Muslim Hands

SUPPORT PROVIDED BY MUSLIM HANDS TO THE ROHINGYA CRISIS, COX's BAZAR, BANGLADESH

Muslim Hands
April 2019

An Independent Evaluation

Proaction Consulting

Environmental Partnerships for Resilient Communities

Executive Summary

BACKGROUND

In August 2017, more than 600,000 people from the Rohingya community in Rakhine State poured into Cox's Bazar, driven from their homes in Myanmar by escalating violence and fear of persecution. Since then, a massive humanitarian operation, led by the Government of Bangladesh and with support from national and international actors, has strived to meet the needs of these "Forcibly Displaced Myanmar Nationals".

While considerable achievements have been made – often in a very challenging environment and circumstances, such as the monsoon, heavy rainfall and cyclones – there is continuing need for additional support in many sectors. Peoples' needs vary according to their circumstances but, overall, areas commonly singled out for urgent attention in the current context are protection support to ensure peoples' safety and dignity, in addition to Shelter and assistance in relation to Water, Sanitation and Hygiene (WASH).

Muslim Hands (MH) was among many non-governmental organisations to respond to this emergency, playing to its strengths from other – more development – focused programmes elsewhere in Bangladesh. In this respect, and working closely alongside government departments and other counterpart organisations, activities have been supported in four[1] camps, starting from emergency support and gradually broadening out into more care and maintenance activities in support of the Rohingya community.

THIS EVALUATION

This independent evaluation was commissioned by Muslim Hands and carried out by Proaction Consulting (UK). Consultations and fieldwork were conducted in three camps – Ghundum 3 (Camp 8E), Balukhali (Camp 9) and Thayngkhali (Camp 13), where Muslim Hands International (MHI) is implementing activities. Sectors covered were WASH, Emergency Education, Health and Protection-related issues.

The main purpose of this evaluation was, as described in the evaluation's Terms of Reference, to assess and interpret progress to date in MH's relief support and to identify lessons and recommendations to help inform the organisation and allow it to improve future performance in its support to the Rohingya community.

A combination of participatory approaches were used to gather data to inform this evaluation, including individual interviews and group discussions with refugees, camp-based staff, government and representatives from other organisations. A tailored household survey was also delivered by a team of 10 data enumerators using the KoBo digital platform. In total, more than 570 people were spoken with as part of this assessment.

KEY OBSERVATIONS

The evaluation acknowledges the appropriateness of this project to the situation in Cox's Bazar and, in particular, its focus on supporting women, adolescent girls and children. This is not only improving the welfare of benefitting households but is likely to be a powerful stimulus to helping vulnerable people become more confident in speaking out about their needs and rights, particularly in relation to protection issues. Many people – project beneficiaries, community leaders and government/NGO representatives have been highly complementary about the nature and quality of services provided by MHI in the three camps reviewed as part of this evaluation.

Relevance

Activities supported by MHI are judged to have been entirely relevant to the context and priority needs of the Rohingya community. Important gaps are being filled, for example through its Safe Centres, in addition to the health posts, as witnessed by the high number of people attending each. Most of the initiatives undertaken by MHI in this respect seem to have produced a significant change in the well-being of the Rohingya beneficiaries.

Effectiveness

Planned activities in relation to ed education, health, WASH and protection have been delivered and the project has made good progress in achieving the intended results. Overall effectiveness reflects a successful and appropriate project design through careful targeting of much needed services for some of the most vulnerable people in these camps. Field observations confirm that the MHI Bangladesh is well respected and known by the concerned authorities, refugees and other NGOs.

Efficiency

Overall, the full complement of project activities appears to have had a good balance between hardware provisioning, such as WASH facilities, and software skills in the form of awareness raising, counselling and social organisation. Given the poor levels of education and health and hygiene knowledge before this project, this combination was imperative, and the time invested by field staff in mobilising people and helping them apply this learning is a major achievement which will likely last and continue to benefit these communities. This represents good "Value for Money".

Impact

In a relatively short period of time – and with quite modest resources – this programme is deemed to have had many positive impacts on people's attitudes, lives and well-being. There are quite a number of instances where it is clear that women and young children benefitted significantly as a result of this. As an awareness raising, knowledge transfer and health support initiative, the benefits of increased levels of awareness generated by the project is likely to stay

[1] There are currently around 35 camps and extensions in Cox's Bazar

with refugees for some time to come.

Sustainability

Ensuring sustainability in any project such as this is always going to be a challenge. With the exception of some inconsistencies in service delivery, all beneficiaries spoken with as part of this evaluation were extremely pleased with their newly acquired knowledge and the benefits they are receiving from MHI. Rather than any single activity standing out for its individual achievements, it is perhaps more appropriate to recognise the strength in the synergies between the raised awareness and practical activities undertaken. Project staff too are likely to retain considerable learning from this project, particularly as many were new to this type of work and so have likely gained considerable knowledge and experience.

SELECTED EVALUATION HIGHLIGHTS

- ✓ From discussions with individual household members as well as community leaders from within the Rohingya community it is apparent that refugees are generally happy with the services and inputs provided by MHI. Similar expressions of satisfactions were made by local authorities.
- ✓ Establishments such as Child Learning Centres and Women Friendly Spaces are highly appreciated and have provided an array of social services.
- ✓ DRR preparedness: 93 per cent of household respondents said that they had taken action to prepare their shelter from the forthcoming monsoon, based on advice provided by MHI.
- ✓ Water and sanitation facilities provided by this programme have helped address gender-based violence concerns.
- ✓ Public lighting is appreciated around WASH-related facilities and is being well maintained.
- ✓ Almost all survey respondents believe there has been a "high improvement" with respect to latrines in the past 18 months. Similar findings were reported in relation to access to water.
- ✓ Personal hygiene has greatly improved since people arrived in camps, due to a series of awareness raising activities, supplemented by discussions at venues such as Women Friendly Spaces.
- ✓ Many of those who participated in group discussions showed keen awareness of the links between improved hygiene practices and improved quality of life and health, which is a very positive finding from this evaluation given that many people had no knowledge of this previously.
- ✓ Health facilities provided by MHI are highly appreciated and widely used – sometimes for up to seven services – by refugees: 37 per cent of respondents rated them as "excellent" and a further 57 per cent as "very good". Host community members also use these services.
- ✓ Seventy-six per cent of households surveyed have children attending Muslim Hands' Child Learning Centres or Child Friendly Spaces: these services are highly appreciated[2].
- ✓ Information children receive at these centres is changing attitudes and behaviours in the household, e.g. in relation to hygiene.
- ✓ positive sign of change, one MHI Case Officer informed the evaluation that while at first Rohingya women would only talk about the violence they had endured in the past, and no more than this, this is changing, to such an extent that women and adolescent girls now come to Women Friendly Spaces to actually inform on actually being abused, which is a significant change and attributable to the sense of safety these women feel at these spaces.

AND SOME CONCERNS

- Some inconsistencies were noted (e.g. in Camp 13) in relation to the quality of WASH services, which were not as good as in other camps visited.
- Sphere standards such as the number of people sharing a toilet and the distance between latrines and houses are not being met.
- More attention also needs to be given to latrine segregation, with clearly market toilets for women and men.
- Separate washing facilities are not sufficient: many households have started to build their own washing facility wither attached to their shelter or inside it.
- Safety issues remain a concern for many people – 20 per cent of survey respondents – especially in relation to accessing services such as water and latrines.
- Gender-based violence is an issue in all camps – not just those visited as part of this evaluation. While MHI is taking steps to help address this, it should be noted that mention of this was proportionally higher in Balukhali Camp (20 per cent of respondents) compared with Thayngkhali Camp (10 per cent).
- The disposal of sanitary materials needs urgent attention as this poses environmental and health risks.
- More – and more diversified – child-friendly resources are needed at Child Learning Centres.
- The popularity of MHI's health posts unfortunately means that they are very crowded and lack some basic services such as water points for people to get a drink, of dignity spaces for breastfeeding mothers.

RECOMMENDATIONS

1. Raising awareness on health and hygiene needs to be a constant.
2. Clear sex separation is needed for all sanitation and hygiene services as this is an important protection issue.
3. Properly constructed personal hygiene and washing facilities are urgently required.
4. Solid and liquid management need greater attention as part of WASH response.
5. More qualified medical staff should be available.
6. Improve waiting conditions within health posts.
7. Build on children being "Agents of Change".
8. Devote more resources to Child Learning Centres.
9. Build and/or re-infoce the capacity of staff at resource facilities.
10. More focus should be given to helping refugees understand their rights.
11. Child protection needs additional emphasis.
12. Muslim Hands International should review its Human Resource policies and staffing conditions.

[2] This is noteworthy as these Centres, together with Women Friendly Spaces, were only started in December 2018: in the past six months, however, they appear to have had a considerable positive impact for children and women and adolescent girls.

Table of Contents

EXECUTIVE SUMMARY 2
ACKNOWLEDGEMENTS 5
ACRONYMS AND ABBREVIATIONS 6
1. INTRODUCTION 7
1.1. The Humanitarian Context 7
1.2 About this Evaluation 8
1.3 Camp Context 8
1.4 Evaluation Challenges 9
2. REPORT STRUCTURE 10
3. METHODOLOGY 11
3.1 Overview 11
3.2 Tools 12
4. MAIN FINDINGS 13
4.1 Evaluation Snapshot 13
4.2 Household Survey Coverage 14
4.3 Knowledge of Muslim Hands International 15
4.4 Water, Sanitation and Hygiene (WASH) 16
4.5 Emergency Education and Child Protection 22
4.6 Health 24
4.7 Accountability and Protection 25
5. OECD-DAC CRITERIA 29
5.1 Relevance 30
5.2 Effectiveness 31
5.3 Efficiency 32
5.4 Impact 32
5.5 Sustainability 33
6. CONCLUSIONS AND SOME LESSONS LEARNED 35
7. ACTIONABLE RECOMMENDATIONS 37

ANNEXES

Annex I Terms of Reference 41
Annex II Evaluation Itinerary 47
Annex III People Met as Part of this Evaluation 48
Annex IV Household Survey Questionnaire 50
Annex V Guiding Questions for Key Informant Interviews and Focus Group Discussions 56

CONTACT 68

Acknowledgments

Sincere thanks are expressed to all those people met during the course of this evaluation, particularly those women and men from the Rohingya communities in camps 8E, 9 and 13 for taking time to speak to the evaluation and share your experiences in such an open and helpful manner. Special thanks also to government representatives as well as UN and NGO staff in the camps and Cox's Bazar for equally helping inform this assessment. Without your important insights, our work would not have been possible.

At Muslim Hands, Proaction would like to acknowledge the quality support provided by Dr Basel Alkhder, Emergency Lead, and Shakil Sidat, UK Director of Programmes, throughout this evaluation.

At Muslim Hands International, we would like to pay particular tribute to the assistance provided by Ms Suraiya Yasmin (Programme Co-ordinator), Imranur Rahman (Programme Officer), Daud Hossain (Finance and Administration Officer), Farhana Akhter Jue (Field Monitoring Officer), Md Mahbub Alam Rafid (Field Officer), Dr Asif Hannan, Ms Sadia Tabasum and Ms Mourin Nahar (Medical Officers), Mrs Boishaki Barua and Ms Jannatul Bakeya (teacher at the CLC), Ms Ayesha Aktar (Protection Officer), Mr Burhanuddin (Head of the CLC), Mr Hussain, Md Abu Refayet (Medical Assistant) and Mr Husain Ahmede (a Rohingya teacher at the CLC). We very much appreciate the time and energy that went into planning this assessment and are most grateful for the time and support you gave our team while in the field.

At the same time, we would also wish to acknowledge the support received from Mr Sheikh Hafizur Rahman (CIC), Mr Jahangir Hossain (CiC) and Mr Saikot Biswas, Senior Liaison Officer, ISCG, Cox's Bazar, as well as colleagues from other organisations who helped organise consultations in the camps.

Special thanks each of our data enumerators for your enthusiasm, hard work and understanding: Anika Tahsin Nova, Nasrin Akter, Zakiya Khanom, Jesmin Akter, Md Jahid Hossin, Manir Uddan Rahim, Md Ahmed Uilah, Rahmot Uliah, Md Abu Zafar and Shahin Mustafa. For this activity, Proaction Consulting also wishes to pay particular tribute to Daniel Ouma for his invaluable remote support with KoBo platform and data management.

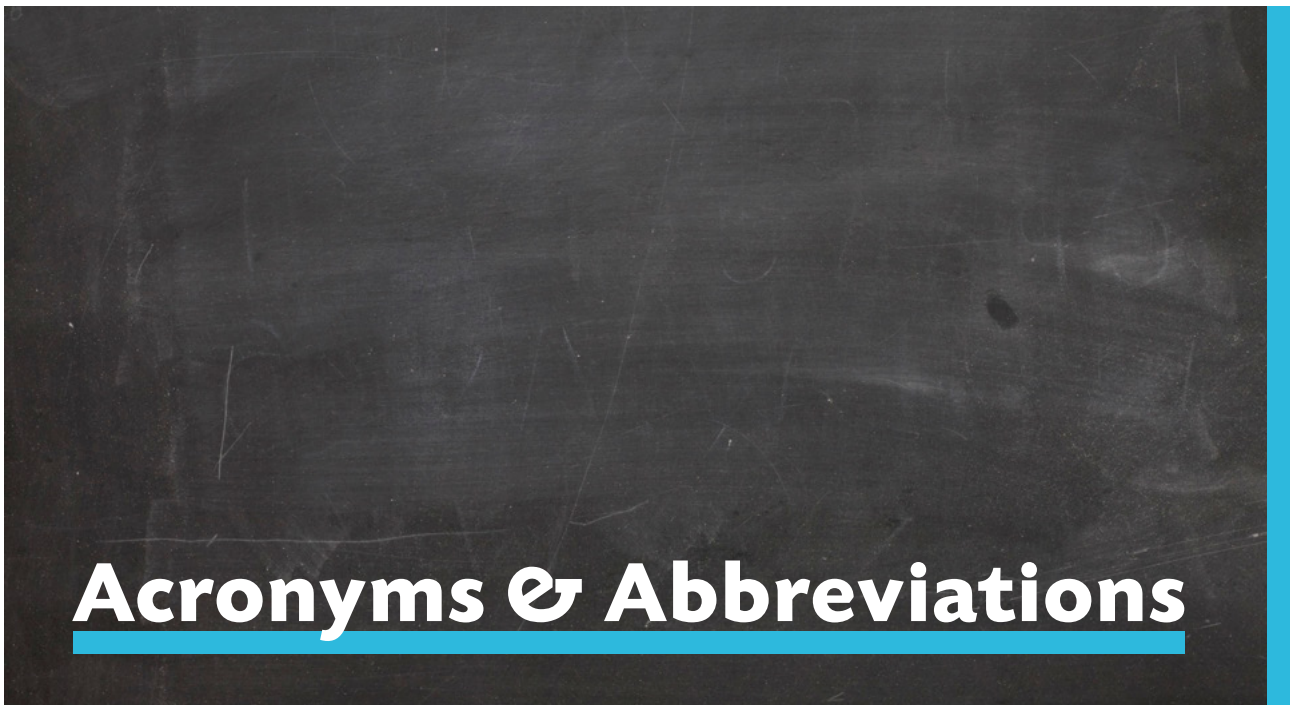
Thank you all for the wonderful organisation of this evaluation on the ground and for the opportunity to contribute to the development of a future initiative to support some of the most affected communities in Cox's Bazar.

David Stone

Krajai Chowdhury

Proaction Consulting

Environmental Partnerships for Resilient Communities



Acronyms & Abbreviations

BRAC	Bangladesh Rural Advancement Committee
CFS	Child Friendly Space
CiC	Camp in Charge
CLC	Child Learning Centre
CPO	Child Protection Officer (of MHI)
DRR	Disaster risk reduction
FGD	Focus group discussion
GBV	Gender-based violence
IGA	Income generating activity
IOM	International Organisation for Migration
ISCG	Inter Sector Co-ordination Group
KII	Key informant interview
MH	Muslim Hands
MHI	Muslim Hands International
MHM	Menstrual hygiene management
NGO	non-governmental organisation
RRRC	Office of the Refugee, Relief and Repatriation Commissioner, Cox's Bazar
SMO	Site Management Office
UNHCR	United Nations High Commissioner for Refugees
VERC	Village Education Resource Centre
WASH	Water, Sanitation and Hygiene
WFS	Women Friendly Space

1. Introduction

1.1 The Humanitarian Context

During a four month period that started in December 1991, some 250,000 Rohingya people entered Bangladesh from Myanmar, the largest number of people to have arrived en masse in the country at that time. Recognised as refugees on a prima facie basis by the Government of Bangladesh, the vast majority of these people were successfully repatriated to Myanmar in subsequent years. When this process ended in 2005, some 20,000 refugees remained in two registered camps in Cox's Bazar District – Nayapara Camp in Teknaf Upazila[3] and Kutapalong Camp in Ukhia Upazila, both of which are managed by the Government of Bangladesh, with assistance from the UN High Commissioner for Refugees (UNHCR).

Since then, however, as additional Rohingya sought refuge in Bangladesh the government has ceased to recognise them as "refugees". Instead, they are viewed as unregistered Myanmar nationals, many of who have established makeshift settlements on the periphery of the existing camps, or are settled with local Bangladesh families. However, in line with the applicable international framework for protection and durable solutions, and the accompanying accountabilities for the country of origin and asylum, this group of people are referred to as refugees by the UN system. The term "refugee" is therefore used for consistency throughout this report.

[3] An administrative sub-district.

Best estimates suggested that by 2015, in addition to the registered caseload, some 300,000 Rohingya were believed to be living in Bangladesh, mostly in and around Cox's Bazar.

An outbreak of unrest in Rakhine State in October 2016 triggered a new wave of displacement, with an estimated 87,000 Rohingya arriving in Cox's Bazar between October 2016 and June 2017. This was followed later in 2017 with another 600,000 Rohingya people crossing into Bangladesh and settling in Teknaf and Ukhia upazilas.

Today, there are approximately 911,000 Rohingya refugees living in Cox's Bazar (UNHCR, May 2019[4]), of which 31 per cent of families have at least one person with a specific need, for example, a single mother. Children account for 55 per cent of all Rohingya now in Cox's Bazar.

1.2 About this Evaluation

Given the above, a significant humanitarian response has been underway in Cox's Bazar, co-ordinated by the Government of Bangladesh and with support from selected UN agencies and national and international non-governmental organisations (NGOs).

This evaluation[5] was commissioned by Muslim Hands (MH), which operates in Bangladesh through Muslim Hands International (MHI) which has a central office in Dhaka and a district level field office in Cox's Bazar. As described in the evaluation's Terms of Reference, the main objective of this mid-term evaluation was to assess and interpret progress to date in relief support provided by both MH and MHI and to identify lessons and recommendations to help inform the organisation and allow it to improve future performance in its support to the Rohingya community.

At the time of this evaluation, MHI was operational in four[6] camps – Kutapalong, Ghundum 3 (Camp 8E), Balukhali (Camp 9) and Thayngkhali (Camp 13) all, with the exception of Kutapalong, of which were visited as part of this evaluation. All camps are located in Ukhia Upazila.

The MHI programme is currently in its fourth phase which focused primarily on:

- running health camps;
- providing emergency education for children aged 6-13;
- construction and installation of women-only WASH facilities;
- construction and installation of latrines;
- construction of tubewells;
- construction of shallow tubewells and installation of street lights; and
- distribution of non-food items, mainly in preparation for the monsoon.

At the request of Muslim Hands, this independent evaluation was undertaken in Cox's Bazar by Proaction Consulting. In addition to a desk review, fieldwork was conducted from 24 April to 2 May 2019.

1.3 Camp Context

As per the norms in Bangladesh, there is a clear management structure to each official camp, with an appointed official of the government – the Camp in Charge (CiC) – together with a Site Management Office (SMO – formerly the Camp Management Agency) which differed in each of the camps visited (Table 1). As mentioned later in this report, MHI appears to have very good relations with all of these agencies, governmental and non-governmental.

[4] https://data2.unhcr.org/en/documents/download/69524
[5] Terms of Reference are presented in Annex I of this report.
[6] There are currently around 35 camps and extensions – others are being established to allow for decongestion.

TABLE 1. Camp Population and Management Structure

Camp	Population	Site Management Office
8E	31,247	DRC
9	36,768	IOM
13	41,782	CARE

Source: UNHCR, mid-May 2019

All of the camps are seriously congested, which poses particular challenges to providing certain types of support, particularly for basic infrastructure such as latrines and water facilities as well as the resource centres established by MHI. This was noted repeatedly during fieldwork undertaken as part of this evaluation.

Refugees, at the same time, face a number of constraints that do not contribute to a sense of total ease or well-being, including:

- the Rohingya community are not officially recognised as refugees in Bangladesh;
- restrictions on their ability to officially work and earn a wage; and
- restricted movement outside of camps.

Not being able to generate an income or even practise agriculture is a serious constraint facing many – if not most -- of the refugees, as a result of which there is a growing dependency on external relief assistance and increasing frustration by people who cannot find work. This is widely recognised as a contributing factor in domestic violence within the camps.

1.4 Evaluation Challenges

A number of challenges were encountered in the lead up to this evaluation, including the following:

- continued uncertainty over future repatriation, given the recent resumption of talks between the governments of Bangladesh and Myanmar. While this did not obstruct fieldwork taking place, care was exercised by not asking people's names so that identities were protected. Each person spoken with (whether in focus group discussion (FGDs) or key informant interviews (KIIs), or as part of a household survey, was assured that information shared with the evaluation was done on a voluntary basis and that this would be kept confidential;
- fieldwork was taking place as the country prepared for the monsoon season – Cyclone Fani made landfall on 5 May, though fortunately on this occasion Cox's Bazar was not in its direct pathway; and
- the intended evaluator from Proaction Consulting for this assignment was unable to obtain a visa to enter Bangladesh, which required last minute arrangements to be made to identify and recruit a national counterpart.

2. Report Structure

This report presents the findings from a desk review, consultations and direct observations of the situation on the ground in three camps where MHI is directly implementing activities. An overview of the context and some topline findings were given in the previous section. Section 3 presents the methodology used in this evaluation, including a description of the main tools used – essentially a combination of a literature review and personal and group consultations with refugees, people from host communities, project staff and participating institutions, as well as direct observations on the ground. The household survey is attached as Annex IV while questionnaires developed to guide FGDs and KIIs are presented in Annex V.

Section 4 begins with an overview of the general situation, which then goes into depth to present findings on specific sectors/activities, namely WASH, Health, Education and Protection. While this section presents findings for specific sectors, the inter-connectedness between these should not be overlooked. Many findings, for instance, are central to issues that relate to protection – including safe access to latrines and washing facilities.

Evaluation findings are analysed against selected OECD-DAC criteria – Relevance, Effectiveness, Efficient, Impact and Sustainability – in Section 5. A concluding section is presented in Section 6 of this report, which is followed in Section 7 with a series of actionable recommendations.

Please refer to the Table of Contents for additional information contained in the annexes appended to this evaluation.

3. Methodology

3.1 Overview

The methodology applied in this evaluation followed the broad steps outlined in the Terms of Reference (Annex I) which, in summary, included:

- an initial review of key documents provided by Muslim Hands;
- preparation of a household survey questionnaire (see Annex IV) and additional guiding questions on specific sectors or areas relevant to this programme;
- formulation of additional questions to guide FGDs and KIIs with different stakeholders (Annex V);
- identification and recruitment of local data enumerators, some of who had previously worked with Proaction Consulting;
- preparation for a one-day hands-on training programme on KoBo Toolbox survey techniques for data enumerators;
- fieldwork, using individual surveys, FGDs and KIIs as the main data collection tools, supplemented \ where possible with spontaneous site visits to observe and verify findings;
- a debriefing/validation with MHI in Cox's Bazar;
- data analysis and consolidation;
- compilation and circulation of draft reports for feedback from MHI; and
- completion of the final report.

A separate briefing and de-briefing was also organised with Muslim Hands Head Office in Nottingham, UK.

The overall design and approach to the evaluation was intended to be as participatory as possible, using a combination of quantitative and qualitative approaches. Key informant interviews were used for in-depth data collection with local officials, camp-based organisations and project staff (see Annex III for a list of individuals consulted).

Focus group discussions – with women and men separately – were used to gather qualitative data and triangulate information from the different sources. Within the camps, groups of men and women were mobilised by MHI field staff. Discussion groups were generally held with fewer than 15 people and normally lasted for 60-75 minutes. More information on FGD participants is provided in Annex III.

Household surveys were conducted by a team of 10 data enumerators (five women and five men) recruited by MHI. Through previous work with Proaction Consulting, some enumerators had previous experience of conducting household surveys, using KoBo Collect and of working with the Rohingya community. A one-day orientation training was nonetheless provided by the evaluators to:

- introduce enumerators to this evaluation so they would be able to explain their presence and purpose to those people being interviewed;
- present an overview of good practices for data collection and how to conduct interviews, especially given certain cultural and social norms;
- become familiar with questions and terms used in the survey, in order to explain these to people in the Rohingya language;
- practice asking questions and recording information on Kobo; and
- establish a daily routine programme to ensure peoples' safety and security when travelling to and being in the field.

Following this orientation, some survey questions were further modified for clarity. New surveys were subsequently uploaded, in English, to the KoBo platform and re-installed on the smartphones being used.

Throughout, every effort was made to ensure impartiality and independence of consultations and discussions held with refugees, project staff and representatives of government agencies.

Constant communications were maintained with MHI field staff and personnel in Cox's Bazar. As a principle, the evaluation ensured that it remained open and flexible to accommodate any eventual changes in the itinerary that might have been required.

3.2 Tools

A suite of participatory tools was used in this evaluation, drawing on particular methods for specific situations. This was intended to help ensure adequate coverage of primary and secondary data, together with qualitative and quantitative approaches. The approaches applied are outlined below.

Tool	Intended Audience	Description
Individual Interviews	■ Rohingya refugees ■ Community leaders ■ Government representatives ■ Site Management Office ■ UN and NGO project staff working in the camps and Cox's Bazar	Along with direct observation, key informant interviews helped provide a comprehensive overview of the situation and peoples' needs, from different angles. Interviews focused not only on the impact of the interventions but also the quality of implementation processes, the nature of relationships with partners and so forth. Interview approaches were adapted according to the particular audience.
Direct Observation	■ Refugees ■ Camp facilities and structures	Intentional, guided observations to confirm or challenge information offered during interviews, as well as project documentation.
Focus Group Discussions	■ Refugees	FGDs were used to increase the quantity of the input, given the limited time period of the evaluation. They helped provide a broader sense of the quality and allowed a better understanding of the overall situation and peoples' needs at the time. These meetings also helped validate individual observations and discussions at household levels.
Document Review	■ MHI personnel and field staff ■ People met through KIIs	Conducted prior to and during the field assessment, supplemented with follow-up reading during data analysis.

Agreed lines of enquiry were used to guide field data collection, to help ensure a degree of consistency, define the extent of interventions and identify lessons from this project.

4. Main Findings

4.1 Evaluations Snapshot

In September 2017, almost immediately after the largest wave of refugees started to arrive in Cox's Bazar, MHI – through financial support provided by MH – started to provide emergency assistance to the displaced Rohingya community in selected camps in Cox's Bazar. At the time of this evaluation, MHI was operating in four camps, of which three were visited as part of this evaluation: the number of people registered in these camps at the time of this evaluation are shown in Table 1.

Muslim Hands International has been mainly active in three sectors – health, children's education and water, sanitation and hygiene (WASH), while protection is seen as a cross-cutting issue in all of its work. From FGDs and KIIs with individual household members as well as community leaders from within the Rohingya community it is apparent that refugees are generally happy with the services and inputs provided by MHI. Every family receives education for their children and medical services are available to all. Water, sanitation and hygiene services were also highly appreciated – rated as being far better than what people previously had in Myanmar. A summary of the facilities and services provided through MHI is presented in Table 2.

TABLE 2. Number of facilities constructed or repaired

	Kutapalong	Camp 8E	Camp 9	Camp 13
Health Centres		1	1	
Child friendly spaces				2
Learning centres		1		
Women friendly spaces		1		
Latrines constructed		5		
Washing facilities constructed – household level		5		
Washing facilities constructed – communal level		10		
Boreholes constructed		5		
Boreholes working		40	1	1
Solar street light	100	200		

Similar expressions of satisfaction were made by both the CiC and the Site Management Office: inter-agency co-ordination and communications are reported to be working well, in general, and people are satisfied with both the quality and quality of supported being provided by MHI. Some enduring challenges, such as the lack of space and congestion in the camps, were mentioned by various CiCs met during this evaluation, in addition to the adverse environmental impacts that the refugee settlements – and indeed the entire humanitarian operation – has created in the two districts. A third issue raised in discussions was that there was some duplication of work between some agencies, though no agency names were provided. Other key informants, however, agreed that some households received more food and non-food items that would be the norm resulting in some of the provided supplies/materials being sold outside of the camp. A separate, recent assessment conducted by Proaction Consulting in a different camp in Cox's Bazar found that some 40 per cent of food rations were routinely being sold by refugees, allowing them to buy fresh vegetables, meat/fish or household items[7]. Refugees are, however, at the mercy of traders in these deals and do not get fair treatment.

Direct observations during the evaluation noted both challenges and scope for improvement in certain sectors, some of which are detailed in the following sections. Some inconsistencies were, however, noted in the quality and results of certain interventions in the different camps. The WASH situation, for example, in Camp 8E and Camp 9 found clean latrines, covered bathing places, adequate water points and functioning drainage systems. This was not the case in Camp 13, where the situation needed attention. Here, the overall physical environment was not only dirty and smelly, but had clogged drains, broken toilets and non-functioning tubewells. Water shortages were also reported. MHI, however, was aware of this and was in the process of making a substantial contribution by installing a deep tubewell which is expected to meet the current water shortage.

The three camps visited are generally quite densely populated with a high number of children: previous reports have pointed out that with such congestion there is often little or no space for children to play. This is indeed the case in the current camps where MHI is working. In this respect, structure such as Child Friendly Centres (CFSs) and Women Friendly Spaces (WFSs) that have been constructed by MHI take on an important role: educational services for children are valued highly by parents and community leaders, while WFSs provide a quite zone exclusively for women – even MHI male staff are not allowed to enter these spaces – which is greatly appreciated. Further comments are made on these two facilities below, but the only downside to note at this point in time is that some of the learning centres visited were very crowded with too many (40-50) children squatting on the floor in sweltering heat.

The up-coming monsoon season can be expected to bring heavy rainfall and storm conditions, both of which pose a threat to makeshift shelters and services in the camps. Some preparatory work has been initiated by MHI to reduce the possible scale and extent of damage, as observed directly in the field and as indicated from household surveys. Households, for example, were provided with ropes to retrofit shelters and repair holes in plastic sheets, which are good precautionary measures.

4.2 Household Survey Coverage

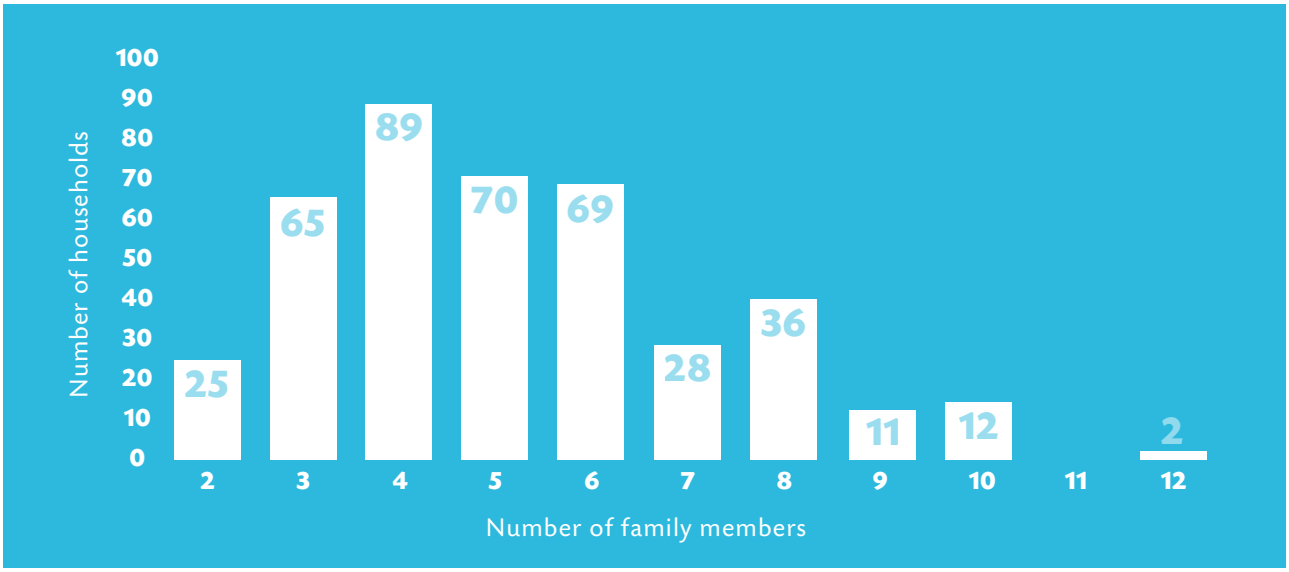
Working with a team of 10 locally-recruited enumerators, a total of 406 successful interviews were conducted with women (N=129) and men (N=277) in the three camps where MHI is providing support. All interviews were conducted with the household head.

Additional consultations were taken with 135 people (60 women and 75 men) through FGDs, in addition to interviews with agency staff and government authorities – 32people (14 women and 18 men), making a total of 573 people spoken with as part of this evaluation (Annex III).

Findings from the household survey showed that the number of people reported living in individual shelters ranged from two to twelve, with the majority of households having 3-6 members (Figure 1).

[7] This situation was not specifically questioned in this evaluation though from other work conducted in Cox's Bazar by Proaction, it is a known and widespread phenomenon.

FIGURE 1. Number of family members per household



Thirty one per cent of those people interviewed were between 19 and 30 years of age: 18 per cent were more than 50 years of age. Eight individuals (two per cent of the total) were under 18 but were already the head of their household. Sixty-one per cent of the group had no formal education: a further 35 per cent had reached the SSC or equivalent stage of education, while just four people (less than one per cent) mentioned that they had graduated.

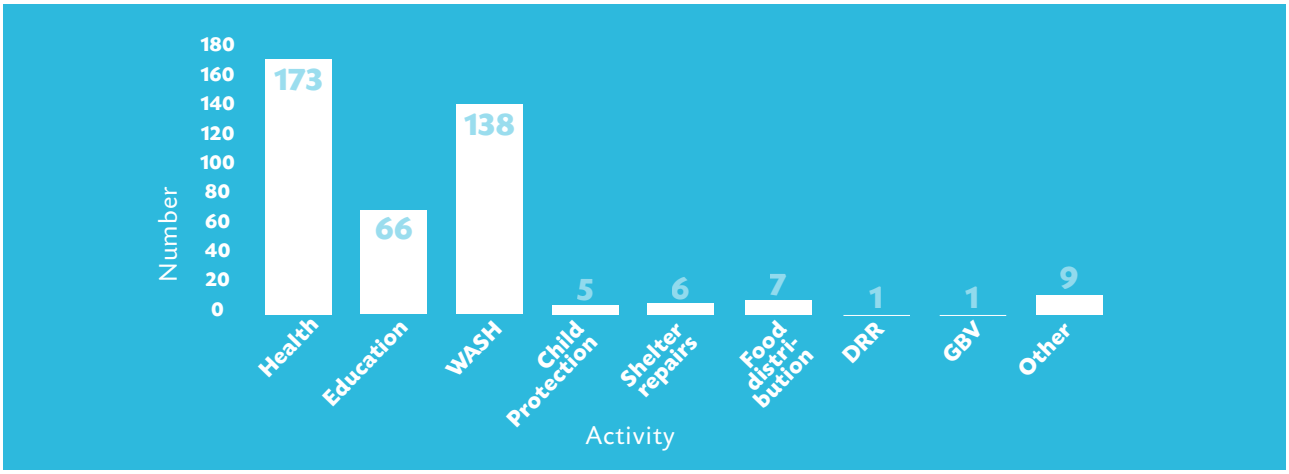
The vast majority of respondents (97 per cent) stated that they had been in their respective camps for 12-24 months: five people were there less than 12 months, while another six mentioned they had been present for more than two years.

4.3 Knowledge of Muslim Hands International

Muslim Hands International was known to all those spoken with as part of this evaluation, with health, education and WASH being the activities most commonly associated with its work in the camps – as singled out by one-quarter of survey respondents. Child protection also featured prominently in MHI's work. Much less known services were related to gender-based violence (GBV) – just 57 respondents (14 per cent of the total) and disaster risk reduction (DRR) – 59 respondents, but also 14 per cent of the total). Mention of GBV assistance was proportionally higher in Balukhali Camp (20 per cent of that sample), compared with Ghundum Camp (12 per cent) and Thayngkhali (10 per cent).

When asked again in a separate question to specify the single most important and relevant service they had received from MHI, the overwhelming majority of people picked health, WASH and Education in order of priority (Figure 2).

FIGURE 2. The most relevant service received from MHI (all three camps)



The reasons behind these responses show that MHI is playing a vital and welcome support role in the three camps, as shown by the number of responses to specific questions posed (Table 2). Technical expertise – quality and appropriateness – accounted for a sizeable part of these responses.

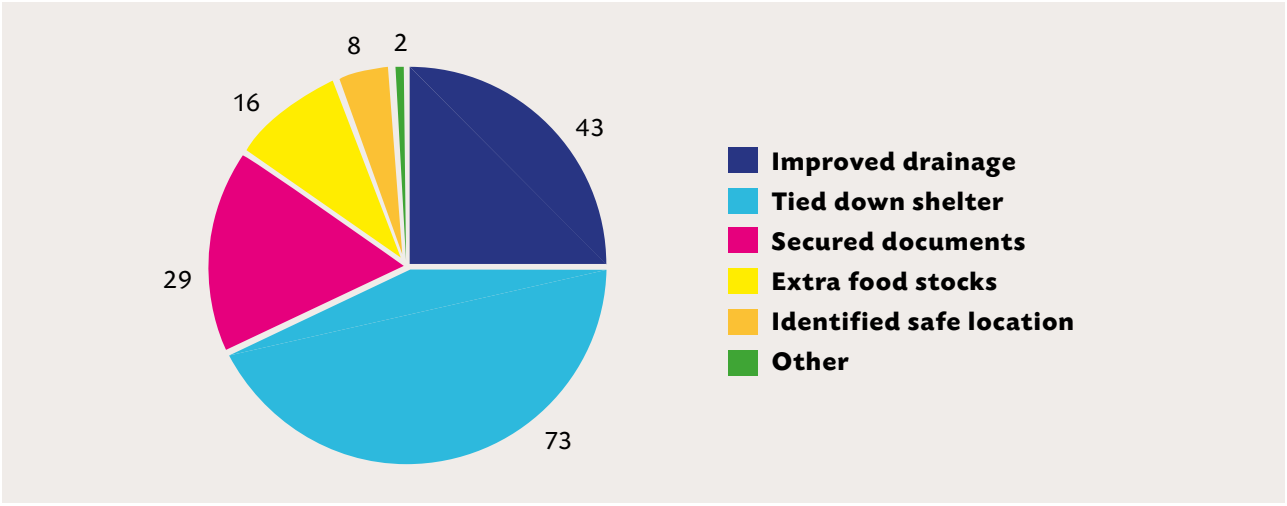
In terms of peoples' knowledge about and level of preparedness for the forthcoming monsoon season, when asked whether were aware that this event was likely to happen, the vast majority of people (388 – 96 per cent of respondents) stated that they were aware of it. Fourteen people said they were not aware of this, while an additional four people were not sure of the answer.

TABLE 2. Appreciation for the support provided by MHI

Reason given	Number of respondents (%)
No other agency is providing this support	75 (18%)
MHI is well known for its expertise in this activity	185 (46%)
It responds most to my/household needs	72 (18%)
MHI staff listen to us and try to help us	68 (17%)
Uncertain	6 (1%)

Of those people who were aware of the pending monsoon, 333 households (82 per cent of those respondents) reported having taken some measure to prepare for this, the most common activity being to secure their shelter with ropes and rocks (22 per cent of respondents), as shown in Figure 3. An additional 13 per cent of families stated that they had improved drainage away from their household, while nine per cent had taken precautionary measures to place important documents in a safe place. Virtually everyone (93 per cent of respondents) said that these actions had been taken following advice provided by MHI.

FIGURE 3. Action taken to prepare households against the monsoon (figures are the number of households surveyed)



4.4 Water, Sanitation & Hygiene (WASH)

4.4.1 OVERVIEW

Apart from MHI, other agencies are also responsible for providing WASH support in the camps – BRAC and the Village Education Resource Centre (VERC), for example – in co-ordination with the SMO and under the supervision of the CiC.

A number of ongoing challenges were reported to the evaluation through FDGs and KIIs, including:

- the lack of space for additional deep tubewells and latrines in Camp 8E, in particular, where a new needs assessment was reportedly underway by the SMO/CiC;
- lack of service maintenance and co-ordination gaps between the SMO and supporting organisations.

- a lack of access to adequate clean water and lack of cleaning agents such as soap and latrine cleaning materials;
- an urgent need to address and rectify the safe disposal of solid and liquid (sludge) wastes; and
- a generally deteriorating environment in and around WASH facilities.

A significant number of people/households (94 per cent) received training on good WASH practices from MHI. Of those who did, all but two individuals – both women who found that the training was "not relevant to their needs" – reported that they continue to use this knowledge today. Washing hands before eating (65 per cent of respondents) was the most commonly cited change in peoples' behaviour, followed by hand washing after using the toilet (33 per cent).

While these are significant findings, in discussions with camp management authorities, a common issue raised was the continued need for WASH education and awareness raising in all camps. This is particularly important given the crowded living conditions within the camp, as well as the difficult terrain which makes the installation and maintenance of basic services all the more difficult.

When asked whether exiting WASH facilities – for example, sex-segregated toilets or adequate lighting or privacy – are helping prevent GBV, most people felt that the arrangements met their needs completely (41 per cent of respondents) or at least partially (29 per cent), Figure 4. Eleven people (4 women and seven men) believed that the existing facilities did not perform this role.

FIGURE 4. Satisfaction with WASH facilities in help address gender-based violence

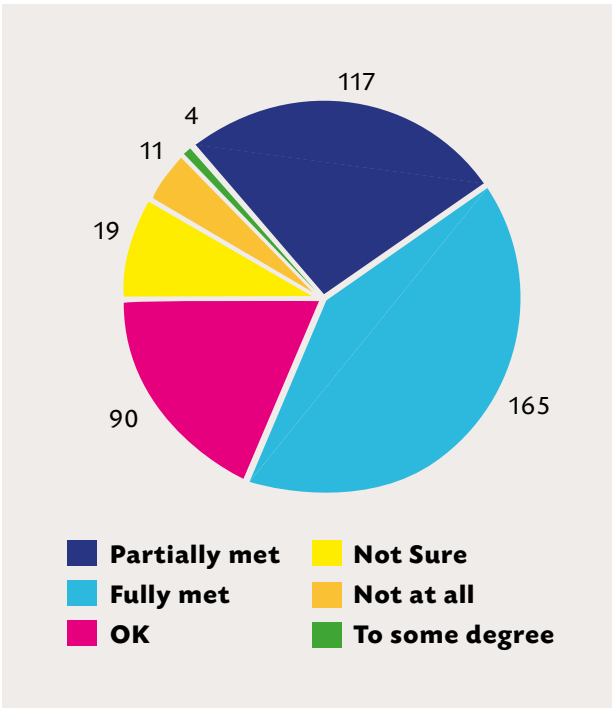
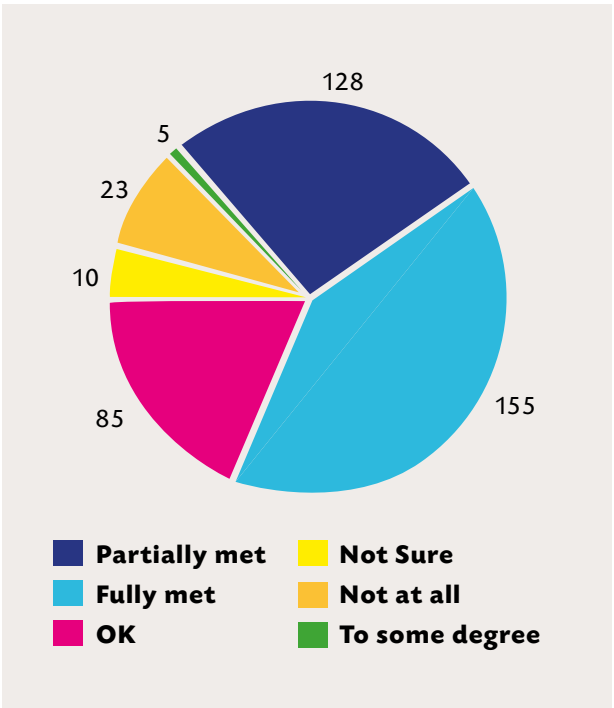


FIGURE 5. Satisfaction with information shared on gender-based violence



A similar series of answers was given when people were subsequently asked whether the WASH community outreach materials and activities provided included basic information about GBV risk reduction, where to report GBV instances and how to access care (Figure 5).

Lighting is an essential component of camp-based humanitarian assistance, particularly in and around latrines and washing areas, as well as frequently used pathways. Sixty-one per cent of respondents noted that lighting was provided at key facilities. According to most people (84 per cent of those who acknowledged that facilities were lit), lighting infrastructure is well maintained, i.e. it works all of the time. A similar number of people (87 per cent) also acknowledged that lighting facilities were placed in strategic locations.

4.4.2 SANITATION

Virtually all survey respondents stated that they had access to a latrine, all of which were pit latrines. One person reportedly used open spaces as their toilet while another household had constructed their own latrine, this being a practise that was also often mentioned in FGDs, especially for aged women, adolescent girls,

disabled people and children. Apart from 11 of those households surveyed, remaining household respondents acknowledged that they shared these facilities with other people, with a range of 1-5 households, the most common being four (74 per cent of respondents). This level of sharing facilities – if accurate – is likely outside of the Sphere Standard[8] of "a maximum of 20 people using each toilet" given that the majority of families had 4-6 members (Figure 1).

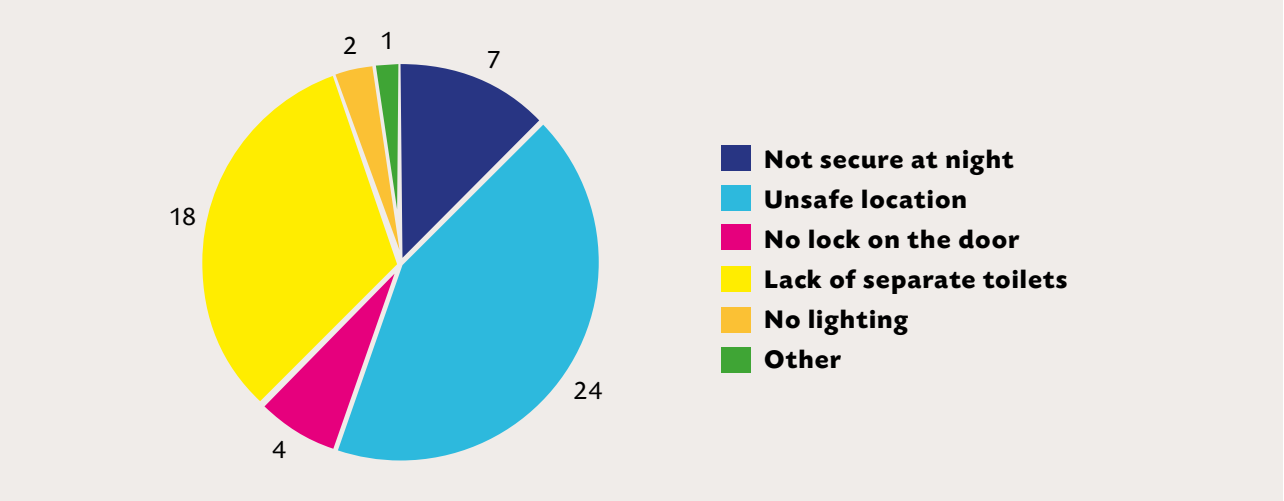
Just two people, however, reported that they, or a member of their household, help to maintain and clean the latrine facility. This, again from previous work conducted by Proaction, is a well-known challenge to camp authorities and service providers. Lack of ownership of latrines and (most) bathing facilities is a major contributing factor to this lack of maintenance, in addition to the lack of cleaning materials available and the growing need for regular, manual desludging of latrines.

A similar number of people indicated that the latrine they use is either within 50m of their household, or at a distance of 50-100m[9] from their home – around 43 per cent in each case. Slightly more than 40 households said that their latrine was further than this, the furthest distance estimated being more than 200m.

Separate facilities are rarely found for men and women: only one-fifth of the respondents stated that there were separate latrines. Most people are also unaware whether – if any – toilet is designated for men or women. Markings on doors, when present, are not always clear.

From household surveys, quite a number of people (20 per cent) stated that they do not feel safe when using the latrines, the two main reasons for this being the physical location of the latrine, being in an "unsafe area", as well as the lack of separate facilities for men and women (Figure 6). Similar findings were reported from FGDs where girls and women reported problems with using toilets during the night time as they were far from their houses. Almost 80 per cent of respondents did, however, admit that they had been consulted with regards the siting of latrines.

FIGURE 6. Reasons why people feel unsafe when using latrines



Most people appear to use the same latrines as they normally would during periods of bad weather such as during heavy rainfall or a cyclone, though almost one-third of the group responding to these questions said that access and safety were concerns when using latrines at such times.

When asked to compare the sanitary conditions available today with 18 months previous, the vast majority of people stated that there had been a "high improvement" in the situation.

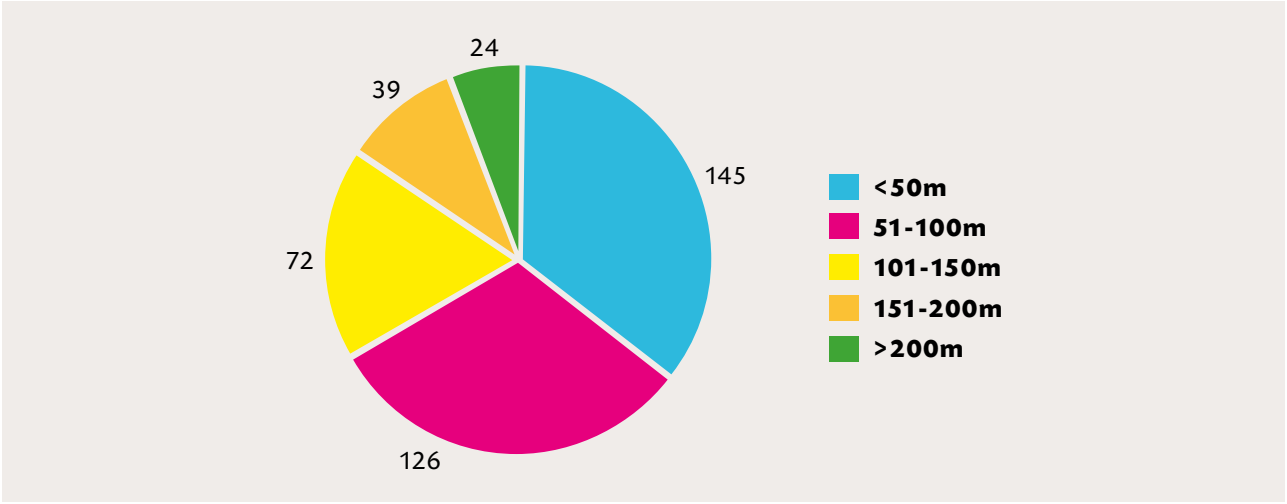
4.4.3 WATER

All but four households met with as part of this evaluation rely on tubewells as their main source of drinking water. A few people in Ghundum 3 added, however, that although there was a tubewell, it was not always easy for them to collect water from this source.

[8] In general, MHI is aware of pertinent Sphere standards – the issue is more to do with the lack of space for facilities, congestion, difficult terrain and lack of ownership – maintenance responsibility – for shared facilities.
[9] Relevant Sphere Standards is that *"toilets are no more than 50m from dwellings".*

As noted above, in relation to the siting of latrines, a similar trend appears with regards accessing water points: most respondents (36 per cent) estimated that they had to go less than 50m from their shelter to get water, while an additional 31 per cent had to go up to 100m from their home for the same service (Figure 7). Quite a considerable number of people, however, have to go more than 200m to collect drinking water – 14 of these were in Ghundum 3 Camp, with another 10 in Balukhali. Travel distances were lower in Thayngkhali Camp, averaging 100m, with just one instance of someone estimating that they walk further than this to obtain water. In most cases, however, these estimates are within the recommended guidance of the Sphere standards, which state that "the maximum distance from any household to the nearest water point is 500m".

FIGURE 7. Distance to nearest water point from home (all camps)



Slightly more than three-quarters of the group sampled (76 per cent) stated that they had been consulted with regards the physical location of the water point they use. Most, though not all, respondents (86 per cent) believe that the water they receive is safe to drink. Highest figures for unsafe water were collected at Ghundum 3 Camp (28 people), followed by Balukhali (19) and Thayngkhali (8 people).

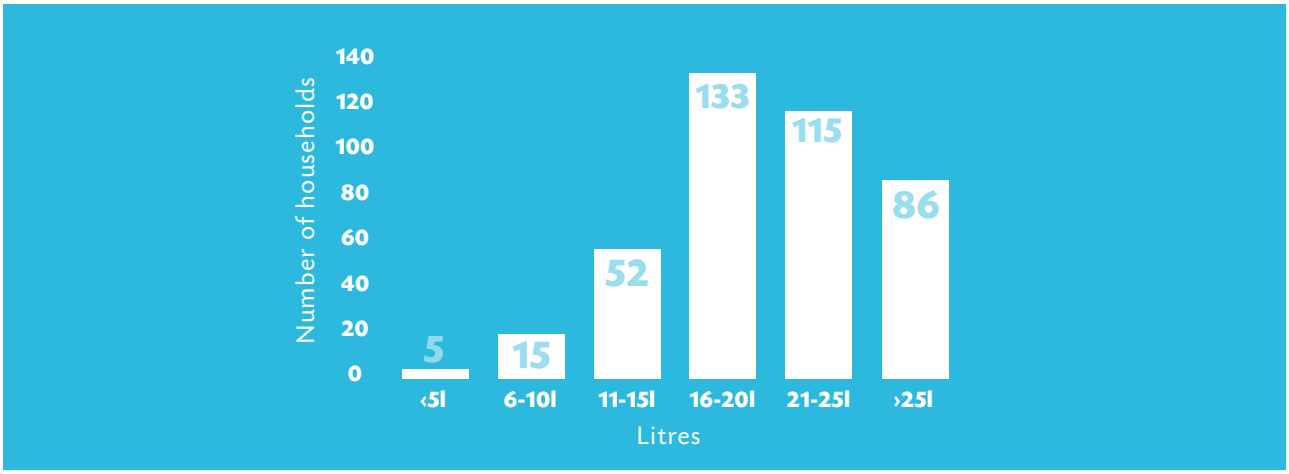
In terms of water consumption, most households reporting using between 16-20l[10] per day, though the majority use from 15 to 25 litres per day (Figure 8). Twenty-one per cent of households consume use more than 25 litres per day.

The vast majority of respondents (80 per cent) reported that they have to queue to get water at the distribution points. Waiting times, however, are not excessive: 32 per cent of people said that they would normally queue for less than 15 minutes (which is the upper value of the respective Sphere Standard), while others mentioned that this might take up to 30 minutes at a time.

Most people (76 per cent) reported that they – or other household members – felt safe while collecting water, with a very high proportion of respondents (90 per cent) stating that they though the situation was better now than in the past.

[10] For this question, respondents were guided with a prompt from the enumerator in terms of the number of containers (of known volume) they collected each day.

FIGURE 8. Amount of water collected (litres) per household per day



Existing water facilities would appear to be meeting most demands, even during periods of heavy rainfall or during a climate event: just 18 households (4 per cent of the total number surveyed) reported needing to use a different water source from their normal supply during periods of bad weather – these being a more distant tubewell (14 cases) or rainwater collection (4 households). Eleven of these households reported illness as a result of drinking this water, mainly diarrhoea and dysentery.

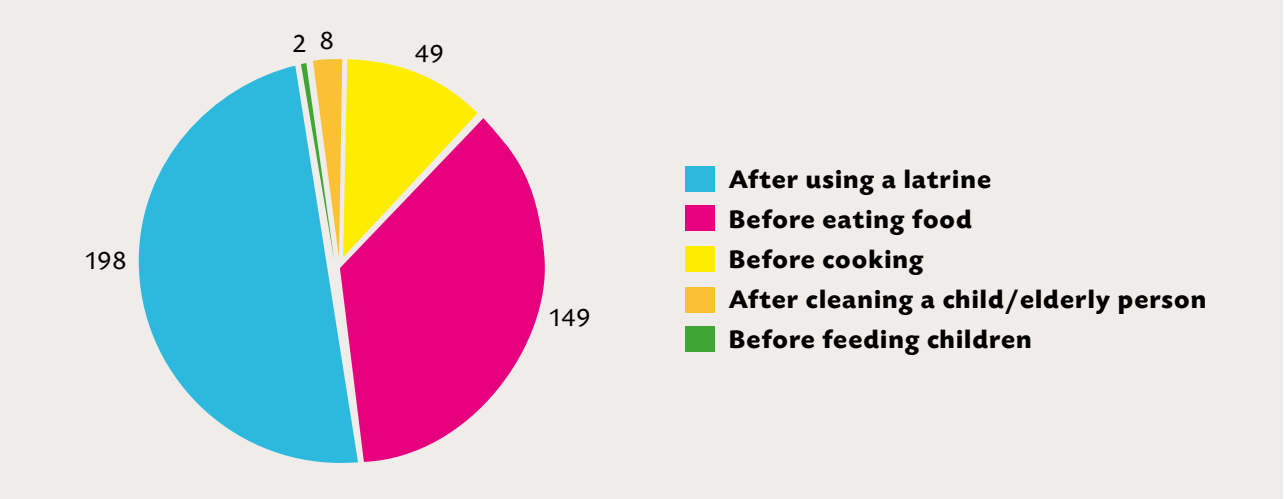
When asked to describe their household situation today with regards access to water – compared with 18 months previous – 49 per cent of respondents felt that there had been a "high improvement, with an additional 47 per cent stating that there was "some improvement". Just five people believe that the current situation was not as good as it had been previously.

4.4.4 HYGIENE

Focus group discussions revealed that MHI organised meetings in both the WFS and CFS are a useful source of hygiene awareness. Some people reported that the WASH environment in the camps was actually far better than what it had been in Myanmar. Moreover, people previously had no information on hygiene awareness.

The majority of respondents stated that they wash their hands after using a latrine (49 per cent) and, secondly, before eating food (37 per cent) (Figure 9). When asked how they wash their hands, all but six respondents said they used soap – the remainder either used ash or water on its own.

FIGURE 9. Times when people wash their hands



Thirty-two per cent of the survey respondents mentioned that they maintain this same system during the monsoon or similar period of adverse weather – others noted that they only used water at such times.

Many, but not all, respondents said that they had access to a safe place for washing – 84 per cent, with slightly more than two-thirds of people saying that this was located some 50-100m from their home. Thirty-two per cent of respondents mentioned that such facilities were within 50m of their homes. Very similar proportions were found when people were asked whether separate facilities existed for men and women, with most people saying that there were not. Again, the majority of people (68 per cent) stated that they were not happy with the cleanliness or safety of these facilities, the majority of which are just simple, poorly constructed shelters with plastic sheets.

From FGDs and KIIs, there were indications that, today, men and women use provided washing facilities mostly for washing clothes, while actual body cleansing takes place in private shelters, including inside the house (for women).

MHI was acknowledged for having built almost half of the washing facilities (46 per cent), while other agencies constructed an additional 35 per cent. Seventy-five families mentioned having built their own facilities, these being simple plastic sheet add-ons to the main shelter itself. Based on the feedback provided, there was seemingly quite good consultation with beneficiaries over the location of common washing facilities, with 77 per cent of respondents mentioning that they had been consulted with regards their location.

A separate series of questions were asked of female respondents in relation to menstrual hygiene management (MHM). This was a deliberate decision for this survey, given the evaluator's prior experience of talking with refugees – men and women – on this subject.

Menstruation is often not spoken about in public, as witnessed in this survey where many women (54 per cent) confirmed this as true. Slightly fewer women (39 per cent) believe that menstruation is viewed with respect within the community, but some others opined that it was not spoken about within their household or simply preferred not to answer the question. Almost all women spoken with, however, noted that they were not treated any differently by others during menstruation – there was, for example, seemingly no deliberate discrimination, with many women saying that they could be active outside of their home as well should they wish.

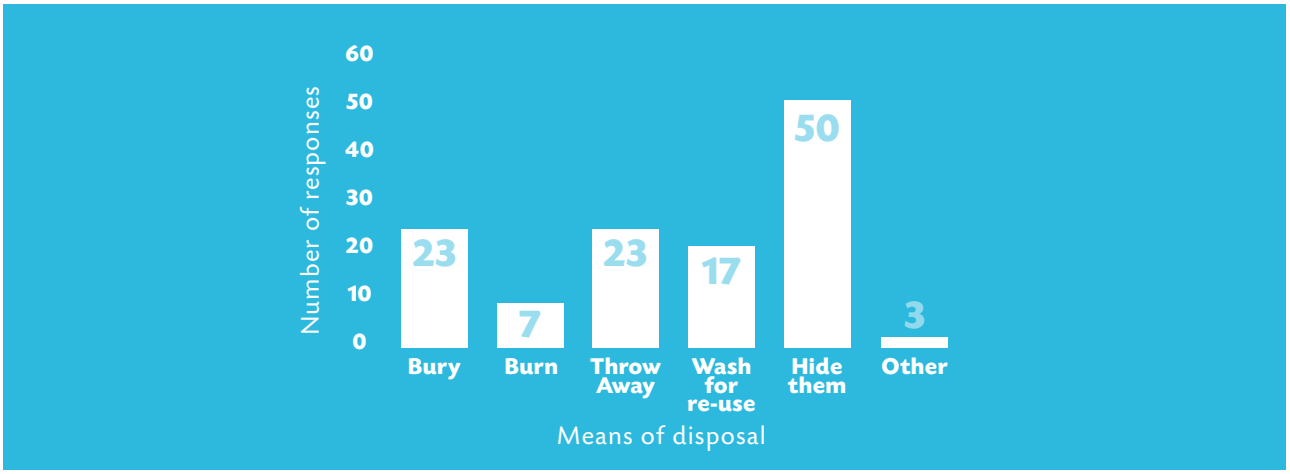
All but six women said that they were informed on this subject, with a large proportion of these (79 per cent) adding that they had received information on MHM within the past 18 months. Of those that had, 81 per cent furthermore said that they had changed their practices on this, though 18 women had not.

From the information people were given, women showed most appreciation for learning in relation to personal hygiene, while others (17 per cent) particularly appreciated the health information in relation to menstruation.

The majority of women (more than 90 per cent) appeared satisfied with the current access they had to facilities and materials at home and in schools. Sanitary materials are, seemingly, provided either by external agencies, including MHI, and appear to meet the bulk of peoples' needs in this respect.

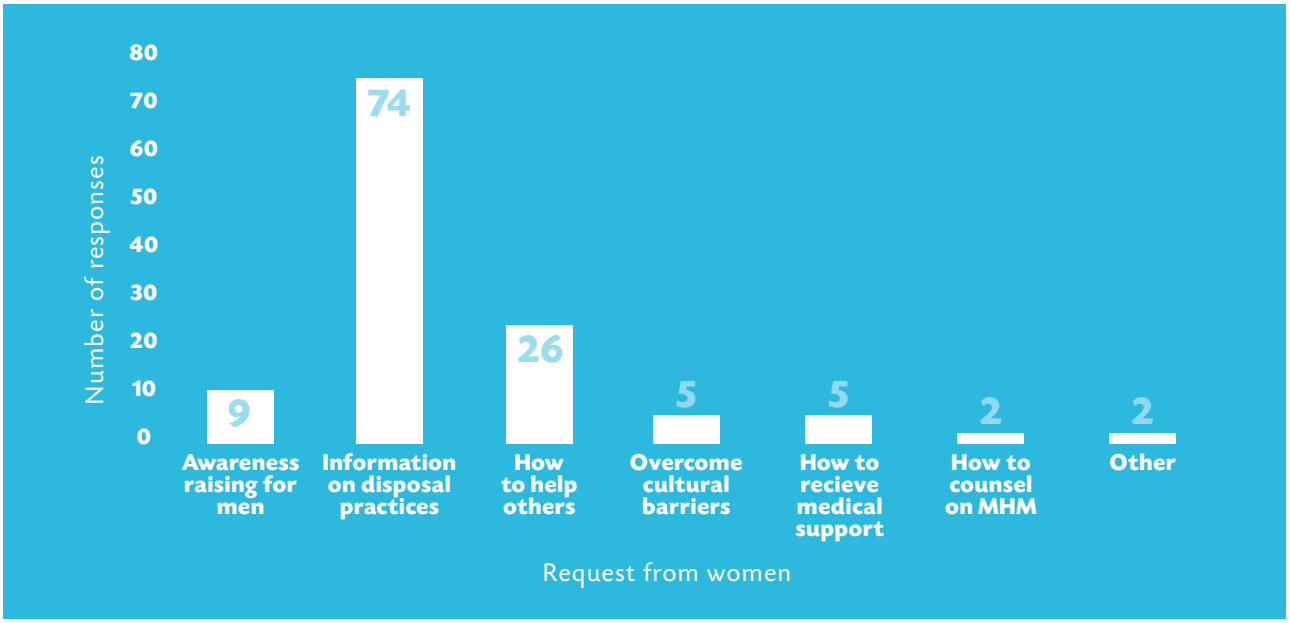
One issue to highlight from this survey is in relation to the means whereby women dispose of sanitary materials. A large number of women (41 per cent) reportedly hide used sanitary materials, while an additional 17 per cent either bury them or throw them away in the open (Figure 10). All of these practices, however, pose potential health and environmental risks, which need to be considered in future camp management practices.

FIGURE 10. Means of disposal of sanitary materials



When asked what kind of information they would appreciate to help them deal with MHM in a cultural and respectful manner, most women (60 per cent) requested more information on safe and hygienic practices for the disposal of sanitary items. Twenty-one per cent of respondents asked for information on how they might reach out to help other women and girls to better cope with this issue (Figure 11).

FIGURE 11. Information/Guidance sought by women in relation to MHM



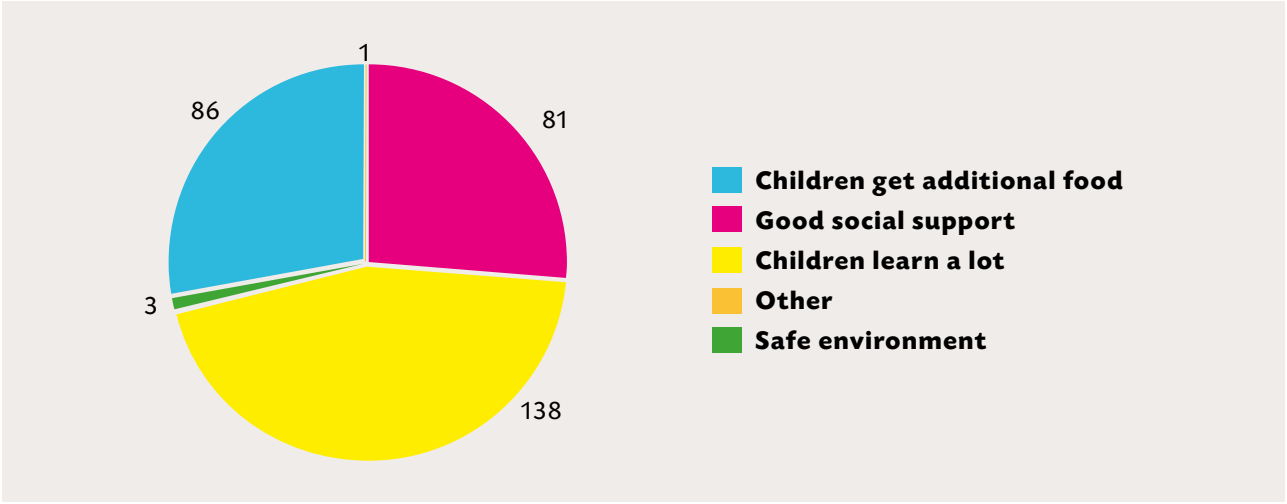
As a final point on hygiene, it is important to note that in terms of sustainability and continued use of their knowledge on hygiene, people who participated in the FGDs showed keen awareness of the links between improved hygiene practices and improved quality of life and health, which is a very positive finding from this evaluation given that many people had no knowledge of this previously.

4.5 Emergency Education & Child Protection

Muslim Hands International provides educational facilities through its Child Learning Centre (CLC) and CFSs in camps. In dicussions with community leaders and parents, it was clear that education for children was very highly valued, although they did not know what would happen to the children in the long run. However, without this kind of education programme, these children would be devoid of any knowledge about the world outside and , thus, likely to have a very bleak future. The fact that children were engaged in some learning activities outside their homes was seen as a very positive opportunity for them to further their education and explore new opportunities.

These sentiments were also borne out through the household survey findings: a large number of people surveyed have children attending MHI's CLCs or CFSs, in the three camps – 76 per cent. Overall, there was a high appreciation for these services, with people rating them as "very good" (38 per cent of respondents or "good", 60 per cent). A few individuals rated the services/facilities as "poor" and just one person found them to be "very bad". Of the little feedback provided on the latter, one suggestion was to close the centre operating in, or near, Block 10 in Ghundum 3 Camp (one response) and to improve the level and quality of teaching support in Block B and Block BK, both in Balukhali Camp. Findings also show that a high number of respondents do seemingly participate in the centre's parent-teacher committee (96 per cent)

FIGURE 12. Appreciation for MHI Learning Centres



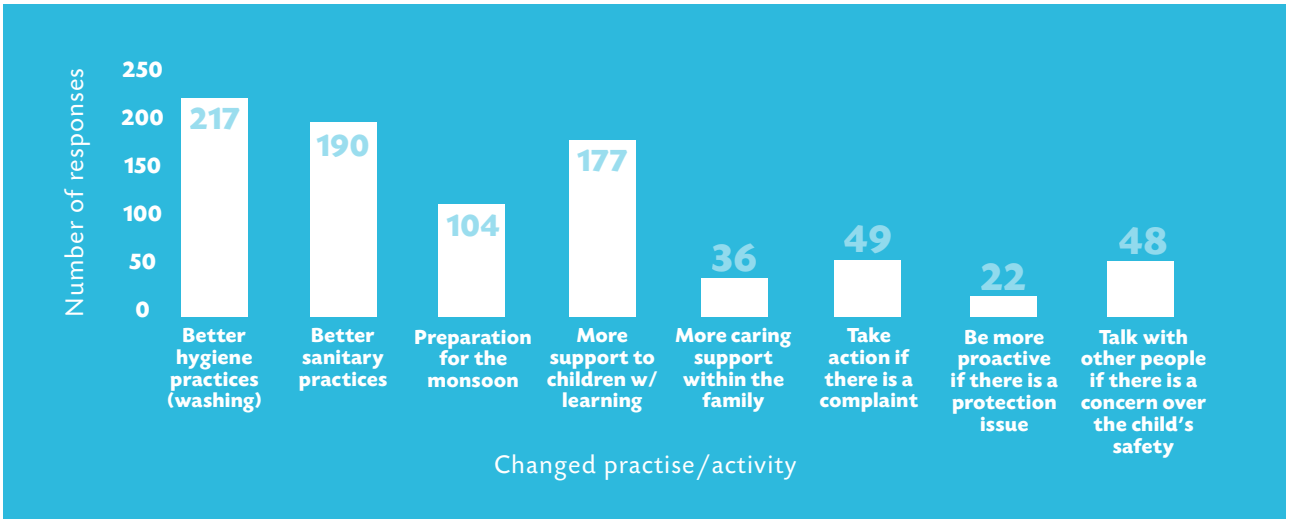
Children are clearly attracted to the CLCs and only fail to show up if they are sick. In terms of teaching, one teacher, with the help of an assistant, usually teaches a large class of children. Camp 8E, for example, has 130 registered students, of which an average of around 90 per cent regularly attend. This centre operates two sessions daily, from 09.30 to 12.30 for children aged 5-10 and from 12.30 to 15.30 for those aged 10-14. At the time of the evaluation, the centre was nicely decorated with colourful drawings, most of which had been created by the children. This centre is run by four teachers, including one Rohingya teacher. English, mathematics and Rohingya subjects are being taught.

The appreciation shown for children attending CLCs is particularly noteworthy given the fact that the Rohingya community was formerly well known for preferring to send their children to Madrasa/Moktub (Islamic education facilities) rather than the regular education system.

While time at these centres is appreciated, children lack resources: the bag each child carries holds just two MHI exercise books and a pencil. Children see a lot of colourful drawings and posters in the CLC, but cannot take anything home to work on at leisure or share with their parents. This is a constraint: children needs to be given illustrated reading materials as well as colouring pencils to draw at home.

Almost all households reported that some practice or activity in their household had changed as a result of their child attending one of MHI's Learning Centres. As this was a multiple choice question, many people singled out several activities – some as many as seven. Figure 13, however, looks at how many time specific activities were mentioned by individuals, which shows that a great many households had taken action in relation to hygienic practices while many parents were also seemingly providing additional learning support for their children.

FIGURE 13. Behavioural changes at home as informed by children who attended Learning Centres



In terms of peoples' knowledge of their basic rights, virtually every respondent said that s/he felt well informed on this. When asked a similar question, but in relation to the rights of children, such as prevention of forced labour or family planning, just 75 per cent of the same group of people felt as though they were well informed.

Some challenges or considerations which MHI might want to consider include the following:

- consider providing access and appropriate facilities to enable disabled children to attend;
- work with the CIC and other camp-based institutions to see how additional similar facilities could be provided, acknowledging that physical space is a constraint;
- aligning its educational strategy closer to the standards established by the ISCG; and
- further capacity building would be advantageous for teachers and support staff at CLCs. This should include non-formal methods of teaching to include singing, drama, dancing and story telling.

4.6 Health

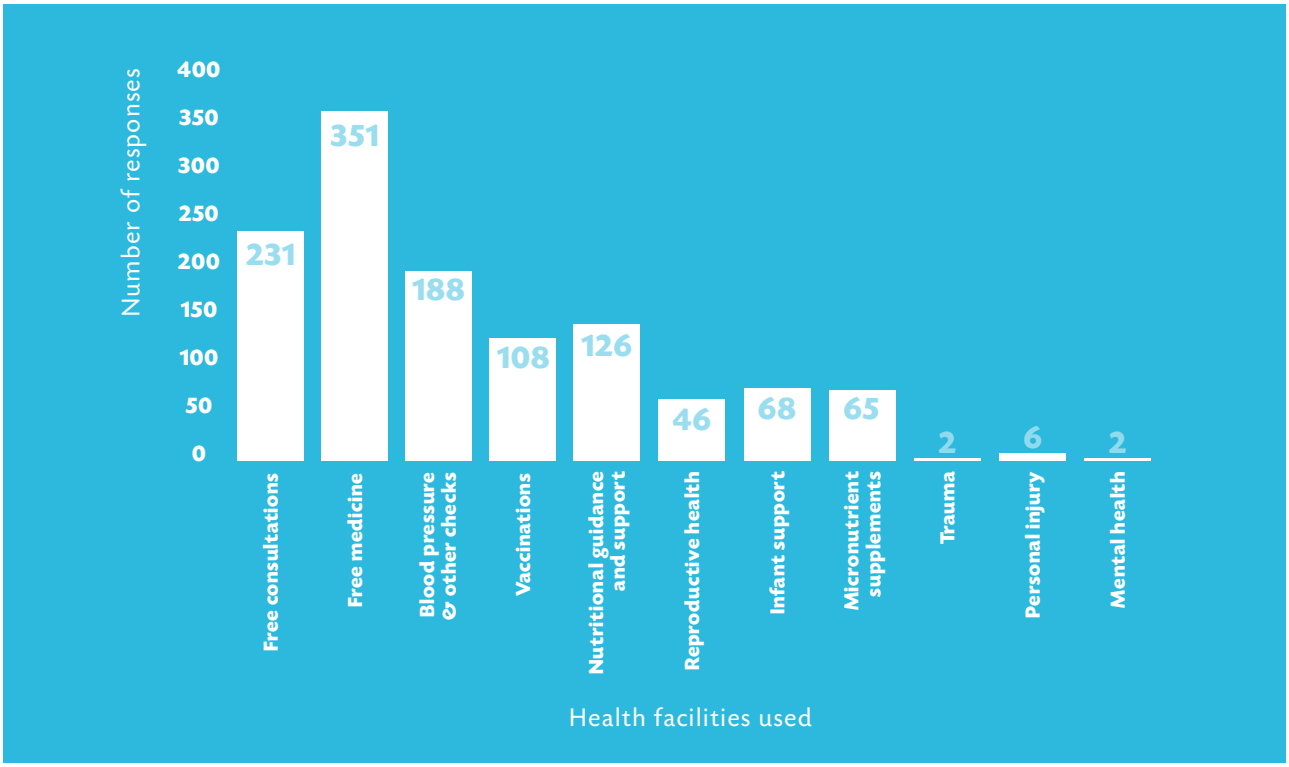
Muslim Hands supports an important health programme for the Rohingya community, with two health posts established in Camp 8E and Camp 9. Both centres have male and female medical staff – doctors, nurses, medical assistant and volunteers. Additional medical centres are run by different NGOs and UN agencies, though these reportedly were further from the camps.

Primary health care services provided include counselling and family planning. Most patients at the Health Posts at the time of this evaluation reported suffering from seasonal diseases like fevers and colds, allergic reactions, skin diseases, diarrhoea, typhoid and dysentery. According to one medical officer spoken with at a health post, the average number of patients is 200-220 people per day – significant numbers of arrivals were confirmed visually – though this varies on a day-to-day basis. Discussions with community representatives showed that people were in general very pleased with the health support being provided by MHI.

At the household level, when asked whether they were aware of the health programme and related facilities that MHI provides in their respective camps, the vast majority of respondents (93 per cent) affirmed that they were. Seventeen people were not aware of this while an additional 10 were not certain.

People rely on these facilities for many services, with as many as 6-7 being reported by people who contributed to this survey. While multiple services are availed by many, the most commonly used (Figure 13) were to acquire free medicines (86 per cent of respondents), free consultations (57 per cent) and blood pressure and other checks (46 per cent).

FIGURE 13. Health services used by refugees in the three camps



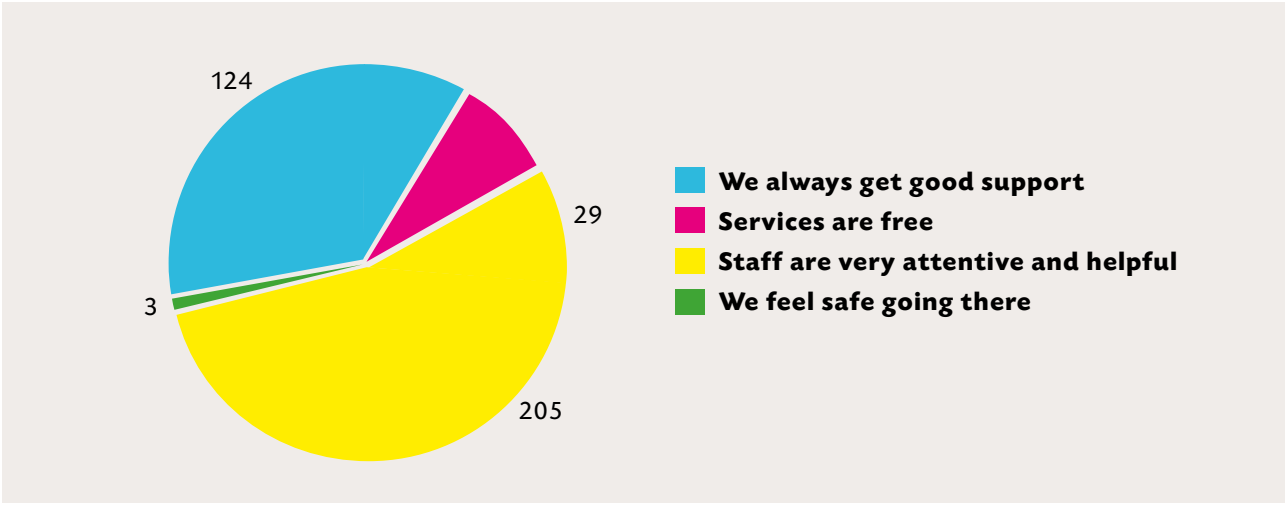
In terms of assessing the quality of health services in the camps, 37 per cent of respondents rated the MHI services as "excellent", while another 57 per cent found that they were "very good". Three people felt that the services "could be better", while one individual thought they "could be greatly improved".

Amongst those people who appreciate the MHI services/facilities, the reception that people receive from staff was the highest ranking commentary (Figure 14). Concerning the few people who were not satisfied with the services available, suggestions made were to have more specialist staff available, shorted waiting times and better access and services, though these comments related only to four cases. Overall, however, the support that people get when they visit these health centres is noteworthy.

Notwithstanding the above, some ongoing challenges were also mentioned by patients and medical staff, which are grouped together below:

- high volume of patients to available doctors;
- lack of laboratory – or at least temporary – facilities to investigate common diseases;
- crowded waiting spaces;
- lack of safe and dignified spaces for breast feeding mothers;
- lack of water for patients – they need to carry water with them; and
- occasional need to refer some patients to different medical centres such as those run by IOM and MSF.

FIGURE 14. Appreciation for MHI Health Posts



Finally, it should also be noted that some members of the host community also come to these health post for treatment.

4.7 Accountability and Protection

Almost three-quarters of the people who contributed to this survey felt that they have been kept well-informed by MHI as to what is happening in the respective camps. An additional 24 per cent thought that they were "aware of some things but not everything".

Refugees likely rely on a number of different information sources though the two most popular are Community Leaders and MHI personnel (Figure 15). Note that amongst the "others" almost all instances were the Mahjee[11]. There does, however, appear to be some concern about the level of understanding of what people are informed on: just 31 per cent of the surveyed group acknowledge that they understand this.

[11] A Mahjee is a person appointed by the government to facilitate the distribution of relief items within the camp. Both men and women can fill this role.

SAFE SPACES

Women Friendly Spaces: MHI provides protection support to women and children through its Women Friendly Spaces and Child Friendly Spaces in Camp 8E and Camp 13. At the time of this evaluation, no similar facilities existed in these camps – both sets of MHI spaces are greatly appreciated.

Women Friendly Spaces visited during this evaluation were well attended by adolescent girls and adult women. Many of those present reported having been exposed to widespread and severe forms of sexual violence in Myanmar, before and during their flight to Bangladesh. Today, in the camps, they remain at risk of GBV: according to some women spoken with, the risk has actually increased since they came to the camps.

Apart from physical violence, many women have also been subjected to mental torture, forced marriage (young girls) and a fear of being trafficked by family members. From a discussion with a representative from CARE, the risk of GBV is exacerbated by a number of factors for adolescent girls, including cultural practices, insecurity within the camps, limited opportunities for self-development and inadequate access to education. The conservative social and cultural norms of this community create additional barriers to women's empowerment, freedom, access to and control over resources.

Women come to the WFSs to learn new skills such as sewing but also to discuss their problems with a MHI Case Officer or just to chat with friends and other women. Each WFS has a female volunteer fluent in the Rohingya language. Case Officers gather information and take necessary action if women report violence against them at either the family or at a personal level.

As per KIIs in the three camps, women are often subjected to violence due to the following reason;

- the Rohingya community carries strong patriarchal thoughts and practices;
- cultural and social practice: both Rohingya men and women believe that it is the husband's right to abuse his wife if she does not fulfil her duties. Women are afraid to speak about personal violence by their husband and/or parents for fear that they will be socially ostracised or that their husband will remarry;
- adolescent girls and women don't like to disclose the issue of violence to outsiders due to a lack of confidence and social stigmas;
- religious reasons – women believe that they must "listen" to their parents and husband as a religious obligation; and
- frustrated men – caused by joblessness or disputes – who often try to take it out on their own family members at home.

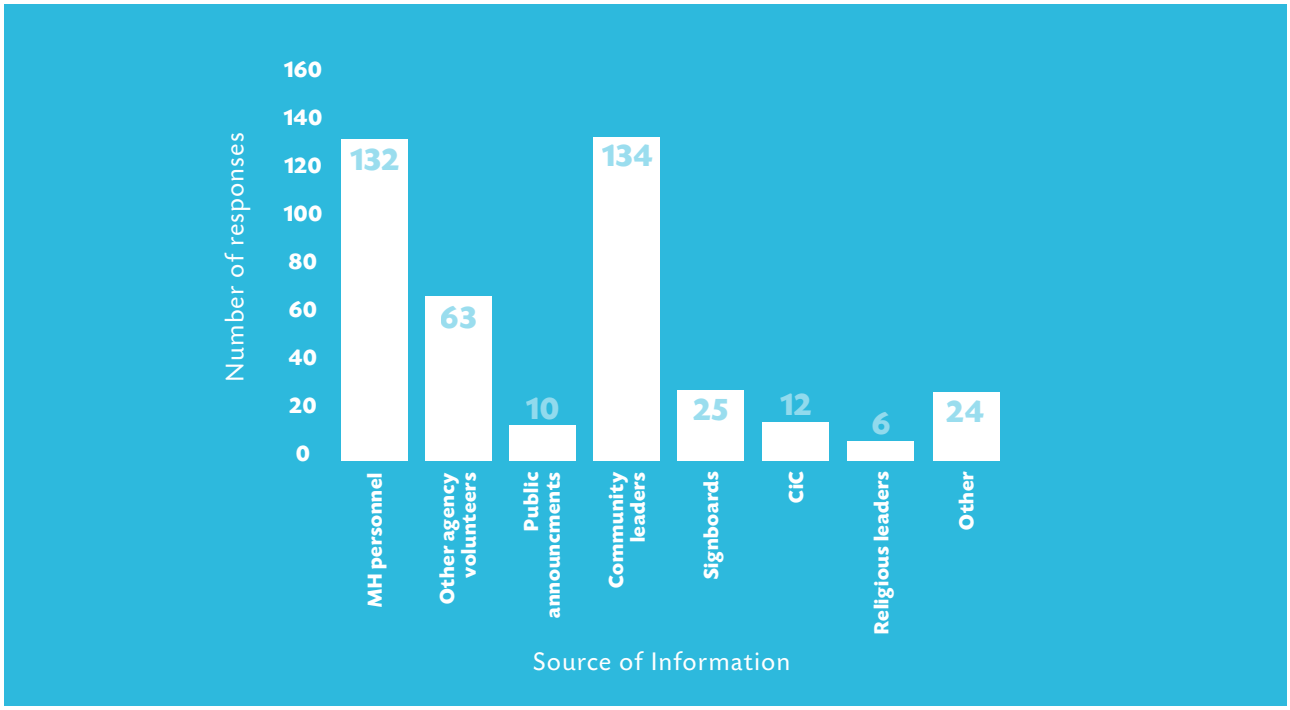
In a positive sign of change for the better, one Case Officer informed the evaluation that while at first Rohingya women would only talk about the violence they had endured the situation has gradually changed to such an extent that women and adolescent girls now come to these WFSs to actually inform on having been abused, which is a significant change. There is still, however, much to do in order to bring the current level of GBV in camps under control.

Child Friendly Spaces: The CFS also has trained staff to support youth victims of violence. Six MHI staff are currently available – one Child Protection Officer (CPO), three teachers (including one Rohingya teacher) and two volunteers, one male and one female. The CPO normally attends protection meetings at the camp level, on behalf of MHI, disseminating information in subsequent internal meetings.

When at the CFS, children engage in physical activities, play games and practice drawing. English, mathematics and Burmese are taught. Two sessions are organised daily, the first session starting from 09.30-11.30 for children aged 3-7, and an afternoon session from 12.00-15.30 for 8-14 year old children. A total of 96 students were enrolled at the CFS at the time of this evaluation but numbers do fluctuate. Teachers and volunteers from the CFS physically go to the student's house to talk with parents/students if they remain absent for more than three days.

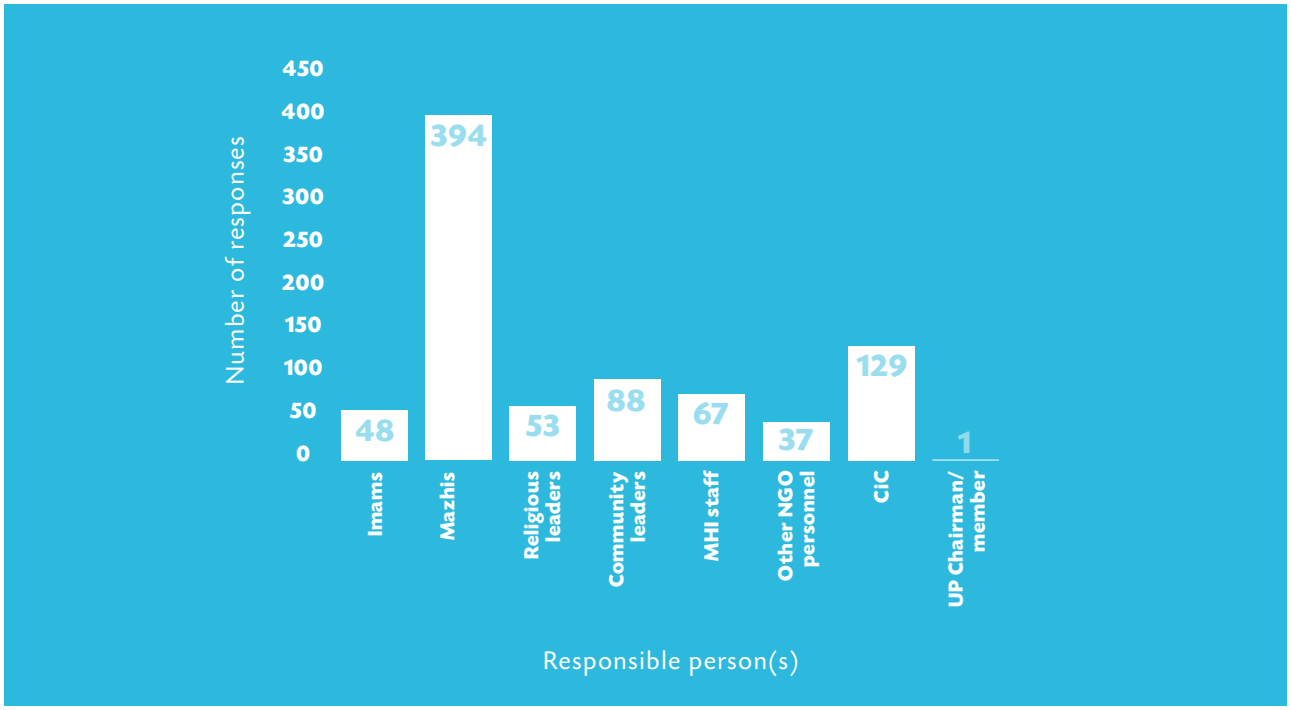
According to the CPO and teachers from the CFS, a major awareness programme is needed to address the issue of child-related violence and abuse, driven with key respected figures from within the community, such as the Imam and Mahjee.

FIGURE 15. Usual source of information for Rohingya



While some decisions are commonly taken in consultation with different individuals or organisations, such as a Mahjee, a Community Leader and the CiC, Figure 16 clearly shows that the Mahjee are key figures in decision-making within the camp communities, for example when identifying the most vulnerable members from within that community. The CiC, Community Leaders and MHI personnel, however, also play an important role in this process.

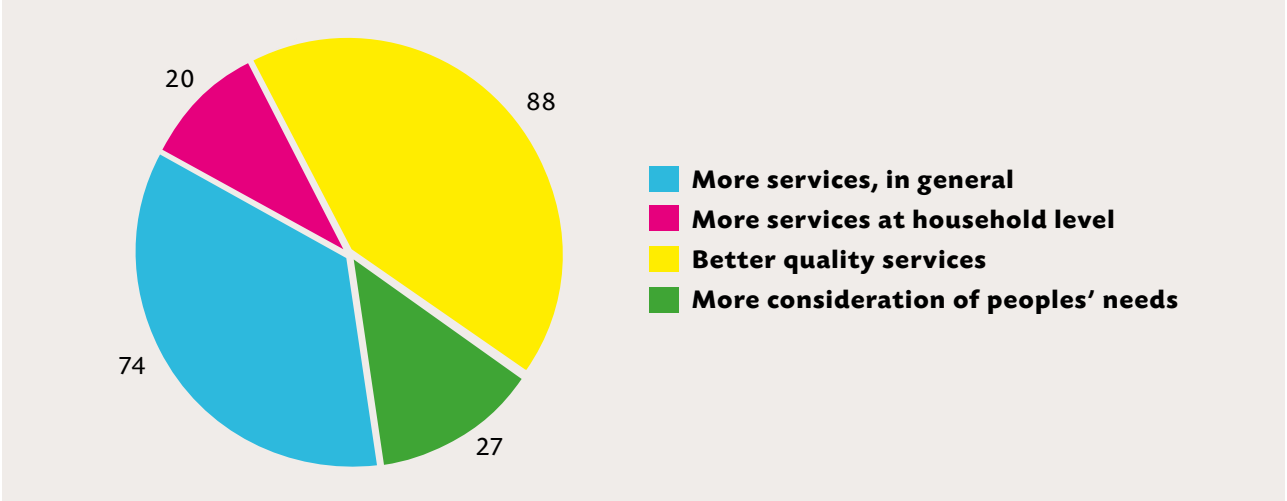
FIGURE 16. Key decision-makers within the camp environment



The majority of people (86 per cent) spoken with during the household survey believe that camp services such as distributions are effective in reaching the needs of children, women and the most vulnerable members of the communities. Eleven people did not think this was effective, while the remainder were not sure. Somewhat fewer people, however, believe that available services – such as water points and latrines – meet the needs of these people: 37 per cent of respondents said expressly that they did not, while 51 per cent believed that they did.

In terms of what could be done to improve the current situation, the two most common responses given were for additional services within the camps, in general together with better quality of services overall (Figure 17).

FIGURE 17. Suggested improvements to camp services



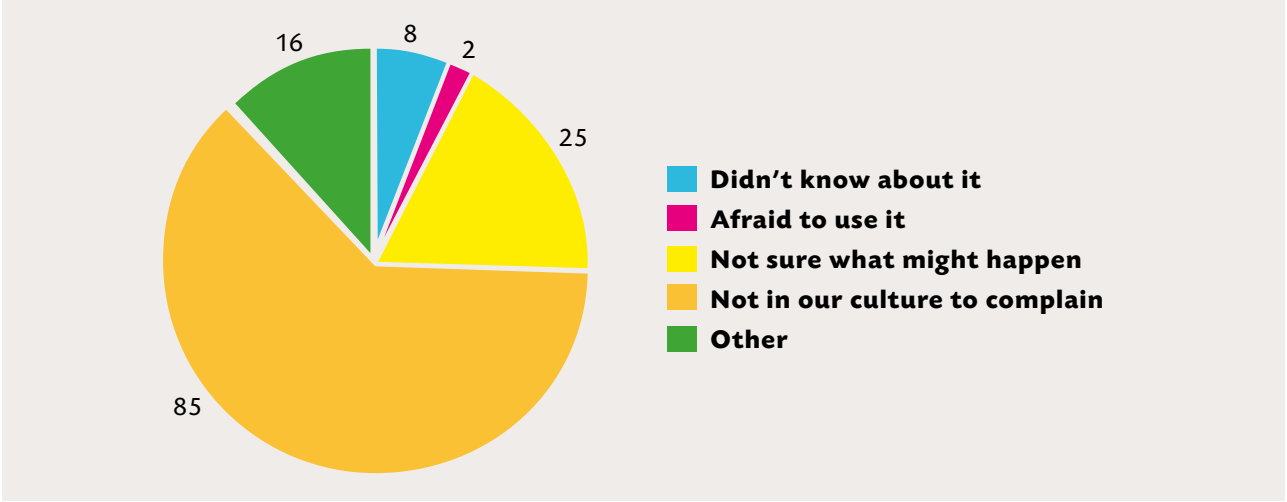
Overall, the majority of people spoken with feel safe and secure within the camp situation, though there were some exceptions with five per cent of the sample reporting that they either did not feel secure or were uncertain about the situation.

Some 71 per cent of people spoken with said that they were familiar with the system of registering a complaint should they wish to report a concern or incident: rather a large number of people (107), however, were not aware of this process and how it might operate. Of the former group, most people said that they would contact their Mahjee in the first instance (70 per cent). Other, less used, options included the CiC (45 responses), MHI phone number (17) and other NGO contact points (12).

Of those people familiar with a complaint mechanism, 44 per cent (129 people) mentioned that they had actually used this system, of whom all but two people received a response. People who did get a response were generally satisfied with the manner in which the complaint had been dealt with – just four were not, while two others were uncertain.

Reasons given as to why people did not register a complaint – or consider doing so – are shown in Figure 18, which shows that the most common response was in relation to their culture and not wanting to be seen to complain. Others, however, were clearly not aware of this system and/or were uncertain what might happen if they did make a formal complaint to someone. Responses to the "other category" mentioned that no real problem had arisen so they had no need to use a complaint mechanism.

FIGURE 18. Main reason why people do not use a complaint mechanism



5. OECD-DAC Criteria Findings

Table 3 summarises the findings of the evaluation team based against the OECD-DAC criteria, which have a scale of 0-4, and defined as shown below:

0 "Low or no visible contribution to the criteria";
1 "Some evidence of contribution to this criterion but significant improvement required;
2 "Evidence of satisfactory contribution to this criterion but requirement for continued improvement;
3 "Evidence of good contribution to this criterion but with some areas for improvement remaining"; and
4 "Evidence that the contribution is strong and/or exceeding that which was expected by the intervention".

TABLE 3. Summary of Attributed Scores to this Project (according to OECD-DAC Criteria)

Criteria	Attributed evaluation score
Relevance	4
Effectiveness	3
Efficiency	3
Impact	4
Sustainability	2.5

Based on the above, the evaluation acknowledges the appropriateness of this project to the situation in Cox's Bazar and, in particular, its focus on supporting women, adolescent girls and children. This is not only improving the welfare of benefitting households but is likely to be a powerful stimulus to helping vulnerable people become more confident in speaking out about their needs and rights, particularly in relation to protection issues. Many people – project beneficiaries, community leaders and government/NGO representatives have been highly complementary about the nature and quality of services provided by MHI in the three camps reviewed as part of this evaluation.

5.1 Relevance [Criteria Score 4]

This activities being supported by MHI in the three camps visited as part of this evaluation are judged to have been entirely relevant to the specific context and priority needs of the Rohingya community. Important gaps are being filled, for example through its CFSs and WFSs, in addition to the health posts, as witnessed by the high number of people attending each. This finding is further borne out through discussions with beneficiaries – both householders, community leaders, government representatives and members of other NGOs – who confirmed the relevance (and quality) of MHI's work to meeting peoples' priority needs at this time.

Recognition is also given to the fact that the project has positioned itself to address health, education, WASH and gender-based violence. These activities have provided people with an important opportunity to learn about basic criteria of life style, security and livelihoods.

Muslim Hands' work provides essential support to some of the most vulnerable people in the camps – women, children and the disabled – in terms of security and those who might be subjected to violence. Due to social and cultural negative prejudices and practices, Rohingya women have a very limited voice and authority in decision-making at different spheres of life. As mentioned frequently in FGDs and semi-structured interviews, women and adolescent girls greatly appreciate the sense of safety and space provided through the CFSs and WFSs, where subjects like health, education, hygiene, protection and domestic violence are discussed.

Most of the initiatives undertaken by MHI in this respect seem to have produced a significant change in the well-being of the Rohingya beneficiaries. That said, however, much remains to be done in terms of advocacy and security in the longer term, all of which is dependent on a series of political moves that are largely outside the remit of an organisation such as MHI. One area where it might consider including in future strategies in support of these refugees is in relation to livelihoods, though the current barriers to generating livelihoods and income generating activities are acknowledged.

5.1 Effectiveness [Criteria Score 3]

Since 2017, MHI has implemented a phased series of activities that addressed education, health, WASH and protection, with variable intensities and emphasis. Planned activities have been delivered and the project has made good progress in achieving the intended results. Overall effectiveness seen in implementation reflects upon a successful and appropriate project design through careful targeting of much needed services.

The multiple approaches taken to enabling well-being, for example, is seen as a very strategic gambit to have selected, which ranged from basic awareness raising and sensitisation to providing safe spaces for women, adolescents and children (with accompanying education). These approaches have been especially focused on some of the most vulnerable members of these communities. Many people, including Imams, community leaders, Mahjees, children and women, confirmed that they have gained an increased level of knowledge and awareness of basic services since being in the camps, as a result of which they have been able improve their health and gain confidence. Though MHI does not provide formal education for the rohingya community, but the CFS and CLC have played an important role in improving knowledge and access to information. Discussions with MHI staff and authorities confirmed that the refugees, in general, are very keen to participate in awareness raising and learning events, which is a positive finding.

While support provided by MHI is deemed to have been quite effective overall, its overall potential effectiveness remains limited due to certain factors outside of its control, in particular the congested environment and lack of physical space in which health posts, safe spaces and Learning Centres could either be expanded or additional facilities constructed. More space for better shelters and WASH facilities would also be a major gain for families, allowing MHI and counterpart organisations to provide better quality support.

At the same time, however, while many of the project's activities are seen as effective and strategic, the evaluation found some inconsistencies, suggesting that more attention could be paid to ensuring even support and quality, in particular in relation to WASH services. This could, however, relate to the actual physical conditions in Camp 13, while a similar situation might also exist in Kutapalong due to the sheer concentration of people, though this was not verified by the evaluation.

Planned project activities have been implemented to a high standard and on time. All activities – especially education and the health services provided – are well reognised by the Rohingya people. Communication networks between MHI and other camp-based agencies, including the CiC and SMO, were reportedly very good.

5.1 Efficiency [Criteria Score 3]

Overall, the full complement of project activities appears to have had a good balance between hardware provisioning, such as WASH facilities, and software skills in the form of awareness raising, counselling and social organisation. Given the poor levels of education and health and hygiene knowledge before this project, this combination was imperative, and the time invested by field staff in mobilising people and helping them apply this learning is a major achievement which will likely last and continue to benefit these communities.

Despite frequent staff turnover – which is by no means unique to MHI – delivery of project activities seems to have progressed very well and as per the plan. This has been possible perhaps because MHI Bangladesh already has good experience on project management and co-ordination skills in other contexts and, in particular, in relation to education. In Cox's Bazar, MHI has developed strong local rapport with government authorities and have made significant advances in their approach to emergency response in support of the Rohingya community.

Field observations confirm that the MHI Bangladesh is well respected and known by the concerned authorities, refugees (also emphatically confirmed by household surveys) and other NGOs. Competent and experienced staff have been put in place to oversee management.

While current institutional arrangements appear to have worked well, a higher level of efficiency could perhaps have been achieved if more attention was given to providing more thorough briefings and induction to new staff, particularly as there were reportedly often no opportunities for handover from outgoing to newly recruited staff.

5.1 Impact [Criteria Score 4]

While this evaluation was primarily focused on activities undertaken during Phase IV of MHI's support to the Rohingya community, it is difficult to completely separate the impact, or potential impact, of some actions taken during this period from preceding work.

In a relatively short period of time – and with quite modest resources – this project overall is deemed to have had many positive impacts on people's attitudes, lives and well-being. There are quite a number of instances where it is clear that women and young children benefitted significantly as a result of this initiative through, for example, awareness raising and being able to confide in fellow refugees as well as trained project staff, particularly in relation to personal hygiene and protection. In fact, one of the most commonly mentioned impacts of this project has been a positive shift of behaviour and attitude in hygiene practices, in addition to people's readiness to visit health posts.

According to health post and WFS beneficiaries, the establishment of these facilities in camps 8E and 9 have increasingly become important service provision locations, especially for women and children. Almost every refugee in both camps depends on these health post for their array of services, including free medicines, while

Case Officers at the WFSs affirm that these facilities are helping build confidence for victims of abuse.

As an awareness raising, knowledge transfer and health support initiative, the benefits of increased levels of awareness generated by the project is likely to stay with refugees for some time to come. At the same time, a culture of being more responsive to the needs of the Rohingya community has also started to become more apparent among concerned authorities. Respected community leaders are also playing important roles for change. An Imam and a Mahjee, for example, told the evaluation that they have been asking Rohingya men to refrain from unlawful practices such as under-age marriage, dowries and polygamy. In such a strong patriarchal society, religious leaders could play a vital role in influencing male refugees to stop unjust and unfair treatment of women and children. In another move, project staff and one CIC also informed that their work has encouraged many Rohingya to accept the arbitration (Salish) process to conflict resolution, which has already reportedly helped some people benefit socially as well as financially.

5.1 Sustainability [Criteria Score 2.5]

Ensuring sustainability in any project such as this is always going to be a challenge given that much of what was intended to happen was dependent of people changing traditional attitudes and accepting new practices, in a relatively short period of time and with considerable challenges to face.

Nonetheless, though with a few minor concerns, the project is judged to have made significant advances in most areas: with the exception of some inconsistencies in service delivery, all beneficiaries spoken with as part of this evaluation were extremely pleased with their newly acquired knowledge and the benefits they are receiving from MHI.

Rather than any single activity standing out for its individual achievements, it is perhaps more appropriate to recognise the strength in the synergies between the raised awareness and practical activities undertaken. The keen uptake of hygienic practices is a case in point which, as long as people are in a position to receive or purchase hygiene items, will likely mean that these practices will continue to be applied.

These, however, are external viewpoints and the issue of sustainability is not at the forefront of most people's minds in these camps, or even at the MHI institutional level. Sustainability as such does not feature as a specific goal in MHI's Strategic Plan (2018-2020), though many of the Plan's components will directly feed into this, including "Effectiveness" and its anticipated contributions towards certain targets of the Sustainable Development Goals. With the bulk of its practical interventions though focused on emergencies, conflict and natural disasters, achieving sustainability will always remain a challenge as this currently stands. What is important in the current context though is that Rohingya refugees have not even reached the stage when they can start to apply their thoughts to livelihoods let alone making some of the practical project benefits as

sustainable as possible. That said, however, the level of interest generated amongst adolescent girls and women on issues such as GBV – through their attendance in WFSs and CFSs – can be expected to help them to raise their voice against GBV in the future.

Project staff too are likely to retain considerable learning from this project, particularly as many were new to this type of work and so have likely gained considerable knowledge and experience. While the organisational structure of a follow-up project – if there is one – might take on a different format, the interest, enthusiasm and learning gained by MHI staffs as a result of this project, will remain or be applied in similar situations in the future. This is seen as an important contributing factor towards sustainability, in the same way as the formation of committees or groups among the refugees.

6. Conclusions & Some Lessons Learned

Overall, this independent evaluation reports very positive findings from the review of activities witnessed on the ground, in addition to extensive discussions with proect beneficiaries, government authorities and fellow NGOs in the camps visited.

The "MHI Package" of WASH, Health, Education and Protection is an appropriate, effective and strategic combination in the current context: synergies between the different sectors have helped strengthen delivery and impact. This demonstrated good "Value for Money"[12] across the board. In the current context, Value for Money is about appreciating the core elements of this programme that determine costs, an understanding of what works and why and being able to make judgements based on the strength of evidence learned. Essentially, the approach strives to increase value while reducing costs, but not at the expense of value or quality.

Building on previous phases of work in Cox's Bazar has contributed to current achievements and impact: both MH and MHI identified a relatively modest series of activites which have been successfully supported to date. As evidenced by its popularity, the recently established Child Learning Centre is one example of where funds have helped address a huge need in these camps. targe. The fact that even community eladers appreciate that children are now getting some education is noteworthy in this respect.

Likewise, the creation of 'safe spaces" for children, women and adolescent girls was another creative move by MHI and, like the Learning Centre, is highly appreciated as it given women perhaps their only opportunity to discuss personal issues with their peers. Increased conficendence from attending these WFSs is resulting in some women now actually using these sessions to openly discuss how they have been the subject of domestic violence. While this is a very positive outcome, MHI might need to factor in more specialist training for its staff responsible for these centres so that confidential matters such as these are handled appropriately.

Health posts established and staffed by MHI are another popular and highly appreciated facility in camps: MHI may, however, need to re-assess how it will continue to deal with a growing population and increasing need within camps – in addition to also supporting host communities – in the near future. In this respect, MHI should review its current staffing policy and consider how this might be strengthened overall – in terms of the number

[12] Value for Money is defined by DfID as "maximising the impact of each pound spent to improve poor people's lives" (DfID, 2011). This is a reflection of the UK's National Audit Office's definition of VfM as being "the optimal use of resources to achieve intended actual outcomes". Both messages underline the need to make the best use of available resources to achieve sustainable development outcomes.

of qualified, trained and experienced people on the ground in the camps, as well as its management structure to support such personnel. While this is not a situation unique to MHI – many NGOs struggle to keep staff – the future quality of its work will depend on the organisation being able to increasethe current level of camp-based staff. Now is a timely moment for MH/MHI to invest in some quaity capacity building for its field-based staff. Another area where clear Value for Money can be attributed to this programme is in terms of the successful balance between hardware and software. For the latter, in particular, the behavioural changes around personal hygiene stand out as a major achievement in a relatively short period of time, a feature that is again widely appreciated by the Rohingya community.

Ensuring and maintaining the quality of services requires greater consistency by MHI, both across sectors – for example for each of hygiene, sanitation and safe water – as well as within and between the different camps where MHI is operational. Otherwise, gains made in one area might undermine those in another.

Looking forward, evaluation findings conclude that the MHI Package is a good, clear and very practical example as to how cross-cutting issues such as protection can be addressed within a single programme. This is open to easy replicability – by MHI as well as other NGOs.

Opportunities should be taken to highlight the interest and effectiveness of the various safe spaces and learning centres established through this programme. If funds were available, MHI should consider how additional, similar structures might be provided to some of the other, nearby camps. Collaboration might also be sought with other local partners, where co-financing or sharing staff/resources might become a possibility, with MHI taking advantage of its competitive experience from already operating such services.

7. Actionable Recommendations

The following recommendations are made based primarily on the findings of this independent evaluation, though also draw on suggestions made by other people, for example the CiCs. While the majority of these are WASH-related it should be remembered that this is in many ways the most visible component of MHI's programme in the camps. Recognition is also taken of the fact that physical space restrictions limit the possibility of expanding health posts or constructing additional safe spaces, all of which are needed but not always possible given the current situation.

7.1 WASH-Related Issues

7.1.1 Raising awareness on health and hygiene needs to be a constant

All camp agencies engaged in WASH – including MHI – must continue to advocate for and work towards improving health and hygiene awareness amongst the Rohingya community. While recognising that significant achievements have been made, this remains especially critical given the crowded living conditions and sometimes deteriorating environmental conditions, e.g. during the monsoon. Separate sessions need to take place for women and adolescent girls on using menstrual hygiene kits. As requested by a considerable number of people who contributed to this evaluation, specific awareness raising should also be focused on men's understanding of menstrual hygiene management.

7.1.2 Clear sex separation is needed for all sanitation and hygiene services

Separate latrines and washing facilities need to be provided for men and women, both in camps as well as host communities. All such facilities need to be clearly marked. This is a priority issue in terms of protection – for both women and men.

7.1.3 Properly constructed personal hygiene and washing facilities are urgently required

While it may not be conceivable that every household has a separate washing facility, more – and better positioned – facilities are urgently needed. Particular attention needs to be given to drainage as many self-constructed shelters are poised on steep slopes where run-off will contribute to erosion and eventual gulley formation and soil slippages.

7.1.4 Solid and liquid management need greater attention as part of the WASH response

If resources allow, as part of its WASH activities, MHI should take on a greater role in managing solid and liquid waste in the camps, ensuring regular collection and responsible disposal of waste materials. Waste collection and disposal need to be closely monitored but should have a strong sense of community involvement and responsibility. Sludge pits, in particular, need to be carefully sited and monitored to avoid any contamination of groundwater resources.

7.1.5 Safe disposal of sanitary materials is an urgent requirement

Priority needs to be given to finding acceptable – but safe from both a health and environmental perspective – way of women dealing with used sanitary materials that allows safe disposal options and practices.

7.1.6 Camp drainage systems need to be improved

Specific attention needs to be given to drainage and run off. Solid waste is currently being thrown indiscriminately into stream beds and channels, which pose not just health risk but also a threat to flooding when heavy rains occur. Inappropriate drainage will also lead to serious gulley erosion that will contribute to future land slippage.

7.1.7 Incentives should be introduced to encourage refugees to be responsible for facility management

Some form of incentives should be found to encourage and enable people to maintain shared facilities – latrines, water points and bathing areas – in better and more hygienic conditions. Better maintenance would help ensure that such services would remain intact for longer.

7.2 Health

7.2.1 More qualified medical staff should be available

Given the clearly significant service that health posts offer, additional qualified medical staff should be recruited to share the workload and help reduce patient waiting time.

7.2.2 Improve waiting conditions within health posts

A review should be undertaken on how health posts are designed, with a view to making some space available for pregnant and lactating women, for example, as well as ease of access for people with disabilities.

7.3 Education

7.3.1 Build on children being "Agents of Change"

As identified through household surveys, many children attending CLCs are proving to be effective agents of change in their households, by sharing information and practices learned at these centres. Some householders mentioned as many as seven aspects of their family life that had changed as a result of this. While being a highly effective way of trickling down information to others, this can also become an enormous source of pride for children.

7.3.2 Re-inforce the staffing capacity at Lerning Centres

Expectations from the CLC are high. Therefore, educational programmes need to demonstrate suplpementary planning, better organisation and creative thinking. Addiitonal teacher training and capacity building is required with regards lesson planning for specific age groups.

7.3.3 Involve adolescent girls in Centre activities

Few adolescent girls seemingly attend the CLCs/CFSs partly perhaps on account of the fact that they have to help take care of siblings or help their mothers with household works. A special effort should be made to create time and space for them, with an appropriate range of activities available.

7.3.4 Devote more resources to Child Learning Centres

To continue to enrich the quality of learning that children get from CLCs and CFSs, more – and more diversified – educational materials need to be available, tailored as much as possible to different age groups.

7.3.5 Review how classes are organised in Learning Centres

Muslim Hands might also consider the effectiveness of having smaller classes with children of similar ages to allow children to engage and interact more freely in activities. Consideration should also be given to including handicapped children in some classes, perhaps in association with specialist NGOs such as Humanity and Inclusion.

7.4 Protection

7.4.1 Build and/or re-inforce the capacity of staff at resource facilities

While seen as important contributions to supporting the Rohingya community, Safe Spaces and Learning Centres need qualified staff: MHI needs to consider how additional – and more diversified – training can be provided to overcome staffing changes, to avoid disruption to services and continue to provide quality support to women, adolescent girls and children.

7.4.2 More focus should be given to helping refugees understand their rights

In terms of peoples' knowledge of their basic rights, virtually all survey respondents said that they felt well informed on this. When asked a similar question, but in relation to the rights of children, such as the prevention of forced labour or family planning, just 75 per cent of the same group of people felt as though they were well informed. If possible – in accordance with the CiC – more awareness raising events should focus on peoples' rights, including the rights of children. This would help inform people about issues such as early marriage, child labour and so forth.

7.4.3 Child protection needs additional emphasis

Well-informed people – such as the Child Protection Officer and teachers of CFSs – see considerable need for a major awareness programme on child protection as well as domestic violence, involving key leaders from within each block in the respective camps. Sensitisation meetings should be organised with the respective Imams, Mahjees and others to get their support and involvement in such campaigns. Street drama and educational activities can play a vital role in this.

7.4.4 Improve conditions and activities within safe spaces

The CFS and WFS could be made more attractive with imaginative additions of activities and equipment, with minimum cost. People could be introduced, for example, to audio-visual or cultural shows as well as folk theatre and folk music suitable for both women and young children.

7.5 General

7.5.1 Muslim Hands International should review its Human Resource policies and staffing conditions

Staff and vounteers in the MHI Cox's Bazar office seem committed and well informed. Frequent staff turnover, however, has appeared to affect continuty of some activities. The office needs to be further strengthened with appropriate managerial staff so that field operations retaintheir high quality. The MHI Dhaka office may need to provide increased support to the Rohingya programme.

7.5.2 Careful consideration should be given to replicating experience in other camps

If resources – funds and human capacity – allowed, MH/MHI should consider replicating some of its experience from this programme to other neighbouring camps. This should be approached on a selective basis to avoid spreading itself too thinly on the ground. Services such as the safe spaces and CLCs, however, would likekly be very welcome in other neighbouring camps.

7.5.3 Refugees need livelihood options

Adult and adolescent refugees need to have some, even limited, livelihood earning activities. Women, in a male-dominated culture, have work to do at home, but men remaining without work and income may create problems. Together with other humanitarian aid agencies, MHI should plan for future investment in enabling and pormoting appropriate forms of livelihoods within camps/settlements.

TERMS OF REFERENCE

ANNEX I

Conducting mid-term evaluation for Muslim Hands Rohingya crisis

Muslim Hands is a UK based international relief organisation working in over 40 countries worldwide. The Head Office is in Nottingham with another UK Office in London. Muslim Hands UK is seeking an enthusiastic and passionate consultant/company to coordinate and conduct a mid-term evaluation around the Emergency Intervention conducted so far in Bangladesh as a response to the Rohingya crisis.

ABOUT THE PROJECT

Muslim Hands has been funding work with the Rohingya refugees in Cox Bazaar since September 2017, through our partner Muslim Hands Bangladesh. The programme is currently in its third phase, with the fourth phase proposal in its planning stages. Currently Muslim Hands has funded the programme for an overall amount of £1.1 million.

Building on the successes of phase I and II of the programme, phase III, in Ukhia and Teknaf, will primarily focus on:

1. Running Health Camps
2. Running Emergency Education for Children aged 6-13
3. Construction and installation of women only WASH facilities
4. Construction and installation of latrines
5. Construction of deep tube wells
6. Construction of shallow tube wells and installation of street lights
7. Distribution of NFIs (in preparation for monsoon)

PROJECT OBJECTIVES

The overall objective of the project is: to provide life-saving basic assistance in settlements, camps and host communities.

The specific objectives of the project are:

- To ensure targeted population have safe access to WASH goods, sanitation, information and facilities to prevent the deterioration of hygienic conditions and health-seeking behaviour.
- To ensure crisis affected girls and boys aged 4-18 years old have access to early learning and non-formal basic education in safe and protective environment.
- To improve access to essential lifesaving primary health services for crisis-affected populations aimed at reducing avoidable morbidity and mortality.
- To provide shelter materials to host families to promote better and safer living conditions in line with their needs.

A mid-term evaluation is being commissioned to assess the project progress toward achieving its objectives. The study will assess and identify mentioned programmes key milestones/achievements, its interim impact on beneficiaries, lessons learnt and provide concrete recommendations for the refinement of the project approach, if necessary, and to inform subsequent implementation phases of the project. The evaluation should specifically find out:

1. Results achieved to date and its contribution in realization of programme and MH objectives
2. Challenges, issues and risk profile and MHBD's response and mitigation strategies
3. Relevance of the programme to the contexts and beneficiary needs
4. Programmes impact on the day to day living condition of the target beneficiaries and in reducing the miseries faced by Rohingya people
5. Key recommendations on the way forward

OBJECTIVES AND EVALUATION QUESTIONS

The objective of the mid-term evaluation is to assess and understand progress to date and its contribution towards achieving project objectives and outcomes and draw out lessons for how MH intervention can be improved during the rest of its implementation for more positive impacts.

Specifically, the mid-term evaluation will be assessing the following.

- **Relevance:** To what extent did the project address the needs of the Rohingya people in the context of Rohingya refugee crisis which begun in August 2017. Does the project design reflect the needs and priorities identified by the Inter-Sector Coordination Group (ISCG) and government of Bangladesh and the beneficiaries? Were beneficiaries consulted or is there a platform/mechanism through which Rohingya people can highlight their needs and raise concerns on the delivery?
- **Impact:** What basic needs and environmental changes have taken place among the beneficiary community as a result of the project, including both intended and unintended effects? This should specifically capture changes in overall living conditions, safety and wellbeing of the Rohingya refugees.
- **Efficiency:** Were the activities completed as planned? Were the financial resources and other inputs used in line with value for money and economic efficiency to achieve outputs? What can/should be changed to improve planning and implementation? What factor can contribute/hinder efficiency?
- **Effectiveness:** To what extent is the project on track to achieve its objective and outcomes? What progress has been made so far? What factors may be limiting the achievement of intended results?
- **Sustainability:** Given the nature of the project activities, sustainability may come second to meeting the immediate and acute needs of the beneficiaries i.e. provision of food, clothing and emergency shelter and or access to clean water. That said, this study should find out where and how the project result can be sustained and what would be the expected benefits to the host community in the long term? To what extent are the project's positive actions likely to continue after the end of the project? In particular, what socio, economic and institutional changes are likely to be sustained beyond the project lifetime? What actions need to be taken to increase the likelihood of the project results being sustainable and mutually beneficent to both Rohingya and the host community?

KEY AREAS TO COVER:

1. Quality of project design:

- As presently designed, is the intervention logic holding true? Does a log frame or similar tool exist? If yes, what is its present quality?
- Is the current design sufficiently supported by all stakeholders?
- Are coordination, management and financing arrangements clearly defined and do they support institutional strengthening and local ownership?
- Is the sustainability strategy (handing over strategy to partners) fully understood by the partners?
- Is the timescale and/or range of activities realistic with regard to the stakeholders' capacities?
- Does the project respect SPHERE Emergency minimum standards? For which sectors? Any obstacle on this?
- If applicable: How well has the project design been adapted to make it more relevant?

2. Efficiency to date:

- How well is the availability/usage of means/inputs managed?
- How well is the implementation of activities managed?
- Is the log frame or similar tool used as a management tool? If not, why not?
- Is an activity schedule (or work plan) and resource schedule available and used by the project management and other relevant parties?
- To what extent are activities implemented as scheduled? If there are delays how can they be rectified?
- Are funds committed and spent in line with the implementation timescale? If not, why not?
- How well are activities monitored by the project and are corrective measures taken if required?
- If appropriate, how flexible is the project in adapting to changing needs?
- If appropriate how does the project co-ordinate with other similar interventions to encourage synergy and avoid overlaps?
- How well are outputs achieved?
- Have all planned outputs been delivered to date? And in a logic sequence?
- What is the quality of outputs to date?
- Are the outputs achieved likely to contribute to the intended results?

- How well is the Partner Contribution / Involvement working?
- Do the inter-institutional structures e.g. steering committees, monitoring systems, allow efficient project implementation?

3. Effectiveness to date:

- How well is the project achieving its planned results?
- What is the quality of the results/services available?
- Have all planned target groups access to / using project results available so far?
- Are there any factors which prevent target groups accessing the results/services?
- To what extent has the project adapted or is able to adapt to changing external conditions (risks and assumptions) in order to ensure benefits for the target groups?

4. Impact prospects:

- What are the direct impact prospects of the project at Overall Objectives level?
- What, if any impacts are already apparent?
- What impacts appear likely?
- Are the current targets realistic and are they likely to be met?
- Are any external factors likely to jeopardise the project's direct impact?
- Have there been/ will there be any unplanned positive impacts on the planned target groups or other non-targeted communities arising from the project? How did this affect the impact?

5. Potential sustainability:

- Financial / economic viability?
- If the services/results have to be supported institutionally, are funds likely to be made available? If so, by whom?
- Is there a financial/ economic phase-out strategy? If so, how likely is it to be implemented?
- What is the level of ownership of the project by target groups and will it continue after the end of external support?
- How far the project is embedded in local structures?
- How well is the project contributing to institutional and management capacity? o How far is the project embedded in institutional structures that are likely to survive beyond the life of the project?

6. Cross-cutting issues:

- Have women been involved during the assessment phase?
- If so, how and to what effect? If not, why not? If n/a, explain.
- According to the IASC Gender Marker how would you classify this project?
- Have people with disability and special needs been involved during the assessment phase? Are they being taken into consideration in the implementation part? Any feedback system in place for PWSN in place?
- Is the project respecting environmental needs?
- If so, how and to what effect? If not, why not? If n/a, explain.
- Please consider the following aspects of mainstreaming environmental aspects:
- Have environmental constraints and opportunities been considered adequately in the project design?
- Are good environmental practices followed in project implementation (in relation to use of water and energy and materials, production of wastes, etc)? Does the project respect traditional, successful environmental practice?
- Has environmental damage been caused or likely to be caused by the project? What kind of environmental impact mitigation measures has been taken?
- Has (good) governance been mainstreamed in the project/programme (P/P)?
- If so, how? If not, why not? If n/a, explain.
- Please consider the following aspects of governance:
- Does it take into consideration the differential impact of emergency by disadvantaged groups such as elderly and persons with a disability?
- Does the project actively contribute to the promotion of Human Rights?
- If so, how? If not, why not? If n/a, explain.
- Has there been an analysis of "winners and losers" regarding possible "discrimination" of target groups by the P/P?
- Will the P/P help to ensure respect for any relevant human rights and not cause them to be reduced in any way?

UTILISATION FOCUSED APPROACH

The evaluation will adopt the Utilisation-Focused Approach. The findings will be used mainly by the stakeholders.

Secondary audiences include donors and media as the findings will also be used for reporting and advocacy purposes.

Approach and methodology

The project implements a routine monitoring system based on a Log Frame developed at the beginning of the project and corresponding data collection plan to collect data against key outcome indicators. The evaluation methodology is expected to review this data and, as far as possible, allow comparability taking into account any issues around data collection for the first half of the project.

The consultant is expected to employ a variety of data collection and analysis techniques for both quantitative and qualitative data to ensure a comprehensive evaluation exercise. Muslim Hands gives the liberty to the consultants to define the methodology as they prefer. It will be screened and subject to questions, during the recruitment phase.

Description of target beneficiaries

MH have established a closer collaboration with Government bodies and working groups. Overall there is a scarcity of human, logistical and financial resources in place which is causing significant gaps in the overall provision of essential services to affected populations as well as surrounding communities. While there is now access to water, health, and relief distribution activities on the ground, need to increase the number of field staff while at the same time build up their capacities is still in place. Bureaucratic impediments, including delays in approvals for NGO operations, have slowed the response down. Decongestion of sites is a critical and immediate need to mitigate the health and safety risks of a highly dense shelter environment.

According to the Humanitarian Response Plan report 2017, the largest capacity gaps are in the WASH, Food Security, Site Management, Shelter NFI and Protection Sectors.

The overarching challenge for the shelter response remains the lack of resources and suitable land to construct shelters which meet the Sphere minimum standards, capable of withstanding the climatic weather conditions and adequate for meeting the protection needs of women and children.

Implementation of the minimum package of essential primary health services is constrained by financial and human resource shortages and availability of space/land. There is still shortfall in food assistance targeting vulnerable populations including supplementary feeding for children under 5 and pregnant and lactating woman. The lack of cooking fuel and cooking stoves have a direct impact on food utilization by the Rohingyas, their nutritional status as well as on the environment. Nutrition program coverage has been inadequate in certain areas of the camps and certain programs do not have outreach activities at scale. Accountability mechanisms are falling short. More technical expertise is urgently needed to deliver effective, high quality engagement and accountability mechanisms, especially taking into account women, adolescents, boys and girls, the elderly and disabled. Some areas where humanitarian response operations are taking place are not fully covered by security telecommunications.

Expected Deliverables and Timeline

All written documentation is to be submitted in English using Microsoft Word in both soft and hard copy. The main body of all reports should be written in simple, non-technical language (i.e. plain English), with any technical material to be presented in annexes. All primary data collected, and analysis conducted for the purpose of the evaluation will remain the property of Muslim Hands and must be submitted electronically and in a clear and comprehensible format in Excel.

The evaluation should begin no later than the 20th January 2019, with the evaluator(s) expected to take a total of 60 days from the day of contracting to complete the assignment.

The consultant will provide the following deliverables to the Muslim Hands within the timeframe stated:
Evaluation Plan submitted within 2-3 working days from the signing of the contract

Final deliverable:

1. **Summary report** of the beneficiaries and stakeholders survey
2. **Summary report** of the project contextual and strategic assessment
3. **Final Evaluation Report** along with set of key recommendations
    - **a)** Executive summary
    - **b)** Programme description
    - **c)** Role of Muslim Hands and other stakeholders in programme implementation
    - **d)** Purpose of Evaluation
    - **e)** Evaluation criteria
    - **f)** Objectives
    - **g)** Evaluation design
    - **h)** Methodology, including sampling strategy and methodological limitations
    - **i)** Stakeholder participation
    - **j)** Ethical issues
    - **k)** Major findings
    - **l)** Analysis of results
    - **m)** Good practices (if any)
    - **n)** Key Constraints
    - **o)** General Conclusions
    - **p)** Recommendations
    - **q)** Lessons learned
    - **r)** Annexes TOR, tools of data collection used

1. Value for Money Statement based on the 4 "E"s

2. A Power point presentation outlining key findings and implications, and recommendation for future implementation to be presented at Nottingham HQ, UK in March/April 2019

Management and Implementation Responsibilities

The consultant will report directly to the Muslim Hands Emergency Lead and Programme Director. However, s/he will also be expected to work closely with MHBD Country Manager and Senior Project Manager. Any proposed changes to the personnel listed in the application must be explained in the inception report and approved by Muslim Hands. This project is funded by MH Private Donors.
Muslim Hands will contribute to the evaluation and support the consultants based on the requests expressed during the recruitment phase. Consultants should be including in the application form the support expected from the organization.

Qualification and Desirable Competencies:

Applications from individuals or teams are welcome and will be assessed on their ability to demonstrate the following qualifications and competencies:

Essential

- A minimum of 7 years' experience in carrying out impact evaluations, demonstrable academic and practical experience in qualitative and quantitative research methodology, evaluation design and implementation.
- Strong analytical, facilitation and communication skills.
- Good understanding on Rohingya Crisis and or similar crisis involving refugee influx, forced migration, and Humanitarian Emergencies including the current policy debates on it. Consultant must be knowledgeable on the Rohingya humanitarian mergence framework
- Excellent reporting and presentation skills.
- All team members should be fluent in spoken and written English. At least one member should be fluent in Bengali.
- Ability to travel to region effectively
- The lead researcher should possess a Master or above in Disaster Risks Management, Emergency Assessment, Sustainable Development, Economics or related discipline with hands on experience and knowledge of conducting evaluations in complex emergencies.

Desirable

Previous knowledge of conducting evaluation for emergency projects in East Asia.

Interested evaluators or firms are requested to submit:

1. An Expression of Interest detailing their interpretation of the TOR, proposed methodology including sampling framework, work schedule and proposed budget.
2. A capability statement demonstrating how they meet the required qualifications and competencies;
3. Copies of all relevant Curriculum Vitae (CVs). Only CVs for the specific individuals that will form the proposed evaluation team should be included;
4. A sample of an evaluation report for a similar project completed within the last 24 months (this will be treated as confidential and only used for the purposes of quality assurance);
5. Two professional references (including one from your last client/employer).

All documents must be submitted by email to the Emergency Lead copied to the Programme Director by 5th January 2019.

Only applicants with the right to work in the UK will be taken into consideration. Applicants, if in need, should easily gain necessary paperwork to gain entry to Bangladesh.
The successful applicant will be notified.

Terms:
All activities to be developed as part of this consultancy should be done in Muslim Hands international UK which will supervise the work of the consultant. Consultant will develop detailed methodological framework to assess the impact Program, this would also include the required sampling framework.

Duration: **60 working days** (consultant will only be eligible **for 60 working days** payment this excludes official holidays or national days)

Expected Start Date: 15th – 20th January 2019

Expected End date: 20th March 2019

Location: Desk Review
On site (Based in Cox's Bazar maximum 20 days)
Offsite

Payment Terms: 10% upon signing of ToR and prior to delivery of work. 25% upon submission of the first draft and 65% after satisfactory completion of the evaluation and submission of final report and

Presentation.
The Consultant should submit invoiced to claim payment as per the payment schedule above.
The contract will specify the total fee payable for this evaluation. Any additional expense incurred above the amount specified in the contract will the responsibilities of the consultant/consultancy firm.

EVALUATION ITINERARY

ANNEX II

Date	Activity
24th April	Domestic flight Dhaka to Cox's Bazar Introductory meeting with MHI staff Check arrangements for enumerator training
25th April	Training and practice on Kobo Collect with 10 enumerators
26th - 27th April	Review literature Plan for field work
28th April	■ Fieldwork at Ghundhum camp (Camp 8E) ■ Household surveys ■ Meeting with CIC Mr. Sheikh Hafizur Rahman ■ FGD at the Site Management Office run by Danish Refugee Council (DRC) ■ KII with Md Najib Team leader of the site management office, DRC ■ KII with Abdul Aziz, WASH officer, DRC ■ KII with Tisha Barua, Communication with Community, DRC ■ KII with Taslima Health and Education, DRC ■ KII With Mr Masud, PO, Education, BRAC ■ KII with Burhanuddin, MHI Education Programme ■ KII with school teacher, Mr Husain Ahmede (Rohingya) ■ Dr Asif Hannan, Medical Officer and Mr Hussain Md Abu Refayet, Medical Assistant, MHI Health Centre ■ KII with Rabeya Boishori , Volunteer, WFS ■ KII with Monowara Begum, Guard, WFS ■ KII with Saba , WFS user ■ KII with Sadia Tabassum, Doctor, Health Post ■ KII with Tahora, Health Post user/beneficiary ■ FGD with WFS users
29th April	■ Field visit Camp 9, Balukhali. ■ Household surveys ■ Met Mr. Jahangir Hossain, Camp In Charge ■ Meeting with Dr Tawhid Mahmood, Medical Officer and Mr Sanjib Suman ■ KII with Mourin Nahar, Female Medical Office, Health Post ■ FGD with women patients ■ KII with Monowara Begum, patients, Health post ■ FGD with met at Health Post ■ Visit class for students aged 4-8 years. ■ FGD with male community members ■ FGD with female patients at health post ■ KII with Boishakhi Barua, Teacher at CLC ■ KII with Jannatul Bokeya, Teacher, CLC (Camp 8E, Ghundum)
30th April	■ Household surveys ■ Visit the office of CiC, Camp 13, Mr Abdul Wahab Rashed ■ Visit SMO: Spoke with the person in Charge Mr. Minhaj Uddin Ahmed, CARE-Bangladesh ■ Visit CFS. ■ Met children (8-14 years of age) and discussed about their appreciation of the centre and its activities ■ FGD with Rohingya male community members ■ FGD with Rohingya women group ■ KII with Ayesha Akhtar, Child Protection Officer, MHI ■ KII with Agency Representative: Md Mahfuzur Rahman Akash, BRAC WASH and Shelter ■ KII with Ms. Suraiya Yasmin, Programme Coordinator, MHI Rohingya Pro-gramme, Cox's Bazar ■ KII with Agency Representative, Md. Asadul Haidar Chowdhury, German Red Cross, Cox's Bazar
1st May (holiday)	■ KII with Jesmin Prema , Chairman, SKUS, Cox's Bazar ■ KII with Md. Mahbub Alam Rafid, Field Officer, MHI, Cox's Bazar Office
2nd May	■ KII with Mr Abu Naim Md. Shafiullah Talukder, National Field Co-ordination Officer, ISCG Secretariat ■ KII with Imranur Rahman, Programme Officer, MHI, Cox's Bazar Office ■ KII with Daud Hossain, Finance & Admin Officer, MHI, Cox's Bazar Office ■ KII with Farhana Akhter Jue, Field Monitoring Officer, MHI, Cox's Bazar Officer ■ KII with Ms. Moonmoon Gulshan, National Coordinator, Rohingya Response NGO Platform ■ Domestic flight Cox's Bazar - Dhaka

PEOPLE MET AS PART OF THIS EVALUATION

ANNEX III

KEY INFORMANT INTERVIEWS

Person	Female	Male	Role	Organisation
Mr Sheikh Hafizur Rahman		✓	CiC	Camp 8E, government
Mr Jahangir Hossain		✓	Assistant CIC	Camp 9, government
Mr Masud, PO, Education, BRAC		✓	Education	BRAC, Camp 8E
Mr Burhanuddin		✓	Head of Child Learning Centre	MHI Education Programme, Camp 8E
Dr Asif Hannan		✓	Medical Officer	MHI, Ghundum, Camp 8E
Mr Hussain		✓	Medical Assistant	MHI Health, Ghundum, Camp 8E
Md Abu Refayet		✓	Medical Assistant	MHI Health, Ghundum, Camp 8E
Mr Husain Ahmede		✓	Rohingya Teacher	MHI, CLC, Camp 8E
Md Mahfuzur Rahman Akash		✓	Engineer	WASH, BRAC Shelter, Camp 13, Base Camp 14.
Ms Suraiya Yasmin	✓		Programme Coordinator	MHI Rohingya Programme, Cox's Bazar
Md Asadul Haidar Chowdhury		✓	WASH Officer	German Red Cross, Cox's Bazar
Mr Saikot Biswas		✓	Senior Liaison Officer	ISCG, Cox's Bazar
Md Najib		✓	Team Leader, Site Management	Danish Refugee Council, Camp 8E, Ghundum
Abdul Aziz		✓	WASH Officer	Danish Refugee Council, Camp 8E
Ms Tisha Barua	✓		Communication with Community	Danish Refugee Council, Camp 8E
Ms Taslima	✓		Health and Education	Danish Refugee Council, Camp 8E
Mrs Rabeya Boishori	✓		Volunteer	MHI (WFS)
Mrs Monowara Begum	✓		Guard	MHI (WFS)
Mrs Saba	✓		WFS user	
Ms Sadia Tabasum	✓		Doctor	MHI-Health Post ,Camp 8E
Mrs Tahora	✓		Beneficiary	Host community, Camp 8E, Ghundum
Ms Mourin Nahar	✓		Doctor	MHI Health Post, Camp 9, Balukhali
Mrs Boishaki Barua	✓		Teacher	CLC, Camp 8E, Ghun-dum
Ms Jannatul Bakeya	✓		Teacher	CLC, Camp 8E, Ghun-dum
Ms Ayesha Aktar	✓		Protection Officer	CFS, Camp 13
Minhaj Uddin Ahmed		✓	Technical coordinator	CARE Bangladesh, Camp 13
Mr Abu Naim Md. Shafiullah Talukder		✓	National Field Coordination Officer	Inter Sectoral Coordination Group Secretariat
Imranur Rahman		✓	Programme Officer	MHI, Cox's Bazaar Office
Daud Hossain		✓	Finance & Admin Officer	MHI, Cox's Bazaar Office
Md Mahbub Alam Rafid		✓	Field Officer	MHI, Cox's Bazaar Office
Farhana Akhter Jue	✓		Field Monitoring Officer	MHI, Cox's Bazaar Office
Ms Moonmoon Gulshan	✓		National Co-ordinator	Rohingya Response NGO Platform, Cox's Bazar

FOCUS GROUP DISCUSSIONS

Location	Women	Men	Girls	Boys
Site Management Office, Camp 8E	2	4		
Health Post, Camp 9	6	7		
Child Learning Centre, Camp 9	5	4		
Women Friendly Space, Camp 13	13			
Women's group Camp 13	5			
Men's group, Camp 13		6		
Child Friendly Space, Camp 13			17	33
Child Learning Centre, Camp 8E			12	21
TOTALS	**31**	**21**	**29**	**54**

HOUSEHOLD SURVEY QUESTIONNAIRE

ANNEX IV

1. BACKGROUND INFORMATION		
1	Name of Camp	Camp 8E (Ghundum 3); Camp 9 (Balukhali); Camp 13 (Thayngkhali)
2	Block Number	**Text Field**
3	Gender of respondent	Female = **1**; Male = **2**
4	Your position in this household?	Male head of household = **1**; Female head of household = 2; Other = 3
5	Number of people in household	**Text Field**
6	Age of the respondent	Under 18 = 1; 19-25 = 2; 26-30 = 3; 31-35 = 4; 36-40 = 5; 41-45 = 6; 46-50 = 7; >50 = 8
7	Education level of the respondent	No formal education = 1; No formal education but can sign = 2; Below Grade 8 = 3; SSC or equivalent = 4; HSC or equiva-lent = 5; Graduate or higher = 6
8	How long have you lived/stayed in your present location?	< 12 month = 1; 12-24 months = 2; >24 months = 3
2. KNOWLEDGE OF MUSLIM HANDS INTERNATIONAL		
9	Are you aware of the work that Muslim Hands International is doing in this camp?	Yes = 1; No = 2; Not sure = 3 **[If "No" or "Not Sure" close the interview and thank the person for his/her time]**
10	If "Yes" what support do you associate with their work? *Multiple Choice*	Health = 1; Education = 2; WASH = 3; Child protection = 4; Road construction = 5; Shelter repairs = 6; Food distribution = 7; Disaster preparedness = 8; GBV = 9; Other (Please Specify) = 10
11	Of the support you have just identified, which single activity is the most relevant and important to you?	Health = 1; Education = 2; WASH = 3; Child protection = 4; Road construction = 5; Shelter repairs = 6; Food distribution = 7; Disaster preparedness = 8; GBV = 9; Other (What was specified) = 10
12	Why is this?	No other agency is providing this support = 1; Muslim Hands International is well known for its expertise in this activity = 2; It responds most to my/household needs = 3; Their staff listen to us and try to help us = 4; Not sure = 5; Other (Please Specify = 6
13	Are you aware of the coming Monsoon	Yes = 1; No = 2; Not sure = 3 **[If "No" or "Not Sure" Skip to Q 17]**
14	If "Yes" have you taken any measures to prepare your household for this?	Yes = 1; No = 2
15	If "Yes" what have you done?	Improved drainage away from my house = 1; Tied down the shelter with rocks and rope = 2; Put valuable documents in a safe place = 3; Stocked up with some extra food = 4; Reminded family members where to go to for a secure location, if needed = 5; Other (please Specify) = 6
16	If "Yes" was this based on advice given to you by Muslim Hands International?	Yes = 1; No = 2
3. WASH – WATER, SANITATION AND HYGIENE		
17	Did you/household members receive training on good Water, Sanitation and Hygiene practices from Muslim Hands International?	Yes = 1; No = 2 (Skip to Q21)
18	Do members of your household apply better Water, Sanitation and Hygiene practices today as a result of this training?	Yes = 1; No = 2 (Skip to Q 20)

19	If "Yes", what has been the main change you practice?	Store water in closed basins = 1; Wash hands before eating = 2; Wash hands after using the toilet = 3; Wash hands after changing baby/ looking after elderly people = 4; Occasional-ly clean the communal latrine = 5; dispose of waste properly = 6; Other (Please Specify) = 7
20	If "No" why not?	Can't afford it = 1; Didn't understand it = 2; Not relevant to my needs = 3; Other (Please Specify) = 4
21	Do features of existing WASH facilities help prevent gender-based violence, e.g. sex-segregated toilets, adequate lighting and privacy?	Yes fully = 1; Yes partially = 2; They are OK = 3; To some degree = 4; Not at all = 5; Not sure = 6
22	Did WASH community outreach materials and activities include basic infor-mation about GBV risk reduction, where to report GBV risk, and how to access care?	Yes fully = 1; Yes partially = 2; They are OK = 3; To some degree = 4; Not at all = 5; Not sure = 6
23	Is lighting provided at key facilities such as latrine blocks or washing areas?	Yes = 1; No = 2 (Skip to Q 26)
24	If "Yes" is this well maintained – i.e. does it work all of the time?	Very well maintained = 1; not working properly = 2; Has not worked in the past month = 3
25	If "Yes" are the lights placed in the best possible positions?	Yes = 1; No = 2; Not sure = 3
3.1 SANITATION		
26	Does your household have access to a latrine?	Yes = 1; No = 2 (Skip to Q 39)
27	What type of facility does your household use?	Pit latrine = 1; Other (Please Specify) = 2
28	Do you share this facility with other households?	Yes = 1; No = 2 (Skip to Q 30)
29	If "Yes" how many households, approximately?	1-5 = 1; 6-10 = 2; 11-15 = 3; >15 = 4; Not sure = 5
30	How far is the latrine from your home?	< 50m = 1; 51-100m = 2; 101-150m = 3; 151-200m = 4; >200m = 5
31	Are separate facilities available for women and men?	Yes = 1; No = 2; Not sure = 3
32	Are the facilities for women and men clearly marked and do you know which is which?	Yes = 1; No = 2; Not sure = 3
33	Do you feel personally safe when you use this facility?	Yes = 1 (Skip to Q 35) No = 2
34	If "No",	Not secure at night = 1; Latrine is in an unsafe place = 2; There are no locks on the door = 3; No separate toilets for men and women = 4; No lighting = 5; Other (Please Specify) = 6
35	Were you consulted with regards the location of this latrine?	Yes = 1; No = 2
36	Is this facility accessible and safe to use during periods of bad weather such as heavy rainfall or cyclones?	Yes = 1 (Skip to Q 38); No = 2
37	How would you compare your household's sanitary conditions today, compared with 18 months ago?	High Improvement = 1; Some improvement = 2; No change = 3; Not as good as it was before = 4; Much worse off today = 5
38	Do you or other members of your household help maintain and clean the latrine facility?	Yes = 1; No = 2
39	If "No", then how do household members cope?	Defecate in the open= 1; Share other latrines = 2; Other (Please Specify) = 3

3.2 WATER		
40	What is the main source of drinking water for your household?	Tube well = 1; Harvested rain water = 2; Pond = 3; Stream/River = 4; Other (Please Specify) = 5
41	How far do you have to go to collect water for household use?	< 50m = 1; 51-100m = 2; 101-150m = 3; 151-200m = 4; >200m = 5
42	Were you consulted with regards the location of this water point?	Yes = 1; No = 2
43	Do you believe that the water you get for drinking is safe?	Yes = 1; No = 2
44	On average, how many litres of water does your household use each day?	< 5 litres = 1; 6-10 litres = 2; 11-15 litres = 3; 16-20 litres = 4; 21-25 litres = 5; > 25 litres = 6
45	Do you have to queue to get water?	Yes = 1; No = 2
46	On average, how long do you spend queueing to get water each day?	< 15 minutes = 1; 15-30 minutes = 2; 30-45 minutes = 3; 45-60 minutes = 4; > minutes = 5
47	Do you or other household members feel safe going to collect water from this point?	Yes = 1; No = 2; Not sure
48	Do you think the situation is safer today than in the past?	Yes = 1; No = 2
49	During heavy rainfall or a cyclone, do you use the same source or a different source?	The same = 1 (Skip to Q 53); Different = 2
50	If "Different" from what source do you collect water during disasters?	More distant tube well = 1; Pond/ River = 2; Rain water = 3; Other (Please Specify) = 4
51	Have you experienced any problems when using this source of water during flooding or a cyclone?	Yes = 1; No = 2 (Skip to Q 53)
52	If "Yes" what was the main problem?	Health = 1; Security = 2; Other (Please Specify) = 3
53	Has your household suffered from any water-related disease in the past 2 months?	Yes = 1; No = 2 (Skip to Q56)
54	If "Yes" what was the disease?	Diarrhoea = 1; Dysentery = 2; Other (Please Specify) = 3
55	How would you compare your house-hold's situation today with regards access to water, compared with 18 months ago?	High improvement = 1; Some improvement = 2; No change =3; Not as good as it was before = 4; Much worse off today = 5
3.3 HYGIENE		
56	When do you wash hands?	Before cooking = 1; Before eating food = 2; After using latrine = 3; Before feeding children = 4; After cleaning child/aged person = 5; Other (Please Specify) = 6
57	How do you wash hands?	With Soap = 1; With ash/mud = 2; With water only = 3; Other (Please Specify) = 4
58	During monsoon or a cyclone how do you maintain this good practice?	Same as normal = 1; Use only water = 2; Use less water =3; Other (Please Specify) = 4
59	Do you have access to a safe place for washing yourself?	Yes = 1; No = 2
60	If "Yes" how far is this from your household?	< 50m = 1; 51-100m = 2; 101-150m = 3; 151-200m = 4; >200m = 5
61	Are there separate washing areas for women and men at this facility?	Yes = 1; No = 2

62	Are you satisfied with the condition/ cleanliness/safety of these facilities?	Yes = 1; No = 2
63	Who constructed this washing facility?	Muslim Hands International = 1; Other agency = 2; My-self/family = 3
64	Were you consulted on the location of this facility?	Yes = 1; No = 2
3.4 MENSTRUAL HYGIENE MANAGEMENT (MHM)		
65	Do you have knowledge about MHM?	Yes = 1; No = 2 (Skip to Q 76)
66	Have you received any information on this in the past 18 months	Yes = 1; No = 2 (Skip to Q 69)
67	If "Yes" has this led to a change in your practice with regards MHM?	Yes = 1; No = 2
68	What did you appreciate most from this learning?	About personal hygiene issues = 1; About understanding the health aspects of menstruation = 2; Not sure or would pre-fer not to answer = 3
69	Do you think that menstruation issues are viewed with respect within your community, or are they not spoken about?	Viewed with respect in the community = 1; Not spoken about in public = 2; Not spoken about in the household = 3; Not sure or would prefer not to answer = 4
70	Do you (and other women/girls in your household) have access to suitable facilities and adequate materials (segregated toilets, water, soap and disposal facilities) at schools and at home?	Yes = 1; No = 2
71	Do you receive Hygiene Kits as part of your rations or from external organisations?	Yes = 1; No = 2
72	Are these sufficient to meet your needs?	Yes = 1; No = 2
73	How do you dispose of menstrual hygiene materials?	Bury them = 1; Burn them = 2; Throw them away in the open air = 3; Wash them for re-use = 4; Hide them away so no one sees them = 5; Other (Please Specify) = 6
74	During menstruation, does your family respect your choice to engage or not in active work?	There is no difference from any other days = 1; Yes, I can be active outside of the household and my family helps me if I do not feel well = 2; No, I cannot leave the household = 3; Not certain = 4
75	What, if any, information would you like to have that could help you deal with MHM in a culturally and respectfully open situation?	Awareness provided to men (my husband) to understand MHM = 1; More information on how to make/maintain sanitary pads = 2; More information on safe and hygienic disposal practices = 3; More information on how I can reach out to help other women/ girls = 4; Counselling to help over-come cultural barriers, especially embarrassment = 5; Understanding of how and where I can reach out for medical help = 6; Understanding how to conduct outreach and counselling to spread information on MHM = 7; Other (Please Specify) = 8
4. EMERGENCY EDUCATION AND CHILD PROTECTION		
76	Do children from your household attend MHI Learning Centres or Child Friendly Spaces?	Yes = 1; No = 2; Not sure = 3 **[If "No" or "Not Sure" Skip to Q 83]**
77	If "Yes" how would you rate the quality of these facilities?	Very good = 1; Good = 2; Not sure/OK = 3; Poor = 4; Very bad = 5 **[If 3, 4 or 5 Skip to Q 79]**
78	If "Very Good" or Good" why do you say this?	The Centre offers good social support to children = 1; Children learn a lot at the Centre = 2; Children get additional food at the Centre = 3; It's a chance for children to be in a safe environment = 4; Other (please Specify) = 5

79	If "Poor" or Very Bad" what would you suggest is done about it?	Close the centre = 1; Make it cleaner and safer = 2; Improve the level and quality of teaching support = 3; Reduce the number of children attending = 4; Other (Please Specify) = 5
80	Do you as a parent participate in the parent-teacher committee?	Yes = 1; No = 2
81	Have you changed any practice or activity in your household as a result of your children learning something form one of these centres?	Yes = 1; No = 2
82	If "Yes" could you describe this/these? *Multiple Choice*	Better hygiene practices, such as washing = 1; Better sanitary practices = 2; Preparation for the monsoon = 3; More support to children with their learning = 4; more caring support within the family = 6; Take action if there is a complaint = 7; Be more proactive if there is a protection issue = 8; Talk with other people if there is a concern over the child's safety = 9; Other (please Specify) = 10
83	Do you feel well informed about your own basic rights?	Yes = 1; No = 2; Not sure = 3
84	Do you feel well informed about basic rights for children, e.g. prevention of forced labour and family planning?	Yes = 1; No = 2; Not sure = 3
5. HEALTH		
85	Are you aware of the health pro-grammes and facilities provided in this camp by Muslim Hands International?	Yes = 1; No = 2; Not sure = 3 **[If 2 or 3, Skip to Q 90]**
86	If "Yes" which, if any, do you use? *Multiple Choice*	Free consultations = 1; Free medicines = 2; Blood pressure and other checks = 3; Vaccinations = 4; Nutritional guidance and support = 5; Reproductive health and well-being = 6; Infant support = 7; Micronutrient supplements for pregnant or lactating mothers = 8; Trauma = 9; Occasional personal injury = 10; Dignity kits = 11; Mental health = 12; Other (Please Specify) = 13
87	How would you rate the quality of those services that you have used?	Excellent = 1; Very good = 2; Not sure/OK = 3; Could be bet-ter = 4; Could be greatly improved = 5
88	If "Excellent" or "Very Good", why do you think this?	Staff are very attentive and helpful = 1; I/family always get good support when I go there = 2; In case they cannot help me/family, they refer to another centre = 3; Services are free = 4; I/family feel safe going to these facilities = 5; Other (Please Specify) = 6
89	If "Could be better" or "Could be greatly improved" what would you suggest?	More specialist staff available to provide support = 1; Shorter waiting time = 2; More privacy available = 3; better access and services = 4; Better physical location = 5
6. ACCOUNTABILITY AND INFORMATION DISSEMINATION		
90	Do you feel well informed by Muslim Hands International about what is happening in your village/camp community	Yes fully informed = 1; Aware of some things but not everything = 2; Not sure = 3; I don't really know what if going on all of the time = 4; I have no idea what is taking place out-side my household = 5
91	How do you get information about what is happening, e.g. ration distribution?	Muslim Hands International personnel = 1; Other agency volunteers = 2; Public announcements = 3; Community leaders = 4; Signboards = 5; CIC = 6; Religious leaders = 7; Other (Please specify) = 8
92	Are you able to understand the information given about services provided in the camp or by external actors?	Yes = 1; No = 2; Only sometimes = 3

93	Who was involved in the selection process of the most vulnerable members of your community? *Multiple Choice*	Imams = 1; Mahjee = 2; Religious leaders = 3; Community leaders = 4: Muslim Hands International staff = 5; Other NGO personnel = 6; the CIC = 7; UP Chairman & Member = 8; A combination of some of the above = 9; Not sure = 10
94	Would you say that camp services such as distributions are successful in reaching children, women and the most vulnerable members of your community?	Yes = 1; No= 2; Not sure = 3
95	Do available services (water, latrines, etc) meet the needs of children, women and the most vulnerable members of your community?	Yes = 1; No= 2; Not sure = 3 **[If 1 or 3 Skip to Q 97]**
96	If "No" what needs to change?	More services generally = 1; More services available at household level = 2; Better quality services = 3; More con-sideration of peoples' needs = 4; Other (Please Specify) = 5
97	Do you think that your safety and security is well protected by the formal camp structures?	Yes = 1; No= 2; Not sure = 3
98	Are you aware of the ways in which you can register a complaint if you are unhappy with something or wish to report an incident?	Yes = 1; No= 2; (Skip to end); Not sure = 3 (Skip to end)
99	If "Yes" which system are you aware of?	UNHCR Hotline = 1; Muslim Hands International Complaint box = 2; Muslim Hands International phone number = 3; Focal person at another NGO = 4; Cultural system (Mahjee) = 5; CIC = 6; Traditional/ Community Leader = 7; Other (Please specify) = 8
100	If "Yes" have you ever used this system?	Yes = 1; No= 2 (Skip to end)
101	Did you receive a response from your complaint?	Yes = 1; No= 2 (Skip to end); Not sure = 3 (Skip to end)
102	If "Yes" were you satisfied with the way in which your complaint was dealt with?	Yes = 1 (Skip to end); No= 2; Not sure = 3 (Skip to end)
103	If "No" why not?	Don't know about it = 1; Afraid to use it = 2; Not sure what might happen = 3; Its not in our culture to complain = 4; Other (Please specify) = 5

GUIDING QUESTIONS FOR KEY INFORMANT INTERVIEWS AND FOCUS GROUP DISCUSSIONS

ANNEX V

The following are indicative: please feel free to modify using your own experience.

1. FGD guiding questions on education
2. FGD guiding questions for children at learning centres
3. FGD guiding questions on Child Friendly Spaces
4. FGD guiding questions with children at Child Friendly Spaces
5. KIIs at Women Friendly Spaces
6. FGDs or KIIs with Rohingya men and women
7. FGD with health post workers
8. KIIs with selected patients/people at the health posts
9. Guiding questions for government (incl CiC) and other agencies
10. Guiding questions for Senior MHI Management
11. Guiding questions for MHI technical field staff

GENERAL APPROACHES

Only get names of MHI or other professional staff/volunteers – not refugees. Simply make a note of how many people you speak with, in which group and whether they are male or female (see table format in "Expected Deliverable" file.

- **Thank people for coming to the meeting/taking time to talk with you.**
- **Introduce the team and our purpose – take care not to raise expectations.**
- **NOTE: We are independent of Muslim Hands International.**
- **If people don't want to talk with you that is OK.**
- **Information shared will not be attributed to any one individual.**

1. FOCUS GROUP DISCUSSION: GUIDING QUESTIONS ON EDUCATION

Intended Audience: Teachers

NOTE: Please also check the design, cleanliness and safety of the siting of the centres, with toilet access.

What subject(s) do you teach?

On subjects such as health and hygiene have you noticed any differences amongst children in whether they practice new learning? Explain please.

Have you seen any evidence of transfer of knowledge to HH/parents? Explain please.

How would you rate the quality of the services at the Centre: "Excellent" =5 or "Much need for Improvement" = 1?

What, if anything, could be done to improve the services?

Do children attend on a regular basis?

If "No" why – what are the reasons for disrupted attendance?

If "No" do you contact the parents to understand why children do not come to learning centres?

Have you been able to develop individual learning plans for specific children? Please explain.

How easy or difficult is it to track student progress? Does this happen on a routine basis? Please explain.

Do Learning Centres allow for children with disabilities to attend?

Have you identified/experienced any special needs identified with relation to child protection?

If "Yes", do you report this and if so to who? What action has resulted from this?

Any special needs identified with relation to psychosocial support?

If "Yes", do you report this and if so to who?

What are the main challenges you are experiencing at Learning Centres? What is MHI doing to address these?

What has been the greatest impact you associate with the Learning Centres?

Any other information you would like to share with us?

2. FOCUS GROUP DISCUSSION: GUIDING QUESTIONS FOR CHILDREN AT LEARNING CENTRES

Intended Audience: Children

Meeting should be conducted with small groups of volunteer children. Decide on-site whether its best to separate boys and girls. Keep it fun and not threatening.

Note: we should try and avoid referencing the past with children, but if you sense it would be OK to ask children whether they had access to educational facilities before they came here, please do – and discuss in a little detail.

How long have you been coming to this Learning Centre?

Do you come here every day? If "No", why not?

Do you enjoy the time you spend here in the Learning Centre? Why/Why not?

What are your favourite subjects and why?

What have you learned about good hygiene practices, for example?

Do you use this information at home – have you told other family members about what you are learning? Please explain.

If "Yes" has there been any change in the behaviour of other family members in relation to hygiene practices?

Do you feel safe coming to the Learning Centre?

Can you think of anything which would improve the learning environment of the Learning Centre?

Any other information you would like to share with us?

3.FOCUS GROUP DISCUSSION: GUIDING QUESTIONS ON CHILD FRIENDLY SPACES

Intended Audience: Teachers

What subject(s)/activities do you present or discuss in this space?

On subjects such as health and hygiene have you noticed any differences amongst children in whether they practice new learning? Explain please.

Have you seen any evidence of transfer of knowledge to HH/parents? Explain please.

Do children attend on a regular basis?

If "No" why – what are the reasons for disrupted attendance?

If "No" do you contact the parents to understand why children do not come to learning centres?

Have you been able to develop individual learning plans for specific children? Please explain.

Do Learning Centres allow for children with disabilities to attend?

Have you identified/experienced any special needs identified with relation to child protection?

If "Yes", do you report this and if so to who?

Any special needs identified with relation to psychosocial support?

If "Yes", do you report this and if so to who?

What are the main challenges you are experiencing at Learning Centres? What is MHI doing to address these?

What has been the greatest impact you associate with the Learning Centres?

Any other information you would like to share with us?

4.FOCUS GROUP DISCUSSION: GUIDING QUESTIONS WITH CHILDREN AT CHILD FRIENDLY SPACES

Intended audience: Children

[Meeting should be conducted with small groups of volunteer children. Decide on-site whether its best to separate boys and girls. Keep it fun and not threatening]

How long have you been coming to this CFS?

Do you come here every day? If "No", why not?

Do you enjoy the time you spend here in the CFS? Why/Why not?

What are your favourite subjects and why?

What have you learned about good hygiene practices, for example?

Do you use this information at home – have you told other family members about what you are learning? Please explain.

If "Yes" has there been any change in the behaviour of other family members in relation to hygiene?

Do you feel safe coming to the Learning Centre?

Can you think of anything which would improve the learning environment of the Learning Centre?

Any other information you would like to share with us?

5. KEY INFORMANT INTERVIEWS AT WOMEN FRIENDLY SPACES

Intended Audience: Women

Could you please tell us why you come to this space? What support do you receive?

What are the main challenges you face in living in this camp?

Do you face any particular problem in your home, e.g. from domestic violence or security?

If you are concerned about your physical or mental safety, who do you talk to about this?

Are you aware of formal mechanisms or systems that you can use if you want to make a complaint? Could you explain these to us please?

Have you ever used one of these opportunities to make a complaint? If "Yes" what was the result and were you satisfied with this?

Are the services being provided by MHI helping you or other family members? Please explain.

How long have you been coming here? Do you come on a regular basis?

What do you appreciate from the services provided here?

How does the support you receive from this centre help you address these?

Do you, or have you in the past, go to other similar centres? If "Yes", how does this MHI centre compare with others? Please explain.

How would you rate the quality of support you receive: "Excellent" =5 or "Much need for Improvement" = 1?

What, if anything, could be done to improve the services?

Do you have any complaints about the services provided here by MHI?

Any other information you would like to share with us?

6. FGDs OR KIIs WITH ROHINGYA MEN AND WOMEN

1. Could you please describe your situation – livelihood, employment, environment, access to services – when you first arrived in this camp?
2. What, if anything, has changed in the past 18 months? Could you please describe any major changes?
3. What type of support have you received from Muslim Hands International?
4. When you came here, were you asked what you most important needs were? If "Yes", what were these?
5. Have any of these needs been addressed? If "Yes", to what extent have the needs you identified been addressed by Muslim Hands International? [ESTIMATE A FIGURE, e.g. 50%]
6. For you, personally, what, if anything, has been the most significant service/activity/item that Muslim Hands International has provided to date?
7. How would you rate the quality of support/service provided by Muslim Hands International, compared with other NGOs or agencies?
8. Has your personal or family situation changed since you first came here? If "Yes" is this in a positive or negative way? Please explain.
9. How would you describe the situation with regards drinking water today? Do you have sufficient throughout the year?
10. How would you describe the situation with regards access to latrines? Do you feel safe using these facilities?
11. How would you describe the situation with regards access to bathing spaces? Do you feel safe using these facilities?
12. Are these facilities served by solar lighting? If "Yes" has this made a difference to your situation? Please explain.
13. How would you describe the situation with regards food security today? Do you have sufficient food to last each month?
14. Do you sell any of your food rations or NFIs to buy additional food? If "Yes" what percentage of the rations do you sell? And what are the main items you sell?
15. How would you describe the situation with regards access to health services today? Are your/family health needs being met in a satisfactory way?
16. How would you describe the situation with regards protection today?
17. How would you describe the situation with regards shelter today?
18. If you have a concern or complaint, to who do you make this normally? Have you ever done this and, if so, what was the result?
19. Have there been any conflicts with the host community? If "Yes" how have these been resolved?
20. Compared with the situation when you first came here (18 months ago), how would you compare your situation today: 0 = No change, 1 = Much worse, 2 = Much better?
21. What are the most important issues that you believe need to be addressed to improve your situation?
22. How would you rate the quality of support provided by Muslim Hands International: "Excellent" =5 or "Much need for Improvement" = 1?

Any other information you would like to share with us?

Please thank people for their time and remind them that no comments will be linked with individuals.

7. FOCUS GROUP DISCUSSIONS WITH HEALTH POST WORKERS

When was this facility established by MHI?

How many people are employed here?

On average, how many people visit this Health Post on a daily basis?

What percentage of the camp population is this?

Is this the only Health Post in this camp? If not, which other agencies operate Health Posts?

How would you compare the quality of this Health Post with services provide by other agencies?

What are the most common treatments you provide?

Do women actively come to the Health Posts, or do they tend to seek other treatment at home?

Has the number of pregnant and/or lactating women who come to this Health Post increased or remained the same since the centre opened?

What are the main challenges you face at this Health Post?

How is MHI addressing these?

Is there a system for people to complain about the services they receive from this Health Post? If so, what sort is it **[PLEASE VERIFY]**?

What sort of complaint do you receive most common?

Do you think that people are taking medicines or supplements from more than this Health Post? If "Yes" what are they doing with these?

Do Rohingya report instances of domestic violence to staff/volunteers at this Health post? If "Yes" what do you do with this information? Do you know if this is then followed-up?

If people do report domestic violence, do you get the impression that this is increasing, decreasing or remaining the same?

Does this Health Post have good access for disable people **[PLEASE VERIFY]**?

What has been the main impact or change that this Health Post has made for this community, in your experience?

Any other information you would like to share with us?

8. GUIDING QUESTIONS FOR PATIENTS/PEOPLE ATTENDING HEALTH POSTS

Why have you come to this Health Post today?

What services have you come to expect from this Health Post?

Do you always come here for the same reasons, or do you seek treatment or advice on a range of issues?

How does this facility compare with health facilities you had access to before coming to this camp?

Are you pleased with the service and support you receive from MHI staff and volunteers at this Health Post?

What do you appreciate most from being able to come to this Health Post?

Do you feel safe coming here on your own or do you come with other people?

Is there anything you would change about this Health Post and the services it offers?

Do you go to other Health Posts in this camp? If "Yes" how does this MHI facility compare with the others? Please explain.

Any other information you would like to share with us?

9. GUIDING QUESTIONS FOR GOVERNMENT REPRESENTATIVES AND AGENCIES

Are you familiar with the work of Muslim Hands International in camps?

Could you give specific examples of their interventions?

Were these or a high standard or poor?

What is your opinion of the quality of their work with the Rohingya communities?

How would you rate the level of interagency collaboration between Muslim Hands International and your institution – Very satisfactory; Satisfactory; Room for improvement?

What would you consider the best example of Muslim Hand's work"

And what, if anything, would be the least good?

Do you have any suggestions or recommendations to Muslim Hands International to improve their effectiveness or impact? Please explain.

Do Muslim Hand's core areas of activity overlap with services provided by other agencies in the camps? Or are they filling an important gap? Please explain.

Compared with other NGOs working in these camps, how would you rate Muslim Hand's support in terms of **Relevance to needs and context?**

Compared with other NGOs working in these camps, how would you rate Muslim Hand's support in terms of **Impact?**

Compared with other NGOs working in these camps, how would you rate Muslim Hand's support in terms of **Responding to critical needs?**

Compared with other NGOs working in these camps, how would you rate Muslim Hand's support in terms of **Effectiveness?**

Compared with other NGOs working in these camps, how would you rate Muslim Hand's support in terms of **Interagency collaboration and co-ordination?**

Any other information you would like to share with us?

10. GUIDING QUESTIONS FOR SENIOR MHI MANAGEMENT

What for you is the main role that MHI has played with the Rohingya community in Cox's Bazar? Explain.

How were the programme sectors identified and prioritized?

Does/did this office have sufficient qualified technical personnel to deal with these sectors? Explain.

How many staff do you have for M&E, Administration, financial management, technical field staff, volunteers, ethers?

What for you has been the greatest area of impact of MHI's work, e.g. Tubewells or Education? Why?

What are some of the main challenges you experienced I the past 12 months and how were these addressed?

What are the main challenges you face today?

Are there other opportunities which MHI could exploit to further help the Rohingya? Explain.

Do people from this office regularly attend the Interagency meetings? Are you able to attend them? Do you have an equally recognized place at the table for these discussions?

How would you describe MHI's collaboration with government – I CXB and with the CiCs in the camps?

How would you describe MHI's collaboration with other NGOs and the UN agencies?

Is there room for improvement in this collaboration?

How does this office in CXB liaise with the office in CXB and Head Office in the UK?

Do/did you get technical support from either in the past? If so, was this useful?

Have you provided any specific capacity building for field staff? How was this designed – in consultation with field staff or in a top down manner?

Has MHI taken adequate preparation for the forthcoming monsoon? Explain.

What do you foresee as some of the main challenges/risks people will face during the monsoon?

What is the longer term strategy for MHI in CXB – to consolidate your efforts in the current 4 camps or to expand further? What will be the consequences of this?

How well would you say that management and field staff understand the Sphere standards and Core Humanitarian Standards? Have you/they received specific training on these? If "Yes" from who and when?

What activities has MHI taken to ensure that Rohingya are able to complain about services provided, if needed?

Protection per se is not a stated priority for MHI: do you think MHIs core activities address protection issues adequately? Explain.

Within the 4 camps where you operate, do you think that MHI is reaching the most vulnerable members of these communities? How did you identify your target =beneficiaries? Was this effective and transparent?

Were you involved in the elaboration of MHIs 2020 Strategy? Can you name the four core aims of this Strategy?

Any other information you would like to share with us?

11. GUIDING QUESTIONS FOR MHI TECHNICAL FIELD STAFF

What are the main activities that you support on a daily basis in the camps?

Do you feel technically qualified for the work that you are conducting with the Rohingya Communities?

Since starting this work in CXB with MHI have you received any training in your area of expertise? If Yes, by who and when. Was it helpful?

Have you ever requested any specific training from MHI? If Yes, what was the result?

What are some of the main challenges you face in your work today? How do you address these?

Were you involved in the design of the current phase of this project? If Yes what was your contribution?

Do you have any suggestion on how project activities might be improved?

What is your understanding of the Sphere standards and Core Humanitarian Standards? Have you/they received specific training on these? If "Yes" from who and when?

What activities has MHI taken to ensure that Rohingya are able to complain about services provided, if needed? Have you any examples of complaints been made? How have these been acted upon?

Protection per se is not a stated priority for MHI: do you think MHIs core activities address protection issues adequately? Explain.

Do you believe that you get enough technical and moral support from MHI management ? If "No" what needs to happen?

Have you received any threats or abuse while working in the camps? If "Yes" what was the reason/stimulus for this and how did you respond?

How would you describe your relationship with the CiC and Camp Management Authority? Explain.

Have adequate measures been taken to prepare people for the monsoon? If "No" what needs to happen as a matter of urgency?

What do you see as the greatest challenges facing you/fellow MHI field colleagues in delivering the intended activities of this project?

Any other information you would like to share with us?

Muslim Hands

CONTACT

Muslim Hands Nottingham Office
148 Gregory Boulevard
NG7 5JE Nottingham

Muslim Hands London Office
595-597 Commercial Road
E1 OHJ London

Email:
mail@muslimhands.org.uk

Telephone:
0115 911 7222

DIRECTOR OF PROGRAMMES

Shakil Sidat
shakil.sidat@muslimhands.org.uk