Australian Humanitarian Partnership

Response to the Rohingya Humanitarian Crisis

Evaluation - Executive Summary

February 2019

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Abbreviations

AHP	Australian Humanitarian Partnership
CBM	(formerly Christian Blind Mission; now known as CBM)
CFS	Child Friendly Spaces
CHS	Core Humanitarian Standard on Quality and Accountability
CHV	Community Health Volunteer
C-MAMI	Community Management of Acute Malnutrition in infants
DFAT	Australian Department of Foreign Affairs and Trade
ESQ	Evaluation Sub-Question
FGD	Focus Group Discussion
GBV	Gender-Based Violence
ISCG	Inter Sector Coordination Group
IYCF-E	Infant and Young Child Feeding in Emergencies
JRP	Joint Response Plan for the Rohingya Humanitarian Crisis
KEQ	Key Evaluation Question
KII	Key Informant Interview
MEAL	Monitoring, Evaluation and Learning
MCH	Maternal Child Health
MHPSS	Mental Health and Psychosocial Support
NFIS	Non-food items
NGO-AB	NGO Affairs Bureau (of Government of Bangladesh)
RRRC	Office of the Refugee Relief and Repatriation Commissioner
SRH	Sexual and Reproductive Health
TBA	Traditional Birth Attendant
TLC	Temporary Learning Centre
TWB	Translators Without Borders
UASC	Unaccompanied and Separated Children
UNDP	United Nations Development Program
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene
WFP	World Food Program

WFS	Women Friendly Spaces
YPSA	Young Power in Social Action

Executive Summary

This evaluation was commissioned to assess whether the Australian Humanitarian Partnership (AHP) response to the Rohingya humanitarian crisis has been effective, efficient and relevant to the needs of affected communities. Through the AHP, a total of AUD 6 million was provided to Oxfam and Save the Children (hereafter, Save) to each lead implementation of 12 month projects.

The need for the response relates to the mass exodus to Bangladesh in late August 2017 of Rohingya people escaping severe violence in northern Rakhine State, Myanmar. New arrivals peaked at 20,000 per day in early September, with a total of more than 727,000 refugees arriving since, bringing the total number of refugees to approximately 923,000 people.

DFAT's AHP response was flexible and un-earmarked, allowing for integrated programing, which in turn allowed a focus on priority sectors of health, nutrition, WASH, protection and education - with a cross-cutting focus on gender, children and disability inclusion. Successful applicants were Save and Oxfam (working in partnership with CARE and CBM):

- Oxfam/CARE's aim was to reach a total 116,360 people through a gender and protection focused WASH approach, with CARE providing access to information and services related to women's wellbeing and in response to Gender Based Violence
- Save aimed to work across nine outcome areas to reach a total of 155,418 beneficiaries, based on an integrated approach built around Save's Health Posts that included emergency health, nutrition, protection, education and WASH activities.

Main findings

The headline conclusion of this evaluation is that projects funded through the AHP were acutely relevant to priority needs and have provided important, sector-leading support to refugee Rohingya communities that will collectively reach more than 250,000 people by activation closure. Primary areas of contribution have been WASH (notably gender-focused WASH), health provision (notably mother and child health), protection and education (through temporary learning spaces). An important aspect of this success was that funding made available through this activation was longer term (12 months), with flexibility to adapt approaches during implementation.

While both projects placed strong focus on gender and disability inclusion in their proposals, disability inclusion in implementation remains a substantial challenge. However, gender programming is strong across all supported partners, based on a multi-faceted suite of approaches, including deliberate work to enlist men in support of women's priorities.

Efforts to localise approaches have proven challenging due to factors including highly bureaucratic approaches put in place for NGO operations, limited local capacity, and an insufficient number of appropriately qualified local NGOs to partner through.

Appropriateness

In the immediate period following the refugee influx, both UNHCR and IOM undertook rapid assessments of refugee needs that highlighted the following as urgent priorities:

- ensuring access to food, shelter, health and clean drinking water in all sites
- access to health care for people with specific needs, including pregnant women

- community mechanisms to ensure women's protection enhanced.

Given the close alignment of Oxfam/CARE and Save approaches to these priorities, it is assessed that activities supported through the AHP were relevant to priority needs. Furthermore, they were initiated in close collaboration with coordination mechanisms. This perspective is endorsed by affected communities who view AHP supported activities as relevant to their personal priority needs, and commonly view AHP programming as being of higher quality than those offered by other providers in their camp context.

It is also noted that activities align with Australia's humanitarian strategy given their focus on gender and women's empowerment, protection and disability inclusion. Willingness of DFAT to support projects in making evidence-based strategic shifts in approach was also cited as 'appropriate' and widely praised by grantees and other actors.

Effectiveness

The evaluation team considered the overall programming landscape of AHP partners when assessing effectiveness, before drilling down into specific AHP achievements. This was seen as important since AHP activities commonly benefit significantly from 'add ons' and 'value add' of the recipient organisations' broader capacity and approach.

Save has sophisticated structures, capacity and tools already in place that support an integrated approach and synergies across its nine different outcome areas. These structures helped Save to be ambitious in its AHP proposal, where it proposed to reach a total of 155,418 beneficiaries in total (with projections that final reach will be around 140,000). This approach is underpinned by multi-faceted community engagement that aims to ensure presence and trust within communities from which awareness raising of services can occur.

Notable results of Save's AHP work include:

- establishment and maintenance of 60 Temporary Learning Centres (TLCs)
- providing access to mental health and psychosocial support for children
- training of parents in relation to child protection issues, notably those faced by girls
- provision of MCH services to more than 50,000 women, babies and infants.

The above achievements of Save were further reinforced by activities related to shelter, food, non-food items, WASH, nutrition and broader provision of primary health services.

Generally speaking, AHP-supported NGOs within the Rohingya response have value-added to them through the broader programming effort of the organisation's overall response. Save's leadership in the education sector advances overall education programming through advocacy and higher level technical inputs related to curriculum development and teacher training. CARE is a key contributor to the Gender in Humanitarian Action Working Group. Similarly, Oxfam plays a leading role within the WASH sector in both hydrological assessments and fecal sludge management, which in turn inform approaches throughout the WASH sector that positively impact environmental and water quality outcomes.

Oxfam/CARE utilisation of AHP funding was two phased, involving an initial mobilisation period where emergency WASH services were set up to address immediate, life saving needs, and a second phase focused on supporting settlement in camps through construction of latrines, installation of deep tube wells and hand pumps, construction of women's spaces and repair and maintenance of WASH facilities. Both phases worked in close collaboration with the WASH sector working group,

where Oxfam was a key advisor to organisations less experienced in emergency WASH programming. Given this scenario, AHP funding has helped model higher quality WASH performance to the broader sector.

Notable results of Oxfam's AHP work include 55,000 people having access to safe and adequate water and sanitation facilities, through use of deep tube wells, latrines and bathing cubicles – as well as improved knowledge of health and hygiene practices. Oxfam's approach is underpinned by a sophisticated and inclusive community engagement approach that has resulted in strong lines of communication and levels of community ownership of both WASH facilities and key issues of importance such as women's rights and protection.

CARE's focus helps ensure access to information and services that both protect and raise awareness of the rights of women, and also respond to GBV-related trauma, and its ongoing prevalence. While the most visible and high profile aspect of CARE's AHP approach is its Women Friendly Spaces (WFS), the actual centrepiece of their approach is broad-based community awareness raising promoting the rights of women. Importantly, the approach places priority on inclusion of men and boys, as well as community and religious leaders, which has helped quash negative rumours and relieved their initial concerns related to WFS.

While there was logic and potential complementarity in the proposed approach of Oxfam and CARE at the time of design, this was largely lost when camp rezoning resulted in Oxfam and CARE activities being split across different camps. This is regrettable (and beyond the control of Oxfam and CARE) since clearer day to day synergies potentially existed.

Inclusiveness

Clear emphasis was placed in the design of both projects on ensuring the needs of women and girls and people with disabilities were met. Gender and protection considerations are central to all Oxfam programming. CARE's approach is specifically aimed at reducing and responding to GBV. Save's integrated model is woman and child focused, working along a continuum from antenatal support to advocating the rights of young women and girls.

In implementation, gender relevant approaches across both projects have been sophisticated, well resourced and relevant to context and outcomes proposed. In particular, the Oxfam/CARE approach has succeeded in positioning gender as central to its whole approach. This includes achieving 50% Rohingya women representation in its community mobiliser teams, allowing depth of awareness raising in relation to priority women's issues, and strong traction in their target areas in support of women's participation and empowerment.

When asked to reflect on the gender focus of AHP activities, affected communities spoke across both projects of the cultural sensitivity of approaches, citing this as key to their ability to raise gender issues in a manner appropriate to the conservative social norms of the Rohingya. Feedback was also provided that efforts to include men and male leaders was both culturally appropriate and strategic, as evidenced by support generated amongst male community and religious leaders by CARE in support of women's voice and protection.

While emphasis was placed on integrating disability within approaches, this has proven difficult to implement, resulting in very low numbers of reported disabled beneficiaries. While this relates in part to inadequate systems for identification of disability, it is clear that further strengthening of disability programming is required. Difficulties relate to an intersection of issues related to intense crowding and space issues within camps; cultural attitudes and also the hilly, sandy physical nature of the site. Importantly, each organization either has in place (Oxfam/CARE with CBM) or is seeking

(Save with Humanity & Inclusion) advanced technical support to enhance organisational capacity in relation to disability.

Efficiency

Both projects cite the importance and value the speed with which DFAT's AHP Rohingya activation was prepared and signed off, since it allowed organisations to quickly have meaningful longer term programs in place that were catalytic in terms of further resource mobilisation. While there was clarity in the strategy of each project, timelines were significantly impacted by coordination issues – notably FD-7 obstacles that affected staffing, procurement and camp access for NGOs. Resistance of the Government of Bangladesh to cash-based funding is another constraint on efficiency, as is reluctance to allow multi-year program funding.

The overall assessment of the evaluation is that both projects provided value for money based on being active on the ground very early in the response, quality of implementation, their contribution to coordination within priority sectors, and through the value added to AHP supported activities by each organisation's broader suite of response activities.

Localisation

AHP partners have worked in alignment with coordination mechanisms at national (the National Task Force chaired by the Ministry of Foreign Affairs) and local (the Office of the Refugee Relief and Repatriation Commissioner) levels, including compliance with all bureaucratic requirements. While this relationship proved problematic for NGOs in the earliest days of the response, agencies are now reporting more functional relationships.

However, efforts to integrate local partners within coordination mechanisms have proven difficult. Such was the sudden onset of the crisis, agencies found it difficult in the earliest stages to find appropriate and available local partners to work through.

Save's primary local implementation partner is Young Power in Social Action (YPSA), which they have sub-contracted to oversee implementation of the TLCs. This involved a clear and strong focus on capacity building for education programming. Finding it difficult to identify local organisations to partner with, Oxfam instead focused on efforts to utilise Rohingya within their program, in order to strengthen community structures within the camps, as well as develop skills that are transferrable in the future.

Moving forward, it is felt that AHP partners should work to strengthen capacity around key constraints to localisation such as gender focused protection, with a view to local partners assuming greater responsibility for program delivery in the future.

Accountability

Both projects place significant emphasis on accountability, and have established multiple mechanisms to allow feedback from affected people. Despite this intent, achieving broad based accountability has proven challenging for both projects. This relates primarily to language and literacy issues, but also cultural norms that restrict women's voice and mobility. Child contribution to feedback mechanisms has also proven challenging, which has led Save to pilot more child friendly approaches to ensure their input and feedback.

Oxfam's accountability approach is centred around 'listening groups', whose input guides bi-weekly meetings with local authorities. This appears to help elicit feedback and initiate action in relation to community needs. Save has multiple accountability channels in place, including world leading innovations aimed at ensuring the voice of women and children.

Conclusion and Recommendations

The core finding of this evaluation is that all activities supported through the AHP were relevant to priority needs and implemented in a form that was effective and responsive to the complex needs of affected communities. It is further noted that despite urgent ongoing needs, there appears to be a looming funding gap that will force many smaller actors to close operations, with expectations that larger NGOs will pick up the slack. This is likely to quickly place the response – particularly NGOs – under acute funding pressure in early 2019.

Recommendation One: 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.*

Each of the six pre-selected AHP partners already implement sizeable Rohingya response programs, and have capacity to effectively and efficiently deliver more sizeable programs than those allowed through the initial AHP funding round. It is also noted that there will be increased demands placed on larger, technically specialised NGOs to both fill gaps posed by the withdrawal of smaller agencies and address maintenance and decommissioning needs of facilities previously managed by these smaller agencies.

> ***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.*

Given general agreement that ongoing support will be required for at least the next three years, there would be a range of efficiencies enjoyed by a shift to multi-year funding. While it is understood that the Government of Bangladesh has opposed this, it is also reported that there are signs of a willingness to shift on this – possibly enhanced by completion of the electoral process.

> ***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 enhanced program efficiency and effectiveness (given it would allow for longer term planning and approaches).*

Currently, it is widely accepted that certain camps are disadvantaged by their remoteness (for e.g. camps 13, 19 and 20) and the reality that provider agencies find it easier to work in camps serviced by main roads. This disadvantage could potentially worsen given it was often these more remote camps that smaller agencies were directed to by coordination mechanisms.

> ***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.*

Opportunities exist for AHP supported activities to occur in a more truly programmatic form, given that the work under the AHP of CARE, Oxfam and Save currently has a shared focus on gender and

protection, despite each approaching it from a different angle. A more programmatic approach could be encouraged through focusing AHP support on a designated geographic section, that each agency brings its specialised skills to. For example, currently each organisation is active in the southern section of Kutupalong refugee camp.

> ***Recommendation 1e**: DFAT and the AHP partners should consider the pros and cons of focusing a new AHP response 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.*

Recommendation 2: Inclusion and protection

An important lesson learnt through this evaluation is that within conservative cultural contexts such as the Rohingya, deliberate, well resourced strategies are needed to support women's inclusion and empowerment. This is reflected in the joint response plan describing the Rohingya Response as first and foremost a 'Protection crisis'.

> ***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-organisational peer support aimed at maximising understanding of each partner's specific area of technical expertise.*

> ***Recommendation 2b**: DFAT and AHP partners should ensure space within gender programming for organisations to further progress work with men, teenage boys, community leaders and religious leaders, given the positive results achieved to date (especially by CARE) of mobilising men in support of women and children's protection.*

As described within this report, despite the best intentions, AHP partners have all struggled in terms of disability inclusion due to both practical issues of camp management and terrain, as well as limited capacity within AHP partner organisations. While this is unfortunate, each partner has realistic plans in place to strengthen their performance in this area moving forward, including partnering with specialist disability organisations to help strengthen their capacity for disability inclusion.

> ***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.*

Strong outreach is key to addressing the lack of mobility experienced by many young women. A conclusion of this evaluation is that high quality, gender focused community outreach and mobilisation is critical in terms of achieving high quality programming outcomes. This includes the need to ensure a role in this process for Rohingya volunteers, despite challenges posed by literacy, educational attainment and cultural norms.

> ***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.*

AHP partners have already demonstrated their capacity to undertake important, relevant, high quality research – often jointly. Joint studies bring different, often complementary perspectives to

complex issues, as can be seen in the *Rohingya Refugee Response Gender Analysis* jointly undertaken by Save and Oxfam (and Action Contre la Faim).

> ***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)*

Recommendation 3: Advocacy

The current camp context has multiple, negative environmental impacts. Leading issues relate to concerns around deforestation of the broader area as refugees seek firewood, given the Government of Bangladesh refusal to allow the use of gas for cooking. The use of wood as fuel is also impacting the health and quality of life of women who are often confined to very small, confined spaces due to the practice of *purdah.*

Groundwater quality is also deteriorating due to the pressure being placed on it by shallow wells and 60,000 latrines being constructed in a very small area.

> ***Recommendation 3a:** DFAT should work with ISCG to lobby the Government of Bangladesh in support of cooking gas provisions for refugee households as an environmental management and gender protection approach to be trialed through AHP agencies' programs – underpinned by a joint study by AHP partners of its impact.*

Efficiency of the overall Rohingya response is undermined by the inability to utilise cash-based programming.

> ***Recommendation 3b:** DFAT should continue to coordinate with other leading donors and agencies to advocate for cash-based programming, on the basis of cost 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.*

Recommendation 4: Health/WASH

AHP support to ensuring good health of the affected population has been multi-faceted and included a significant gender focus. Given the scale and crowded context of the affected population, high quality WASH programming remains an imperative if disease is to be kept at bay. There are particular ongoing needs related to fecal sludge management and decommissioning of inferior toilet systems and shallow wells, which both pose serious health and environmental challenges. The need for primary health services also remains acute, including systems capable of addressing the complex cross-section of psychosocial health needs presented by the affected population – which are widely reported as currently being under-serviced.

> ***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.*

Recommendation 5: Education

Including support for progressing educational opportunities of children and youth is seen as consistent with a gender focused program – especially efforts to promote girls' educational access. Various constraints to education currently exist. These relate to the general reluctance of the Government of Bangladesh to support formal schooling, as well as specific issues related to educational participation of girls aged 11 and older, and the current ban on any form of education provision to children and youth aged 15 and above.

> ***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.*
>
> ***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).*

Recommendation 6: Localisation

Utilisation of local partners has been limited within the AHP to date. Given that the response has now normalised to a significant extent from the chaotic early days, and also that it appears likely that many smaller international agencies will soon withdraw (or have already left), opportunities are now emerging to more easily engage local partners.

> ***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.*

Allied to increased use of local partners is the ongoing importance of continuing to provide meaningful support and opportunities for host communities within the response.

> ***Recommendation 6b:*** *Strategies for inclusion and support to host communities should be included as a criteria for assessment of future AHP applications.*