



Final Evaluation Report of Strengthening Community Resilience for the displaced and host communities in Cox's Bazar, Bangladesh

Study conducted by
datascape
Research and Consultancy Limited

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Finally, we would like to thank and express our gratitude to Salauddin Ahmed, PMER Manager, Cox's Bazar Sub Office, Bangladesh, International Federation of Red Cross and Red Crescent Societies (IFRC), for his intellectual contribution throughout the survey.

Sincerely,

Rakib Hossain

Managing Director,

Datascape Research and Consultancy Ltd.

Affirmation

The Final Evaluation report described here is a result of our effort to obtain funding, complete the tasks, explain, and expand knowledge following IFRC standards, except for instances where references to other authors and publications are made explicitly clear. Primary quantitative and qualitative information gathered throughout the study process remains a property of the BDRCS and IFRC, solely for utilisation of the results to improve or develop future programming in a similar humanitarian context.

Sincerely,

Datascope Research and Consultancy Ltd.

List of Abbreviations

AWD	Acute Watery Diarrhea
BDRCS	Bangladesh Red Crescent Society
CiC	Camp In-Charge
DAPS	Dignity, Access, Participation, Safety
FGD	Focus Group Discussion
GBV	Gender-based violence
IFRC	International Federation of Red Cross and Red Crescent Societies
ISCG	Inter Sector Coordination Group
IOM	International Organization for Migration
KII	Key Informant Interview
MCHC	Mother & Child Health Center
NGO	Non-Government organization
ODK	Open data kit
PGI	Protection, Gender and Inclusion
PHCC	Primary Health Care Center
QA	Quality Auditors
RA	Research assistants
RCRC	Red Cross Red Crescent
RRRC	Refugee Relief and Repatriation Commissioner
SPSS	Statistical package for the social sciences
USAID	United States Agency for International Development
WASH	Water Sanitation and Hygiene
EVI	Extremely Vulnerable Individual

Executive Summary

The term "community resilience" describes a group's capacity to deal with adversity and then bounce back stronger than before. To make itself more sustainable in the long run, a community can adjust to new circumstances and undergo positive change. Instead of merely "surviving" the stressor or change, a resilient community may react by fundamentally altering the community itself. It is widely known that the displaced people from Myanmar living in the crowded camp settlement of Bangladesh's Cox's Bazar district have issues with basic humanitarian needs such as water, sanitation, hygiene, shelter, health care, protection, NFI (Non-food items) etc. By resolving or mitigating the issues, the International Federation of Red Cross and Red Crescent Societies (IFRC), supported Bangladesh Red Crescent Society (BDRCS) to implement several interventions to assist the displaced and host communities in fostering community resilience.

This final evaluation report aimed to assess the program's implementation, draw conclusions based on available data regarding how and to what extent each target has been achieved, and identify areas requiring improvement. It also provides information about the relevance, efficiency, effectiveness, and impact of project interventions that have been objectively verified. The report will support decision-makers and program management teams in their evaluation of project design and recommendations. It will also provide an opportunity to fill any gaps in the project's services and/or improve those that already exist.

The study took place between November 2022 to December 2022. A combination of quantitative and qualitative methods was used to complete the review. Primary data were gathered through household surveys, Key Informant Interviews (KII), and Focus Group Discussions (FGD). After completing data collection, cleaning, analysis, tabulation, problem identification, and prioritization, drafting of survey report synthesis of findings from different methods, holding feedback sessions, sharing preliminary findings with IFRC and BDRCS management, incorporating necessary analysis, and feedback to produce a final report. Further, qualitative survey, 12 FGDs and 19 respondents for KII were selected and a for quantitative survey, 682 households were selected from 4 Rohingya camps (n= 559) and two host communities (HC) (n=123) in the targeted areas.

The analyses showed that male respondents in camp and host are 26.10% and 2.30%, respectively and the female respondents in host and camp are 15.70% and 55.90%, respectively. Most respondents in both communities are married and between the ages of 18-29 and 30-39. For example, in the age group 30-39, 60.20% of respondents live in the host community and 43.50% live in the camp. About 50% of the respondents do not have any formal education and whereas only 3.30% of the respondents do not have any formal education. The average family size in both communities is about 5 and 53.20% of families have 4 to 6 members.

In terms of access to shelter and Water Sanitation and Hygiene (WASH) services, 39.80% and 76.20% of female and male respondents respectively have access to shelter services, whereas 60.20% and 23.80% of female and male respondents have access to WASH services. Overall, 26.80% and 55.10% of female and male respondents respectively in the host and camp have access to shelter, and 73.20% and 44.90% of female and male respondents have access to WASH

services, respectively. The survey observed that 5.70% and 10.40% of respondents' families of the camp and host, respectively, have family members with disabilities.

The IFRC provides shelter, Health, Protection and WASH service, which are especially important for the camp and the host communities. In the health sector, IFRC constructed a Primary Health Care Centre (PHCC) in Balukhali, Ukhiya as well as a Mother and Child Health Care (MCHC) centre in Teknaf. BDRCS oriented over 1,000 volunteers about sanitation, ensures community engagement, and collects feedback. This project's main accomplishments to date have been providing beneficiaries with shelter and WASH services. In both communities, there have been significant changes in the shelter, WASH, health care, over the last three years. Men and women have been treated equally under the project activities.

MCHC has already been operational since 12 September 2022 treating so far around 2,000 patients. The facility is a 5-10 bed capacity targeting 100,000. In terms of distance, cost of travelling and waiting time, the facility reportedly increases more convenient access of the catchment people to mother and child healthcare basic services such as outpatient, normal delivery, antenatal and postnatal care, family planning.

The MCHC received every non-medical item that was ordered and delivered, and one of the further developments is listed below. BDRCS will receive an ambulance as well as the gift certificate used to purchase it. Following the installation of the electricity, a CCTV system will be established. While the HR employment procedure is underway, BDRCS will be used to purchase pharmaceuticals and other consumable products. Additional crucial building works at the MCHC include the retaining and boundary wall, paving the driveway and parking area, installing the incinerator, and covering the ramp. Tenders for these projects will be processed as soon as the estimates and drawings are completed. The construction of the PHCC has been delayed due to the COVID-19 pandemic. After completion of the construction, the PHCC has a 10-bed capacity in place which is extendable to twenty beds and still in the process to recruit human resources, expecting to be operational from January. PHC service is targeting to cover 25,000 residents of the host communities and the displaced population in Balukhali and Ukhiya Upazila.

According to the final evaluation study, water is available to 93.30% of respondents in the target camps and 96.00% of respondents in the target host communities. Most of the respondents (66.10%) in the camp collect drinking water through solar-powered water supply network outside of the Shelter in the ccamps I I and I8; in the target host community (Ratna palong), 78.90% of respondents collect drinking water from a deep tube well.

Most of the respondents (94.60% in host vs 88.40% in camp) have access to equitable sanitation facilities to maintain good hygienic life. Among the participants, 97% of respondents in the camp share their toilets with people who are not family members. In addition, the IFRC provided them several kits such as buckets, household-level water reservoir, and soaps etc. The IFRC-BDRCS constructed toilets appear to be in good condition even after 2 years. In the camp, 46.60% of respondents use a garbage/waste bin, but in the host community, this figure is much lower (4.4%). Most respondents (68.9%) in the host dump waste and garbage in and around the shelters tend; in the camp, less than 1% dump it around the house. In the host, approximately 54% of

respondents wash their hands before feeding their baby; however, this percentage (90.40%) is satisfactory at camp.

Approximately 98.8% of respondents' shelters are made of straw, bamboo, polythene, plastic, or canvas, only 0.9% are made of tin, and 0.3% are built with brick or cement. 39.88% of total respondents have only one room in their home, 15.54% have three, 4.69% have four, and very few percentages have five and six. In camp, 95.10% of women and girls feel safe and secure, compared to 51.50% of girls in the host community. 13.78% of respondents are not adequately protected against fire, 27.86% are only partially protected, and 58.36% are completely protected. Physical and sexual violence was experienced by 87.2% and 35.9% of Gender Based Violence (GBV) respondents, respectively.

About 10% experienced verbal abuse, while 53.8% experienced emotional abuse. 2.30% of respondents did not know where to go to get help or services for any type of violence. The Dignity, Access, Participation, Safety (DAPS) centre will encourage community involvement and accountability. It could include the development of an open feedback system as well as a consultative multi-stakeholder platform. As reported, the construction of the DAPS Center will be completed in January and handed over to IFRC and BDRCS to run all operations after the project is completed.

The efficiency of a program's decision-making processes is critical to its overall success. Within the standard procurement time frame, the procurement team obtained all the project's inputs. The project planning and management would indicate moderate efficiency if nearly 29% of its original budget remained unspent. The IsDB-funded project is rated as moderate due to the timely conversion of project inputs into outputs. Local government, local leaders, the government, the Camp in Charge (CiC), assistance camp in charge (ACiC), and other stakeholders collaborated in the project implementation process. It used significant technical and human resources to generate program outputs efficiently.

According to key informants, the BDRCS's infrastructure and awareness programs have improved their ability in both communities to handle crises compared to three years ago. They understand the importance of protecting their shelters, properly maintaining WASH facilities, educating children, having access to clean water, and keeping their surroundings clean. To ensure sustainability, the IFRC will continue the care and maintenance for two years after the project is completed. The project interventions make a significant contribution to raising awareness among beneficiaries about their health issues, social issues, hygiene and sanitation, gender equality, women's rights, protection, inclusion, and other issues.

Through this initiative, communities have been able to reconstruct their dwellings and other shelters in ways that increase their safety and security. The project has also helped fix or rebuild the community's water and sanitation, health, housing, and security infrastructure.

Based on the situation, Datascape is recommending the following actions

- It is recommended that the project can take the required initiatives to ensure quality service from the beginning i.e., maintenance, staff capacity building, and focus on services

recipients' feedback so that the intended community get the right benefits from the intervention.

- Before planning for the construction of WASH infrastructures (i.e., Water Network, FSM plant, SWM plant), the process of site selection for the structures involved CIC, Majhi (Headman/local representative), and men of the community at various stages. Therefore, it is important to engage community and local level stakeholders from the planning stage.
- The number of toilet users per toilet in camps should be reduced and accordingly the construction of toilets should be undertaken.
- It is important to engage relevant stakeholders, especially government duty bearers during the planning stage and critically review the existing policy and procedure for the construction of any infrastructure in the camp.
- This should therefore be particularly considered during the next project design. The focus must be on working with communities to improve access to safe water, provide hand washing and hygiene education through an awareness campaign, and promote the usage of soap during critical times for hand washing.
- The Project requires to extend a new phase for wrapping up the ongoing intervention. It is also recommended to prepare a sustainability and exit plan engaging multi-level stakeholders so that the results achievements and impacts exit after the end of the project period.
- Comprehensive awareness campaign is recommended to reduce GBV specially addressing the needs of the host community. To deep down the root causes of GBV in both communities, a separate study on gender barrier analysis should initiate.

Chapter One: Introduction and Background

1.1 Background and Context

Community resilience is the capacity of a community to respond positively to crises. A community can adapt to pressures and transform itself in such a way that it becomes more resilient in the future. Rather than simply ‘surviving’ the stressor or change, a resilient community might respond in creative ways that fundamentally transform the basis of the community (Emergencing Voluntering , 2020). Displaced people from Myanmar living in congested camp settlement of Cox’s Bazar district in Bangladesh are among the world's most miserable homeless populations. As of 30 April 2022, approximately 925,380 forcibly displaced people live in camps hosted in Cox's Bazar district (IOM BANGLADESH:, APRIL 2022)

Cox's Bazar has consistently ranked among Bangladesh's worst districts and the poorest districts of Bangladesh. In Ukhiya, 33% of people live below the poverty line, and 17% live below the extreme poverty line. Since the 2017 influxes of displaced people from Myanmar, FDMN people are living in such a vulnerable situation in Ukhiya and Teknaf. Despite limited resources, the local host communities welcomed the arriving refugees during the fall of 2017 sharing food, shelter, and supplies. However, the refugees’ extended presence has strained the community’s already scarce resources.

There are problems with the quality and uneven distribution of water, with many people walking long distances to water sources. A 2019 report on the challenges that the displaced population face, highlighted inadequate sanitation facilities and the lack of safe and adequate water supplies. Cholera, typhoid, and diarrhoea, particularly Acute Watery Diarrhea (AWD), are very common among refugees. Over 64,000 cases of AWD were reported in April 2019 alone, among which over 40% involved children under five. Water has been found to have high levels of contamination both at the source and in storage. One study examined 12,650 samples of camp drinking water and discovered faecal contamination in 28% of the source samples and 74% of the storage samples. (Mehereen Akhter, September 2020)

In the Rohingya camps, many people suffer from mental health problems. The camp people are at risk for long-term psychological injury due to traumatic memories, unemployment, worry about the future, cramped living circumstances, and little or no access to essential services. (USAID/BHA, September 2021)

Since the crisis has moved past the initial emergency stage, a deeper understanding of the needs and vulnerabilities of the host communities that are being affected by the crisis is now necessary to create and improve community resilience in the areas of health, livelihood, and protection. Since the onset of the Rohingya crisis, many well-known government and non-government projects have been hard at work enhancing the food and health security of the FDMN and strengthening the livelihood bases and protection services of the underprivileged host families

who bear a disproportionate share of the burden of caring for the massive refugee influx. Providing lifesaving aid like Shelter, Water, Sanitation, and Hygiene (WASH), Health, Livelihoods, Disaster Risk Reduction (DRR) in Camps and host communities, Protection, Gender, and Inclusion (PGI), which are mandatory cross-cutting approaches applied in all interventions, the International Federation of Red Cross and Red Crescent Society (IFRC) seeks to strengthen community resilience.

“This evaluation was aimed at assessing the program's implementation, drawing conclusions based on available data regarding how and to what extent each target has been achieved, and identifying areas requiring improvement. It also provides information about the relevance, efficiency, effectiveness, and impact of project interventions that have been objectively verified.

I.2 Objectives of the Study

Considering the project's nature, evaluation-specific objectives are as follows:

- To assess the appropriateness of the project interventions under all the components that directly produce the targeted outputs in terms of quality and quantity.
- To assess the extent of utilization of already produced outputs to have a positive effect on the lives of the target population of camp and host communities.
- To investigate the criteria of relevance, effectiveness, efficiency, coordination, and sustainability.

I.3 Study Period

The study took place between November 2022 to December 2022.

I.4 Study Area

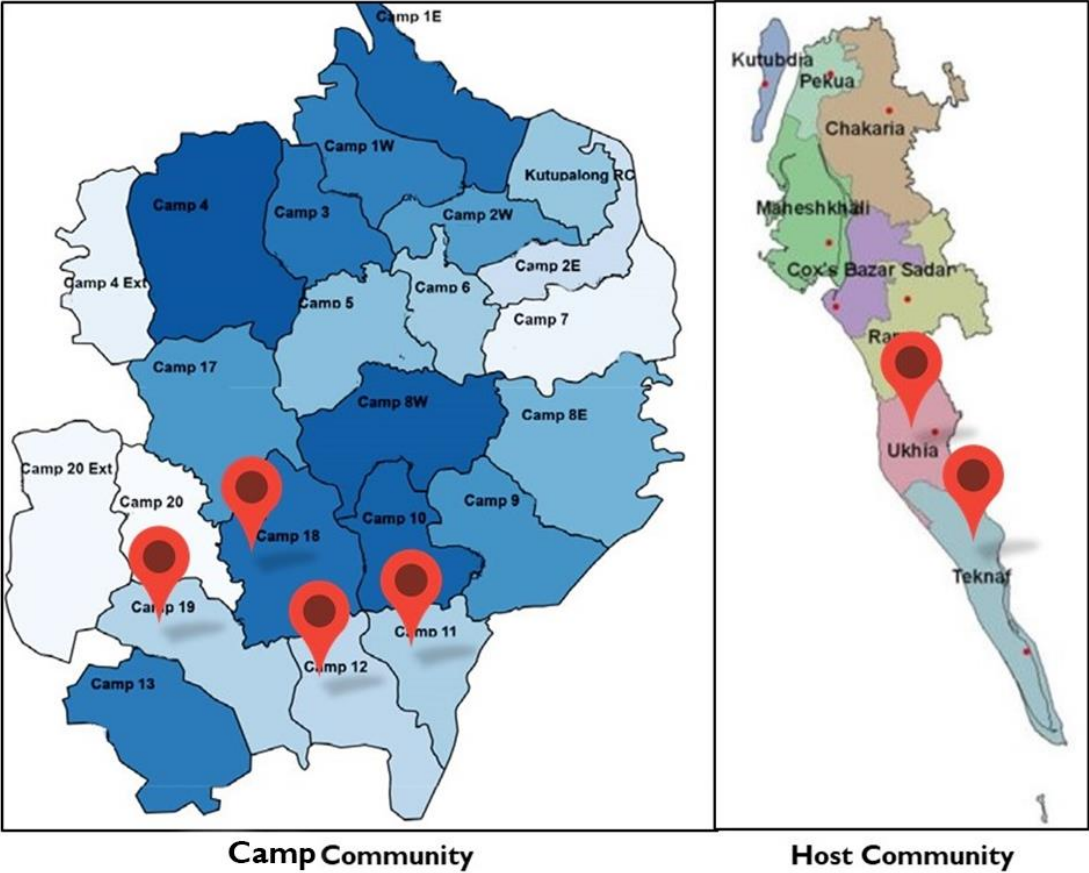


Figure I: Study Area Map: Cox's Bazar Camp and Host Community

Chapter Two: Methodology

2.1 Design Overview

This study followed mixed methods combining quantitative and qualitative methodologies. The study used structured questionnaires to conduct face-to-face interviews in the quantitative part, mainly with the targeted beneficiaries. Datascape developed questioner incorporating all necessary questions based on the study objectives and criteria-based evaluation questions. On the other hand, the qualitative component is anchored through discussions with the key stakeholders at different levels. For qualitative information, specific tools, guide questions and guidelines were used.

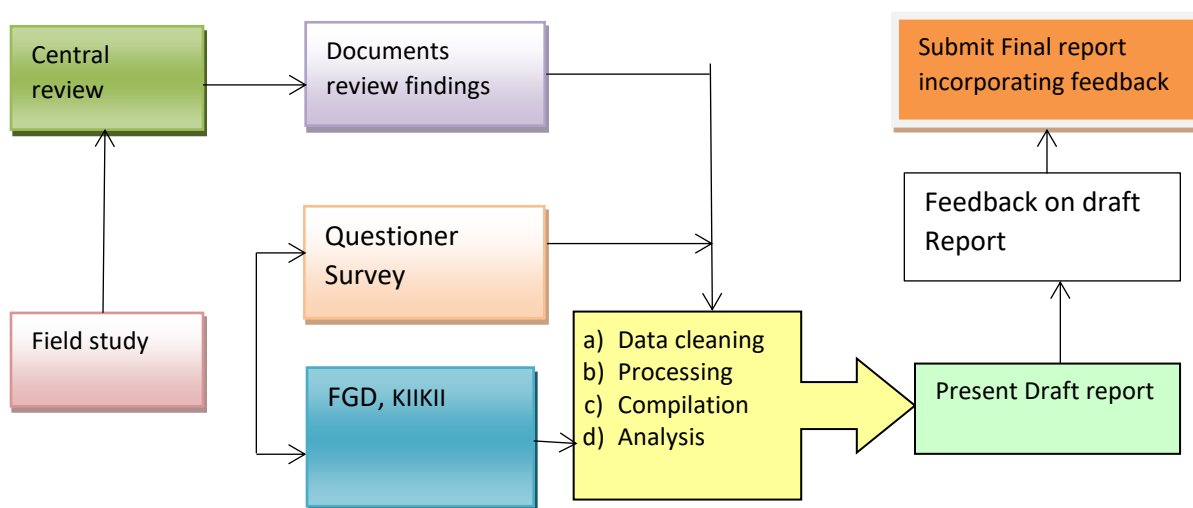


Figure 2: Evaluation Framework

2.2 Central review

Reviewing the existing relevant secondary information/literature is an integral component of the study. Datascape reviewed existing literature on IFRC/BDRCS to find a positive and negative effect of the intervention with a causal relationship on this issue, which is applicable and relevant to this study. The secondary data included academic articles to grey literature published by the government, NGOs, UN agencies, IFRC documents, assessments, and reports. In both quantitative and qualitative, relevant web portals were searched. The literature review also emphasizes recent publications such as Joint Response Plan 2021, Joint Response Plan 2022, ISCG-published reports, and sectoral publications.

2.3 Quantitative Methodology

2.3.1 Sample Size

A random selection technique was used for sampling, and the number of locations with a non-response rate was considered an acceptable sample size for the study.

Quantitative Sample Size Calculation:

Sample size has been worked out for the quantitative survey following the formula¹ (Bill Godden, 2004) depicted below:

$$\text{Expected Sample Size} = \frac{SS}{1+(SS-1)/pop}$$

$$\text{And Sample size } SS = \frac{z^2 * x(p) * x(1-p) * xSS}{C^2}$$

Here,

SS=Sample Size

Z=Z-value (e.g., 1.96 for a 95 percent confidence level)

P=Percentage of population picking a choice, expressed as decimal

C= Margin of error (confidence interval)

(e.g., .05=+/- 5 percentage points)

Pop= Population size

The total number of beneficiaries of the project is 227,000 and using a standard statistical formula to generate the statistically representative sample size, a sample of 383 is found. Considering the number of locations 1.5 design effect is considered for getting a more representable sample size which is 575. A 10% non-response rate was considered, so the required sample size is 639, which is rounding off 650 samples for this study.

Intervention	Location	Population	Sample
WASH	Camp 11		80
	Camp 18		89
	Camp 19		80
	Teknaf & Ukhiya-		90
		Sub Total	339
Shelter	Camp 12	2500	308
	Host: Teknaf	133	33
	Host: Teknaf	36	
		Sub Total	341
		Grand Total	680

Table 1: Location-wise distribution of samples

2.4 Qualitative Methodology

2.4.1 Focus Group Discussions (FGDs)

For FGD, the participants were seated in a round table setting with equal opportunity for all. FGD was classified into several groups: males, females, adolescent boys and girls, and Extremely Vulnerable People (EVI). They talked about their project experiences. Different groups were chosen to determine service availability and to better understand their needs and expectations from the interventions. During the discussion, the moderator was assisted by a scribe or note-taker to keep track of the records. The FGDs were tape-recorded with the participants' permission (transcripts). Similar to FGDs, participants in case studies and KIIs were chosen based on their willingness, preferred time, and study priority. Datascape discussed with the BDRCS project manager how to deploy BDRCS's guide on the field to show location, invite participants, and finalize an area specific FGDs guide for qualitative sample selection.

A total of 12 FGDs were conducted with the following targeted participants:

SL	Group	Camp	Host	Total
1	Adult Male	2	1	3
2	Adult Female	2	1	3
3	Extremely Vulnerable Individual (EVI)	1	1	2
4	Adolescent Boys & Girls	2	2	4
	Total	7	5	12

Table 2: List of Focus Group

2.4.2 Key Informant interview (KII):

One of the most important tools in qualitative research is the KII. Desk research revealed gaps in existing information and the need for additional information from specific key informants. Following that, appropriate personnel was located for an interview. In consultation with the client, a person-specific customized guide question set was created for each interview. Transcripts of KIIs were systematically compiled, organized, and analyzed using qualitative data analysis software such as NVivo. A total of 19 KIIs were carried out. The KIIs were useful for thoroughly understanding the project's progress, challenges, mitigation measures, and identifying gaps. Datascape chose a respondent list of s for KII consultation with IFRC.

Stakeholder Type	Identifications	# Of KII
Cohort-1 Primary Stakeholders	<ol style="list-style-type: none"> 1. Majhi (Community leaders of the displaced people) 2. Local elites 3. WASH point management committee 4. Community group representative 	9
Cohort-2 Ecosystem Actors	<ol style="list-style-type: none"> 1. Government Representative (CIC/ACIC) (RC) 2. Local Chairman/Member (HC) 	3

Cohort-3 Development Practitioners	1. Head of Sub-Delegation, PMO Cox's Bazar Sub-office, IFRC	7
	2. Shelter Delegate and Interim PMC, PMO Cox's Bazar Sub-office, IFRC	
	3. Sr. Manager, Resilience & PRD, Bangladesh Country Delegation, Dhaka, IFRC	
	4. WASH Manager, PMO-BDRCS Cox's Bazar,	
	5. Program Manager, Swedish Red Cross, PMO Cox's Bazar Sub-office, IFRC	
	6. Head of Country Delegation, Bangladesh Country Delegation, Dhaka, IFRC	
	7. Finance and Administration Delegate, Cox's Bazar Sub-Office, International Federation of Red Cross and Red Crescent Societies	
Grand Total		19

Table 3: List of key informants

2.4.3 Observation

Primary data was collected for WASH facilities (Water supply system, Fecal Sludge Management (FSM) plant, etc.), Shelters, Primary Health Care Centers, Maternal and Child Health Centers, and Dignity, Access, Participation, and Safety (DAPS) Center through direct observation of consultants during field visits. The study team visited four camps in the study area and documented their findings regarding shelter via transit walk. The findings were incorporated into the report.

2.5 Data Management, Analysis, and Reporting process

2.5.1 Data Collection

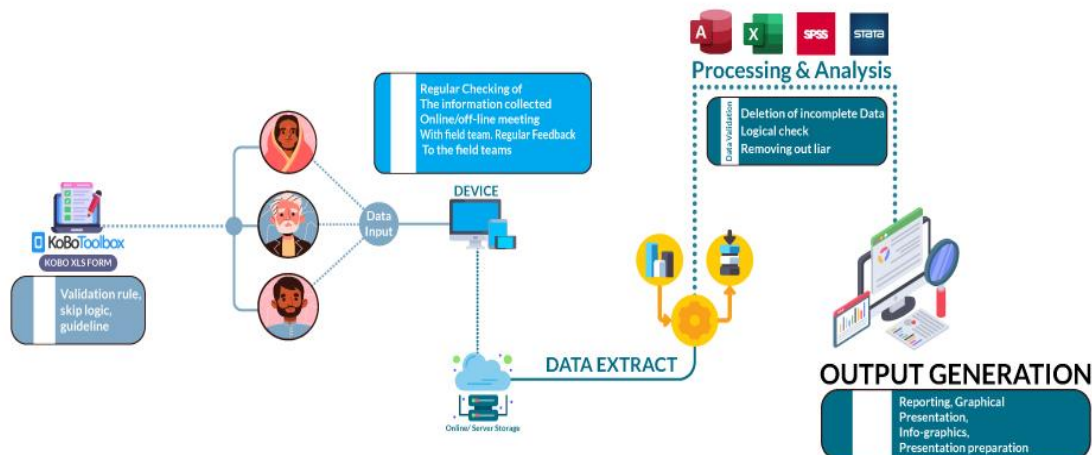
After training, fieldwork/data collecting began immediately. Datascape's development plan includes a timeline. Twenty enumerators and two qualitative assistants collected primary data. All enumerators were locals with experience communicating with the camp people. The team was 50/50 male/female.

2.5.2 Data Quality Control Measures

Continuous data supervision ensures consistency and quality. Supervision was done during data collection, debriefing, and analysis. The field manager, co-manager, and supervisors did spot and back checks. Senior and midlevel researchers visited the field to improve the data. Supervisors reviewed schedules daily and observed certain interviews to guarantee effective fieldwork monitoring and quality data.

Researchers conducted spot checks to verify the accuracy of the data and monitored fieldwork and provided technical support to field employees. Supervisors analyzed interviews. Field Supervisors, Field Managers, and Team Leaders backchecked 30% of completed interviews (by phone or in person). Datascape has permanent Quality Auditors (QA) who report directly to top management. The QA team backchecked and spot-checked the work of Field Interviewers (Data Collectors), Field Supervisors, and Field Controllers.

2.5.3 Quantitative Data Management



Datascape Research and Consultancy Limited collect quantitative data with Kobo Toolbox. Datascape ensured error-free data at every stage of the data management process and used strong logic to create the Kobo XLS Form for acceptable data. Our enumerators collected information using the submitted form. Datascape ensured data quality by constantly validating gathered information, holding online/phone meetings with field personnel, and offering regular feedback. Datascape initiated data processing and analysis after the research and deleted

inaccurate data, did a logical check, and removed outliers. Datascape additionally included 10% more surveys to ensure an adequate sample size.

2.5.4 Data Management for Qualitative survey

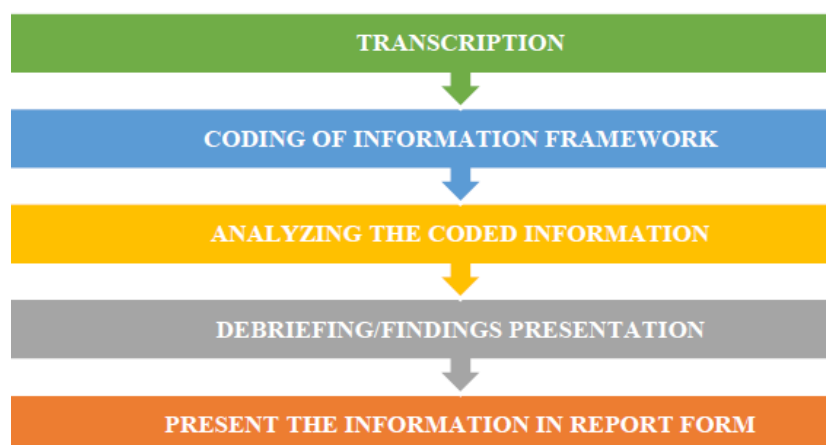


Figure 4: Qualitative Data Management

Just after completing the focus group discussion (FGD)/ Key Informant interview, Datascape makes a transcription of all qualitative interviews. The transcript was coded for analysis and finding. Finally, it was presented in the report with triangulation of quantitative data.

2.6 Data Analysis

After data collection, the data were downloaded, cleaned, transcribed and organised from the server (kobo cloud) and KII or FGD notes and transferred to SPSS/Nvivo for processing. The persons in the data set are not recognizable. After main editing and cleaning, Datascape used the data set for analysis, and backend programmers finished data cleansing and Validation. Datascape analyzed all the data, collected as part of this final evaluation study, which includes-

i. Indicator calculations

Baseline values for every indicator of the project were included in the logical framework and M&E plan using agreed-upon definitions. Datascape prepared questionnaires considering the needs of all indicators and completed a detailed indicator analysis and reporting framework along with the tools as per the M&E plan.

ii. Descriptive statistics:

Summary statistics to describe the characteristics of the data set were calculated as a first step in the analysis. This includes univariate analysis of frequency and percentage response distributions, as well as measures of central tendency and dispersion.

2.7 Limitations

The time for the data collection/fieldwork of the evaluation study was limited to 11 working days. However, to mitigate the challenge, Datascape deployed twenty enumerators and the initial plan was to deploy 10-12 enumerators and additional technical experts in the core team, which may

help to complete the task on time. All KIIs were conducted online to save time consumption from an in-person meeting. However, this online meeting might miss some information through non-verbal communication such as gestures or posture.

Chapter Three: Household Information

Several descriptive statistics, including graphical representations, are presented in this section to describe the distribution of the survey's key indicators. The analyses were also separated by gender and survey location.

3.1 Respondents profile

Among 682 respondents, female presence to represent household was way 43.2% more than males. The reason behind this is that in the particle society of camp and host communities, males are more likely to be out of the home during daytime, for work, carrying relief items, meeting friends etc.

Gender	Location		Total
	Camp	Host	
Male	26.10	2.30	28.40
Female	55.90	15.70	71.60
Total	82.00	18.00	100.00

Table 4: Percentage of respondents by gender by location

In both the host and camp, the IFRC provided shelter and WASH services. WASH and shelter services were made available to both males and females in both groups. The graph below demonstrates location and gender-disaggregated data for each component of the project. Male recipients of shelter were available able in the households mostly from camp and interviewed. Besides that, a substantial percentage of female (60.20%) respondents for wash components were interviewed more compared with male respondents mostly in the host community because male household members of the host community engaged in outdoor events.

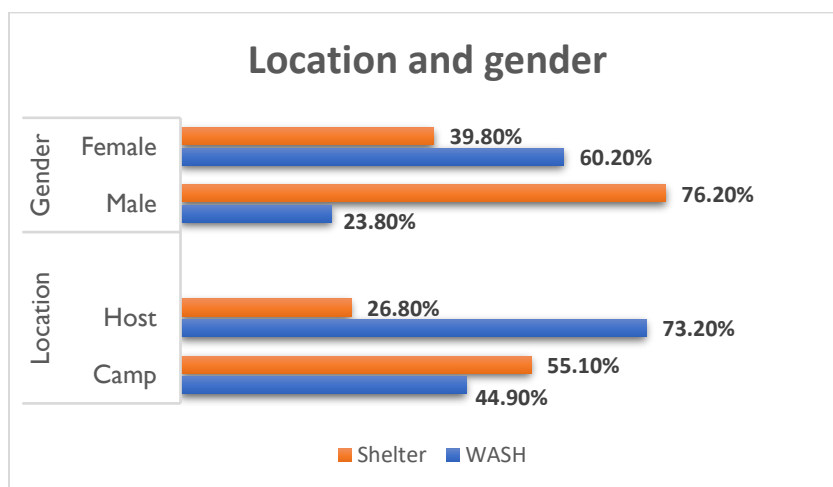


Figure 5: Percentage of respondents with access to WASH services and received Shelter facilities by gender and location.

3.2 Age distribution of the respondent

There were different age groups of the respondents for the study. The percentage of respondents' age by location is shown in Figure 6. Most respondents in both camps and the host are between the ages of 18 and 39. 43.50% of respondents are from the camps, compared to 60.20% from the host. Fewer elderly people are present in both locations. This suggests that the interventions are having a significant impact on young people's quality of life.

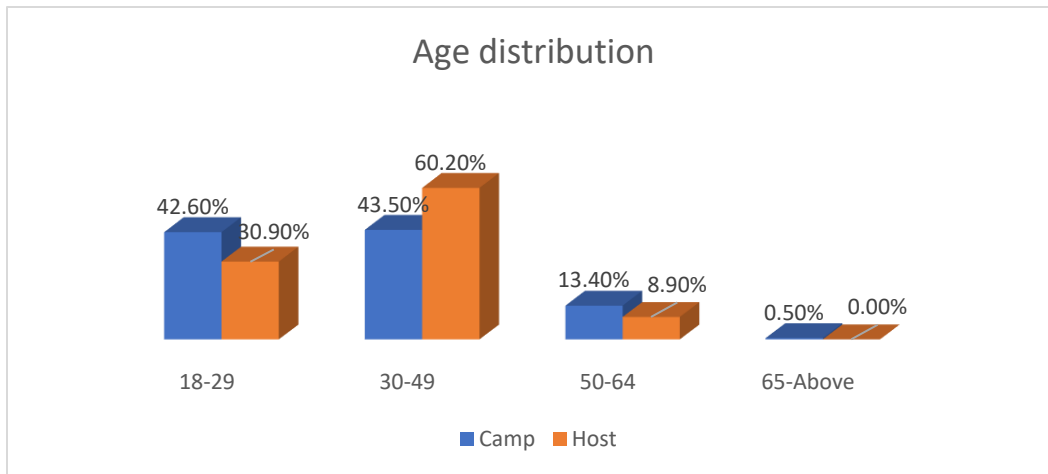


Figure 6: Age distribution of the respondents by location

3.3 Education level of the respondent by location

Having at least 4 to 6 members in a family indicates the social structure of the camp and the host communities.

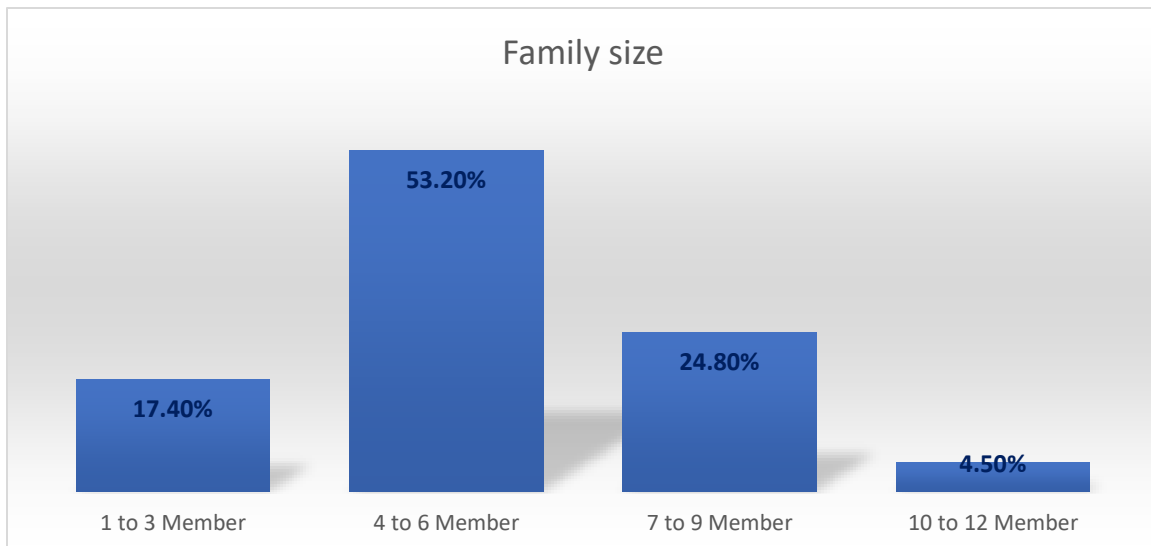


Figure 7: Percentage of a family member in the household

3.5 Marital Status of respondents

The marital status of the respondents is represented by the pie charts below. In the camp, 87.50% of respondents were married, while 92.70% of respondents in the host community were married. Divorced or separated respondents were slightly more prevalent in the host than in the camp, whereas widowed respondents were slightly more prevalent in the camp than in the host.

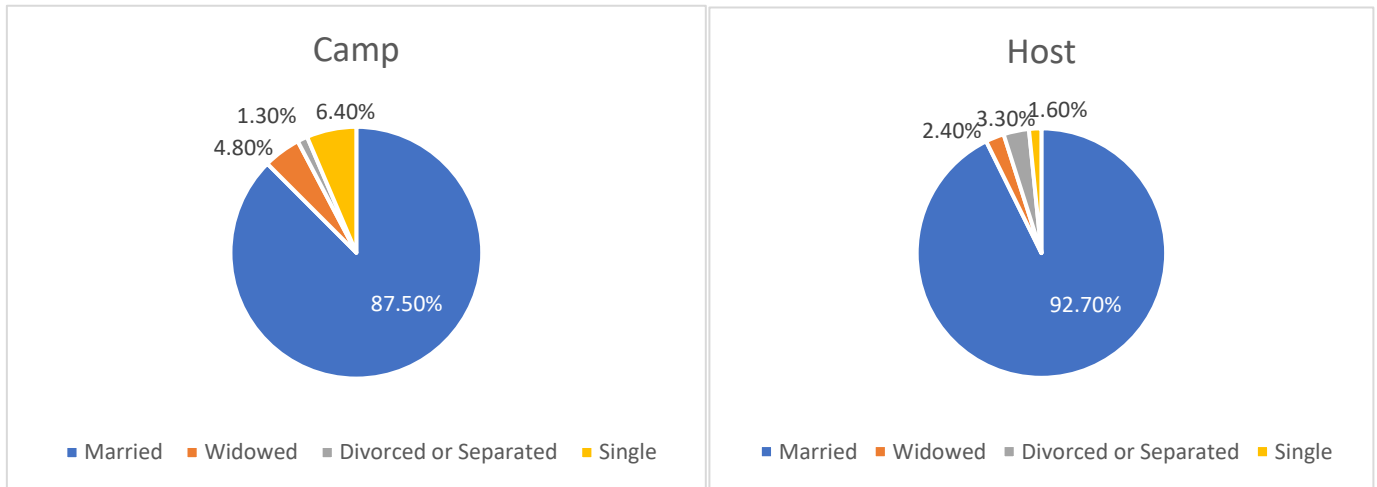


Figure 8: Percentage of respondents' current marital status by location

3.6 Disability status of the respondent

People with disabilities typically have various difficulties in every part of life. The displaced people have endured decades of injustice and measures. For the camp population with disabilities, life was more challenging. The following figure indicates that 5.70% of respondents in the camp have a person with a disability in their family, again, 10.40% of respondents in the host community have some disability in their family members. Datascape were very much focused on inclusion during the evaluation process so that the views of a person with a disability also included in the report.

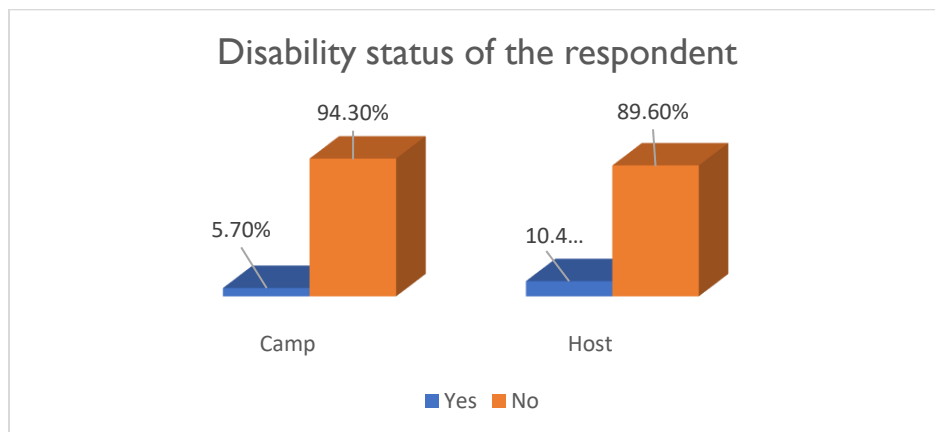


Figure 9: Percentage of households that have person with a disability by location.

The study describes the percentage of households that have persons with disability in both host and camps. In the host community, 21.10% of respondents report having trouble understanding or being understood, and in the camps, 25% report having the same problems. Self-care tasks like washing themselves or dressing are difficult for 47.40% of respondents, and 43.70% of them are from the camp. 31.20% of the respondents from the host community, who make up 63.10% of the total, report having trouble remembering or focusing. Surprisingly, 53.10 per cent of respondents from the camps and 73.70% of those from the host community reported difficulty in walking or climbing stairs. Even when using a hearing aid, 26.30% of respondents from the host community and 28.10% from the camps report having hearing problems. Furthermore, 28.20% of the respondents are from the camps, while 47.40% of respondents are from the host community and have vision problems despite wearing glasses.

Chapter Four: Findings and Discussion

This survey evaluates the appropriateness of the project interventions in terms of quality and quantity across all components that directly produce the targeted outputs.

4.1 Relevance

The IFRC along with BDRCS on the ground implemented the project intervention to increase community resilience by providing lifesaving services such as shelter, WASH, health care, livelihoods, DRR in camps and host communities, protection, PGI, and other cross-cutting approaches. The project provided a water supply network, water quality lab, tube wells, toilets, bathing places, Solid Waste Management (SWM) plant, Faecal Sludge Management (FSM) plant, Hygiene promotion and WASH NFI distribution which are most required by Forcibly Displaced Myanmar Nationals (FDMN) and host community. Further they need more toilets in camps and solid waste management unit in host community, but IFRC could not provide these do due to lack of spaces. IFRC kept good footprint in water network. Faecal Sludge Management (FSM) plant Additionally, IFRC distributed WASH NFI kits that helped maintain hygiene of the FDMN (Consumable and non-consumable Hygiene kits) and host community (MHM kits). On operation and use of these facilities, the target camp and the host communities changed their lifestyle. For example, people of the FDM and host communities did not any longer require going far to fetch water in the targeted areas. They got skilled up to store and disinfect water. Also, they became aware of consuming less water. They started to understand the value of water. In the health sector IFRC built PHCC in Balukhali and MCHC center Teknaf. IFRC provided sanitation awareness to more than 1,000 volunteers, ensured community engagement and reception of feedback. Those activities improved their sanitation hygiene habits. According to one of the key informants of the host community, the project made significant change in their locality. Specially, the farmers got benefited by the shelters and essential equipment and water supply facilities. According to the survey, 39.88% of the respondents have only one room, 39.00% have two rooms, 15.54% have three rooms, 4.69% have four rooms, 0.6% have five rooms, and 0.3% have six rooms. The report also includes information on the percentage of respondents who are aware of BDRCS/IFRC water stations. Approximately 81.20% of respondents claimed they were aware of BDRCS/IFRC water points, whereas 18.80% said they did not have BDRCS/IFRC water points. The DAPS center will shortly be handed up to the government. These approaches are also appropriate for both communities. The FGD and KII responders were pleased with the results.

During the FGD sessions, the respondents expressed their views regarding the appropriateness of the interventions— for meeting their requirements and desires. They were pleased with the

Three years ago, the most painful thing was that we didn't have a decent place to live. We are so pleased that IFRC will hand over us a shelter very soon.

*Focus group discussion,
Community Member form the Camp*

overall improvement in their standard of living compared to the previous three years. They were delighted to receive shelters from the IFRC because it would make life easier for them.

Previously, they had trouble using toilets, but after interventions they had access to latrines near their shelters. They got several equipment's and daily requirements for their shelter: proper roads and stairs, necessary furniture for use, tube wells and water tap for access to safe water, soap, hand wash and improved hygiene and sanitation procedures by IFRC.

“End of the day, it feels so relaxed that we don't have to worry about a shelter anymore.”

Respondent of Focus Group Discussion

Various community awareness meetings educated them on the importance of hand washing, household safety and security, and toilet cleanliness, among other things. They also had the opportunity to learn more about a variety of topics because of the meetings.

Regular WASH and PGI training instilled hope in the societies of both the camp and the host communities. The communities valued the access to WASH services provided by the IFRC. The Program made significant contributions to improving WASH, Shelter, Health and PGI in both camp people and host communities. The main accomplishments of this project thus far have been providing beneficiaries with shelter and WASH services. Beneficiaries' standard of living improved because of the facilities provided.

“Before this project, we didn't have access to water and sanitation services in such a lovely and clean atmosphere.”

-Key informant Local elite.

Awareness programs, especially awareness about hygiene and sanitary was impactful for both the camp people and the host communities. They are pleased with the hygiene kit given by RCS to their girls. All these made the environment clean, and the cleanliness brought a positive energy to the society.

The IFRC assisted people in a variety of ways, including assisting them in rebuilding their shelters and shelters in a safe and secure manner, strengthening their ability to support themselves through financial aid or the provision of tools and equipment, and repairing or rebuilding the community's infrastructure, including its water and sanitation, health, and housing systems. During the FGD sessions, respondents expressed their views on the intervention's suitability for meeting their needs and desires. They did not have as many facilities three years ago, but IFRC operations have significantly improved their quality of

“They didn't design the facilities for us based on their preferences; instead, they consulted with us to determine what we needed. And this has made the initiative particularly relevant to meeting the requirements of our community.”

-Key Informant

shelters lives. Their current shelters are destroyed during storms, but the IFRC-donated shelters will may not be destroyed, allowing them to live in peace. The IFRC provided disaster preparation training. Men and women have been included equal in various IFRC activities, because of numerous meetings, they are learning a great deal.

4.2 Effectiveness

Effectiveness is the ability or capacity to achieve a desired outcome. During KII session respondents said that by providing safe drinking water under WASH, they no longer had to worry about water. Poor farmers received daily necessities and facilities. They felt that if such a project were ongoing, it would be most beneficial in improving the quality of life of the lower middle class and lower-class people.

“I think that the main success of the project so far has been creating awareness within the people. Through various trainings and awareness programs of IFRC we have been able to remove the ignorance within our minds. As it has helped in achieving the goals of this project, it has also improved our quality of life.”

-Respondents of Focus Group Discussion (Local Leader)

The overall progress of the project in terms of effectiveness is moderate considering the attainment of its outcome and outputs of health, WASH, shelter and PGI. The sections below provide updates on various outcomes.

4.2.1 Improved access to health services

The PHCC for COVID 19 pandemic has been delayed in opening. The PHCC already has a 10–20 bed in-patient capacity set up, but still in under construction. PHC services in Balukhali and Ukhia Upazilas are aimed at 25,000 residents of the host communities and the displaced population.

Statements	2022 Final evaluation
Outcome Indicator 1.1. Number of people who receive health services from the newly built PHCC and MCH center.	0

The 370 square meter Mother and Child Health Care Center (MCHC) in Teknaf, which includes all utilities, was completed in February 2022. The MCHC is expected to serve approximately 60,000 people from surrounding areas, referrals from other healthcare facilities, and patients from the district hospital, prioritizing women and children to provide the necessary maternal and childcare services.

4.2.2 PHCC and MCH center

The MOHFW-managed by Ukhia Upazila Health Complex is the only permanent hospital in the region with a 40-bed inpatient capacity. The Ukhia Upazila Health Complex and PHCC will develop two-way referrals; the distance between the two facilities is roughly 11 kilometers (approximately 20- 30 minutes by car). Less than a kilometer away from the Kutupalong extended camp, the proposed PHCC will be able to provide services to the displaced populations which is ready to be operationalized after the ongoing HR recruitment process reportedly undertaken by a committee led by representatives from Ministry of Health and Family Welfare (MoHFW).

Outcome Indicator and Target	Baseline	2022 Final evaluation
Outcome Indicator 1.1. Number of people who receive health services from the newly built PHCC and MCH centre Target: 25,000	0	PHCC: To be operationalize in early 2023. MCHC: 3,111 (as of 31 Dec 2022)
Outcome indicator 1.2: % of people surveyed who indicate the time to access health services have been reduced due to the new PHCC and MCH center. Target: 50%	0	PHCC: To be operationalized in early 2023. MCHC: 100%

The PHCC will be within the host community alongside the camp area and will offer the service to people from Rakhine and host both. The available ambulance will offer the transportation for referral cases from camps to PHCC. The PHCC will become an integral part of the Ministry of Health and Family Welfare (MOHFW), the MOHFW has identified that up to 35 new PHCCs are required to provide sufficient health Promoting pro-poor and inclusive growth resilience of at least 227,000 people (host and displaced community) in Cox's Bazar is strengthened.

The MOHFW will manage the PHCC by providing health service providers and other staff needed for operating and maintaining the PHCC; actually, providing medications, equipment, and other health logistics in accordance with the Essential Service Package; and creating referral links with other pertinent health facilities.

The MCHC on the other hand located in Teknaf host community has been functioning since September 2022. All the respondents of the patients and household representatives in the catchment area reported that their access to maternal health service had been improved reducing the travel time, transport cost and waiting time at the centre. To expand community outreach health activities and increase access to primary healthcare, maternity and child health services for vulnerable people, training of community-based health and first aid volunteers from the PHCC and MCH catchment communities will also be started.

4.2.3 Access to safe water

The table below shows the percentage of people who have access to water. According to the study, 93.30% of respondents in the camp have access to water. In the host community, however, 96.00% of respondents have access to water.

Indicator and Target	Baseline	2022 Final evaluation
Outcome indicator 2.1: Percentage of people in the camps & host community have access to improved & safe water system.	Host: 44% Camp: 61%	Host: 93.30% Camp: 96.00%

Figure 11 depicts the percentage of drinking water sources in both the host and camps. Among the respondents, 66.10% have access to safe drinking water through water supply network in the camps. On the other hand, only 11.10% of respondents have supply water (piped) outside the house/ pipe stand in the host community. Only 0.80% of participants in the Camp and 42.20% of participants in the Host have their own tube well. Furthermore, only 3.3% of the respondents in the Host and 27.50% in the Camp have access to community tube well.

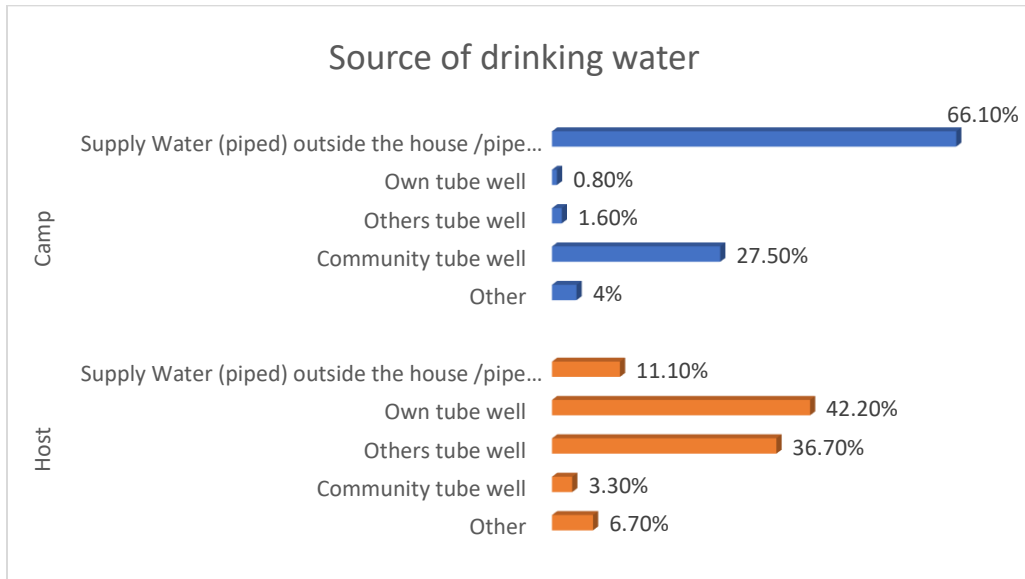


Figure 10: Percentage of sources of drinking water by location

4.2.4 Access to improved sanitation.

The following table shows the percentage of access to sanitation by location. About 88.40% of the respondents have access to sanitation in the camp. On the other hand, 94.60% of the respondents have access to sanitation in the host.

Indicator and Target	Baseline	2022 Final evaluation
Outcome indicator 2.2: % of targeted population with access to equitable sanitation facilities to maintain good hygienic life behavior.	Host: 44% Camp: 61%	Host: 94.60% Camp: 88.40%

The graph below (Figure 12) represents the percentage of toilet facilities that respondents typically use in their households. In the Camp and Host, most respondents (56% and 44.60%) were using pit latrines with slabs. Moreover, in the Camp, 11.20% of respondents were using pour flush latrines. Only 4.10% and 7.10% of respondents in the Camp used pour flush to septic tank and pour flush to pit latrines, respectively. In the Host, however, these percentages were 19.60% and 30.40%, respectively. According to project data, A Faecal Sludge Management (FSM) plant were built in Camp 19 block D for 5500 people as well as 11 block level Solid Waste Management (SWM) plants in Camp 18 covering at least 14,000 people. The project also repaired and maintenance work of latrines in the same FSM area of Camp 19.

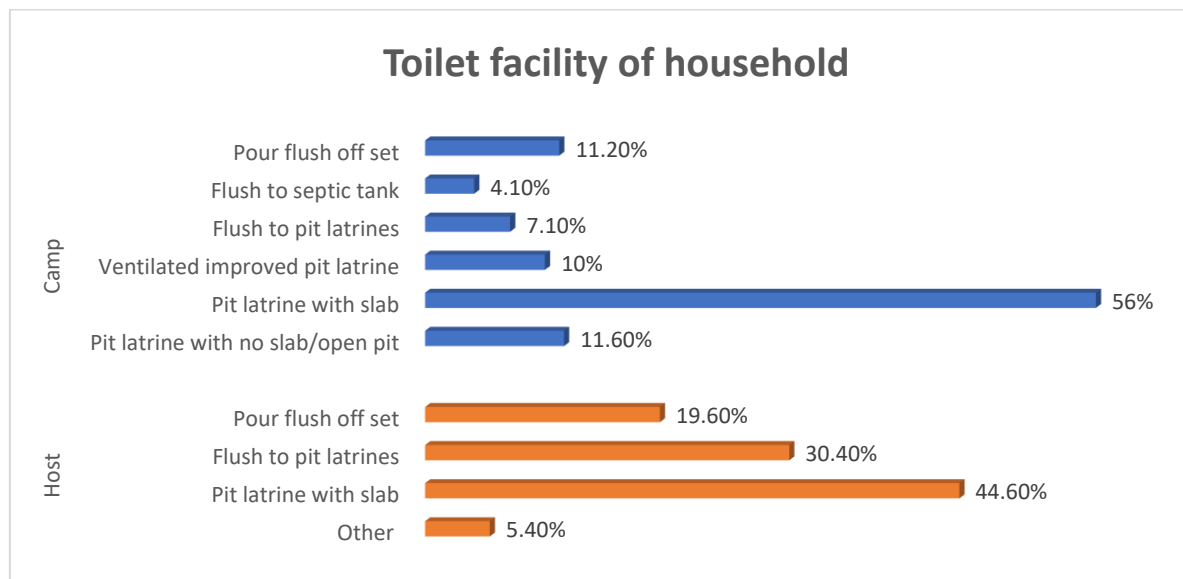


Figure 11: Percentage of types of toilet facility what respondents usually use in their household by location.

4.2.4.1 Shared Toilet Facility

The respondents live in a society where they must share various basic necessities with others. Figure 13 depicts the percentage of shared toilet facilities that are not used by household members. In the camp, almost all (97.10%) of respondents share their toilets with people who are not family members, while in the host community, 39.23% of respondents share this facility with others who are not household members.

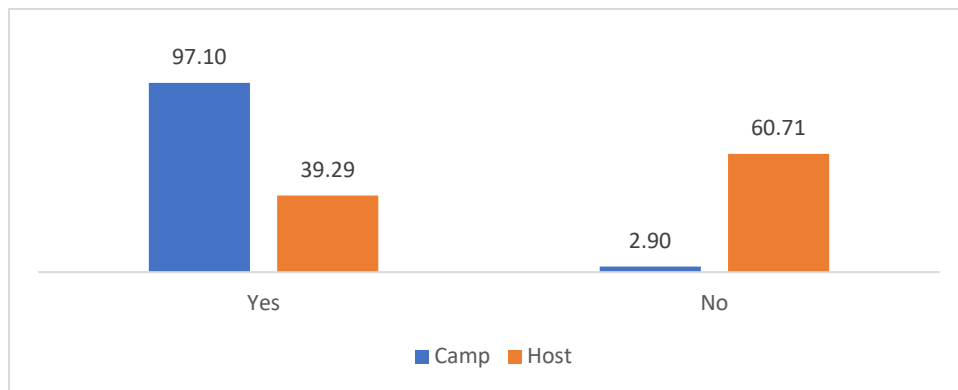


Figure 12: Percentage of sharing toilet facilities except for household members by location

The graph below illustrates the percentage of latrine cleanliness. Compared to host, a little lower proportion of camp respondents admit to toilet cleaning daily or every three days. About 39% of camp respondents and 22% of host respondents clean their toilets weekly. In the camp, 2.80%, 2.80%, and 1.20% clean their toilets every ten, fifteen, and twenty-one days, while in the host, 5.60%, 8.90%, and 0% do so. Most people utilized the communal toilet facilities in the camp, which were run by a specific management and were therefore cleaned according to their timetable. In contrast, household-level toilets are not regularly cleaned because of ignorance or a lack of awareness.

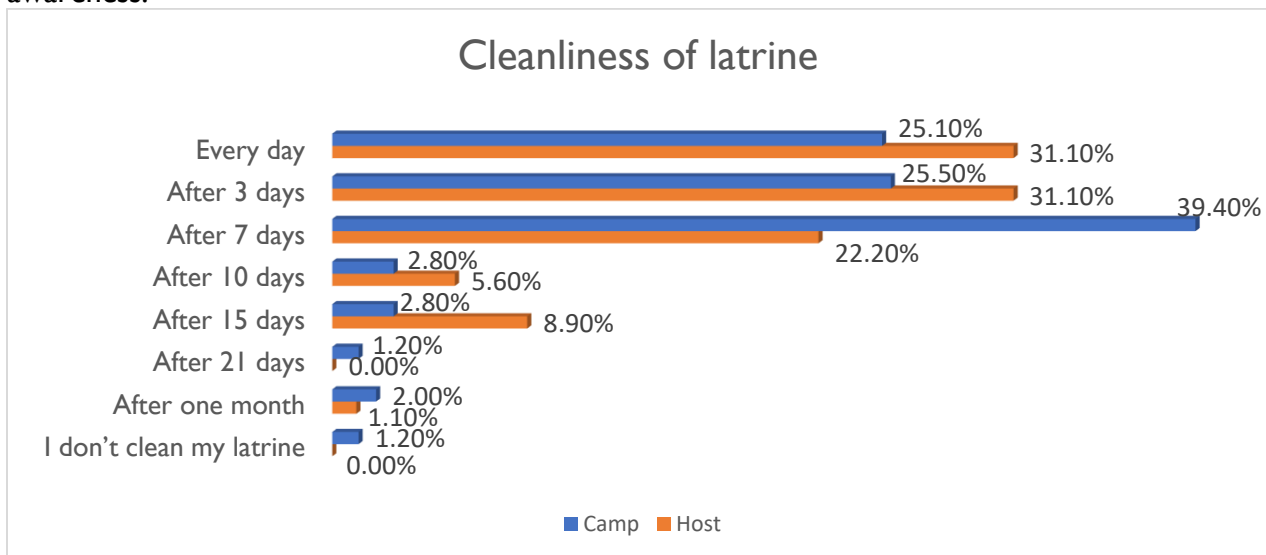


Figure 13: Percentage of cleanliness of latrine by location

According to field data, 89.10% of respondents admit to emptying the septic tank or pit latrine. 10% of respondents have never emptied their septic tanks, and 0.90% are unaware of their existence. During FGD session, respondents said they received toilets from IFRC during FGD. They'd never been able to afford such a toilet in their lives. The IFRC provided us with a variety of supplies, including buckets, water reservoirs, soaps Even after 2 years, the IFRC-constructed toilets appear to be in good condition. The respondents seem very happy to have the toilets with good quality materials. The study data also shows, most respondents (75.10%) say the BDRCS staff and volunteers helps them clean their toilets. 12.60% of them come into direct contact with the sweeper. 2.30% of respondents seek assistance from a neighbor, and 1.20% seek assistance from family members. 7.90% of the respondents take others support to clean their toilet.

4.2.4.2 Children stools management

The figure depicts the proportion of children (under the age of 5) who pass stools. The yard is used by 45.02% of respondents' children under the age of five in the camp and 27.78% of respondents' children under the age of five in the host. Furthermore, 39.84% of respondents' children in the camp and 22.22% of respondents' children in the host use a latrine at home.

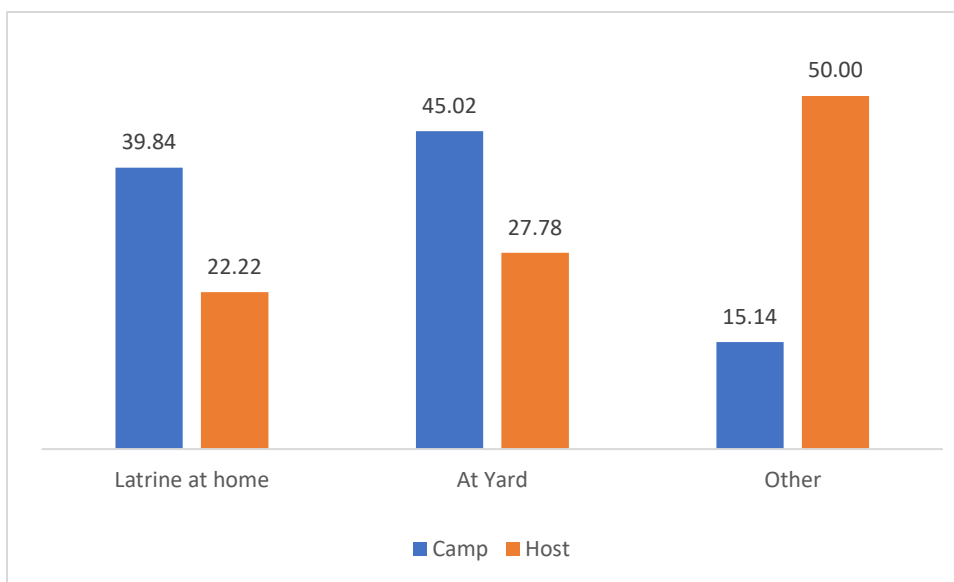


Figure 14: Percentage of (under 5 years of age) children discharge stools by location.

During the rainy season, there is a risk of submerging the toilets. Sometimes problems occur because of flood water. The percentage of toilets that are submerged in water is depicted in the bar graph below (Figure 16). The toilets of 88.40% of respondents in the camp and 94.40% of respondents in the host were not submerged. 11.20% of respondents in the camp and 3.30% in the host reported toilets that had been submerged by rainwater. Furthermore, 0.40% and 2.20% of respondents in the camp and host, respectively, reported that their toilets were submerged by flood water.

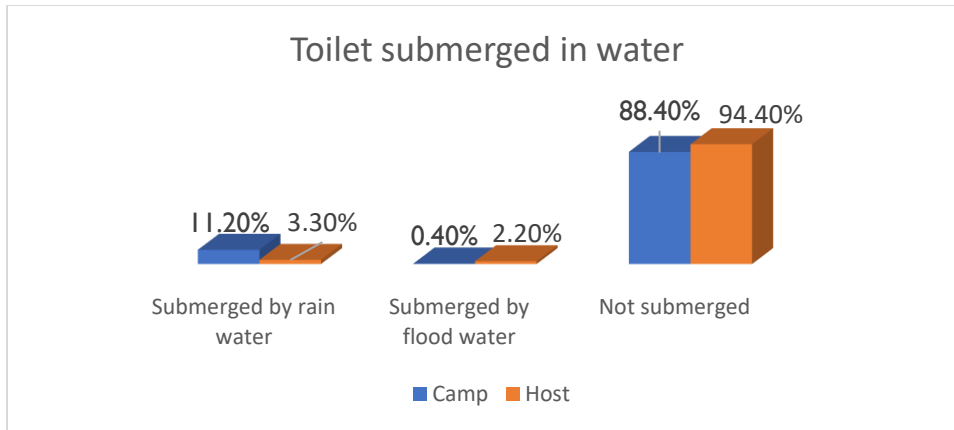


Figure 15: Percentage of toilet submerge in water by location.

4.2.4.3 Using items during the menstruation period

The IFRC also delivered menstruation kits, which included reusable cloths, panties, laundry soaps, and 5-liter buckets. The graph below depicts the percentage of different types of items that women use during their menstruation period. During the menstruation period, 37.10% of female respondents in the camp and 8.90% of female respondents in the host use reusable pads. Moreover, 33.90% of respondents in the camp and 53.30% of respondents in the host use reusable cloths; 22.30% in the camp and 35.60% in the host use pads. Only 6.8% of camp respondents wear panties.

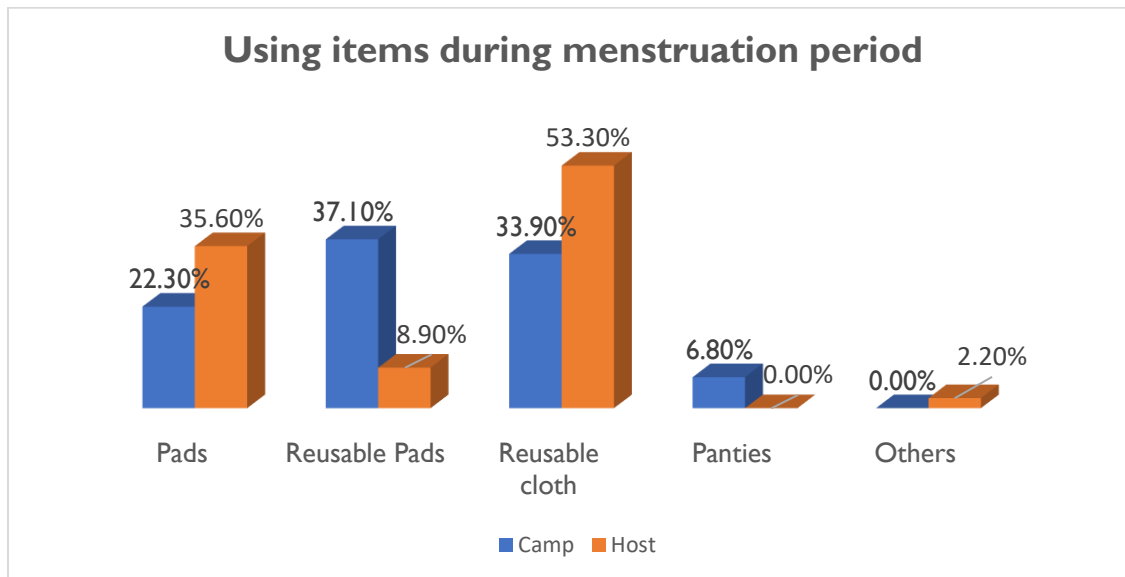


Figure 16: Percentage of types of items female uses during their menstruation period by location.

4.2.4.4 Dump wastage and garbage

Table 6 shows the percentage of dump waste and garbage generated by location. In the camp, half of the respondents (51.80%) receive assistance from BDRCS and IFRC that collect waste and garbage. This support, however, was lacking in the host community. In the host, most respondents (68.90%) dump waste and garbage in and around the shelter stead, whereas in the camp, less than 1% of respondents dump waste and garbage around the home. Surprisingly, 46.60% of respondents use a garbage bin, but this figure is much lower (4.4%) in the host. It is found that, in camp, most of the wastage and garbage collected and managed more systematically by NGOs than host community. Host community have their own dumping system nearby their home but in camp, they mostly depend on the service providers.

Dump wastage and garbage	Location	
	Camp	Host
In & around Shelter stead	0.80	68.90
Ditch	0.40	16.70
Canal/river	0.00	10.00
Garbage bin	46.60	4.40
Collected by city corporation /local authority	0.40	0.00
Collected by NGO	51.80	0.00
Total	100	100

Table 5: Percentage of dump wastage and garbage by location

4.2.4.5 Improved hygiene practices

Improved hygiene is well-documented and widely acknowledged as an efficient method of infection prevention and pathogen transmission management. The promotion of good hygiene practices is also widely acknowledged as a practical, convenient, and cost-effective public health intervention to prevent and control the spread of infectious diseases and promote good health.

Indicator and Target	Baseline	2022 Final evaluation
Outcome indicator 2.3: Percentage of target population that has improved of hygiene practices to prevent disease outbreaks. Target: 20% increased practice	Host: 76.29 Camp: 67%	Host: 95% Camp 95%

The proportion of critical time for responders to wash their hands by location is shown in the table below. More than 95% of responders in the host and camp wash their hands before making food. Almost all responders in both communities wash their hands before eating. Furthermore, the proportion of responders in the host who wash their hands before feeding their baby was much lower (36% less) than in the camp. At comparison to the host, around 13% more responders in the camp washed their hands after using the toilet and after cleaning the baby's potty/stool.

Critical times	Host		Camp	
	count	Percent	count	Percent
Washing hand before preparing food last time (yes)	87	96.7	248	98.8
Washing hand before taking a meal (yes)	90	100.0	249	99.2
Washing hand before feeding your baby last time (yes)	49	54.4	227	90.4
Washing hand after using the toilet (yes)	86	95.6	233	92.8
Washing hand after washing your baby potty/stool by your hand (yes)	69	76.7	225	89.6

Table 6: percentage of critical time of washing hand for respondents by location

4.2.5 Shelter facilities

Shelter facilities are the most valuable and appreciated by the beneficiaries of both communities. Respondents stated in focus group discussions that BDRCS/IFRC provided them with shelter, making them much happier and safer than before. They are also very pleased and satisfied with all these facilities.

4.2.5.1 Types of shelter

This study deals with the issue of shelter management of the displaced people of Bangladesh. The graph below demonstrates the percentage of respondents who live in various types of shelter. The study discovered that 100% and 78.80% of respondents in the camp and host respectively shelter is kacha. There are no semi-paka and paka shelters in the camp; however, 15.20% of respondents' shelters in the host are semi-paka and 6.10% are paka (Table 88).

Types of shelter	Location	
	Camp	Host
Kacha	100.00	78.80
Semi Paka	0.00	15.20
Paka	0.00	6.10

Table 7- Percentage of types of shelter by location

The majority of the FDMN camps' shelters were made of bamboo and thin plastic sheets. However, newcomers to the camps have built bamboo structures and covered them in plastic sheets found nearby. About 99% of respondents' shelters are made of

straw/bamboo/polythene/plastic/canvas. Tin is used to construct less than 1% of all respondents' shelters, while brick or cement is used to construct 0.3%.

4.2.5.2 Access to safe water in shelter

The research reveals that 90.30% of camp respondents and 81.8% of host respondents indicated their households have access to safe water, whereas 9.70% and 18.20% of respondents from both sites said there is no such access.

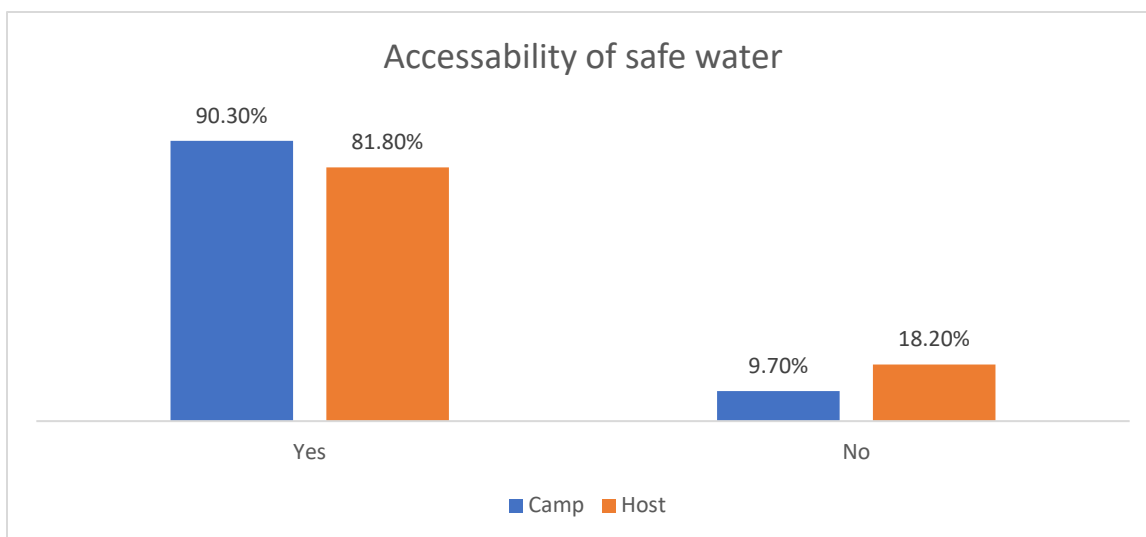


Figure 17: Access of safe water by location

This paper indicates waterbodies (such as rivers, streams, lakes, reservoirs, springs, and groundwater) that supply water to both public drinking water sources and private wells are referred to as source water. 47.5% of respondents have access to supply water (piped) outside their shelters, 11.1% have access to supply water (piped) inside their shelters, 4.4% have their own tube well, 5.6% have access to other tube wells, 31.1% have access to community tube wells, and 0.3% use a shallow tube well in their shelter.

4.2.5.3 Types of toilet facilities in shelter

The table below shows the percentage of different types of toilet facilities that respondents use in their shelters. According to the study, in the camp 56% of respondents use pit latrines with slabs, 11.60% of respondent use pit latrines with no slab/open pit, and 11.20% of respondents have flush to the piped sewer system. On the other hand, in the host, 44.60% of respondents use pit latrines with slabs, 30.40% of respondent use flush-to-pit latrines. In addition, the survey found

that 23.20% of respondents claimed there is no drainage surrounding the shelter, while 76.80% claimed there is adequate and functional drainage around the shelter.

Types of toilets	Location	
	Camp	Host
Flush to piped sewer system	11.20	0.00
Flush to septic tank	4.10	19.60
Flush to pit latrines	7.10	30.40
Ventilated improved pit latrine	10.00	0.00
Pit latrine with slab	56.00	44.60
Pit latrine with no slab/open pit	11.60	0.00
Other (Specify)	0.00	5.40
	100.00	100.00

Table 8: Type of toilet facility households usually use by location.

4.2.5.4 Security for women and girls in shelter

Women have a right to live without experiencing violence, harassment, or discrimination, as well as to have barriers to harmful environments removed. It can support women in achieving their full potential as people, and contributors to the workforce, communities, and economies. Here the graph shows that 95.10% of women and girls in camp feel safe and secure in their shelter while 51.50% of women and girls in host feel safe and secure in their shelter (Figure 19).

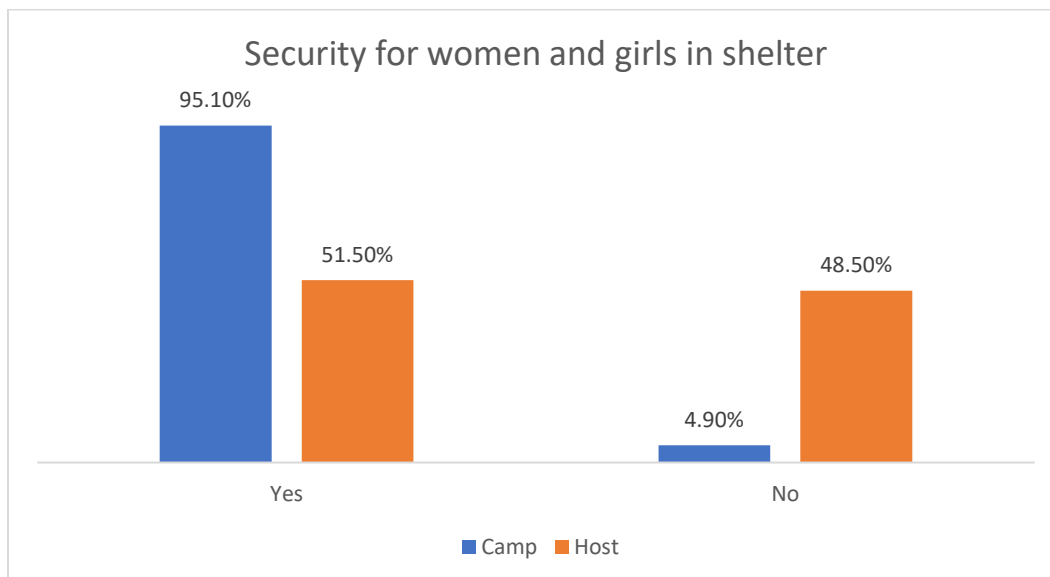


Figure 18: Percentage of security for women and girls in the shelter by location

The study found that a percentage of the shelter has at least one partition wall to provide privacy. In this survey, 97.10% of respondents claimed that their shelter had at least one partition wall to give privacy, while 2.90% claimed that their shelter has no partition walls at all.

4.2.5.5 Protection from different threats

According to the table below, 13.78% of respondents are not protected from fire, 27.86% are somewhat protected, and 58.36% are fully protected. Again, 22.87% are unprotected, 35.19% are somewhat protected, and 41.94% are completely protected from heavy rain. Similarly, 24.05% of respondents are unprotected, 22.58% are somewhat protected, and 53.37% are completely protected from cyclones or strong winds.

Threats	Not protected (%)	Somewhat protected (%)	Fully Protected (%)
Fire	13.78	27.86	58.36
Heavy rains	22.87	35.19	41.94
Landslides	20.53	22.58	56.89
Theft/Intrusion	8.5	14.08	77.42
Flooding	20.82	20.82	58.36
Cyclones/Strong winds	24.05	22.58	53.37

Table 9: Percentage of shelter protects household from different threats.

4.2.5.6 Satisfaction with the shelter service

The respondents expressed their full satisfaction with the IFRC’s shelter service. Here the following graph shows that 81.80% respondents are very satisfied, 17.30% are fairly satisfied and 0.90% respondents are not satisfied about their service (Figure 20). During KII respondents says,

“I believe that the IFRC program's primary and most beneficial function is providing shelter. We no longer have to endure sleepless nights because of shelter facilities.”
 -KII Participant

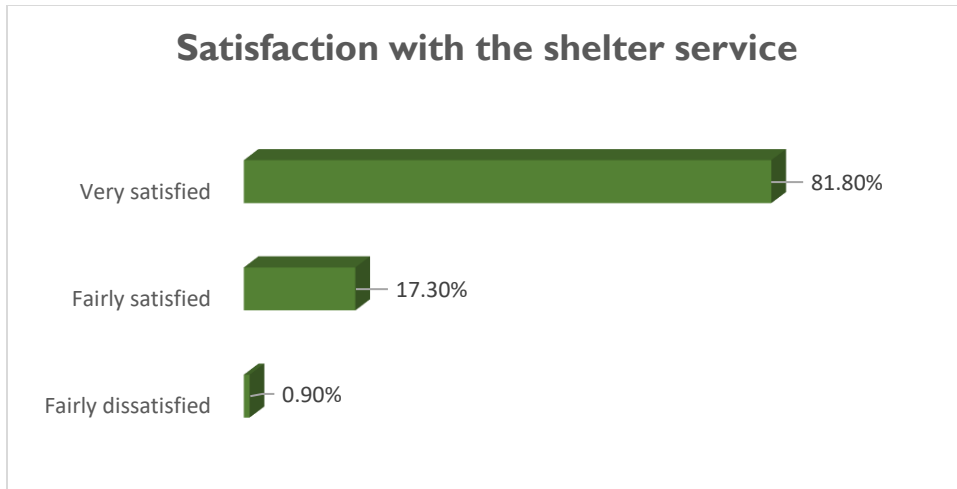


Figure 19: Percentage of satisfaction with the shelter service by location

During the focus group discussion, the respondent stated that they couldn't sleep during storms for various reasons when they didn't have a house. They now have a place to live and a safe place to sleep. This feature is the most useful to them. Furthermore, all the work done by the IFRC has been beneficial to them, particularly during the COVID era.

4.2.6 Protection Gender Inclusion (PGI)

The respondents to this project demonstrate that, prior to three years, their girls were not very involved in various outdoor activities. However, because of BDRCS training, they are more aware of their rights and outdoor activities.

4.2.6.1 Women and girls safely movement

The below table shows that, within 341 women and girls 97.65% can move safely in water points, 95.01% can move safely in latrines, 92.38% can move safely in bathing spaces, 93.55% can move safely in educational institutions, 88.86% can move safely in medical center.

Area	Yes	No
Water points	97.65	2.34
Latrines	95.01	4.99
Bathing spaces	92.38	7.62
Market Places	72.73	27.28
Educational Institutions	93.55	6.45
Relative's houses	87.98	12.02
Flood shelter	83.58	16.42
Relief distribution points	83.28	16.71
Medical center	88.86	11.14

Table 10: Percentage of women and girls safely movement

4.2.6.2 Gender Based Violence in communities

The table illustrated that 36.80% of respondents were aware of emotional, physical, and sexual violence. In the same way 81.40% and 81.10% respondent know about emotional and physical violence respectively, 59.10% know about sexual violence, and 29.80% respondent know about socio-economic violence.

Common form of GBV	Percent
Emotional	81.40
Physical	81.10
Sexual	59.10
Socio-economic	29.80

Table 11: Percentage of common form of GBV

4.2.6.3 Experience and types of GBV face in respondent's household

The study shows that in the camp 99.80% respondent did not face GBV in their household. In the host community, 71.50% respondents did not face any GBV in their household. It is found that gender-based violence against women is more prevalent in the host community (28.50%) than in the camp.

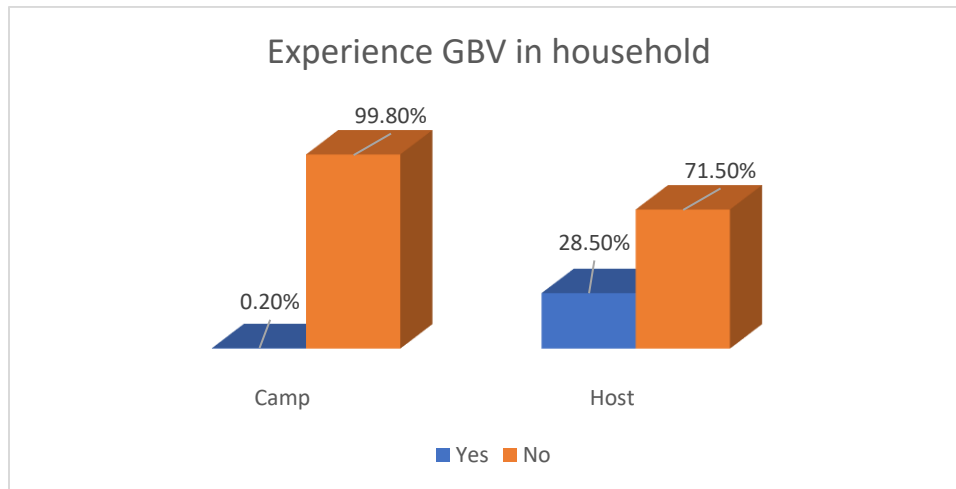


Figure 20: Percentage of Experience GBV in respondent's household
Among the women who faced GBV, Physical and sexual violence were experienced by 87.2% and 35.9% of respondents who have experienced GBV, respectively. 10.3% faced verbal violence, while 53.8% faced emotional violence. In that situation, 2.30% respondent didn't know where to report for support or service for any form of violence and 97.70% knew about this.

4.2.6.4 Received BDRCS/IFRC service

The study showed that 95.30% and 88.60% of respondents received protection-related training from BDRCS/IFRC in the camp and host, respectively. The language of the information provided by aid workers/IFRC/BDRCS was understood by 96.70% of camp respondents and 99.00% of host respondents. Finally, 98.90% of camp respondents and 90.20% of host respondents receive BDRCS/IFRC services.

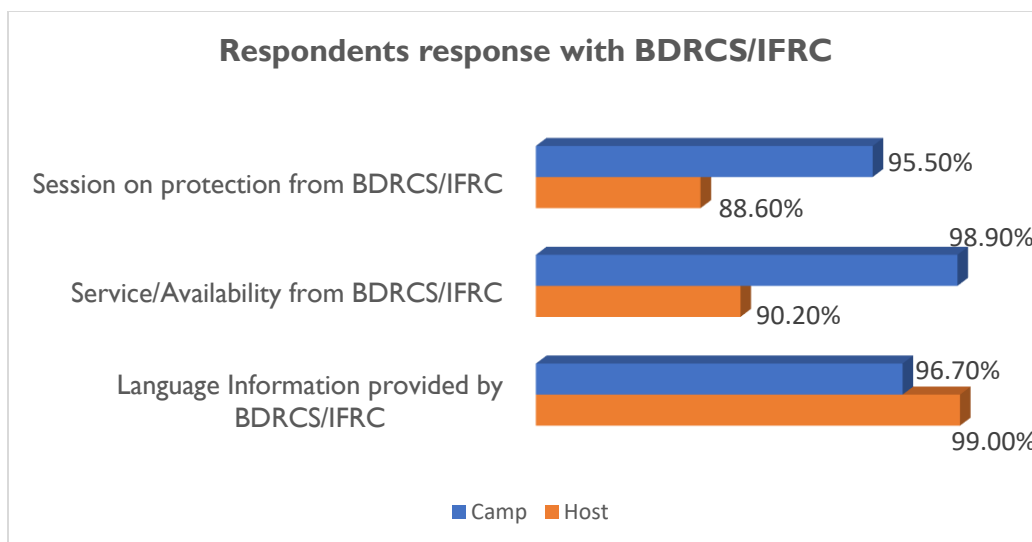


Figure 21: Percentage of respondent’s response with BDRCS/IFRC service by location

Respondents stated during the FGD session that NGO BDRCS/IFRC provides them with information about gender equality, protection, and gender-based violence, among other things, through various awareness events. They have attempted to secure themselves in this way, and the IFRC project has made significant contributions in this regard.

4.2.7 Improved socio-economic conditions

Improved socioeconomic conditions for those most vulnerable, such as women, children, the elderly, and people with disabilities. Socioeconomic conditions will be improved by establishing a single Dignity, Access, Participation, and Safety (DAPS) center where communities can interact and gain access to psychosocial assistance, safety, information, and feedback mechanisms, as well as by restoring dignity to those who are most vulnerable.

Family linkages services are provided by the BDRCS and community volunteers. The DAPS center also assists the vulnerable host community in escaping poverty.

Indicator and Target	Baseline	2022 Final evaluation
Indicators: Number of people benefiting from the DAPS Centre and its activities Target: 15,000	0	0

In an emergency, this center will also serve as a cyclone shelter. For both communities, the IFRC began to develop and implement various training programs for basic protection, gender equality,

and inclusion. In collaboration with other organizations, they organize awareness-raising sessions on child protection, sexual abuse against women, and gender-based violence in displaced and host communities, and they provide referral services. Local demands and the design process driven by the community also encourage women's committees and protection organizations at each project's location. The DAPS center will promote community participation and accountability. This may entail the creation of an open feedback system as well as a consultative multi-stakeholder platform.

According to the focused group discussions, the IFRC's training in protection, gender, and inclusion made their lives easier and taught them new things. They learned how to protect the facilities, furnishings, and shelter provided by the IFRC. For the first time, they learned about gender equality. Several meetings have been held to discuss the equal rights of boys and girls. These gatherings have assisted the community in becoming more positive.

Menstrual kits for girls are part of the camps' protection, gender, and inclusion initiatives. It helped the girls maintain proper hygiene while on their periods. They learned a lot about initiatives that promote gender equality, a healthier lifestyle, good hygiene, and women and children's safety. Girls are working outside the home, attending school and learning centers, and volunteering in greater numbers than in the past. Volunteers taught them how to protect their girls, how to treat women with respect, and how to value them. Women's participation in their communities increases because of awareness sessions, which benefits society. After the project is completed, the DAPS center will be handed over to the government to be maintained.

4.3 Efficiency

The efficiency of a program's processes is paramount to its success. To ensure efficiency, the project team and procurement team collaborated closely to make decisive and timely decisions, including expediting the procurement process of certain goods and services based on project requirements. The project was moderate efficiency considering the timely completion, use of resources and challenges encountered etc. The procurement team obtained all the project's inputs within the standard procurement time frame, allowing the project team to proceed with its activities as planned. The team also ensured value for money in all aspects of procuring project inputs by publishing advertisements for major procurements, collecting the best competitive price to ensure cost efficiency, and procuring all major inputs within the allocated budget.

Final disbursements were 51% as of October 2022, according to the budgetary summary. Some expenditures occurred after the reporting period that are not reflected in this summary, so the final financial report will show a different picture. With nearly 49% of its original budget remaining unspent and a consistent lag during implementation, the project planning and management would indicate moderate efficiency.

Type of Budget	Original budget	Revised budget	Expenditure as of October 2022	% against original	% against revised
A. Operation:	7,504,617	7,702,651	4,492,720	60%	58%
Outcome 1 (Health)	2,032,084	1,574,560	815,455	60%	58%
Outcome 2 (WASH & Shelter)	5,232,388	5,992,793	3,643,172	70%	61%
Outcome 3 (PGI)	149,475	135,298	34,093	23%	25%
Contingency cost	90,670	-	-	-	-
B. Staff cost	1,651,200	1,695,993*	304,259	18%	18%
C. Others (Evaluation & Audit)	283,000	75,411	13,411	5%	18%
Indirect cost (7.5%)	707,911	672,673	360,779	51%	54%
Total	10,146,728	10,146,728	5,171,169	51%	51%

Table 12: Overview of expenditure as of October 2022.

Mother & Child Health Care Centre (MCHC) and Primary Health Care Centre (PHC) was very vital components of the project. The COVID-19 pandemic delayed the completion of construction of the facilities (MCH and PHC). However, both facilities were completed within the extended time frame through successful collaboration with Director General Health Service (DGHS).

In major cases, the project activities were completed within the specified time and allocated budget, however, several challenges were faced during the implementation of activities, which

required rescheduling and revisiting planned activities. For instance, the construction of a water network, solid waste management system, latrines, bathing, etc. required land, but the project faces difficulties to manage land from the community as a result, it has affected timely implementation as well as the plan. Therefore, the project revised its plan, budget, and implementation strategy. The proper execution of the revised plan, the project implements the water supply network, Latrines, and Bathing facility, Solid Waste Management (SWM) plant (modified) Hygiene promotion and WASH NFI distribution and shelter in a highly efficient manner.

The project received government approval for the construction of the DAPS center in accordance with the plan, but the government abruptly prohibited the construction of a permanent structure inside the camp using building materials that were regarded as permanent, such as cement, bricks, and RCC. The work remained suspended until further authority approval.

After several discussions and negotiations, the government approves the construction of a DAPS center in a modified building made of temporary building materials. The restriction was imposed unexpectedly, which made it difficult to manage the project effectively. Given the promptness of the project's input to output conversion, the efficiency of the Is DB-funded project is therefore regarded as modest.

The project effectively used a large amount of technical and human resources to produce program outcomes. Furthermore, by effectively allocating project human and financial resources, the collaboration adopts greater efficiency. Service delivery is checked and balanced by effective project management, staffing, and financial management, which lowers expenses and overlaps.

The project was disrupted by COVID-19, and the lockdown was forced to halt the outreach campaign from March 2020 to September 2020, interfering with the project's scheduled operations during their most crucial stage of execution. Considering this, the project revised and rescheduled its planned intervention, delaying the conversion of inputs into outputs in a timely manner with the desired quantity and quality.

To ensure effective resource usage and higher impact, the initiative involved local government, local leaders, government, Chic, Ace, and other stakeholders.

The effectiveness of the project may also be assessed by looking at the documentation, reporting, and decision-making processes. The project activities were carried out under the direction of a logical framework and with the aid of M&E methods and instruments that were effective and clearly demonstrated excellent practice. The evaluation team discovered that all pertinent papers and information about program operations are accurate. The project also makes an investment in managing top-notch human resources, which enables effective project management. Building up staff capability was a successful strategy for making sure the project got the most out of it.

4.4 Sustainability

Beneficiaries are taking advantage of shelter and WASH services, which have made their lives more comfortable and safer than previously. They have modified their ways of life. Infrastructure development, on the other hand, will bring a resilient community to life.

The local accountability and monitoring systems or rules that promote the continuance of activities, the positive consequences will persist for a long time. The key informants predict an increase in community contributions over the next several years since they are now more prepared to manage protracted nature of the emergency. The project intervention of BDRCS with support from IFRC provide infrastructure construction, technical assistance, care and maintenance, engaging local community and awareness-raising initiatives. Their knowledge and expertise in crisis management increased.

From the start of the planning phase to execution, the project involves relevant local government departments, local elites, and community members. The nexus and synergy building among different stakeholders will be a crucial safeguard for the project's ongoing operations even after phase out.

To ensure the sustainability of the facilities, both the host community and the displaced population have undergone the appropriate training. Through awareness campaigns, they gained more information on better living circumstances. They understand the importance of safeguarding their houses, keeping WASH facilities clean, teaching kids, preserving good health, having access to safe water, and keeping their surroundings clean. The IFRC gave numerous tools for upkeep, such as bamboo, plastic ropes, and other items as they started to maintain the facilities.

After the project is finished, the infrastructure for the PHCC, MCHC, and DAPS centers will still be in place so that the communities may use the facilities. The facilities will be available to everyone in that region, including the recipients and other persons. Similar principles apply to housing, waste management, Faecal sludge management, and Wash facilities. The beneficiaries are aware of the need of maintaining the facilities' infrastructure.

Community leaders, Majhi, BDRCS/IFRC volunteers, and the authority uphold proper monitoring and responsibility to guarantee the sustainability of the facilities. The FGD participants expressed satisfaction with the project oversight and accountability offered by BDRCS/IFRC authorities. During the KII, one of the project's major sources claims that the BDRCS/IFRC would keep up the monitoring process for another two years to ensure. In this regard, to ensure sustainability, the fecal sludge management plant, solid waste management plants, WASH tools, PHCC, MCHC, and DAPS centers will be under care and maintenance by the BDRCS, and the local community in collaboration with the government.

The project interventions significantly increase the beneficiaries' understanding of their rights, social issues, cleanliness and sanitary concerns, gender equality, women's rights, inclusion, protection, and other topics. For instance, the final evaluation report reveals that neither community's impoverished women had access to their rights three years prior. They are reportedly more aware of their rights at this point. These lessons have a long-lasting impact on their communities. Their communities are changed in a lasting way by these lessons.

Chapter Five: Conclusion and Recommendation

5.1 Conclusion

The final evaluation presents conclusions and recommendations based on evidence and analysis. The recommendations and conclusions are pertinent and realistic, and they clearly suggest actions for the project's various stakeholders.

To summarize, the project was successful in gaining access to healthcare services and shelter and WASH facilities. The percentage of accessibility to WASH and shelter services in the camp and host communities is rising. Male respondents had higher access to shelter, whereas female respondents had greater access to WASH facilities.

The Construction of PHCC and MCHC facilities, sanitation services and education, assuring community involvement, and gathering beneficiary feedback, among other interventions, were shown to be quite effective. By focusing on tube wells and water taps for clean water, soap, hand washing, and better hygiene and sanitation practices, these efforts were effective in increasing awareness and inspiring the community. Through the facilities and support or the provision of tools and equipment, the project has provided community members the chance to rebuild their houses and shelters in a way that makes them safer and more secure while also enhancing their ability to sustain themselves. The project has also helped to restore or rebuild the community's infrastructure, including the housing, health, and security systems, as well as the water and sanitation systems.

Relevant stakeholders' active involvement in project activities has produced extra advantages. Participants in the initiative have easy access to the community because of their collaboration with stakeholders from the government and non-governmental organizations. It helps human rights groups connect and work together more effectively, ensuring their long-term viability.

5.2 Key Findings and Recommendation

Key Findings	Relevant Recommendations
Under the project, the MCHC in Teknaf has started on 12 September 2022 and PHCC has started recently. More time is required to know the benefit of health services from these centers.	it is recommended that the project can take the required initiatives to ensure quality service from the beginning i.e., maintenance, staff capacity building, focus on services recipients' feedback so that the intended community get right benefits from the intervention
It was found that due to unavailability of land, the project revisits its planned intervention for constructing WASH infrastructures.	Prior to planning for the construction of WASH infrastructure (i.e., FSM plant, SWM plants), the process of site selection for the structures involving CIC and Majhi (Headman/local representative) of the community at various stages.
The project repaired several communal toilets in camps. The number of toilet users per toilet should be reduced, though it is appropriate according to the sectoral guidelines, it becomes difficult for women, the elderly, and the disabled to use due to the overcrowding.	The number of toilet users per toilet should be reduced and accordingly the construction of toilets should be undertaken.
It is found that the project faced a sudden restriction from the government on the construction of the DAPS center and a modified building made of temporary building materials.	Therefore, it is important to engage relevant stakeholders, especially government duty bearers during the planning stage and critically review the existing policy and procedure for the construction of any infrastructure in the camp.
A very good number of project intervention initiated and completed such as DAPS, MCHC, and PHCC. The intended beneficiaries are just started to receive benefits of the intervention. Still, it requires lots of effort to functionalize and provide service to intended beneficiaries.	The Project requires to extent a new phase for rapping up the ongoing intervention. It is also recommended to prepare a sustainability and exit plan engaging multi-level stakeholders so that the results the achievements and impacts exits after end the project period.
It is found that 28.50% women faced gender-based violence in the host community and this is prominent in host community than camp.	Comprehensive awareness campaign is recommended to reduce GBV specially addressing the needs of host community. To deep-down the root causes of GBV in both communities, A separate study on gender barrier analysis should initiate.

Annexes



Ethical
Consideration.docx



Inception
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Annex 2 ToR_IsDB
Project Evaluation.pdf

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