



Evaluation of the Australian Humanitarian Partnership's Response to the Rohingya Humanitarian Crisis

Joint DFAT-NGO Management Response

Evaluation Overview

This evaluation examined the DFAT-funded humanitarian response to the ongoing Rohingya crises in Bangladesh, which was implemented by Save the Children Australia and Oxfam (with CARE) through the Australian Humanitarian Partnership. Save the Children Australia engaged the independent Evaluation Team Leader, Scott Rankin, on behalf of the partners. He worked with staff of Save the Children, Oxfam and DFAT to undertake the evaluation jointly, with assistance from the AHP Support Unit.

The aim of the evaluation was to assess the AHP response to the Rohingya humanitarian crisis in Cox's Bazaar, Bangladesh including:

- the relevance of the response;
- the effectiveness, timeliness and efficiency of the response;
- whether the response reinforced local capacity appropriately within the context and what were the major challenges that constrained the implementing partners in achieving that;
- how effectively the response was transparent and accountable to affected populations; and
- the extent to which the response met the needs of those most vulnerable due to gender, disability and other social disadvantage.

The evaluation collected data in-country (22 October to 2 November 2018), and the report was finalised in **February 2019**.

Partner Reflections

Save the Children acknowledges and endorses the findings of the evaluation and will look to incorporate recommendations in ongoing funding rounds including the current AHP contract. Save the Children also would like to show support for similar funding allocations for research into future activities, such as Cash Transfer Programming, where appropriate. This could be facilitated through the current consortium approach with Oxfam and CARE. Save the Children wishes to express our appreciation for the 12 months funding provided for this project and the support to facilitate an independent evaluation. We believe this has supported a more focused and comprehensive approach for our agency going forward in this response.





OXFAM endorses the findings of the evaluation, which are in line with findings from Oxfam's internal reflections concerning the focus of future humanitarian responses. Emphasising multi-year funding for protracted crises is not only be in line with DFAT's Grand Bargain commitments but also enables AHP partners to plan more effectively and implement more strategic and cost-effective responses. Oxfam welcomes DFAT's commitment to continue advocating for cash-based programming in this response. Furthermore, Oxfam welcomes the commitment from DFAT to prioritise gender and protection and the importance of disability inclusion, and Oxfam commits to increase outreach to individual community members in line with the recommendations of this evaluation. Oxfam will continue to prioritise the most marginalised and difficult to access communities

Action Plan

The partners in this response – DFAT, and the AHP NGOs – have responded to the recommendations made in the evaluation report and set out the actions they intend to take in future. The AHP Support Unit will facilitate an annual review of the progress in implementing these actions.

Management Action

Recommendation	Responsibility	Response	Action	Timeframe
1. Moving Forward				
Recommendation 1a: Given acute, ongoing needs of the affected population and the effectiveness of the program to date, a new, follow on AHP Rohingya response funding window should be initiated urgently by DFAT.	DFAT	Agree in principle, noting that this management response cannot make funding commitments.	DFAT will take all recommendations of this evaluation into consideration when framing any future humanitarian funding allocations in response to this ongoing crisis.	NA
Recommendation 1b: Consideration should be given by DFAT to increasing funding to AHP partners, based on the rationale of needing to support continued implementation of current activities, as well as providing space for filling gaps posed by the withdrawal of smaller actors.	DFAT	Agree in principle, noting that this management response cannot make funding commitments.	DFAT will take all recommendations of this evaluation into consideration when framing any future humanitarian funding allocations in response to this ongoing crisis.	NA
Recommendation 1c: Options for framing a new AHP activation as multi-year (based on annual plan approval) should be explored by DFAT, based on the rationale that such an approach would support	DFAT	Agree in principle, noting that this management response cannot make funding commitments.	DFAT will take all recommendations of this evaluation into consideration when framing any future humanitarian funding allocations in response to this ongoing crisis.	NA

Recommendation	Responsibility	Response	Action	Timeframe
enhanced program efficiency and effectiveness (given it would allow for longer term planning and approaches)				
Recommendation 1d: Given that certain camps are known to be disadvantaged by their location compared to others, DFAT should give consideration to including camp remoteness and disadvantage as a selection criteria for future AHP activations	DFAT	Agree in principle.	DFAT will take all recommendations of this evaluation into consideration when framing any future humanitarian funding allocations in response to this ongoing crisis. We note AHP NGOs nominate the camps and/or geographic areas in their proposal submissions and share the responsibility to consider needs of the affected populations, including remoteness and disadvantage in their programming.	NA

Recommendation	Responsibility	Response	Action	Timeframe
Recommendation 1e: DFAT and the AHP partners should consider the pros and cons of focusing a new AHP on a specific geographic area (i.e. specific camps) in order to address disadvantage and leverage an area development approach that enables different partners to benefit from each other's capacities and learning	DFAT		DFAT will take all recommendations of this evaluation into consideration when framing any future humanitarian funding allocations in response to this ongoing crisis. DFAT will continue to encourage AHP partners to address the needs of the affected populations, with a focus on the most disadvantaged; as well as utilising consortium arrangements to leverage partner capacity and share learning.	NA
	AHP Partners	Agree in principle.	NGO partners will consider this in future applications and implementation. Hope that the newly formed consortium between Save the Children, Oxfam and CARE will support this key recommendation.	NA
2. Inclusion and Protection				
Recommendation 2a: DFAT should more explicitly emphasise AHP second phase funding as being (broadly) gender and protection focused, with more deliberate mechanisms in place for knowledge sharing, research of issues of common interest, and cross-	DFAT	Agree.	DFAT will strengthen the emphasis on gender and protection in any future responses in line with strategic priorities. AHP Partners will be required to identify and develop mechanisms to support the sharing of knowledge, to undertake	NA

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organisational peer support aimed at maximizing understanding of each partners' specific area of technical expertise.			research, and to provide peer-to-peer support where appropriate.	
Recommendation 2b: DFAT and AHP partners should ensure space within gender programming for organisations to further progress work with men, teenage boy, community leaders and religious leaders, given the positive results achieved to date (especially by CARE) of mobilizing men in support of women and children's protection.	DFAT	Agree.	DFAT will take all recommendations of this evaluation into consideration when framing any future humanitarian funding allocations in response to this ongoing crisis.	NA
	AHP Partners	Agree in principle.	NGO partners will consider this in future applications and implementation. A key focus of CARE in the consortium will be to further strengthen this recommendation	NA
Recommendation 2c: Included in the assessment criteria of any new AHP applications should be the degree to which applicants can present a plausible strategy for overcoming the many constraints known to exist in relation to disability inclusion in the context of the Rohingya response, including strategies for development of human capacity to better identify and support people with disability	DFAT	Agree.	DFAT will strengthen the emphasis on key strategic priorities in any future responses.	NA
	AHP Partners	Agree in principle.	NGO partners will ensure this is appropriately addressed in future applications, including any strategies to develop internal staff capacity on inclusion issues such as disability. Disability Inclusion has been a challenge acknowledged by Save the Children. As a	NA

allocation to improve gender focused programming including access. Save the Children currently has a full time Gender Mainstreaming Specialist and SGBV Specialist on staff to support ongoing strengthening of gender considerations in

its programming

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			measure to support better programming in this space, Save the Children has signed a Global MoU with HI and will therefore be working much more closely with Humanity and Inclusion on an international, regional, national and local level and as part of the current funding allocation to improve capacity to better identify and support people with disability.	
Recommendation 2d: Emphasis should be placed within any future responses (through AHP) on further strengthening community outreach capacity as a strategy to facilitate improved gender and protection outcomes, given that many women are largely confined to their homes and unable to attend external meetings.	DFAT	Agree.	DFAT will take all recommendations of this evaluation into consideration when framing any future humanitarian funding allocations in response to this ongoing crisis.	NA
	AHP Partners	Agree in principle	NGO partners will ensure this is appropriately addressed in future applications. Save the Children will work with CARE as a key gender specialist provider as part of the current funding	NA

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Recommendation 2e: Integrate funds within AHP for research and dissemination in relation to gender in refugee settings, including consideration of the role of men and teenage boys in supporting and progressing positive gender outcomes and reducing GBV (noting that such research could be an important, general resource helping inform future AHP activations)	DFAT	Agree in principle.	DFAT will discuss with AHP Partners the possibility of earmarking funds in future activation(s) for research, to help inform programming on this issue and/or other relevant areas.	NA
3. Advocacy				
Recommendation 3a: DFAT should work with ISCG to lobby the GoB in support of cooking gas provision to refugee households as an environmental management and gender protection approach to be trialled through AHP agencies' programs – underpinned by a joint study by AHP partners of its impact.	DFAT	Agree.	DFAT already provides funding to IOM for this purpose, and will continue sensible advocacy on this issue.	NA
	AHP Partners	Agree in principle.		
Recommendation 3b: DFAT should continue to coordinate with other leading donors and agencies to advocate for cash based programming, on the basis of cost	DFAT	Agree.	DFAT will work with other AHP partners to collect evidence regarding the viability of CTP in the context.	NA

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effectiveness and suitability to context.				
Recommendation 3c: While it is highly unlikely that a green light will be given for a full roll out of cash based programming in the short term, both DFAT and AHP partners should aim for any future responses to include sufficient flexibility to allow AHP partners to adapt projects as required should agreement to introduce cash based programming be reached.	DFAT	Agree.	DFAT will take a flexible approach to project adjustments, should Cash Transfer Programs be approved, and if it proves feasible to implement.	NA
4. Health/WASH				
Recommendation 4a: Further AHP support to health and WASH should be nuanced and target in on clearly identified gaps and needs within current service provision, including the need to cover work undertaken by organisations now departing due to funding issues.	DFAT	Agree.	DFAT will consider this recommendation when framing any future humanitarian funding allocations in response to this ongoing crisis.	NA
	AHP Partners	Agree in principle	NGO partners will consider this in future applications and implementation and will coordinate with relevant WASH and Health stakeholders to support coverage	NA
5. Education				

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Recommendation 5a: Emphasis should be placed within the overall approach of any new responses to develop strategies aimed at increasing education participation rates of girls aged 11-14.	DFAT	Agree.	DFAT will consider this recommendation when framing any future humanitarian funding allocations in response to this ongoing crisis.	NA
Recommendation 5b: DFAT should continue to advocate alongside other leading donors and agencies for educational opportunity to be available for the 15-18 year old cohort (both girls and boys).	DFAT	Agree.	DFAT will consider this recommendation when framing any future humanitarian funding allocations in response to this ongoing crisis.	NA
6. Localisation				
Recommendation 6a: Moving forward, emphasis should be placed on 'smart localisation' based on AHP partners more deliberately supporting Bangladeshi partners to strengthen capacity around complex issues such as gender focused protection, with a view to local partners assuming greater responsibility for program delivery in the future.	AHP Partners	Agree in principle	NGO partners will consider this in future applications and implementation. Supporting localisation is a key focus of the Save the Children approach.	NA
Recommendation 6b: Strategies for inclusion and support to host	DFAT	Agree.	DFAT will consider this recommendation when framing any future humanitarian	NA



Recommendation	Responsibility	Response	Action	Timeframe
communities should be included as a criteria for assessment of future AHP applications			funding allocations in response to this ongoing crisis.	