

Cox's Bazar, Bangladesh



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# FINAL REPORT

Mid Terms Evaluation of the German Federal Foreign Office (GFFO) Global Funding project 2020-2022 G210305  
“Humanitarian Assistance through Provision of Basic WASH Support and Disaster Preparedness for People from Rakhine”

October - 2022



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# ACRONYMS

<b>CiC</b>	Camp in Charge
<b>CXB</b>	Cox's Bazar
<b>DPHE</b>	Department of Public Health Engineering
<b>FGDs</b>	Focus group discussions
<b>GBV</b>	Gender based violence
<b>GBViE</b>	Gender based violence in emergencies
<b>HP</b>	Hygiene promotion
<b>IEC</b>	Information, education and communication
<b>IOM</b>	International Office for Migration
<b>ISCG</b>	Inter Sector Coordination Group
<b>JRP</b>	Joint Response Plan
<b>KIIs</b>	Key informant interviews
<b>LGBTI</b>	Lesbian, gay, bisexual, transgender and intersex
<b>MHM</b>	Menstrual hygiene management
<b>RRRC</b>	Refugees, Relief & Repatriation Commissioner ('Triple R C')
<b>SGM</b>	Sexual and gender minorities
<b>SOP</b>	Standard operating procedure
<b>SDG</b>	Sustainable Development Goal
<b>ToR</b>	Terms of reference
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>WASH</b>	Water, sanitation and hygiene

# PROJECT SUMMARY

<b>Donor</b>	<b>German Red Cross (GRC)</b> <b>German MoFA</b>
<b>Project Title</b>	<b>Humanitarian Assistance through provision of basic WASH Support and Disaster Preparedness for People from Rakhine</b>
<b>Country / Areas</b>	Country: Bangladesh District: Cox's Bazar Areas: Ukhiya – Camp 13 & Camp 18
<b>Duration</b>	January, 2020 – December 2021 (24 months) extension until 31.12.2022
<b>Budget</b>	<b>Total Budget: 3,661,356.65€</b> Allocation to budget years: 2020: 1,061,356.65€ 2021: 1,100,000.00€ 2022: 1,500,000.00€
<b>Sector(s)</b>	WASH, DRR, Capacity Building/Readiness
<b>Overall Objective</b>	To contribute to the reduction of negative impacts of sudden onset disasters and crises and protracted crises for the affected population
<b>Result 1</b>	The target communities have improved access to WASH items and infrastructure (e.g. safe water points, adequate household water treatment and storage, sanitation and hygiene facilities including drainage)
<b>Result 2</b>	The target communities have acquired hygiene knowledge and have access to appropriate hygiene materials
<b>Result 3</b>	The communities have carried out small scale mitigation measures and know how to maintain them
<b>Indicators/ Activities</b>	<b>Result 1:</b> <ol style="list-style-type: none"> <li>1. Set up a community-based O&amp;M system for WASH hardware</li> <li>2. Construction of 500 hand washing facilities (with soap) close to the latrines</li> <li>3. Rehabilitation of 250 sanitation systems</li> <li>4. Design and implement of Fecal sludge management system &amp; FSM to 581 latrines</li> <li>5. Provide appropriate drainage facilities - up to 5km of Secondary drainage or twice that in tertiary drainage (e. g. for dwelling areas, water distribution points, washing facilities)</li> </ol> <b>Result 2:</b> <ol style="list-style-type: none"> <li>1. Distribution of 120,000 Hygiene Kits</li> <li>2. Hygiene Promotion activities: Extent reach to about 15.000 People's</li> </ol> <b>Result 3:</b> <ol style="list-style-type: none"> <li>1. Preparedness and small mitigation measures</li> </ol>
<b>Target groups</b>	Direct beneficiaries: 15000 individuals – approx. 3500 families
<b>Partners and their involvement</b>	Bangladesh Red Crescent Society - BDRCS (implementing partner). In close collaboration with IFRC and PNS active in the area. In coordination with responsible CiCs, SMSD agencies, UN/Agencies (IOM, WFP, UNICEF, UNHCR, UNDP) and INGOs through established Sector and Cluster System.

# EXECUTIVE SUMMARY

## Study Background

Since 1978, the Rohingya's have been exposed to extensive repression and exploitation. In 2017, over 950,000 Myanmar refugees fled to Bangladesh's Cox's Bazar camps (UNHCR, 2018). More than 1.1 million Rakhine State residents are now living in 34 overcrowded camps in Cox's Bazar, severely reliant on humanitarian aid. Where quality Water, Sanitation and Hygiene (WASH) systems were critical there and lack in WASH facilities, the Covid-19 outbreak made the situation exacerbated. In this critical situation, GRC has started to support in the camp.

Different organizations have been supporting the Rohingya communities on different sectors camp-wise from the beginning of the Rohingya influx. Since the very beginning of the Rohingya influx, the German Red Cross (GRC) has been supporting the joint Red Cross and Red Crescent (RCRC) Population Movement Operation (PMO) with financing from the German Federal Foreign Office (FFO) and other back donors, particularly in WASH. Over the past three years (2020-2022), the supported activities have been consolidated, which means that each sector has been assigned to a single agency that is responsible for a certain geographical region and block level. As a result, GRC is supporting BDRCS's WASH activities in camp 13 block G and camp 18 block E from that fund. GRC is now evaluating their three years activity by a Mid-term evaluation of the project "humanitarian assistance through provision of basic WASH support and disaster preparedness for people from Rakhine state". DM WATCH LIMITED has been commissioned to conduct the evaluation. This report is the final report of the Mid-term evaluation.

## Methodology

The project was evaluated using the IFRC assessment framework in this study. The framework is made up of eight criteria that guide what we evaluate, eight standards that guide how we evaluate, and a procedure for upholding the standards. The framework is intended to foster credible, useful, and ethical assessments that contribute to organizational learning, accountability, and their mission to serve those in need as best as possible. The study used a mixed method that included both quantitative and qualitative approaches.

The study began with a kick-off meeting with GRC to explain the project background and activities, Mid-term evaluation expectations, and discussion on several study issues. The study team then conducted a desk review and prepared an inception report, which was finalized by input incorporation back and forth. The team then developed the tools, field plan, and other papers as needed for the study, which is then finalized by incorporating comments from the GRC. Following the completion of the tools, the team employs several enumerators who have past experience dealing with the Rohingya population, have access to the camp, and have a thorough understanding of the project components. The research team conducted a two-day training program for the enumerators in Cox's Bazar.

The study area of the evaluation were camp 13 (block G) and camp 18 (block E). So, the evaluation team collected data from those camp employing BDRCS volunteers. The same volunteer team of BDRCS did sixty structured physical observations, four FGDs, and one KII, while the remainder of the KII were conducted online by the study team directly. For this study, a total of 140 household surveys were conducted through the quantitative questionnaire to collect information on WASH and DRR related topics from the two camps. The target population was disaggregated among Male, Female and Transgender/person with disability, where

each of first two category is further divided into three age-wise sub-categories, age group 15-24, age group 25-49 and age group 50+. For the Transgender/person with disability group, there were no age-wise classification. For the qualitative survey, the study team conducted 4 FGDs, 9 KIIs and 60 Physical Observations.

Following data collection, the data was cleaned, coded, and analyzed against each of the indicators. For validation and inference, the quantitative data were triangulated with the qualitative data. Later on, the study team developed a draft report and sent it to GRC for feedback prior to the result sharing workshop. The result sharing workshop was held in Cox's Bazar on September 15, 2022. The study team presented the findings and concluded the event with a Q&A session with the project team. The comments from the result sharing workshop and the draft report were considered, and the report was edited to generate a final version of the report. This is the final version of the report.

## Limitations of the study

This midterm evaluation has some limitations. Because of facing difficulties and taking long time, the study team could not visit the camp directly to collect data, making it difficult to acquire a holistic view of the WASH facilities. Rather, the data were collected by hired trained BDRCS volunteers. The study team could not reach three key informant interviews. One is Camp in Charge (CiC) of Camp 13. And due to time shortage, it was agreed to skip the KII with the ii) representative from Inter Sector Coordination Group and iii) the representative from Strategic Advisory Group. There was no formal baseline study report for comparing. The study used IFRC evaluation framework as well as some specific framework/standards for evaluation which are related to the context (Cox's Bazar camps).

One more important aspect is that the project covered the Cox's Bazar camps from the beginning and from 2022, covered Bhasan Char and Host communities. It means that the targets and the indicators of the project were set including camps, host communities and Bhasan Char population, not only the camps. Due to some limitations (time, accessibility, authorizations) this study was conducted only in camps.

## Key Questions of the evaluation

- |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Relevance     | <ul style="list-style-type: none"><li>▪ To what extent are the objectives of the programme still valid?</li><li>▪ Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?</li><li>▪ Are the activities and outputs of the programme consistent with the intended impacts and effects?</li><li>▪ Are the outputs/outcomes consistent with the beneficiary actual needs?</li></ul>                                                                                                           |
| Effectiveness | <ul style="list-style-type: none"><li>▪ To what extent are the objectives likely to be achieved?</li><li>▪ What were the major factors influencing the achievement or non-achievement of the objectives up to date?</li><li>▪ Were there any decisions made that altered the goals or priorities (approved or unapproved)? To what extent could the intended target group be reached so far?</li><li>▪ What are the impacts of COVID-19 on the implementation of the project?</li><li>▪ Was the project adopted with the situation of COVID 19?</li></ul> |
| Efficiency    | <ul style="list-style-type: none"><li>▪ Were resources utilized and managed in efficient manner and achieved intended results?</li><li>▪ Were activities cost-efficient?</li></ul>                                                                                                                                                                                                                                                                                                                                                                        |

Results	What real difference has the activity made to the beneficiaries so far?
Coherence	<ul style="list-style-type: none"> <li>▪ To what extent were policies of different concerned actors in the intervention complementary or contradictory?</li> <li>▪ Have the 7 RCRC principles been respected during the implementation?</li> <li>▪ Are there any political consequences following the action that were not intended?</li> </ul>
Coordination	Where project activities coordinated with other organisations acting in the same area of intervention?
Coverage	Who was/will be supported and why?
Sustainability	What is the probability of the benefits of the interventions under GRC continuing in the long term?

## Key Findings

This chapter presents and examines the mid-term survey results. The findings are organized under each IFRC evaluation criteria which are further subdivided into different thematic areas. In general, the chapter answered all the key questions, along with the specific questions posed under each OECD-DAC criterion.

When the Rohingya people were displaced from Myanmar and entered Bangladesh on August 25, 2017, their overall population was 773,972 and their household count was 156,794. And as of July 31, 2022, the population is now increase to 936,733, with 196,121 household. This particular project GRC provides WASH assistance in camps 13 and 18. In camp 13, a total of 1324 houses (comprising of 6661 people) get WASH assistance, while in camp 18, 1254 households (comprising of 6256 people), do so under this project intervention. In total, 2578 Households, 12917 population in two camps. Here, the average household size is 4.8. Besides this coverage, from 2022, GRC has started providing supports in three additional blocks (A2, A3 and A4) of camp 13; and in host communities (Hygiene Kit & MHM Kit Distribution in Ukhiya & Teknaf-Nov 2021; 2260 Households comprised of 13719 people). Moreover, in host communities, from 2022, the project also covered other WASH activities (PHAST sessions and HH latrines construction) and Shelter support (PASSA sessions, Shelter kits distribution and support in rehabilitation of houses). Among the respondents of the study 62.1% never been to school, 29.3% passed the primary level, 7.9% passed the secondary level and 0.7% were higher secondary graduate.

## Relevance

Relevance refers to the extent of validity of the objectives of project, alignment of activities and output of the program with the objectives, consistency of the activities and outputs with the intended impacts and effects and the degree to which the intervention's aims and design adapt to the beneficiaries' requirements or needs. Overall, the interventions from this project were found relevant, taking into account the existing needs of local community, consistencies of the activities with its objectives and intended impact. Besides, the project design and activities of the project were also compared with international and national standard documents of WASH for refugees, as well as other organizations who are providing WASH support in camp. While comparing, there found only one issue which should be in practice, but were not practicing from the project. That is the provision of HH level latrine after emergency. However, in the current camp context, because of lack of space and congestion, the HH level latrine construction is prohibited. Excluding this one, other activities of the project were found valid according to the objectives of the project, activities and outputs of the project in attaining the objectives are relevant and consistent with the intended impacts and effects.

Beneficiary needs were found relevant in respect to project activities and those activities were found relevant with standard documents.

## Effectiveness

The main objective of the project was to contribute in the reduction of vulnerability of affected population living in the protracted crisis by provision of essential life-saving WASH services. Since the beginning of the crisis the GRC supported BDRCS's WASH operations in the camps with provision of essential water, sanitation, faecal sludge management and hygiene promotion activities integrated with preparedness and risk reduction components.

**Outcome: Target population use safe water, adequate sanitation, hygiene facilities, hygiene knowledge and take measures for disaster risk reduction.**

*Outcome indicator 1: 90% of target population [disaggregated by age and gender and including data on persons with disabilities] uses a predefined amount of water with a quality of max. 10 CFU/ 100ml*

According to the project document and result framework, this activity continued providing, without disruption, with an objective to ensure at least 15 ltr/person/day of chlorinated water (10 CFU/ 100ml) from tap stand for drinking and cooking purpose from the beginning of the project. However, now it is 20 litres/person/day from this year (2022). It has been found that, currently 81% of people uses the predefined amount, where the age group 15-24 are using the least amount of water. 55% of the respondents were true to get 20 ltr/person/day while 26% of the respondents were getting 11 to 15 ltr/person/day and there are 19% people, who were getting water below 10 ltr/person/day. It has been observed that this tap-stand water is preferred for drinking purpose only. Excluding drinking water, people use tube-well or tap-stand which they actually get at their closest distance for the cooking and domestic use. So, specific focus should be given here, so that people use particular type of water source for the defined type of usage. Another reason of the deterioration may be behavioural. For example: we all know we have to drink a defined amount of water regularly. But how many people actually consumes that amount. Same case maybe happened here.

There was no shortage of water in camp for drinking and cooking (through tap-stand), and domestic usage (tube-well). Instead, they reported having challenges with water accessibility (e.g., water collection time). According to the HH survey, 31% of respondents said that they have to spent 10 to 15 minutes to collect water; 15% of respondents said 15 to 30 minutes; and 3% respondents said that they need more than 30 minutes to collect water. Three times every day, tap-stand water is delivered. Therefore, there is a wait to collect water when it has just been injected. This waiting period is considered an accessibility issue from them. Though the wait time is below the standard (30 minutes) for refugees. In the water network of camp 13 and 18, 6 boreholes are functional with 33 tap-stands and 182 taps. Besides, 97 deep tube wells are covering approx. 24250 people. Regular water quality parameter has been monitored in lab as well as FRC test at field level. These water networks serve around 9000 people. On average, in every 3 months, a total of 13,119,000 litre chlorinated water has been distributed through tap stand.

*Outcome indicator 2: 90% of the target population [disaggregated by age and gender and including data on persons with disabilities] wash their hands at least one critical time (after using the toilet or before eating)*

The critical times for Hand Hygiene approach was designed by the World Health Organization to minimize the risk of transmission of microorganisms to protect an individual against acquiring harmful germs from the hands. The project put emphasis on hygiene practice through several interventions. One of them is the construction of hand-washing facilities (with soap) adjacent to the toilets. To date, 3300 Household

handwashing device at household level and around 450 communal handwashing station has been installed closed to the latrine. In addition, hygiene promotion activities, including the provision of hygiene kits to each household every two months, handwashing with soap, and the distribution of 20,602 bars of soap have continued since the project's inception.

During baseline, 44% of the target washed their hands at least one critical time (after using the toilet or before eating). Though the Mid-term findings (93%) surpasses the endline target (90%), there are four more situations where the percentage lacks. They are- "After changing diapers or cleaning a child's bottom (24%)", "Before preparing food (63%)", "Before feeding an infant (34%)", and "After sneezing/coughing (39%)".

*Outcome indicator 3: 90% of the target population [disaggregated by age and gender and including data on persons with disabilities] uses a latrine with feces storage without any influence on surface or ground water*

Latrines, bathing cubicles, hand-washing points and faecal sludge management are the basic sanitation services provided from the project for refugees in the camps. People now use shared latrines, where 20 people share a single latrine which is according to the sphere standard of refugee camps worldwide. There are WASH groups for cleaning latrine regularly and sufficient water supply. WASH groups are formed from the community people and they work on rotating basis. Pits are desludged according to the needs, and on average every latrine has to be desludged once per month. The project constructed, operated and maintained 434 latrines and 234 bathing cubicles in camp 13; and 374 latrines and 159 batching cubicles in camp 18.

To achieve the goal "people would use a latrine with feces storage without affecting surface or ground water," the project focused on the rehabilitation of sanitation systems and the design and implementation of a Faecal sludge management system. At baseline, 90% of individuals used a latrine with feces storage that did not impact surface or ground water, whereas the endline aim was 100%. However, the evaluation at the midpoint indicates that this status has already reached 100%. It was revealed that every responder now uses a toilet, and each latrine is constructed, operated, and maintained by BDRCS/GRC, and those are planned according to the Sphere standard, there is no influence of feces accumulation on surface or ground water.

*Outcome indicator 4: 90% of the targeted communities have implemented at least 4 risk reduction measures identified in the VCA action plan.*

Vulnerability and Capacity Assessment (VCA) is a participatory investigative process designed to assess the risks that people face in their locality, their vulnerability to those risks, and the capacities they possess to cope with a hazard and recover from it when it strikes. There was no vulnerability capacity assessment document during the baseline, whereas in the endline, the target is set as 90% of the targeted communities have implemented at least 4 risk reduction measures identified in the VCA action plan. However, till to date, there found no initiatives to prepare the VCA. This vulnerability and capacity assessment is usually done by gap analysis. But in the setting of the camp, GRC believes that everyone is susceptible, which is why no vulnerability assessment has been conducted. In practice, without relying on the VCA, they provide all types of assistance to all members of the community, for example, they have distributed hygiene kits to all individuals, not just those identified in the VCA. Besides, disinfection of WASH facilities, household, common areas and communal facilities, handwashing station at communal and household level, drainage cleaning and disinfection, slope protection, emergency latrine construction, session on COVID-19, Scabies and prevention of Dengue have been conducted as a part of risk mitigation measures. Using the kobocollect app, they often evaluate the gaps/needs and take the appropriate actions.

*Outcome indicator 5: 35,500 number of people reached (disaggregated by age and gender and including data on persons with disabilities)*



In camp 13, there are 8973 number of families consisting of 44352 number of individuals. In camp 18, there are 6221 number of families consisting of 29186 individuals. And from the project, a total of 12917 number of people reached in camp 13 and 18, where the number of males is 6389, and female is 6528.

*Outcome indicator 6: 60% of the target population is satisfied with the service provided (disaggregated by age and gender and including data on persons with disabilities)*

This indicator measures the level of satisfaction with all project-provided services. Overall, 91% of respondents are found fully satisfied with the facilities supplied by the project (88% are female, and 94% are male). In the age-group wise disaggregation, 89% of age 15-24, 93% of age 25-49, 92% of age 50+ respondents are found fully satisfied with the provided facilities. Although this score has already surpassed the Endline and Midterm targets, 9% of respondents are still not totally happy with the activities. Digging more, it has been identified that, a portion of female lives in the 'Neutral or Dissatisfied' category. It has been identified that, ease of access bears less satisfaction percentages, i.e., access to water service, access to sanitation and access to hygiene facilities. According to the respondents, reasons identified in this case are: long time to collect water, Risk of disturbances from male, uneven path, Irritating environment for female as Male lallygag near the latrine, and Overloaded people per latrine. Though the issue of water collection time and population per latrine are under the Sphere standard.

*Outcome indicator 7: 50% of the target population stating to be satisfied with the provision of information about the project (disaggregated by age and gender and including data on persons with disabilities)*

This indicator means the level of articulation of project activities, i.e., whether people are aware of the specific project and project activities, how much they are satisfied with the information they get about the project. From quantitative survey, firstly it has been identified, whether they are informed about the project or not. It has been found that among the 140 household surveys, 137 are found informed about the project and activities of the project. Among the 137 informed, 136 are found satisfied about the flow of information of the project, which means 99% (98.5% are female and 99.0% are male). Among the age group wise disaggregation, all the three groups (15-24, 25-49, 50+) have been found as satisfied above 97% with the provision of information about the project. Practically, people stated that they have been provided with continuous flow of information through trained volunteers, and WASH officers of GRC and BDRCS.

### **Output 1: The target communities have improved access to WASH items and infrastructure (e.g., safe water points, adequate household water treatment and storage, sanitation and hygiene facilities including drainage)**

*Output indicator 1.1: 15,000 people [disaggregated by age and gender and including data on persons with disabilities] have access to safe water for domestic use*

Domestic water is provided through tube-well/shallow tube-well. According to the project documents, 16778 people have now access to safe water for domestic use. There also found no water shortage in camp. In terms of water quality related questions in quantitative survey, 100% of respondents believe that, the water they get for domestic use is safe for use, and 94% of them are satisfied with the water quality.

*Output indicator 1.2: 7000 people [disaggregated by age and gender and including data on persons with disabilities] have access to dignified, safe, clean and functional sanitation facilities*

According to Sphere standard, Latrines/toilets facilities should have facilities that are cleanable, guarantee privacy and are structurally safe. The existing sanitation facilities were compared with the UNHCR Refugee Handbook and Global framework for Water, Sanitation, and Hygiene, a sanitation system whether it is



dignified, safe, clean, and functional for emergency. It has been found that 12917 people have now access to the existing type of dignified, safe, clean and functional sanitation facilities, where 6389 are male and 6528 are female. Though the indicator meets its objectives, there is a significant issue which hampers the definition of safe, clean and dignified sanitation system as a whole. 39% (n=54) of respondents were confessing that, children under age five, do not use latrine, rather they prefer open defecation. Besides, there were no separate facilities identified for elderly, children and persons with disabilities. At the same time, this is also true that, at this camp context, providing separate facilities is tough because of lack of space, congestion and CiC authorization.

*Output indicator 1.3: 90% of target sanitation facilities with a functional fecal sludge management system*

The activities in the Faecal Sludge Management [FSM] are routine tasks. GRC supports the regularly desludging in Camp 13G & 18E. In addition, support is provided for the FSM lab to analyse the chemicals & biological properties before and after processing, which results in 100% of target sanitation facilities with a functional fecal sludge management system. Priorly, desludging activities were performed through manual process. Now, the pit emptying process is mechanized, to minimize manual handling of faecal sludge, reducing changes of contamination and to ease the work of the volunteers. It has been observed that,

*Output indicator 1.4: 6000 people [disaggregated by age and gender and including data on persons with disabilities] have access to drinking water container and/or HH water treatment solutions*

Currently, the camp provides drinking and cooking water through tap-stands, as previously mentioned. This water is completely potable and centrally chlorinated for purification. Prior to the availability of these facilities, individuals had to clean their water at home using water treatment agents. Thus, this indication is currently invalid.

*Output indicator 1.5: 90% of safe water points and sanitation and hygiene facilities have drainage systems*

According to the quantitative survey, 100% of the population has access to safe and drinkable water by tap-stand. Moreover, physical observation has revealed that all the water collecting points are well-drained around the tap-stand or deep tube well. But the drainage is not long enough which creates waterlogging around the point, and the area becomes slippery. So, in terms of answering the indicator (having drainage systems), it has found be 95%. But maximum of those are not found to be adequate in length. According to 86% of respondents, there is a handwashing facility near to the toilet. That means, still 14% of respondent is negative about handwashing stations. The fact is initially the Handwashing stations were installed near all the latrines, but after some time some of them begun to disappear because some community members stole them. Then initially the stolen handwashing facilities were replaced but, despite sensitization campaign, they disappeared again. So, it has been decided to don't install it anymore and the people that use the latrine and carry the water for anal cleansing they also bring water for handwashing.

**Output 2: The target communities have acquainted hygiene knowledge and have access to appropriate hygiene materials.**

*Output indicator 2.1: 16,000 people [disaggregated by age and gender and including data on persons with disabilities] have received (12 times) adequate hygiene items*

BDRCS/GRC tried to reach people through distribution of hygiene items/ individual hygiene kits following sphere standard. They planned to cover 16000 people in camp every 2 months over 2 years. The initial project was 2 years (2020-2021), then has been extended including 2022 (total 3 years). Later on, due to camp consolidation the targeted beneficiary has been reduced which was not reflected in the log-frame. GRC and

IFRC support BDRCS to provide hygiene top up kit to cover all the BDRCS working area (25000 people in total) while each year based on the capacity of GRC and IFRC the targeted beneficiary is being selected. According to the project documents, 67,396 hygiene kits were distributed up to Dec 2020, 24,051 hygiene kits in February 2021 which was from year 2020 purchased lot, and 23,905 HKs in December 2021 covering all the areas BDRCS/PMO responsible for. Also, 4520 HKs were distributed in Host community. Again, in year 2021 GRC supported 2 round of distribution which is around 50,000 kits (25000 population for 4 months) while the rest was covered by IFRC. According to the quantitative survey, 100% of respondents were found to have at least one times hygiene kits from the project. Later on, hygiene kits were provided through IFRC. From the secondary documents, it was found that a total 12500 people received adequate hygiene items till date from the project. Less number people covered due to re-allocation of areas to the various movement partners.

*Output indicator 2.2: 15,000 people [disaggregated by age and gender and including data on persons with disabilities] reached with hygiene promotion activity or IEC materials*

Hygiene promotion (HP) activity includes three major components which are; Personal hygiene, Environmental Hygiene & Food Hygiene. Generally, hygiene promotion activities in targeted area roll-out through community sessions, practical demonstration and households visit. The project reached 12917 people in camp under its hygiene promotion activity or IEC materials. On average each person over 5 years old in the targeted area attended one session a month.

*Output indicator 2.3: 80% of target population knows at least 3 measures of good hygiene and/or vector control.*

Hygiene behaviour broadly focused on hand washing practices in listed 06 different occasions;

(1) after defecation/using the toilet; (2) before eating; (3) after changing diapers or cleaning a child's bottom; (4) before preparing food;(5) before feeding an infant; (6) after sneezing/ coughing.

Project targets that 80% of target population will know at least 3 measures of good hygiene and/or vector control. Midterm evaluation result shows that 83% of the target population knows at least 3 measures of good hygiene and/or vector control which means the project has already achieved its target. This result considered three hand washing practices that got highest percentage (After defecation/using toilet, before eating and before preparing food).

### **Output 3: The communities have carried out small scale mitigation measures and know how to maintain them.**

Small scale mitigation measures are the activities interpreted as O&M for WASH infrastructure, protection from flooding, landslides etc. if and when required. More required mitigation measures are specific and will be identified in the Vulnerability and Capacity Assessments (VCA). However, no formal VCA was conducted from the project.

### **Efficiency**

Efficiency can be explained as "The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way" in the 'Revised Evaluation Criteria Definitions and Principles for Use' by the OECD/DAC Network on Development Evaluation. Following the guideline, the study team looked at inputs relative to the entire results chain (outputs, outcomes, and impacts), in line with good evaluative practice. It is recognized that analyzing the entire results chain, and in particular, looking at the efficiency of inputs to impacts is methodologically challenging. The lack of relevant information often makes the process of

examining the efficiency of the project challenging in terms of financial analysis. Due to the frequent absence of benchmarking data, the study team often used the reference to effectiveness, impacts, and sustainability apart from using information obtained through interviews conducted with key informants. The below sub-section includes a discussion of Resource utilization and management, and cost-effectiveness of the project interventions.

Within this allocated budget frame found from the project budget plan and the progress found in this midterm evaluation it can be said that GRC was able to manage and utilize all of its resources in an efficient manner which in turn resulted in the timely achievement of the projects intended results. The project spends 48.2% of total budget on Goods and services, where 19.5% of total budget spent on Relief goods and materials. According to 4E framework, for the similar case of project, 50% of total budget should allocate on project activities. Though it varies region to region and study to study, in this particular study this allocation is nicely fit. Allocation of this budget reflects on effectiveness of project objectives, such as target population use safe water, adequate sanitation, hygiene facilities, hygiene knowledge and take measures for disaster risk reduction. Comparing with local standard price of items, the project's allocation was well-fitted. However, budget on Training/Workshops/Capacity strengthening activities were only 0.9% of total budget, which could be a reason for lack of safe child sanitation. Again, for project management, research suggests that project management costs take between 7% and 11% of the project's total installed cost. For monitoring purpose, the budget allocation was only 0.4%. Usually, M&E budget constitute 3% to 10% of the overall project/program's budget. Though, it may not be easy to estimate the cost of the M&E activities at the early planning stage, the starting point is to include estimated cost while developing monitoring and evaluation. In terms of cost effectiveness, the project has a meaningful M&E Plan/Results Framework, systematically monitored quality of implemented activities, systematically monitored progress against set outputs and targets and the monitoring data collected according to the M&E plan/Results Framework. However, no formal baseline study was conducted for the project, but in the logframe there found baseline numbers and percentages for each of the indicators, which were used to compare the Mid-term findings.

## Results

Assessing what real difference has the activity made entails determining the whole of an intervention's consequences, including positive and negative, as well as short- and long-term.

This project has significantly contributed to changes in improving the basic WASH facilities and disaster preparedness for the people from Rakhine state who are now residing in the camps of Palongkhali Union of Cox's Bazar district. The project has brought substantial positive changes in certain aspects related to ensure safe water facilities, adequate sanitation and proper hygiene facilities to the residents of camp 13 and camp 18. From the primary quantitative data, it was observed that all beneficiaries interviewed across the camps responded positively regarding the improvement of WASH facilities in the camp.

## Coherence

The evaluation team assessed the project coherence from these (internal and external) perspectives, in internal coherence the evaluation team looked at whether the project respected the RCRC principles, alignment with the institution's larger policy frameworks; alignment with other interventions carried out by the institution, particularly those of other departments charged with carrying out development interventions or initiatives that may have an impact on the same operational context. And in the external coherence the evaluation team looked at projects alignment with external policy commitments and coherence with interventions carried out by other players in a particular setting.

It was also found that the project has a strong alignment with the fundamental principle of the International Red Cross and Red Crescent movement. With the projects activity BDRCS was able to maintain the humanity principle where they addressed the suffering of the Rohingya population, maintain their dignity through their activity and protected life and health of the Rohingya population from various diseases and disasters. Second principle of impartiality was maintained by providing WASH support to Rohingya population despite their religious beliefs, colour of their skin and where they come from and by providing support on addressing the need of the population. Neutrality was addressed as BDRCS didn't take side with host community political movement or didn't take any decision based on racial, religious or ideological nature. GRC and BDRCS also maintained their autonomy of the project thus ensured independence in their movement. BDRCS also ensure voluntary service through appointing volunteers in this project, who helped empowering the local community. Moreover, GRC/BDRCS followed their two more principle which is Unity and Universality. The Unity says, "There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory". And the Universality says, "The Movement, in which all National Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide".

## Coverage

The project first focused on residents of the current operational zones, which include seven subblocks of Camp13, twelve subblocks of Camp18, and eleven subblocks of Camp11. The total number of beneficiaries is 86,142 individuals. 350 Units at 20 people each, a total of 7,000 people, now have their latrines renovated, upgraded, and given new lighting. For Faecal Sludge Management, 7,000+ people are benefiting from the regular emptying of 1400 latrines, at a rate of two times per year for an estimated two years.

## Coordination

Together with the IFRC, the GRC is currently helping the BDRCS in camps 13 and 18 with comprehensive WASH implementation, including the provision of hygiene top-up kits for the entire region. Bangladesh Red Crescent Society (BDRCS) is the lead agency and there are partner national societies which are German RC, Swedish RC, Turkish RC who provide financial and technical support to BDRCS. The evaluation team found that there exists a strong coordination mechanism between BDRCS, German RC, Swedish RC and Turkish RC. To maintain the steady flow of project objectives an interval partner coordination meeting is arranged, during the meeting the implementing partners of the GRC funded projects discuss the strategies, operational priorities, funding situation and priorities of all the partners.

From the above discussion the evaluation team assessed that the GRC and BDRCS maintained a good communication between their implementing and donor partners. Also, the project works well with the activities of other actors in the WASH sector in the Cox's Bazar area, and its strengths in getting the public involved and building capacity to all actors in the sector.

## Lessons Learned

Lessons learned are the documented information that reflects both the positive and negative experiences of a project. The study has found some lessons to be learned such as discontinuation of water treatment solution at household level, engaging community people in maintaining sanitation, hygiene promotion activity, mainstreaming Covid-19 into program activities, involving community people in disaster risk reduction activities, sharing knowledge with others and coordination with other WASH partner. Details of them are discussed in the Lesson Learned chapter.

## Major Recommendations

Major recommendations in the effectiveness sections are, i) Persons with disabilities require enhanced protection of their rights that takes into account their physical and psychological condition in order to help them cope better with WASH facilities and small-scale mitigation measures, ii) Need to focus on children sanitation and hygiene. More awareness raising workshops, campaigns and favours should be given to keep them connected, iii) Focus on behavioural issues, such as children sanitation and hygiene, critical times of hygiene, adequate water consumption, relevant water source usage for relevant purpose, and iv) Continue WASH support with no less than previous efforts. The recommendation for the efficiency chapter is to provide amenities in accordance with the annual budget. Carryover must be eliminated. For the Coordination aspect, enhance the inclusion of Movement Coordination as a quality indicator in the framework, and also consider possible future enhancements.

