TETRA TECH
International Development

The Evaluation of the AHP Bangladesh Humanitarian Response Phase III

Final report

1 Executive Summary

Background

The Australian Humanitarian Partnership (AHP) commissioned Tetra Tech International Development to conduct an independent final evaluation of the **Bangladesh Humanitarian Response Phase III** (AHP Bangladesh Phase III). AHP Bangladesh Phase III is a three-year phase (July 2020 – June 2023) funded as part of the Australian Government's Bangladesh Rohingya and Host Community Humanitarian Package (2020-2022) to address the ongoing needs of displaced Rohingya and host communities.

The evaluation took place between April and June 2023. The evaluation draws on document reviews and extensive fieldwork, including in-depth interviews, Focus Group Discussions (FGDs) and site visits to assess the extent to which AHP Phase III has progressed against agreed objectives. It documents outcomes, impact, and findings and provides recommendations for the next phase of the program. It also generates insights for AHP partners on the merits and drawbacks of the AHP consortium and implementation processes, such as localisation, accountability, and inclusion to effect system change within the humanitarian sector. Following budget reductions in 2023, the three-year program, ending between June – September 2023, is valued at approximately AUD42 million.

Findings from this evaluation are organised under the following headings: Program Design; Impact and Sustainability; Inclusion; Cost-effectiveness; and Levers – Localisation and Transparency. Findings have been analysed and presented against the five levels of the evaluation rubric, which is presented in Figure 1, below.

Figure 1. AHP Bangladesh Phase III Evaluation Rubric

Rating	Description
DIRE	The interventions are harmful and likely to perpetuate suffering, harm, or conditions that endanger affected people.
PROBLEMATIC	The interventions appear to cause stress or minor issues for the affected individuals or organisations, with no evident program impact on the community. However, there are sporadic results and fragmented impacts observed.
NEUTRAL	The interventions are progressing and making some visible impact but do not sync well with mechanisms and context, creating an environment that impedes the affected people
CONDUCIVE	The interventions are conducive and protective of the health, well-being, and dignity of the affected people; however, important gaps exist before people become independent and self-reliant.
DURABLE / THRIVABLE	The interventions have created an enabling and healthy environment for the affected people that is empowering and transforming people to become sustainable, independent, and self-reliant.

Criterion 1. Program Design

Right design

Rating: CONDUCIVE

AHP Bangladesh Phase III design is built on the experience of previous phases and consultation with international organisations and local partners to ensure that the program is responding to the needs of affected people, addressing basic needs and pursuing a level of reform within the humanitarian system. AHP partners have demonstrated processes for ongoing consultation and feedback with communities, including inclusive approaches to reach people with a disability, women, girls and those of diverse gender identities. A key aspect of the design was the unique consortium model, which invested in the Consortium Management Unit (CMU) led by CARE to strengthen collaboration and learning and manage joint reporting of collective impact across AHP partners and a range of committees in Australia and Dhaka. This design proved highly effective at the field level, but the roles of

the additional committees were not sufficiently clear or appropriate for the context and did not function effectively. However, the Cox's Bazar Steering Group and the CMU demonstrated their relevance by playing a conducive role in facilitating collaborative impact. Overall, the evaluation found that the design strengths outweighed the challenges identified.

Alignment

Rating: CONDUCIVE

AHP activities align substantially with both refugee and host community priorities. The activities and outputs of the AHP program are closely aligned with the Government of Bangladesh and DFAT's humanitarian priorities in Cox's Bazar. The program provides tangible examples of effective coordination, collaboration, and localisation efforts, targeting vulnerable and marginalised communities. AHP strongly emphasises gender equality, the inclusion of persons with disabilities, and the rights of vulnerable individuals. These priorities are integral to the AHP program, ensuring that AHP Bangladesh remains in line with DFAT's strategic objectives and actively contributes to the well-being and empowerment of those in need.

In line with the Joint Response Plan for the Rohingya Humanitarian Crisis [1] Strategic Objectives 2, 3, 4, and 5, the AHP delivered life-saving assistance to populations in need, fostered the well-being of host communities in Ukhiya and Teknaf, and strengthened disaster risk management. Specifically, the AHP focused on effectively addressing the critical needs of Rohingya refugees and host communities in Cox's Bazar, including catering to the specific needs of the host communities in Ukhiya and Teknaf. These needs are thoroughly examined within AHP's established outcomes: basic needs, resilience, and self-reliance. The main findings section of the report highlights the significance of these outcomes and underscores their integration throughout the report.

Criterion 2. Impact & Sustainability

Elements	Rating Camps	Rating Host Communities
Basic needs	**CONDUCIVE**	**CONDUCIVE**
Self-reliance	**PROBLEMATIC**	**CONDUCIVE**
Resilience	**PROBLEMATIC**	**CONDUCIVE**
Reform	**NEUTRAL**	**NEUTRAL**

Efforts to address the immediate needs of the Rohingya and host communities have resulted in positive advancements in WASH, education, health, and livelihoods. Impact and sustainability within the camps were affected by physical and political factors. This resulted in a Problematic rating but does not reflect the lifesaving nature and quality of services provided through AHP. Livelihood initiatives have had a significant impact, provided income-generating opportunities and fostering self-sufficiency and resilience.

While significant needs continue to exist in other neighbouring communities, the establishment of Early Childhood Development (ECD) centres has played a crucial role in addressing educational needs in target communities. As a result, there has been a reported increase in enrolments and successful transitions to formal education. The implementation of ECD initiatives has proven to be instrumental in meeting the educational requirements of the community, resulting in positive outcomes in terms of improved access and continuity of education.

Comprehensive WASH interventions have improved water availability, sanitation facilities, and hygiene practices. While progress has been made, ensuring safety, raising awareness, and managing waste remain important.

Through meeting basic needs, providing livelihood opportunities that reduce vulnerability and directly addressing protection concerns, AHP has effectively improved safety for affected people. The survey of affected people found

[1] Bangladesh: 2023 Joint Response Plan Rohingya Humanitarian Crisis | Humanitarian Response

that many respondents (conducive - 79.1%) considered AHP significantly improved safety and security, while a smaller percentage felt it contributed to a highly safe and secure community (thrivable - 8.6%).

Participants have expressed satisfaction with the progress made by the response. Still, ongoing support is needed, particularly in strengthening shelters, coping with extreme weather, and expanding essential services including the provision of medicine, food, education, and gender-based violence awareness. Overall, the implementation of interventions has fostered resilience in the Rohingya community. The environment has also significantly improved, including cleaner WASH, roads, and pathways, enhancing safety and well-being.

In line with the qualitative evidence, most Rohingya-affected people surveyed (62%) expressed the need for regular support and highlighted unaddressed long-term issues and aid dependency. Nevertheless, given the context, a considerable percentage (26%) of respondents found the support conducive, indicating that they had a level of confidence that they could be self-sufficient without aid. While ongoing support is necessary for refugees, promoting livelihood and volunteering opportunities with associated income has strengthened their path towards self-sufficiency.

Good Implementation

Rating: CONDUCIVE

AHP activities build on the results of previous evaluations, however, some recommendations from these evaluations were not implemented, especially regarding consortium arrangements to link up different approaches and avoid pillaring. The program has experienced pandemic-related challenges and initial delays in forming relationships. Overall, activity implementation progressed favourably, though in some instances budget reductions and two-month extensions were provided. Quality personnel have been brought into strategic roles, though relationships and progress with the Dhaka Governance Committee (DGC) remain challenging, creating a nonconductive environment for DFAT Post and other partners.

Consortium

Different levels	Rating
Dhaka Governance Committee	**PROBLEMATIC**
Cox’s Bazar Grassroot level	**CONDUCIVE**

The AHP consortium faced challenges and difficulties at the Dhaka level but demonstrated effective implementation at the Cox’s Bazar level. The consortium served as a collaborative platform for local and international humanitarian partners, and it has achieved notable growth in terms of partners’ involvement, fostering stronger relationships, promoting convergence, and organising joint initiatives, such as field visits, joint reporting, and development and implementation of the Monitoring, Evaluation and Learning framework (MEL) and data collection. However, the wide range of engagement with various local and international stakeholders such as Australian non-governmental organisations (ANGOs), international non-government organisations (INGOs) and non-governmental organisations (NGOs) has posed limitations on the speed and depth of engagement across different levels.

The success of the AHP Consortium can be attributed, in part, to the dedicated and collective leadership provided by the CMU. Through regular coordination among the agencies, led by the CMU, achievements have been made in diverse thematic areas, emphasising shared learning, collaboration, and joint efforts.

The dedicated consortium management unit for field-level coordination, Monitoring and Evaluation (M&E) and reporting has been instrumental in developing capacity building, collaboration, and board reporting. The consortium has established robust processes and collaboration structures, with CMU acting as the main interlocutor at the Cox's Bazar level and DGC providing ad-hoc attention to specific events at the Dhaka level.

Monitoring and Evaluation

Rating: CONDUCIVE

CMU took a proactive approach to developing MEL frameworks and performance indicators. Collaborating closely with consortium partners, CMU oversaw the joint development of frameworks and indicators, data gathering, and collaborative monitoring visits. This allowed for adaptation across the diverse program components and complex

environments, providing ongoing insights. The successes of the M&E working group in strengthening capacity among community-level partners were repeatedly highlighted by a wide range of informants as a key success. At the level of implementing partners, CMU successfully managed activity monitoring and joint reporting, striking a balance between reporting requirements for local and international partners and creating valuable opportunities for active participation and learning by all partners. For example, the M&E team facilitated collective opportunities for joint monitoring visits, reflection sessions, and working group meetings. These activities were conducted to plan measurement tools, carry out visits for data collection, and promote learning within the program.

Despite the impressive efforts in developing the framework and consolidating data from across the partnership, DFAT and some other Australia-based stakeholders felt the aggregated reporting they received provided insufficient evidence of the collective impact achieved by AHP Bangladesh or the value of collaboration and working groups. Improved communication and coordination between M&E processes and higher-level decision-making structures, such as the DGC, were identified as areas for improvement.

Sustainability

The AHP Bangladesh Response operates across two political contexts that present different conditions affecting the sustainability of program outcomes. In Cox's Bazar, characterised as a protracted crisis, the political situation prevents the integration of services into government systems or being handed over to civil society. Camps are fully dependent on international support for services. This means that partners must find other external donors and partners to take over the funding and implementation of activities, even where capacities have been effectively developed locally to maintain structures and equipment, such as WASH facilities. The situation is different in the host communities, where government and civil society are better able to function. In both contexts, there are challenges with the need for ongoing funding to cover the costs required, though the scale is different. There are also ongoing needs to support shifts in knowledge and attitudes related to inclusion and build technical capacities to maintain infrastructure, such as the faecal sludge treatment plant. The sustainability of AHP progress and results is likely to be affected by the short time for exit and handover, which has resulted in challenges reported by all partners. Lasting change has been created at the individual level and in community attitudes. Where skills have developed, awareness and behaviours changed, especially regarding empowerment for women and people with a disability, positive change within individuals and groups will endure.

Criterion 3. Cost-effectiveness

Rating: CONDUCIVE

AHP Bangladesh overcame significant challenges to deliver lifesaving support to more than 500,000 people in one of the most complex humanitarian crises in the world. Although its multi-tiered all-partner consortium proved too complex for the context, particularly with the COVID-19 crisis hitting just as the program commenced, the AHP partnership was able to maintain a continuous presence in camps at some level and has achieved wide-ranging results since restrictions eased roughly 12 months ago. At the time of writing, all partners were considered likely to fully expend their final allocation of funds, noting that there have been a series of forecasting exercises, and changes to resource allocations and timeframes which affected efficiency for DFAT and partners at the management level.

After early challenges, the consortium came to be highly valued for promoting collaboration and learning. AHP Bangladesh benefited significantly from the coordination mechanism and successful Working Groups (WGs), including the M&E and Disability Inclusion working groups. The formation of WGs was driven by the need to address the various sectors and cross-cutting themes involved in the response. Nine WGs were established to ensure integration and collaboration across four sectors (WASH, Health, Education, and Livelihoods) and five cross-cutting themes (Gender, Disability, M&E, Communications, and Localization). The WGs facilitated communication and sharing of plans, achievements, and best practices among the partners. Under the leadership of the CMU, there was a shift from agencies focusing only on their own programs towards stronger focus and reporting on collective progress across sectors. However, the evaluation revealed that not all working groups were equally effective, highlighting the possibility of reducing their number to promote integration, optimise resource utilisation, and encourage convergence of thematic practices. The role of AHP ANGO partners in overseeing grant management, DFAT compliance measures and reporting was recognised and appreciated as essential.

Criterion 4. Inclusion and Safeguarding

Gender

Rating: CONDUCIVE

The evaluation revealed significant improvements in the lives of women and girls through AHP's tailored support and activities. The program's design focused on gender equality, addressing specific needs and promoting inclusion. The evaluation team observed positive outcomes, such as increased access to services, improved hygiene practices, and enhanced confidence among women and adolescent girls. Initiatives like safe spaces and vocational training contributed to empowerment and economic independence. The evaluation survey showed that most Rohingya respondents (70%) considered the fairness and equity of AHP support for boys, men, girls, and women to be thrivable. However, a significant percentage (17%) still expressed concerns about fairness and equity, particularly in relation to support provided to women and girls, indicating potential inequities. Overall, the evaluation found that the program had a positive impact on gender equality and the well-being of women and girls.

Disability

Rating: CONDUCIVE

The AHP program in Bangladesh has made good progress in promoting disability inclusion through collaborative efforts and substantive impacts. People with disabilities in the camp now have improved access to vital resources and support, including WASH, an improved physical environment, and referral pathways. The program has successfully challenged stigma and fostered a shift in community perception, promoting respect and inclusion for individuals with disabilities. By enhancing data collection and communication strategies, the program ensures that the voices and perspectives of people with disabilities are heard and represented. Through the support of partners, including assistive technology, modified facilities, and employment opportunities, individuals with disabilities have experienced increased income, confidence, and leadership within their community structures. Despite the progress, persistent barriers and limited pathways necessitate ongoing efforts to improve attitudes and ensure full participation and integration.

Child Protection

Rating: CONDUCIVE

The establishment of the ECD has significantly impacted children's development, promoted hygiene practices and facilitated their transition into formal education. For many children, who come from a financially disadvantaged background (host communities), the ECD has provided essential education that would otherwise be inaccessible. Parents become active members of the Community-Based Child Protection committee, further engaging with the project's initiatives which have also increased awareness about child marriage, child labour, child trafficking and abuse. Despite the challenges posed by COVID-19, ECD adapted by implementing house-to-house learning, ensuring uninterrupted education and awareness sessions.

Criterion 5: Levers – Localisation and Transparency

Localisation

Rating: CONDUCIVE

AHP Phase III promoted localisation across the consortium, strengthened the role and visibility of local organisations and sought to position them to find ongoing resourcing to continue services and support. It prioritised local staff for key roles, recognised and valued the expertise of local partners, monitored resourcing to local partners, and involved community members in decision-making.

Within the limitations of the context, where formal refugee civil society organisations are illegal, AHP Bangladesh was locally led and implemented and supported local women, men and people with disability to develop a range of capabilities through training, activity implementation by volunteers, and representative roles on activity committees.

AHP promoted the humanitarian principle of ensuring sufficient resourcing to local actors by reporting on the percentage of funds transferred between the ANGO, local ANGO branches, and local partners. Some AHP partners went beyond Grand Bargain commitments to provide more than 25% of funding to their humanitarian partners.

Accountability and transparency

Rating: CONDUCIVE

AHP has made significant progress in improving downward accountability to the affected populations with multiple mechanisms, albeit the feedback loop is yet to be closed in some cases. To date, however, transparency practices have not been sufficient to meet the demand of local organisations in the partnership. Local organisations in the partnership demand that international organisations share the budget and provide operation costs, so they are able to provide staff benefits as required. However, this is not taking place.

A significant percentage of staff survey (53%) respondents found the involvement of affected people conducive, indicating that affected people have a say in the process. A considerable proportion (29%) perceived it as thrivable, indicating a high satisfaction with the involvement of affected people. Two per cent of respondents find their involvement problematic, highlighting the need to address limitations and ensure broader participation and representation.

Recommendations

The evaluation identified 15 key recommendations to build on the successes of AHP Bangladesh Phase III and strengthen future programming.

Strengthening resilience and self-reliance

1. Volunteering opportunities are in high demand in camps and demonstrated their effectiveness in promoting the **self-reliance, resilience** and even **protection** of displaced people, in the areas of Disaster Risk Reduction (DRR) and WASH within the camps. This model should be more broadly reflected across the AHP activities, and more opportunities and incentives should be made available to refugees.
2. The existing policy instruments present significant challenges when creating market linkages for displaced Rohingya. A key takeaway from AHP implementation is the importance of expanding livelihood and vocational training programs beyond the confines of the camps, focusing on facilitating connections with markets outside. This approach would enable individuals to effectively apply their acquired skills and foster greater self-reliance among the Rohingya community. It is recommended that AHP collaborate with relevant stakeholders at the policy level to advocate for policy changes and support market connections for livelihood interventions within and outside the camps. Any future investment should seek opportunities to **expand volunteering activities** directly addressing **community needs** while allowing volunteers to **build skills and earn income**. It should also continue to utilise volunteers in DRR and WASH initiatives within the camps by designing programs that enable individuals to gain practical skills, access educational resources, develop income-generating activities, and contribute to overall camp management and maintenance. These initiatives can empower volunteers (displaced individuals) to actively participate in community-building efforts and develop valuable skills that contribute to their **self-reliance and resilience**. They also meet the high community need for greater awareness of WASH, are essential for cleaning drainage, and facilitate feedback from affected community members to AHP partners.
3. Embed training and capacity-building for volunteers and community facilitators. Build on examples of successful AHP activities and offer **comprehensive training and capacity-building programs** to prepare volunteers and refugees for their roles. These programs should encompass skill development, leadership training, project management, and cultural sensitivity to enhance their effectiveness in addressing the unique challenges displaced populations face.
4. Broaden the scope of **humanitarian roles**. Humanitarian organisations should advocate beyond traditional volunteering roles and consider engaging **refugees in more tangible and active leadership positions in the camps**. By involving refugees in decision-making processes, project management, and community development initiatives, their perspectives and expertise can be utilised effectively, empowering them to take a proactive role in shaping and implementing humanitarian work.

Inclusion

5. AHP demonstrated **disability inclusion** and inclusion more generally as a core pillar impact area. However, the congested camp environment, including narrow pathways and confined infrastructure, made it difficult to implement disability measures in line with international principles. It is recommended that comprehensive and **locally appropriate and practical measures** are taken to improve accessibility, reach and mobility, identified with the more active involvement of people with a disability.
6. Place a special emphasis on **adolescent girls** in humanitarian programming in response to the community culture in the camps and the significant issues and barriers for this vulnerable group. All members of the displaced communities will benefit from the support provided to adolescent girls and women and their increased resilience. Evidence shows that adolescent girls pass the knowledge back to their mothers, which promotes a broader impact on families and communities. Some partners have already taken initiatives, for example, creating a separate room for adolescent girls within the safe space centre, which has enabled greater voice and representation for this group, but more can be done.
7. While **age-based selection** criteria for cash and livelihood assistance have proven effective in targeting youth, it is crucial to acknowledge that this approach has inadvertently excluded other vulnerable segments, including orphans and widows, who are facing heightened vulnerability and are in dire need of support. As the voices of the affected people resonate, there is a strong recommendation to **broaden the inclusion criteria**, allowing for the selection of a wider range of vulnerable individuals within the community. By adopting a more comprehensive approach, programs can ensure that support reaches those who are most in need, fostering greater inclusivity, equity, and resilience among all members of the community.
8. The AHP **Safe Spaces** were highly effective in promoting gender equality and inclusion for women, girls, and people with disabilities, and provide a model that should be widely replicated in camps. With appropriately trained female staff, they provide safety for women and children and promote broader change at the individual and community levels which is a critical need in the Cox's Bazar context.

Monitoring and evaluation

9. Enhance the effectiveness of monitoring and evaluation by streamlining the number of indicators to a concise set of no more than 30, including indicators for collective impact and shared learning across AHP agencies. Doing so can achieve a strategic approach to data collection and analysis, allowing for in-depth qualitative reviews and a focused assessment of program interventions. This **streamlined approach** will not only optimise resources but also provide valuable insights for informed decision-making, leading to greater program effectiveness and a meaningful impact on the lives of those we serve.
10. Assist time-poor external actors, including DFAT and other donors, to quickly understand key progress and results to **ensure that impacts are recognised and valued**. Ensure that reporting presents key information using easy-to-read visuals, such as the Traffic Light system which uses colour coding to highlight areas progressing well, those to watch, and areas of concern requiring urgent action. Present progress directly against targets and use a combination of limited quantitative output indicators to demonstrate the reach of activities, and qualitative data, such as quotes and stories of change, to demonstrate depth and complexity.

Consortium

11. The consortium became a valued platform for coordination among those AHP partners implementing activities. It facilitated responsive sharing of expertise and experience. AHP should continue to **resource a consortium mechanism** that complements partner-specific interventions to ensure ongoing collaboration and learning between AHP partners and promote the continuation of strong practice in key areas such as monitoring and evaluation, gender and protection, disability inclusion, WASH, and efficient waste management practices. It also offers opportunities for staff of civil society organisations to extend their skills. Some working groups proved highly effective, but the number of working groups should be limited, and more opportunities sought to engage with existing sector working groups. For instance, integrating gender, disability, inclusion, and localisation into a single group can facilitate breaking silos and enable a more focused approach towards addressing intersectional issues and challenges.
12. To contribute to the **localisation agenda** and scale up achievements, AHP implementation should build on the already comprehensive training activities, skills development and knowledge sharing in place under the response. This learning approach will **promote technical skills development** for field-level stakeholders (e.g., local NGOs and staff members) while continuing to build the leadership capability of local stakeholders to lead front-line humanitarian response.

Ongoing support and durable solutions

13. AHP should actively advocate and collaborate with other stakeholders in the sector to establish a comprehensive agenda for **durable solutions**. While AHP remains committed to addressing immediate humanitarian needs, it is crucial **to forge connections and partnerships that facilitate sustainable**, **long-term solutions**, breaking free from the cycle of perpetually managing ongoing humanitarian crises.

14. **High aid levels are still required** to manage the humanitarian needs in Cox's Bazar. Recent reductions in resourcing have already heightened the risk of family violence, child labour and illegal and dangerous work outside the camps. Life-saving services in education, health, WASH, and protection are fully dependent on external funding, and the situation remains one of protracted **emergencies**. AHP should seek opportunities to return to previous funding levels for the camps and host communities. It is recommended that both local and international organisations actively engage with affected individuals to enhance their perception and understanding of local humanitarian organisations. Presently, affected people predominantly perceive local organisations as being incapable and having limited potential to lead humanitarian responses. By fostering meaningful partnerships, promoting transparency, and showcasing the expertise and capabilities of local organisations, the perception and confidence in their ability to lead can be improved, leading to more effective and locally-led humanitarian responses.

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Acronyms

AHP	Australian Humanitarian Partnerships
AHPSU	AHP Support Unit
ANGO	Australian non-government Organisations
CBCPC	Community-based Child Protection Committees
CBYC	Community-based Youth Club
CFRM	Community Feedback and Response Mechanism
CMU	Consortium Management Unit
CP	Child Protection
DFAT	Australia's Department of Foreign Affairs and Trade
DGC	Dhaka Governance Committee
DRR	Disaster risk reduction
ECD	Early Childhood Development
EFSVL	Emergency Food Security and Vulnerable Livelihoods
FGD	Focus group discussion
FIVDB	Friends in Village Development Bangladesh
GEDSI	Gender equality, disability, and social inclusion
IDI	In-depth Interview
INGO	International non-government organisation
JRP	Joint Response Plan
M&E	Monitoring and Evaluation
MEAL	Monitoring, evaluation, accountability, and learning
MPC	Multi-purpose Centres
NGO	Non-government organisation
OPD	Organisations of People with Disabilities
PSEAH	Preventing Sexual Exploitation, Abuse, and Harassment
PSG	Parent Support Group
RWHS	Rainwater Harvesting System
SBK	Children's learning centres
SRH	Sexual and reproductive health
STC	Save the Children
ToR	Terms of Reference
WASH	Water, sanitation, and hygiene
WGSS	Women and Girls Safe Spaces

2 About the Evaluation

2.1 Introduction

In early 2023, an independent evaluation of AHP Bangladesh Phase III was conducted to assess its impact, effectiveness, efficiency, relevance, and sustainability. The evaluation aimed to focus on meeting the needs of the most vulnerable, accountability to affected populations, locally led approaches and the role of Australian non-governmental organisations (ANGO) in supporting downstream/in-country NGO programming. It also assessed the implementing partners' response to COVID-19 and the effectiveness of their pivots. The evaluation's purpose extended beyond program review to include assessing accountability mechanisms, beneficiary satisfaction, lessons learned, and the value of partnering with international agencies.

To ensure comprehensive and robust findings, a mixed-methods participatory evaluation approach was adopted, emphasising stakeholder engagement, and collecting qualitative and quantitative data from various sources. This approach allowed for data triangulation, leading to nuanced findings and recommendations. The evaluation included process and outcomes evaluation, using a rubrics-centre framework to provide well-reasoned and well-evidenced answers to evaluative questions.

The evaluation team adopted a contribution and outcomes analysis approach, recognising the complexity of humanitarian programs with multiple actors. They assessed how the AHP modality's management and implementation arrangements contributed to outcomes, rather than solely attributing specific outcomes to the program alone. This approach allowed for a realistic understanding of the complexity and how AHP partnerships fit within a wider perspective.

A realist approach was employed not only to assess achieved outcomes but also to understand how the AHP consortium approach worked in different contexts and what outcomes resulted. The evaluation aimed to identify mechanisms/factors that enhanced or undermined effective partnerships between NGOs, government, community, and DFAT, and to identify barriers and enablers for effective achievement of outcomes.

The evaluation design and process had a feminist-oriented focus, placing central attention on gender inequities and the AHP's Gender Equality, Disability and Social Inclusion (GEDSI) processes and outcomes. The inclusion and involvement of diverse groups, including women, youth, people with disabilities, host communities, households, and minority groups, were consistently addressed throughout the evaluation.

Data collection involved a range of tools and techniques, including in-depth interviews, focus group discussions, field observations, perception surveys of affected people and humanitarian staff, and case studies. In-depth interviews gathered information directly from individuals, while focus group discussions captured a variety of opinions within specific populations. Field observations allowed for on-site discussions with community members, and perception surveys gathered opinions and attitudes of the affected community. Case studies were used to understand what worked and why, focusing on real-life contexts and complex cause-and-effect relationships.

Overall, this comprehensive evaluation sought to provide a thorough assessment of AHP Bangladesh Phase III, considering various aspects such as impact, effectiveness, efficiency, relevance, and sustainability. The adoption of a mixed-methods approach, along with stakeholder engagement and a rubric-focused evaluation, ensured the generation of robust and nuanced findings and recommendations.

Figure 2: Livelihood project in Chittagong host community

AHP Bangladesh Phase III is delivered through a consortium model by six Australian NGOs: CARE, the CAN-DO platform (Christian Aid, Caritas and RDRS), Oxfam, Plan International, Save the Children, and World Vision. The consortium approach in Bangladesh draws on the experience and operational capacity of each partner and their networks. CARE is the lead of the CMU. This approach aims to enable broader geographic reach, better coordination with key stakeholders and improved collective response to the needs of Rohingya and host communities affected by the crisis.

The AHP has made a significant impact in addressing the humanitarian and protection needs of the Rohingya and host populations in Bangladesh through its AUD40 million investment over three years (July 2020 - June 2023). Aligned with the high-level outcomes of the DFAT Bangladesh Multi-year Package, AHP Bangladesh Phase III has adopted a collective, collaborative, and integrated approach that goes beyond traditional humanitarian boundaries to foster comprehensive solutions.

AHP consortium and program activities were expected to show results against the following outcomes:

Outcome 1: Basic needs

Rohingya and host communities are safer and live in dignity, with more equitable access to protection and humanitarian assistance.

Outcome 2: Self-reliance

Rohingya and host communities are more self-reliant, with safe and equitable access to education, skills, justice, and freedom.

Outcome 3: Resilience

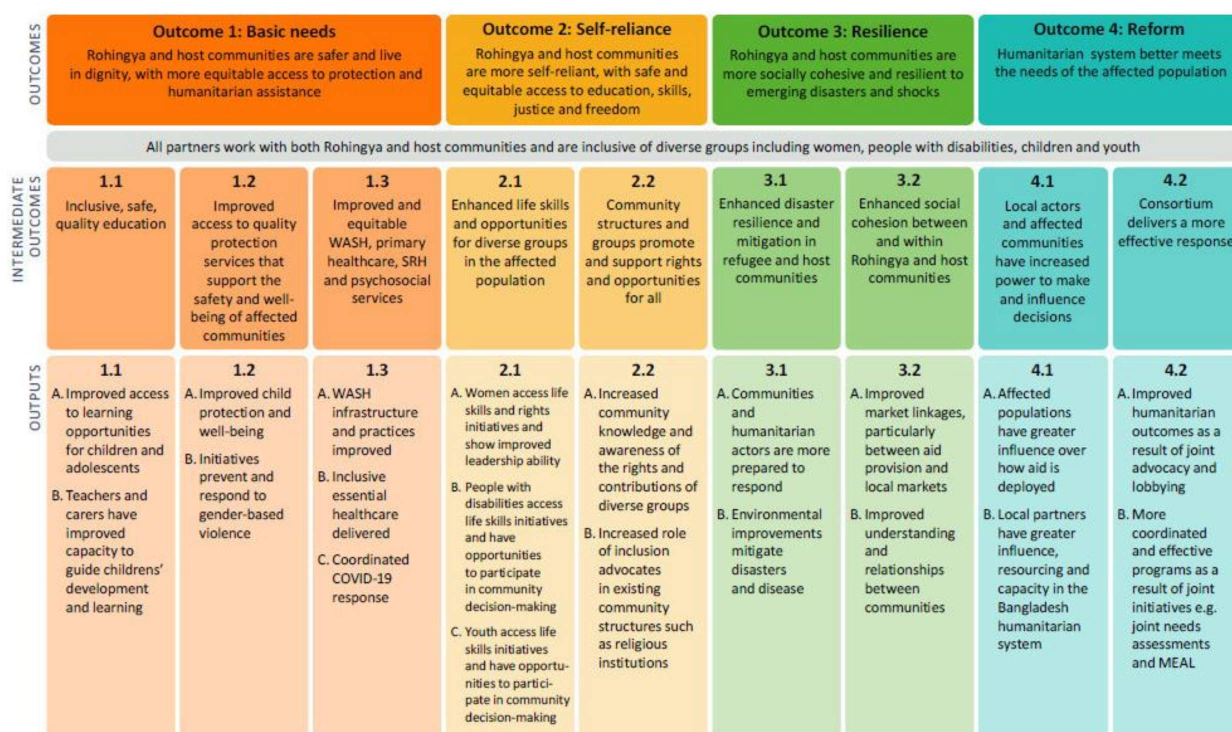
Rohingya and host communities are more socially cohesive and resilient to emerging disasters.

Outcome 4: Reform

The humanitarian system better meets the needs of the affected population.

The report findings are organised under the following criteria groups, as per the evaluation’s plan and the program logic, below.

Figure 3. AHP Bangladesh Phase III Program Logic



The report is organised in three sections: an introduction; evaluation findings; and conclusions and recommendations. Findings are presented according to the following criteria:

Criterion 1: Program Design and Implementation

Criterion 2: Impact and Sustainability

Criterion 3: Cost-effectiveness

Criterion 4: Inclusion

Criterion 5: Levers – Localisation and Transparency

Conclusions and recommendations are provided, followed by an annexure with additional information and data.

2.2 Evaluation Methodology

This chapter summarises the methodology used by the evaluation team. It reiterates the objectives from the Terms of Reference (ToR), highlighting scope and design; tasks associated with data collection, analysis, and reporting; and limitations faced in carrying out the review.

Objectives

The Independent Evaluation evaluates the extent to which the AHP Bangladesh Phase III achieved the outputs, intermediate outcomes and outcomes articulated in the program logic, as well as identifying gaps and providing recommendations. This assessment aims to gain a better understanding of the program's impact, identify lessons learned, and provide recommendations for future improvements.

Data collection

The evaluation team has implemented a comprehensive fieldwork strategy, employing a participatory and multi-faceted approach. Various data collection tools and techniques were utilised to gather comprehensive inputs and valuable insights. To ensure diverse perspectives, 18 Focus Group Discussions (FGDs) were conducted, engaging affected people, field staff, and both camp and host

communities, as depicted in Figure 4. Each FGD included the active participation of at least one to two individuals with disabilities.

In-depth Interviews (IDIs) were conducted to capture nuanced and detailed information. A total of 28 IDIs were carried out, including seven with host communities (21 female and 7 male Rohingya and host community members). Out of the total IDIs conducted, five individuals with disabilities were included in the interviews. Site visits were also conducted, providing firsthand observation of key project activities such as solid waste management centres, women's and girls' safe spaces, vocational training, and early childhood centres. These visits enhanced our evaluation by providing contextual insights and validating the impact of these initiatives on the ground.

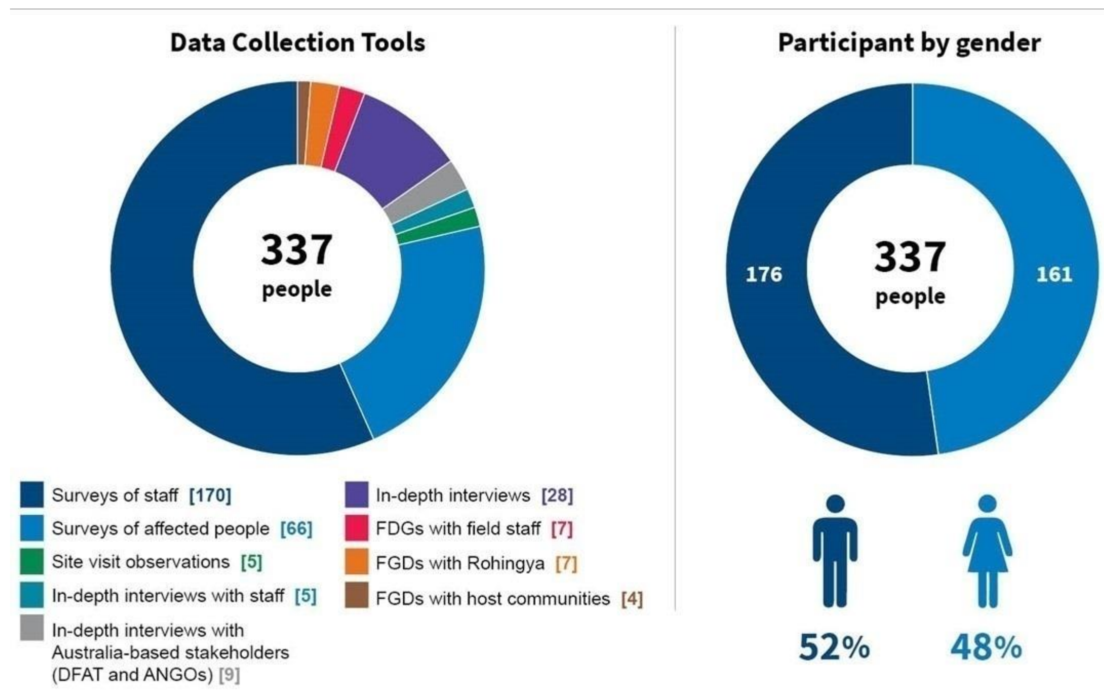
To ensure a quantitative assessment, surveys were conducted with both affected people and project staff. We administered 66 surveys to gather data from the affected community, maintaining a balanced gender distribution with 34 male and 32 female participants. Additionally, project staff completed 170 surveys, comprising 90 males and 80 females. These surveys provided quantitative data, which were analysed alongside complementary qualitative data to validate and crosscheck findings.

To ensure a comprehensive assessment, surveys were conducted using different approaches for different target groups. The staff survey was conducted online, allowing for a wider reach and easier access to more staff members in the field. On the other hand, the Rohingya survey was conducted face-to-face by a local Rohingya researcher, considering the specific context and cultural nuances.

The online staff survey enabled us to reach more staff members than face-to-face surveys with Rohingya-affected people. This approach provided a more efficient means of data collection while ensuring representation from staff members and different camps involved in the project.

Both the staff and Rohingya surveys are representative of their respective groups and complement each other in capturing different perspectives. The data collected from these surveys have been analysed alongside qualitative data to validate and crosscheck the findings, strengthening the overall assessment. This approach reinforces the reliability and robustness of the findings across different data collection tools. The survey data was not originally intended to be a statistically significant sample. Instead, its purpose was to serve as a tool for triangulation, helping to test the consistency of patterns identified through other qualitative methods.

Figure 4. Evaluation data collection tools and participation



The evaluation team conducted data collection activities in various camps, communities, and partner organisations interventions. Here are the locations and the corresponding, partners and activities:

Table 1. Targeted areas, camps and host communities and associated partners and thematic areas[2]

Camps	Humanitarian agencies and thematic areas	Data collection
Camp 13	CARE – SRH and DRR; Education, Save the Children, Child Protection, World Vision -WASH, Child Protection	FGD and in-depth interviews with women
Camp 15	CARE-WASH, EKOTA-life skills/ self-reliance, WVI-GBV	FGD and in-depth interviews with women and men
Camp 16	CARE	FGDs and in-depth interviews
Camp 19	Ekota- Community-Based Protection, Oxfam- GBV/ Protection, Save the Children, CP, WVI- CP	FGD with men
Camp 22	Oxfam – WASH, GBV, PIB- Livelihood, CP/ Education	FGD with men
Host Communities (Khurushkul)	Ekota – Livelihoods	FGDs and in-depth interviews with women and men
Teknaf	Oxfam -WASH, Emergency Food Security and Vulnerable Livelihoods (EFSVL), Gender & Protection, PIB – Education, CP and Livelihood	FGDs and in-depth interviews with women and men
Host Communities (Ukhiya)	Ekota, Save the Children, WVI	FGDs and in-depth interviews with women and men
Host Communities Rajapalong and Jaliapalong)	WVI and Save the Children	FGDs and in-depth interviews with women and men

Most FGDs and interviews were conducted in gender-segregated groups, which in this context ensured a safe and comfortable space for participants (including people with disability) to express their views. On a few occasions, joint FGDs involved both women and men, allowing diverse insights to emerge. Diverse perspectives were also enabled by including other diverse groups, including people with disabilities and widows. Local translators from both Rohingya and host communities were engaged to facilitate effective communication during the FGDs and interviews. These local translators played a crucial role in bridging the language barrier and ensuring accurate interpretation of participants' responses. Their presence and expertise contributed to a better understanding of the context and facilitated meaningful engagement with the host community members.

Analysis and reporting

Analysis and reporting are structured per evaluation dimension, question, and criteria. In addition to answering the review questions presented in the Annex, the evaluation team used the following rating to assess the program's overall performance, so far, and bring forward insights to guide analysis and

[2] These sites were selected to represent all partners and their respective activities.

evaluative judgment. For each of the evaluation selected dimensions and criteria, the evaluation team provides a rating on a five-point scale, as shown in Figure 5. The rubric and rating guide provides a tailored set of descriptors for each criterion, with further detail highlighted in the annexes.

Figure 5. AHP Bangladesh Phase III Evaluation Rubric

Rating	Description
DIRE	The interventions are harmful and likely to perpetuate suffering, harm, or conditions that endanger affected people.
PROBLEMATIC	The interventions appear to cause stress or minor issues for the affected individuals or organisations, with no evident program impact on the community. However, there are sporadic results and fragmented impacts observed.
NEUTRAL	The interventions are progressing and making some visible impact but do not sync well with mechanisms and context, creating an environment that impedes the affected people
CONDUCIVE	The interventions are conducive and protective of the health, well-being, and dignity of the affected people; however, important gaps exist before people become independent and self-reliant.
DURABLE / THRIVABLE	The interventions have created an enabling and healthy environment for the affected people that is empowering and transforming people to become sustainable, independent, and self-reliant.

Throughout the report, we have synthesised and interpreted mixed-method evidence using evaluation rubrics. These rubrics enable us to present concise evaluative conclusions. The development of these rubrics, as well as the evaluation plan and sampling methodology, involved a thorough examination of various documentation and research sources. Our sampling methodology involved a combination of random and targeted selection of program beneficiaries, designed to ensure objectivity and representativeness. We also consulted with the MEAL technical working group, incorporating the lived experiences and realities of local staff working with the Rohingya and host community members. Furthermore, we integrated the observations and expertise of the evaluation team into our evaluative reasoning and analysis.

Limitations

The following key factors have constrained the team in addressing the evaluation. All are notable but none were significant enough to compromise the evaluation findings and the development of conclusions and recommendations.

- Most interactions, particularly the FGDs with displaced people, were conducted within the site management office or partners' offices. The opportunity for unstructured interactions and observations in the actual dwelling contexts of the displaced individuals was limited to some interviews with Rohingya women in the camps. The lack of direct engagement in the living environments of the community members may have restricted the depth of understanding and insight into the daily lives, experiences, and challenges of some groups or individuals. To mitigate the potential influence of the site management office or partners' office environment on the discussions with displaced people, the evaluation took measures to create a safe and open space for dialogue. These measures included conducting discussions without the presence of staff members who could potentially influence the conversations and explaining the independent nature of the evaluation and voluntary nature of participation at the start of each interview or FGD. This approach aimed to disentangle any external factors that could impact the authenticity and openness of the discussions, allowing for a more genuine exploration of the displaced individuals' perspectives and experiences.

- While the evaluation team conducted robust FGDs and interviews with host communities, it could not conduct surveys in host communities due to time and resource constraints. This limitation hinders the comparability of survey data between Rohingya and host communities, making it challenging to draw direct comparisons between the two groups. The AHP program encompassed a wide range of sectors, crosscutting issues, governance structures, thematic areas, and community groups, including Self-Help Groups (SHG), Early Childhood Development (ECD), Women and Girls Safe Space (WGSS), and community committees. It also involved a diverse range of partners across camps and host communities. However, the evaluation faced time limitations in focusing on scattered interventions and areas. Despite these challenges, the evaluation team was able to cover sufficient ground on key program thematic areas and representation across partners, displaced people, and host communities.
- The partner agencies introduced many key informants, although the evaluation team had opportunities to select program participants randomly. This barrier is because most humanitarian organisations cannot share contact lists or beneficiary details with third-party organisations for privacy and ethical reasons.
- Another potential limitation of this evaluation was the need to extensively use in-depth interviews and focus group discussions, which are often susceptible to positive and social desirability bias. This can occur when interviewees provide the answers, they believe are desired by the interviewers or would be viewed favourably by others. We are aware of such a bias and have carefully managed it by sharing with interviewees information about the interviewer's positionality and independence. The evaluation team also probed for specific evidence of positive and negative effects, which helps frame areas for improvement as opportunities rather than negatives and positives. Additionally, we hired local Rohingya and members of host communities as interviewers to facilitate most of the interviews and FDGs.

To ensure the findings are as robust as possible within the constraints, we have combined qualitative and quantitative evidence for a mixed-method evaluation. The emphasis was on providing approximate but robust answers to the key evaluation questions rather than the high level of precision that might be possible if the scope were narrower (e.g., focused only on a small set of very specific variables) or the data all quantitative.

3 Evaluation Findings

3.1 Criterion 1: Program design

This chapter assesses the design elements of the AHP program, modality, and implementation to the end-point in the three-year program cycle.

Overall rating design and implementation:

Elements	Rating
Right design to address needs	**CONDUCIVE**
Alignment with DFAT and local government priorities	**CONDUCIVE**
Right design of the consortium, network and partnership	**CONDUCIVE**
Good implementation, inclusive and empowering	**CONDUCIVE**
Sound monitoring and evaluation	**CONDUCIVE**

Right design

The design and implementation of AHP have been highly responsive to the needs and feedback of the Rohingya and host communities, resulting in the successful adoption of services that address their specific concerns. AHP's contributions addressed basic and immediate needs in WASH, education, and health initiatives while supporting cross-cutting initiatives to reach vulnerable and marginalised groups, strengthen institutions, and meet the identified needs of the affected communities. AHP partners have established robust feedback mechanisms (see Figure 6) to actively listen and act upon the feedback received from the affected people, ensuring continuous improvement and responsiveness.

The feedback mechanism in place has proven effective in addressing various concerns and needs within the community. Individuals have reported lodging complaints and receiving prompt responses from relevant organisations. For instance, one individual lodged a complaint with World Vision regarding a nearby tube well, resulting in a swift repair and restored access to water. Similarly, another individual reported an environmental issue to CARE, and they responded promptly the following day.

In addition to lodging complaints with specific organisations, individuals have reported incidents and sought assistance from different sources. One person reported to their teacher when their shelter was destroyed by a storm, indicating the presence of support within the educational setting. Another option is to report incidents to the site management office, where assistance is prioritised across various needs. Field volunteers have also been instrumental in providing ongoing help and support to the community on a daily basis.

While the feedback mechanism generally functions well, there are occasional delays in resolving reported incidents due to multiple incidents that must be handled simultaneously. Complaint filing is an available option, but it is acknowledged that there may be significant delays in the resolution process.

Figure 6. Voices of Rohingya Displaced People Regarding the feedback mechanism[3]

Survey data demonstrated that the AHP design was effective in meeting needs. More than 90% of respondents reported a conducive (41.7%) or thrivable (52.1%) improvement in their understanding of good hygiene practices. Opinions were divided concerning the impact of support in terms of future self-sufficiency. A majority (62%) expressed the need for regular support, highlighting ongoing long-term issues. However, given the context, a considerable percentage (26%) found the support conducive, indicating they felt a level of preparedness to be self-sufficient without aid. Lastly, most respondents (70%) considered the fairness and equity of AHP support for boys, men, girls, and women to be thrivable. However, a notable percentage (17%) expressed concerns about fairness and equity within the support provided.

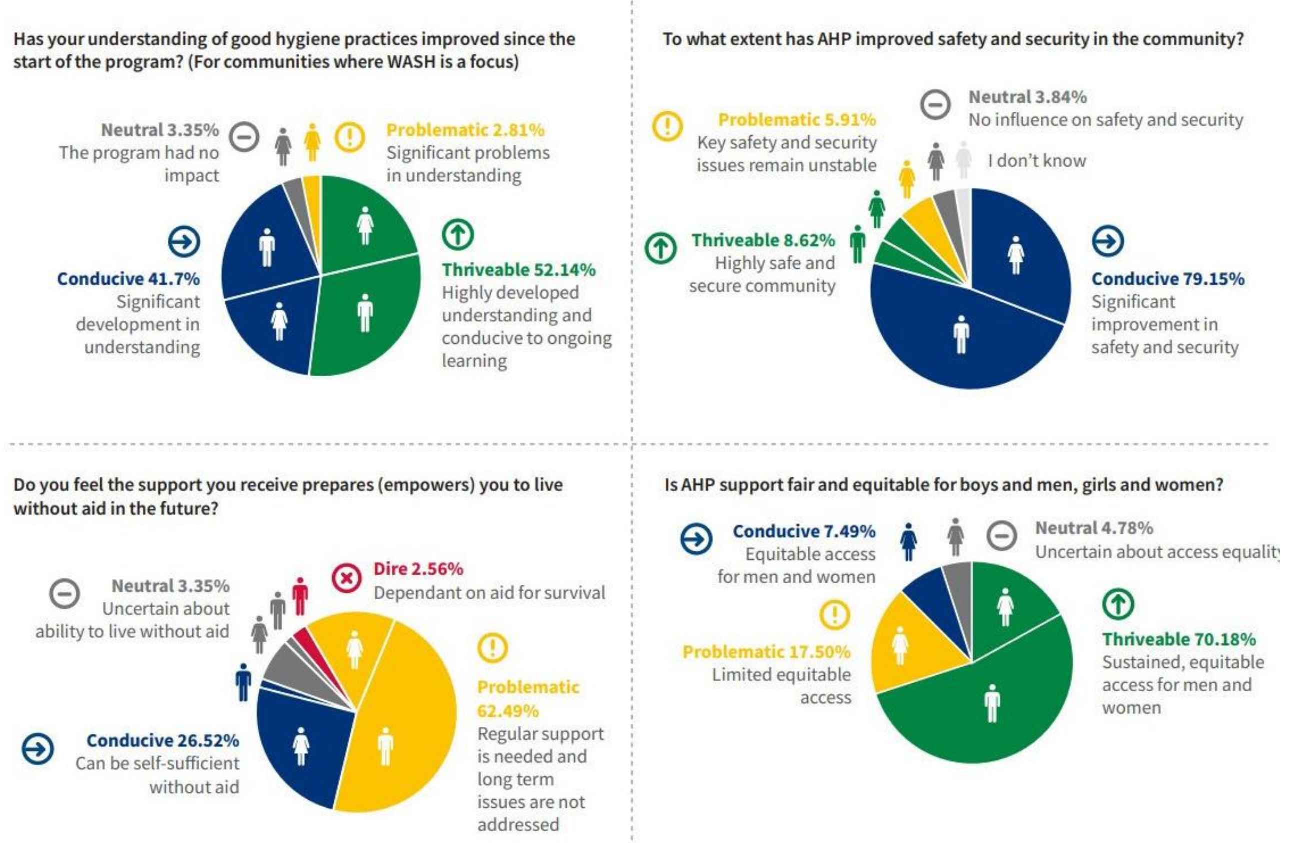
The adaptability of the Women and Girls' Safe Space Centres visited by the evaluation was particularly noteworthy, with some having additional rooms constructed to cater specifically to adolescent girls or lactating mothers. This has generated increased support and contributions from the affected people themselves. In the host communities, community members have generously provided land to establish an early childhood development centre and a youth club, demonstrating the positive impact of AHP's initiatives.

While there have been significant achievements, the scale of needs is immense, and there are still areas where the program falls short. One such area is adequately addressing women's menstrual

[3] *The size of each circle in the visualisation represents the number of respondents coded to a specific theme. A larger circle indicates a higher number of respondents associated with that theme, while a smaller circle indicates a lower number of respondents.*

hygiene needs, as the availability of menstrual hygiene kits remains insufficient, leading to sharing limited resources and compromising hygiene practices. Concerns were also raised about the decreasing availability of essential non-food items and a reduction in food rations, which is beyond the scope of AHP. Moreover, a distressing case of a baby with a tumour highlighted the limited capacity of the health centre to handle complex health issues.

Figure 7: Rohingya refugee perception survey response to AHP interventions



Alignment with DFAT and local government priorities

The activities and outputs of the AHP program are closely aligned with the Government of Bangladesh and DFAT's humanitarian priorities in Cox's Bazar. The program provides a tangible example of effective coordination, collaboration, and localisation efforts, targeting vulnerable and marginalised communities. AHP shares DFAT's humanitarian priorities, placing a strong emphasis on gender equality, inclusion of persons with disabilities, and advancing the rights of vulnerable individuals. These priorities are integral to the AHP program, ensuring that AHP Bangladesh remains in line with DFAT's strategic objectives and actively contributes to the well-being and empowerment of those in need. The design and implementation reflect humanitarian principles (particularly focusing on identifying vulnerable populations), are largely in line with the needs of affected populations and align with the humanitarian community and the Government of Bangladesh Joint Response Plan (JRP).

Case Study: Coordination, Alignment, and Priority Setting

In Bangladesh, the International Organisation for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR) play crucial roles as the lead coordinating bodies in responding to the needs and priorities of the affected community. Local government plays a similar role in the host community.

This case study examines the coordination and alignment between these coordinating agencies, the AHP consortium, local government, and other humanitarian actors in two distinct situations: responding to a fire incident in Camp 11 and addressing disaster management in the host community.

Coordination of a Fire Incident in a Rohingya Camp

The humanitarian sector, including UNHCR, IOM and AHP partners, moved quickly to assess the situation and coordinate response efforts after a fire incident in Camp 11 that damaged 2000 houses in March 2023.

Joint Site Assessment: A joint team comprising UNHCR, IOM, AHP partners and other humanitarian actors attended coordination meetings, held discussions with Mazi (Rohingya leaders) and community members to discuss priority needs, and conducted joint site assessments following the fire. The findings informed the formulation of a coordinated action plan with interventions to meet the priority needs of the affected population.

AHP Coordination: The AHP also conducted their own meetings to coordinate the response of the AHP partners, including discussing the immediate priorities and areas for intervention. Relevant partners, the Mazi community leaders, the Camp in Charge and the site management office were all consulted to align efforts and pool resources. This coordination encouraged strong communication, maximised the impact of interventions and ensured the greatest reach of humanitarian actors after the fire. Follow-on actions have included educating adolescent boys on safely repairing and managing household fuel stoves in AHP partner education centres, as witnessed by the evaluation team during site visits.

Disaster Management in the Host Community

Coordination and alignment with the local government and other stakeholders are critical for effective disaster management and response in the host community.

AHP coordinate regularly with Local Government: In the host community, there are disaster management committees established and linked to the local government. AHP agencies, alongside other humanitarian actors, maintain regular contact with these committees to identify affected people and transition interventions to local government after completion. Collaboration with local government helps in identifying and selecting vulnerable individuals, identifying sites, r gaining ideas for interventions, addressing issues, and defining responsibilities. This collaboration between AHP and local government ensures that interventions are targeted and effective.

Rapid Need Assessment and Response: In the event of a disaster, AHP agencies collaborate with the local government and humanitarian actors to conduct a rapid needs assessment. This assessment facilitates the identification of immediate requirements and informs the subsequent response actions. By leveraging the existing network and coordination mechanisms, a timely and effective response is provided to the affected community.

While there is a robust coordination mechanism in place within host communities, limitations exist within the camps that hinder the capacity of humanitarian organisations to address the needs of Rohingya displaced people effectively. In the camps, the involvement of local Rohingya leaders, known as Mazi, and camp-in-charge (CIC) Officers is crucial as they often facilitate relationships with the affected individuals. However, conflicts between community members, Mazi, and the camp in charge can arise, which can be detrimental to the overall effectiveness of the coordination in the field.

Right design of the consortium, network and partnership

AHP's commitment to community engagement and collaboration with consortium partners has created a robust mechanism that ensures the program is continuously shaped by the voice, needs and priorities of those affected. This integrated and participatory approach amongst AHP partners enables

the program to effectively meet the evolving needs of the community and deliver impactful interventions. The AHP initiative is an excellent example of collaboration, adaptability, and meaningful community engagement, providing contextually appropriate solutions to the most pressing challenges. Despite facing coordination challenges and navigating the difficulties posed by the COVID-19 pandemic and multiple layers of governance structures, the consortium of implementing partners at the field level rallied together, placing a strong emphasis on protection, and fostering knowledge sharing among field staff. The support from the CMU proved invaluable during this challenging period. CMU was pivotal in facilitating cross-learning and implementing home-based learning during the COVID-19 pandemic. This practice was shared during one of the working group meetings, leading to its wider adoption. Through CMU's efforts, valuable knowledge and best practices were disseminated, enabling schools and institutions to effectively navigate remote learning challenges and ensure educational continuity for all.

In addition, CMU played a vital role in the partnership by providing leadership support and training in M&E, coordinating the working groups, and facilitating shared learning and training sessions. The ongoing M&E training, as well as the utilisation of shared dashboards and M&E frameworks, greatly enhanced collective learning, assessment, and reporting.

"We don’t have to do everything on our own, we have been compiling and sharing Dashboard and indicators across our partners. We learn a lot from this exercise and will use this data for the next phase of the AHP design." Focus Group Discussion (male staff).

The collaboration and learning fostered through the working groups, guided by CMU's facilitation, have significantly improved coordination at the field level, alignment among partners, and priority setting within the consortium. This has ultimately led to enhanced effectiveness and impact of humanitarian interventions for the Rohingya displaced people.

As the program evolves, it is important to address the identified challenges in implementing the partnership principles and operationalising the consortium, particularly by streamlining working groups. Nonetheless, the program's effectiveness and commitment to empowering local communities remain evident.

Building on previous work

The AHP consortium has considered the previous evaluation recommendations and has made substantial progress in Phase III by building upon and improving their work. In line with promoting gender equality in camp decision-making and governance structures, the consortium has actively included women in community forums and committees, aiming to sensitise the community to accept women's leadership roles more readily. Moreover, they have ensured an evidence-based target-setting process for the intended outcomes, emphasising the importance of informed decision-making. Recognising the significance of social cohesion, localisation, and accountability, DFAT, AHP, and ANGOs have prioritised these aspects in any future program, placing affected communities at the forefront. To enhance M&E processes, the AHP consortium in Australia and Bangladesh has played an important role in ensuring data quality assurance, harmonisation, and capacity development.

" In our journey with the consortium since 2021, our partnership with OXFAM has been invaluable. They have extended various forms of support, particularly in the realm of accountability. From upholding international standards to enhancing financial management, monitoring and evaluation, and even tracking community perception, OXFAM has been instrumental. Their technical expertise has empowered us to develop manuals and effectively utilise tools, granting us numerous benefits. Through this collaboration, we have embraced continuous learning, fostered knowledge exchange, and fortified our staff's capacity for safeguarding" Interviews (Local NGO, female staff).

Strengthening the governance mechanism has been another key focus, achieved through the establishment of regular and effective communication among partners from the initial stages of the response and the utilisation of consortium feedback mechanisms. INGOs have dedicated M&E experts and resources to M&E activities, backed up by ANGOs, who have undertaken monitoring visits, multi-day in-country MEL training and developing program case studies and other materials.

3.2 Criterion 2: Impact and Sustainability

Assessment against AHP Bangladesh Phase III outcomes

Efforts to address the immediate needs of the Rohingya and host communities have resulted in positive advancements in various sectors such as WASH, education, health, and livelihoods. Livelihood initiatives have had a significant impact, providing income-generating opportunities and fostering self-sufficiency and resilience in host communities. The establishment of ECD has played a crucial role in responding to educational needs in some communities. As a result, there has been a reported increase in enrolments and successful transitions to formal education.

While there have been noticeable improvements in the camp situations, the overall examples of resilience and self-reliance remain limited due to challenges such as a lack of employment opportunities and restricted access to markets outside the camps (See Figure 9). However, it is important to highlight that there are still instances of resilience and self-reliance that have emerged from livelihood interventions within the camps. These interventions have played a significant role in empowering individuals and equipping them with the skills necessary to generate income and enhance their self-sufficiency.

"At the Ekota/DKS centre, we have received tailoring training to support my family. We make products, including handicrafts, clothes, and fishing nets, and sell them to others in the Rohingya community. There is a demand for these products particularly when people are getting married or having a newborn. We receive 350-400 Taka per product (Rohingya women in Camp 15).

Comprehensive WASH interventions have improved water availability, sanitation facilities, and hygiene practices. Some gaps remain to ensure safety, raise awareness, and manage waste. Ongoing support is needed, particularly in strengthening shelters, coping with extreme weather, and expanding essential services. Participants have expressed satisfaction with the progress of AHP humanitarian assistance (See Figure – 7), but additional support is required in areas such as medicine, food, education, and gender-based violence awareness. Overall, the implementation of interventions has fostered resilience in the Rohingya community. The environment has significantly improved, including cleaner WASH facilities, roads, and pathways, and enhanced safety and well-being.

Impact and sustainability within the camps are affected by physical and political factors, which resulted in the below ratings of Problematic against some outcomes. This does not reflect the lifesaving nature and quality of services provided through AHP.

Figure 8: The AHP livelihood interventions in Teknaf

Elements	Rating Camps	Rating Host Communities
Basic needs	**CONDUCIVE**	**CONDUCIVE**
Self-reliance	**PROBLEMATIC**	**CONDUCIVE**
Resilience	**PROBLEMATIC**	**CONDUCIVE**
Reform	**NEUTRAL**	**NEUTRAL**

The Rohingya community living in the camps emphasise the role of AHP support as crucial for their well-being while they remain in the camps. They stress the need for continuous learning opportunities for their children, as local schools are inaccessible. The establishment of ECD by FIVDB has helped the Rohingya community to alleviate concerns about the safety of their children when they are unoccupied throughout each day in an insecure environment, while also providing them with an education. However, due to restrictions and a lack of income sources, the Rohingya community will continue to rely on humanitarian aid to meet their basic needs until they can return to Myanmar or permanently resettle elsewhere.

The community appeals to AHP and its partners to prioritise educational support for their children, recognising the long-term benefits it can provide. They express their dependence on ongoing aid and stress the importance of access to refugees' rights, employment opportunities, and livelihood options. They believe that with sustainable livelihood opportunities similar to those available to the local Bangladeshi population, the majority of the community will be able to sustain themselves and find a way to survive independently (See Figure – 9).

Figure 9: Rohingya refugee response to living without aid in the future.

Outcome 1 Basic Needs

In addressing the immediate needs of Rohingya refugees and host communities, AHP provided both short-term life-saving assistance, such as WASH and health activities, as well as ECD and livelihood and life skills development initiatives that build the resilience of affected populations. These efforts work in complementary ways that not only enhance food security and nutrition awareness but also promote life skills development. For example, AHP partners have supported a livelihood initiative for a host community in Khurushkul, including goat rearing, chicken vaccinations, betelnut cultivation, and handicraft activities, which has provided business development skills and an essential source of income for targeted participants in the host community. During a focus group, one participant shared how the income from goat rearing had enabled her to cover essential expenses, including her children's schooling and medical treatment for sick family members. The livelihood activities have provided resilience and financial stability to participants, enabling them to better cope with their challenges.

"In Teknaf, I was completely unemployed until I received support from Plan International. They selected me as a beneficiary and provided me with 20,000 BDT. With this support, I have established my own grocery shop. Currently, I am making a monthly profit of around 1,000 BDT, and my cash flow is approximately 1,500 BDT. I plan to expand my shop and save money towards that goal in the future." – A man in the Teknaf community.

Figure 10: Rohingya refugee perceptions about the AHP humanitarian assistance

The Rohingya community emphasizes the importance of basic support, which has improved hygiene facilities, children's education, assistive technology, and awareness about child marriages. However, specific concerns were raised by some community members regarding the insufficiency of the support received from AHP and other humanitarian organisations and the lack of assistance for individuals suffering from chronic diseases, particularly during the high temperatures in the summer season.

Key impact areas included:

Education

Rating: CONDUCIVE

Although ECD and vocational and livelihood training for adults, young girls, and boys are separate intervention areas, we have combined them here because, in the camp and host communities, there was a close intertwining of investments. For example, young people, adolescent girls, women, and community members were trained as volunteers, facilitators, and skill developers to teach classes and acquire livelihood skills. Many of the outcomes were combined rather than being solely focused on one area or the other.

A situational analysis revealed that one of the most significant challenges for camps and host communities was the risks faced by children, including child abduction and exploitation, as well as the issue of long travel distances for children to access schools and other services from host communities. Parents expressed reluctance to send their children on long journeys to schools in host communities, particularly girls with disabilities, due to concerns about traffic accidents, sexual assault, abductions, and harassment. For example, we heard reports of 10 missing children in just one week.

The limited availability of nearby schools significantly affected the equitable access to education in host communities. Early childhood centres in close proximity to communities are in strong demand as a more accessible educational opportunity, to bridge the gap before primary school starts at age six or seven and provide educational opportunities for younger children.

The establishment of ECDs effectively addressed the critical need for access to education for young children. As a result, enrolments have increased, and children have reportedly transitioned to formal education. According to teachers' and parents' observations, children who attend ECDs demonstrate significant growth and adaptation in school and formal education compared to those who do not have this opportunity, showing accelerated progress in their educational journey. Establishing ECDs as learning spaces for children to attend during the day has also mitigated risks of abuse and exploitation for children in the broader community. This finding emerged from discussions conducted with parents during FGDs. Prior to the existence of ECDs, children were often left unattended in the community, leaving them vulnerable to various forms of exploitation and abuse.

Although the ECDs have provided this crucial opportunity for safety and protection, it is important to note that there is currently a lack of evidence regarding the specific practices and associated safety issues within the ECDs. Further research and assessment are needed to gain a deeper understanding of ECD practices and ensure the continued safety and well-being of the children enrolled in these centres.

While disability inclusion measures have been implemented, there is room for improvement in tailored education for children with disabilities. As part of CBM-CDD's capacity development plan, CBM has implemented a Training of Trainers (ToT) program on Disability Inclusive Education. Donor support is necessary to ensure the sustainability of education initiatives, although some communities are actively seeking local private-sector funding to contribute to the long-term success of the ECD program.

"Children are our hopes and aspiration. The education intervention enabled our children to improve their behaviour and learn. We're really pleased about the education facility for our kids." Focus Group Discussion in Camp 15 (male).

FGDs with parents of adolescent girls involved in AHP learning centres within camps expressed the positive impact it had on their daughters, who acquired essential skills in writing, reading, and hygiene practices. These newfound skills also benefited the girls' parents and the broader community, as the daughters shared information on how to use calendars, understand captions, and access healthcare information, including through English videos. One participant mentioned that her daughter's influence led her to purchase a mobile phone and her daughter taught her how to save important phone numbers that she might need. The positive changes observed in adolescent girls attending learning centres had a ripple effect, inspiring others in the camp to seek formal or informal education.

Participants expressed a desire for the learning centres to provide education beyond the current levels of one, two and three and to cater to a wider age range. There is a call for more schools, particularly on a level-wise basis up to Class-10, to ensure education for children in camps. Participants emphasised the positive impact that education was having on gender equality, protection, and livelihood skills such as sewing, as well as improved confidence and better communication within households. However, participants emphasised the need for separate toilet facilities for boys and girls at the learning centre. Participants in FGDs and interviews also expressed concerns about food shortages compromising children's education and forcing them into child labour.

Participants in the education program acknowledged the importance of community involvement and effective communication in the Rohingya language. However, concerns were raised regarding the decreasing number of volunteers and project closures. They emphasised the need for continuous training and support, given the challenging camp conditions. Participants also expressed the need for more resources to meet their daily needs and requested assistance in obtaining wheelchairs for daughters with a disability.

WASH (Water, Sanitation and Hygiene)

Rating: CONDUCIVE

WASH interventions have been implemented in various communities and camps, aiming to address the high demand for clean water and reduce waterborne illnesses. This section covers the various initiatives primarily intended to enhance community health. These included: (1) installation & maintenance of water supplies and training of water caretakers to maintain them; (2) installation & maintenance of latrines and sanitation facilities; (3) health, and hygiene awareness training and the establishment of WASH committees.

The availability of clean water has had a significantly positive effect on the well-being and health of the Rohingya community. Access to clean water has led to a noticeable reduction in illnesses among children and family members compared to their initial arrival. The active involvement of Rohingya volunteers in cleaning and waste collection activities has played a crucial role in promoting health and sanitation awareness. Through direct visits to shelters, these volunteers have been instrumental in educating the community about good hygiene practices. Additionally, their involvement has created an effective feedback mechanism, enabling direct interactions and responses with aid agencies to address the specific needs of the community. The feedback mechanism in place has proven effective in addressing community concerns and needs and informing programming decisions (see Figure 6). Interview participants provided examples of prompt responses to complaints, such as repairing a nearby tube well by World Vision and swift action by CARE in response to an environmental issue. Individuals have also reported incidents and sought assistance from various sources, including teachers, site management offices, and field volunteers. However, occasional delays in resolving incidents due to multiple ongoing cases are acknowledged. Complaint filing is available, although significant delays in resolution may occur. Feedback plays a crucial role in shaping and improving programming efforts.

Historically, an important and urgent cause of illness in the camps was a lack of access to clean water and poor hygiene awareness. According to project participants, notable improvements in various impact areas have contributed to a reduction in illness. These significant changes can be attributed to the following key factors:

a) Access to toilets and bathroom facilities has had a positive impact on people's safety, privacy, and sense of cleanliness, respect, and dignity. Providing protected, safe, and relatively clean facilities has changed the environment from open defecation to one that upholds dignity and hygiene standards.

b) However, it is important to acknowledge that there are still safety issues for women when accessing the toilet facilities at night. The combination of distance, inadequate lighting in some camps, and the overall security situation in the camps mean they do not feel comfortable or secure using the toilets after dark. Addressing these concerns should be a priority to ensure the well-being and security of all individuals.

"Since addressing hygiene issues and implementing WASH services, we have noticed a significant decrease in the frequency of illnesses compared to before. However, the overall cleanliness of the environment is still not at the desired level, and there is a range of sicknesses prevailing within the community." Focus Group Discussion in Camp 16 (female).

c) Ongoing awareness campaigns and waste collection efforts by volunteers have resulted in significant improvements in hygiene practices and food safety. Initially, the situation was dire, with waste bins being underutilised and improper food disposal, leading to unsanitary conditions and children consuming food from unreliable sources. However, through consistent efforts, the community has transitioned to a relatively clean environment, with proper use of wastebins. This positive change has been sustained over time, indicating the effectiveness of the awareness initiatives and the commitment of the volunteers.

Overall, the implementation of WASH interventions has influenced the well-being and hygiene practices of the Rohingya community. However, it is crucial to address safety concerns, especially for vulnerable groups, and continue promoting awareness and waste management efforts to ensure the sustainability of these positive changes.

"With the solid waste management program, our block waste management has been improved, we know what to put where, and we are aware that volunteers are coming to collect these wastes and they are managed properly in the solid waste management centre." Rohingya focus group discussion participant (male).

A key initiative aimed at ensuring the sustainability of WASH interventions was the implementation of a volunteer support program. The volunteers undertook comprehensive training to effectively promote sanitation awareness and facilitate the collection of valuable feedback from community members. Volunteers played an active role in multiple ways: collecting waste bins; raising awareness about sanitation practices at the household level; direct observations during home visits; and gathering wider feedback from the community. This initiative has resulted in several benefits, including providing direct income (volunteering stipends) for the volunteers and contributing to creating a cleaner environment within the community.

Disaster Risk Reduction (DRR)

Rating: CONDUCIVE

Cox's Bazar is one of the most disaster-prone districts in Bangladesh, vulnerable to cyclones, floods, landslides, and other natural hazards that can cause loss of life and damage vital infrastructure in the camps. DRR activities, such as creating pathways and responding to landslides, have been integral to community safety, scale-up of volunteering employment in camps and creating a conducive environment for displaced people, especially the elderly and people with disabilities. However, the limited working days for DRR volunteers pose challenges for them in supporting their families, and they request more working opportunities in the future.

AHP partners have successfully implemented a comprehensive training program on first aid for volunteers, ensuring they are well-prepared to handle emergencies during natural disasters. Health centres have been equipped with essential tools and kits to respond to such situations effectively. In addition to their roles as first responders, they also play a vital role in disseminating awareness-raising messages within the community and promptly addressing community requests when required. A notable example of their preparedness and response efforts was observed during Cyclone Mocha, where the community was well-prepared and took precautionary actions based on identified risk zones. Community members were swiftly moved to protection centres, facilitated by early alerts that allowed them to be prepared and protect themselves. Despite over 2,000 house structures being damaged, the effective preparedness efforts and joint response by the humanitarian community resulted in no casualties.

Outcome 2: Self-reliance

Communities	Rating
Camps (Displaced Refugees)	PROBLEMATIC
Host Communities	CONDUCIVE

The program beneficiaries in host communities have largely achieved self-reliance through the AHP livelihood interventions, demonstrating their ability to sustain themselves without aid. However, the Rohingya community still face challenges due to limited employment opportunities and sustainable

livelihood options (see Figure 9). Despite these obstacles, there are few examples of self-reliance in camps, largely due to the determination of the refugee population and their strong aspirations for a better future.

"One woman said, "It has changed my life having training and developing tailoring skills. I have been learning more skills, like how to make fishing nets, which increased my earnings. Sewing machines are available in the centre here but it would be even better if they were available at our homes so we could maximise our earnings." Rohingya focus group discussion participant (Female)

Many AHP initiatives have contributed to building the resilience of the Rohingya refugee and host communities. Establishing the Safe Space and Youth Clubs has provided boys, women and girls with life skills development and income-generating opportunities. Separate rooms and community outreach initiatives have effectively addressed participation barriers. Waste collectors and DRR volunteers from the Rohingya community have contributed to cleanliness and community well-being in the camps, while stipends have helped the volunteers to achieve decent livelihoods. Furthermore, livelihood interventions have provided new careers, incomes, and socioeconomic status for young adults, particularly women who acquired tailoring skills. This has led to economic empowerment, improved well-being, and less family tensions. These achievements highlight the importance of ongoing support for these activities to sustain positive outcomes and foster community self-reliance.

Some host communities have faced high rates of school dropouts, and increased child labour in response to poverty, as reported by community members during a FGD session. However, there has been a significant shift since AHP initiatives began, as community members and youth clubs have joined forces to address these challenges proactively. The community is exploring opportunities for work and developing solutions to crime, drug abuse, and early marriages. This is fostering an environment of collective problem-solving which the community believe will lead to more tangible actions in the future.

"Initially, when the youths began discussing child rights, I was unaware of their significance, and it wasn't something I prioritised. My main concern was ensuring my children received an education and behaved respectfully. At times, I resorted to physical punishment as a means of correcting their behaviour. However, I now understand that punishment is not an effective or appropriate method for guiding their behaviour." Teknaf Focus Group Discussion Host Community (male)

While gains have been made in women's empowerment and livelihood skills due to the establishment of Women and Girls Safe Spaces and livelihood interventions in camps and host communities, continuous aid is still necessary for the protection and well-being of refugees.

a) As mentioned, Women and Girls Safe Space and Youth Clubs have empowered youth, women, and girls, providing them with life skills development opportunities and income-generating activities. These centres have also played a significant role in enhancing community engagement and raising awareness on critical issues such as child labour and trafficking.

b) Rohingya community members who underwent training as waste collectors and disaster risk reduction volunteers have not only made valuable contributions to maintaining cleanliness and hygiene within their respective blocks but have also achieved decent livelihoods.

c) The AHP partners have effectively provided training to groups of young adults in diverse professions, resulting in positive development in their careers, incomes, and socioeconomic status. An example is the stove repair training received by youth in the camps, which has provided them with skills to repair their own stoves and those of their neighbours, while also reducing fire risk in the community. Women who participated in tailoring training have experienced economic empowerment, resulting in improved well-being for themselves and their families.

Interviews and FGDs with these women showed that a small income stream was enough to generate more respect and less violence towards them from within their families. Although livelihood and employment opportunities are constrained, the livelihood interventions implemented by AHP in host communities have not only cultivated resilience and self-reliance within the host communities but have also contributed to broader community development (see Case Study: Canal Excavation in Chittagong). These success stories serve as key examples of the effectiveness of AHP's livelihood interventions in empowering individuals and fostering community-wide resilience and well-being.

Case Study: Canal Excavation in Chittagong

Context/Challenges:

Before CARITAS initiated their intervention, the community faced several challenges. The canal was not properly cleaned or excavated, leading to frequent flooding of nearby plots, and hindering agricultural productivity. Additionally, there was a lack of proper roads, and flooding affected school access. The community had requested assistance from the government but received no response. Poverty and limited livelihood opportunities further exacerbated the situation, making it difficult for community members to engage in voluntary canal cleaning.

Interventions:

CARITAS consulted with the community and local government to identify the most pressing issues. As a result, a canal cleaning project was launched and identified as a key priority. The community actively participated in the design and implementation of the project through a cash-for-work approach. Women were specifically included, with the installation of segregated toilets and a feeding centre for children to ensure their comfort and participation. People with disabilities were also involved, recognising their skills, and assigning them appropriate roles within the project.

Results:

In this rural community, the project brought tangible changes. With the canal now cleaned and well-maintained, water flowed abundantly, revitalising the fields, and resulting in good vegetable harvests reported by farmers. The impact extended beyond agriculture. The newly cleaned road paved the way for uninterrupted journeys to school, reducing travel interruption and ensuring that children could access education without barriers. As community members travelled along the improved road and canal, they also discovered easy connections with neighbouring villages, that were difficult prior to the canal excavation.

The reliance on aid for survival is acknowledged in camps, as the absence of employment opportunities leaves the community heavily dependent on humanitarian support. The community highlights the need for ongoing support to maintain and repair infrastructure, shelters, and wash facilities, which face regular wear and tear.

Outcome 3: Resilience

Communities	Rating
Camps (Displaced Refugees)	**PROBLEMATIC**
Host Communities	**CONDUCIVE**

Resilience outcomes focused on livelihoods were significantly stronger in host communities than in refugee camps, where there was limited access to markets or opportunities for work. However, even within camps, the evaluation found that livelihood activities had some impact at an individual level, as participants in activities gained new skills and relationships that they will retain for future use where opportunities arise. The rating of problematic reflects survey data and interviews highlighting the systemic challenges related to ongoing work or lack of connection to markets to utilise new skills outside AHP interventions.

"We lack the capital to purchase sewing machines, but thanks to the training provided by AHP, we have acquired valuable skills that we cannot practice at the moment. However, we believe these skills will be useful for us in the future." - Female resident from Camp 22.

"We have received extensive training, including home gardening and stove repair, but unfortunately, there is limited demand for these skills within the camp." - Male resident from Camp 16

The Women and Girls Safe Spaces, solid waste collection and processing centres, and limited livelihood interventions have created a hub for crosscutting learning and development that has had a strong impact on the refugee community. Initially slow to start, safe spaces have evolved into a powerful platform where women and adolescent girls share their stories, raise awareness about violence and abuses, and cultivate life skills and an entrepreneurial spirit. The dedicated room for adolescent girls has fostered inclusivity and enriched learning experiences, while community outreach initiatives have broken down cultural norms and encouraged more active participation.

"Engaging adolescent girls has been challenging due to the prevailing community culture. To address this, we have established separate groups for women and girls, as we recognised that girls were uncomfortable speaking and sharing in the presence of women. By providing a separate room for girls, we have created a safe and supportive environment where they can freely express themselves." - Female at the Women and Girls Safe Space.

AHP activities to enhance communities have also encompassed the needs of people with disabilities. The AHP partners have implemented disability-friendly measures in the camps (see Figure 11), including installing handrails and ramps on stairs and pathways. These measures have significantly improved the community's mobility, enabling them to access essential activities such as mosques and health facilities. AHP has also provided solar streetlights, torches, and wheelchairs, enhancing the independence and safety of individuals with visual impairments. AHP partners such as FIVDB play a vital role in supporting individuals with disabilities by assisting them to access appropriate assistance and the establishment of community-based committees that help to meet ongoing concerns. ECDs also have a mandate to support students with disabilities and children with disabilities were included in every visited centre. The teachers demonstrated evident patience with students with disabilities accommodating different learning needs and styles. Finally, while wheelchairs have been provided to some individuals with disabilities, there is a need for additional assistance that addresses the comprehensive needs of individuals with disabilities and provides them with necessary ongoing support to improve their quality of life within the camp.

Figure 11: Rohingya refugee qualitative perceptions about disability inclusion

Case Study: Empowering Girls and Building Community-Based Protection

Context:

At the inception of the World Vision project, girls in the community faced significant barriers and discouragement from attending the Women and Girls Safe Space (WGSS). Family members imposed strict restrictions on their mobility, particularly as girls reached puberty. For these reasons, the introduction of the community-based child protection committees and the adolescent club initially encountered disinterest in the community. After some time, a few individuals began cooperating and joined the adolescent club, while their parents became members of the community-based protection committee.

Mechanism:

Initially, family members displayed hesitation, but through ongoing discussions with community leaders, the project gradually gained more interest and regular interactions. Although the community has become more receptive, adolescent girls still face notable challenges. For those girls unable to attend the WGSS, the team actively reaches out to them in their shelters. In this way, efforts are being made to ensure the inclusion of these girls and provide them with the necessary support and empowerment opportunities.

The adolescent club, currently comprising 11 members, is crucial in imparting knowledge about the rights of women, children, and persons with disabilities. Girls who spend their afternoons at the club, engage in activities, share stories, and learn through play. This safe space has empowered girls and women, enabling them to assert their rights and confidently respond to harassment, boldly stating, "I will report you to the authorities" if they are harassed on the streets. The WGSS and the community-based child protection committee have contributed to reducing child labour, and early marriage, and providing support to families in childcare.

Outcome:

The intervention has brought about positive changes within the community. Family members attended the World Vision awareness sessions, challenging the previous restrictions imposed by their households. Accessible facilities, including ramps, railings, and latrines, have been established at the

WGSS and ECD, leading to improved participation by people with disabilities, as well as increased recognition of the rights of people with disabilities in the community. Participants appreciate the needs assessment process conducted by NGOs, which prioritises aid based on community suggestions. However, there is still a desire for further support, including improved WASH facilities, health centres, educational resources, and the expansion of WGSS to meet the community's ongoing needs.

Outcome 4: Reform

Rating: NEUTRAL

The partnership mechanism of AHP was robust and committed to the inclusion of local organisations and the development of their capacities. The partnership has enabled the establishment of collective arrangements, such as technical working groups, capacity development, cross-visits for mutual learning among partners, and the utilisation of diverse expertise from participating agencies to effectively address issues related to disability, gender, and M&E. This approach has been successful in minimising duplication, enhancing the quality of programs, and delivering collaborative solutions.

"Through technical working groups led by different agencies, regular cross-learning visits are organised, allowing for the replication of successful approaches across the entire AHP." – Staff Survey

This approach fostered co-creation, gender and disability inclusivity, and local empowerment, as AHP actively collaborated with local partners to achieve meaningful humanitarian outcomes. By maintaining continuous interactions and grassroots-level engagement, AHP facilitated the sharing of experiences and the co-designing of essential tools like the MEL framework and Power-BI dashboard. These tools have facilitated the harmonisation of data collection, joint reporting, and collective learning, thereby reducing the burden of data collection on the community.

"The collective communication materials shared among all agencies through the AHP Consortium, along with the adoption of the same reporting format directed by the AHP Consortium led by CARE, are examples of the collaborative approach taken by the consortium." – Staff Survey

Moreover, through targeted technical assistance and investment in local capacity, AHP successfully empowered local staff and partners to take the lead in front-line responses, while international partners offered integrated support when necessary. AHP embraced a collaborative approach by establishing working groups that facilitated the development of solutions closely aligned with the actual needs and conditions of the affected population. This was achieved through an adaptive approach, as demonstrated by implementing feedback mechanisms and the commitment to closing the feedback loop. By promptly responding to emerging issues and challenges, AHP ensured the continuous improvement of its interventions (see Figure 6). Local and international organisations recognised the value and mutual benefits of working together within a consortium.

"The involvement of local NGOs in implementing interventions directly within the community plays a vital role. This fosters a respectful relationship and acknowledges our mutual understanding, capacity, and accountability." – Staff Survey

However, local organisations raised the crucial point of needing greater transparency in budgeting and operational cost coverage. Addressing this concern would enable them to provide staff benefits such as maternity leave effectively and ensure the efficient allocation and retention of resources, ultimately enhancing the overall impact of their partnership with AHP. There was limited evidence of joint advocacy across AHP Bangladesh partners to address systemic concerns related to the ongoing crisis and rights of Rohingya refugees, although joint advocacy effectively secured government permission to access camps to deliver AHP support and services.

Good Implementation - Activity Implementation

Rating: CONDUCIVE

AHP conducted various activities, and all indicators were fully achieved or exceeded (See Annexes for targets and actual). The linkages between activities and the chain of results at both the output and outcome levels were evidenced during discussions with staff and partners. While the list is long, some notable activities are summarised in Table 2.

Despite challenges posed by governance arrangements and the impact of COVID-19, the program implementation has evolved and matured over time. The consortium agencies have demonstrated a strong commitment to gathering feedback and evidence, enabling them to adapt, improve, and learn from their experiences. This has been instrumental in shaping learning strategies and guiding the initiative's adaptation to enhance implementation, outputs, and early outcomes. For instance, the gender and disability working group recognised the limitations in reaching all individuals through the WGSS. As a result, they adjusted their approach by conducting household visits and organising separate venues for men's discussions to ensure inclusivity and reach vulnerable populations, including people with disabilities.

Table 2. Partners disaggregate key program deliverables and program activities.

Source: Power BI data provided by CMU.

Deliverables Name	CARE	EKOTA	OXFAM	PIB	SCI	WVI	Total Target	Total Achieved
# of health posts and outreach mobile clinics	9				4		13	13
# of latrines constructed and maintained (Including accessible latrines)	477	1125	78			851	2222	2531
# of accessible latrines constructed and maintained	393	100	29			56	293	578
# of learning centres (Early Childhood Development and Sishu Bikas Kendra)				110	75	65	250	250
# of CMC (Centre Management Committee)				110		55	30	195
# of community-based youth club (CBYC)				55		25	80	80
# of community-based child protection committees (CBCPC)				15	11	143	166	169
# of community-based protection committees (CBPC)	12	6	6				24	24
# of multi-purpose centres (MPCs)				6	9	15	30	30

Deliverables Name	CARE	EKOTA	OXFAM	PIB	SCI	WVI	Total Target	Total Achieved
# of parental support group (PSG)					168	18	298	186
# of women and girls' safe spaces (WGSS)	6		20			1	7	27
# of deep tube wells	1661	448	20			238	1558	2367
# of water network and water points (Including PSF and RWHS)	20	4	38			5	69	67
# of bathing cubicles constructed and maintained (including accessible)	440	429	74			310	1242	1253

AHP Bangladesh Consortium Model

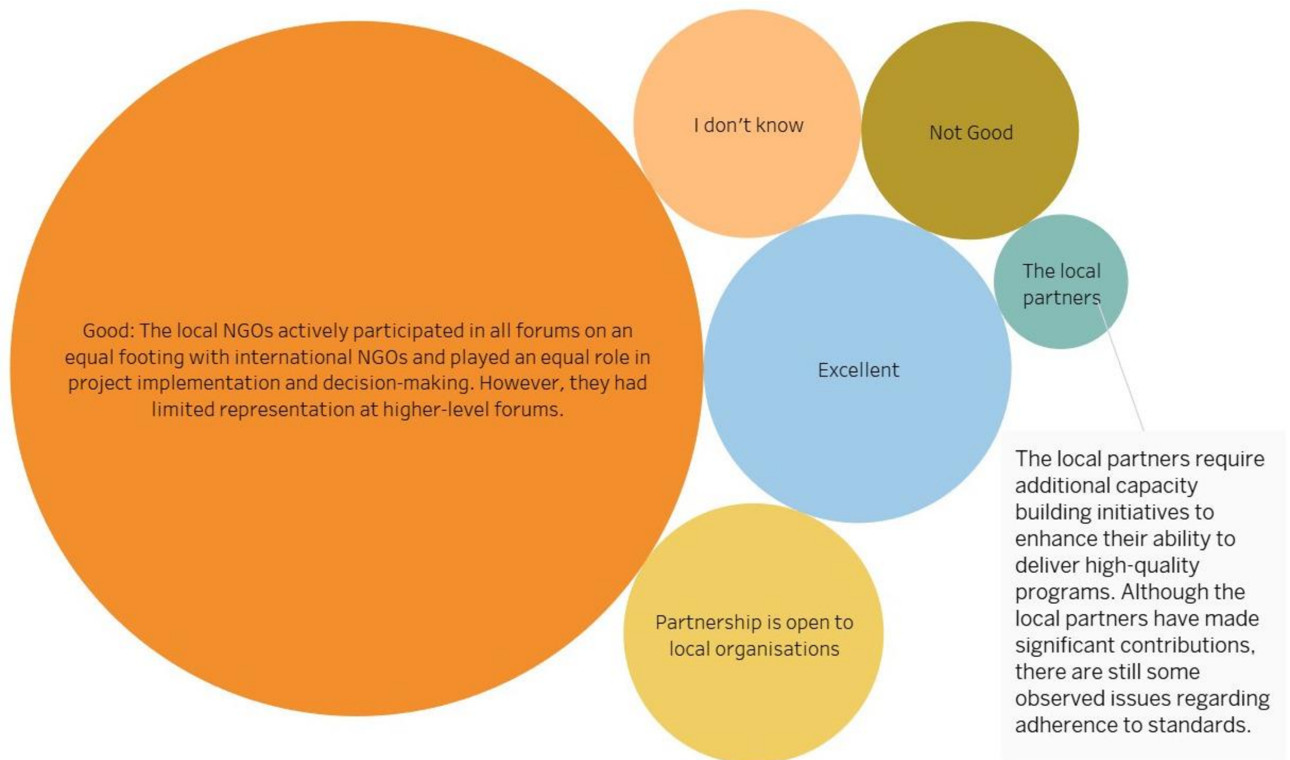
Different levels	Rating
Dhaka Governance Committee	**PROBLEMATIC**
Cox's Bazar Grassroot level	**CONDUCIVE**

The consortium model was developed specifically for AHP Bangladesh Phase III, building on previous evaluation recommendations to strengthen coordination and reduce competition between partners, and drawing lessons from the Disaster READY consortium in the Pacific and Timor-Leste. It was highly effective at the community level, as noted above, and a range of stakeholders consulted felt strongly that the decision to change the AHP design to remove resourcing for collaboration and resource-sharing was: "throwing the baby out with the bathwater" (ANGO stakeholder).

The staff perception of the current consortium practice reflects a positive aspect, with active participation and equal roles played by local NGOs in project implementation and decision-making, alongside international NGOs. However, there is a limitation regarding their representation at higher-level forums, indicating a need for more inclusion and involvement in leadership (see Figure 12).

The partnership is described as open to local organisations, demonstrating a willingness to collaborate with and support the local community. While the local partners have made significant contributions, there is recognition of the need for additional capacity-building initiatives to enhance further their ability to deliver high-quality programs. It was observed that, at times, local organisations can still have issues related to adherence to international standards, suggesting the need for ongoing support and improvement in this area.

Figure 12: Staff use their own words to describe the governance and consortium practice.



In response to humanitarian coordination challenges (fragmentation, competition, lack of leadership and duplication), a consortium was formed with the goal of making a meaningful impact on the affected communities. Despite initial delays, the disconnect between partners and lack of clarity during the initial set-up and COVID-19-associated challenges, the CMU embraced collective leadership as a driving force, establishing technical working groups to facilitate collaboration, coordination, and information sharing among its members. Through this approach, they fostered a culture of continuous learning, technical excellence, adaptation, and shared understanding at the Cox's Bazar level.

"We have a dynamic learning environment within the consortium, where knowledge exchange occurs not only between local and international partners but also among consortium members. Through joint monitoring visits, we learn from each other's experiences and best practices. This collaborative approach extends beyond our local partners as we draw insights from other members, such as adapting Save the Children's home-based learning model." – Focus Group Discussion in Cox's Bazar.

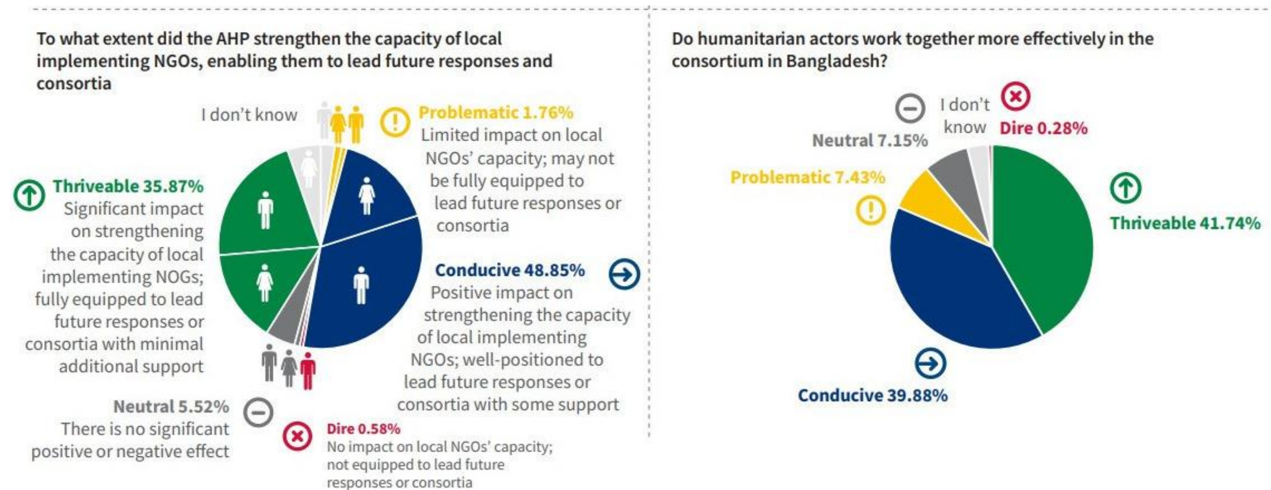
Recognising the importance of building local capacity, the consortium engaged grassroots volunteers and staff in bottom-up initiatives. Local partners have played an instrumental role in responding to crises such as the fire incident and cyclone Mocha. Alongside over 125 volunteers, local organisations have been at the forefront, providing essential items and support to affected communities. Their proactive efforts, supported by international organisations, have included conducting awareness campaigns, identifying high-risk areas, and ensuring timely response and protection for the community in the face of cyclones and other disasters.

The consortium placed a strong emphasis on shared and collective learning. In particular, they recognised the significance of gender and disability inclusion and integrated related learning across various thematic areas. Figure 2, includes the results from an evaluation survey with staff members, demonstrating that staff members believe the consortium strengthens collaboration between agencies.

The survey data indicates that AHP has played a crucial role in strengthening the capacity of local implementing NGOs, empowering them to take the lead in future responses and consortia. Most respondents (48%) found AHP's impact on capacity building conducive, with a significant percentage (38%) reporting a thriving effect. However, a small percentage (1%) identified challenges in this aspect, suggesting a need for further support and improvement.

Responses varied regarding the strength of collaboration among humanitarian actors within the consortium in Bangladesh. While a considerable percentage (41%) perceived the collaboration as thrivable, indicating effective cooperation, a slightly smaller percentage (39%) found it conducive, reflecting a positive collaborative environment. However, a noticeable percentage (7%) highlighted issues or difficulties, indicating areas that require attention and resolution for more effective collaboration.

Figure 13. Staff perception of local NGOs and capacity

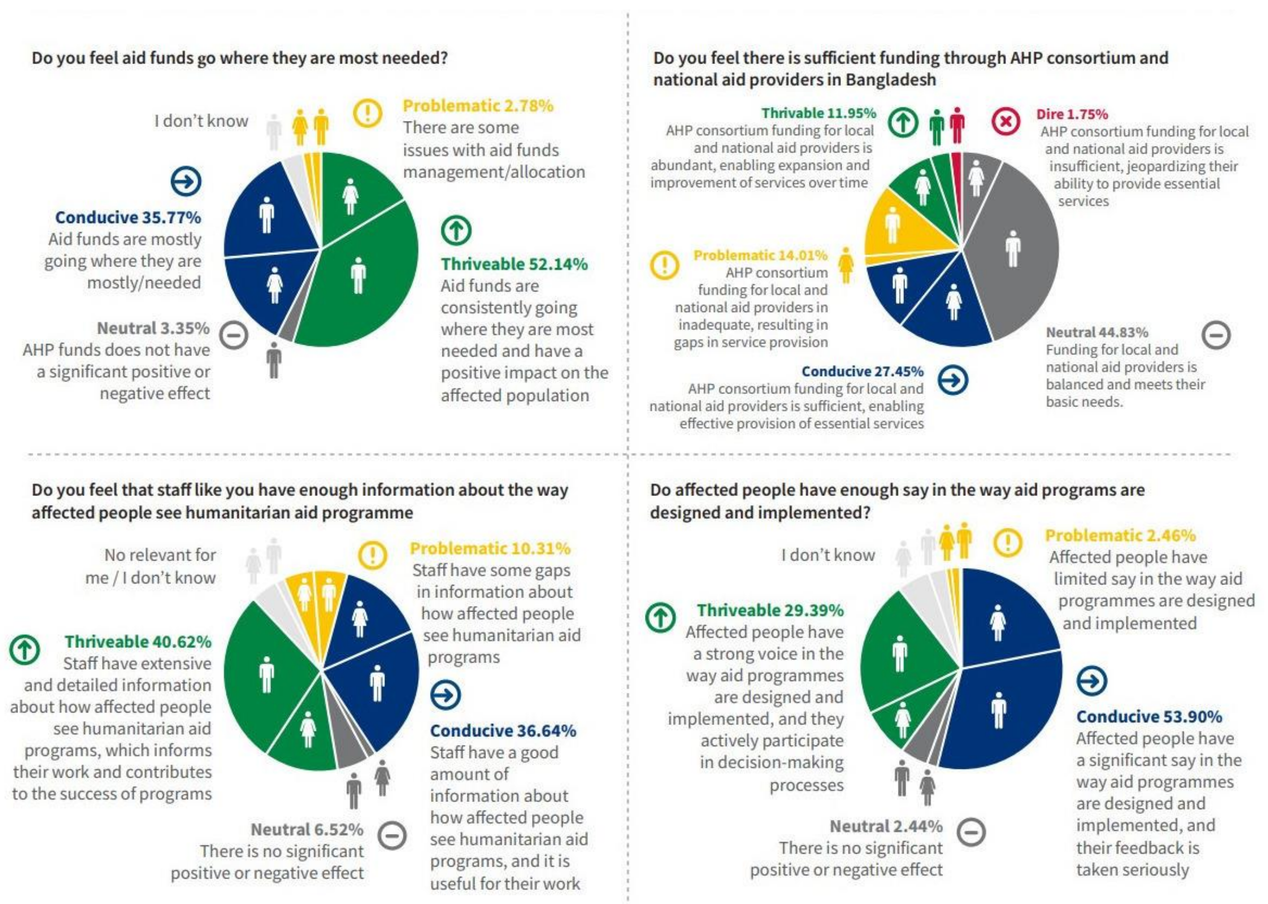


To deepen its impact, the consortium established a link with the local government by forming self-help groups. This partnership enabled them to access government support and resources. In particular, they focused on addressing the challenges faced by village women, helping them open bank accounts and gain financial independence. It is important to note that while the government support was practical and applicable in the host communities, it was not accessible within the camp settings.

Promoting gender and disability awareness was a central aspect of the AHP Bangladesh Response. Activities included information sessions on gender equality, disability inclusion, child protection, and life skills. Moreover, partners created 27 safe spaces specifically designed for women and girls, fostering an environment where they could feel empowered and supported. Volunteers engaged in community outreach activities, targeting diverse groups, and working closely with religious leaders to ensure their message reached a wide audience.

The consortium established multiple feedback mechanisms to ensure their initiatives remained responsive and effective. They actively sought input from volunteers, staff, and community members through direct engagement, feedback boxes, and ongoing feedback collection. This allowed them to continuously improve their programs and adapt to the evolving needs of the community. However, action was not consistently taken to close the feedback loop as expected.

Figure 14. Staff perception of the AHP consortium, program design and implementation



The staff survey data reflects varying perspectives on different aspects of aid programs in Cox's Bazar. Regarding the allocation of aid funds, most respondents (52%) believe funds are going where they are most needed. Additionally, a considerable proportion (35%) find the allocation conducive, suggesting a positive perception that funds are reaching the intended recipients. However, there are concerns from more than 2% of respondents regarding the allocation, highlighting the need for further evaluation and improvement in this area. The qualitative response reveals a consensus among respondents that the allocated aid funds effectively address acute needs. Staff participants have noted that these funds have made significant contributions to sectors such as WASH, food security, nutrition, shelter, and basic needs, ensuring quality assurance and alignment with the nine commitments of the Core Humanitarian Standards (CHS). The involvement of the refugee community, including volunteers and local resources, in identifying their needs within the interventions is seen as a positive and empowering approach. However, some participants have highlighted the need for additional funding to address the needs of persons with disabilities and improve accessibility in hilly areas within the camps.

Regarding funding through the AHP consortium for national aid providers in Bangladesh, responses were mixed. While a small percentage (11%) perceive the funding as thrivable, indicating satisfaction, a larger proportion (27%) find it conducive, suggesting a less positive perception that funding is sufficient. However, concerns arise from 14% of respondents, indicating significant gaps in meeting the funding needs of national aid providers. Interviews further supplement this as participants highlighted that the funding allocated to local actors is insufficient, making it challenging for them to cover their operational costs and provide comparable staff benefits compared to international NGOs. This situation is further exacerbated by the reduction in aid, leading to heightened competition, increased demand, and insufficient resources to adequately meet the needs of the affected community. Addressing these concerns is crucial to ensure adequate support for effective aid programs.

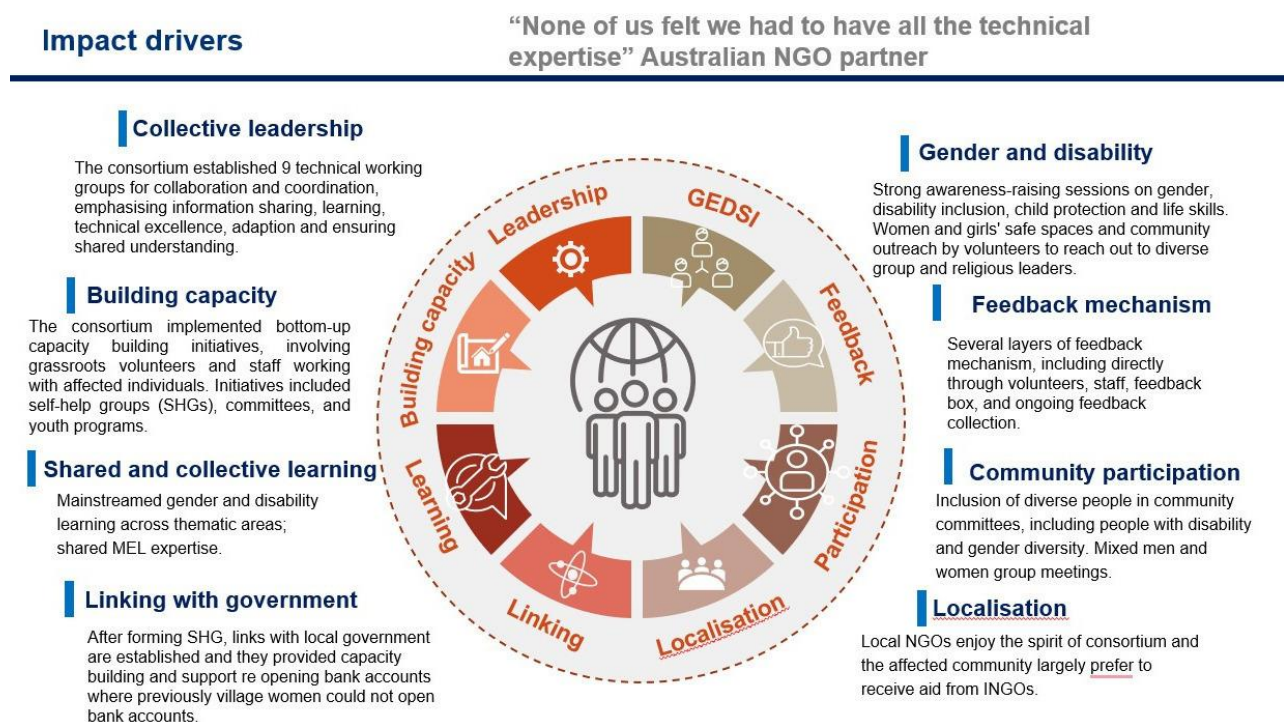
The involvement of affected people in aid program design and implementation received positive responses from respondents. A significant percentage (53%) find the involvement conducive, indicating that affected people have a say in the process. Moreover, a considerable proportion (29%)

perceives it as thrivable, indicating a high level of satisfaction with their involvement. However, 2% of respondents find the involvement problematic, suggesting the need to address limitations and ensure broader participation and representation by affected people.

Regarding the availability of information about affected people's perspectives on staff members, responses were mixed. A substantial percentage (40%) finds the information thrivable, indicating a sufficient understanding of affected people's perspectives. Additionally, a considerable proportion (36%) perceives it as conducive, suggesting a positive perception of available information. However, 10% find it problematic, indicating the existence of gaps in understanding affected people's perspectives. Enhancing information sharing and communication channels can bridge these gaps and promote a more comprehensive understanding.

Community participation was a core principle of the consortium. The consortium actively encouraged diverse representation within community committees, ensuring that individuals with disabilities and those from different gender backgrounds had a voice. By organising mixed-gender group meetings, they also promoted inclusivity and equal participation among all community members. However, it is acknowledged that there is still room for improvement, particularly considering the complex nature of camp-based situations and the existing barriers faced by women and people with disabilities.

Figure 15. AHP impacts drivers at the grassroots level.



The evaluation highlights several positive instances of collaboration within the AHP consortium, including the adherence to Sphere and CHS standards and the strengthening of the feedback mechanism. It also acknowledges the need for advocacy to improve broader collaboration within the humanitarian sector in Bangladesh. However, the AHP consortium is recognised for its significant contributions to the collective efforts of the NGOs in Cox's Bazar. The flexibility shown by DFAT is appreciated, allowing partners to modify programs based on community and emergent needs. However, there is a call for increased monitoring and supervision to enhance the effectiveness of the aid. While the willingness of DFAT to adapt to community needs is positive, there is a suggestion for more focus on the consortium approach, project visits, and monitoring. The involvement of local NGOs in the consortium is viewed positively, with their participation in decision-making and contributions to meeting targets highlighted. However, concerns are raised regarding the need for capacity-building initiatives. Leadership, M&E, communications, and reporting could all use further improvement by NGOs, although they make valuable contributions overall.

Monitoring, Evaluation, Accountability and Learning

Rating: CONDUCIVE

The CMU established an M&E unit to enhance efficiency, coordination, and shared learning within the consortium. Despite some challenges and delays, the M&E unit has facilitated the development of a shared MEAL framework and promoted resource sharing among partners, including Power BI.

The CMU collaborated closely with consortium partners to develop frameworks, indicators, and data-gathering methods. They conducted joint monitoring visits, allowing for adaptation to diverse program components and complex environments. This approach provided valuable insights and opportunities for reflection throughout the program.

However, some minor concerns arose regarding the large number of indicators at the grassroots level and missed opportunities to address governance challenges and promote early-stage learning. To address these concerns, regular status updates on targets versus achievements were presented through the integrated dashboard during Steering Committee meetings and even in DGC meetings. As a recommendation, it was suggested to enhance communication and coordination between the Cox's Bazar level and higher-level decision-making structures, such as the DGC, to improve overall effectiveness and alignment.

AHP Partners have dedicated experts and resources to MEAL, and have undertaken monitoring visits, multi-day in-country MEL training and the development of program case studies and other materials. Based on the response of Australian-based stakeholders interviewed in consultations, the evaluation found that reporting could not ‘cut through’ to DFAT and even some Australian-based NGOs to demonstrate the value of impact, collective impact, or shared learning. For example, while the annual reporting reviewed included a wealth of information, there was no prominent presentation of achievement against targets that would have quickly demonstrated the considerable reach of AHP Phase III, as per the table developed by the evaluation team from the 2022 AHP annual report.

Table 3. AHP Bangladesh Response Program beneficiaries are disaggregated by gender.

	Male		Female		Other		TOTAL	
AHP reach	Projection	Actual	Projection	Actual	Projection	Actual	Projection	Actual
Adult without disability	119,293	124,474	149,051	177,358	712	719	269,056	302,551
Child without disability	108,428	117,811	118,972	115,716	0	2	227,400	233,529
Adult with disability	6,993	5,900	7,633	6,442	0	0	14,626	12,342
Child with disability	4,721	4,338	5,373	3,960	0	0	10,094	8,298
TOTAL	239,435	252,523	281,029	303,476	712	721	521,176	556,720

At the consortium level, the CMU successfully managed activity monitoring and joint reporting. They balanced meeting the joint reporting requirements while creating value through active participation. For example, during a recent meeting of the M&E working group, the team addressed the need to avoid duplicating efforts and activities at the community level. They recognised the importance of clear communication among partners to ensure accurate and efficient reporting. The meeting allowed

partners to discuss and clarify which interventions and indicators each organisation is responsible for, to avoid double counting and ensure accurate data collection for reporting purposes.

Overall, the establishment of the M&E unit within the CMU has resulted in increased efficiency, complementarity, coordination, shared learning, and extended influence beyond the consortium. Partners have recognised the value of the partnership arrangements and collective M&E practices and are exploring the possibility of adapting these approaches to other programs funded by different donors. This demonstrates the success and scalability of the M&E unit's efforts in promoting collaboration and enhancing joint practices across various initiatives.

The cross-sector and collective working relationships resulted in joint field visits, the development of a shared MEL framework and indicators, and the maximisation of partner capacities. For example, organisations with expertise in disability collaborated with others to effectively utilise assistive devices for people with disabilities. The learnings from the working group level were communicated to the Cox's Bazar steering committee, enabling a broader understanding of interventions, areas for improvement, and necessary changes. The working groups also facilitated accountability, as joint monitoring and outcome harvesting fostered practical learning and shared responsibility towards donors and affected communities.

Sustainability

Communities	Rating
Camps (Displaced Refugees)	**PROBLEMATIC**
Host Communities	**CONDUCIVE**

The two contexts where AHP Bangladesh operates present different conditions affecting the sustainability of program outcomes. In Cox's Bazar, characterised as a protracted crisis, the political situation prevents the integration of services into government systems or being handed over to civil society. It is illegal to build permanent structures in the camps, illegal to establish formal Rohingya refugee civil society organisations, and formal employment for refugees is also forbidden. Camps depend on international support for ongoing health, WASH, and education services. This means that partners must find other external donors and partners to take over the funding and implementation of activities, even where capacities have been effectively developed locally to maintain structures and equipment, such as WASH facilities. The situation is different in the host communities, where government and civil society are better able to function. In both contexts, there are challenges with the need for ongoing funding to cover the costs required, though the scale is different.

Ongoing support is needed to facilitate shifts in knowledge and attitudes towards inclusion, which requires time and effort. Additionally, there is a need to enhance technical capacities to ensure the maintenance of essential infrastructure, such as the faecal sludge treatment plant, WASH, education, basic needs, and livelihood support.

Exit and handover

The AHP Bangladesh Phase III was intended to close on 30 June 2023. At the time of writing, several AHP partners had negotiated a two-month no-cost extension for their activities, following mixed messages from DFAT on whether this could be considered. AHP partners are submitting proposals for Phase IV of the AHP Bangladesh Response, albeit with reduced funding. Partners are also seeking options to take over the management and resourcing of some activities. However, given the time constraints and shrinking funding for Cox's Bazar globally, this seems unlikely for most activities.

Other options for the continuation of activities vary from AHP partner to partner. Larger AHP partners, such as World Vision, are able to mobilise existing resources in the short term and hope to secure future funding to maintain their activities. Save the Children and CAN DO are able to draw on their long-standing presence and partnerships in the country, as well as resources, to seek partners to take on the delivery of these activities.

Exit and handover preparation takes time, relationship-building and planning, which is difficult to achieve when there is a lack of clarity about timeframes and resourcing. Twelve months is considered

best practice. The evaluation heard that AHP partners were significantly affected by changes and last-minute communications about funding and the project end date, which continued for several months from December 2022. The partners expended much effort into financial forecasting and offboarding staff during this period.

Lasting change

The evaluation found a lasting change in individual knowledge, attitudes and practice, and community values. For example, changes in attitude have resulted in people with disability being treated with greater respect and dignity and given opportunities to leave their houses and participate in the community. The same is true for the awareness, experience, and respect women and girls have gained through awareness raising and participation in training, life skills and livelihoods activities.

ANGO partners report that some livelihoods and income-generation activities, such as vegetable gardens, will last in the host communities. This is more challenging in the camps, where no market and permanent income-generating activities are not allowed. Partners hope that some of the self-help groups will remain in place, however without ongoing stipends and facilitators, they may not endure. AHP livelihood interventions in host communities make recipient communities and individuals more resilient than prior to the program. Program participants have strong prospects for growth and self-reliance due to their vision, family business model, an array of livelihood activities, and additional support from the local government.

Services, such as the faecal sludge treatment plant that benefits host and refugee communities and health services such as those run by Save the Children, need ongoing funding.

3.3 Criterion 3. Cost-effectiveness

Cost-effectiveness

Rating: CONDUCIVE

AHP Bangladesh overcame significant challenges to deliver lifesaving support to more than 500,000 people in one of the most complex humanitarian crises in the world. The multi-tiered all-partner consortium proved too complex for the context, particularly as the COVID-19 pandemic hit just as the program was being launched. However, the AHP partnership was able to maintain a continuous presence in camps, at some level, and has achieved a wide range of results in approximately 12 months since restrictions eased. Although initial low spending rates were observed, at the time of writing, all partners were considered likely to fully expend their final allocation of funds, noting that there have been a series of forecasting exercises, changes to resource allocations and timeframes. Four partners have requested no-cost extensions beyond June 2023.

The evaluation assessment of cost-effectiveness focused on the humanitarian response in Bangladesh, primarily considering the performance of AHP partners, the contribution of the all-partner consortium model and the overall management approach. The efficiencies generated by the broader AHP mechanism, which engages accredited ANGOs in partnership to leverage due diligence processes, make critical contributions to DFAT's relationship with the ANGO sector and benefit from the ongoing administrative, risk monitoring, reporting and communications contributions of the AHPSU, sit outside the scope of this exercise.

Coordination strengthens implementation: There was considerable evidence through reports and fieldwork that, after the initial delays, AHP Bangladesh benefited from the coordination mechanism and technical working groups managed through the CMU, which enhanced the impacts and facilitated localisation as outlined elsewhere in this report. Close collaboration among partners facilitated resource reallocation and maximised the use of organisational resources through joint arrangements and collaborative planning. The model led to reduced competition and greater collaboration between grantees within the host communities and camps, which was noted repeatedly by both ANGO and local partners as a driver of impact and results. The CMU also drove consolidated reporting across all programs, which stakeholders including AHPSU and Posts appreciated.

The MEAL, Communications and Disability Inclusion working groups led by individual agencies but coordinated through the CMU were highly valued and contributed to improved capabilities and

outcomes. The investment of funding in the CMU and time required from staff to manage or participate in the nine technical working groups and Australian Reference Group were however seen as disproportionate.

The evaluation identified the potential for reducing the number of working groups by merging crosscutting thematic areas such as gender, disability, and localisation. This consolidation would foster a shift from siloed approaches to more integrated, intersectional learning and adaptation. This shift allows for better coordination and integration of crosscutting efforts, improving relationships in achieving desired results. By streamlining resources and efforts, the overall approach becomes more targeted and strategic, ultimately increasing the likelihood of success. In 2022, CMU reported it had spent nearly double its 2021 spend (AUD 851,732 in 2022 compared to 472,077 in 2021), showing that it was gaining traction by project end.

At the activity level, partners found resourceful, locally appropriate ways to leverage resources and maximise results across multiple sectors. Using volunteers from the Rohingya community in complementary roles was a programmatic approach that generated efficiencies through multiple benefits for communities and individual volunteers through employment opportunities. In the WASH sector, for example, Rohingya volunteers actively contribute as community cleaners and advocates for awareness raising, as well as collecting feedback from households to address issues and emerging challenges. This approach not only provides employment opportunities but also enhances community engagement and ensures effective problem-solving. The use of locally available and durable materials allowed community members to actively participate in repairing and maintaining structures in a way that was cost-effective and relatively sustainable.

Leveraging the contribution of AHP ANGO partners: ANGOs effectively supported AHP Bangladesh in their role as DFAT grant manager, overseeing financial reporting and acquittals and ensuring that DFAT donor compliance is adhered to by downstream implementing partners. All ANGOs in the AHP are DFAT-accredited. ANGOs also provided specific technical support not readily available in Cox's Bazar or the host communities (such as M&E or safeguarding training). In the case of the Bangladesh Rohingya crisis, all ANGOs engaged through the AHP mechanism were experienced in the context and have been responding since the early days of the crisis.

The AHP mechanism also includes a stand-alone AHP Support Unit (AHPSU) which provided significant support to DFAT, the ANGOs and CMU throughout the Bangladesh response. This included providing coordination, standardised proposal and reporting processes, financial oversight, and MEAL and communications support.

"One of those value-adds we see from INGOs is elevating local voices, translating donor-speak and local agency-speak. That can't be underestimated" Australia-based ANGO informant (female).

As noted above, AHPSU commissioned a governance review of the AHP Bangladesh consortium in 2022 in response to low expenditure among partners and the CMU, poorly functioning relationships between NGOs and slow progress in activities. The review identified challenges acknowledged by AHP stakeholders, including the significant and damaging impact of COVID-19, which led to heightened government restrictions in accessing the camps and prevented essential foundational relationship-building between consortium partners.

The evaluation thoroughly assessed the program's performance following the governance review and determined that AHP Bangladesh has made significant progress in addressing the identified issues over the past 12 months. The AHP partnership in Cox's Bazar has demonstrated conducive functionality to coordinate, shared learning and collective leadership. However, it is crucial to acknowledge that there are still major concerns that demand further clarification and alignment, particularly with regard to defining the DGC's role in accordance with partner expectations and addressing coordination and communication challenges in Dhaka. In terms of budgeting and expenditure, following forecasting exercises and a period of uncertainty regarding the contract end, the program's expenditure became more transparent and aligned with the end date of 30 June 2023 for certain partners. For other partners, the program required no-cost extensions to accommodate their activities beyond the original end date. These areas require focused attention and resolution to ensure effective program implementation and coordination.

There have been some management and communications challenges between DFAT and its partners around resourcing and timeframes for the end of Phase III which created uncertainty and pressure for ANGOs and local partners as they sought to understand and respond to requirements. In a separate issue, some local partners reported delays in receiving fund transfers from AHP Partners, which also caused delays in implementation. In some cases, this was caused by delays in AHP Partners receiving funds, which flowed to late funds transfers to partners. However, the evaluation also saw examples of ANGOs advancing their own funds to ensure local implementation was not affected by decisions up the line, which was possible where the Australian partners had access to sufficient resources themselves.

Safeguarding: Regardless of the capacity or resources available to local NGO partners, training and oversight by ANGOs was needed for AHP to ensure compliance with the Australian Government's specific safeguarding policy requirements and their own contractual obligations. At the local level, organisations have policies for procurement, audits, safeguarding, and financial management, but support is needed to ensure that DFAT's specific requirements are met. This appears to have been provided effectively. The ANGO partners all support their local partners to ensure compliance with the prevention of sexual exploitation, abuse, harassment, child protection, fraud, and counter-terrorism requirements. This was recognised and acknowledged across the partnerships.

"That's been the unfortunate part of this program. The focus on spends and burn and not on quality and programmatic impact." Australia-based ANGO informant (male)

Table 4. Joint Consortium Expenditure (from Annual Reports and evaluation analysis)

Total Funding: AUD44 million	**Project timeframe:**	**01/07/2020 - 30/06/2023**	
Annual Report	Planned Expenditure	Actual Expenditure	% of planned
2022	$33,289,389.00	$29,374,594.00	88.24%
2021	$11,260,151.00	$6,518,903.00	57.89%
2020	$4,820,841.00	$1,311,552.00	27.21%

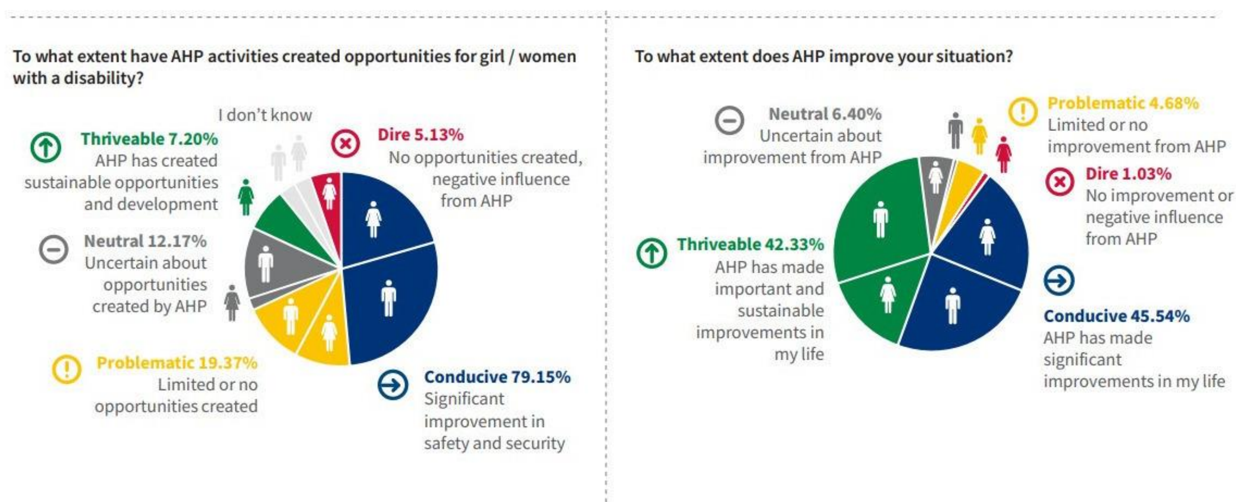
Figure 16: AHP DRR interventions in Camp 13

3.4 Criterion 4: Inclusion

Elements	Rating
People with disability	**CONDUCIVE**
Women and adolescent girls	**CONDUCIVE**
Youth	**CONDUCIVE**
Child protection	**CONDUCIVE**

AHP in Bangladesh has demonstrated strong practice and results in inclusive programming, with evidence of mainstreamed and targeted activities related to GEDSI across outcome areas and partners. Overall, AHP in Bangladesh reached more women than men: 252,523 men and 303,476 women by the end of 2022 (AHP annual reporting). The consortium model made a clear impact on the priority and quality of this work, particularly in the area of disability inclusion, with CBM-CDD providing strategic leadership and technical support to multiple partners. The evaluation did find cases of individuals or households who were excluded from support, notably orphans, and in some areas, widows. While there may be various reasons, key issues identified included individuals not meeting the age criteria, not residing within the designated catchment area, or not being present during the beneficiary selection process. However, AHP partners were successfully using targeted approaches in both refugee and host communities for vulnerable groups including (but not limited to) women, people with disabilities, young men, adolescent girls, elderly women and men, transgender people, and children.

Figure 17. Perception of affected people about improvements and women and girl



Regarding creating opportunities for girls/women with disabilities, a significant majority (79%) of Rohingya respondents found AHP activities conducive, indicating that favourable conditions have been established for creating opportunities. Additionally, a notable proportion (7%) reported a thriving effect, suggesting that AHP has resulted in substantial opportunities for this group. However, there are concerns raised by 19% of respondents, indicating limitations and limited opportunities, while 5% described the situation as dire, implying severe challenges and a lack of opportunities. Addressing these concerns and increasing opportunities for girls/women with disabilities will be vital for further progress.

Regarding the overall improvement brought about by AHP, responses were diverse. A considerable percentage (45%) of respondents found AHP conducive, indicating a positive impact on their situations. Furthermore, 42% reported a thriving effect, suggesting significant improvements from AHP activities. However, a small proportion (4%) indicated problematic, indicating some challenges or limitations in the improvement experienced. Additionally, 1% described the situation as dire, highlighting a critical and urgent need for attention. It is important to address these challenges and ensure that AHP programs continue to drive positive and sustainable improvements in the lives of the beneficiaries.

There is a clear need for ongoing efforts in this area, both to address the large number and significant needs of vulnerable groups within the refugee and host communities and to build on and strengthen the capacities of agencies to support this long-term and complex area of effort. The quality and depth of effort in terms of GEDSI did vary across partners, with more transformative approaches visible in NGOs who have been developing their capacities in these areas for many years, such as CARE and Oxfam. For some others, GEDSI is 'new', and it is significant that some local organisations are implementing inclusive programming for the first time.

"If someone said Oxfam would close it would be very hurtful. The project on gender needs to continue. Oxfam protects the women. The women would die if Oxfam were not there." (Interview 11)

The needs are enormous, with significant structural, cultural, and practical barriers undermining the rights of those marginalised due to gender and disability. Stigma plays a large role in the exclusion of people with disability in this context, and so does the mountainous terrain of Cox's Bazar and the lack of services. Gender equality is undermined by social and religious values that restrict women and girls' potential to access services and realise their rights and repress gender diversity.

Activities promoting participation and empowerment of these vulnerable groups have created sustainable change by strengthening skills, knowledge and confidence among women and people with disability. There is also evidence that attitudes towards people with disability have also changed for the better, although it was not possible for the evaluation to test this in depth.

Gender Equality

Rating: CONDUCIVE

The evaluation found a wealth of specific examples of women and girls whose lives have been significantly and sustainably improved through the support of AHP partners, and activities tailored to address the needs of women and girls. The design of AHP Bangladesh set the foundation for a strong focus on gender equality through outcome areas that directly address the needs of women and girls, and an emphasis on inclusion across all aspects of the program logic. Protection and health services, including sexual and reproductive health (SRH) and WASH, address specific gendered issues, including gender-based violence. An emphasis on inclusion was also reflected in work on ECD, livelihoods activities, leadership and disaster resilience and mitigation activities. The consortium does not appear to have played a strong role in promoting gender equality approaches, with some AHP partners questioning the contribution, and PLAN noting that there were long delays in recruiting for the position of consortium gender adviser, partly due to COVID-19 impacts.

Case Study: Empowering Communities, Gender Equality and Livelihoods

Context:

When the affected population of Rohingya refugees arrived in the camps in 2017, it was marked by dire conditions, including limited access to food, shelter, and medicine, according to one interview participant. Violence and gender-based discrimination were prevalent, hindering basic rights, particularly for women and girls. Initially, the community exhibited little interest towards engaging with Oxfam's activities, posing a challenge to their intervention.

Mechanism:

The affected people's journey towards empowerment began with the involvement of community and religious leaders, who played a crucial role in introducing and discussing concepts of gender equality. This was further reinforced by a dedicated female volunteer from Oxfam who provided awareness sessions on gender equality, social justice, and livelihood opportunities. Despite initial resistance from the participants, attending awareness sessions slowly led to a shift in perspective and enhanced interest to engage. Oxfam's approach to tailored sessions for different community members, including children, men, women, religious leaders, and the community leader (mahji), played a vital role in changing mindsets and fostering inclusivity.

Outcome:

The intervention yielded positive changes within the participant's household. Violence in the household decreased in prevalence, and improved communication and relationships contributed to reduced arguments and a moderate level of harmony. The community also became more aware of critical issues such as gender-based violence (GBV) and child marriage, resulting in active discussions and efforts to find resolutions. Oxfam's comprehensive approach also encompassed education on hygiene and healthcare, benefiting the community.

The participant also benefitted from the project's focus on enhancing women's livelihood skills, enabling the participant to acquire sewing skills and generate income by selling clothes in the market. This economic empowerment had a significant impact on the participant's family, enabling them to access essentials such as solar batteries for lighting, fish for added protein, medicine, and farm animals.

“I… appreciate the support of the women’s safe space centre, as they helped me a lot when I was sick and had a psychosocial problem. I also learned about tailoring and have established friendships with other women members of the community. At the women’s safe space centre, I am going everyday.” Rohingya key informant (female)

This woman fled Myanmar with her 3-year-old child after her husband disappeared. She said that when she arrived, her memory wasn’t working properly, and she couldn’t navigate the camp. She has benefited from a camp toilet, lighting, pathways, and regular visits from a CARE volunteer.

Multiple partners, including CARE, CAN DO/EKOTA, Oxfam, and World Vision note a range of impacts including the number of women accessing SRH services, improved hygiene practices and the growth in confidence and visibility of women and adolescent girls (to a lesser extent) in the community following participation at Safe Space centres or in livelihoods initiatives. In interviews and discussions, women told the evaluation team that safety had improved and there was a greater awareness of the harm caused by gender-based violence by women and men in communities, with examples of changes in behaviour within households. Different activities intersected to support women to address multiple needs. For example, one woman was able to drop her child at an ECD centre, which then allowed her to attend livelihoods training. EKOTA reported that a trans-gender participant had joined tailoring training and accessed a sewing machine.

“At the beginning, adolescent girls would not come out of their homes to attend the tailoring training, but now they come to our centres”. NGO staff member, Cox’s Bazar (female)

“When we arrived, I was not interested in working as there was a culture that women should not be working and stay at home and support their children and husband. Now, I am working and going outside of my house to support my family. I support and allow my daughter to go to school and study and become a doctor.” Rohingya key informant, Camp 19 (female)

Improving gender equality: examples of evidence

CARE Safe Space for Women: On average 70-100 women visit daily, for 1-2 hours. They learn skills, receive psychosocial support and develop relationships. Since adolescent girls are not allowed to leave home, CARE conducts house visits to share information.

Caritas canal cleaning in a host community: Women, as well as men, were ‘hired’ as volunteers to clean the canal, generating income. Before the work began, Caritas consulted with community leaders and gained their support to engage women and people with a disability. Segregated toilets and a feeding centre for children helped women feel comfortable participating in this opportunity.

World Vision installed latrines with lights: Women used to fear using the latrine at night, but the lighting gives them confidence and reduces the likelihood of being attacked when visiting the latrine.

Disability Inclusion

Rating: CONDUCIVE

The AHP Bangladesh Response's work on disability inclusion was great though overall numbers reached remain low. The approach to disability also demonstrates the consortium model's potential to facilitate collaboration, share technical expertise and achieve impacts that would otherwise not have been possible. CBM-CDD is the technical lead on disability inclusion within the consortium at field level and partners recognise their work and technical skills in this area. Partners also follow a Disability Inclusion Action Plan that outlines specific activities throughout the lifetime of AHP III.

People with disabilities in the camp initially faced significant challenges due to the lack of facilities and support. However, through the intervention of organisations providing food assistance, essential supplies of assistive technology, accessible pathways and referral pathways there has been a significant improvement in their access to essential services. While lighting, pathways, and wheelchairs have facilitated access, women express concerns about the poor lighting in and around Camp 13, particularly in the toilet facilities. The lack of adequate lighting makes them fearful of moving around at night and the potential risk of encountering dangerous individuals. Additionally, they report hearing gunfire during night-time. In Camp 15, although the lighting has improved, women, especially those with disabilities, still have reservations about going outside to use the toilets at night due to the fear of being attacked. However, there has been a decrease in such incidents, thanks to the increased lighting and awareness sessions providing support and guidance.

"We have a simple principle: if the pathway is straight, we will use the wheelchair; otherwise, we will take the person in our hand or piggyback to go to the doctor or other appointment." Rohingya person with a disability (Male)

There was a significant stigma related to disability and no advocacy movement at the program's start. Local partners, refugees and community members noted that people with disabilities were routinely mocked and excluded, but this has changed when AHP has been able to provide opportunities to participate in activities and raise community awareness around disability rights. Beyond practical support, the project has also led to a shift in the community's perception of disability. Negative attitudes have been replaced with a growing recognition that people with disabilities deserve respect, education, and the right to be fully included within the community. Including children with disabilities in the World Vision Centre for education has further challenged previous beliefs, and families have begun providing improved treatment and care, including better nutrition, to their children with disabilities.

There have also been improvements in how implementing partners collect data from and include people with disability in communications following work with CBM-CDD through the disability inclusion working group. Where previously, partners focused only on interviewing carers, there is now a preference for interviewing people with disabilities, recognising the value of their perspective and voice. Oxfam also noted that local partner EFSBL provided small business opportunities for people with disabilities following their engagement with the disability working group. Other partners, such as those engaged with the CAN Do/EKOTA consortia, World Vision, and CARE, have provided a range of support including assistive devices to enable people with disability to participate in livelihood activities and modified latrines in camps. People with disabilities were also engaged in work opportunities such as canal cleaning in the host community. Support groups were formed, including EKOTA and Plan self-help groups and disability support committees run by World Vision, Oxfam, and CARE.

The evaluation noted impacts on income available to people with disabilities, confidence, and connection with others through participation in activities and greater leadership through advocacy for community attitude change. There were also examples of community members reflecting on their own attitude change following awareness-raising sessions on the rights of people with disabilities.

"People with a disability were initially not respected, they were portrayed as though they are not useful people and God has created

them like this because they are sinful. But now, we know this is not correct. A person with a disability is a person like any one of us and they deserve the same respect. There is now a community committee and there are two members who have a disability. They are very happy as they are counted as part of the group which makes leadership decisions for the whole community." Rohingya key informant, World Vision project (female)

"In my work as a disabled person in the DRR program, the other workers treat me as a brother, and they are not giving heavy work as they know I may struggle. They give me some easy work and they are very kind and respectful. However, in terms of the community-based barriers for people with disability, there are a lot of barriers and issues, such as no pathways, no access and sometimes people are not very respectful to people with disability." Rohingya key informant, DRR volunteer (male)

2022 Disability Inclusion Activity Snapshot: a wide range and reach

(Sourced from 2022 AHP annual report)

Livelihoods opportunities

- 71 people with disabilities engaged as cash-for-work labourers and across CARE activity groups and committees.
- 1988 people with disabilities included across activities by EKOTA.
- 100 people with disabilities engaged in livestock rearing interventions by Oxfam.

Representation

- 53 per cent representation of people with disabilities in various committees facilitated by World Vision Bangladesh.
- Seven Self-Help Groups and two Disability Support Committees verified and operationalised.
- Organisations of Persons with Disabilities (OPDs) leaders invited to monthly meetings.

Access to services

- Five EKOTA SHG members and three from PLAN received Golden Citizen Cards issued by the Government of Bangladesh to people with disabilities, because of advocacy initiatives.
- Health post renovated by CARE.
- Multi-purpose centre and two children's learning centres modified by Plan.
- New accessible sheds being constructed by Oxfam.
- 261 WASH facilities modified by EKOTA.
- Needs of students with disabilities accommodated by Save the Children
- 249 different types of assistive devices provided by World Vision Bangladesh

Building Collective Learning:

- All ANGOs and in-country partners trained their staff on the Washington Group Questions and Community Feedback and Response Mechanism modules.
- Training facilitated by CBM-CDD on advocacy, rights of people with disabilities under the United Nations Convention on the Rights of Persons with Disabilities
- Visits to and organising with people with disabilities in Sitakunda, Chittagong organised by CBM-CDD to sensitise ANGOs and in-country partners on the benefits of OPDs, and understand their operations and sustainability approaches.

- Disability inclusion focal points from each consortium partner represented at the monthly Disability Inclusion Working Group meetings and quarterly joint field visits organised by the CBM-CDD.
- All consortium partners attended working group learning and reflection workshops organised by the CMU

However, despite these positive developments, barriers persist for people with disabilities in the community. Limited pathways and lack of accessibility hinder their full participation and integration. It is crucial to improve community attitudes and respect towards people with disabilities to break down these barriers. AHP reporting also notes limitations in cascading training to field-level staff, citing cases of inappropriate knowledge, attitudes and practice. While this is a limitation, the transparent reporting of this challenge is a strength, and the program continues to work on addressing the issue. One Australia-based respondent highlighted that the AHP still had more work to do to reach more people with disabilities and that this is a persistent problem in humanitarian contexts worldwide.

Youth

Rating: CONDUCIVE

The implementation of diverse programs and support initiatives has yielded significant positive outcomes for individuals and the community at large. Through livelihood support activities, such as agriculture and small businesses, the youth have gained empowerment, increased income generation, and acquired valuable skills for their future. Their engagement in administrative roles and the formation of the Youth Club has fostered stronger leadership, increased safety, reduced risky behaviours, and opened doors to work opportunities. The broader community has witnessed positive transformations, including improved hygiene practices, respectful behaviour, and declining school dropouts and child labour. Awareness sessions have enhanced individuals understanding of child rights and alternative disciplinary approaches, resulting in improved parenting practices.

"The establishment of the youth club has changed our community. Previously, the youth were unemployed and engaged in risky activities, such as drugs, and lacked purpose and direction. Now, they have their own businesses, shops, and vegetable farms, and are developing their skills and capacities for the future. As a member of the youth club and the Community Management Committee, I have witnessed the positive impact first-hand. Our community is safer, and the youth are actively involved in administrative tasks and supporting people with disabilities. It's truly fantastic to see this development"." Community member Teknaf (male)

Child Protection

Rating: CONDUCIVE

The AHP interventions have demonstrated positive impacts on individuals and communities. The establishment of the Learning Centre, for instance, has influenced children's development by fostering hygiene practices and enhancing their adaptability in formal education. Despite the challenges posed by the COVID-19 pandemic, the Learning Centre adapted by implementing house-to-house learning, ensuring that children continued to receive education and awareness sessions. As a result, the children exhibited notable improvements in behaviour and knowledge, acquiring skills in poetry and the alphabet. This positive development instilled a sense of pride and reassurance for parents regarding their children’s progress.

“Through the Women and Girls Safe Space, we have gained knowledge about the detrimental effects of child marriage and have successfully stopped this practice within our own household and advocated for change in the community. Now, we also realise equal distribution of resources, which previously biased towards boys, has promoted fairness and equality in our houses and community.” Rohingya key informant (female)

AHP support extended beyond education, with additional aid provided to the children at the Learning Centre, including bags, educational materials, and essential non-food items such as umbrellas, soap, and shoes. The Community-Based Child Protection committee members also benefited from provisions such as soap, umbrellas, and playing materials. Awareness sessions and training provided to parents of the learning centre, members of the Community-Based Child Protection Committee and the broader community also had a wider impact on the participant's household dynamics, improving family relationships and developing greater awareness of women’s rights and mutual family support. gained a deeper understanding of mutual support and women's rights. The project's influence also extended to the wider community, fostering better behaviour, and understanding regarding women's rights and independence. Shifts in gender roles and increased inclusivity reduced gossip and enhanced community cohesion. Importantly, the project prioritised including people with disability by providing an accessible environment and toilets at the Learning Centre.

AHP's responsiveness and provision of essential items, along with effective feedback and communication channels, have been commendable. Most participants acknowledged the complaint process and one reported successfully receiving assistance after requesting an umbrella. Participants suggested expanding the number of community-based child protection committees to serve the community’s needs better, as the current committees fall short of covering the entire population.

Overall, AHP has impacted education, child protection, gender dynamics, disability inclusion, and community engagement. It has empowered individuals in the community, bringing about positive changes and fostering a sense of empowerment and well-being.

3.5 Criterion 5: Levers - Localisation and transparency

Localisation

Rating: CONDUCIVE

AHP Phase III successfully elevated localisation as a key strategy contributing to the reform of the humanitarian system, strengthened the role and visibility of local organisations and sought to position them to find ongoing resourcing to continue services and support. It prioritised local staff for key roles, recognised and valued the expertise of local partners, monitored resourcing to local partners, and involved community members in decision-making.

The evaluation fieldwork found that AHP Bangladesh was significantly **locally led and implemented**, with local partners prominent and recognised across activities. The joint annual reporting lists 12 local agencies working within the consortium, visible and responsible for implementing the programs, many of whose contributions were highlighted on signs and accountability boards at project sites. As shown in Figure 14, above, both local and international partner staff surveys conducted by the evaluation showed that 40.62% of staff feel they have extensive and detailed information which informs their work, and 36.64% feel they have a *good* amount of information (total positive responses 77%), and the evaluation team observed a high degree of dedication on the part of staff working in Cox’s Bazaar and host communities.

Somewhat unexpectedly, affected communities stated that they favour assistance from organisations they perceive as international organisations. It is not clear how affected persons identify or distinguish between the different types of organisations, but the responses challenged the assumption that local organisations are more often preferred due to familiarity with local approaches and expectations. This

finding was reported in the survey with affected people and supported by additional comments in focus group discussions and interviews. Respondents stated that they perceive INGOs to be more transparent and efficient than local organisations. Evaluation participants felt that organisations with international support were more capable of providing ongoing support for the long term than local organisations. Some AHP partners, such as Friends in Village Development Bangladesh, were specifically mentioned, and their perceived dedication and willingness to understand the community's needs were highlighted. The confusion between international and local NGOs at the community level can be seen as endorsing the effectiveness of the local-INGO partnership since the two are identified together.

Local partners ranged from long-standing local branches of church organisations to local branches of international NGO federations, to local civil society organisations. The capacity and support required and provided by ANGOs, and their in-country counterparts varied accordingly. Australian counterparts recognised that local organisations were the experts in their context, and the ANGO's role was to ensure timely funds transfers, manage the contract and source specialist technical assistance where requested. Opportunities to strengthen Rohingya organisations were limited by the context, which prohibits the formal registration of Rohingya organisations within the camps. Nevertheless, AHP partners established mechanisms to mobilise community members as volunteers and members of committees participating in training opportunities, leading, implementing, and representing their communities within the camps.

Figure 18. Perceptions of the Rohingya community regarding preferences on the receipt of aid

The AHP Partners sought to support localisation by seeking to minimise the time and resources required by local partners to fulfil Australian reporting and compliance requirements so that they could focus on delivering activities. ANGOs played the role of DFAT grant manager, overseeing financial reporting and acquittals and were responsible for ensuring that DFAT donor compliance is adhered to by downstream implementing partners. Australian Aid visibility and public diplomacy was also the

responsibility of the ANGO. ANGO partners considered that part of their role was to 'protect' local partners from overly complex compliance and contractual matters so that they could lead the implementation of their activities together with community members. This was challenging when forecasting and detailed budget information was needed, as this granular level of data is available only at the local level.

Local capabilities: The capacities of local partner organisations varied significantly from the outset of the program, but staff benefited from the resources and structures AHP provided to facilitate cross-learning and develop new technical skills in GEDSI, WASH, DRR, M&E and communications. WASH programs saw international experts working with local counterparts to pass on high-level skills in the management of DRR, recycling and sewage infrastructure; Australian and INGO monitoring and evaluation specialists provided training in qualitative data that led to a greater understanding of outcomes across the MEAL Working Group, and; CBM and local partner CDD assisted local staff in refining their understanding of and support for disability through training in both the short set and enhanced set of the Washington Group of Questions.

Additionally, the CMU took the initiative to organise and facilitate a series of capacity-building training and workshops on M&E and Information Management. These training sessions included topics such as basic M&E and data analysis, information management and visualisation, advanced skills in visualisation, qualitative evaluation methodologies, and qualitative data analysis using NVIVO. CMU involved MEAL focal points and female staff from local partner organisations in these training programs. CMU sought resource persons from consortium partner organisations to facilitate the training. For example, specialists from CARE, Save the Children, and Ekota facilitated the basics of data visualisation training, while CARE Australia and CMU facilitated the evaluation methodology training. Furthermore, CMU's efforts in M&E, learning, and accountability extended beyond the training programs. Joint monitoring visits, MEAL framework orientation and dissemination, learning and reflection workshops, and research and review initiatives were conducted with the aim of transferring technical skills and capacities to the partners' focal points.

The AHPSU Communications Advisor worked closely with local agency staff to strengthen communications products. There are many examples of partners seeking local government support when selecting beneficiaries in host communities, and training is provided through collaboration with government offices such as livestock and agriculture. The consortium and working group model also allowed for locally-led cross-learning and capacity exchange to take place, as well as providing a platform for international support to the different local partners. The evaluation noted that local partners conducted cross-visits within AHP project sites. One ANGO informant noted a level of collaboration and solidarity between local partners which demonstrated an unusual level of cohesion for a humanitarian program, supported by the shared objectives and resourcing of the consortium model.

Investment in training community women and men empowered them to develop expertise in essential services, fostering volunteerism and generating viable incomes. Empowering community committees and groups, particularly the Women and Girls Safe Spaces, has enabled efficient communication and effective management of early childhood development centres. Staff in ECD recognise the significance of effective communication with parents. Regular meetings were held to discuss challenges, share ideas, and coordinate efforts for better outcomes. They actively seek input from parents, valuing their perspectives and insights, as they play a crucial role in their children's education and development. Establishing strong connections with local government authorities further enhanced the potential of the program's impact and sustainability.

Adequate resourcing for local actors is recognised as a precondition for localisation, to enable local organisations to run effectively. The evaluation found that some AHP partners went beyond Grand Bargain commitments to provide more than 25% of funding to their humanitarian partners. This however varied, depending on the experience, resourcing and capabilities of the local partner. In staff surveys and interviews, concerns did arise from 14% of respondents about significant gaps in meeting the funding needs of national aid providers, making it difficult for local actors to meet operational costs and provide comparable staff benefits to international NGOs. The evaluation found that local NGOs were comfortable working in consortium with international partners and are confident in managing and utilising international funds.

Case Study: Localisation and capacity building of local partners in Cox's Bazar

Context:

Local organisations, namely CDD, NGOs Forum, and DSK, collaborated closely with international partners within the AHP consortium operating in Cox's Bazar. They actively participated in various technical working groups, including the inclusion, gender, and M&E working group meetings. Additionally, they had the opportunity to engage with the steering committee, attend monthly meetings, and collaborate with the CMU. They also reported benefiting from interactions with Australia-based partners through learning workshops and capacity-building activities. Their engagement spanned multiple thematic areas, including WASH, gender, disability, and PSEA.

Mechanism:

As part of the AHP partnership, local organisations received valuable technical and project support from Christian Aid, CARE, OXFAM, and other international partners. This support encompassed guidance on budgeting, action plans, and report preparation, enabling them to navigate these areas effectively. Together, local organisations worked diligently to align their policies with international standards on gender, disability, and safeguarding, ensuring that their practices are in line with global best practices.

Christian Aid played a significant role by offering expertise in areas, such as M&E, data collection, and design support. Their contributions were instrumental in enhancing our capabilities and improving the quality of the programs. The partnership extended beyond Christian Aid, as many local organisations actively collaborated with CBM, CDD, and other organisations to provide technical expertise and training on disability inclusion. Through participation in cross-visits, joint field assessments, and knowledge-sharing initiatives, they fostered a culture of collaboration and mutual learning among NGOs and consortium members. In this regard, local partners were responsible for organising and managing joint visits, ensuring a fruitful knowledge exchange, and facilitating collaborative learning and practice sharing among all stakeholders.

Outcome:

At the community level, local NGOs have made significant improvements. These capacity-building efforts by international partners have contributed to addressing hygiene issues, sustaining WASH infrastructure, and engaging with government institutions effectively to coordinate and hand over projects at the exit. Local NGOs have led the interventions, such as establishing self-help groups, incorporating people with disabilities and promoting their inclusion. SHG members have gained confidence and actively advocate for disability rights. Women with disabilities have even opened bank accounts, which were previously challenging for village women. Vocational activities, such as tailoring and handicrafts, have provided income-generating opportunities, promoting self-reliance in host communities. The SHG has thrived, conducting monthly meetings, saving money, and establishing selling places for its products.

Localisation measures:

As a local partner, they prioritised localisation by utilising local resources, engaging communities in decision-making processes, and leveraging government institutions for training and additional support. Local NGOs actively involve the local community and government livestock and agriculture offices in their programs, fostering linkages for long-term sustainability at the program's exit.

Challenges:

The local partner organisation faces challenges related to budget allocation, staff turnover, administrative costs, and procuring assistive devices. Funding delays and coordination issues between international and local organisations can impact project implementation. Staff members sometimes have multiple responsibilities due to limited resources and scope, affecting their motivation and efficiency. Additionally, the approval processes from government offices and coordination with UN agencies can be time-consuming, leading to project delays.

Accountability and Transparency

Rating: CONDUCIVE

AHP has made significant progress in improving downward accountability to the affected populations with multiple mechanisms, albeit the feedback loop is yet to be closed in some cases. To date, however, transparency practices have not been sufficient to meet the demand of local organisations in the partnership. Local organisations in the partnership demand that international organisations share budget information and provide operational costs, so they are able to provide staff benefits as required. However, this is not yet taking place.

The feedback mechanism implemented in both the camps and the host community has proven efficient in addressing concerns and fulfilling needs. Individuals have reported their issues to relevant organisations and received prompt responses. A notable instance was when World Vision responded promptly to a complaint by repairing a tube well, thus restoring access to clean water. Similarly, CARE swiftly addressed an environmental cleaning issue brought to their attention.

Additionally, people also seek assistance from teachers, site management offices, and dedicated field volunteers. While the system generally functions well, occasional delays in resolving incidents may occur due to multiple ongoing cases. Although complaint filing options are available, it is important to note that there may be significant delays in the resolution process (See Figure 6).

Most staff survey respondents (52%) believe aid funds go where they are most needed, indicating a thrivable perception. A considerable proportion (35%) find the allocation conducive, suggesting a positive perception of funds reaching the intended recipients. More than 2% of respondents express concerns about the allocation, highlighting the need for further evaluation and improvement.

4 Conclusion and Recommendations

In conclusion, implementing diverse initiatives in the Rohingya refugee camps and host communities has yielded good progress and results. These efforts have led to positive changes in community culture, attitudes towards education and hygiene, and the development of key actors. Livelihood interventions have empowered individuals, reduced dependence on aid, and fostered self-reliance in host communities. Education and WASH interventions have improved access to essential services and promoted health and sanitation. However, challenges related to sustainability and market access in camps remain, necessitating continued support and efforts to enhance income opportunities. Overall, these initiatives have restored hope, and dignity among the Rohingya population, while contributing to the well-being, self-sufficiency, and stability of the host communities.

At both the camp and host community levels, we have observed positive effects resulting from the AHP interventions. Firstly, there has been a noticeable shift in the community culture, as evidenced by the successful implementation of mixed group discussion sessions and meetings. This was not possible three to four years ago, highlighting the growing inclusivity and cohesion within the community. Secondly, there has been a significant change in attitudes towards children's treatment, education, sanitation, and hygiene. The community now places a higher value on these aspects, particularly on ECD centres. The community's trust in these centres has grown, recognising their importance in providing essential awareness and life skills to children. These positive outcomes have extended beyond the immediate impact area. We have witnessed an increasing demand from other communities to open ECD centres and women and girls' safe space centres. These centres not only serve as crucial hubs for awareness and life skills development but also provide a safe haven during cyclones and disasters.

The AHP has fostered a conducive environment for developing key actors within the camps, host communities, and schools. Through initiatives such as the WASH committee, women and girls' safe spaces, waste processing Centres, and youth clubs, the capacity of these actors has been enhanced. This approach ensures that the significant changes achieved through the interventions are locally led, owned, and maintained even after the project phaseout. However, it is important to note that some interventions in camps, like waste collection and sanitation, may face sustainability challenges. This is primarily due to the reliance on volunteers who receive a stipend for their livelihood. This strategy has yielded positive outcomes. For instance, WASH volunteers have played an active role in maintaining sanitation and cleanliness in the camps. They collect waste and bring it to the processing centre, contributing to a cleaner camp environment and earning livelihood income. Similarly, DRR volunteers proactively engage in activities such as cleaning and constructing walls to prevent landslides. However, they often face resource and budget constraints when responding to every landslide event.

Rohingya volunteers heavily rely on aid projects for support, while livelihood interventions in host communities have empowered community members to become self-reliant and independent in managing their own livelihoods. Unlike in the camp environment, interventions in host communities have established connections with local government authorities. This has facilitated a carefully managed handover process, gradually transitioning the responsibility of supporting communities to government agencies. As a result of these partnerships, the local government has provided training and capacity-building opportunities to individuals who have received vocational training or livelihood support through the AHP. This collaborative approach has facilitated the consolidation and further development of the positive changes achieved. The impact of the livelihood initiatives in the host communities has been truly valuable, effectively addressing the most pressing needs and contributing to long-term sustainability by generating continuing income for the targeted households. While short-term life-saving assistance remains essential for the refugees, the support provided for livelihood development has empowered Rohingya individuals to develop alternative coping mechanisms, improve food security, and acquire life skills. These efforts have helped restore hope, dignity, and self-sufficiency among the Rohingya population. Simultaneously, the livelihood support offered to the host communities has fostered self-reliance, reducing their dependence on ongoing assistance from humanitarian organisations. It should be noted, however, that due to the disconnect from the market and the challenges in the camp economy, Rohingya individuals still heavily rely on aid and continuous support to meet their income needs. Efforts should be made to enhance their access to income-generating opportunities and improve their economic prospects.

Progress has been made across various outcome areas and sectors. In education, the establishment of ECD Centres has addressed the critical need for access to ECD, resulting in increased enrolments and successful transitions to formal education. WASH interventions have significantly improved access to clean water, reducing waterborne illnesses among the Rohingya community. The active involvement of Rohingya volunteers in cleaning and waste management activities has played a crucial role in promoting health and sanitation awareness. Livelihood initiatives have also had a positive impact on the host communities, effectively addressing their most pressing needs and contributing to long-term sustainability. By generating income opportunities and promoting self-reliance, these initiatives have empowered individuals and households to improve their socioeconomic status and overall well-being.

4.1 Recommendations

The evaluation identified 15 key recommendations to build on the successes of AHP Bangladesh Phase III and strengthen future programming.

Strengthening resilience and self-reliance

1. Volunteering opportunities are in high demand in camps and demonstrated their effectiveness in promoting the **self-reliance, resilience** and even **protection** of displaced people, in the areas of DRR and WASH, within the camps. This model should be more broadly reflected across the AHP activities, and more opportunities and incentives should be made available to refugees.
2. The existing policy instruments present significant challenges when creating market linkages for displaced Rohingya. A key takeaway from AHP implementation is the importance of expanding livelihood and vocational training programs beyond the confines of the camps, focusing on facilitating connections with markets outside. This approach would enable individuals to effectively apply their acquired skills and foster greater self-reliance among the Rohingya community. It is recommended that AHP collaborate with relevant stakeholders at the policy level to advocate for policy changes and support market connections for livelihood interventions within the camps. Seek opportunities to **expand volunteering activities** directly addressing **community needs** while allowing volunteers to **build skills and earn income**. Continue to utilise volunteers in DRR and WASH initiatives within the camps by designing programs that enable individuals to gain practical skills, access educational resources, develop income-generating activities, and contribute to overall camp management and maintenance. These initiatives can empower volunteers (displaced individuals) to actively participate in community-building efforts and develop valuable skills that contribute to their **self-reliance and resilience**. They also meet the high community need for greater awareness of WASH, and clean drainage, and facilitate feedback from affected community members to AHP partners.
3. Broaden the scope of **humanitarian roles**: Humanitarian organisations should advocate to go beyond traditional volunteering roles and consider engaging **refugees in more tangible and active leadership positions in the camps**. By involving refugees in decision-making processes, project management, and community development initiatives, their perspectives and expertise can be utilised effectively, empowering them to take a proactive role in shaping and implementing humanitarian work.

Inclusion

4. AHP demonstrated **disability inclusion** and inclusion more generally as a core pillar impact area. However, the congested camp environment, including narrow pathways and confined infrastructure, made it difficult to implement disability measures in line with international principles. It is recommended that comprehensive and **locally appropriate and practical measures** are taken to improve accessibility, reach and mobility, identified with the more active involvement of people with a disability.
5. Place a special emphasis on **adolescent girls** in AHP programming in response to the community culture in the camps and the significant issues and barriers for this vulnerable group. All members of the displaced communities will benefit from the support provided to adolescent girls and women and their increased resilience. There is evidence that adolescent girls pass the knowledge back to their mothers, which then promotes a broader impact on families and

communities. Some partners have already taken initiatives, for example, creating a separate room for adolescent girls within the safe space centre, which has enabled greater voice and representation for this group, but more can be done.

6. While **age-based selection** criteria for cash and livelihood assistance have proven effective in targeting youth, it is crucial to acknowledge that this approach has inadvertently excluded other vulnerable segments, including orphans and widows, who are facing heightened vulnerability and are in dire need of support. As the voices of the affected people resonate, there is a strong recommendation to **broaden the inclusion criteria**, allowing for the selection of a wider range of vulnerable individuals within the community. By adopting a more comprehensive approach, programs can ensure that support reaches those who are most in need, fostering greater inclusivity, equity, and resilience among all members of the community.
7. The AHP **Safe Spaces** were highly effective in promoting gender equality and inclusion for women and girls, and people with a disability, and provide a model that should be widely replicated in camps. With appropriately trained women staff, they provide safety for women and children and promote broader transformational change at individual and community levels. This is a critical need in the context of Cox's Bazar.
8. It is recommended that both local and international organisations actively engage with affected individuals to enhance their perception and understanding of local humanitarian organisations. Presently, affected people predominantly perceive local organisations as being less capable and having limited potential to lead humanitarian responses. By fostering meaningful partnerships, promoting transparency, and showcasing the expertise and capabilities of local organisations, the perception and confidence in their ability to lead can be improved, resulting in more effective and locally-led humanitarian responses.

Monitoring and evaluation

9. Enhance the effectiveness of M&E by streamlining the number of indicators to a concise set of no more than 30, including indicators for collective impact and shared learning across AHP agencies. By doing so, a strategic approach to data collection and analysis can be achieved, allowing for in-depth qualitative reviews and a focused assessment of program interventions. This **streamlined approach** will not only optimise resources but also provide valuable insights for informed decision-making, leading to greater program effectiveness and meaningful impact on the lives of those we serve.
10. Assist time-poor external actors including DFAT and other donors to understand key progress and results quickly to **ensure that impacts are recognised and valued**. Ensure that reporting presents key information using easy-to-read visuals, such as the traffic light system which uses colour coding to highlight areas progressing well, those to watch, and areas of concern that require urgent action. Report on progress directly against targets and use a combination of limited quantitative output indicators to demonstrate the reach of activities, and qualitative data such as quotes and stories of change, to demonstrate depth and complexity.

Consortium

11. Among AHP partners implementing activities, the consortium became a valued platform for coordination among those delivering AHP support, facilitating responsive sharing of expertise and experience. AHP should continue to **resource a consortium mechanism** that complements partner-specific interventions to ensure ongoing collaboration and learning between AHP partners. This will also maintain the strong practices currently seen in key areas such as monitoring and evaluation, gender and protection, disability inclusion, and WASH, as well as efficient waste management practices. The model also promotes valuable opportunities for staff of civil society organisations to extend their skills.
12. Some working groups proved highly effective, but the **number of working groups** should be limited, and more opportunities sought to engage with existing sector working groups. It is recommended to **reduce the number of technical working** groups to break the silos between gender, disability, and other intersectional and crosscutting areas.

13. To contribute to the **localisation agenda** and scale achievements, AHP implementation should build on the already comprehensive training activities, skills development and knowledge sharing under the response. This learning approach will **promote technical skills development** for field-level stakeholders (e.g., local NGOs and staff members) while continuing to build the leadership capability of local stakeholders to lead front-line humanitarian response.

Ongoing support and durable solutions

14. AHP should actively advocate and collaborate with other stakeholders in the sector to establish a comprehensive agenda for **durable solutions**. While AHP remains committed to addressing immediate humanitarian needs, it is crucial **to forge connections and partnerships that facilitate sustainable**, **long-term solutions**, breaking free from the cycle of perpetually managing ongoing humanitarian crises.
15. **High levels of aid are still required** to manage the humanitarian needs in Cox's Bazar. Recent reductions in resourcing have already heightened the risk of family violence, child labour and illegal and dangerous work outside the camps. Life-saving services in education, health, WASH and protection depend fully on external funding, and the situation remains a protracted emergency. AHP should seek opportunities to return to previous funding levels for the camps and host communities.

Annex A

Terms of Reference

Independent Evaluation of the AHP Bangladesh Phase III

Summary

Evaluation: A comprehensive three-year consortium response in Bangladesh addressing humanitarian and recovery needs of refugee and host communities

Start Date: March 2023

End Date: June 2023

Consultant Days: 105.5 days

Introduction

The Australian Humanitarian Partnership (AHP) is a partnership between the Australian Government and six Australian non-government organisations (NGOs). It aims to support responses to crises in a range of geographic locations and to deliver high-quality targeted humanitarian programs that complement funding to United Nations (UN) and other specialist agencies.

The AHP Bangladesh Humanitarian Response Phase III (AHP Bangladesh Phase III) is a three-year phase (July 2020 – June 2023) funded as part of the Australian Government's Bangladesh Rohingya and Host Community Humanitarian Package (2020-2022) to address the ongoing needs of displaced Rohingya and host communities. There are over 950,972 Rohingya refugees/Forcibly Displaced Myanmar Nationals in Bangladesh[4]. The Rohingya refugees/Forcibly Displaced Myanmar Nationals reside in 33 congested camps formally designated by the Government of Bangladesh in Ukhiya and Teknaf Upazilas of the Cox's Bazar District, as well as on the island of Bhasan Char[5].

AHP Bangladesh Phase III is delivered through a consortium model by six NGOs: CARE, CAN DO platform (Christian Aid, Caritas and RDRS), Oxfam, Plan International, Save the Children, and World Vision. The consortium approach in Bangladesh draws on the experience and operational capacity of each partner and their networks. CARE is the lead of the Consortium Management Unit (CMU). This approach aims to enable broader geographic reach, better coordination with key stakeholders and improved collective response to the needs of Rohingya and host communities affected by the crisis.

An independent, joint evaluation of AHP Bangladesh Phase III will be undertaken in early 2023, prior to the completion of AHP Bangladesh Phase III. This is aligned with the AHP Evaluation Policy which states that any activation over $3 million will be the subject of an evaluation to support learning and increase accountability and transparency. The evaluation will assess the impact, effectiveness, efficiency, relevance and sustainability of AHP Bangladesh Phase III and assess the extent to which it has met the needs of the most vulnerable, has been accountable to the affected populations, and has been implemented through an appropriate locally led approach. The evaluation will also seek to determine the contribution and role of ANGOs in supporting downstream/in-country NGO programming, reporting and processes (i.e. capacity building, support with reporting, support on safeguarding and standards, technical support). Finally it will consider the implementing partners' experience in responding to COVID-19 and the effectiveness of COVID-19 pivots.

4 Joint Government of Bangladesh - UNHCR Population Factsheet 30 November 2022

5 2022 Joint Response Plan Rohingya Humanitarian Crisis, p.13

Background

The AHP Bangladesh Phase III was initially designed as a $44 million response aiming to contribute to the overarching DFAT Bangladesh Rohingya and Host Community Humanitarian Package (2020-2022). The overall objective of the Department of Foreign Affairs and Trade (DFAT) Bangladesh Multi-year Package is to: 'Contribute to international efforts to meet humanitarian and protection needs and increase self-reliance and resilience building of Rohingya and host populations in Bangladesh'. AHP Bangladesh Phase III intends to achieve this via: 'Delivery of a well-coordinated and inclusive program in strong partnership with national and local partners'.

AHP Bangladesh Phase III is aligned with all DFAT Bangladesh Multi-year Package high-level outcomes: basic needs, self- reliance, resilience and reform (see program logic in Figure 1). Intermediate outcomes delivered by partners include:

- providing accessible and inclusive primary education, protection services, WASH and health services (including psychosocial services) to meet basic needs (Intermediate Outcomes 1.1 – 1.3)
- supporting the ability of Rohingya and host communities, and individuals, to be more self-reliant. This includes specific skills development initiatives for women, youth and people with disabilities (Intermediate Outcome 2.1 – 2.2)
- mitigating exposure and preparing for both health-related and disaster-related shocks including through improved social cohesion (Intermediate Outcomes 3.1 -3.2)
- working together to improve the humanitarian system through localisation, accountability to affected populations, collaborative engagement and coordinated engagement with external actors (Intermediate Outcomes 4.1 – 4.2).

Project Overview

AHP Bangladesh Phase III builds on two previous phases which had a combined investment of AUD 16 million. Both early phases were evaluated. AHP Bangladesh Phase III represented a new implementation model with all AHP partners forming a consortium under a single design with additional support through a stand-alone Consortium Management Unit (CMU). Under this model, AHP Bangladesh Phase III is implemented by six NGOs including CARE, CAN DO platform (Christian Aid, Caritas and RDRS), Oxfam, Plan International, Save the Children, and World Vision. CARE leads the CMU in Cox's Bazar. Program governance also includes a Cox's Bazar Steering Committee, Dhaka Governance Committee and Australian Reference Group.

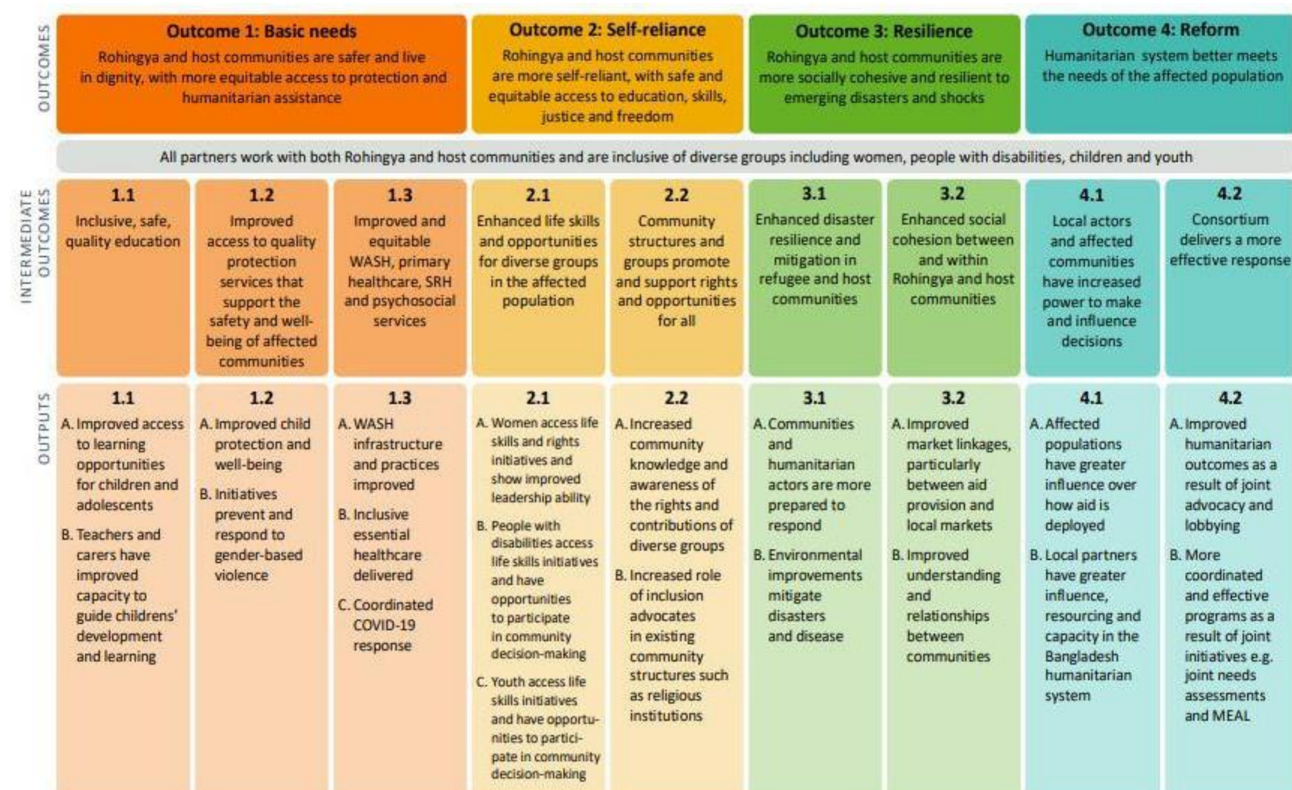
The AHP Bangladesh Phase III design was finalised and approved in April 2020. Given the emergence of COVID-19, in May 2020 three AHP partners (CARE, Save the Children and World Vision) submitted proposals to immediately begin COVID- 19 response activities, building on their existing presence in the camps. All other partners began their humanitarian activities in July 2020.

Project Outcomes

Planned outcomes of the AHP Bangladesh Phase III are outlined in the program logic (see Figure 1). These outcomes have been informed by the following key considerations:

- Flexibility: three-year programming allows flexible and adaptable programming based on emerging and changing priorities.
- Refugee and host community: activities have been designed to meet needs in refugee and host communities and contribute to building social cohesion wherever possible.
- Collective impact: the program is designed to maximise collective impact. Specific activities that can foster collective action and impact are identified under most outcome areas.
- Protection and inclusion: because people – particularly vulnerable groups– are affected differently by humanitarian crises, activities are designed to address their individual needs.
- Grand Bargain commitments: best practice will be guided by commitments under the Grand Bargain. This is reflected throughout the program design, such as in commitments to localisation.

Figure 1 AHP Bangladesh Consortium program logic



COVID-19 affected all humanitarian programs from 2020 onwards and had a substantial impact on the implementation of AHP Bangladesh Phase III. While the program still addressed a broad spectrum of humanitarian needs, the implementation priorities and modes of implementation had to be adapted to accommodate the pandemic. Restrictions to reduce transmission saw Government of Bangladesh regulations restricting access to refugee communities and reducing the scale of approved humanitarian action according to essential and non-essential services. This impacted particularly on education and the use of learning spaces, the ability to provide life skills training to vulnerable groups, protection activities, including prevention of gender-based violence (GBV), and planned disaster risk reduction initiatives. It also negatively impacted the agencies capacity to monitor the program closely and spend their available budgets. Despite this, the six partners have reached over 514,000 men, women, boys and girls in affected communities since the start of the Phase III response, according to NGO partner reporting.

Scope

Project Partners' Focus

CAN DO

CAN DO is working with local partners through a consortium called EKOTA *(Christian Aid, Caritas Bangladesh, RDRS Bangladesh)*. Partners are working towards all DFAT package high-level outcomes: basic needs, self- reliance, resilience, and reform. Their focus is on inclusive WASH, self-reliance, and protection to support refugees and nearby host communities. EKOTA also aims to increase community self-reliance and resilience through livelihoods, environmental protection and disaster risk reduction activities. CANDO has extended its work to the nearby sub-districts: Moheskhali and Ramu.

CARE

CARE's programming is contributing to all four outcomes of the AHP Package. The CARE focus is on GBV and Sexual & Reproductive Health (SRH), with a strong component of WASH and disaster risk

reduction, including hardware and message promotion. CARE's programming is complemented by a role as host of the CMU.

OXFAM

Oxfam is also working towards all DFAT package high-level outcomes. The Oxfam component of the project works across the three main sectors of protection, WASH and food security/self-reliance. Gender and inclusion are embedded within each sector. The project reaches affected populations in both camp and host communities whilsworking to enhance social cohesion between these communities. Oxfam is also the lead for localization across AHP Bangladesh Phase III.

Plan International

Plan International activities align with all four of DFAT's outcome areas: basic needs, self-reliance, resilience and reform. Plan International focuses on vulnerable children, adolescents and youth through targeted child protection in emergencies and education in emergencies activities. Other activities include: the provision of early childhood education; case management and community-based child protection; adolescent life skills and livelihood education; short-term income generating opportunities; community engagement in everyday peace building; and social cohesion building. Plan also leads the gender equality theme across AHP Bangladesh Phase III.

Save the Children

Save the Children is focused on contributing to the delivery of Outcome 1 (Basic Needs) of the AHP Package through provision of inclusive education, health, and protection services for Rohingya refugees and adjacent host communities living in Cox's Bazar and Outcome 4 related to improving systems for response. Save the Children is leading education programming, building on previously funded activities implemented by the AHP.

World Vision International

World Vision International activities align with DFAT outcome areas: basic needs and reform. The World Vision International program has been designed to meet immediate life-saving needs, including of persons with disabilities, through provision of education, emergency WASH and protection support. The programming has a particular focus on child protection. The disability inclusion component has been sub-contracted to World Vision partner CBM Global who works directly with the Centre for Disability in Development (CDD) in Bangladesh. CBM Global and CDD disability inclusion experts constitute the Disability Inclusion Technical Unit that is providing disability inclusion technical support to all the consortium partners.

Evaluation purpose

In 2022 a governance review of the AHP Bangladesh Consortium was completed. The 2022 review looked at the performances of the various governance committees and recommended a renewed way of working together.

The purpose of the 2023 independent evaluation is broader and will include a review of the program itself. It will evaluate the extent that the AHP Bangladesh Phase III realised the outputs, intermediate outcomes and outcomes articulated in the program logic, as well as identifying gaps and providing recommendations. The evaluation will also assess the effectiveness of the accountability mechanism, the level of beneficiary satisfaction and the lessons learned in program implementation.

In addition, the evaluation will review the implementing agencies response to COVID-19 and the value add of utilising international agencies (AHP partners) to partner and support in-country NGOs. The evaluation should also consider the effectiveness of the design, the consortium approach and the broad governance arrangements, noting the recent review acknowledges issues in the governance arrangements may have an impact on the overall performance of AHP Bangladesh Phase III.

Evaluation context

AHP Bangladesh Phase III aims to contribute to a better humanitarian response to Rohingya refugees and the host communities of Cox's Bazar, Bangladesh. It intends to achieve a better humanitarian response through 'delivery of a well-coordinated and inclusive program in strong partnership with national and local partners'. The AHP partners (i.e. CARE, CAN DO, Oxfam, Plan, Save the Children, and World

Vision) implement alongside their national and local partners to contribute to the AHP Bangladesh Phase III high-level outcomes, including basic needs, self-reliance, resilience and reform, as outlined in the program logic. The expected outcomes primarily involve service delivery through multiple sectors including education, health, WASH, and livelihoods.

The AHP Bangladesh Phase III consortium is coordinated and supported by the CMU. The CMU has formed nine technical working groups, including cross-cutting themes such as Monitoring, Evaluation, Accountability and Learning (MEAL), Communications and Advocacy, localisation and gender and disability inclusion. In addition, the concept of Accountability to Affected Populations (AAP) has been embedded in the design of the program. The CMU is leading a number of research and review initiatives, supports consortium-level MEAL and communications and holds consortium meetings and workshops with the agencies.

Evaluation Criteria

The evaluation will assess the **impact, relevance, effectiveness, efficiency** and **sustainability** of AHP Bangladesh Phase III.

All AHP evaluations also investigate four common cross-cutting issues:

- inclusion (gender, disability and other social disadvantage including those related to age and ethnic minority)[6]
- accountability to affected populations
- localisation, and
- cost effectiveness.

In addition, this evaluation will review the design/model adopted for AHP Bangladesh Phase III (including governance arrangements, with reference to the 2022 governance review) to assess the impact, if any, of the consortium approach. This will extend to examining the role of the AHP agencies as intermediaries supporting locally-led humanitarian solutions (e.g. supporting local programming and decision-making and providing capacity development to local implementing partners).

The evaluation will deliver a set of findings regarding the AHP Bangladesh Phase III, and the agencies work in relation to COVID-19, for consideration by DFAT and the AHP NGOs. Recommendations must be practical and focused on learnings for any potential next phase and/or future implementation of other DFAT programs and activities by the NGOs.

Evaluation Team

The evaluation will be conducted by a team of up to four consultants. The evaluation team will include:

- **Evaluation Team Leader** – a senior evaluation specialist with Bangladesh and international experience in evaluations in complex humanitarian responses.
- **Three Team Members** – experienced in a sector relevant to AHP Bangladesh Phase III, including education, health, WASH, protection, livelihoods, disaster risk reduction, and/or a relevant thematic area (i.e. gender equality, disability inclusion, localisation, MEL). The team members must also have a strong knowledge of the local languages and context.

The evaluation team must have demonstrated access to affected populations or the ability to obtain this. All consultants will be engaged by the AHP Support Unit (AHPSU).

Methodology

The evaluation team will develop a comprehensive and rigorous evaluation methodology and will document this in an Evaluation Plan including the relevant data collection and analysis tools. The

[6] The design of AHP Bangladesh Humanitarian Response Phase III explicitly targeted gender and disability aspects of inclusion.

evaluation methodology will address the requirements of DFAT's Monitoring and Evaluation Standards[7]**.** The evaluation approach should take full account of the program's focus on inclusivity, for example through a feminist evaluation approach. The approach to data collection will be comprehensive, involving several different methods to triangulate data. It should also use tested frameworks and data collection tools. A focus on contribution over attribution should be incorporated into the data collection and analysis to gain a deeper understanding of AHP Bangladesh Phase III effectiveness in delivering against outcomes.

A participatory evaluation approach will be incorporated into the evaluation. Throughout the evaluation there will be consistent attention to inclusion, involving men, women, children, people with disabilities, host communities and households and minority groups.

The evaluation will be designed and conducted with regards to high standards of ethical conduct. The approach to ethics and safeguarding will be documented in the Evaluation Plan (see the *Australasian Evaluation Code of Ethics and Guidelines for the Ethical Conduct of Evaluation*[8] and *Sphere Standards for Monitoring and Evaluation*[9]).

Key steps in the evaluation will include:

1. Developing a detailed evaluation plan, including methodologies, evaluation question matrix, sampling framework for qualitative and quantitative data, data collection tools, interview guides, field testing, enumerator training (if necessary), quality control mechanism, a framework for data analysis, and timeline. The evaluation team should ensure that the perspectives of the affected peoples are central to the evaluation plan. The evaluation plan will be updated and finalised based on feedback from the AHP NGOs in Australia and Bangladesh (including CBM who will review the tools for disability inclusion), DFAT and the AHPSU.
2. Developing a rubric with input from key stakeholders identifying clear standards for each of the evaluation questions to enable the evaluation team to make a transparent judgement about the project.
3. A desk review of background documents (approved proposals, Project Implementation Plans, needs assessments, Baseline Study Report, progress reports, monitoring, evaluation and learning frameworks, relevant monitoring data, external background documents, etc.).
4. Develop and remotely test all data collection tools, before wide-spread use, ensuring that they are appropriate for all sectors of the community, including people with disabilities.
5. Develop a sampling frame in collaboration with key stakeholders, preferably having representative samples from all agencies.
6. Collect data through key informant interviews, focus groups, surveys, direct observation and/or other appropriate data collection techniques. Data collection should include:
   - the implementing agencies and stakeholders in Bangladesh including Cox's Bazar program implementing staff, steering committee and local implementing partners, Dhaka-based NGO leadership, DFAT Post, the Government of Bangladesh, other implementing partners and regulatory authorities
   - Rohingya and host communities, noting that all field data collection will require approval of the Refugee Relief and Repatriation Commissioner
   - stakeholders in Australia, including DFAT and Australian NGOs.
7. Analyse and triangulate data against the evaluation questions and rubric.
8. Present preliminary findings for sense checking with ANGO consortium stakeholders, relevant

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[7] DFAT Design and Monitoring and Evaluation Standards | Australian Government Department of Foreign Affairs and Trade

[8] https://www.aes.asn.au/ethical-guidelines.

[9] https://www.spherestandards.org/resources/sphere-for-monitoring-and-evaluation/

DFAT representatives and the AHP staff and partners.

9. Write an evaluation report suitable for publication, to be published on DFAT's official website, the AHP website and elsewhere.
10. Communicate key findings through a verbal report to the Evaluation Review Committee members and AHP NGOs. This may include separate presentations in Australia and Bangladesh and may be delivered remotely.

Notes:

- Data collection will need to be culturally appropriate and consider issues of language, literacy and mobility restrictions that may apply to Rohingya and host communities so that all stakeholder voices are included.
- Data collected will be disaggregated by gender, disability, and other relevant attributes.
- The evaluation process must be conducted in line with DFAT's Environmental and Social Safeguard Policy[10] and DFAT's Ethical Research and Evaluation Guidance[11] which outline specific requirements on safeguarding of communities and privacy and confidentiality.
- The Team Leader will provide regular briefings to the AHPSU MEL Manager and Evaluation Review Committee as required.

Key Evaluation Questions

A comprehensive set of guiding evaluation questions provide a framework for the evaluation. The Evaluation Team Leader will further **consider and refine the questions** in collaboration with their team and key stakeholders in preparing the Evaluation Plan within the scope and scale of the evaluation process.

1. How relevant were the design and activities of the AHP Bangladesh Phase III program
   a) To what extent did the outcomes, outputs and activities reflect the needs of the affected population?
   b) To what extent did the assistance align with humanitarian standards, such as the Core Humanitarian Standards and key Australian government policies, including DFAT's Humanitarian Strategy (pre- COVID) and the Australian Government's COVID-19 Aid Strategy, *Partnership for Recovery: Australia's COVID-19 Development Response*?
   c) To what extent, if any, have the AHP Bangladesh Phase III response approaches, initiatives and activities contributed to the Australian Government's broader Bangladesh Humanitarian Assistance Package?
   d) Was the use of international NGOs relevant in the context and was there any added value to this approach?

2. To what extent have the four End of Program outcomes had an impact on people's lives?

   a) To what degree are communities safer and have more equitable access to protection and assistance (including women, youth, and people with disabilities)?

   b) To what extent did communities become more self-reliant, for example through:

      i. increased number and variety of life skills that enable different groups to access employment or engage in community groups?

      ii. services (including networks and supports) that are increasingly accessible to different groups (women, youth, people with disabilities)?

   c) To what extent are communities more cohesive and resilient to future disasters?

[10] Environmental and social safeguards | Australian Government Department of Foreign Affairs and Trade (dfat.gov.au)

[11] Ethical Research and Evaluation Guidance Note (dfat.gov.au)

d) To what extent do local humanitarian systems, including local NGOs, better meet the needs of the affected population as a result of AHP Bangladesh Phase III initiatives?

3. To what extent was AHP Bangladesh Phase III effective in delivering on outputs and outcomes?

    a) What were the barriers and enablers to effective achievement of the outcomes? Were there any unintended outcomes, either negative or positive?

    b) Was the delivery of the AHP Bangladesh Phase III able to respond adequately to the changed context of COVID-19 and other disasters/conflicts? How effectively did it do this?

    c) To what extent, if any, did the consortium approach impact the overall effectiveness/results of the AHP Bangladesh Phase II response? Did the consortium approach lead to better coordinated programs with communities and key partners (i.e. needs assessments, resource management, communication and MEAL)? What were the governance challenges of the consortium approach and are there any findings that could inform effectiveness of future programming?

    d) What are the lessons learned from implementation of this program (for example, what did the program do well and why, what did the program not do well and why, what could have been improved in the program based on the participant feedback)?

4. How efficient was the AHP Bangladesh Phase III, including in terms of cost?

    a) To what extent was the AHP Bangladesh Phase III implemented according to agreed timelines and budget?

    b) In what ways was the AHP Bangladesh Phase III implemented to achieve good value for money[12]?

5. To what extent was the AHP Bangladesh Phase III sustainable and ensured ongoing benefits for all groups (including women, youth and people with disabilities)?

    a) To what extent are stakeholders confident that the benefits of the investment will endure - and why?

    b) What good practices and innovations used in the AHP Bangladesh Phase III may be continued in future? What practices should be avoided?

    c) How were affected populations included in the design and implementation of AHP Bangladesh Phase III activities to ensure they have an ongoing voice and ownership over the assistance they receive?

    d) To what extent was the capacity of local implementing NGOs strengthened to allow them to lead responses and consortia in the future?

6. How inclusive was the AHP Bangladesh Phase III, in terms of gender, disability, ethnicity, age and other factors?

    a) What did the AHP investment achieve in terms of protecting the safety, dignity and rights of different groups of affected people and enhancing self-reliance for women and girls, people with disabilities and minorities? What were the enablers or barriers to equitable access to services and what steps were taken to address them?

    b) Were the consortium's inclusion and equality strategies, including collaborative action on disability inclusion and gender equality, appropriate to meet the needs of different groups

[12] DFAT's Design and Monitoring and Evaluation Standards outline how consultation with key stakeholders can help define what Value for Money *practically* means for this investment. Value for money should not be a simple calculation of unit of cost per beneficiaries reached.

of affected people? Were affected populations consulted to check appropriateness and adapted accordingly?

7. How transparent and accountable was the AHP Bangladesh Phase III to affected populations (including women, youth and people with disabilities) and other stakeholders?

   a) Did the strategies for accountability to affected populations meet the needs of specific groups effectively, including needs related to protection and resilience? Why or why not?

   b) What evidence exists of communication and feedback mechanisms for affected peoples and communities influencing program implementation? What evidence did these mechanisms provide on beneficiary satisfaction during the course of implementation?

8. To what extent was the localisation strategy achieved and effective? Why or why not?

   a) To what extent did the AHP Bangladesh Phase III make use of, and strengthen, local systems and institutions, including civil society (e.g. local women's organisations, organisations of persons with disabilities (OPDs) including disability self-help groups/support communities) and local government?

   b) To what extent do local actors and affected communities have increased power to make and influence decisions?

   c) What were the main barriers to involving local actors in the provision of assistance? What approaches, if any, were effectively utilised to overcome those barriers?

   d) To what extent did the consortium model and support to local Bangladesh NGOs assist them to directly access funding from other donors?

Evaluation Governance

The evaluation is intended to demonstrate results to communities, local stakeholders, the Government of Bangladesh and donors. It will also demonstrate areas and ways Australian humanitarian assistance might be best placed to support affected populations and provide shared learning and accountability amongst implementing organisations, including DFAT, the six consortium NGOs and their partners in Bangladesh. It will generate evidence and recommendations for program implementation and improvements in Bangladesh in future.

The evaluation process, and the report produced, must be suitable for circulation as DFAT intends to publish the evaluation report. The report should also provide the basis for partners to share findings with affected communities and to generate wider learning through the AHP. To facilitate this, the Evaluation Report summary document should be suitable for wider circulation through the AHP NGOs.

Evaluation Review Committee

The AHPSU will set up an Evaluation Review Committee to oversee the evaluation. The Review Committee will include representatives from the AHP Bangladesh Consortium Manager, DFAT, AHPSU and the Dhaka Governance Committee. The role of the Review Committee will include endorsing the selected Evaluation Team and reviewing and endorsing the major outputs of the evaluation including the evaluation plan and final evaluation report. The AHPSU will facilitate this process and support the Review Committee to fulfil its role.

A working group made up of the six Consortium agencies will also be developed to support the evaluation team through the process of the evaluation. This will ensure that the evaluation team has appropriate contextualised support to undertake the evaluation, as well as providing the NGOs with the opportunity to learn from the evaluation process and take ownership of the findings.

Key Documents

Some documents that will be useful for the evaluation are included below. The NGO partners, the AHPSU and DFAT will also make available to the Team Leader other information and documents

relating to the project and the AHP as required. The evaluation team is expected to independently source other relevant material and literature.

The key documents include:

- project documents including the Phase III design, MEAL plan, needs assessment reports, program logic, Baseline Study Report (2021), project implementation workplans, progress reports and *AHP Bangladesh Consortium Health Check Report*
- *AHP Bangladesh Review Report & Renewed Ways of Working*
- *DFAT Monitoring and Evaluation Standards* including *DFAT's Ethical Research and Evaluation Guidance*
- *DFAT Aid Evaluation Policy*
- DFAT COVID-19 Aid Strategy: *Partnerships for Recovery: Australia's COVID-19 Development Response*
- Australasian Evaluation Society *Guidelines for the Ethical Conduct of Evaluations*, and the AES *Code of Ethics,* and
- Other reports examining the needs of affected populations, and gaps of current humanitarian assistance in Cox's Bazar, to ensure a broad evidence base for the evaluation.

Evaluation Deliverables

The following deliverables will be expected from the evaluation team.

- Draft evaluation plan.
- Final evaluation plan
  - including data collection tools, framework for data analysis and timeline.
- Validation workshop with preliminary findings / Delivery of Aide Memoire
- Draft evaluation report
- Final evaluation report
  - maximum 35-page report plus annexes
  - 5-page summary version
  - Including visuals and thematic case studies.

Evaluation Timeline

The evaluation is expected to commence in March 2023 and be completed by June 2023. The timeframe will enable key findings and recommendations to precede the completion of the AHP Bangladesh Phase III on 30 June 2023, with lessons incorporated into any ongoing AHP activations.

Team Leader

Required skills, qualifications and experience.

- Advanced academic degree in Evaluation, International Development, Humanitarian Action, or a related field
- Demonstrated experience in humanitarian response and knowledge of humanitarian standards (Core Humanitarian Standards, Sphere, Code of Conduct).
- Demonstrated experience in large, complex evaluations in the humanitarian sector, particularly involving people marginalised by age (especially children), ethnicity, disability and gender.
- Strong understanding of humanitarian and evaluation ethics and a commitment to ethical working practices.

- Demonstrated high level skills with quantitative and qualitative research and analysis.
- Excellent analytical/problem-solving skills and detail-orientation.
- Proven record of communicating with beneficiaries, including through interpreters.
- Highly developed self-management, and communication skills, including advanced English writing skills.
- Relevant subject matter knowledge and experience regarding the key sectors of intervention and the cross-cutting themes (i.e. inclusion, accountability to affected populations and localisation).
- Experience in working with international organisations or NGOs, including abiding by their child protection and prevention of sexual harassment, exploitation and abuse policies.

Desirable skills, qualifications and experience

- Demonstrated experience of working in Bangladesh, particularly with the Rohingya refugee community.
- Knowledge of DFAT funding mechanisms, including for humanitarian responses.
- Expertise in one or more of the following areas: Gender equality; Disability inclusion; Monitoring and Evaluation, and ideally Localisation.
- A demonstrated understanding of the impacts of COVID-19 on the implementation of humanitarian and development projects.

Team Members

Required skills, qualifications and experience

- Academic degree in International Development, Humanitarian Action, GEDSI or a related field.
- Thorough understanding of data collection methods.
- Knowledge of Core Humanitarian Standards, a strong understanding of humanitarian and evaluation ethics and a commitment to ethical working practices.
- Demonstrated experience of working in Bangladesh, particularly with the Rohingya refugee community.
- Proven record of communicating with beneficiaries, including through interpreters, and with children using child friendly methods.
- Fluency in English.
- Strong interpersonal and communication skills.

Desirable skills, qualifications and experience

- Previous experience conducting end of project evaluations for large-scale projects.
- Demonstrated knowledge of DFAT funding mechanisms.

Annex B

Cox's Bazar Field Trip Itinerary

Date	Time	Community	Location & agency	Facilitator
FGD with Female	10:00 to 11:00 am	Rohingya	Camp 13 (CARE – SRH & DRR, SC- education, CP, WVI- WASH, CP)	Team 1 (Female) MEAL WG – Ridwan, Hamed/ Minhaz
FGD with Female	12:00 to 13:00 pm	Rohingya	Camp 15 (CARE- WASH, EKOTA- life skills/ self-reliance, WVI-GBV)	Team 1 (Female) MEAL WG – Ridwan, Hamed/ Minhaz
FGD with Male	10:00 to 11:00 am	Rohingya	Camp 19 (Ekota- Community Based Protection, Oxfam- GBV/ Protection, Save- Education, CP, WVI- CP)	Team 2 (Male) MEAL WG - Rukan & Nishan
FGD with Male	12:00 to 13:00 pm	Rohingya	Camp 22 (Oxfam – WASH, GBV, PIB- Livelihood, CP/ Education)	Team 2 (Male) MEAL WG - Rukan & Nishan
24 May 2023				
FGD with Female	10:00 to 11:00 am	Host community	Khurushkul (Ekota – Livelihood)	Team 1 (Female) MEAL WG – Ridwan, Hamed
FGD with Female	2:30 to 3:30 pm	Host community	Teknaf (Oxfam - WASH, EFSVL, Gender & Protection)	Team 1 (Female) MEAL WG – Ridwan, Hamed
FGD with Male	10:00 to 11:00 pm	Host community	Ukhiya (WVI – Education & SC- Education, CP)	Team 2 (Male) MEAL WG - Rukan & Nishan
FGD with Male	2:30 to 3:30 pm	Host community	Teknaf (PIB – Education, CP and Livelihood)	Team 2 (Male) MEAL WG – Rukan & Nishan

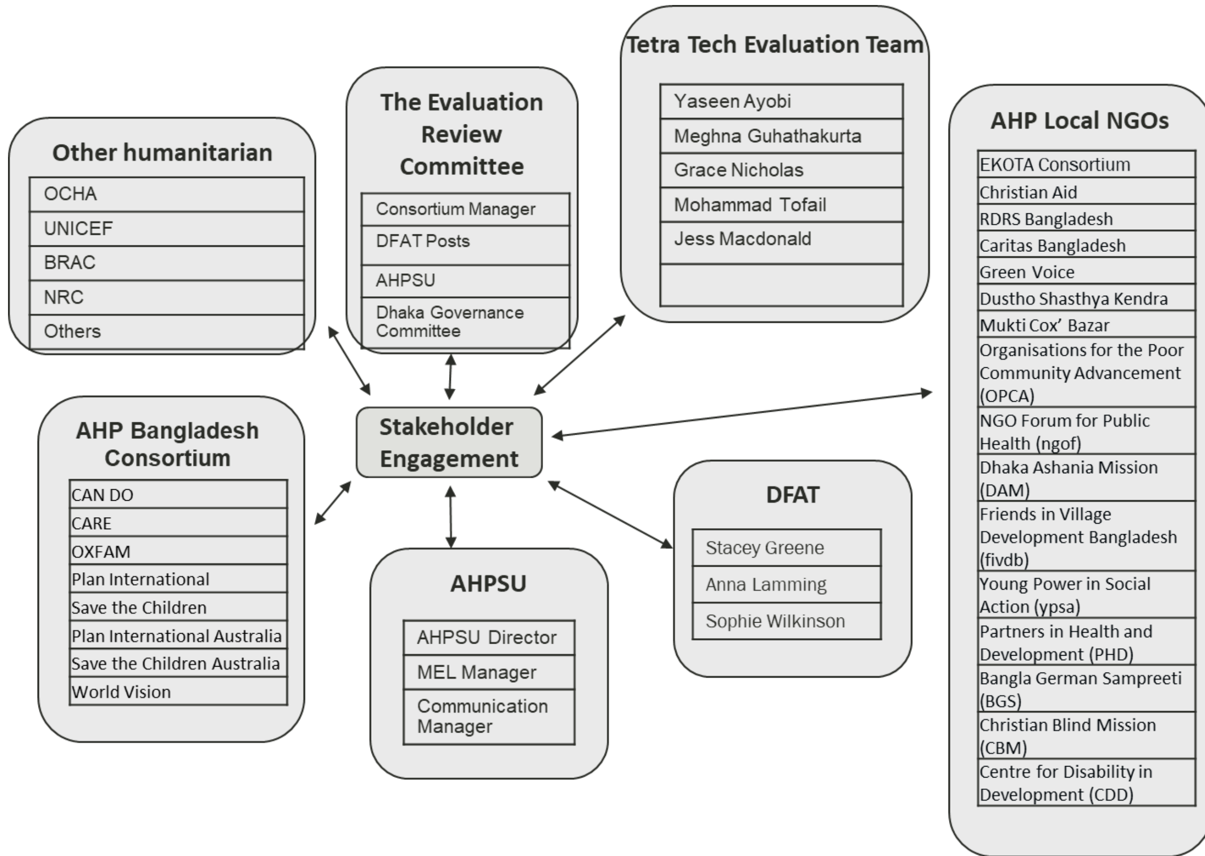
In-depth Interview				
Date	Time	Community	Location & agency	Facilitator
25th May	10:00 am to 3:00 pm	Rohingya	Camp 13 (CARE, SC, WVI) Camp 15 (CARE, EKOTA, WVI)	Team 1 (Male) Team 2 (Female)

29th May	10:00 am to 3:00 pm	Rohingya	Camp 19 (EKOTA, Oxfam, Save, WVI) Camp 22 (PIB, Oxfam)	Team 1 (Male) Team 2 (Female)
30th May	10:00 am to 3:00 pm	Host communities	Ukhiya (Ekota, Save, WVI)	Team 1 (Male) Team 2 (Female)
31st May	9:30 am to 12:30 pm	Host communities	Teknaf (Oxfam, PIB)	Team 1 (Male) Team 2 (Female)

Stakeholders' workshop / interview				
28th May	10:00 am to 4:30 pm	CBSC, WGs	CARE Office	
29th May	10:00 am to 3:00 pm	Rohingya	Camp 19 (EKOTA, Oxfam, Save, WVI) Camp 22 (PIB, Oxfam) Camp 16	Yaseen + Tofaeal + Nishan Laura + Showkatara + Ridwan
30th May	10:00 am to 3:00 pm	Host communities	Ukhiya (Ekota - Rajapalong, WVI-Rajapalong, Save-Jaliapalong)	Yaseen + Rukan Laura + Nishan

Annex C

Stakeholder Map



Annex D

Evaluation Rubric

1. **How relevant were the design and activities of the AHP Bangladesh Phase III program? To what extent did the outcomes, outputs and activities reflect the needs of the affected population?**

Dire	Problematic	Neutral	Conducive	Durable and Thrivable
The program design is counterproductive for the displaced people and host communities; never been consulted and the program outputs and activities does not reflect the needs of affected populations. In addition, humanitarian standards are largely compromised and there is no alignment to the government broader strategy. As a result, most displaced people and host communities do not use the assistance until they are forced one way or the other.	The program has been consulted, but the perspective of community has not been taken into account. As a result, it requires urgent attention to issues, many of which are related to the safety, dignity and access of the affected people. Some aspects of the humanitarian assistance may be completely beyond the need of the affected people other may be more or less relevant. The program is partially aligned to humanitarian standards and government policy, but they may be in conflict in some areas of implementations.	The program design has gone through comprehensive consultations with diverse stakeholders, with reasonable quality and structure in place, but there may be several misplaced issues or lack of ongoing updates that need attention, but none that are serios safety issues for affected people. Program is consulted with humanitarian standards and largely aligned with government policy, although competing issues arise that tend to challenge implementing partners.	The program design has gone through comprehensive consultations with diverse stakeholders, with high quality and comprehensive structure in place, with considered attention to inclusion, localisation and affected people. No major concerns, but needs a few minor updates, and is barely large enough to serve the affected populations with dignity, respect and protection. The program has diverse local and community-base constituents, making it a conducive environment for affected community to interact on a regular basis.	The program design has gone through comprehensive and informative consultations with diverse stakeholders, with high quality and comprehensive structure in place. The design has given considered attention to inclusion, localisation and affected people. The design process has empowered participants to take a leading part with genuine voice, participation and inclusion. As result the program is largely aligned to diverse local needs, humanitarian standards and government policies.

2. To what extent have the four End of Program outcomes achieved their intended results?

Dire	Problematic	Neutral	Conducive	Durable and Thrivable
There is no tangible impact OR there is too little impact to observe. OR, the conditions for the programs interventions are so difficult or the quality of activities are so weak that even minimally impact has not been achieved. **No evidence of affected people participating in the local humanitarian system.**	There is barely enough impact that has enabled affected populations to survive. However, the affected populations don't largely feel self-reliant, resilient and cohesive. The impact and outcomes are problematically low, and the program actors need to engage in other alternative impact generating activities as there is significant room for improvement across implementation, modality and mitigating contextual challenges. Participation of affected people in the local humanitarian system is just a fad. No listening and not acting on the feedback of affected community.	There is some early observable impact in the lives and livelihood of affected populations, but there is significant shortage to make communities safer so they have more equitable access, and be more independent, resilient and self-reliant. There is some room for improvement across implementation, modality and mitigating contextual challenges. Affected people do participate in the local humanitarian system but their perspectives are not considered.	There is significant range of impact in the lives and livelihood of affected populations, which has made communities safer, and more people are largely resilient and self-reliant. There is minor room for improvement across implementation, modality and mitigating contextual challenges. Affected people thoroughly participate and navigate the local humanitarian systems and being abled to make occasional change or reform.	The program is highly effective as there are wide range of impacts and outcomes, covering not just basic needs but also empowering the affected people to be resilient, self-reliant and be active change agents for their community and development. Affected people thoroughly participate and navigate the local humanitarian systems and being able to make regular change and reform, although struggling with few issues.

3. To what extent do local humanitarian systems, including local NGOs, better meet the needs of the affected population as a result of AHP Bangladesh Phase III initiatives?

Dire	Problematic	Neutral	Conducive	Durable and Thrivable
Local humanitarian systems, including local NGOs, have not been able to meet the needs of the affected population at all, even with the support provided by the AHP Bangladesh Phase III initiatives.	Local humanitarian systems, including local NGOs, have faced significant challenges in meeting the needs of the affected population, and the AHP Bangladesh Phase III initiatives have had only a minimal impact.	Local humanitarian systems, including local NGOs, have not been able to make positive or negative influence or meet the needs of the affected population, and there has been no significant improvement as a result of the AHP Bangladesh Phase III initiatives.	Local humanitarian systems, including local NGOs, have been able to meet the needs of the affected population to a significant extent, and the AHP Bangladesh Phase III initiatives have contributed to this improvement.	Local humanitarian systems, including local NGOs, have been able to meet the needs of the affected population very well, and the AHP Bangladesh Phase III initiatives have had a lasting and positive impact on the local humanitarian system's ability to respond to the needs of the affected population.

4. To what extent was AHP Bangladesh Phase III effective in delivering on outputs and outcomes?

Dire	Problematic	Neutral	Conducive	Durable and Thrivable
The activities and outputs are produced in a way that caused harm to affected people involved, and completely unable to respond to the changing context. The consortium approach has diminished the capacity of other actors to effectively produce the key outputs and outcomes.	The activities and outputs are produced in a way that are problematic, uncoordinated, lack clarity that caused confusion to affected people involved. The consortium has tried to respond to the changing context but unable to effectively work with other actors in order to produce key outputs and outcomes.	The activities and outputs are produced in a way that are reasonable and no harm or confusion to the affected people involved. The consortium has been just able to accommodate to the changing context in order to produce key outputs and outcomes but there are a range of outputs and outcomes that are not achieved.	The activities and outputs are produced in a way that are conducive, meaningful and empowering affected people involved. The consortium has been largely able to accommodate to the changing context in order to produce key outputs and outcomes. There are just few outputs and outcomes that are not being able to achieve but will have limited impact on the affected populations.	The activities and outputs are produced in a way that are thrivable, leveraging the capacity of affected people and empowering them to fully achieve all outcomes and some aspiration. The consortium has completely accommodated to the changing context in order to produce key outputs and outcomes. They are managing to fully achieve all relevant outcomes they were set up to produce.

5. How efficient was the AHP Bangladesh Phase III, including in terms of cost?

Dire	Problematic	Neutral	Conducive	Durable and Thrivable
The AHP program demonstrates that the investment is not making appropriate use of time, cost and resources to achieve outputs and expected outcomes	The AHP program demonstrates that the investment is making little efforts to demonstrates appropriate use of time, cost and resources to achieve outputs and outcomes	The AHP program demonstrates some evidence that the investment is making some efforts to demonstrates appropriate use of time, cost and resources to achieve outputs and outcomes	The AHP program demonstrates strong evidence that the investment is making considerable efforts that demonstrates appropriate use of time, cost and resources to achieve outputs and outcomes, albite some caveats exist.	The AHP program demonstrates strong evidence the investment is maximising use of time, cost and resources in relation to all of the program outputs and outcomes.

6. How did monitoring and evaluation contribute to the overall success of the project?

Dire	Problematic	Neutral	Conducive	Durable and Thrivable
The monitoring and evaluation had counterproductive impact on the project's success, and that there was evidence that the changes made as a result of monitoring and evaluation made negative influence on the program's progress.	The monitoring and evaluation had no impact and there were significant challenges in implementing the monitoring and evaluation plan, and the findings were not used to improve the project design or implementation.	The monitoring and evaluation had no positive or negative impact on the project's success, and the findings were not used to make minor adjustments to the project.	The monitoring and evaluation contributed significantly to the success of the project, and the findings were used to make substantial improvements to the project design and implementation.	The monitoring and evaluation were critical to the success of the project, and the findings were used to create a culture of continuous learning and improvement within the project team, ensuring that the project's impact will be sustained over time.

7. To what extent, if any, did the consortium approach impact the overall effectiveness/results of the AHP Bangladesh Phase II response?

Dire	Problematic	Neutral	Conducive	Durable and Thrivable
The consortium approach had a significantly negative impact on the overall effectiveness/results of the AHP Bangladesh Phase II response.	The consortium approach had some negative impact on the overall effectiveness/results of the AHP Bangladesh Phase II response.	The consortium approach had no positive or negative impact on the overall effectiveness/results of the AHP Bangladesh Phase II response.	The consortium approach had some positive impact on the overall effectiveness/results of the AHP Bangladesh Phase II response.	The consortium approach had a significantly positive impact on the overall effectiveness/results of the AHP Bangladesh Phase II response, and its benefits are likely to be sustained over time.

8. To what extent was the AHP Bangladesh Phase III sustainable and ensured ongoing benefits for all groups (including women, youth and people with disabilities)?

Dire	Problematic	Neutral	Conducive	Durable and Thrivable
A large number of unsustainable practices, policies or activities persist in the initiative's targeted areas, thereby not sustainable to endure ongoing benefits for all group, leaving it even worse for future. Urgent efforts are required to address extremely important gaps and weaknesses. **The interventions reinforce or takes advantage of inequalities in ways that exploit those who have historically been marginalised or excluded.**	A few sustainable practices are evident, but not enough to make much difference to make enduring benefits for the affected populations. In general, the problems are not being exacerbated, but there is still a significant way to go a minimally acceptable level of sustainability and ensuring ongoing benefits after the project close. The interventions ignore and fails to address the power dynamics between and among people of different genders, ethnicities, sexual orientations and other marginalised groups.	Some program outcomes and practices are sustainable, while other may not be durable to a large extend but good enough to progress and more efforts are required to fill important gaps or weaknesses. Policies are in place and effectively enforced to protect benefits for all groups, including gender, ethnicity, sexual orientation and other affected identities. However, the focus is on formal rules rather than the deeper elements that undergird inequalities, injustices and social exclusion.	Sustainability is a core focus of the program, with only a few non-serious gaps, there is a strong implementation of sustainable practices, policies or interventions that are helping affected people to get benefits after the close of the AHP. People who had experienced inequality, marginalisation or exclusion are empowered and engaged with in ways that work for them to help achieve a substantially more equal distribution of benefits, resources, status or rights than is typically seen in such settings.	Sustainability is a core focus area of the program, there is widespread and thorough implementation of sustainable practices and activities that serve to durable benefits for the affected community; it has clearly contributed to long term development and empowerment of the affected people. Gender and inclusion is critically examined of norms, stereotypes and judgements associated with masculinity/femininity and other characteristics of marginalised/privileged groups is proactively fostered and is now deeply embedded in the system and culture. As a result, the distribution of resources, benefits, status and rights is very even; the dignity of all people is fostered and those who were previously marginalised are much more able to thrive in this setting.

9. How inclusive was the AHP Bangladesh Phase III, in terms of gender, disability, ethnicity, age and other factors?

Dire	Problematic	Neutral	Conducive	Durable and Thrivable
The interventions reinforce or takes advantage of inequalities in ways that exploit those who have historically been marginalised or excluded.	The interventions ignore and fails to address the power dynamics between and among people of different genders, ethnicities, sexual orientations and other marginalised groups.	Policies are in place and effectively enforced to protect benefits for all groups, including gender, ethnicity, sexual orientation and other affected identities. However, the focus is on formal rules rather than the deeper elements that undergird inequalities, injustices and social exclusion.	People who had experienced inequality, marginalisation or exclusion are empowered and engaged with in ways that work for them to help achieve a substantially more equal distribution of benefits, resources, status or rights than is typically seen in such settings.	Gender and inclusion is critically examined of norms, stereotypes and judgements associated with masculinity/femininity and other characteristics of marginalised/privileged groups is proactively fostered and is now deeply embedded in the system and culture. As a result, the distribution of resources, benefits, status and rights is very even; the dignity of all people is fostered and those who were previously marginalised are much more able to thrive in this setting.

10. How transparent and accountable was the AHP Bangladesh Phase III to affected populations (including women, youth and people with disabilities) and other stakeholders?

Dire	Problematic	Neutral	Conducive	Durable and Thrivable
Too many people did not know enough about AHP program, and they have not been consulted on the program design, implementation and the type of aid available to them. **Affected people are not engaged in the program. As a result, affected people participation is very low and/or several major disconnect are occurring between implementers and the affected community?**	There are a few prominent individuals involved with the program, but significant numbers are not involved and not aware of the aid available to them at all. As a result, the affected people experiencing several issues with the program.	There is consultations, communication and regular engagement of the affected people by the program but it is not sufficient or productive to make much positive difference in order to play key role in the humanitarian response.	There are regular robust consultations, communication and engagement with affected people about the program, with mostly positive relationships. There are just a few minor problems or areas for improvement.	The program is very active, healthy, and has positive relationships with greater involvement of affected people at each stage of the program design and implementation from a wide range of community participants. These engagements are highly productive and they have good relationships with positive influence on the humanitarian action and associated processes.

11. To what extent was the localisation strategy achieved and effective? Why or why not?

Dire	Problematic	Neutral	Conducive	Durable and Thrivable
No localization agenda in place and organsiations tend not to talk about localisation. As a result, there are serious problems including poor inclusion practice and lack of understanding of the affected people and their needs.	Although localization agenda/strategy is in place, this is not entirely effective. Many international organsiations and partners engaging without local partners and participation from the affected community.	A dedicated localization agenda is in place and at least some resources are localized including local partners, staff and people from the affected community. However, engagement with affected people may be patchy and participation is likely to be weak, so the benefits of localization is not enough leveraged.	A dedicated localization agenda, including activities are largely being run by local leaders, and have good engagement and participation from the affected people, as well as good engagement of diverse group of people. However, there are some aspects that could be improved, such as local knowledge, listening and acting on the feedback of affected communities.	A dedicated localization agenda, including activities are largely being run by local leaders, and have good engagement and participation from the affected people, as well as good engagement of diverse group of people. Organisations and partners are systematically listening and acting on the feedback of affected communities.

Annex E

Sampling Framework

Type of data collection tool and targeted groups of participants	Location	Average time with each participant	Number of people approached to take part, including People with Disability (PWD)	Total participants consulted
Purposive sample of Rohingya displaced person	Cox's Bazar	1 IDIs x 70min 1 FGD x 120min	• 38 in-depth interviews (if possible 5 people of PWD) • 4 to 6 focus group discussions (6 to 8 members)	A total of 38 IDI participants will be included, with a balanced representation of women. A total of 30 participants in FGDs will be included
Purposive sample of people from host communities	Cox's Bazar	1 IDIs x 70min 1 FGD x 120min	• 15 in-depth interviews (if possible 3 people of PWD) • 1 to 2 focus group discussions (6 to 8 members)	A total of 15 IDIs participants will be included, with a balance representation of women and PWD. A total of 12 participants in FGDs
Perception Survey of the affected community	Cox's Bazar	1survey X15/20 min	• 60 members from Rohingya • 20 members from host communities	A total of 80 participants including balance representation of all groups
Purposive sample of staff from local NGOs for consultation (leadership and operational staff)	Cox's Bazar	1 IDIs x 70min 1 FGD x 120 min	• 8 in-depth interviews (if possible 2 people of PWD) • 1 FGD with local NGOs (6 to 8 members)	A total of 16 participants including balance representation of women
Self-Assessment (Staff perception survey)	All partners	1 Survey x 15/20 min	• The survey aims to reach 5% of the consortium and partners staff members	Determining the total participants for the survey of staff members can be challenging due to no prior information about the population of employees (estimates of 50 to 60 respondents)
Purposive sample of staff from INGOs for consultation (leadership and operational staff)	Cox's Bazar	1 IDIs x 70min 1 FGD x 120 min	• 8 in-depth interviews • 1 FGD with INGOs (6 to 8 members)	A total of 16 participants including balance representation of women
Purposive sample of staff from local government	Cox's Bazar	1 IDIs x 70min	• 3 to 4 in-depth interviews	4 participants

Purposive sample of staff from UN agencies and other organizations	Cox's Bazar	1 IDIs x 70min	• 5 in-depth interviews	5 participants
Total approx.				**250 Participants**

Annex F

Document Sources

No	Document Name	Organisation/Author	Publication Year	Responsible Staff for Literature review
1	AHP CMU progress report June 21	CARE International	2021	Yaseen Ayobi
2	Rohingya Refugee Response Progress Report	Care international (Consortium Management Unit)	2022	Yaseen Ayobi
3	Concept Note Review of AHP Bangladesh Consortium	Humanitarian Advisory Group	2021/2?	Grace
4	AHP Bangladesh Consortium Multi-Year Proposal, July 2020 - June 2023	CAN DO	2020	Grace
5	AHP Rohingya Response: Agency Progress Report	Oxfam	2022	Jessica McDonald
6	Time need to extend AHP Rohingya Response: Agency Progress Report	CARE	2022	Jessica McDonald
7	Bangladesh Design AHP	AHP, Australian Aid	2020	Jessica McDonald
8	AHP Rohingya Response: Agency Progress Report	Caritas Bangladesh, CAID, RDRS Bangladesh	2022	Jessica McDonald
9	AHP Rohingya Response: Joint Consortium Annual Report 2022	Consortium Management Unit	2022	Jessica McDonald
10	AHP Bangladesh, Oxfam Annexes 2022	Oxfam	2022	Jessica McDonald
11	AHP Activation – Rohingya Refugee Response Progress Report	Consortium Management Unit	2022	Jessica McDonald
12	AHP Rohingya Response: Joint Consortium Annual Report 2	Consortium Management Unit	2021	Jessica McDonald
13	AHP Activation – Rohingya Crisis Progress Report	Consortium Management Unit	2021	Jessica McDonald
14	AHP Rohingya Response: Agency Progress Report	CARE	2021	Jessica McDonald
15	AHP Rohingya Response: Agency Annual Report	World Vision International Bangladesh (WVIB)	2021	Jessica McDonald
16	AHP Rohingya Response: Agency input for consolidated Progress Report	Oxfam Great Britain	2021	Jessica McDonald

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17	AHP Rohingya Response: Agency input for consolidated Progress Report	EKOTA Consortium - Christian Aid, Caritas Bangladesh and RDRS Bangladesh	2021	Jessica McDonald
18	AHP Rohingya Response: Joint Consortium Annual Report	Consortium Management Unit	2021	Jessica McDonald
19	AHP III Bangladesh Consortium: Localisation Workplan Template for Individual Agency	CARE Bangladesh	2020	Jessica McDonald
20	AHP Rohingya Response: Agency input for consolidated Progress Report	CARE Bangladesh	2021	Jessica McDonald
21	AHP Rohingya Response: Agency Progress Report	CARE Bangladesh	2020	Jessica McDonald
22	Response to the Rohingya Humanitarian Crisis Phase II- Final Evaluation Report	External evaluators	2021	Jessica McDonald
23	AHP Activation- Rohingya Crisis Progress Report	Consortium Management Unit	2020	Jessica McDonald
24	CAN DO Rohingya Crisis and Response: July 2020 to June 2023	CAN DO	2020	Meghna
25	AHP Rohingya Response: Agency Annual Report	World Vision International, CBM, COD, and BGS	N/A	
26	MEAL Framework	AHP	N/A	
27	AHP Rohingya Response	Save the Children	N/A	
28	AHP Rohingya Response: Agency input for Consolidated Progress Report	Plan International Australia, Plan International Bangladesh	2021	
29	AHP Rohingya Response: Joint Consortium Progress Jan-June 2022	All Partners	2022	
30	Outcome Assessment Report: DFAT AHPIII July 22	Save the Children	2022	
31	AHP Rohingya Response: Agency Progress Report	World Vision Bangladesh, BGS, CBM, CDD, YPSA	N/A	
32	AHP Bangladesh Review Report	Humanitarian Advisory Group	2022	

Annex G

Information on Service Points Facilities – Actual vs Targets

SL. No.	Service Point and Deliverables Name								Achieved								Target
		Agency	CARE	EKOTA	OXFAM	PIB	SCI	WVI	Total AHP III	Agency	CARE	EKOTA	OXFAM	PIB	SCI	WVI	Total AHP III
1	*# of Health Posts and outreach mobile clinics*	*Total*	9				4		13	*Total*	9				4		13
		Camp	9				4		13	*Camp*	9				4		13
		Host	0				0		0	*Host*	0				0		0
2	*# of latrines constructed and maintained (Including accessible latrines)*	*Total*	477	1125	78			851	2531	*Total*	200	1070	77			875	2222
		Camp	477	940	12			851	2280	*Camp*	200	885	12			875	1972
		Host	0	185	66			0	251	*Host*	0	185	65			0	250
3	*# of accessible latrines constructed and maintained*	*Total*	393	100	29			56	578	*Total*	200	0	29			64	293
		Camp	393	50	12			56	511	*Camp*	200	0	12			64	276
		Host	0	50	17			0	67	*Host*	0	0	17			0	17
4	*# of learning centers (Early Childhood Development & Sishu*	*Total*				110	75	65	250	*Total*				110	75	65	250
		Camp				40	72	35	147	*Camp*				40	72	35	147
		Host				70	3	30	103	*Host*				70	3	30	103
5	*# of CMC (Centre Management Committee)*	*Total*				110		30	140	*Total*						30	30
		Camp				40		0	40	*Camp*						0	0
		Host				70		30	100	*Host*						30	30
6	*# of Community-Based Youth Club (CBYC)*	*Total*				55		25	80	*Total*				55		25	80
		Camp				40		10	50	*Camp*				40		10	50
		Host				15		15	30	*Host*				15		15	30
7	*# of Community-based Child Protection Committees (CBCPC*	*Total*				15	11	143	169	*Total*				15	11	140	166
		Camp				5	10	56	71	*Camp*				5	10	56	71
		Host				10	1	87	98	*Host*				10	1	84	95
8	*# of Community-based Protection Committees (CBPC)*	*Total*	12	6					18	*Total*	12	6					18
		Camp	12	6					18	*Camp*	12	6					18
		Host	0	0					0	*Host*	0	0					0
9	*# of multi-purpose centres (MPCs)*	*Total*				6	9	15	30	*Total*				6	9	15	30
		Camp				0		15	15	*Camp*				3	9	15	27
		Host				6		0	6	*Host*				3	0	0	3
10	*# of Parental Support Group (PSG)*	*Total*					168	18	186	*Total*				110	168	20	298
		Camp					146	18	164	*Camp*				40	146	20	206
		Host					22	0	22	*Host*				70	22	0	92
11	*# of Women and Girls' Safe Spaces (WGSS)*	*Total*	6		20			1	27	*Total*	6		0			1	7
		Camp	6		20			1	27	*Camp*	6					1	7
		Host	0		0			0	0	*Host*	0					0	0
12	*# of Deep tube wells*	*Total*	1661	448	20			238	2367	*Total*	1000	300	20			238	1558
		Camp	1661	448	0			238	2347	*Camp*	1000	300	0			238	1538
		Host	0	0	20			0	20	*Host*	0	0	20			0	20
13	*# of water network and water points (Including PSF and RWHS)*	*Total*	20	4	38			5	67	*Total*	20	4	40			5	69
		Camp	20	4	0			5	29	*Camp*	20	4	0			5	29
		Host	0	0	38			0	38	*Host*	0	0	40			0	40
14	*# of bathing cubicles constructed and maintained (including accessible)*	*Total*	440	429	74			310	1253	*Total*	440	420	72			310	1242
		Camp	440	429	11			310	1190	*Camp*	440	420	11			310	1181
		Host	0	0	63			0	63	*Host*	0	0	61			0	61
15	*# of accessible bathing cubicles constructed and maintained*	*Total*	40	0	11			21	72	*Total*	40		11			21	72
		Camp	40		11			21	72	*Camp*	40		11			21	72
		Host	0		0			0	0	*Host*	0		0			0	0
16	*# of faecal sludge management centers*	*Total*	29	5	1			7	42	*Total*	29	5	1			7	42
		Camp	29	5	0			7	41	*Camp*	29	5	0			7	41
		Host	0	0	1			0	1	*Host*	0	0	1			0	1
17	*# of faecal sludge transfer points*	*Total*	54					24	78	*Total*	54					24	78
		Camp	54					24	78	*Camp*	54					24	78
		Host	0					0	0	*Host*	0					0	0
18	*# of Solid waste management plant*	*Total*	5	1	7			2	15	*Total*	5	1	7			2	15
		Camp	5	1	0			2	8	*Camp*	5	1	0			2	8
		Host	0	0	7			0	7	*Host*	0	0	7			0	7
19	*# of Menstrual hygiene Management Facilities/block*	*Total*	84					4	88	*Total*	84					4	88
		Camp	84					4	88	*Camp*	84					4	88
		Host	0					0	0	*Host*	0					0	0
20	# of Rohingya volunteers involved in the DRR sector	*Total*	0	0					0	*Total*	0	0					0
		Male	0	0					0	*Male*	0	0					0
		Female	0	0					0	*Female*	0	0					0
21	# of Rohingya volunteers involved in the WASH sector	*Total*	16	13	31			54	114	*Total*	16	12	17			54	99
		Male	8	9	26			50	93	*Male*	8	6	10			50	74
		Female	8	4	5			4	21	*Female*	8	6	7			4	25
22	# of Rohingya volunteers involved in others sector	*Total*	16	12	71	93		73	265	*Total*	16	12	55	93		73	249
		Male	6	6	21	51		28	112	*Male*	6	6	15	51		28	106
		Female	0	6	50	42		45	143	*Female*	0	6	40	42		45	133
23	# of CFW Rohingya labour	*Total*	189						189	*Total*	189						189
		Male	116						116	*Male*	116						116
		Female	73						73	*Female*	73						73