photographs etc. The final product should be fully referenced, with findings clearly linked to evidence.

The consultant/consulting firm shall produce the following deliverables:
· An inception report containing detailed proposed work plan and evaluation methodology based on consultations with the Plan team and inception meeting.
· An electronic version of the evaluation report in PDF Version by the agreed deadline.
· Study instruments pretested, finalised and printed both in Bangla and English.
· Draft report containing detailed findings, well blended qualitative and quantitative analysis on findings.
· Training of any staff or enumerators if required by the methodology
· Preparation of draft report, Validation workshop in country presenting initial findings, key recommendations and lessons to allow discussion and input from the team
· Final evaluation report including all of the above incorporating feedback from Plan along with all relevant appendices
· The final report should be delivered in acceptable English. The consultant will arrange for proof reading, if required to maintain the quality. The final report should be fully referenced, with findings clearly linked to evidence.
· Presentation of the key findings, lessons learnt and recommendations through a dissemination workshop online or in person as feasible

8. Mode of payment

The payment will be made in three instalments: upon contract signature, submission of the first draft report, and submission and acceptance of the final report.

9. Preparation of proposal

The proposal will be divided into two parts and should submitted by the **5th of January 2019** in two separate files i.e. technical and financial. The technical part of the proposal should not exceed 7 pages and will contain the following:

· Detailed methodology of the study including interpretation of the TOR and initial sampling framework.
· Detailed timeframe (including dates for submission of first draft, dissemination of findings and final report).
· Account of experience of conducting survey and employing qualitative methods detailing how the meet the expected competencies.
· CVs of the team leader and key members of the study team which reflect relevant experience to conduct the study.
· A sample of an evaluation report for a similar project completed within the last 24 months (this will be treated as confidential and only used for the purposes of quality assurance) along with contact details for the responsible person from the organisation for whom the evaluation was done.
· Two references (including one from your last client/employer) to be contacted as needed
· Copy of VAT registration certificate (for consulting firm).
· Copy of valid TIN certificate and bank account detail.
The financial proposal should clearly identify, item wise summary of cost for the assignment with detail breakdown. The budget should not contain income tax as a separate head; it can be blended with the other costs as it will be deducted from the source. However VAT can be mentioned in the budget as per government regulation. The organisation will deduct VAT and Tax at source according to the GoB rules and deposit the said amount to government treasury. The consultant/consulting firm is expected to provide justified budget which is consistent with technical proposal. For non-Bangladeshi submissions, the financial proposal shall include details of ALL taxes liable to be paid or any exemptions.
Child Protection Policy
The individual shall comply with the Safeguarding of Children and Young People Policy of Plan International Bangladesh. Any violation /deviation in complying with Plan's child protection policy will not only result-in termination of the agreement but also Plan will initiate appropriate action in order to make good the damages/losses caused due to non-compliance of Plan's Safeguarding of Children and Young People Policy.

Annex 1: Framework for Questions of the Evaluation
The below are guiding questions which will be refined during the inception phase of the evaluation.
Effectiveness
· Have the activities been undertaken in a timely manner? Were objectives achieved on time?
· Quality of assessments: what was missing; what can we do differently next time?
· How appropriate and useful were the interventions and/ activities implemented?
· Were the beneficiaries, especially adolescent girls able to provide feedback throughout the different stages of programming? (CHS4)
· Was the feedback from beneficiaries able to be incorporated into the project design? Why/why not? and what were the enabling/ hindering factors for this? (CHS4)
· Have the alterations made during the project implementation had positive / negative effects to the achievement of the outputs & outcomes?
· What were the major factors influencing the achievement or non-achievement of the objectives?
· Has the provision of protection services followed the necessary quality standards and been delivered in gender and age appropriate ways?
· To what extent are staff expertise and competencies adequate to implement the response programme? Consider knowledge of the context, refugee rights and protection issues. (CHS8)
Efficiency
· Cost-benefit analysis / Has the scale of benefits been consistent with the cost?
· To what extent has the funding been utilized to directly assist beneficiaries - has project support and operational costs been reasonable (%) compared to entire budget?
· How well were the inputs (funds, people, materials and time) used to produce results?
· Were the strategies used, particularly the diverse mobile and static approaches, appropriate to achieve results intended?
Relevance
· Have the project objectives proven to be valid and appropriate in meeting the most pressing gender and age appropriate and priority needs of the affected population? If not, what should have been done instead? (CHS1)
· Has the project been consistent with the initial and changing needs and priorities of the intended beneficiaries (most vulnerable members of affected communities)?
· Has the project complemented and been compatible with government approach?
· Has the project approach or design changed to ensure continued relevance in and adaptation to a changing context? (CHS1)
· What factors have enabled/ hindered this adaptation to changes? (CHS1)
Sustainability
· Has the project managed to put in place systems to enable sustainability after donor funding ceases?
· What were the major factors which influenced the achievement or non-achievement of sustainability of the project?
· To what extent have long-term and inter-connected problems been considered when carrying out short-term activities? (CHS3)
· How has project impact on the environment been considered and how will it impact future opportunities in the area? (CHS3)
Impact
· What were the results achieved vs planned results and what was the reason for discrepancies?
· Has the project had any unforeseen positive and/or negative impacts (including on social, political, environmental and economic factors) which have influenced Plan or prompted changes in ways of working etc.? (CHS3)
· To what extent, and how, were negative impacts, including in all sectors from above, systematically anticipated, identified, and mitigated? (CHS3)

· Has the project been able to strengthen communities' and local capacities? (CHS3)
· What are the differences the project has made to adolescent girls and boys and children targeted and the wider community?
· What was the influence of and complementarity with other factors?
Coordination and Communication
· How effective was the coordination/collaboration between Plan and coordination bodies, local stakeholders, government and other organisations?
· How gender, age and culturally appropriate and functional were Plan's strategies for communicating with communities, community participation and closing feedback loops? Have they remained appropriate and functional through context changes? (CHS4)
· Did targeted young and adolescent girls, boys and the wider community feel safe and trusted the confidentiality when communicating with Plan and its relevant stakeholders? (CHS5)
· To what extent were the complaints mechanisms understood, relevant, trusted and appropriate to the context? (CHS5)
Coverage and targeting
· Was the selection criteria of beneficiaries appropriate? Was the selection criteria successfully and transparently implemented? Was the community involved in determining the selection criteria and well informed about the decisions? (CHS4)
· Did the project address the needs of intended beneficiaries in a consistent manner as per project design?
· Did the project consider age, gender, ability and culture appropriately in the project design and implementation?
Lessons, Replicability & Scale
· How has the project learned and used lessons across the team, response community and wider sector? (CHS7)
· What would be the main considerations and key lessons when replicating and scaling up/down this project design for future emergencies to ensure a better quality of response?
· To what extent has the programme applied previous learning of the Rohingya context, as well as lessons learnt in relation to refugee crises globally? (CHS7)

HOW TO APPLY:
The technical and financial proposals should be submitted electronically to the email address: Planbd.consultant.hiring@plan-international.org with "External Evaluation of Plan International UK's DEC Funded Response to the Rohingya Refugee Crisis in Bangladesh" as subject line**. Proposals submitted to any other email account except this and in hard copy will be treated as disqualified. Submissions after the deadline of the** 5th January 2019** will be treated as disqualified. Two different folders i.e. technical and financial should be submitted into one zip folder with a covering letter. The proposals should be submitted in pdf format.
For questions or copies of the proposal logframe, please email Md. Towhidul Islam, Programme Monitoring and Evaluation Specialist, to the following email address: Towhidul.Islam@plan-international.org.

ReliefWeb Jobs App: External evaluation of Plan International UK's DEC funded response to the Rohingya refugee crisis in Bangladesh
https://reliefweb.int/job/2918273/external-evaluation-plan-international-uk-s-dec-funded-response-rohingya-refugee-crisis

9.2. Profile of the main evaluators

Team leader (International consultant)- Mr. Eric Debert
Email: ericdebert@yahoo.com

Eric Debert is an evaluation specialist <u>and</u> program manager with more than 25 years of hands-on technical and managerial experience in 22 countries in Asia and Africa working for the United Nations (UNICEF and UNDP) and for reputable INGOs (CARE, Save the Children, Plan International, Oxfam, Handicap International, Tearfund, Solidarites International).
His main expertise is in the field of disaster risk management, emergency preparedness and response, child protection, health, disability, mine action, BCC and M&E. He has led and participated in several needs assessment, program evaluations and gained practical experience in developing and implementing policies and strategies and in the coordination of multi-stakeholder's consortium/network. His previous work included workshop facilitation, public relation, program management, assessment, design, implementation, monitoring/evaluation and knowledge management related to large development projects funded by the US department of State, European Union, the United Nations, DFID and by some foreign embassies.
Mr. Debert is graduated in the field of Social Sciences (master degree) and economics (degree). He is a French citizen and can work in English, French and Portuguese. Mr. Debert is currently based in South Africa.

National Researcher- Dr. Harold Sougato Baroi
Email: sarothi_baroi@yahoo.com

Dr. Baroi is an Associate Professor of Public Administration at University of Rajshahi. He has had his PhD in Law (Human Rights) in Australia and MPhil in Norway in Public Policy. He is a trained disaster management practitioner has a diploma in disaster management from Oxford Brooke University in the UK. Prior to his academic career he served in several international organizations. He has over 15 years' association with NGOs and has an extensive experience in the development sector. He has extended consultancy support to Tear Fund, HEKS Switzerland, EED Germany, ISD India, CASA India, LAMB, Baptist Aid and Leprosy International. He has represented Bangladesh as a Technical expert on Do No Harm at South Asian Local Capacity Building for Peace Initiative of EED in South Asia. He has published several articles in the international journals and have presented papers in different parts of the world. Dr. Baroi is currently based in Bangladesh.

National Researcher- David Sanjib Sarker
Email: davidsarker23@yahoo.com

David Sanjib Sarker has an academic qualification of Bachelor of Arts (B.A.) and a basic 1-year training on Rural Leadership and Development from the ARI (Asian Rural Institute), Japan. He has served for more than 30 years in the field of development of the rural poor mass including DRR, relief and rehabilitation programs, as Field Worker, Supervisor, Manager, Program Coordinator and lastly for more than 4 years as a PM&E Coordinator of the then CBSDP (Church of Bangladesh Social Development Program).
Since his retirement from regular jobs with organizations like CCDB (Christian Commission in Bangladesh), KDAB (Korean Development Association in Bangladesh), HEED-Bangladesh, CBSDP etc, in June 2016, he became a freelance consultant for local NGO,s to support them in management, planning, monitoring and evaluation exercises as well as in assisting/ accompanying experts (Like Dr. Harold S. Baroi) in their PM&E related assignments/ contracts from time to time.

9.3. Evaluation schedule

Overall view of the evaluation schedule

	Main tasks	Location	Tentative dates
1	Desk research	Home base	April-May 2019
2	Production of inception report and tools	Home base	Validated by end of April 2019
3	International travelling days Arrival in Dhaka on Wednesday 8 May Flight: QR 634 Arrival in Dhaka: 17:15 pm	Bangladesh	Leaving on Tuesday 7th May at 20:50 pm. Arrival in Dhaka wed 8th May PM
4	AM: Travelling from Dhaka (11:30 am) to Cox's Bazar (12:45 pm) by VQ 933 Novoair Request for camp pass. 13:30 to 15:30 PM: Plan International 1st briefing.	Dhaka	Thursday 9th May
5	Desk review and evaluation team orientation on the questionnaires. No Plan staff required these days.	Cox's bazar	Friday 10th and Saturday 11th May
6	FGD with adolescents' girls and FGD with CBCP	Host community	Sunday 12th May
7	Meet individually with 5 Plan international staff (M&E, HR, procurement, finance and protection departments) based in Cox's bazar.	Cox's bazar	Monday 13th May
8	Evaluation exercises in 3 selected locations (camps and villages). 2 days/location. Details thereafter:	Cox's bazar	From 14th to 22 th May 2019
9	Location 1 (Eric, Harold and David) CAMP 17		Tuesday 14th and Wednesday 15th May.
10	Key Informant Interviews in Cox Bazar with ISCG child protection coordinator, other Child Protection agencies and CBCP staff from Plan.		Thursday 16th May
11	Notes writing		Friday 17th and Saturday 18th.
12	Location 2 (Eric and David) CAMP 20		Sunday 19th May and Monday 20th May
13	Location 3 (Eric and David) 1 Host community village		Tuesday 21th May
	Notes writing		Wednesday 22th May
14	AM: Preparation debriefing PM: Debriefing with Plan International team in Cox's Bazar	Cox's bazar.	Thursday 23th May
15	AM: Flying from Cox's bazar (10:05 am to Dhaka (11:10 am) VQ 932		Friday 24th May
16	Travelling from Dhaka to South Africa (leaving Dhaka at 19h40 PM QR 635)		Saturday 25th
17	Draft report	Home base	End of June
18	Final report	Home base	

Detailed field work schedule per location

Dates	Team 1	Team 2
	Safe Place and Child Protection committee	Case management system
Day 1	-Travel to camp with team 2 - 1 KII with facilitator of Safe Space. - 1 FGD with children boys of Safe Space - 1 FGD with parents of children attending the Safe Space -Traveling back to Cox's bazar	-Travel to camp with team 1 - 1 FGD with 2 or 3 Child protection case managers. 1. 1 KII with 1 beneficiary children and caregivers/parents who have benefited from case management services. 2. 1 KII with 1 beneficiary children and caregivers/parents who have benefited from case management services. - Traveling back to Cox's bazar
Day 2	- Travel to camp with team 2 - 1 FGD with children girls of Safe place - 1 KII with Education focal point in the camp - 1 FGD with Community-based child protection committee -Traveling back to Cox's bazar	-Travel to camp with team 1 - 1 KII with one supervisor of case managers - 1 KII with Child Protection focal point in the camp. - 1 KII with one service provider (part of the referral pathway) - 1 KII with a second service provider -Traveling back to Cox's bazar

9.4. Persons interviewed during the Evaluation

Plan International staff interviewed

Gender	Name	Designation
F	Bernadett Fekete	Case Management Advisor
M	Md. Moniruzzaman	CBCP Coordinator
M	Pabitra Benedict Costa	Community-Based Child Protection Specialist
M	Shai Shing Aung	Case Management Specialist
M	Mosharraf Hossain,	Program manager DEC funded project
M	Roger Henri Maria Dirkx	TA child protection
F	Tala Budziszewski	DRM Programme Specialist- Accountability to Affected Populations
M	Towhidul Islam	MER & Accountability Specialist
F	Teresa Yamo Ombalo	CPiE program lead
M	Jahirul Islam	Community Based Child Protection Coordinator
M	Anuar Jahed	Case management supervisor
M	Md Saiful Islam	Finance manager
M	Mizanur Rahman	CBCP officer camp 20
M	Sahajahan	CBCP officer Host Community
		Total: 3 women and 12 men =15 persons

Other key Informant interviews

Gender	KII Interviewees	Title	Organisation
F	Ranjini Paskarasingam	Child Protection Sub-Sector Coordinator	United Nations Children's Fund (UNICEF)
M	Serajul Islam		Social services department Cox Bazar
F	Helen Johson	Child Protection in Emergencies Technical Advisor	Save the children
M	Md. Rashed	Coordinator Protection	Terre Des Hommes
M	Mr. Ronald Chakma	Senior project and protection officer, Child Protection Focal agency in camp 17	SKUS
F	Ms. Momena	CFS officer camp 20	SKUS
M	Siraz Veldin	Upazila social services officer	Department of social services in Ukhiya Upazila
		Total: 3 women and 4 men = 7 persons	

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N°	FDG or KII	Designation of the FGD/KII	Fem/ Girl	Men /Boy	Total
		Host community			
1	FGD	Adolescents clubs' girls	7		7
1	FGD	CBCPC	4	5	9
	FDG	Adolescent boys only			
1	KII	DSS officer		1	1
1	KII	Supervisor Case management officers Plan		1	1
		Camp 17			
1	FGD	Volunteers PSS		3	3
1	KII	SKUS NGO (CFS)	1		1
1	KII	Child Protection focal agency (camp 17): SKUS	1		1
1	FGD	2 adolescent clubs 'members	7	7	14
1	FDG	Children from mobile CFS	7	8	15
1	FGD	Case management officers	1	2	3
1	FGD	Parents of children attending CFS	6	6	12
1	FDG	Children attending CFS	8	6	14
		Camp 20, camp 20 extension			
1	FGD	Children mobile CFS camp 20 extension	4	4	8
1	FGD	Case management officers	2	1	3
1	FGD	Parents and members of the CFS committee in camp 20 extension	5	6	11
1	KII	Ahsania Mission. Education service provider	1		1
1	KII	Health service provider (NGO SALT)	1		1
1	KII	CP focal agency (Plan)	1		1
1	FGD	Adolescent club	8	7	15
		TOTAL	**64**	**57**	**121**

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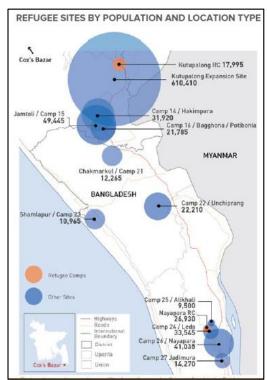
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9.6. Refugees population.

Source: ISCG Sitrep March 2019.

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9.7   Trainings conducted during the project.

Audience trained	Training topics	Number of days/training completed	Number of days/training to be done May-August
Foster Families	Foster care	2	
	Parenting skills	1	
	FTR	**1**	**To be done**
	DRR	**1**	**To be done**
CM workers & volunteers	Case Management	3	
	CM refreshment training (UNICEF funds)	2	
	CPiE	1	
	Foster Care	2	
	Positive Parenting	1	
	PFA	1	
	FTR (2 days but funds shared)	1	
	GBV	4	
	Child trafficking (IOM)	1	
	LCCMP	2	**Volunteers to be trained in May**
	CPIMS	4	**To be done**
CM coordinator	CPIMS (UNICEF)	4	
CFS staff & volunteers (fix spaces & mobile)	Safe space management & interacting with children	6	
	CPiE	1	
	Risk identification and referral pathways	1	
	FTR	1	
	FPA	**1**	**To be done**
	DRR	**1**	**To be done**
Adolescents clubs	CPiE, DRR, GBV, and other life-skills (hygiene)	Clubs sessions	
	PFA	1	
	Recreational activities	1	
	Peer to peer, journalism, dissemination skills	**1**	**To be done**
CBCP coordinator	LCCMP TOT training	2	
CBCP members/volunteers	FTR, including prevention of separation during emergencies.	1	
	PFA	1	
	CPiE	1	
	Hygiene	1	
	CP reporting mechanism on various CP issues	1	
	Dissemination skills	**1**	**To be done**
	DRR	**?**	
Service providers (DSS & MoWCA)	Case management and GBV	**2**	**To be done**
	FTR (focus on LCCMP)	**1**	**To be done**

9.8 Main achievements of the project.

Achievements of the DEC funded project implemented by Plan International Bangladesh as of end of 04/19.

Notes:

Color code: ☐ **On track** ☐ **Some achievements but not on track** ☐ **No much achievements and not on track**

Activities that would be completed between April and the end of the project have been highlighted in red in the text.

OUTCOME A: RISK OF ABUSE IS REDUCED						
Outputs	Planned outputs	Indicator	Unit	Target planned	Reach	Comments as of end of April 2019
A.1.1.1	Adolescent (12-19) and young (20-25) boys and girls from refugee and host communities have improved capacity to protect themselves through access to protection services	No. of volunteers and PSS workers trained/ receiving capacity building in safe space management, psychosocial first aid, CP in emergencies, and DRR preparedness	Individuals	36	32	1. 6 days long training on safe space management and interacting with children affected by disasters provided out of a planned 12 days training to 28 (9 F, 19 M) Safe Space and Mobile team volunteers and 4 (3F, 1M) PSS workers. The remaining 6 days will happen staggered in the next months. The number of volunteers has increased by 4 but the number of PSS workers decreased by 8 from the original plan as they are covered by other funds. 2. Three separate trainings (one day for each) on Child Protection in Emergencies (CPiE), Risk Management and FTR has been organized for 28 volunteers & 4 PSS workers. The remaining trainings will be provided over the project period covering Psychosocial First Aid and DRR preparedness for the monsoon season as well as child friendly approaches. Next training will be on PFA which will be held at the end of May 2019. 3. Volunteers have been equipped with adequate materials for running of both static & mobile safe spaces. 4. Training and support will remain on-going throughout the response with regular mentoring visits and monitoring to ensure quality.

A.1.2.1	Adolescent (12-19) and young (20-25) boys and girls from refugee and host communities have improved capacity to protect themselves through access to protection services	# of individuals benefitting from mental health or psychosocial support (MHPSS) in recreational activities	Individual	5000	2884	1. One Static Safe Space has been established in camp 20 Ext. and one Static CFS was handed-over to Plan by Dustho Sastho Kendro, a national NGO in camp 17 where approx. 928 children (boys: 547 & girls: 381) are regularly participating in PSS & recreational activities 5 days a week with at least 2 separate sessions per day to cater for children of different ages. 2. 8 Mobile CFS have been established in camps 17 & 20 Ext. (2 more than originally planned) where 1,956 children (boys: 1.158 & girls: 798) attended sessions during the reporting period. Sessions take place 5 days a week in identified locations at least twice a day. Sessions began late and were interrupted due to ongoing issues with FD7s but Plan has had ongoing CFS activities in other locations through UNICEF funding. The additional CFSs will help improve coverage and reach the target number of children in time. 3. A total of 889 (336 girls, 553 boys) adolescents and youth have been mobilised through volunteers, family members and community leaders to participate in activities such as outdoor sporting activities. 4. Project staff have begun delivering PFA and PSS in the safe spaces. 5. As of end of April 2019, the Adolescent Friendly Space in the Host Community was still under construction. Completion is expected to be first week of June. Additionally, the project will now also run a mobile AFS in the host community. Consultations have taken place for identifying the types of activities wanted and topics such as disaster preparedness, protection, health and hygiene which will inform IEC materials for future dissemination.
A.2.1.1	Adolescent and youth led community-based risk mitigation activities for Child Protection and Disaster Prevention support increased preparedness	# youth/adolescents clubs formed and trained on child protection in emergencies and DRR, and journalism in refugee and host communities	Clubs		30	30	1. 30 male and female adolescent and youth clubs have been formed with an average of 15 members each in camps 17 and 20 Ext. Total number of youth club members are 450 (boys: 229 & girls: 221). 10 more youth clubs are formed based on the demands of the community as camp 20 Ext. is newly added as a program area. Members participate in the sessions once a week where different topics like CPiE, DRR, GBV, and other life-skills topics like decision-making, conflict resolution, control emotion, how to communicate with others, gender balance, etc. are discussed. 2. Risk mapping exercise has been done with adolescents and youths to develop action plans to address the risks identified (including the preparation of DRR

						preparedness plans). So far, each youth club has done a risk mapping, developing a total of 30 plans which are now being actioned. 3. 600 hygiene kits (double than originally planned) will be procured to distribute to the 450 youths in the clubs and an additional 150 for youths in host communities. 4. 150 parents in each location (total 450) are targeted for positive parenting session. Sessions are conducted daily for youth club and weekly for parents group. 5. The 3 new activities that were added with the final DEC allocation will be implemented throughout the next two months. The activities have not been able to start due to delays in approvals but the modules can be rolled out quickly after approvals. i) Training of youth (boys and girls, separately) in Peer to Peer support to be agents of change in communities. Ii) Training of youth in basic journalism as a skill to disseminate child protection messages in communities. iii) Equip adolescents with materials such as radios, flash disks for recording and dissemination of radio messages.
A.2.2.1	Adolescent and youth led community-based risk mitigation activities for Child Protection and Disaster Prevention support increased preparedness	# community members reached through sensitizations on prevention of family separation in natural disasters	Individuals	450	450	1. Messages for rapid response to emergencies were generated and disseminated with children, adolescent & youth as part of the initial orientation on DRR. These continue to be reinforced at every meeting in preparation for the cyclone season. 2. Consultation with adolescents and youth is going on to support awareness raising on DRR preparedness, CPIE and PFA. 3. Further orientation/training on DRR is planned for staff & volunteers in the May 2019. 4. Provided DRR related materials like umbrella, solar torchlight for youth club members and child protection committee members to increase preparedness for natural disaster during monsoon. 5. Structural assessments of the CFS in Camp 20 Ext will be done to determine suitability and to be used as Lost Child and Caregiver Meeting Point (LCCMP) during natural disaster linked to output B.1.3 below. 6. Carried out 11 sessions of popular theatre for information dissemination on key protection issues including family separation and support to UASCs

OUTCOME B: IMPROVED ACCESS TO CHILD PROTECTION AND CASE MANAGEMENT SERVICES						
Outputs	Planned outputs	Indicator	Unit	Target	Reach	**Comments as of end of March 2019**
B.1.1.1	Adolescents and youth at risk, including UASCs, have access to and receive timely and quality case management services	% identified boys and girls and adolescents with specific needs that report being assisted through timely, age and sex appropriate Case Management services	individuals	400	219	1- Case Management workers remain now active in the camps and continue to receive training and support for carrying out adequate services. The number of CM volunteers and case workers has been increased to 22 and 12 respectively to improve coverage 2- CPIMS+ Information Management System was launched on the 25th April. 4 Case Management Officers, 2 coordinators and 1 Information Management (CPIMS Admin) participated in 4 days inter-agency training. Further training of Plan staff will happen in May for a better understanding/usage of the system. 3- 219 cases have been identified, and 189 cases are receiving case management services (comprehensive assessment, case plan, follow up on and referrals). The remaining 31 cases to be closed or transferred as location has changed to no longer being in Plan areas. Care Plans have been developed for them and referred to PSS (incl. CFS), health, shelter, nutrition, education, administrative (food card) and other needed services. 4 - Information on Case Management and available protection services is being disseminated in collaboration with the activities in outcome A. Leaflets have been distributed and face to face dissemination held. 5- Originally kits would be provided to GBV survivors, however to maintain confidentiality and not increase risks from distributing kits only to them, the support kits will be distributed to adolescents and youth identified by case workers during routine visits to be at risk of wider protection concerns. The kits are delivered privately by CM workers in adequate locations to avoid raising concerns or risks. 80 kits have been procured for distribution in May As space and confidentiality continue to be a challenge, the project will help establish more confidential spaces in existing safe spaces or adapt these spaces to improve case management services. The project has set up a confidential space in Camp 20 Ext. CFS where CM Officers are free to use the facility with the beneficiaries.

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| B.1.2.1 | Adolescents and youth at risk, including UASCs, have access to and receive timely and quality case management services | # Identified UASC succesfully registered and provided with alternative care arrangement and family tracing and reunification service based on Best Interest Assessment | individuals | 125 | 99 | 1- 99 UASCs have been identified, registered and comprehensive assessment (Best Interest Assessment) completed. 78 (51 girls, 27 boys) are unaccompanied minors and live with spontaneous foster carers (alternative care type where community members willingly and voluntarily started to take care of unaccompanied children) and 21 (14 girls and 7 boys) have been identified as separated from their caregivers. Some unaccompanied minors are living in child headed households (CHH). Out of the 99 UASC, none has agreed to be placed in foster families as they all live in alternative care arrangements (CHH, kinship care, spontaneous foster care, supported living). CHH are supported by responsible adults identified in the community to ensure their safety and well-being. Plan International's foster parent pool is on stand-by for emergency cases like natural disasters when children might become temporarily separated and need to be placed for a few days into care. All 99 children have been given NFIs and our officers are ensuring that they have access to other services in the camps. 2- 30 foster care families have been identified and successfully assessed. Trainings were completed in November 2018 on child protection in emergencies, identifying risk, vulnerabilities, child development, positive parenting, roles and responsibilities. We do not plan to increase the pool of foster carers at the moment but rather build capacity of existing ones. 3-24 spontaneous foster families were selected and trained (24M/ 24F) during March 2019 on positive parenting and risk factors in the community. The project provides more support for these spontaneous foster placements, supported livings and child headed households as need arises in lieu of training more foster care families. |
| B.1.3.1 | Adolescents and youth at risk, including UASCs, have access to and receive timely and quality case management services | # of Safe Spaces able to be used as Lost Children and Caregivers Meeting Point (LCCMPs) when required in emergencies following the agreed SOPs | centres | 3 | 3 | 1. Training has been provided for CBCP and CMO staff on Family tracing and reunification, including prevention of separation during emergencies. The safe spaces are currently functioning as the registration points for lost children/FTR and plans have been put in place for the fixed safe space to become an LCCMP. 2. Materials following standards are being procured to be used at designated CFS to be used as LCCMP during this cyclone and monsoon seasons including sleeping mats, blankets, extra clothing, first aid kits, cooking stove. 3. To better support care provided and the response, the LCCMP training materials produced by Case Management Task Force to conduct training for |

						volunteers will be translated in April and May. Two days of LCCMP TOT training was conducted inter-agency level, with the facilitation of UNICEF, Plan International and DRC, with the participation of 3 (M) CBCP Coordinators. 4. Two days training were conducted on LCCMP to CM officers the end of April, and the translation just got ready. 20th May is the training for volunteers. Also, there will be FTR training conducted for 30 alternative foster care families on the 23rd May, and for the spontaneous families on the 30th. The aim is to train community members to understand more about FTR. 5. Plan's static CFSs have been assessed for structural integrity to identify works needed to turn them into LCCMPs able to withstand cyclones and potential hazards. 3 CFSs have been selected to be upgraded, an increase from 1 originally planned. Work has begun to strengthen one at the end of April.
B.2.1.1	Coordination mechanisms between services providers are strengthened in camp and host communities	# of monthly case conference meetings held with DSS and service providers to enhance coordination in the camp and in the host community	meetings	324	?	1- **Case conferences** for cases are ongoing with the relevant service providers in camp level when needed, organized ad hoc. These are led by the CPSS with Plan providing support as needed. 2- General child protection issues are discussed in camp level in protection and **coordination meetings** for each camp, organized by Camp-in-Charge and Site Management Agency on a weekly basis. 3 – Plan International is Child Protection **focal point** in two camps (2 M) out of the 27 camps. CP Focal Points are directly coordinated by the Child Protection Sub-Sector, and collaborating with the Camp-in-Charge, Site Management Agency as well as with the PERU teams (Preparedness Emergency Response Unit). CPSS/UNICEF/PWG provides trainings and monthly coordination meetings for the CP Focal Points. 4- **Trainings** on PFA, CPIE and FTR have been provided for CBCP and CM staff and CBCP/CM volunteers in the camps. In the trainings 46 Plan staff participated (32 from CM team and 14 from PSS Team (20 females and 26 males), 124 volunteers (50 females/74 males) and 200 CBCP members (100f/100m). In April, CPiE Case Management team organized another one-day long Family Tracing and Reunification (FTR) Training in Camp-17,20 & 20 Ex. where 110 CM and CWC Volunteers participated (Male-65, Female-45). Further trainings to support ongoing Child Protection service provision and coordination will be provided based on needs identified by the CPSS

						5- **IEC materials** on Family Tracing and Reunification have been distributed through other projects but the dissemination will continue under the DEC project. 6 - Inter-agency FTR SOP and training materials will be translated to support ongoing capacity building and promoting best practices.
B.2.2.1	Coordination mechanisms between services providers are strengthened in camp and host communities	No. of CP focal points trained/ receiving capacity building in DRR preparedness and prevention of separation, CP risks and referral pathways	individuals	50	0	1- Plan collaborated with the Child Protection subsector to undertake child protection service mapping in camps 17,20 and 20Extension and for other camps. The mapping tool is now widely shared with CP actors across all camps to support referrals of CP cases 2- A trainings for service providers (mainly DSS and Mowca) will be organized in June 2019 on case management and GBV. On the 23rd May there will be a coordination meeting between DSS, Mowca and Plan for better coordinating case management in the host communities. 3- 22 CFS Volunteers (9 F, 13M) have received training on Child Protection risk, identification and referral pathways 4- Case Management Coordinators attend general coordination meeting in camp-20 , 20 Ex & Camp-17 on regular basis where they discussed the current gaps and challenges faced.

9.9   Risks management table.

Below a table summarizing the risks anticipated by the project and the measures taken to address challenges when risks materialized.

Risks or pre-conditions identified at project design	Mitigation measures planned	Mitigation measures implemented	Comments. Risks materialized/not materialized **Risks not foreseen**
External factors			
Security and access to the areas of intervention.	Promote transparency of information, communication and involvement of beneficiaries.		Risk Materialized Due to security incidents and threat to volunteers and NGO staff by Rohingya communities and extremist/armed group, some volunteers withdrawn and did not attend their duties for a period of time. Case Management staff was able to visit homes in pairing up. Monsoon season makes more difficult access to remote areas where Plan is working
Target beneficiaries not staying in the areas of intervention.	Risk beyond Plan International mandate.		Risk did not materialize
Local procurement is possible.	Timely procurement of supplies will be ensured through existing vendors.		The building of an Adolescent-Friendly Space in the host community took considerable time due to delays in finding suitable space for construction. However, the AFS is now under construction.
Delay for FD7 authorization	Working through partners in possession of existing FD7. Sustained government liaison at the local and Dhaka level to obtain permissions and advocate for different activities.	Delays faced. Plan used other funding sources to cover some of the preparatory activities. (trainings). To reach initial targets, 2 more mobile teams were supported, and an extra Safe Space is being constructed in Host community	Risk Materialized Plan recruited a Government Liaison Officer to speed up the process. FD7 approvals caused the suspension of activities in December 2018 and Jan 2019.
Monson and cyclone season delaying or preventing activities.	Implement coordinated Disaster Preparedness activities including mobile teams	The location of the fixed safe space has been established in a raised location. Mitigation measures done to reduce soil erosion.	Risk did partly materialize Monsoon delayed the speed of mobile activities and case management activities

			(As there are no structure for CM in the field. Some staff was hurt during field visits due to rain and mud, and many areas were not accessible during/after heavy rain.
High competition amongst NGOs for staff recruitment	Early recruitment and good HR policies		
Reallocation of responsibilities for Plan (shift to camp 17 and camp 20 extension).	Issue not identified in the proposal.	Sessions conducted through mobile spaces	**Risk not foreseen**
lack of a shared definition of unaccompanied and separated children among relevant actors.	Issue not identified in the proposal.	Creation of a standardized case management system done by the sector.	**Risk not foreseen**
Cultural norms restrict girl's and women's movements and voices	Advocacy with parents and members of CBCP to engage more girls in project activities	Advocacy with parents and members of CBCP to engage more girls in project activities	Risk Materialized
Limited services available for protection cases who need specialized services	Advocate with the CPSS to identify agencies of last resort	Advocate with the CPSS to identify agencies of last resort.	Risk Materialized
Internal factors			
Buy in of project activities by refugees.	Promote transparency of information, communication and involvement of beneficiaries.		Risk did not materialize
Staff turn over		Improve HR policies and package	**Risk materialized**

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