



## “AHP BANGLADESH ROHINGYA RESPONSE PROGRAM” IMPLEMENTED BY EKOTA CONSORTIUM



## End Line Evaluation Final Report

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## ACRONYMS

AAP	Accountability to Affected People
AHP	The Australian Humanitarian Partnership
ALNAP	Active Learning Network for. Accountability and Performance
BDT	Bangladeshi Taka
BGS	Bangla-German Sampreeti
CAID	Christian Aid
CAN	Church Agencies Network
CAN DO	Church Agencies Network – Disaster Operations
CBM	Christian Blind Mission
CBPC	Community Based Protection Committee
CBPS	Community Based Protection Service
CDD	Centre for Disability Development
CFRM	Complaint, Feedback and Response Mechanism
CFW	Cash for Work
CiC	Camp in Charge
CLDRM	Community-Led Disaster Risk Management
CMU	Consortium Management Unit
CRA	Community Risk Assessment
CS	Cash Support
DFAT	Department of Foreign Affairs and Trade
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
DSK	Dushtha Shasthya Kendra
ECU	EKOTA Consortium Unit
FIVDB	Friends in Village Development Bangladesh
FGD	Focus Group Discussion
FSMP	Fecal Sludge Management Plant
GBV	Gender Based Violence
GoB	Government of Bangladesh

GV	Green Voice
HR	Human Resource
IGA	Income generating Activities
INGO	International Non-Governmental Organizations
IOM	International Organization for Migration
IPV	Intimate Partners Violence
JMA	Joint Market Assessment
KII	Key Informant Interview
MEAL	Monitoring, Evaluation, Accountability and Learning
MOE	Margin of Error
MoU	Memorandum of Understanding
M&E	Monitoring and Evaluation
MTR	Midterm Review
NGOs	Non-Governmental Organizations
OECD	The Organization for Economic Co-operation and Development
OECD-DAC	The Organization for Economic Co-operation and Development - Development Assistance Committee
OPCA	Organization for the Poor Community Advancement
PHD	Partners in Health and Development
PIB	Plan International Bangladesh
PSEA	Prevention of Sexual Exploitation and Abuse
RDRS	Rangpur Dinajpur Rural Service
RRAP	Risk Reduction Action Plan
RRRC	Refugee Relief and Repatriation Commissioner
SCI	Save the Children International
SHG	Self-Help Groups
SRHR	Sexual and Reproductive Health and Rights
TOC	Theory of Change

TSS	Therapeutic Staff Support
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene
WVI	World Vision International
YPSA	Young Power in Social Action

## EXECUTIVE SUMMARY

The Australian Humanitarian Partnership (AHP) seeks to improve humanitarian assistance through collaboration between the Department of Foreign Affairs and Trade and Australian NGOs. The AHP Bangladesh Consortium has been founded by six International Non-Governmental Organizations (INGO) partners, acknowledging their shared obligation to attend to the humanitarian and medium-term recovery needs of Cox's Bazar, refugee camps located in Bangladesh. CAN DO is one of the six Australian agencies comprising the AHP consortium. In collaboration with local Bangladeshi partners through a consortium called EKOTA (comprising Christian Aid, Caritas Bangladesh, and RDRS Bangladesh), CAN DO is working towards the provision of basic needs through the implementation of WASH and protection interventions. EKOTA Consortium is working to increase community self-reliance and resilience by providing livelihood support, promoting environmental protection, and implementing disaster risk reduction activities. At the end of the AHP Consortium III, EKOTA wanted to conduct an end evaluation to document the overall progress made by the consortium in achieving the project's intended impact, outcomes, and outputs.

The evaluation was conducted in accordance with a modified ALNAP evaluation, in which the ALNAP and OECD-DAC criteria were combined, and a few new criteria were added per the interests of the EKOTA Consortium Management. The evaluation used a mixed-method research methodology in which quantitative and qualitative data were collected from secondary and primary sources. The primary data was collected through Key Informant Interviews (KII), Focus Group Discussions (FGD), and Questionnaire Survey (QS). The data collection lasted 10 days, from June 07 to 17, 2023. The total sample size for the questionnaire survey was 500, and participants were selected randomly. In discussion with the project personnel, the proportion of samples was kept skewed towards the Rohingya communities, taking 295 from this community, and the remaining 205 from the host community. A total of 19 KIIs and 14 FGDs were conducted, of which 9 FGDs were carried out with the Rohingya communities while 5 were done with the host communities.

The project implemented for the Rohingya population has successfully met their immediate needs, focusing on four important aspects: WASH support, protection, especially for women and children, resilience and livelihood support. The project provided access to clean drinking water, ensuring that the Rohingya community had a safe and reliable source of water for their daily needs. The services included repair and maintenance of the latrines, water points and water network, faecal sludge management, desludging of the latrines, and repair and maintenance of the washroom/bathing cubicles. The majority of participants from the Rohingya community felt that the interventions met their most fundamental needs, and they benefited from the WASH support in terms of their health, which was consistent with the EKOTA Consortium's primary projected outcome 1: fulfilment of basic needs. Protection intervention was targeted towards the Rohingya community, particularly the women and adolescent girls and children of this community, as they were deemed to be vulnerable to issues like Gender-based Violence (GBV), trafficking, sexual abuse and domestic violence.

Nearly three-fourths of those who responded to the QS survey said the training was effective. In comparison to the male participants, the percentage was higher among the female participants. The majority of participants were found to be applying the training's knowledge to their daily activities. By creating income-generating opportunities such as training on soft and technical skills including Leadership, Business Management, Market Linkages, Gender, Poultry, Livestock rearing and tailoring, and entrepreneurial support, the project has empowered both the Rohingya community and the host community to improve their livelihoods under the self-reliance components. The majority of participants expressed positive levels of satisfaction with the livelihood interventions, with female participants reporting higher levels of satisfaction than male participants (detailed in section 3.4). As per the resilience interventions, the affected population from both communities were sensitized on DRR strategies such as Community Risk Assessment (CRA), Risk Reduction Action Plan (RRAP), etc. As part of the resilient infrastructure development, a total of 10 roads were developed, and one pond was excavated. Planting saplings were conducted as part of the re-vegetation effort to stabilise the slopes of the hills and address soil erosion in both Rohingya and host community participants were also

introduced to the local Disaster Management Committees. Listening to early warnings and preservation of dry food and water was also recalled by quite a significant number of the respondents.

Multiple channels for complaints and feedback response mechanisms (CFRM) have been introduced by EKOTA partners as part of the accountability to the affected population (AAP) initiative of the AHP Consortium. The vast majority of people who responded to the questionnaire survey said they were familiar with how to use the CFRM channels that the EKOTA consortium had installed for receiving lodging feedback. The majority of the host community and Rohingya community participants in the questionnaire survey stated that EKOTA sought their input before providing services (more specifically, see section 3. 6). Participants strongly agreed that the project took into account equal participation of men and women, and half of the people with disabilities revealed that the project could completely meet their priority needs (detailed in section 6.2)

One of the key criteria of the evaluation was to know about the happiness of the project participants from both Rohingya and the host community. The inclusion of women, adolescents, and people with disabilities in program activities has significantly influenced positive satisfaction levels with current living conditions and increased satisfaction at the household level. The findings revealed that most of the project participants from host communities and half of the Rohingya were satisfied with their current living standards. This situation can be attributed to the fact that Rohingya people are not allowed to engage in any income-generating businesses within the camps.

The localisation was translated in terms of four aspects in the AHP consortium as well as the EKOTA consortium project – partnership, capacity strengthening, greater leadership and decision making and improved resourcing. In the EKOTA consortium, there has been a mixture of international, national and local NGOs. The power structure in the partnership was found to be horizontal, with all partners whether they were local, national, or international participating equally in project-related decisions.

During the evaluation, several challenges were seen that were faced by the implementors in project implementation. Due to Covid-19 restrictions, getting government regulatory bodies' late approval, numerous redesigns, and delayed start-ups posed significant challenges. Some other challenges such as the limitation of the budget in relation to the number of targeted participants and the coordination issues were also mentioned in section no. 3.8.

Following the analysis of the finding, the evaluation team made several important recommendations for the future, including recommendations for the replication of some interventions and activities, such as the replication of the EKOTA consortium's formation structure, flexibility in management practice to allow for the design and redesign of interventions, and the evidence-based project planning and management approach. Similarly, the evaluation team provided some strategic and operational recommendations for the upcoming or new phase of the project. These recommendations include expanding the range of gender-responsive interventions beyond the individual level to encompass structural changes. Additionally, the evaluation team suggests some other recommendations such as increasing the membership of existing producer groups, increasing the number of staff in ECU and ensuring their stability for the future of the program. The recommendation section of the report further illustrates these issues.

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# 1. INTRODUCTION

## 1.1 Context of the AHP Bangladesh Consortium Program

### 1.1.1 *Humanitarian Situation in Cox's Bazar District of Bangladesh*

Decades of systematic discrimination have been inflicted on the Rohingya people, who are a stateless Muslim minority residing in Myanmar. This has resulted in a significant number of both registered refugees and undocumented Myanmar nationals in the Cox's Bazar region of Bangladesh. The registered refugees, amounting to roughly 32,000, are accommodated in two official camps, while approximately 200,000 to 300,000 undocumented Myanmar nationals live in non-camp settings within the surrounding areas. However, an enormous number of Rohingya people have fled to Bangladesh since August 25th, 2017, with an estimated 799,413 individuals seeking refuge in the country from that time until now. Based on recent UNHCR data, Cox's Bazar district in Bangladesh's Chattogram (formerly Chittagong) division has around 957,971 Rohingya people (GoB-UNHCR Joint Registration Exercise, 28 Feb, 2023) residing in 35 camps within the Ukhiya and Teknaf sub-districts. Despite the numerous challenges arising from the crisis, such as being situated in an area susceptible to natural disasters like cyclones and flooding, the Government of Bangladesh (GoB) has upheld its open border policy for Rohingya people seeking refuge, thereby saving the lives of nearly one million Rohingya. The government is also coordinating the humanitarian response and displaying exceptional hospitality towards the refugee population.

### 1.1.2 *AHP Consortium for the Humanitarian Response in Cox's Bazar*

The Australian Humanitarian Partnership (AHP) is a joint effort between the Australian Government and six non-governmental organizations (NGOs) in Australia. Their primary goal is to preserve lives, alleviate suffering, and promote human dignity during periods of conflict, disasters, and other humanitarian crises. The AHP provides targeted humanitarian programs that are of high quality and complement Australia's support to the United Nations (UN) and other specialized agencies. The AHP's partners have a long history of implementing programs in Bangladesh, and they have all contributed to the recent expansion of operations aimed at assisting Rohingya refugees and host communities in Cox's Bazar.

The AHP Bangladesh Consortium's primary aim is to support the DFAT Bangladesh Rohingya and Host Community Humanitarian Package (2020-2022), which seeks to contribute to global efforts aimed at meeting the humanitarian and protection needs of the Rohingya and host populations in Bangladesh, while also increasing their self-reliance and resilience. To achieve this objective, the AHP Bangladesh Consortium implements a well-coordinated and comprehensive programme in close cooperation with national and local partners.

Recognizing their shared responsibility to address the humanitarian and medium-term recovery needs in one of the world's largest refugee camps, Cox's Bazar in Bangladesh, the six constituent INGO partners of the AHP Bangladesh Consortium (CARE Bangladesh, EKOTA Consortium, Oxfam, Plan International, Save the Children, and World Vision International) have come together to establish it. The AHP Bangladesh Consortium works in collaboration with local partners such as Bangla-German Sampreeti (BGS), Christian Blind Mission (CBM), Centre for Disability Development (CDD), Dushtha Shasthya Kendra (DSK), Friends In Village Development Bangladesh (FIVDB), Green Voice, Mukti Cox's Bazar, NGO Forum for Public Health, Partners in Health and Development (PHD), Young Power

in Social Action (YPSA), and OPCA, who implement programs under the AHP Bangladesh Consortium.

The AHP partners have aided nearly 500,000 Rohingya and Cox's Bazar host community members across three different response phases. In 2019, the Australian Government extended its assistance to the Rohingya crisis, prompting the AHP partners to collaborate and design a joint, multi-year consortium program, which will be in effect until end of June 2023. The AHP organizations have prioritized the provision of clean water, improved sanitation and hygiene, healthcare, protection for the vulnerable or those not receiving necessary services, as well as education, resilience and the distribution of essential survival items.

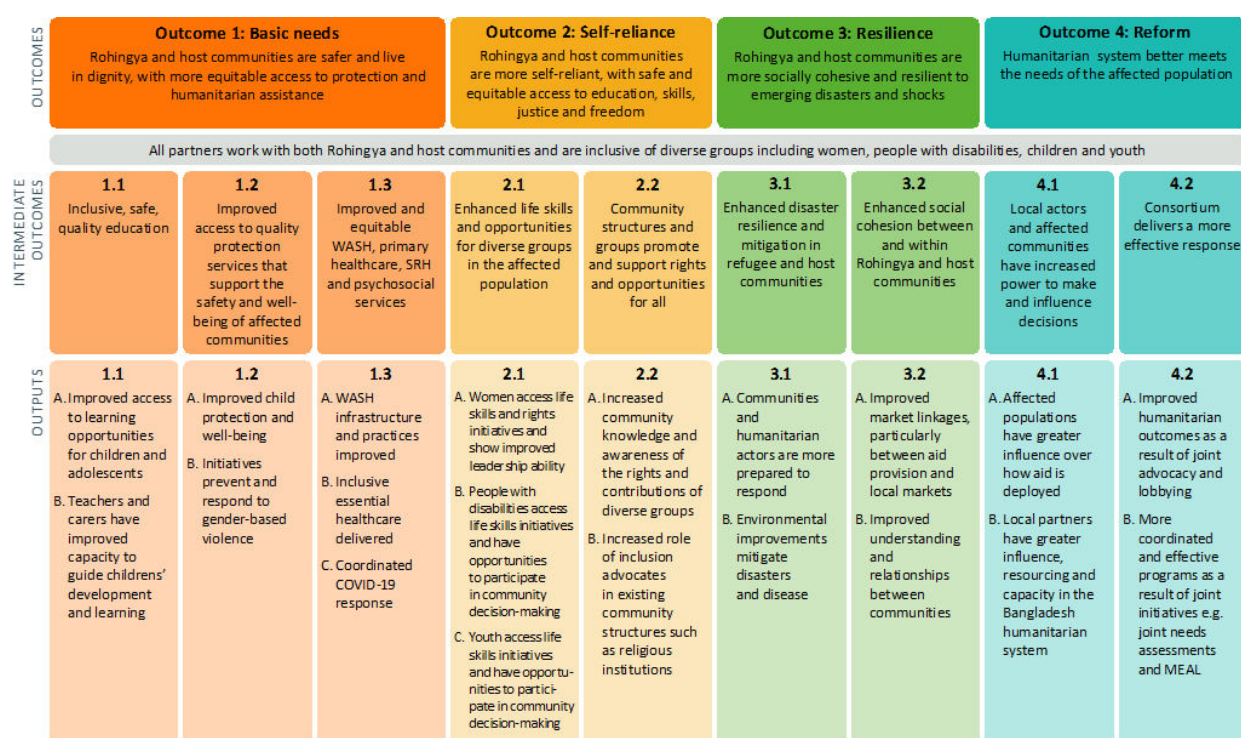


Figure 1: Results Framework of AHP III Programme in Cox's Bazar

### 1.1.3 CAN DO and EKOTA Consortium in AHP Bangladesh Consortium

CAN DO, which stands for Church Agencies Network – Disaster Operations, is a group of faith-based organizations and a sub-group of the Church Agency Network (CAN) that was founded in 2004. In 2015, CAN DO was established to enhance coordination and strengthen global humanitarian efforts, disaster risk reduction and management (DRR/DRM), and resilience building work. CAN DO is one of the six Australian agencies comprising the AHP consortium. In collaboration with local Bangladeshi partners through a consortium called EKOTA (comprising Christian Aid, Caritas Bangladesh, and RDRS Bangladesh), CAN DO is working towards the provision of basic needs through the implementation of WASH and protection interventions. EKOTA also aims to increase community self-reliance and resilience by providing livelihood support, promoting environmental protection, and implementing disaster risk reduction activities. While Caritas Bangladesh is independently implementing its activities, Christian Aid has a downstream partner called DSK for field implementation, and RDRS has a downstream partner named Green Voice for implementing specific tasks. EKOTA consortium's works are contributory towards achieving four intermediary outcomes,

namely, 1.2, 1.3, 2.1, 3.1, 3.2, 4.1 and 4.2 in the overall results framework, as mentioned in the figure above.

## 1.2 Purpose of the Endline Assessment

The purpose of this was included to identify the following aspects:

- i. The progress made by EKOTA Consortium (Caritas Bangladesh, Christian Aid and RDRS Bangladesh) towards achieving the intended impact, outcomes and outputs of the project;
- ii. The design, implementation, monitoring, and adaptive management of the project and the extent to which it influenced the achievements;
- iii. Whether the funds were used efficiently to enable good quality activities and implementation;
- iv. The effectiveness of the EKOTA consortium, and the extent to which this contributed the implementation and impact of the project; as well as any unintended benefits.
- v. Document the major challenges and gaps for the project;
- vi. Document the lessons learned, good practices and make recommendations to the EKOTA consortium for further considering intervention in the future project design;
- vii. The contribution made by the project towards the overall objectives of the project.

## 1.3 Approach of the Evaluation

The evaluation followed a modified ALNAP evaluation in which the ALNAP and OECD-DAC criteria were mixed and a few new criteria, as per the interest of the EKOTA Consortium Management, were included. The eventual framework included the following criteria:

- **Relevance:** the extent to which the programme was suited to the priorities of the target group (i.e., Rohingya and host communities).
- **Coherence:** the extent to which the project was consistent with the relevant national and organizational policies, and took adequate account of humanitarian and human-rights considerations
- **Effectiveness:** the extent to which the programme achieved its intended, immediate results.
- **Efficiency:** the extent to which results have been delivered in the least costly manner possible.
- **Impact:** the extent to which the programme brought changes both intended and unintended, and both positively or negatively.
- **Sustainability:** the extent and feasibility of the impacts of the project to be sustained beyond the project timeline
- **Local Leadership:** the extent to which the project encouraged and strengthened local leadership among the local partners
- **Quality of Partnership:** the details about the collaboration, coordination and communications among the partners of EKOTA consortium and the extent to which those had effects on the project outputs and outcomes
- **Replicability:** the extent to which the project interventions can be repeated in other geographical areas and/or similar context with similar/improved outcomes
- **Happiness:** the extent to which the target population have been satisfied with different aspects of standard of living as outcomes of the EKOTA interventions in the AHP program

The evaluation framework used in to cover these criteria has been included in Annex One.

## 1.4 Methodology

The evaluation used a mixed-method research methodology in which both quantitative and qualitative data were collected from both secondary and primary sources. The secondary data used have

predominantly been taken from internal project documents, including the annual reports, Midterm Review (MTR) report, regular and periodic survey and assessments and M&E data. A list of documents reviewed has been included in Annex Two.

The quantitative data was collected through a questionnaire survey of the project participants from both Rohingya and host communities. For determination of sample size, the formula prescribed by Wayne W. Daniel was used.

The formula is:

$$n = N * X / (X + N - 1),$$

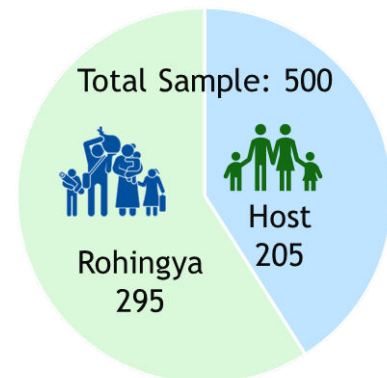
Where,

$$X = Z_{\alpha/2}^2 * p * (1-p) / MOE^2,$$

Here,

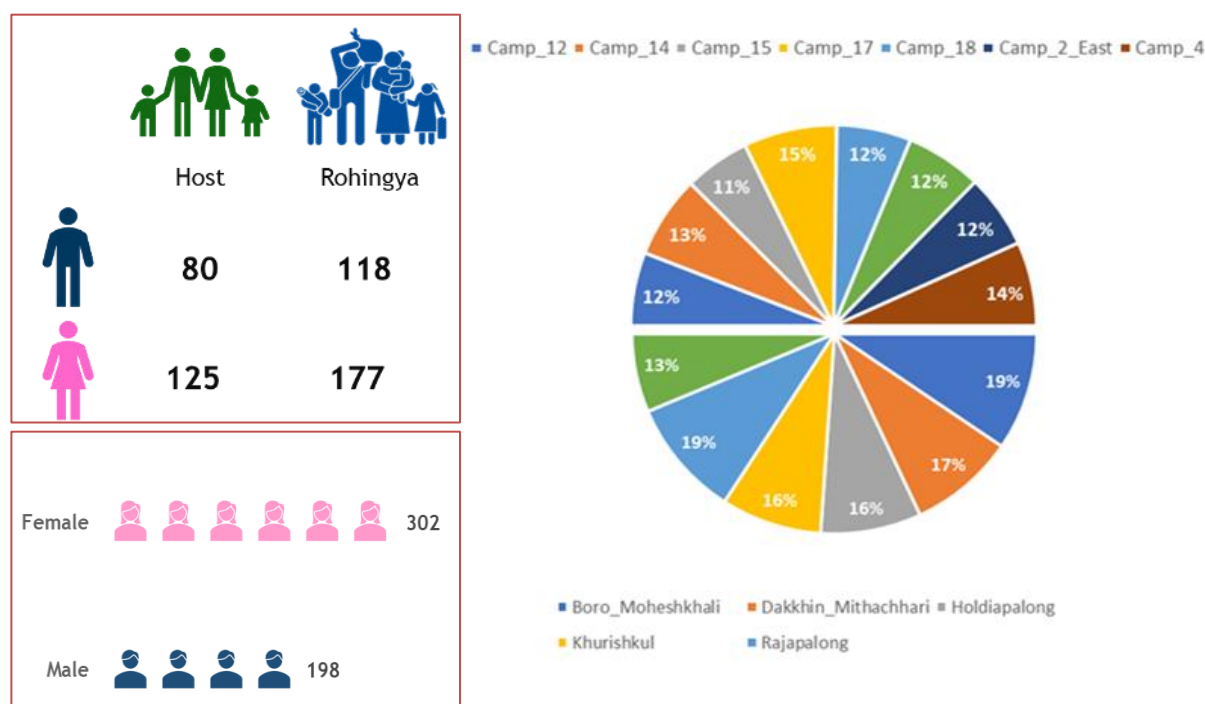
$Z_{\alpha/2}$  is the critical value of the Normal distribution at  $\alpha/2$  (e.g. for a confidence level of 95%, the critical value is 1.96, while the value of  $\alpha$  is 0.05), MOE is the margin of error,  $p$  is the sample proportion, and  $N$  is the population size, i.e. the target population reached by the project. Considering 95% confidence interval, 4.38% Margin of Error and considering  $p$  value of 50%, the total sample size stood at 500 respondents. In discussion with the project personnel, the proportion of samples was kept skewed towards the Rohingya communities, taking 295 from this community, and the remaining from the host community.

The sample included a total of 198 Male and 302 Female, which constituted around 40% and 60% of the total sample respectively. There was no person from other genders in the population and no sample was drawn from that demographic group. The Rohingya respondents were taken from the Camps. The samples were taken from seven camps in which the EKOTA consortium partners worked, i.e. Camp 2 East, 4, 12, 14, 15, 17 and 18. The host community respondents were taken from five locations Holdiapalong and Rajapalong of Ukhiya Upazila, Dakkhin Mithaichhari of Ramu Upazila, Boro Moheshkhali of Moheshkhali Upazila and Khurushkul of Cox's Bazar Upazila – all under Cox's Bazar district. The sample distribution is shown in the figure 3 below.



**Figure 2: Total Sample Size and Ethnic Segregation in the Sampling**

For selection of the Rohingya respondents without disability, a systematic random sampling was used.



**Figure 3: Gender and Geographic Distribution in the Sample**

Under this sampling, we went to the particular block of the camp and selected a household randomly. From that household, we went seven households towards right hand side of the line of the houses and selected that particular household for the next respondent household. This process continued until required number of respondents were covered for that respective camp. Regarding the demographic characteristics of the respondents of this category, male adult was taken from the first household, a female adult from the second household and the process repeated.

For Rohingya respondents with disability, a simple random sampling was followed. The participant list of the participants with disability was collected from EKOTA. The adult and child and male and female respondents with disability were selected randomly from this list. Similar sampling process was followed for host community respondents. The participant list of host communities was collected from EKOTA and the host community respondents were selected randomly from that list.

Qualitative data was collected through Focus Group Discussion (FGD) and Key Informant Interviews (KII) methods. A total of 14 FGDs were carried out, covering 140 participants. The FGDs included men and women from both host and Rohingya communities, and adolescents from Rohingya communities. The FGDs also included 10 Persons with Disability. The KIIs included key respondents from the EKOTA Consortium Unit (ECU) and the members of the Consortium, i.e., CARITAS, Christian Aid, and RDRS. Representatives from the two local implementors, i.e., Green Voice and DSK were also taken as key respondents. Being part of the AHP consortium, there were KIIs conducted with that consortium members, particularly from the Consortium Management Unit (CMU). Discussions were held with the representatives from the CiC offices as well. The evaluation also took opinions of the local community leaders of Rohingya community, known as *Majhi*. A total of 19 KIIs were done.

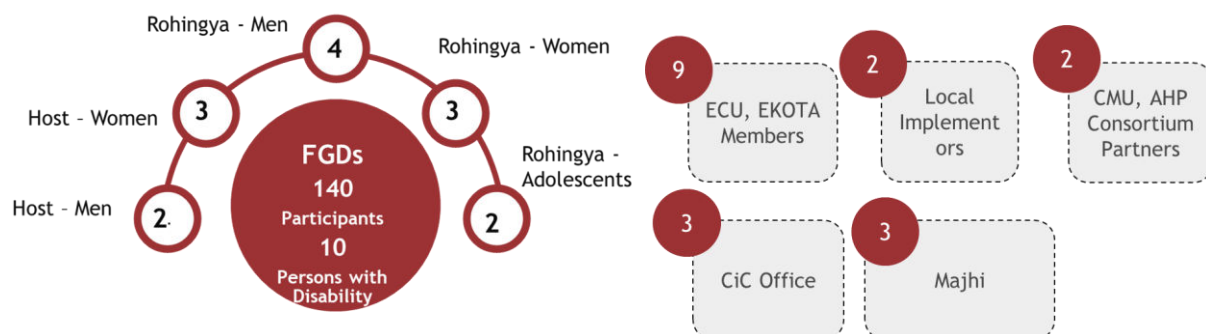


Figure 4: Number of Different FGDs and KIIs Conducted in the Evaluation

The data collection was carried out from 07 to 17 June, 2023.

## 1.5 Ethical Considerations of the Evaluation

- **Child safeguarding** – Team members of the evaluation demonstrated the highest standards of behavior towards children, persons with disabilities, adolescent, vulnerable men and women. There was a safeguarding orientation in the training session of the team members.
- **Best interests of the child**- Team members took into account the different factors such as age, maturity, stage of development, social background, emotional and physical security and acted in the best interests of the child.
- **Participatory and inclusiveness** – Representation of all types of participants was ensured in the assessment during the design and implementation phases. Here, all types referred to the ethnicity, demography and socioeconomic situation of the participants, including the Persons with Disability.
- **Sensitive** – Evaluator followed the rules and regulations of the country regarding child rights, gender and the context of the Rohingya population and also were sensitive about inclusion and cultural contexts.
- **Openness** – For all the stakeholders including the parent or guardian of a child research participant (and, where applicable, the child) were provided with relevant information about the study, the purpose, potential benefits of the study and potential risks of the respondents. Such disclosure also included informing the respondent regarding their privacy rights and limitations there to, and the investigator's disclosure obligations
- **Right to participate and withdraw**- Evaluator explained that the participation in this review was completely voluntary and they could withdraw their participation at any time.
- The Evaluation Team explored any personal and professional influence or potential bias in data collection or analysis of data. No such conflict of interest or biasness was found.
- **Privacy, anonymity and confidentiality**
  - All of the information we collected were kept confidential to the extent allowed by the law of this country and data protection policy of Caritas Bangladesh. No information was shared with anyone other than the client Caritas Bangladesh.
  - Data collection was done in safe and comfortable spaces where participants felt that their thoughts and ideas were important.
  - Informed consents were used – either written or verbal.
  - No personal contact information was collected or reported in the evaluation that might link the respondents' identity with their responses.

- Personal identifier was not linked with unique ID codes, kept confidential and was not reported.

## 1.6 Limitations of the Evaluation

- The evaluation was carried out within a short period – only four weeks. To compensate for this challenge, the evaluation team engaged additional team members in both qualitative and quantitative data collection and analysis teams.
- There were anticipated delays in getting permission for the Camps from the office of the RRRC. To address this issue, both EKOTA Consortium and the evaluation team worked together. Eventually, the permission was received on time, however, for a very short time – for only five days.
- The EKOTA consortium part of the AHP consortium programme of Phase III did not have any formal baseline survey. The MTR was also predominantly qualitative with a very small sample size for quantitative survey. Hence, the quantitative figures in the end evaluation could not be compared with the baseline or MTR.
- Being at the end of the project, most of the project staff were busy with project closure and handover activities. There were also several other studies being implemented during the same time. Hence, a larger sample of project staff, particularly from the AHP Consortium partners could not be included in the sample for KIIs.
- EKOTA Consortium project, while carried out with the host community and Rohingya community people, however, had specific characteristics and geographical concentration. Hence, the findings of the evaluation may not be appropriate to generalize over the entire host or Rohingya community population in Cox' Bazar other than those being the participants of the AHP and EKOTA Consortium Project/program.

## 2. RELEVANCE AND COHERENCE OF THE PROGRAMME

The programme implemented for the Rohingya population has successfully met their immediate needs, focusing on four important aspects: WASH support, protection, especially for women and children, and livelihood support. First, the project provided access to clean drinking water, ensuring that the Rohingya community had a safe and reliable source of water for their daily needs. This initiative has contributed to improved hygiene practices, reducing the risk of waterborne diseases and promoting better overall health. According to the survey findings, 68% of the Rohingya Community perceived it as they got health benefits from the WASH support. These interventions were aligned with the EKOTA consortium's primary projected outcome 1 fulfilment of Basic needs. It is also aligned with the priority needs assessment conducted by the UNHCR and IOM.

*"Before we suffered a lot for water, we used to get dirty water, now we get clean water easily."*

*-One of the Female participants of the FGD conducted in Camp 15*

AHP-supported activities align with Australia's humanitarian strategy given their strong focus on gender equality and women's empowerment, protection and disability inclusion. EKOTA consortium recognizes the vulnerability of Rohingya women and children, prioritizing protection measures. Robust protection mechanisms have been established to safeguard their rights and well-being, addressing issues such as gender-based violence, exploitation, and child protection. These measures include the provision of safe spaces, psychosocial support, and awareness campaigns, training on developing soft skills to promote gender equality and protect the rights of women and children. These assistances were aligned with the intermediate outcome 1.2 under the projected outcome Basic need fulfilment of the EKOTA consortium.

*"Early marriage is very common in our society. They (CBPC) tell us if we marry a girl at an early age, she will face a lot of problems in future. So, boys and girls should not be married before their adulthood. Now child marriage has reduced a lot."*

*-One of the Female participants of the FGD conducted in Camp 19*

In addition, the project recognized the importance of addressing livelihood needs for self-sufficiency and sustainable development in host communities, and the need to increase self-reliance in the Rohingya people. By creating income-generating opportunities such as training on soft and technical skills including Leadership, Business Management, Market Linkages, Gender, Poultry, Livestock rearing and tailoring, and entrepreneurial support, the project has empowered both the Rohingya community and the host community to improve their livelihoods under the self-reliance components.

*"In the beginning, I had no money and my husband died then I sold my sarees and bought chickens and pigeons to support my family. After getting help, my condition is now much better."*

*-One of the Female participants of the FGD conducted in Camp 18*

The delivery mechanism employed in accordance with the AHP and EKOTA Consortium principles ensures effective implementation and creates evidence of the relevancy of the activities of the EKOTA consortiums. Close coordination among stakeholders enables smooth collaboration and maximizes resources. EKOTA has made significant strides in achieving localization by establishing a locally-led coordination unit and forging the EKOTA identity among local implementing partners. Among these partners, Caritas Bangladesh and RDRS Bangladesh are national organizations, while CAID, an

international partner, has been working closely with a local partner called DSK. Localization strategies are integrated, ensuring activities are contextually relevant and culturally sensitive. "Do no harm" principles guide the project, preventing unintended negative consequences and prioritizing the well-being of the Rohingya communities. Moreover, the significant participation of the target population ensures their voices are heard, fostering ownership and empowering them to actively shape the project's outcomes.

*"At first, RDRS created a list of village women who are needy and want to do something that can help us to create an income source. A few days later they (RDRS) asked us to know what kind of help we actually want to create income sources. Then we express our different wishes. We wished to get support to buy sewing machines, agriculture production, vegetable gardening, cattle rearing, handicrafts making etc."*

*-One of the Female participants of the FGD conducted in the host community*

EKOTA partners have actively involved local committees and individuals in various decision-making platforms as part of their activities. These initiatives include forming committees, conducting meetings, and ensuring their participation in project design, adaptation, and monitoring processes. Under the fourth outcome called Reform, EKOTA has taken a consultative approach by directly engaging and seeking input from the affected population in designing its activities. To ensure effective communication and accountability, a robust Complaint, Feedback, Response Management (CFRM) mechanism has been developed in consultation with the communities, in collaboration with the MEAL of ECU.. Furthermore, all programme staff members have received training on COMPASS, a digital feedback management system. Information on how to utilize the CFRM system was provided to the communities, with specific awareness activities targeting children, youth, and other vulnerable groups.

*"Usually our Apa (Sister) and Bhaia (brother) (WASH volunteers) try to solve any problem within one day, if we tell them directly. We like to tell them directly. Once, our toilet needed to be repaired. we have shown it to our Apa's then they repair it the next day."*

*One of the adolescent boy participants of the FGD conducted in Camp 17*

The project is highly sensitive to the local context, culture and informal practices, with a particular focus on the Rohingya population. Recognizing the importance of understanding and respecting the unique cultural and social structure of the Rohingya population, the project has been tailored to accommodate their specific needs and preferences. The EKOTA consortium ensures that interventions are relevant, acceptable and effective by taking into account the local context, including language, traditions and social norms. This sensitivity extends to the informal norms prevailing within the Rohingya community, such as community decision-making processes and customary practices.

*"When we came from Myanmar, we didn't have any idea of mutual respect. We were not used to this culture. Now we know how to talk with others with good manners and respect. It is very good practice. Our juniors and children respect seniors and seniors also talk with juniors in a good manner as well."*

*-One of the male participants of the FGD conducted in Camp 19*

EKOTA partners contributed to achieving the resilience of the communities to disasters and shocks through a unique approach of planting locally adapted saplings. Several initiatives were taken such as DRR Training of local staff, awareness-raising sessions, Training on the CLDRM process to the

volunteers, implementation of infrastructure development schemes like cash for work, crisis response campaigns and tree plantations.

The project embraces an inclusion-oriented project management approach, with a strong focus on promoting gender equality, disability inclusion, and localizations. Inclusivity is at the core of the project's management strategy, ensuring that the voices and needs of all individuals, regardless of gender or disability, are heard and addressed. Gender equality is actively promoted through measures that challenge gender norms, empower women, and provide equal opportunities for their participation and leadership. Similarly, the project recognizes the importance of disability inclusion, implementing practices that ensure accessibility, reasonable accommodations, and meaningful engagement for persons with disabilities.

Throughout the implementation process, it became clear that the Theory of Change (TOC) along with project design and preparation played an important role in ensuring a logical and coordinated project. The activities carried out under each of the four projected outcomes, namely Basic needs, Self-reliance, Resilience, and Reform, have been carefully aligned with the TOC. This alignment ensured that the intermediate outcomes of the project contributed coherently to the overall objectives. As a result, the project has maintained a logical and coherent framework, facilitating effective planning and implementation of activities.

Within the EKOTA consortium, each partner (CAID, Caritas, and RDRS), has taken careful measures to ensure that their project activities do not overlap with their other ongoing projects. There is no opportunity for organizational overlapping in the Rohingya camp as inter-sector coordination groups took the responsibilities of activity-wise distribution to the agencies in particular geographical locations or camps. This setup effectively prevents organizational overlapping within the camp. However, there is still a possibility of overlapping activities with agencies outside the partner agencies of the AHP in the host communities. To address this potential issue, the AHP and EKOTA partners have remained vigilant to avoid any overlapping activities during the end-line survey. They have proactively sought to prevent duplication and redundancy in their efforts. It is worth noting that an assessment could have been conducted in the host community to further minimize overlapping activities with external agencies affiliated with the AHP. This assessment would have ensured that the project's interventions and initiatives complement, rather than duplicate, the work of other agencies in the area. However, it was observed that all the partner agencies of the AHP took permission from the Govt. department before implementing any activities in the host community. Thus, sometimes respective departments instructed those agencies regarding the selections of the geographic location to avoid overlapping activities.

## 3. EFFECTIVENESS OF THE PROGRAM

### 3.1 Outreach of Project Participants

From the outreach aspect, the EKOTA consortium project exceeded the expectation quite substantially. The project's target was 71,335 participants from both host and Rohingya communities in Cox's Bazar district. Eventually, the outreach achieved was 93,190 as of December 2022 which was around 31% of additional to what was anticipated<sup>1</sup>. The outreach exceeded expectation in almost all the subcategories of demography of the project participants. Particularly, the project was effective in reaching more than the expected numbers for the women and Persons with Disabilities – two of the demographic groups typically being considered as vulnerable population in Cox's Bazar context. Outreach in different demographic groups has been shown in the figure below.

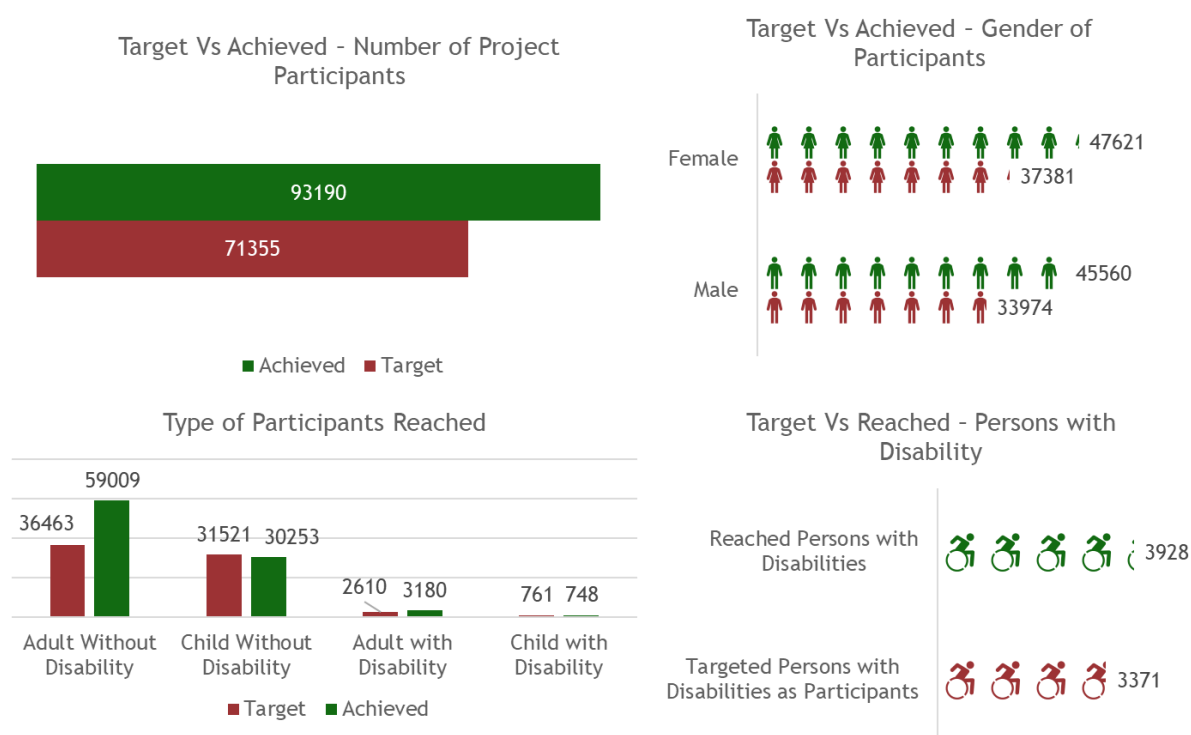


Figure 5: Project Outreach across different Demographic Groups

### 3.2 Specific Benefits for the Participants - Protection Interventions

Protection intervention was targeted towards the Rohingya community, particularly the women and adolescent girls and children of this community, as they deemed to be vulnerable against issues like Gender-based Violence (GBV), trafficking, sexual abuse and domestic violence. EKOTA provided training to the community volunteers and later provided protection services using Community Based Protection Service (CBPS) modality through these volunteers. There were risks and service mapping was done. Referral and case management system was established through which the individuals were provided supports. Awareness was raised among the communities through the training sessions on

<sup>1</sup> EKOTA Progress Report for July-December, 2022.

different aspects of protection, including GBV, Intimate Partners Violence (IPV), Prevention of Sexual Exploitation and Abuse (PSEA), trafficking, sexual abuse, etc.

In the questionnaire survey, the participants were asked to recall some of the issues of the protection training. Around 86% of the participants could recall the issues. The recall was quite high among the female participants than the male, indicating the effectiveness of the training. In the topics of the training, the PSEA and IPV related protection issues could be recalled by bulk of the respondents. Issues relating to GBV also had quite a high recall rate. In both the cases, female respondents had high recall rate than the male respondents. In case of psychosocial services, including counselling and case referral, the recall was higher among the male participants than the female participants.

Respondents were asked about their perception on the effectiveness of the protection training in enhancing their awareness and keeping them protected. Almost three-fourth of the respondents mentioned that the training was effective. The percentage was more in the female participants than in the male participants.

**Table 3: Perception of Participants on Effectiveness of the Trainings on Protection**

	Rohingya Household (n = 295)		
	Male (n = 118)	Female (n = 177)	Total
Perception that Protection Training being Effective	71%	76%	74%

In the FGDs, the participants mentioned their experience of GBV and their learning from the project to address those. They mentioned the Community Based Protection Committee (CBPC) formed from the project to support them in case of GBV, and similar issues. In the FGDs, the participants also showed high sense of awareness related to human trafficking and child marriage related issues. Particularly the adolescent boys and girls were quite aware of these issues and ways to mitigate those. They mentioned that they learnt these from the training and awareness sessions arranged by the EKOTA Consortium Partners.

*Domestic violence was very high in Burma. In the early days after arriving at the camp, It was a simple issue for us. There are no women who didn't face it. And we didn't even know it was 'Violence'. After that, when they (Caritas volunteers) started to work here, they told us what violence is, how to prevent violence. Now we know about prevention of sexual harassment, abuse, eve teasing, Gender based violence (GBV), Intimate Partner violence etc.*

One of the Women from Rohingya Community during FGDs at a Camp

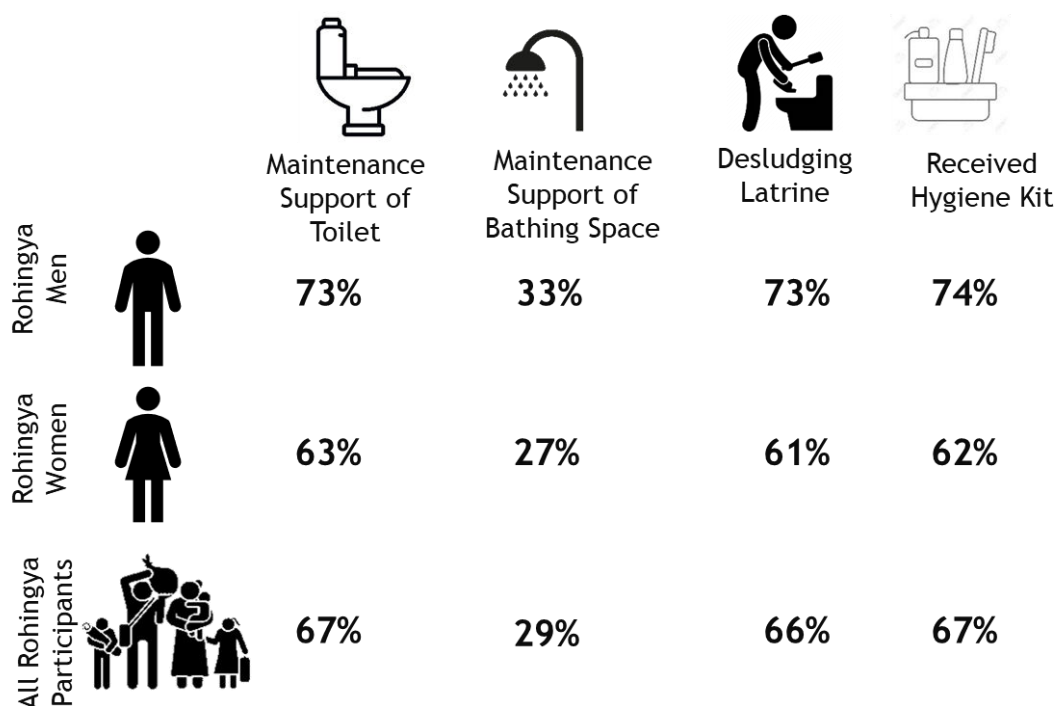
*We learnt from XXX apa of [name of EKOTA partner] that if I get married before the age of 18 years, I have to pay a dowry to my husband and his family, and if I do not give dowry, my husband will torture and when the child is born the child will suffer from malnutrition.*

One of the Adolescent Girls during FGDs at a Rohingya Camp

### 3.3 Specific Benefits for the Participants - WASH Interventions

Due to living in proximity, WASH was an essential service for the Rohingya communities. The COVID-19 pandemic further exacerbated the requirement of such services in this community. The project targeted comprehensive WASH service for the Rohingya community people. The services included repair and maintenance of the latrines, water points and water network, and faecal sludge management, desludging of the latrines, and repair and maintenance of the washroom/bathing cubicles. A solid waste management plant was setup that converted solid waste into compost fertiliser. The plant was found to be maintained by a local committee headed by the CiC of the camp. Maintenance of deep tubewell was done to ensure clean water supply for the Rohingya communities. Chlorinated water was also supplied through water networks. In addition, awareness sessions were conducted on health and hygiene, including menstrual hygiene management, information on the vaccine, WASH facility maintenance, safe water plan, seasonal health care, and natural disaster guidance and awareness etc. were also part of the awareness sessions. Hygiene kits were distributed that included, among others, mosquito nets, floor mats, bathing and laundry soaps, oral hygiene products, etc.

The respondents were asked to recall the WASH services that they received. Around two third of the respondents could recall the repair and maintenance of the toilets, desludging of the latrines and hygiene kits. The recall rate was higher in the male respondents than the female respondents. In comparison, the recall of maintenance and repair of bathing cubicles was quite low – only 29% of the respondents could recall this intervention. The recall rate was particularly low in the female participants than the male participants. In the project, EKOTA partners improved latrines with stairs, ramps, handrails, special sitting arrangements, grab bars and access paths to make the latrines fully accessible to people with disabilities. The recall rate for this intervention was not significantly high. Only 49% of the Persons with Disability from the Rohingya communities could recall this intervention. Participants during FGDs also mentioned similar WASH support from the consortium partners.



**Figure 6: Recall of WASH Interventions by the Rohingya Community**

*[Mentioning Name of one of the EKOTA Partners] has set up tap Stations for washing hands in different places in this camp. They also set up bathrooms and toilets here. Previously they planted trees. To raise awareness, they provided many sessions towards us, especially adolescent boys and girls. Where they usually discuss GBV, DRR, hygiene practice, drinking pure water, cleaning, etc. We have learned it from them*

*One of the Adolescent Boys from Rohingya Camp during FGDs*

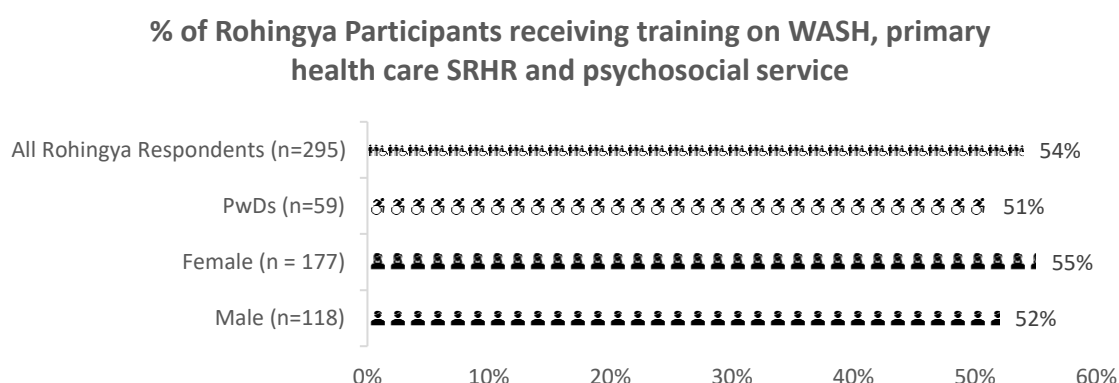
To understand the satisfaction of the participants from these WASH services, a weighted average scale was used. This scale had score range from 1 to 3, with 1 being not satisfied, 2 being partially satisfied and 3 being fully satisfied. Responses were predominantly between partially satisfied to fully satisfied, with more skewed towards the fully satisfied range of the scale. This indicated that the participants that received the services were quite satisfied with the interventions.

**Table 1: Satisfaction Score on the WASH Services (Range 1 to 3, 1 being not satisfied, 3 being fully satisfied)**

Area of WASH Services	Satisfaction Score among Different Groups			
	Male	Female	All Respondents	Person with Disabilities
Satisfaction on the repairing and maintenance of toilets	2.50	2.51	2.51	2.53

Satisfaction on the repairing and maintenance of bathing space	2.69	2.81	2.76	2.79
Satisfaction on desludging of latrines	2.53	2.56	2.55	2.56
Satisfaction with the hygiene kits	2.57	2.39	2.46	2.44

Around 54% of the all Rohingya Participants could recall the training on WASH, Primary Healthcare, SRHR and Psychosocial services. The rate was slightly better for female respondents than the male respondents. In case of Persons with Disability, the recall was around 51%.



**Figure 7: Recall of WASH Training by Rohingya Participants**

The evaluation looked into the utilisation of training knowledge of different demographic group regarding the knowledge of WASH trainings into respective daily lives. In general, around 72% of the participants from Rohingya communities were found to be utilising the knowledge in their daily life, with 28% being partially utilising. The utilisation rate in full was found to be significantly high among the female participants than the male participants. The same for People with disabilities was also found to be quite significant.

### 3.4 Specific Benefits for the Participants - Livelihood Interventions

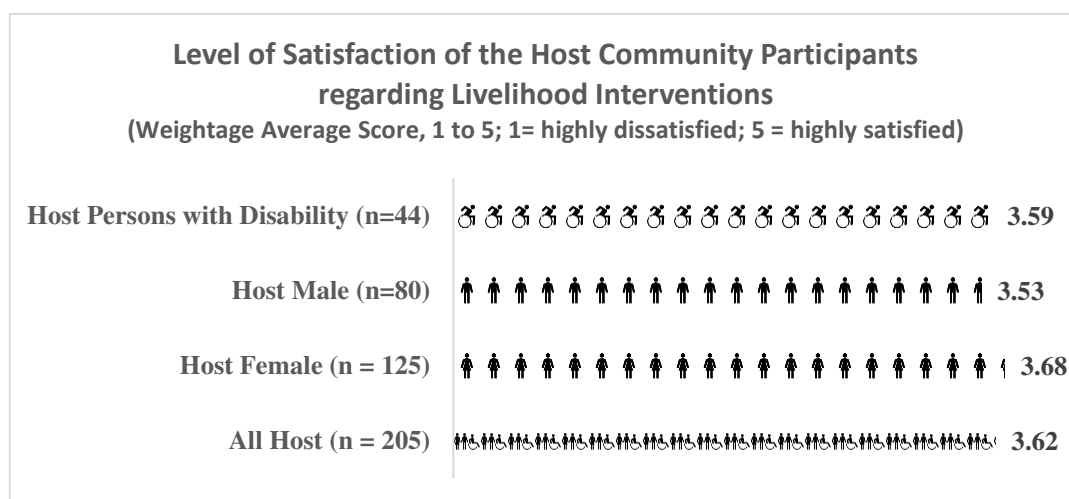
EKOTA Consortium worked with host community people through a number of livelihood interventions to enhance their household income. There were multiple trainings provided to the participants from host community on overall business management issues (e.g., leadership, business plan development, business management, marketing, market linkage, etc.) as well as on specific technical issues relevant to different Income Generating Activities (IGA) and/or profession (e.g., vegetable processing, packaging and storing, poultry and livestock rearing and marketing, tailoring, craft making, etc.). The project participants for these interventions also received one-time cash grant as seed money either in the form of “Cash Support for IGA” or as “Entrepreneurship Grant”. The amount varied for different IGA, however, the evaluation found the minimum amount to be as BDT 12,500.

The average monthly income of the project participants engaged in the livelihood interventions facilitated by the project was found to be BDT 11,135. The amount was higher for the male respondents (BDT 11,858) than the female respondents (10,672).

**Table 2: Average Monthly Income from the Participants in the Livelihood Interventions Facilitated by the Project**

	Host Community (n = 205)			Persons with Disabilities Host (n=44)
	Male (n = 80)	Female (n = 125)	Total (n = 205)	
Avg. Monthly Income (BDT)	11,858	10,672	11,135	9,775

The evaluation measured level of satisfaction of the host community participants with a weighted average scale, ranging from 1 to 5, with 1 being highly dissatisfied and 5 being highly satisfied. The scale revealed the average satisfaction of the respondents being 3.62, which is between “Satisfied” and “Highly Satisfied”, indicating the positive level of satisfaction of the participants of the livelihood interventions. The satisfaction level was higher in female participants (3.68) than in the male participants (3.53). The score was 3.59 among the Persons with Disability from the host community.

**Figure 8: Satisfaction of Host Community regarding Livelihood Interventions**

The qualitative findings identified some critical aspects of this income increase, some of which have been highlighted below:

- Livelihood interventions included host communities that have been excluded from majority of the social security schemes of government.
- Majority of the participants were women – who had no financial contribution to the household income before the project. The income increased from the IGAs provided valuable contribution towards their overall household income.
- Additional income due to the women contribution from their respective IGAs were found to be used for household food and children’s education related expenses.
- Women participants felt satisfaction and a sense of participation/contribution in the household financial stability.

- Women participants reported an increased perceived value in their respective households and communities and attributed it towards their participation in economic activities.
- Some of the IGA outputs (eggs and vegetables) were found to be consumed by the participant households, thus resulting in valuable contribution towards household nutrition.

*I didn't have any income. Now I can earn a little from those activities. My children are going to school, they will do better in future. I can buy good food, good clothes for our children. I am happy about this.*

One of the Female Participants from Host Community during FGDs

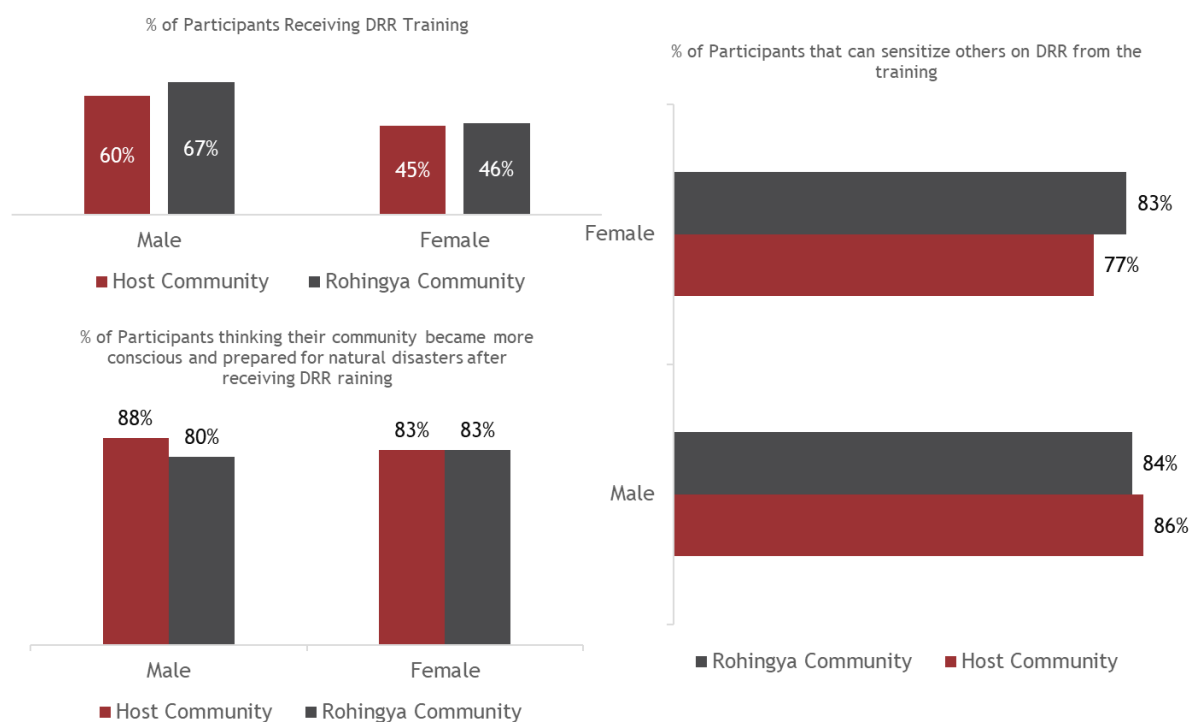
In case of the Rohingya communities – the project could not implement similar livelihood interventions due to the relevant policies of Government of Bangladesh. For these project participants, life skills and skills development trainings were provided so that they can utilize those after returning to their own homelands. These included training on poultry, kitchen garden, handicrafts and tailoring etc. The project participants also received a daily allowance during their training period. In addition, they received some inputs to initiate some of these activities so that their skills remain active. Inputs included chicken, bamboo cages and poultry feed.

### 3.5 Specific Benefits for the Participants - Resilience Interventions

As per the resilience interventions, the affected population from both the communities were sensitized on DRR strategies such as Community Risk Assessment (CRA), Risk Reduction Action Plan (RRAP), etc. As part of the resilient infrastructure development, a total of 10 roads were developed, and one pond was excavated. Planting saplings were conducted as part of the re-vegetation effort to stabilise the slopes of the hills and address soil erosion in both Rohingya and host community participants were also introduced to the local Disaster Management Committees.

Around half of the respondents participating in the questionnaire survey indicated that they received training on DRR aspects. More male participants were found to be receiving the training than the female participants. 85% of the host community participants thought that their respective communities became more conscious and prepared for natural disasters after receiving DRR trainings.

Some of the participants from host communities received access to Cash for Work (CFW) opportunities to earn some additional income as . The allowance for CFW was BDT 400 per day per person for the host communities. Market linkages were also facilitated in some of the interventions, particularly for the agricultural, poultry and livestock related interventions. The livelihood interventions predominantly targeted female participants, although some male participants were also included here. A total of 2468 participants from host communities were brought under the livelihood interventions by the two partners of EKOTA Consortium – RDRS and Christian Aid (and its local partner DSK).



**Figure 9: Participants' Opinion about DRR Trainings**

The majority of the participants could recall the evaluation aspects during natural disaster, particularly during cyclones and landslides. Listening to early warnings and preservation of dry food and water was also recalled by quite a significant number of the respondents.

**Table 4: Major Topics of DRR Trainings as Recalled by the Participants**

Topics of DRR Training	Host Community (n = 104)			Rohingya Household (n = 161)			Persons with Disabilities (n = 60)	Total (n = 265)
	Male (n = 48)	Female (n = 56)	Total	Male (n = 79)	Female (n = 82)	Total		
Listening to early warnings	85%	66%	75%	78%	83%	81%	78%	81%
Preserving dry food & water	81%	88%	85%	77%	84%	81%	77%	82%
Making portable stove & preserving firewood	29%	18%	23%	25%	30%	28%	17%	26%
Importance of saving money	44%	29%	36%	22%	26%	24%	22%	28%
Evacuating in a safe place before cyclone & landslide	92%	73%	82%	94%	94%	94%	88%	89%
Exploring diversified income generation activities	8%	7%	8%	5%	4%	4%	7%	6%

### 3.6 Specific Benefits for the Participants - AAP Interventions

As part of the accountability to affected population (AAP) initiative of AHP Consortium, EKOTA partners introduced multiple channels of complaints and feedback response mechanisms (CFRM). The idea was to ensure inclusion of the target population into the design and management of the project interventions, enhance accountability and improve overall programme implementation. Multiple channels for lodging feedback and complaints were installed, including the feedback and complaint boxes, hotlines/direct lines to receive complaints, helpdesks, household visit by the volunteers, etc. These channels, though were meant to include project participants close to the project management, also worked as extended hands of protection for the Rohingya communities. They were found using these channels to lodge their complaints. Almost all the respondents in the questionnaire survey indicated that they knew how to use the CFRM channels installed by EKOTA consortium for lodging feedback. A scoring was conducted to identify their level of comfort in using the CFRM, ranging from 1 to 3, with 1 being least comfortable and 3 being most comfortable. The average score came to be 2.57 for Rohingya population and 2.71 for host communities indicating that the participants have been quite comfortable in using the complaint channels. This was also reflected in the discussion with them in FGDs when they mentioned that they knew how and when to use these complaints channels.

*We know about complain desk and complain box. Sometimes we complain to the Majhi or directly to the CIC office if there is no Majhi around. If a problem like GBV or eve teasing arises, we try to solve it ourselves first. We also speak with XXX Apa, and XXX from [Name of EKOTA Partner] about this matter.*

One of the Participants during the FGD with Rohingya Women at a Camp

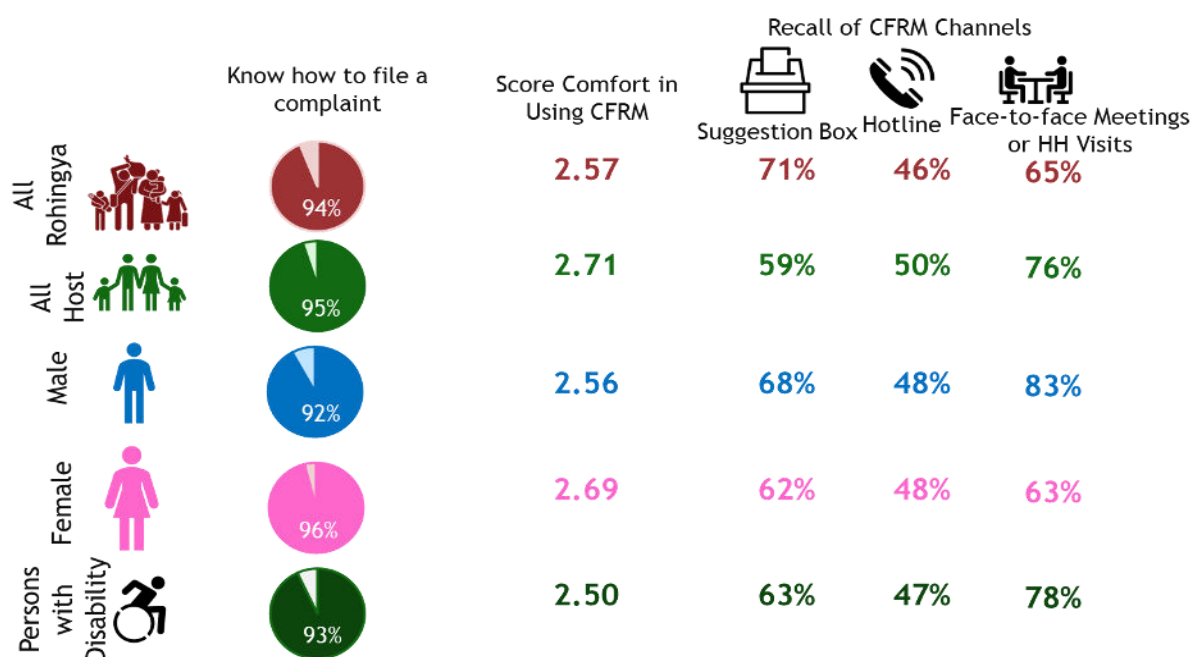


Figure 10: CFRM Channels and Comfort of Participants in Using Those

Among the channels of CFRM suggestion box were found to be the most recalled channel of CFRM by the Rohingya population. This was probably because these boxes were quite visible in the camps, and at a large number. Almost all the agencies working in the camps seemed to have installed such boxes.

Face-to-face discussion with the volunteers, project staff and other project personnel, along with the household visits of these personnel was found to be a highly recalled channel of feedback and complaint for the participants. The hotline was also mentioned by around half of the respondents. There were other CFRM channels mentioned, however, the recall rate was not that significant.

One of the key purposes of AAP approach in the AHP consortium was to take opinion of the participants before design/delivery of services so that those can be designed in a way to meet the priority needs of the vulnerable population. In the questionnaire survey, around 87% of the host community and 75% of Rohingya community participants mentioned that their opinions were taken by EKOTA before delivering services. A scale was developed based on the response of the participants, ranging from 1 to 4, with 1 being respondents strongly disagreeing that EKOTA support met their priority need, and 4 being they strongly agreeing EKOTA support met their priority needs. The host communities indicated a score of 3.18 implying that their priority needs were mostly met by EKOTA support. The score based on Rohingya participants' responses was around 2.91.

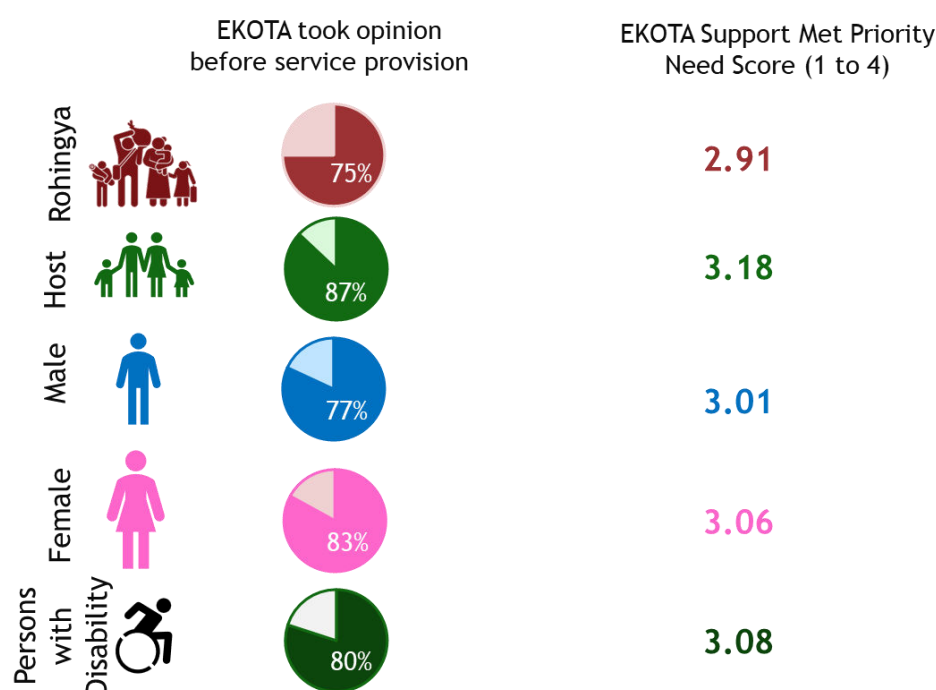


Figure 11: Participants opinions regarding community consultations before service provision and meet their priority

### 3.7 Summary of Effectiveness of the EKOTA Consortium Interventions

- Overall, the project exceeded the expectations in terms of outreach of the project participants. Against a target of 71,335 participants from both host and Rohingya communities, the project achieved an outreach of 93,190 as of December 2022.
- The livelihood interventions effectively could increase household income through engaging the participants in IGAs through facilitation of training, arranging investments and market linkage. The income increase was particularly effective for women, who were the majority of the participants in these interventions. The income of these women participants was additional for the household, and predominantly used for food and children's education.

- Some of the outputs like vegetables and eggs were found to be consumed by the participants, and thereby contributing towards improving household nutrition.
- Engagement into IGAs created higher level of satisfaction to the women participants, and enhanced their value in their respective households and communities.
- Comprehensive WASH supports were provided to the Rohingya participants, which included drinking water supply, repair and maintenance of latrine, desludging of latrines and distribution of hygiene kits. Participants indicated increased health benefits and improved quality of life as a direct results of these WASH supports.
- Sensitisation and awareness were created on multiple protection issues, including GBV, PSEA, IPV, trafficking, sexual abuse, etc. Women and adolescent girls were found to be highly sensitised regarding these issues. Awareness was also developed on social issues like early marriage.
- As part of the AAP strategy, multiple channels for CFRMs were established. Participants were found to be well aware about the channels and comfortable in using those.
- Series of DRR trainings enabled participants being aware of the natural disasters and the resilient activities. Participants were found sensitised and were found to be enhancing awareness of others in the community on DRR issues.

### 3.8 Challenges Faced by the Implementors in Project Implementation

- **Late Approvals, Multiple Redesigns and Delay in Initiation:** Although the project was supposed to be initiated in July 2020, however the project activities could not be initiated even at the middle of 2021. Several reasons were found to be responsible in this regard. The required approval from the government regulatory bodies came quite late, which constituted the initial delay. At the same time, there was COVID19 related restrictions during middle to late of 2020 – which also affected the initiation of the project. There were issues with the formation of the consortium as well, with specifying individual partners’ funding, scope of work, geographical boundaries, working modalities, etc. As a result of these issues, there were multiple redesigns of the project which eventually contributed to the delay project inception<sup>2</sup>. There were external influences in the project from the local government and local administration, which forced redefining the project its participant definition and its working area. This eventually led to reshuffling the budget and delay in project initiation. Ultimate, as indicated by a number of key respondents, the project did not even get half of its planned time to implement the activities.
- **Policies of Government of Bangladesh:** Despite the livelihood interventions being highly successful for the host community participants, same could not be replicated by the consortium among the Rohingya participants due to restrictions in the respective policies of Government of Bangladesh. As a result, the project could not effectively work in the income increase aspects of these participants and faced a number of restrictions. For example, the project could not be distributed the investments required to initiate IGAs in the camps, and only could provide a subsistent allowance during the training period to the Rohingya participants. Market linkages also could not be established for these participants. To mitigate this issue, the project provided

<sup>2</sup> EKOTA Annual Report. 2021. AHP Rohingya Response

some input support to the Rohingya participants, which, coupled with the trainings provided, could result in some subsistent income for them. As mentioned earlier, there were direct influence from the local government and local administration on the selection criteria of the project participants, which forced EKOTA to modify their well-thought criteria and adapt those suggested by government.

- **Limited Budget:** Considering the number of participants, the budget allocation was too low, as indicated by a number of key respondents. This reflected on the HR structure, as it was found to be quite lean and thin. The limited budget directly affected the interventions as well. For example, the Joint Market Assessment (JMA<sup>3</sup>) suggested BDT 41,000 for vegetable cultivation, 46,500 for poultry rearing, 41,000 for tailoring and BDT 39,000 for small business. In reality, the investment grant of the project varied from BDT 12,500 to 18,000 – which was significantly less than that was recommended. As a result, the income increase was not as per the expectation as mentioned in the JMA document.

*Limited resources were a major challenge for us. The high costs and a large number of participants hindered our ability to achieve the desired impact. Adequate financial and human resources would have better realized our goals*

One of the key respondents during the KIIs

- **Constituting the Partnership within the Consortium:** EKOTA consortium is a unique one in the sense that there were international, national and local agencies within the same consortium at the same horizontal level. This created some confusions at the beginning, particularly with the documentation process, since each of the agencies had its own documentation modality, which needed to be changed. Eventually this was improved through adopting a unified EKOTA consortium documentation template.

*Adapting to the consortium's reporting requirements and frameworks has been challenging. Understanding their guidelines and aligning our systems with their expectations required additional effort. We assessed our existing processes and identified gaps through a comprehensive gap analysis. Our cross-functional team modified reporting systems and provided training to employees.*

One of the key respondents during the KIIs

- **Coordination issues:** Being in a consortium (EKOTA) and working in another consortium (AHP) meant there were multiple stakeholders to convince and multiple layers of consent/approval across a number of organisations of different nature. These resulted in delays in activities during the initial periods of the project. Decision making process became lengthy and complex due to the pressure of taking consensus from multiple stakeholders, eventually led to delay in decision making. Delays in decision-making and response time sometimes impacted the efficiency and effectiveness of project implementation. To resolve these, additional coordination and communication efforts were required. At the later part of the project, these issues were streamlined and coordination was significantly improved.

<sup>3</sup> Innovision Consulting. 2021. *Inclusive Market Assessment to identify business skills for the host and FDMN community and to improve the market system of Cox's Bazar*(Joint Livelihood Assessment. CARE Bangladesh. Cox's Bazar, Bangladesh

*Working within a consortium had its drawbacks, including longer response times. Decision-making required consensus among consortium members, leading to increased coordination and communication efforts. These delays occasionally impacted the efficiency and effectiveness of project implementation*

One of the key respondents during the KIIs

- **Local Political Pressure:** Some of the partners reported influence and pressure from the local political institutes and local authorities, particularly in rearranging the project participant lists.

*....the organization is also facing political pressure in the selection process of vulnerable individuals. The authorities are insisting that their acquaintances or preferred individuals are chosen for the committee. This external influence is creating difficulties in maintaining an impartial and fair selection process*

One of the key respondents during the KIIs

### 3.9 Examples of Good Practices in Project Interventions

1. The project focuses on empowering community members by providing them with meaningful participation opportunities. This approach ensured that decisions and actions were driven by the community's perspectives and priorities.
2. The project followed well-defined written guidelines, which contributed to a focused and goal-oriented approach. These guidelines provided a framework for the implementation of activities, ensuring consistency and effectiveness. These were particularly helpful to orient a new staff to get sensitised within a short period of time.
3. The project made significant technical improvements to address the needs of Persons with Disabilities. This included inclusive designs, accessibility assessments, and tailored interventions to ensure that PWDs have equal access to services and facilities.
4. The Self-help Groups (SHG) of the host communities developed to support the IGAs and livelihood interventions have been interlinked and connected with various local and national forums. These connections would help them with some political influence and stability in the area and would further enhance their access to Govt. officials, particularly the line departments responsible for agricultural, poultry and livestock extension services. The project participants with these improved connections, were empowered to approach Govt. Depts. like the Livestock Department to ask for vaccines and medicines.
5. The establishment of four solar-run automated water networks provided life-saving services to the community. The provision of pure chlorinated drinking water was crucial in ensuring the community's access to safe and clean water.
6. The environmentally-friendly solid waste plant processed waste and converted it into fertilizer. This not only addressed the issue of waste management but also created a sustainable agricultural solution by utilising the fertilizer in farm lands and promoting agricultural productivity. Similarly, the Faecal Sludge Management Plant (FSMP) ensured proper desludging and treatment of latrines' fecal sludge. The extracted water from the sludge was treated and tested in the lab, ensuring environmental significance and promoting the reuse of water resources.

7. The project's skill development training provided community members with new skills, enabling them to generate income and improve their socio-economic status. The training empowered individuals who were previously idle and gave them a respected position in society.
8. The project built ten selling areas specifically for persons with disabilities within the host community. These areas were owned by the PWDs and enabled them to generate income independently, fostering self-sustainability and reducing dependence on others.

## 4 IMPACT OF THE PROJECT

### 4.1 Achievement of Outcomes

#### *Improved access to quality protection services*

The outcome 1.2 targeted that the project would reach 1,200 households from Rohingya communities with protection services through CBPCs. The evaluation identified six of such CBPCs being formed and 12 community level volunteers were trained on providing protection services. Around 1,243 households were served by the volunteers and the CBPCs. A total of 24 individuals at high risk were referred to specialised protection services. Around 4,215 individuals participated in the protection related awareness raising activities. The qualitative findings identified the project participant being aware of the protection issues, and know the places to receive specialised protection services. Point to be noted here that the responsibility of the EKOTA consortium project for this outcome was to sensitise the participants and link them to the already established referral points. From this aspect, the project could effectively achieve the expected outcome.

#### *Improved and equitable WASH, primary healthcare, SRH, and psychosocial services*

This outcome was quantified with two indicators – project participants have improved access to Water, Sanitation and Hygiene infrastructure and knowledge and would receive a coordinated COVID response. As discussed in the previous section of this document, there were comprehensive WASH services provided to the target population, which included repairing and maintenance of 1137 latrines, repairing of 465 tubewells, repairing of 458 bathing spaces, setup of four solar-powered water networks, desludging 3365 latrines, setting up 5 faecal sludge and one solid waste management plants, etc. More than 600 volunteers were trained on various WASH aspects and are engaged in continuation of the WASH services, including latrine repair, desludging and enhancing awareness of the community people. Around 173 members from WASH committees and user groups were oriented and trained. Around 2,800 user groups received latrine cleaning kits. During COVID19, around 6,711 households were provided with the relevant information, and 5,368 households were given the hygiene kits. 72 handwash stations were installed. The qualitative discussions found significant improvement of the WASH knowledge and awareness, particularly regarding personal and menstrual hygiene. The knowledge was also seen in the verge of transformation into practice. So overall, the project was quite successful in achieving the outcome on improved and equitable WASH services. There was no activity in the design of the project directly related to primary healthcare, Sexual or Reproductive healthcare or psychosocial services, although the relevant training sessions of the project included service points to receive these services.

#### *Enhanced life skills and opportunities for diverse groups in the affected population*

Around 6421 of Youth, Women and Persons with Disabilities participated in the life skill, soft skill session vocational/business and leadership development across the two communities while host community participants received cash grants, Rohingya participants received wage for cash for training and input support. 3714 women entrepreneurs from host community received Cash support, 64 participants groups were formed. The project facilitated employment of 1650 youths from host communities. Overall, the evaluation identified the project successfully achieving its outcome targets for enhancing life skills and opportunities, particularly for women, youth and Persons with Disabilities. As indicated in earlier sections, these skills and IGA opportunities have started producing income for

the participants, although the extent was more prominent among the host communities than the Rohingya communities. In case of the Rohingya communities, the project could not work with the IGAs as systematically as the host communities due to the policy restrictions.

### ***Enhanced disaster resilience & mitigation in refugee & host communities***

A total of 12 participatory community risk assessments were carried out. 201 households were engaged in the process of CRA and preparation of RRAP. 1,696 persons participated in awareness raising sessions on disaster preparedness techniques. 6948 people participated in CFW activities through community infrastructure development and Tree Plantation, through which, 13 community infrastructure (e.g., roads, ponds) were developed. As part of the reforestation/revegetation effort, 209880 plants/saplings were planted in the deforested areas of host and camp areas. The qualitative discussions and observations identified enhanced awareness and knowledge of both host communities and Rohingya people on DRR issues, particularly the disaster risks and ways to address those risks, the preparations required during disasters and the safe places to take shelters. Early signs of transmission of knowledge into practice was found during the recent cyclone “Mocha” in which participants reported using the knowledge disseminated in the DRR awareness sessions. Hence, the evaluation concluded that the project was successful in achieving this outcome as well.

### ***Enhanced social cohesion between and within Rohingya and host communities***

The project developed IEC materials to promote social cohesion between and within Rohingya and host communities. More than 80,046 people could reach through these IEC materials. There were Livelihood Savings Groups meetings of market actors for market linkages, particularly with backward and forward market linkage actors. Through these events, there were considerable intra-community cohesion, particularly between the producer groups with their suppliers (e.g., input suppliers) and the buyers. However, the project could not arrange any event to improve inter-community cohesion between the Rohingya and host communities. This was predominantly due to the policy restrictions hindering common event taking into participation from both these communities, and the restrictions imposed on the access to and from the Rohingya camps. If the producer groups of poultry, vegetable, etc. could have been linked to the Rohingya community for supplying of these commodities that would have also increased the cohesion. However, the existing humanitarian policies dictated the food commodities to be supplied by the approved vendors of the UN agencies (e.g., WFP) and the producer groups were too small to be qualified as such vendors. Without any such targeted interventions, the evaluation could not find significant evidence of inter-community cohesion between the host and the Rohingya communities.

### ***Local actors and affected communities have increased power to make and influence decisions***

The partners of EKOTA Consortium implemented their respective AAP approaches, which were based on humanitarian approach and were linked to the Core Humanitarian Standards (CHS). Based on these approaches, there were multiple types of CFRM channels established for receive the feedback and response of the affected communities on the project intervention design and implementation. The evaluation identified these channels, particularly the face-to-face interactions and household visits of the volunteer and staff of project to be used frequently by the project participants for lodging their complaints and providing their opinions on quality, quantity and delivery mode of services and assistances. The project participants were aware of these channels and their rights in provision of opinion/feedback. The key respondents informed that they considered the opinions of affected population during initial design, which were predominantly taken through survey and FGDs with the

project participants in the previous phase of the programme. In the current programme cycle as well, delivery mechanisms and specifics of services/assurances were frequently updated based on the feedback of the participants. Particularly, the WASH interventions were entirely developed and implemented on the feedback of the participants. They played key role in design of the IGA and livelihood interventions as well. Hence, the project could effectively reach this outcome as set in the results framework as well.

## **4.2 Women Empowerment Facilitated by the Project**

The livelihood intervention component of the project included comprehensive training in soft skills for the participants. This training aimed to improve their social and interpersonal skills, enabling them to better handle the everyday challenges they face. The project also aimed to enhance their confidence and empower women to actively engage in decision-making and leadership roles within their households and communities. Around 95% of the participants of the livelihood intervention were women – which was a targeted intervention to ensure women economic empowerment. The qualitative discussions with the project participants identified their increased participation in multiple areas of household and communal decision making, including certain household decisions like specific expenditure, treatment of family members, education of children, etc. Women also indicated that they previously had limited mobility outside of their respective households due to the social and cultural norms, which enhanced after they started earning for their families. So, the project indeed had some impact on the women economic empowerment, which will continue to improve with the increased income of these participants in future. The qualitative discussions also identified a perceived increase in “social value” of the women in their respective communities as they started earning and their status started shifting from “burden” to “earning members” of the community. In the past, it has been seen that such economic empowerment of women later results in participation of women in higher level social and political decision making (including participation in local government elections). Since the interventions to result in increased income for women only initiated recently, it is quite early to comment on other areas of women empowerment facilitated by the project.

## **4.3 Enhanced Dignity and Social Status of the Persons with Disability**

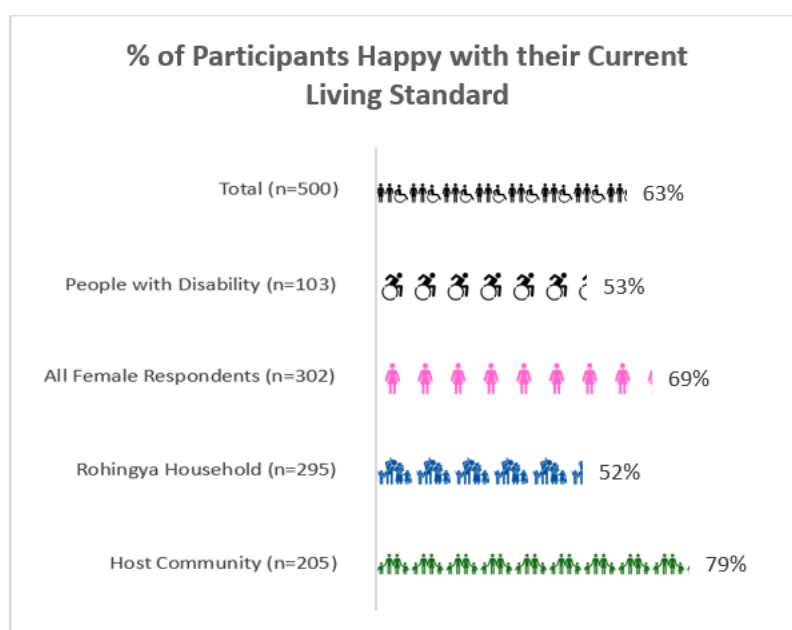
The Persons with Disability reported that they had been dependent on others – both economically and physically, which compromised their dignity. Particularly, they had to rely on others for their WASH related physical needs, since the latrine facilities in the camps were not highly accessible for them. EKOTA partners improved latrines with stairs, ramps, hand-rails, special sitting arrangements, grab bars and access paths to make the latrines fully accessible to people with disabilities without supports from others. In the economical aspects, there were focused interventions to engage them in specific IGAs, as mentioned in the previous sections. These interventions increased their income and enhanced their contribution to the overall family’s economic activities. As a result, whereas some of them had a self-perception of being a “burden” on others, the project facilitated this towards more of a “contributing member” of the household through the aforementioned initiatives. The Persons with Disability reported this enhanced social status and dignity across all the FGDs.

## 5 HAPPINESS OF THE PROJECT PARTICIPANTS

### 5.1 Satisfaction with Current Living Standards

The EKOTA consortium intervened in both the Rohingya and host communities, focusing on four immediate sectors: livelihood, water, sanitation and hygiene (WASH), protection, and disaster risk reduction. These interventions have resulted in tremendous happiness for both communities. One significant influential factor is the inclusion of women, adolescents, and people with disabilities in the program activities, which has also led to increased satisfaction at the household level.

According to the survey findings, the majority of project participants (63%) were happy with their current living standards. Among female participants, 69% expressed satisfaction with their current living standards. However, satisfaction among people with disabilities was slightly lower, with 53% reporting contentment. Comparing the two communities, project participants from host communities displayed higher satisfaction with their current living standards than the Rohingya. The findings revealed that 79% of project participants from host communities and 52% of Rohingya were satisfied with their current living standards. This situation can be attributed to the fact that Rohingya people are not allowed to engage in any income-generating businesses within the camps.



**Figure 12: Happiness regarding current living standards**

*“We were treated as a burden on the family. Now we are self-dependent. A respectful position has been created in our family and society.”*

- A people with disability participant of the FGD conducted in the host community

## 5.2 Happiness for Current Income Status

One crucial aspect of assessing happiness and well-being is examining the level of satisfaction individuals have with their current income status. The financial resources available to individuals or households play a significant role in determining their overall contentment and happiness. By exploring



**Figure 13: Happiness on Current Level of Income**

the satisfaction levels related to income, we gained insights into how financial stability influences happiness within the EKOTA consortium's interventions in the Rohingya and host communities. According to survey findings and scoring for all the survey participants the happiness score for income status was 3.31 out of 5 which revealed most of the project participants were happy with their current income standards. In that case, project participants from the host communities are slightly happier with their current income. It was also seen that people with disabilities were less happy with their current income in comparison to all project participants. However, female project participants were more satisfied (score 3.43) than male participants.

Under the outcome of self-reliance, the project provided various training programs on Income Generating Activities (IGA) to the project participants, with a particular focus on the host communities. Following these trainings, participants received seed money to initiate their income-generating ventures. These activities included setting up grocery shops, offering mobile Flexi load services, engaging in sewing, tailoring, knitting, block and batik printing, poultry farming, cattle rearing, vegetable gardening, agricultural production, and selling their products.

For Rohingya individuals who were not permitted to pursue business projects, alternative approaches such as cash for training and cash for work schemes were implemented. Notably, in all the livelihood intervention activities, a significant majority of participants were female, accounting for approximately 95% of the participants. Additionally, the project made efforts to include people with disabilities in the livelihood interventions, recognizing the importance of their participation and empowerment.

*“Before starting to work with this group we couldn’t buy anything, we couldn’t fulfil our wishes. But now we can do it. We can provide support to our family.”*

- A female participant of the FGD conducted in the host community

### 5.3 Women's Economic Empowerment Catalyzing Decision-Making in Family Matters that Enhance Happiness

Women often experience a sense of happiness and well-being when they are empowered and able to make decisions regarding family matters. When women are empowered and involved in decision-making within their families, they feel valued, respected, and acknowledged for their contributions. This empowerment extends beyond just household matters and can encompass broader aspects such as financial decisions, education, healthcare choices, and participation in community activities. Women's economic empowerment plays a significant role in influencing decision-making about family matters. When women have access to economic resources, financial independence, and income-earning opportunities, it enhances their bargaining power within the household and society. This, in turn, enables them to actively participate in decision-making processes that affect their families. If we see the table no. a notable number of decisions makers of the families are female which indicates their happiness increased due to the economic empowerment.

**Table 5: Decision Makers in the Participants' Households**

Decision Makers in the Family (n = 500)		
Survey Participants	Decision Maker	
	Male	Female
Male (n = 198)	94%	6%
Female (n = 302)	74%	26%
<b>Total</b>	<b>82%</b>	<b>18%</b>

*"I didn't have any income. Now I can earn a little from those activities. My children are going to school, they will do better in future. I can buy good food, good clothes for our children. I am happy about this."*

- A male participant of the FGD conducted in the camp 18

### 5.4 Enhancing Happiness through financial allocation in recreation, entertainment and families

The ability to allocate spending toward recreation and leisure activities (spending time on tea stall to drink tea & buying mobile phone internet package for hearing songs etc), as well as toward family-oriented endeavours, may actually contribute to increased happiness. When individuals have the financial means to engage in pleasurable experiences, it adds a positive dimension to their lives. Likewise, investing in family-centred experiences strengthens bonds and fosters feelings of belonging and happiness. Based on the survey data, it was found that project participants from the host community expense a total of 1158 BDT for recreation or entertainment for themselves or family. In the Rohingya community, it was 690 BDT and for people with disability, it was 833 BDT. It was also seen that, in both the Rohingya and host community male were expense more than the female project participants.

**Table 6: Expense of Participants on Recreation**

	Host Community (n = 205)	Rohingya Household (n = 295)		Total
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	Male	Female	Total	Male	Female	Total	People with Disabilities (n = 103)	
Amount (BDT)	1251	1098	1158	701	682	690	833	882

## 5.5 The Impact of Assets on Happiness and Well-being

Satisfaction is often influenced by the extent of one's assets and possessions. The possession of assets, such as financial resources, property, and valuable belongings, can contribute to a sense of security and

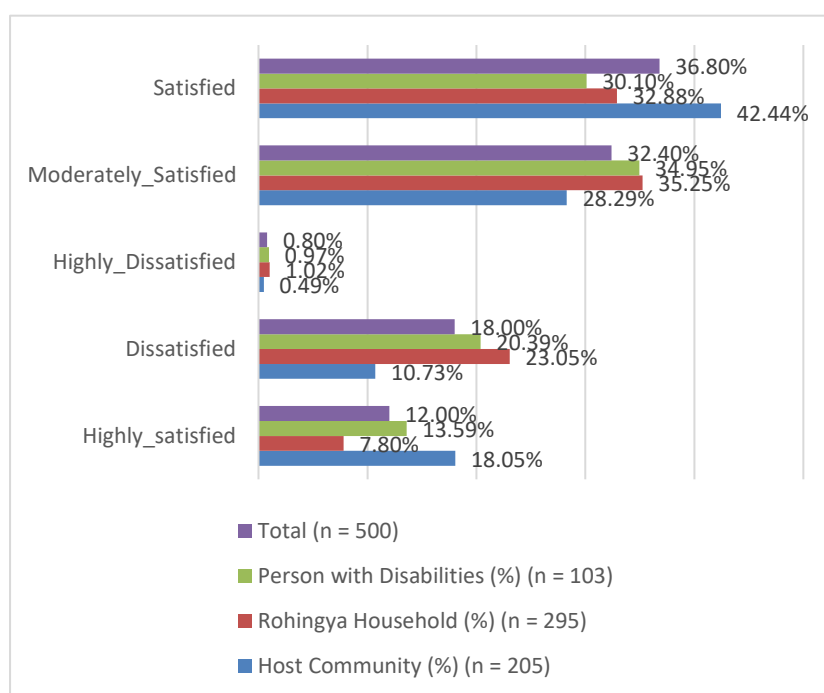


Figure 14: Level of Satisfaction with the Current Assets

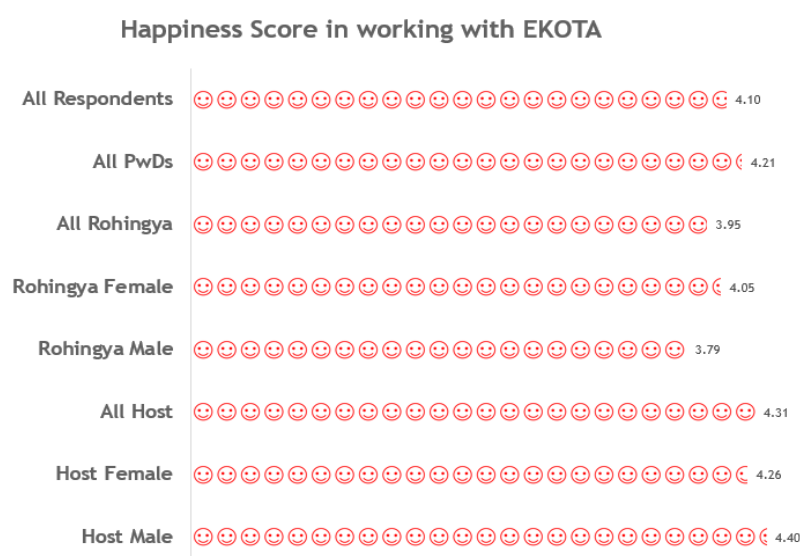
well-being. When individuals have sufficient assets, they have the means to fulfil their needs, achieve their goals, and pursue their desired lifestyle. The presence of assets provides a sense of stability, enabling individuals to feel more in control of their lives. Moreover, assets can enhance the overall quality of life by enabling individuals to access opportunities, enjoy experiences, and create a comfortable living environment. The survey findings shed light on the satisfaction levels of individuals with their current assets. Among the participants surveyed, 37% expressed

satisfaction with their existing assets, while 32% reported being moderately satisfied. Interestingly, when compared to the Rohingya community, it was observed that the host community exhibited slightly higher levels of satisfaction, with 42% expressing contentment with their current assets. However, the analysis reveals that both communities displayed relatively low levels of happiness regarding their assets. These results suggest that there is room for improvement in enhancing the overall satisfaction and happiness related to the assets possessed by individuals from both communities.

## 5.6 Satisfaction regarding service provided by the EKOTA consortium.

The project participants expressed a high level of satisfaction with the services provided by EKOTA. EKOTA focused on meeting the immediate needs of the individuals, ensuring access to clean water, WASH (Water, Sanitation, and Hygiene) services, and conducting training sessions on hygiene and well-being. These essential services played a crucial role in fulfilling the basic needs of the affected population. Furthermore, EKOTA went beyond immediate relief efforts by implementing initiatives that aimed to foster self-reliance and resilience among the communities. By addressing these multifaceted issues, EKOTA created a safe and supportive environment for the affected people, which

significantly contributed to their overall happiness. The high happiness score reported by the individuals working with EKOTA highlights the positive impact of their comprehensive approach to improving the well-being of the community. Findings show that the overall happiness score in working with EKOTA is 4.10 out of 5. Satisfaction level scores are slightly higher in the host community (4.31) than in the Rohingya community (3.95). Interestingly, female project participants are happier (Score: 4.05) than male participants in working with the EKOTA. The inclusion of women and people with disabilities was a major objective of the AHP programme which was reflected in their happiness scores in working with EKOTA.



**Figure 15: Happiness in working with EKOTA Consortium**

*“We didn’t move in the rainy season. There were no roads in our village. We had to suffer a lot. Now we can move easily. Our children can go to school & Madrasha easily.”*

- A male participant of the FGD conducted in the host community

## 6 INCLUSION AND LOCALISATION

### 6.1 Gender Inclusion of the Project

The project implemented by the EKOTA Consortium was part of the broad AHP III Consortium Programme. By design, gender inclusion was an intrinsic part of the AHP programme, and thus, the EKOTA Consortium project as well<sup>4</sup>. Women in both the communities were being identified in the project document being suppressed to express or raise their needs, and challenged towards accessing services and assistances. It was decided that more than 50% of the direct participants of the CAN DO programmes would be women. Empowerment of women and girls was the precondition for the household’s welfare and growth. The EKOTA Consortium project, by design, were supposed to target

<sup>4</sup> CAN DO AHP Bangladesh consortium multiyear proposal. 2020.

female members of the household and capacitate women with social leadership that would empower women to participate in the community decision-making and challenge power imbalances. Raising gender equality awareness was also included as a priority action in the programme design.

The project worked under a common gender equality framework that was led by Plan Bangladesh from the AHP Consortium. In the EKOTA consortium, there was a conscious effort to include women participant to the extent possible. Overall, around 51% of the total outreach were women. This varied from intervention to intervention. For example – more than 95% of the participants in livelihood and self-reliance interventions were women. The WASH interventions were also more focused on ensuring privacy and comfort to the women and adolescents in the community. The series of protection related training emphasised on GBV, IPV, PSEA and other protection related aspects for women and adolescent girls.

The evaluation found significant justifications for the project being “Gender Responsive” and not go beyond that into being “Gender Transformative”. The project was only a three year one, out of which, a good share of one and half year could not be utilised for intervention implementation (discussed in the challenges section). While the project identified the root causes of equality for women, however, it did not have the time or budget to work on a system level to address these equalities – some of which were deep rooted into the system (e.g., religious conservativeness, the patriarchal system dominating the decision making at all level, etc.). To modify the norms, cultural values and power structures in the society, it needed more focused interventions for a long time and with dedicated resource – which the project did not have. Moreover, being a humanitarian response project, the consortium was within a specific policy boundary set by the government and making significant changes in local norms, cultural values and power structures would have been significantly difficult from within that boundary. Hence, the evaluation concluded that passing the mere Gender Targeting and reaching to being Gender Responsive was a good achievement for such a small project like this one.

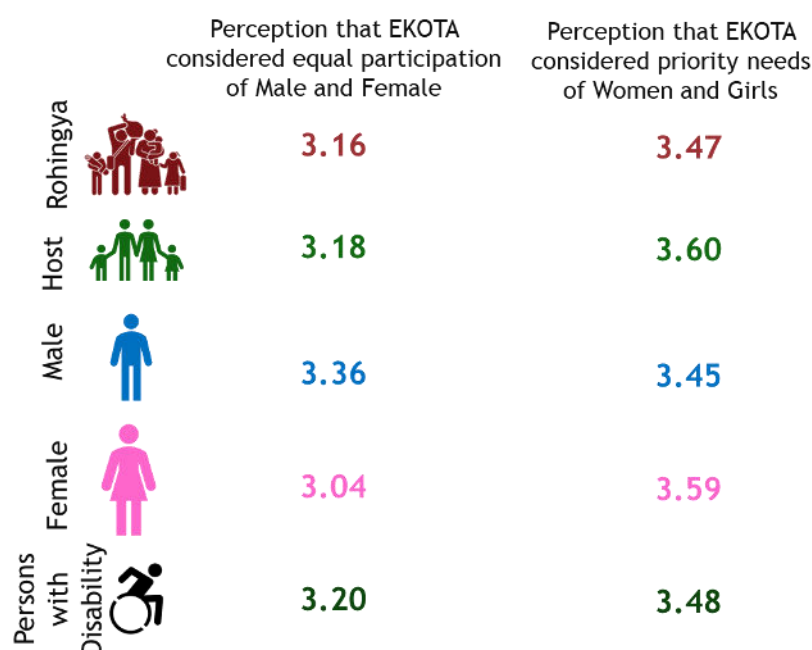
The statement of the project not at all working on changing local norms, however, may be an oversimplified statement, as the FGD participants did indicated some changes. These may not be significant changes; however, some signs of systemic improvements could be visible. It seemed that there was the smaller yet regular income and the ownership of asset by the women had some impact on the perception and attitude of the male household members. There was no evidence to the male household members that women could work and earn money. The project set some examples of income generation by women, and it seemed that these were appreciated by the male household heads of the family.

*When we started the group, we had to sit in meetings. We had to discuss our plan. For this reason, we had to come outside of our home. The male members of our family, especially my father in law, didn't like it. He used to forbid me to go outside of the house. But when I bought a goat and it started to grow up, then my father in law became happy. Now he likes to cut grass for my goats. It makes me happy.*

One of the participants from the host community during FGD.

The evaluation took a 360<sup>0</sup> approach in getting the perception of all participants regarding their opinion on the equality aspects of men and women in project interventions and whether it took consideration of the priority needs of women and girls. Weighted average scoring was done using a four-point Likert scale. The scale ranged from 1 to 4, in which, 1 meant the respondents did not agree to the statement at

all, while 4 meant they fully agreed to the statement. There was a strong agreement from the participants indicating that the project considered equal participation of male and female. The agreement with the statement on EKOTA considering priority needs of women and girls was even stronger across different demographic groups, however, mostly strong at the host communities. The female respondents strongly agreed with the statement, indicating that their priority needs were considered by the consortium in designing and implementing interventions.

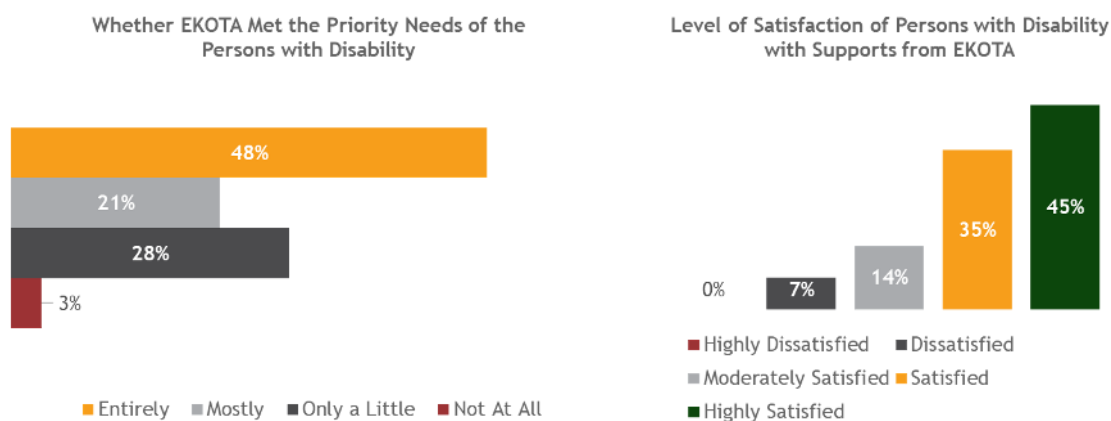


**Figure 16: Weighted Average Score of participants on whether EKOTA considered equal participation of male and female and perception that EKOTA considered priority needs of women and girls. The score was based on a four point Likert Scale**

## 6.2 Disability Inclusion

Disability inclusion was another cross-cutting theme across all the outcomes of the AHP programme, and thus in the EKOTA Consortium project. Capacities of the staff from all the EKOTA partners were enhanced on identification of disability through the use of Washington Group (WG) Enhanced version questionnaire. The SHG members in the host communities were oriented on a basic understanding of disability, their rights, and how to do advocacy for those. There were Disability Support Committees (DSC) in the Rohingya community formed to safeguard the interests of these persons. Moreover, their representation into different SHGs were also ensured. There was facilitation to include the Persons with Disability into services like WASH services and Livelihood interventions. Even, they were involved in the CFW support while designing the work to cater towards their ability and without compromising the daily wage. There was designated shop space created for entrepreneurs with disability. Facilitation was also done to link these persons to the social security schemes of government.

The evaluation investigated whether the consortium could meet the priority needs of the Persons with Disability. Out of the 103 of such respondents, 48% mentioned that the project could entirely meet their priority needs, while 21% mentioned the project could mostly meet their priority needs. Considering the satisfaction of the Persons with Disability with the project, 45% indicated they were highly satisfied and 35% mentioned that they were satisfied in working with the project.



**Figure 17: Perceptions of the Persons with Disability regarding the EKOTA Consortium supports for them**

During the FGDs, the Persons with Disability from host community particularly appreciated the initiative of engaging them into productive IGAs. It seems that a large proportion of them were not employed, and the project could arrange source of income for them. Others were engaged as day labourers – which demanded high physical stress and exhaustion. Engagement into IGAs like small business relieved them from the high labour intensive activities. More importantly, they were found to be quite confident, as they considered themselves as self-dependent and not burden to others.

*We were treated as a burden on the family. Now we are self-dependent. A respectful position has been created in our family and society*

One of the Person with Disability from host community during FGDs

### 6.3 Localisation

Localisation has been another central theme to AHP consortium to better serve the affected population and to acknowledge the efforts of the national and local stakeholders. Localisation was translated in terms of four aspect in the AHP consortium as well as EKOTA consortium project – partnership, capacity strengthening, greater leadership and decision making and improved resourcing.

The structure of the partnership in EKOTA was found to be supportive of localization among the national and local partners. As indicated, there have been a mixture of international, national and local NGOs in the EKOTA consortium. The power structure in the partnership was found to be horizontal, with the partners, regardless of being international, national or local, participating equally in project related decisions. Moreover, the partners were found to be representing the EKOTA consortium in different committees of AHP consortium, as well as those with the external stakeholders. A positive aspect of the partnership was the cross-learning across the organisations, in which, the international entities learnt the local context, culture and systems, whereas the national and local organisations got familiar with international standards in project and process management, M&E, documentation and programme design.

The capacity strengthening was viewed from two different aspects in the evaluation – the intra-consortium capacity building and the same for local people, government personnel and external stakeholders. The consortium took comprehensive approach in capacity strengthening of the staff from the partner organisations on numerous technical and management issues. The key respondents mentioned that individually the organisations, particularly the national and local partners, may not have

arranged some of these trainings due to the costs. However, as these capacity development were done from the project on key aspects, all the relevant project staff could get the opportunity to get sensitised within a relatively lower cost. In terms of external stakeholders, the project significantly increased the capacities of local volunteers, SHG leaders and other persons from the community on protection issues, gender equality, business management, and technical issues related to the interventions. As indicated before, these direct project participants indicated that these trainings were quite helpful for them. In some cases, the evaluation already observed the training knowledge being utilised by those receiving those. The evaluation, however, did not observe significant evidences of government officers or other humanitarian organisations beyond the AHP consortium getting capacitated from EKOTA Consortium project.

Apart from capacity development, the consortium took a hands-on-approach of leadership development through delegating responsibilities of representing AHP/EKOTA consortium in different multistakeholder forums and committees by the respective partners of EKOTA consortium. The representatives effectively represented the AHP/EKOTA consortium and took important decisions on behalf of the other partners, as mentioned by the key respondents. For the participants, there were leadership trainings provided to CBPC and SHG leaders and these committees/groups were linked to local government institutes like Union Parishad. This facilitated regular interaction between the participants and the local elected representatives and provided an access for the participants to raise their voice and place their concerns to higher authorities. Moreover, the SHG leaders were linked to different government departments from which they could get the required services.

In terms of resourcing – the three partners, i.e., CARITAS, Christian Aid and RDRS received equal funding from the project. Efficient and transparent documentation of fund management was visible. A common financial management guideline was found in use, which was developed by the partners, in consultation with CAN DO. The secretariat of EKOTA consortium was found to be rotated from Christian Aid in the first year to CARITAS at the time of data collection.

Overall, the evaluation found Localisation taken quite seriously in the EKOTA as well as in the AHP consortium. There were separate Localisation Action Plan (LAP) and specific indicators were included in the Indicator Performance Tracking Table (IPTT) of the project to ensure the progress monitoring. From the previous experience of evaluating consortium projects, the Localisation efforts of EKOTA consortium was found to be quite effective and should be replicated in the upcoming phases as well.

## 7 QUALITY OF PARTNERSHIP

### 7.1 Monitoring, Documentation, Evaluation and Evidence-based Advocacy in the Partnership Approach

The reporting process within the AHP framework follows a fixed unified format, where reports are submitted to the designated responsible person within the specified deadlines. Before being submitted to the CMU, these reports undergo a discussion and approval process involving various stakeholders such as the Country Director, Dhaka Steering Committee, and CANDO. This structured approach ensures consistent and compliant reporting.

Reports were cross-checked by both the ECU and AHP, and feedback was incorporated into the final versions. To streamline the reporting process, a standardized report writing template was used, and reports were kept concise with a strict word limit of 300 words in most of the sections. Emphasis was placed on clarity in presenting data. Despite these efforts, challenges existed both within and outside the consortium, including staff turnover and the need for harmonization across different projects.

To address coordination issues and foster cross-learning, monthly meetings were conducted among the consortium members. These meetings provided a platform for sharing experiences and knowledge, facilitating a more cohesive and integrated approach. Monitoring activities were carried out individually by each organization within their respective working areas. The Ekota Consortium had a dedicated MEAL expert committee involved in regular monitoring efforts.

### 7.2 Communications and coordination between the EKOTA Consortium Partners, CNADO and AHP Consortium

The EKOTA Consortium has established collaborative partnerships that foster effective coordination and communication among its members. Through a cohesive agency approach, EKOTA ensures integrated communication channels, clearly defined roles, and a guiding memorandum of understanding (MoU). The Consortium actively builds networks with other organizations, facilitating knowledge sharing, participants referrals, and additional technical support. This collaborative approach has positioned EKOTA as a comprehensive network sought after by other organizations, reinforcing its positive impact in the sector.

To facilitate effective communication and coordination, MEAL working groups and Gender and Inclusion groups are formed within EKOTA, along with sector-specific groups. These groups serve as platforms for discussions, common tool development, and sector-specific coordination. Collaboration extends beyond sector-specific discussions, with different sectors coming together when projects require collective expertise. This fosters knowledge sharing and a comprehensive understanding of project needs. Project Management Team meetings and cross-visits are conducted to enhance mutual learning and incorporate stakeholder feedback.

The collaboration with AHP involves coordinating with their technical working groups through regular meetings and sessions. Active participation in CBSC meetings ensures effective dissemination of decisions and learnings to cluster levels. The MEAL working group, in particular, demonstrates remarkable proactivity, engaging diverse professionals and promoting cross-learning opportunities. These proactive and collaborative efforts contribute to enhanced teamwork and overall program

success. Furthermore, EKOTA lead the livelihood and communication working groups of the AHP consortium and represent all the other technical groups.

*“Since I joined, the working groups are extremely proactive, especially the MEAL working group. All the members of the working group would proactively participate in the meeting that would be conducted monthly. Sometimes personnel from different departments would also join the meetings and that would help them to get an overall picture of the status of the program. Agendas generally discussed in these meetings were progressing till then and plans for the immediate future. The meetings were refreshing as professionals from the same domain would come together and discuss issues as well as developments which would also facilitate cross-learning.”*

*-One of the Key Informants from the AHP Consortium of the End line Study*

While coordination in the camps is relatively good due to sector division among organizations, challenges persist in coordinating interventions for the host community. The consortium addresses this by rationalizing host community expectations, with the government allocating 30% of funds specifically for their needs based on comparative risk assessments. This involvement of the government and risk assessments aims to overcome coordination challenges and meet host community expectations.

Improvements in coordination and communication have been observed in the last phase of the project, with increased field visits and meetings indicating enhanced coordination. Annual interactions, known as "Camp Consolidations," provide a platform for partners to evaluate progress, discuss challenges, and share solutions, leading to cross-learning opportunities among consortium members. Overall, the collaborative partnerships within the EKOTA Consortium enable effective coordination, knowledge sharing, and communication, contributing to the success of the project.

### **7.3 Benefits and challenges of combining local, national, and international NGOs in the Consortium approach**

Participants in a study noted the benefits of the consortium within a consortium concept. The partnership between different consortiums allowed for unique micro-interventions that would not have been possible otherwise. The composition of the consortium, with both large international NGOs and smaller local NGOs, created a balanced mix of expertise. This diverse range of organizations with different scales and specializations contributed to a comprehensive understanding of grassroots issues. The consortium's distinct qualities, such as its wide reach, capacity, budget, and understanding of local challenges, gave it a competitive advantage. By pooling their resources, the consortium members were able to extend their reach and implement programs that would have been difficult for individual organizations. There was a valuable exchange of knowledge between local NGOs and international NGOs, with each learning from the other's technical systems and local context. Moreover, the positive and motivating environment within the consortium played a significant role in the success of the program. This supportive atmosphere facilitated effective communication, coordination, and a shared sense of purpose among the collaborating organizations.

*As the consortium had a perfect balance of the variation of iNGO of bigger scale and smaller national and local NGOs with their different expertise. This had given the consortium a uniqueness with regard to its reach, capacity, budget and understanding of issues at the grassroots level. The environment and the ambience within the consortium were comfortable and motivational which*

*provided for the success of the program.”*  
*-One of the Key Informants from the EKOTA Consortium of the End line Study*

Overall, the study participants believe that the partnership between consortiums, combined with the diverse expertise and supportive environment, contributed to the achievements of the program. Collaborative efforts and synergy among organizations are recognized as valuable for addressing complex issues and achieving sustainable outcomes. When comparing the experience of working with a consortium of partners versus individual partners, it was observed that individual partners tend to have a more singular and focused approach. In contrast, EKOTA offered a holistic perspective with expertise across various developmental domains. This environment encouraged cross-learning and resource sharing among consortium members, promoting valuable personal growth.

## 8 SUSTAINABILITY

### 8.1 Sustainability of the IGA and Livelihood Interventions

The initial design of the IGA and livelihood interventions were from the JMA, that was carried out in discussion with the host project participants, market actors and had thorough market analysis. There were specific design factors for inputs, support services and marketing of these IGAs and livelihood interventions. Project participants were trained in the business planning, business management and similar management aspects. Participants Saving Groups were formed so that the producer/business personnels from the participants could collaboratively carry out their business activities. The project participants were linked to different government line departments like DAE and DLS so that they can continue getting inputs, extension information and services in future. These activities increased the sustainability potentials of the IGAs, since the participants have the access to inputs, support services and markets. Moreover, the IGAs were designed based on the interest and willingness of the respective participants, ensuring their ownership over these activities. At the same time, the gradual income from the IGAs also ensured their continued interest over these activities. The income was found to be a valuable contribution to the respective families. Hence, the evaluation found considerable sustainability potentials for the IGA and livelihood interventions implemented for the host community participants.

In case of the self-resilience interventions for the Rohingya communities, the project could already disseminate the required technical knowledge among them. However, due to policy restrictions, the project could not provide the required investments to the participants to initiate their own IGAs. The project did provide some inputs; however, it was not enough to sustain the businesses for a long time. Similar to host communities, the Rohingya communities also could not be linked to market actors and support service providers in a sustainable manner due to policy restrictions. Hence, the sustainability potential of the skills training interventions for the Rohingya communities was not as clear as the host communities.

### 8.2 Sustainability of the WASH Interventions

As mentioned earlier, the WASH interventions were predominantly carried out for the Rohingya communities. These people have been displaced from their homeland and had to take refuge in Bangladesh under unavoidable circumstances. The Government of Bangladesh is already in negotiation with international community for the repatriation of the Rohingya population to their respective homes. Hence, it is neither desirable nor politically appropriate to implement interventions for these participants that would sustain for a long time. Hence, the term “sustainability” was used quite conservatively here in this evaluation for the WASH interventions, indicating the time until they reach their respective homes in Myanmar.

The WASH interventions emphasised on enhancing local capacity of the family members and local volunteers in maintaining their respective latrines and desludging those. The volunteers were seen involved in the desludging process. Hence, there is already some indication that this intervention would be continued even after the completion of the project. The user committees were set up from the users of the neighbourhood to repair and maintain latrines and wash spaces. Being the users of these facilities, it is expected that they would continue doing so in future. However, as this involved some expenditure, particularly for procurement of cleaning supplies, it is not clear how the user committee would manage the cleaning and maintenance of the latrines. If these are being provided by government or development

agencies as part of the humanitarian assistance, then the user committee and the local volunteers may use their knowledge to maintain the usability of the latrines and wash spaces.

The solid waste management plant was introduced and was found to be managed by a committee. The committee was found to be in charge of the operation and management of the plant. Moreover, it was found to be helpful for the local business persons in the market – hence, they also found to have incentives in continuing the plant. Hence, this intervention may also continue after the project is completed. -----

The hygiene knowledge disseminated, particularly the menstrual hygiene knowledge was found to be translated into practice among the participants, particularly the adolescent girls. The intervention emphasised on using locally available materials for menstrual hygiene practice. It also disseminated information on reusing the reusable materials as menstrual hygiene commodity. The project participants, during the FGDs, perceived direct linkages of the hygiene practices with health and wellbeing benefits. They also mentioned that the hygiene practices would enhance their living standards. Since the practices do not involve significant cost, it is likely that the participants would continue practicing the hygiene awareness and knowledge in future.

### **8.3 Sustainability of Other Interventions**

The projection interventions were more of sensitising the participants about key issues and linking them with the already established mechanisms of Government and humanitarian agencies. The participants were found to be aware of the issues. They also were found to be known about the referral and case management entities. It was found that the knowledge was being transferring from direct project participants to other community people in the neighbourhood.

The adolescent boys and girls were found to be quite aware of the trafficking issues and risks factors. They were taught how to respond to such risk factors. They were also sensitised on a number of social issues like child marriage. These participants were found to be knowledgeable about these issues at the time of evaluation. Involvement of participants from this demography enhances the sustenance of these knowledge and awareness in longer term within the community.

Due to the involvement of government and non-government agencies, the host communities in Cox's Bazar had significant knowledge and awareness of DRR issues. The Rohingya population, however, was not exposed to systemic sensitisation and awareness building in their homeland. Due to excessive pressure of population after the influx in 2017, there was adverse impact on the vegetation in the hilly areas of the district, which escalated the risks of landslides. Moreover, the southern coastal areas in Bangladesh have historically been prone to disasters like cyclone – to which, the Rohingya people had limited awareness. Through the DRR interventions, the project enhanced awareness among the Rohingya participants. The participants mentioned these knowledge being helpful in the recent cyclone “Mocha”. The revegetation interventions contributed towards stabilisation of land and slopes and reduced risks of landslide and soil erosion. It is likely that the impacts of these interventions would continue to benefit the participants in future.

## 9 RECOMMENDATIONS FOR FUTURE

### 9.1 Recommendations on Replication of Project Interventions/Processes in future

The evaluation found some good management and coordination practices in the EKOTA Consortium project, that enhanced the sustainability potentials of the interventions. The evaluation thought that some of these practices should be replicated by AHP in future, and also by the EKOTA partners in their respective organisational endeavours in future.

The formation of the consortium comprising of international, national and local entities significantly enhanced the cross-learning across the organisations. The international agencies could be benefitted from the local knowledge and expertise, whereas the local agencies could be benefitted from the global learning and experiences of the international agencies. This approach of consortium also could result in extended capacity enhancement – both through formal trainings and informal interactions among project staff across the organisations. The key respondents also indicated higher value for money in this approach of capacity development. Such structure and approach of consortium should be replicated by the international agencies in future.

The project had quite a flexible management practice that allowed for design and redesign of interventions, project location and project participants. Although the context of such flexibility was more of push from local authorities, however, it proved to be beneficial for the project participants, since the flexibility ensured positive modifications of the project interventions on the basis of local context, demand of the participants and emerging issues. Moreover, the project could divert resources to more important needs, that were not included in the original design (e.g., the construction of roads and the excavation of pond – which were not included in the original design, yet was very useful for the participants). This level of flexibility should be allowed in consortium projects in future, particularly those that are being carried out in challenging humanitarian context like Cox's Bazar.

In the majority of the cases, the interventions were designed to provide as comprehensive support as possible for the project participants. For example, the livelihood and IGA interventions included training, as well as investments to initiate IGAs for the host communities. At the same time, inputs, support services and output market linkages were also established to ensure the full range of support for the participants to sustain a profitable venture. Similarly, the WASH intervention for the Rohingya community had supports for clean water, latrine, washing/bathing, solid waste management, hygiene management, i.e., a comprehensive support. Such comprehensive nature of support seemed to be vital for vulnerable population. This can be replicated in other programmes of the consortium partners in which they work with people of a similar nature.

The key informants reported a particular focus of the project on generation of evidence for design and update of project interventions. There have been continuous surveys, assessments and researches on different aspects. After delivery, there was PDM and other similar assessments to learn the effectiveness of the services. Moreover, there was specific resource allocation (5% of the entire budget) on MEAL for the project. This approach of evidence-based project planning and management should be replicated in other projects/programmes as well.

## 9.2 Recommendations on New Interventions/Themes in the Upcoming Phase of AHP Consortium Project

While the endline assessment was in progress, there was a discussion of a possible fourth phase of the AHP Consortium project to which the partners of EKOTA would be involved. The following recommendations have been made considering that phase of the project.

### Strategic Recommendations

- To raise awareness among high-level policy stakeholders about the need for modifying the current policy on Rohingya engagement in income generating activities, it is recommended to incorporate a policy advocacy component into the design. This component should focus on sensitizing stakeholders to the long-term and macroeconomic advantages of involving the Rohingya population, especially women and youth, in income-earning opportunities. Generating appropriate evidence within this component will help illustrate these benefits.
- To promote a sense of safety and reduce social stress among Rohingya women, it is recommended to tailor livelihood activities to occur within family and block settings. These activities should be designed to encourage participation and reciprocity. Furthermore, it is important to expand the range of gender-responsive interventions beyond the individual level, aiming to address structural changes, such as power dynamics within households and communities. To monitor and assess gender dynamics and their evolution over time, it is advised to employ established and clearly defined tools. The project should consider conducting assessments such as a study on women's well-being, participatory action research from a feminist perspective, and a comprehensive gender analysis of the project.
- Increase the membership of existing producer groups (e.g., participants savings groups, self-help groups for person with disabilities) by including a greater number of individuals from the host community. Establish a network comprising these groups, organized at the subdistrict level, such as associations of producer groups. Formalize the network by registering it with the Department of Cooperatives or the local Union Parishad, ensuring legal recognition. Facilitate connections between the network and relevant line departments to access additional resources and support. Explore the possibility of establishing formal links between the network of these groups and large institutional buyers (e.g., food vendors supplying the camps) through agreements like Memorandums of Understanding (MOUs) or similar arrangements.
- Consider policy advocacy to initiate inter-community social cohesion interventions, including arranging sensitisation sessions and awareness events taking community leaders from both host and Rohingya communities. Utilising common institutes (e.g., mosques) can be another way to increase social cohesion. Awareness raising can be done through mosque-based programmes, in discussion with the Ministry of Religious Affairs. Another approach of improving social cohesion is to identify common constraints for both the communities and development of interventions to address those constraints in a way that both the communities can be benefitted. This approach looks the constraints from a “societal” perspective rather than collective or group perspective. Through assessments should be carried out to identify such constraints and careful intervention design needs to be done to address those. However, before that, policy advocacy is required to get permission from the Government of Bangladesh to conduct such assessment and implement interventions.

## Operational Recommendations

- Staff stability within the ECU is crucial for effective reporting, monitoring, and developing evidence-based strategies. Key informants highlighted this issue and recommended increasing the number of staff while ensuring their stability for the future of the program. By having a consistent team in place, the ECU can maintain continuity in its work, improve regular reporting, and establish long-term monitoring systems. Furthermore, stable staffing enables the creation of evidence-based strategies, which are essential for making informed decisions and implementing effective interventions.
- The use of COMPASS provides real-time insights into issues within camps or host communities. However, to effectively utilize this digitalized system, regular internet access is required. Additionally, the staff face challenges when the app requires updates or is not updated regularly. To address these issues in future phases, it is recommended to seek technical assistance from experts. This assistance can help minimize technical difficulties, ensure the smooth functioning of the app, and optimize the use of real-time data for decision-making and response coordination.
- While achieving gender balance among project participants is important, it is equally crucial to increase the representation of female staff within the project team to address gender imbalances comprehensively. By promoting the inclusion of more women, the organization can create a diverse and inclusive work environment that fosters gender equality and benefits from the diverse perspectives, skills, and experiences that women bring. This integration of diverse voices can contribute to more effective programming, as it ensures a comprehensive understanding of the needs and challenges faced by all project participants, ultimately leading to more impactful outcomes and sustainable development.
- To enhance the involvement of different "user groups" and volunteers in future projects, it is crucial to increase their activities. This can be achieved by regularly updating Standard Operating Procedures (SoPs) and monitoring their implementation. Creating and maintaining an up-to-date SoP ensures clarity and consistency in the roles and responsibilities of different user groups and volunteers. Furthermore, organizing regular sensitization meetings can help refresh their knowledge, strengthen their skills, and disseminate important messages to the wider community. By empowering these stakeholders, the organization can facilitate community engagement, participation, and ownership, thereby improving the overall impact of the project.

## ANNEX ONE: EVALUATION FRAMEWORK USED

[illegible]

Criteria	Evaluation Questions	Sources of Information												
		Se co nd a r y L it er a t ur e	C A R I T A S , C A & R D R S	Lo cal Pa rt ne rs of E K O T A	A H P P S U a n d C M U	R R R C a n d C i C	Li ne De pa rt me nts	Lo cal Go vt. Re ps.	Se cto rs a n d Cl ust ers	Ot he r U N A g en cie s	Parti cipan ts With out Disab ility (Host )	Parti cipan ts With out Disab ility (Rohi ngya)	Pe rs on s wi th Di sa bil ity	Co m m uni ty Le ad ers
	How harmonized these activities are? Are there duplication of effort and activities? Do the interventions complement each other? How is the coordination among partners?													
Effectiveness	What was the percentage of targeted participants reached? What are the benefits to the participants and indirect participants?													
	To what extent did the specific objectives support efforts to protect and assist vulnerability of the Rohingya camp-based communities and the host communities? What factors contribute to the success and/or underachievement of each objective?													
	What are the main obstacles/barriers that the project has encountered during the implementation of the project? Has the project been successful in addressing these obstacles, and what role did the adaptive management approach play in this? Based on the project achievements and challenges, what follow-up actions can be recommended/are considered necessary?													
Efficiency	How well were the inputs transformed into results?													
	Did the activities take place in a timely and cost-effective manner, and were they of good quality?													
	What is the added value of an adaptive management approach in terms of project efficiency?													

Criteria	Evaluation Questions	Sources of Information												
		Se co nd ar y Lit er at ur e	C A R I T A S , C A & R D R S	Lo cal Pa rt ne rs of E K O T A	A H P P S U and C M U	R R R C and C i C	Li ne De pa rt me nts	Lo cal Go vt. Re ps.	Se cto rs and Cl ust ers	Ot he r U N Ag en cie s	Parti cipan ts With out Disab ility (Host )	Parti cipan ts With out Disab ility (Rohi ngya)	Pe rs on s wi th Di sa bil ity	Co m m un ity Le ad ers
	What socio-economic, environmental, political, and health factors affected the efficiency of the project?													
	What are the costs and benefits of this project? Overall, did the project represent good value for money? What could be done to improve value for money assessments in future projects implemented by these organisations?													
Impact	To what degree did the project contribute to Rohingya camp-based communities and the host communities? Did the project achieve the outcomes and outputs? To what degree has the project changed stakeholder attitudes and behaviours?													
	What are the key learning points to be taken forward by each organization?													
	Can any unintended or unexpected positive or negative effects be observed because of the project’s interventions?													
	How effectively was the project performance and progress toward results monitored?													
	What prevented the project from having the desired impact?													
Sustainability	What is the likelihood of the participants continuing to benefit from the positive impact of this project once the project ends?													

Criteria	Evaluation Questions	Sources of Information													
		Se co nd a r y L i t e r a t u r e	C A R I T A S , C A & R D R S	Lo cal P a r t n e r s o f E K O T A	A H P P S U a n d C M U	R R R C a n d C i C	Li ne De p a r t m e n t s	Lo cal Go vt. Re p s.	Se cto rs a n d Cl us ters	O t h e r U N A g e n c i e s	Parti cipan ts With out Disab ility (Host )	Parti cipan ts With out Disab ility (Rohi ngya)	Pe r son s wi th Di sa bil ity	Co m m u n i ty Le ad ers	
	How did the project play a role in improving the quality of life of participants and how can this be sustained?														
	In what way has the project influenced the Government of Bangladesh’s approach to Rohingya camp-based communities and the host communities?														
	What are the most important results, lessons learned, or best practices to be considered if there is an opportunity to extent the project? What should be avoided to improve sustainability?														
Local Leadership	To what extent did the project build on the strengths and existing networks of local partners?														
	To what extent were local partners involved in decision making throughout the project cycle? How was the local partners’ capacity in regards to program design, implementation and monitoring, strengthened throughout the project?														
Quality of partnerships	What value has the EKOTA Consortium partnership added to the project?														
	How has the project impacted the partnership approach of each organization and how has the partnership approach of each organization impacted the project? How could each of the organizations collaborated differently to better support the achievement of the expected results? How has the partnership contributed to the project’s effectiveness and impact?														

Criteria	Evaluation Questions	Sources of Information													
		Se co n d a r y L i t e r a t u r e	C A R I T A S , C A & R D R S	Lo c a l P a r t n e r s o f E K O T A	A H P P S U a n d C M U	R R R C a n d C i C	Li n e D e p a r t m e n t s	Lo c a l G o v t. R e p s.	Se c t o r s a n d C l u s t e r s	O t h e r U N A g e n c i e s	Parti cip an t s W i t h o u t D i s a b i l i t y (H o s t )	Parti cip an t s W i t h o u t D i s a b i l i t y (R o h i n g y a)	Pe r s o n s w i t h D i s a b i l i t y	Co m m u n i t y L e a d e r s	
	To what extent have organizational structures of EKOTA Consortium-Caritas Bangladesh, Christian Aid and RDRS Bangladesh successfully accommodated the project in reaching its objectives? How effective has the consortium structure EKOTA Consortium as partners implementing the project been in enabling the implementation and achieving results?														
	How could the coordination amongst stakeholders EKOTA Consortium partners, AHP partners, RRRC, local authorities, project participants, government bodies, etc. be improved?														
Replicability	What aspects of the project or good practices within in the project are replicable elsewhere, including by other organisations/projects? Under what circumstances and/or in what contexts would the project be replicable?														
Happiness	Are you happy with your current living standards?														
	Are you satisfied with the income you are earning right now? How much money do you spend on yourself/ recreation / entertainment/ family? How much satisfied are you with the assets you have?														
	Do you feel that you need to improve your living standard?														
	Does this pay any cost to your happiness? How much engaged are you in your community and do you feel happy with them?														

Criteria	Evaluation Questions	Sources of Information												
		Se co nd ar y Lit er at ur e	C A R I T A S , C A & R D R S	Lo cal Pa rt ne rs of E K O T A	A H P P S U and C M U	R R R C and C i C	Li ne De part ments	Lo cal Govt. Re ps.	Se cto rs and Cl ust ers	Ot he r U N Ag en cie s	Parti cipan ts With out Disab ility (Host )	Parti cipan ts With out Disab ility (Rohi ngya)	Pe rs on s wi th Di sa bil ity	Co m m un ity Le ad ers
	How satisfied you are with the service provided by EKOTA Consortium?													

## ANNEX TWO: DOCUMENTS REVIEWED

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Thank you

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