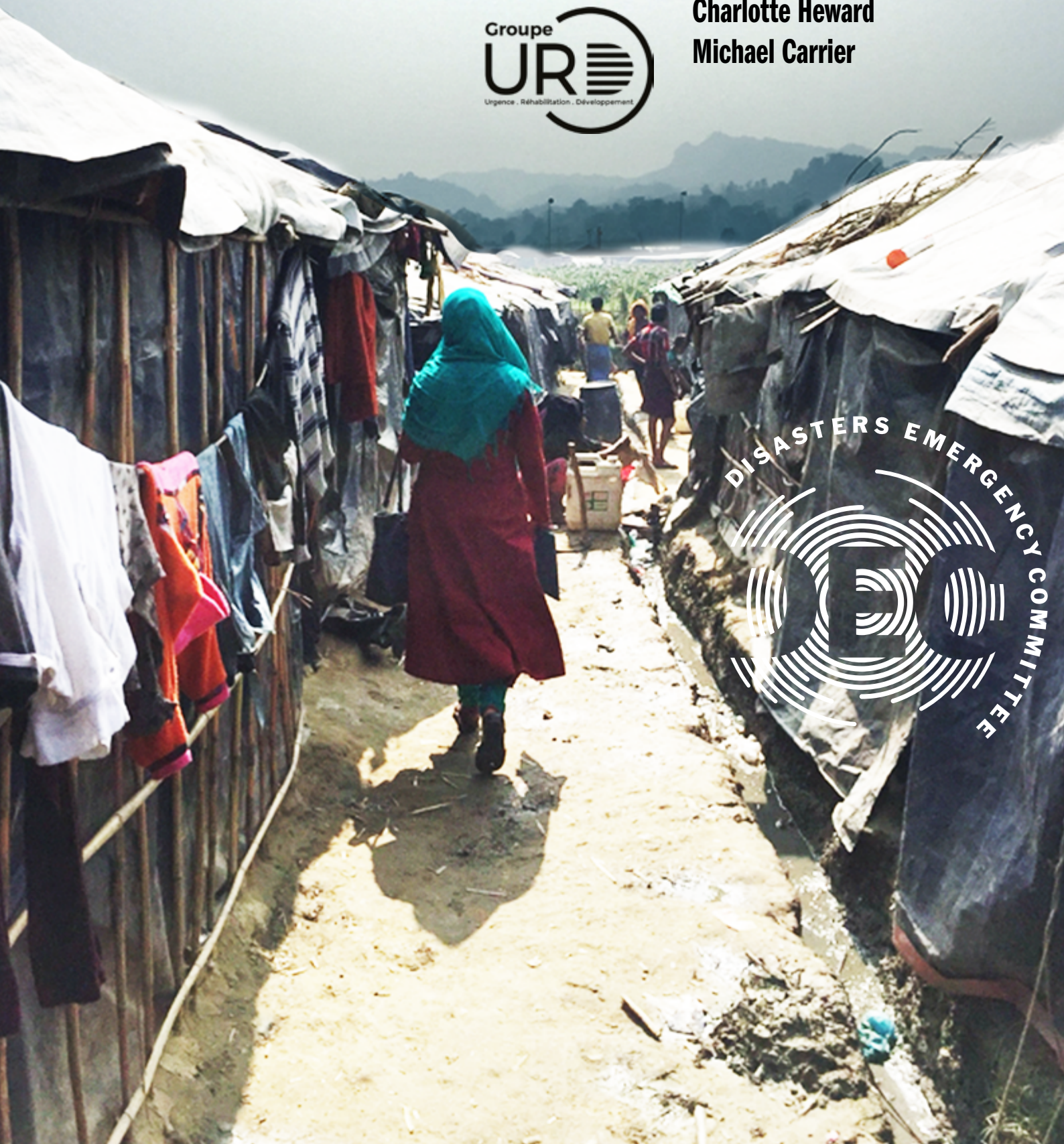


# METASYNTHESIS

## DEC ROHINGYA REFUGEE CRISIS RESPONSE

**LESSONS LEARNED REPORT**  
**JUNE 2020**

**Charlotte Heward**  
**Michael Carrier**



## GROUPE URD

Founded in 1993, Groupe URD is an independent think tank that specialises in analysing practices and developing policies for the humanitarian sector. Our multi-disciplinary expertise, based on continual field visits to crisis and post-crisis contexts, provides us with insight into the functioning of the sector as a whole. We believe in sharing knowledge and collective learning, and we help aid actors to improve the quality of their programmes through evaluation, strategic and organisational support, methodological development, research and training.

## AUTHORS

**Charlotte Heward** is the author of the Bangladesh country case study in the 2018 edition of the State of the Humanitarian System published by ALNAP. She visited Cox's Bazar area in January 2018 to assess the performance of the humanitarian sector in this massive refugee crisis. She has 15 years' experience in the development and humanitarian sector. She joined Groupe URD in 2014, where she works as a Researcher, Evaluator and Partnership and Programme Manager. She has a good understanding of the Rohingya refugee crisis in Bangladesh, and previously worked in Myanmar, in the Rakhine area, and thus is familiar with the political and humanitarian situation in both countries.

**Michael Carrier** is the author of the Quality & Accountability COMPASS Handbook which aims to help implement the Core Humanitarian Standard (CHS) in the field. He has 19 years' experience in the humanitarian and development sector, and has been a Researcher, Evaluator and Trainer at Groupe URD since 2017. As Quality Advisor for Groupe URD, he works on the practical application of the CHS quality criteria through training sessions, evaluation and organisational support.

## ACKNOWLEDGEMENTS

The consultants would like to thank all those involved in the survey and interviews for their contributions.

## DISCLAIMER

The opinions expressed in this report are those of the authors and do not necessarily reflect those of the Disasters Emergency Committee.

This report is a lessons-learned document, not an evaluation, it does not offer an external and objective view of a situation, but rather tries to highlight the opinions, views and recommendations that have emerged from the various stakeholders' experience in the response to the Rohingya refugee crisis.

**Limitation:** This is a desk-based review only, no field visits were organised during this review. The voices of the refugees themselves were not heard during this exercise, nor the national authorities of Bangladesh, only through secondary data collected from other sources.

**Note:** The quotes in the text, when not linked to a reference or author, are either drawn from the interviews with key informants, from the survey online, or from DEC Member Charities reporting documents review.

**Graphic designer :** Caroll Richon



# CONTENTS

<b>EXECUTIVE SUMMARY .....</b>	<b>04</b>
--------------------------------	-----------

<b>KEY RECOMMENDATIONS .....</b>	<b>08</b>
----------------------------------	-----------

<b>THE ROHINGYA REFUGEE CRISIS RESPONSE.....</b>	<b>10</b>
--	-----------

The DEC appeal .....	12
----------------------	----

What the DEC funded .....	13
---------------------------	----

<b>LESSONS LEARNED.....</b>	<b>16</b>
-----------------------------	-----------

Effects.....	17
--------------	----

Stakeholders .....	23
--------------------	----

Implementation .....	28
----------------------	----

<b>CONCLUSION.....</b>	<b>32</b>
------------------------	-----------

Summary - CHS health check.....	33
---------------------------------	----

Recommendations .....	36
-----------------------	----

Three years later, what is the situation of the Rohingyas? .....	42
--	----

<b>List of acronyms .....</b>	<b>44</b>
-------------------------------	-----------

<b>Appendix 1: Analysis matrix .....</b>	<b>45</b>
--	-----------

<b>Appendix 2: Strengths and challenges / weaknesses .....</b>	<b>47</b>
--	-----------

<b>Appendix 3: Recommendations.....</b>	<b>56</b>
---	-----------

<b>Appendix 4: References.....</b>	<b>62</b>
------------------------------------	-----------



---

# EXECUTIVE SUMMARY





**ON 4TH OCTOBER 2017**, the DEC launched an appeal for funds that proved to be successful, with over £30 million raised and life-saving assistance provided to at least 351,000 people during the first phase, while during the second phase it reached at least 309,000 people. This Muslim community, considered to be one of the most persecuted in the world, has settled in southern Bangladesh's Cox's Bazar region. There are now about 860,243 refugees according to the UNHCR and the Government of Bangladesh, while an estimated 600,000 Rohingya remain in Myanmar. The living conditions of approximately 444,000 people from host communities in the Cox's Bazar region have subsequently deteriorated and also require assistance.

With the collected funds, the DEC response in Bangladesh was implemented by 13 UK organisations during two years, in two phases, the first phase lasting six months, and the second lasting 18 months. Despite a very rapid mobilisation from the humanitarian sector, the challenge was unprecedented for the different stakeholders involved, DEC Member Charities included.

**DURING THE FIRST PHASE**, the needs were huge in terms of basic services, such as shelter, food and drinking water. The Government of Bangladesh also needed a great deal of support in developing infrastructure to create new sites that could safely accommodate refugees. The focus was on supplying food and providing clean drinking water, installing sanitation facilities and improving living conditions by providing materials to build or improve shelters and also distributing basic household goods, as well as making sure health services were available through the implementation of clinics and a field hospital.

DEC funds were also used to provide protection services to vulnerable women, children and older people, notably via the provision of safe spaces where they had access to a range of services.

Initial services did not meet international quality standards in humanitarian aid, notably in WASH where the distance between latrines and water points was frequently too short, and where the number of latrines was not sufficient for the population according to SPHERE standards. The majority of refugees were dependent on food assistance. The need for more diverse produce in food baskets was mentioned, general rations were not large enough for some large households and the frequency of distributions was not regular enough.

During the second phase, DEC funded organisations were able to adopt integrative approaches. These still aimed to save lives, but also integrated other aspects such as protection, preparedness and environmental considerations. It should be noted that some

effective innovations were put in place during this crisis, notably in WASH, infrastructure work and livelihood activities.

However, the scale of the refugee response was so overwhelming and the constraints so challenging that important gaps remain, especially in providing services allowing the Rohingyas to consider building a future for themselves and their families. Crucial gaps in recognising and treating trauma have been mentioned. Mental health and psychosocial services remain a significant gap in the response. Several DEC Member Charities reported not being able to get approval for implementing mental health and psychosocial services. With time, more of these activities were authorised but not up to a sufficient scale when compared to the needs of the refugees.

**A STRONG IMPACT** on host communities. Local inhabitants of Cox's Bazar district, in Teknaf and Ukhia area were welcoming to the Rohingya refugees when they fled Myanmar. Progressively tensions raised between the

newly arrived refugees and the host communities, as the pressure on land for cultivation and on natural resources has grown which creates concern about deforestation. In addition, local market prices have increased while salaries and wages have decreased as the refugee population agrees to work for lower prices than the Bangladeshi communities. DEC Member Charities have included host communities in their programming in an effort to support all those affected by the disaster; to strengthen resilience and social cohesion and dissipate possible tensions.

### **COMPLEX COORDINATION**

**PROCESSES** in this emergency response, which was led and coordinated by the Government of Bangladesh, who had established a National Strategy on Myanmar Refugees and Undocumented Myanmar Nationals in 2013. UN agencies and international NGOs played a central role in coordination, in spite of confusion about UN leadership, which was split between UNHCR and IOM, and made accountability for operations difficult. In addition, national partners and local NGOs were only given a marginal role despite the fact that they would have had better understanding and a more direct relationship with the local authorities. Although several key informants in this review mentioned they would have appreciated stronger coordination among DEC Member Charities, it seems this would have added an additional layer of coordination to existing structures, and would possibly have led to more confusion and more time spent in meetings.

### **THE BANGLADESHI**

### **GOVERNMENT RESPONDED**

**RAPIDLY** upon the arrival of the Rohingya refugees, allocating land in the Cox's Bazar area and providing assistance via several different government departments. The Ministry of Disaster Management and Relief and its Office of the Refugee Relief and Repatriation Commissioner were assigned to oversee the refugee response. However, the Government of Bangladesh doesn't consider a future for the refugees in the country and strongly rejects the possibility of local integration. The lack of durable solutions for the Rohingyas remains a major concern.

As very often is the case in migratory crises, there are crucial political issues to be dealt with and the humanitarian sector cannot ignore them. Bangladesh has been pushing strongly for a rapid repatriation of the Rohingya population. It has therefore refused to acknowledge their refugee status, and has selected humanitarian projects and specific activities that were not likely to prolong the situation. Restrictions were imposed on materials that could be used for construction, and also on activities that sustain livelihoods (Cash transfers, Income Generating Activities and "soft" activities such as Education, SGBV prevention, Mental Health Support, Protection, and trainings/sensitization).

**PROTECTION.** In addition to the crucial role of the United Nations in advocating for a safe return of the Rohingyas to their country, for their rights, such as the recognition of their refugee status or at least the right for them to have an official identification document,

many other protection issues had to be dealt with during this response. DEC Member Charities, along with the other stakeholders, contributed to reducing the insecurity of individuals, groups and communities at risk. In 2018, activities started focusing more on protection and multi-sector preparedness and response for the monsoon and cyclone season. The Rohingya refugees received support through transitional interventions, encouraging a shift away from meeting immediate humanitarian needs toward solutions-oriented responses.

It seems the protection lens could have been used much earlier in the response; however, DEC Member Charities were faced with numerous delays and obstructions as the Government of Bangladesh was reluctant to deliver authorisations related to this type of activity. They had to shift to other activities, sometimes mainstreaming protection through other sectors, which took more time to design.

Protection programmes are likely to require specialized and skilled human resources, which can be difficult to find, especially in a country like Bangladesh where organisations are more qualified in managing natural disasters than in managing complex emergencies such as a refugee crisis.

### **NATIONAL NGOS PLAYED AN IMPORTANT ROLE IN THE RESPONSE.**

If many of them lacked experience in refugee response and in managing large scale emergencies, they brought relevant experience working with local communities on social and economic issues and



disasters and were among the first to help meet the immediate needs of refugees. The role played by national NGOs in the response was also crucial in the way they were able to influence the local government notably through their knowledge of political dynamics.

**THE INVOLVEMENT OF THE ROHINGYA POPULATION** in the response took time. Most of them did not receive proper information about decisions being made regarding the response to their needs, about their future or even about when the next ration supply would be distributed. The refugee population was not systematically involved in needs assessments and in programming activities.

All DEC Member Charities put feedbacks and complaints system in place with various methods; some channels proved more effective than others. The level of education is low among the Rohingya population, due to years of living in restricted and controlled areas in Myanmar, with very limited access to schools. The refugees therefore have little knowledge and information about their rights and entitlements, all the more so for women who have had even less access to information and education. Literacy is very low, so the effectiveness of approaches such as complaints boxes is unclear. Direct feedback / complaint was favoured by beneficiaries rather than through a hotline or a box.

**A HEAVY BUREAUCRATIC BURDEN ON HUMANITARIAN STAKEHOLDERS.** NGOs faced a number of challenges in terms of obtaining government



*Mohammed Rafique, 30, and his wife Sanura Begum, 27, with their 10-day-old baby at the Red Cross field hospital, Kutuapalong/Balukhali camp, Cox's Bazar.*

authorizations to deliver aid and due to coordination issues, that hindered the efficient delivery of aid.

**ON THE WHOLE, THIS INTERVENTION** was very complex, with people and organisations facing huge operational and institutional challenges. Under these conditions, the implementation and contribution of DEC Member Charities to the improvement of living conditions relied on their capacity to adapt to changes and respond effectively to uncertainties.

With a crisis that will last well beyond the maximum two-year DEC funding duration, questions have been raised on how DEC related projects could withdraw responsibly. As there is no perspective of a rapid improvement for the Rohingya population, and despite the decrease in available funds, many DEC Member Charities have continued to provide assistance even after the DEC funding stopped, all the more so as the Covid-19 pandemic is a new threat to life in the refugee camps of Bangladesh.

---

# KEY RECOMMENDATIONS







.....

♂ **ASSESS** the type of crisis to anticipate if it will be a long-term crisis, and adapt accordingly (e.g early involvement of local capacities).

.....

♂ **USE PHASE 1** to intervene rapidly while assessing existing needs, resources and context of intervention to develop tailored activities in Phase 2.

.....

♂ **PROMOTE** multi-sector / integrated approaches within one organisation or between different implementers (e.g Integrated health, nutrition and WASH programming).

.....

♂ **TAKE ADVANTAGE** of the strong skills Bangladeshi organisations have in DRR / preparedness activities (or other local skills in other contexts if relevant), while reinforcing the national capacities in managing complex emergencies involving multiple sectors, including quality and accountability methods.

♂ **INCLUDE** protection activities, especially concerning gender-based violence, as soon as the project is launched (lighting in camps, locks to latrines) with the involvement of the communities in order to understand their practices and uses.

.....

♂ **ADAPT** complaints mechanisms to local culture, consider participatory approaches (consultation, iterative feedbacks loops, etc.) and foster discussion within members about complaints mechanisms adapted to various contexts and implement them through participatory approaches.

.....

♂ In a complex political environment of intervention, **PRIORITIZE** both the emergency response and advocacy, or at least joint positioning, with the government to streamline and harmonise the potential changing shifts in policy and regulations.

♂ **CONNECT** with Nexus reflexions applied to forced displacement, in particular the EU communication “Live in Dignity”, in order to take advantage of the involvement of development actors (e.g DEVCO, World Bank, etc.) in long lasting refugee situations

.....

### **SPECIFIC TO DEC FUNDING**

.....

♂ **REQUEST** an exit or scaling down strategy at the latest at the end of Phase 1 / beginning of phase 2

.....

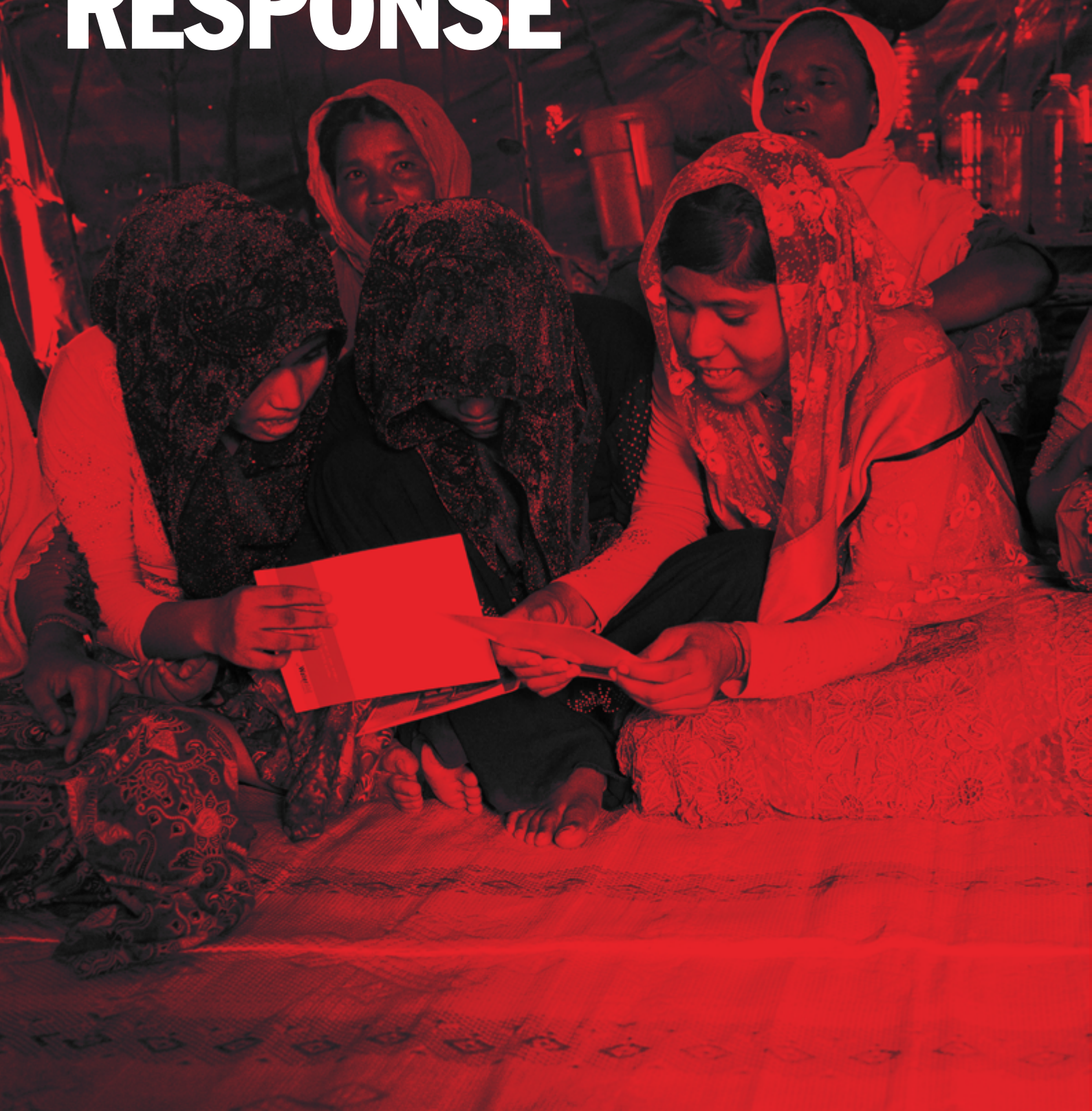
♂ **DEVELOP** lessons learned from this intervention on how to operate in extremely cramped camp settings

.....

♂ **KEEP** current flexibility and proactive DEC management.

---

# THE ROHINGYA REFUGEE CRISIS RESPONSE





**NEARLY THREE YEARS AGO**, the Rohingya were forced to leave their homes in Rakhine state, Myanmar. This Muslim community, considered to be one of the most persecuted in the world, has settled in southern Bangladesh's Cox's Bazar region. Though there had already been several population influxes - in 1978, 1992, 2012 and 2016 - the largest wave took place from August 2017. There are now about 860,243 refugees according to the UNHCR and the Government of Bangladesh, while an estimated 600,000 Rohingya remain in Myanmar. The living conditions of approximately 444,000 people from host communities in the Cox's Bazar region have subsequently deteriorated and also require assistance.

The Rohingya people fled persecution and massacres by the Myanmar State and army, which intensified after years of tension. The stories collected evoke burnt villages, families massacred with machetes, children drowned in front of their parents, girls and women raped. Organizations such as Amnesty International and Human Rights Watch speak of apartheid and crimes against humanity, including murder, torture, forced evictions, techniques for starving people and the use of landmines. In January, the International Court of Justice called for measures to prevent a genocide of the Rohingyas remaining in Myanmar.

It is for these reasons that since 2017 the world has been facing one of the biggest humanitarian crises in decades. The unprecedented number of Rohingyas fleeing terror have made conditions complicated for international aid actors, the Government of Bangladesh and host populations alike. The host populations were very welcoming, but needs were so

immense that the camps were quickly saturated. This led to the creation of informal camps<sup>1</sup> that were exposed to weather-related hazards, but also to a certain lack of organization and coordination of the humanitarian response.

Moreover, the Bangladeshi government does not wish to see this situation continue and refuses to consider these people as refugees, thus maintaining a very precarious situation. They have therefore been denied their rights for a long time, without access to any legal income-generating activity, to health care, or even to telephone cards (it is illegal for refugees to have mobile phones and sim cards and the Government of Bangladesh policy turned off mobile coverage in the camps for 2G and 3G coverage). In May 2020 the first Rohingyas were conducted to the submersible island of Bhashan Char, which some Human Rights groups have described as a «new concentration camp».

International aid organizations have been present in

Bangladesh in large numbers since the beginning of the crisis. But the exceptional intensity of the crisis has put their operations and coordination to the test. Indeed, studies have revealed shortcomings in terms of aid quality and accountability, especially during the first months. Security problems within the camps themselves have been highlighted, notably sexual and gender-based violence.

More worryingly, there are frequent cyclones in the region and the camps are located in high-risk areas that can be flooded or affected by mudslides every monsoon; these parameters were relatively neglected due to the urgency of the response until late in the monsoon in 2018. In 2019 and 2020 though, considerable stabilization work has been done in the camps.

In addition, the camps have expanded into natural reserves, which has considerably affected natural resources and local wildlife. Among other things, this situation raises the question of

<sup>1</sup> - Camps were informal but as of now they are formalised and all have site management structures (Government of Bangladesh through Camp in Charge and INGO site management co-leads)

how to take the environmental factor into account in humanitarian crisis situations.

The latest threat comes from COVID-19. In overcrowded camps, with almost 40,000

people per square kilometre, physical distancing is inconceivable. Nevertheless, important health responses have been put in place with handwashing stations, provision of water and soap, personal

protective equipment, testing, quarantine and respiratory assistance facilities within the camps themselves. So far, only a limited number of cases have been reported in the region, but the future remains uncertain.

## THE DEC APPEAL



When major disasters hit countries without the capacity to respond, the DEC brings together 14 leading United-Kingdom aid charities<sup>2</sup> to raise funds quickly and efficiently, enabling their member charities to rapidly scale up their operations on the ground.

The DEC's work is governed by a commitment to best practice and being accountable to both their donors and the people affected by disasters. The DEC conducts and publishes regular independent appeal evaluations, to check their Member Charities' disaster responses are really helping the communities that need them most, and their annual reports provide details on the DEC's operational and financial performance every year.

This metasyntesis report is part of the lesson learning that DEC is committed to implementing as a way of continuously improving how DEC Member Charities, and the wider humanitarian sector, provide assistance to crisis-affected populations. One of DEC's commitments in their 2019 – 2024 strategy is “to continue to

*strive for the highest standards in programme quality, transparency and accountability, particularly to the people affected by crises.”*

This synthesis was done by Groupe URD from January to June 2020. It is based on a review of key documents, feedback from an online questionnaire,<sup>15</sup> individual interviews, and an online workshop (to be organised in September 2020).

On 4th October 2017, the DEC launched an appeal for funds that proved to be successful, with over £30 million raised and life-saving assistance provided to at least 351,000 people during the first phase, while during the second phase it reached at least 309,000 people: “Leading UK aid agencies today announced a joint fundraising appeal to help the hundreds of thousands of people

*fleeing their homes in Myanmar who are in urgent need of shelter, medical care, water and food. In recent weeks, more than half a million people, mostly Rohingya women and children, have sought refuge in Bangladesh from violence in Myanmar's Rakhine state. The thirteen DEC member charities have come together to call for funds to respond to the severe humanitarian needs of those affected. Money raised will support their efforts to reach people fleeing Myanmar as well as their host communities in Bangladesh.”<sup>3</sup>*

With the collected funds, the DEC response in Bangladesh was implemented by 13 UK organisations during two years, in two phases, the first phase lasting six months, and the second lasting 18 months.

2 - 13 organisations at the time of the Rohingya appeal

3 - <https://www.dec.org.uk/press-release/disasters-emergency-committee-dec-launches-emergency-appeal-for-people-fleeing-myanmar>

DEC  
MEMBER  
CHARITIES



actionaid

ageInternational



CAFOD



CONCERN  
worldwide



tearfund

World Vision



# WHAT THE DEC FUNDED

## Phase one

In the first phase of the intervention (six months) the focus was on supplying food and providing clean drinking water, installing sanitation facilities and improving living conditions by providing materials to build or improve shelters and also distributing basic household goods, as well as making sure health services were available through the implementation of clinics and a field hospital.

DEC funds were also used to provide protection services to vulnerable women, children and older people, notably via the

provision of safe spaces where they had access to a range of services.

As the monsoon season loomed in 2018, DEC Member Charities helped people to prepare by strengthening shelters, reinforcing the hilly landscape to prevent mudslides and meeting ongoing food needs. A latrine desludging programme was also carried out to stop full latrines from overflowing due to the rains and prevent outbreaks of waterborne diseases. A faecal sludge management centre was set up by one DEC member, staffed by refugee volunteers. Other activities included

installing more deep tube wells to provide clean water and installing solar lighting to help people feel safer at night.

## Phase two

During the second phase of the intervention (eighteen months), DEC Member Charities were able to reinforce their activities and to fine tune them to become more relevant to the population's needs.

Overall, this second phase focused primarily on improving security in the camps and protecting the most vulnerable



**Rom Bahar's family arrived in Bangladesh on 1 September 2017 after a 24-hour journey. "The military were burning our houses and shooting us and chasing us." They now live in Moinerghona camp.**

**The family has received clothes, mats, blankets, jerrycans and soap from Concern. They arrived with nothing. These items have been "a great help to us". She is happy with the help she has received but needs more things like solar panels, light, and firewood as there is not much to cook with.**

**She wants her children to be educated so they can become teachers or doctors. She will only go back to Myanmar if they are recognised as Rohingya. They will stay here if they need to because in Myanmar there is no freedom of movement, and no access to education.**

*Rom Bahar, 27, and her son, 5, received jerrycans and blankets from Concern.*



*Jalal sprays disinfectant to prevent the spread of Covid-19 in the Rohingya refugee camp as part of Oxfam's response, Cox's Bazar, Bangladesh.*

groups. The initial focus was on awareness and reduction of gender-based violence against women and girls with gender-segregated latrines and bathing spaces, and the creation of women-friendly spaces, where they were given access to places where they can talk and be listened to; these places can also provide appropriate psychological support, contraception or menstruation kits. DEC's Member Charities organized door-to-door awareness campaigns, and specialized committees to sensitize women and youth as well as men. The second phase provided the opportunity to do more to promote dignity and wellbeing for women and for refugee communities in general.

Protection programs were also developed for children and young people, including Unaccompanied and Separated Children, in order to ensure their rights. They developed mechanisms and places to protect children in need like Child Friendly Spaces, lost child and carer meeting points, or risk mapping for child protection

committees. Moreover, training was provided in positive parenting skills, and on child rights, and nutrition and health interventions were provided to reduce morbidity and mortality due to malnutrition.

Similarly, programs to reduce mortality among the elderly have been implemented, in particular by raising awareness of contagious diseases and their modes of transmission and by developing specialized health services.

Host communities were also targeted by general protection programs, such as psychological support or cash grants to develop livelihoods activities.

Some activities from the first phase were continued and improved, such as food assistance with fresh food vouchers, alternative fuel for cooking (such as rice husks), clothes or portable solar lamps. Various kits were distributed for livelihoods rehabilitation, such as gardening tool packs with cash grants, and business training was provided to both refugees and host communities.

Another important focus during the second phase was disaster risk reduction and preparedness. DEC Member Charities worked with communities to prevent monsoon, cyclone or landslides related risks by strengthening shelters, roads, stepped pathways, bridges, sewage systems and public infrastructures. Construction materials and shelter kits were also distributed. Two Union Disaster Committees were created to work on risk reduction action plans and some volunteers from the communities were trained to facilitate sessions of DRR awareness and life-saving in the camps. Large-scale awareness campaigns were conducted on environmental protection. Cleaning campaigns were also implemented, and sea safety and tree plantation kits were distributed.

DEC Member Charities also created cooking facilities and community kitchens, which reduce the risk of fire in the shelters, often small and overpopulated tents, and also proposed alternative energy sources for traditional cookers such as rice husks, or even alternative cooking devices such as LPG cookers.

WASH remained a major focus, mostly through the maintenance and creation of tube wells, latrines, and bathing facilities, including new gender-segregated facilities. There were also hygiene promotion activities in the form of awareness campaigns and hygiene kit distributions.

The second phase was also an opportunity to develop social cohesion in the camps by working with local leaders and Majhis for religious celebrations and meetings.





*CARE International Women Friendly Space, DEC-funded. Women come to this centre to receive psychosocial support, education support, referrals for treatment and referrals for follow-up treatment.*



---

# LESSONS LEARNED





**WHAT WAS ACHIEVED?** What worked well? What didn't work so well?  
How to improve future interventions?

## EFFECTS

Despite a very rapid mobilisation from the humanitarian sector, the challenge was huge and unprecedented for the different stakeholders involved, DEC Member Charities included. Before 25th August 2017, 303 000 Rohingya were already settled in Bangladesh, and by 15th February 2018, 671 000 further arrivals had been registered, most of them during the first three months after the violence in Myanmar sparked their exodus and an estimated 75%<sup>4</sup> of these new arrivals took place in September.

This mass influx of people obviously also affected the 336 000 people who made up the host community in Cox's Bazar. They were finally included in the 2018 Joint Response Plan<sup>5</sup> after months of advocacy from donors and protection agencies as the Government of Bangladesh initially refused to consider their needs on the same level as those of the refugees.

Nearly all those who arrived during the influx sought shelter in and around the refugee settlements of Kutupalong and Nayapara in Cox's Bazar district. Some joined relatives who had arrived during previous waves. The enormous scale of the influx put immense pressure both on

### 1. Word cloud related to «effects» used by key informants



the Bangladeshi host community and on existing facilities and services in one of the poorest areas of the country.

Bangladesh is a country prone to natural disasters and therefore has a strong capacity in dealing with that type of crisis, however, dealing with a complex emergency such as a refugee crisis necessitated

the intervention of other organisations, often international NGOs, to step-up and increase the capacity to respond to this refugee crisis. The entire humanitarian system had to be set up; a lot of capacity development was necessary in order to have national staff with the necessary skills. This development took place in all

4 - <https://unhcr.maps.arcgis.com/apps/Cascade/index.html?appid=5fdca0f47f1a46498002f39894fcd26f>

5 - The host-communities in the area are very vulnerable, the present influx may have consequences on their livelihoods. Their needs are now integrated to the 2018 JRP, notably page 16 of the following document: <https://reliefweb.int/sites/reliefweb.int/files/resources/JRP%20for%20Rohingya%20Humanitarian%20Crisis%20-%20FOR%20DISTRIBUTION.PDF>

sectors, and notably in sectors that are not traditional in Bangladesh, such as Protection and psychosocial services.

The large number of people to assist was overwhelming. Although the funding was there, the structural capacities to implement the response were not always in place in a timely manner. It took time for the humanitarian stakeholders, including those already working in the context, to switch from a recovery to an emergency approach.

### **Provision of life-saving assistance and basic services during the first phase**

The needs were huge in terms of basic services, such as shelter, food and drinking water. The Government of Bangladesh also needed a great deal of support in developing infrastructure to create new sites that could safely accommodate refugees. This included funding a road to facilitate construction and refugee access, supporting site planning, building latrines and wells, improving the water and sanitation facilities and distributing shelter materials.

Initial services did not meet international quality standards in humanitarian aid, notably in WASH where the distance

***The DEC project is one of the projects that started quickly, it helped people to receive support when it was the most needed.***

between latrines and water points was frequently too short, and where the number of latrines was not sufficient for the population according to SPHERE standards.

Many of the shelter conditions are still below the Sphere standards mostly because of the lack of available space, but also because of the restrictions imposed by the Government of Bangladesh, not allowing the use of more solid and sustainable materials.

The majority of refugees were dependent on food assistance. The need for more diverse produce in food baskets was mentioned, general rations were not large enough for some large households and the frequency of distributions was not regular enough.

The extremely high level of needs meant that organisations were unable to cover them in all sectors, especially during the first months. The food security, nutrition and WASH responses proved fairly satisfactory. However, some important issues, which are not as visible, such as protection, psychological care and social support, were not sufficiently covered. As a result, people who arrived in the country traumatised by the violence inflicted in Myanmar, the loss of family members, and exhausted by a gruelling journey across the border, remained at risk.

It seems that after a few months, humanitarian assistance became more organised. However, it was noted that not all camps benefit from the same standards.

Inequity was mentioned on several occasions.

### **Shifting to integrative approaches during the second phase**

The DEC funded organisations were able to adopt integrative approaches after a few months. These still aimed to save lives, but also integrated other aspects such as protection, preparedness and environmental considerations. It should be noted that some effective innovations were put in place during this crisis.

#### **In sanitation**

Technical innovations were tested in response to the constraints posed by the environment.

The construction of safe sanitation systems in refugee camps is a challenge in itself: poor infrastructure often means human waste might be dumped in nearby fields or open pits, contaminating already scarce water supplies and becoming a breeding ground for disease. This time, a huge biological disposal site was created in a refugee camp, allowing for sewage treatment locally, whereas other refugee camps often require the intervention of private companies to remove waste and dispose of it elsewhere (with the risks that this involves in terms of where it is disposed).

In the same way, methods of waste water treatment transitioned away from lime stabilisation to using an anaerobic digester<sup>6</sup>, which

<sup>6</sup> - The anaerobic digester was initially deployed at the start of 2019 by the IFRC as a pilot project, and is now considered to be something that could be mobilised as part of an Emergency Response Unit in other responses.



***“The initial investment is well worth it because the plant is cheap and easy to run and could last for 20 years – benefiting local communities when this emergency is over (...) We expect to replicate this model in future crises5.”***

decreases the quantity of organic solids in sludge, making it easier to dispose due to the reduced volume, which is considered a better long-term solution, and has a reduced impact on the local environment than when treating sludge through lime stabilisation.

#### **In infrastructure**

Integrated Site Improvement Approach, which used natural, locally available materials to improve site conditions (e.g. step formation, clearing of pathways, strengthening of slopes, etc.) while keeping a protection and inclusion lens. Based on community maps, a DEC Member Charity integrated various GIS and scientific methods to create an online platform which records all site improvement work undertaken within the camps. Much of the improvement work was undertaken by the refugees themselves through cash for work. The GIS resource was used to monitor and track maintenance work beyond the project time period.

#### **In livelihoods**

Because of the restrictions imposed by the Government of Bangladesh in terms of Income Generating Activities, some NGOs encouraged the refugees for their capacity building, without providing material support but with motivational

support and guidance.

An organisation helped host community beneficiaries, mostly women, to open a bank account, as a way of receiving assistance money in a transparent and secure way, but also as a capacity building and empowerment tool.

As part of site improvement activities a DEC Member Charity recruited volunteers from among the Rohingya refugees to undertake Infrastructure improvement activities across the camps. The volunteers were given a stipend, which not only provided an important source of income but also enabled them to take ownership over the improvements to their home and surrounding environment.

***“Women feel proud and confident to have their own bank account”***

#### **And other integrative approaches**

Communicating information about Disaster Risk Reduction, Sexual and Gender-Based Violence prevention, and other sensitization messages often took place during distributions or during other activities (sewing or cooking classes for

instance), when NGOs weren't allowed to implement them as standalone activities.

The conservative nature of the Rohingya society, within the refugee population, but also within the host communities, required subtlety and specific approaches to be able to reach out and include women's groups. For instance, some NGOs hired female architects to help design the latrine and bathing facilities along with women and girls.

A DEC Member Charities response which focused on improving the camp infrastructure also integrated a protection lens. The instalment of solar street lamps, provided a significant improvement to camp conditions but also increased the security and safety of vulnerable groups, mainly women and girls. This activity was completed through a community-based approach engaging a variety of groups from the community including women, men, older women and men, people with disabilities, girls, boys and children to understand their preferences in terms of locations. Feedback from community members has highlighted that the street lights have significantly reduced protection risks for women and girls, mainly around accessing WASH facilities during night time. The lights were added to GIS maps to flag issues and track future maintenance of the lights.

#### **Unmet needs**

The scale of the refugee response was so overwhelming and the constraints so challenging that important gaps

remain, especially in providing services allowing the Rohingyas to consider building a future for themselves and their families.

As the Government of Bangladesh always asserted that the refugee presence was to remain brief, education programmes were considered unnecessary and prohibited. Since May 2020, however, after months of advocacy from the UN, Human rights organisations and the refugees themselves; Bangladeshi authorities have finally released their restrictions on providing education for Rohingya children. Children until the age of thirteen are allowed to follow the Myanmar curricula. Until then, only very basic schooling has been provided by aid organisations to small children; and Rohingya themselves have organised informal classes, sometimes taught by people who used to be teachers in Myanmar, in basic skills such as mathematics, sciences and English.

However, DEC Member Charities engaged in various activities to

***Children have been using the Children and Women Friendly Spaces to engage in various entertaining educational activities like drawing, storytelling, physical exercise, and playing.***

***“One of the substantial unmet needs is access to quality Gender Based Violence prevention services for survivors, with survivor-centred case management and psychosocial support services.”***

try and compensate the gaps created by these restrictions. In Children and Women Friendly Spaces (CWFS) for instance, children were able to receive informal learning while women were provided awareness raising sessions on family planning, child marriage, education and domestic violence.

Crucial gaps in recognising and treating trauma have been mentioned. Mental health and psychosocial services (MHPSS) remain a significant gap in the response, given the traumatic experiences faced by the refugees as they fled their homes on the one hand and the uncertainty regarding their future on the other hand, living in overcrowded camps, sometimes in unsafe conditions, with limited access to basic services, and low hopes in improving their livelihoods.

Several DEC Member Charities reported not being able to get approval for implementing Mental health and psychosocial services. With time, more

MHPSS activities were authorised but not up to a sufficient scale when compared to the huge needs of the refugees.

### **A strong impact on host communities**

Local inhabitants of Cox's Bazar district, in Teknaf and Ukhia area have been welcoming to the Rohingya refugees when they fled Myanmar to sought shelter in Bangladesh. This area is one of the country's most vulnerable districts, and the poverty rate is well above Bangladesh's national average<sup>7</sup>. Progressively tensions have raised between the newly arrived refugees and the host communities, as the pressure on land for cultivation and on resource such as firewood or bamboo<sup>8</sup> or the water table reserves has grown which creates concern about

***We met with local authorities and went over humanitarian principles that govern our way of working and could convince them to let us implement following impartiality, neutrality and independence principles***

7 - <https://www.unocha.org/sites/unocha/files/JRP%20for%20Rohingya%20Humanitarian%20Crisis%202018.PDF>

8 - According to the World Bank, the sudden influx of over 725,000 Rohingya to Cox's Bazar caused the loss of nearly 13000 hectares of forest. <https://www.worldbank.org/en/news/press-release/2018/11/05/world-bank-helps-host-communities-rohingya-in-bangladesh>



***Recent assessments conducted by our partner have identified negative impact for the host communities who are now in chronic food insecurity due to loss and damage of livelihoods assets by disasters, reduced employment opportunities and natural resources due to the influx of people***

deforestation. In addition, local market prices have increased while salaries and wages have decreased as the refugee population agrees to work for lower prices than the Bangladeshi communities.

DEC Member Charities have included host communities in their programming in an effort to support all those affected by the disaster; to strengthen resilience and social cohesion and dissipate possible tensions. The Government of Bangladesh, though pushing for funds to be channelled to host communities related activities, was initially reluctant to approve activities including both refugees and host communities.

### **Exit strategies**

With a crisis that will last well beyond the maximum two-year DEC funding duration, questions have been raised on how DEC related projects could withdraw responsibly.

As there is no perspective of a rapid improvement for the Rohingya population, and despite the decrease in available funds, many DEC Member Charities have continued to provide assistance even after the DEC funding stopped. There are needs in terms of maintenance, looking after infrastructure, running facilities, and the

population is generally still in need of assistance for food and primary health care. There are more 'development' related activities and some of the initial DEC activities have continued, such as solar lighting, site management, Disaster Risk Reduction, protection and education. The main issues that might prevent these organisations from continuing to address priority needs in this area are lack of funding and policy restrictions, in particular regarding access to justice, education and livelihoods.

Other DEC Member Charities have decided to withdraw once the DEC funding run out or are anticipating their departure within a few years. All these organisations are planning to handover their remaining projects to local

stakeholders and communicate about their withdrawal with key stakeholders, including national authorities.

### **CHS analysis and summary**

More than 90% of all the quotes and references related to "Effects" by key informants were directly linked with three CHS criteria: CHS criteria 1, 2, and 3.

Per order of importance according to key informants, the CHS criteria 1 - Humanitarian response is appropriate and relevant – represents 49% of all the quotes and references related to effects with specific strengths underlined for the added-value of integrative approaches, the importance of innovations in such a

*Save the Children workers prepare nutritious food at Mainarguna Health Post and Nutrition Centre, Kerantoli / Chakmarkul camp, Bangladesh, on 17 May 2018.*



complex environment, and the adjustments made to integrate host communities.

CHS 3 - Humanitarian response strengthens local capacities and avoids negative effects – has also been highlighted by key informants (28% of all quotes/ references to “Effects”) due to political constraints that do not foresee satisfying exit

strategies, the negative impact of the crisis on local livelihood and the related tension between refugees and host communities, and the environmental impact of the crisis in an area that was once part of Teknaf Game Reserve.

CHS 2 - Humanitarian response is effective and timely – (14% of all references related to

“Effects) highlights the fact DEC funding has allowed its Member Charities to intervene rapidly with, however, many unmet needs due to the scale of the crisis and the difficulty to implement specific activities that were identified as needed but not always authorized by the government (Limited Mental health and psychosocial services, livelihood, etc.).

MOST IMPORTANT CHS CRITERIA (PER ORDER OF PRIORITY)	STRENGTHS	CHALLENGES / DIFFICULTIES
<b>CHS 1 - Humanitarian response is appropriate and relevant.</b>	<ul style="list-style-type: none"> <li>• Innovations: e.g. Solar lighting system, Faecal sludge management system.</li> <li>• Integrative approaches: e.g. Integrated Site Improvement Approach.</li> <li>• Adjustment to the context: e.g. outreach teams for reaching all groups populations.</li> </ul>	<ul style="list-style-type: none"> <li>• Complex context of intervention (cultural, political, natural, etc.)</li> <li>• Many activities that are identified as needed are not permitted</li> </ul>
<b>CHS 3 - Humanitarian response strengthens local capacities and avoids negative effects.</b>	<ul style="list-style-type: none"> <li>• Combination of Disaster Risk Reduction &amp; basic needs interventions.</li> <li>• DEC flexible funds allowed to support local capacities.</li> </ul>	<ul style="list-style-type: none"> <li>• Towards a protracted refugee crisis.</li> <li>• Political constraints that do not allow humanitarian stakeholders to foresee satisfying exit strategies.</li> <li>• Negative impact on the local economy and tensions between refugees and host communities.</li> <li>• Huge pressure on a limited natural environment that also poses risks during the rainy season of increased erosion, mudslides and flooding.</li> </ul>
<b>CHS 2 - Humanitarian response is effective and timely.</b>	<ul style="list-style-type: none"> <li>• Rapid DEC intervention</li> <li>• Extended support to extreme poor and vulnerable host community households.</li> </ul>	<ul style="list-style-type: none"> <li>• Unmet needs due to the scale of the crisis and governmental limitations: e.g. Mental health and psychosocial services (MHPSS) remain a significant gap in the response with several NGOs not able to get approval for MHPSS service.</li> <li>• Limited long-term funding - challenges to continue some of the essential services that we initiated through DEC fund- such as health post.</li> </ul>

# STAKEHOLDERS

## Coordination

This emergency response was led and coordinated by the Government of Bangladesh, who had established a National Strategy on Myanmar Refugees and Undocumented Myanmar Nationals in 2013. The refugee camps were jointly managed by the Bangladesh Government, IOM and UNHCR.

The Bangladesh Government worked through the Refugee Relief and Repatriation Commissioner (RRRC), based in Cox's Bazar, with individual Camp in Charge officers responsible for each separate camp. For the humanitarian agencies, strategic guidance and national level government engagement was provided by the Strategic Executive Group in Dhaka, co-chaired by the Resident Coordinator, IOM, and UNHCR.

In June 2017, a sector-based coordination structure with an inter-sector coordination role, hosted by IOM and co-supported by UNHCR, was agreed for the response. The structure was strengthened after the August 2017 arrivals, with the introduction of a Senior Coordinator role whose direct counterparts were the RRRC and DC (Deputy Commissioner), expanded functions within an inter-agency coordination team, and the establishment of new sectors, working groups and co-chair arrangements. Through the Inter-Sector Coordination Group (ISCG), agencies working on the ground communicate and coordinate their responses. ISCG, the Camp in Charge (CiC)

**2. Word cloud related to «stakeholders» used by key informants**



and the Area Focal Organizations (UNHCR and IOM) decide and allocate sites and intervention components to various organizations responding to the crisis.

UN agencies and international NGOs played a central role in coordination, in spite of confusion about UN leadership, which was split between UNHCR and IOM, and made accountability for operations difficult. In addition, national partners and local NGOs were only given a marginal role

despite the fact that they would have had better understanding and a more direct relationship with the local authorities. Local NGOs played a more important role in coordination at camp level, but the lack of coherence between the different actors and roles at different coordination levels, in camps, in Cox's Bazar and in Dhaka, was not efficient.

Coordination issues resulting in gaps were mentioned, for instance in latrine construction, distribution of WASH NFI, or other basic goods and specific



***“Although it would not have been possible in the beginning, given the chaos that ensued at the onset of the crisis, a more coordinated approach would have made the response overall more efficient, effective and equal for all beneficiaries (...) From a coordination perspective, there were a lot of internal politics between IOM and UNHCR about who should have been leading on the response. The two UN bodies have different mandates and allowing UNHCR to have full responsibility in the beginning may have resulted in a more streamlined approach”***

kits; drilling of boreholes, planning for desludging, etc. In compensation, the DEC Member Charities tried to reinforce coordination and information sharing at field level.

Although several key informants in this review mentioned they would have appreciated stronger coordination among DEC Member Charities, it seems this would have added an additional layer of coordination, and would possibly have led to more confusion and more time spent in meetings.

### **Role of the government**

“Bangladesh is not a party to the 1951 Refugee Convention and it does not have domestic refugee legislation that regulates the reception and protection

of refugees, however the Government and people of Bangladesh have demonstrated remarkable international solidarity by keeping their border open to those fleeing violence in the Rakhine state.”<sup>9</sup>

The Bangladeshi Government responded rapidly upon the arrival of the Rohingya refugees, allocating land in the Cox’s Bazar area and providing assistance via several different government departments. The Ministry of Disaster Management and Relief and its Office of the Refugee Relief and Repatriation Commissioner were assigned to oversee the refugee response. However, the Government of Bangladesh doesn’t consider a future for the refugees in the country and strongly rejects the possibility of local integration. The lack of durable solutions for the

Rohingyas therefore remains a major concern.

As very often is the case in migratory crises, there are crucial political issues to be dealt with and the humanitarian sector cannot ignore them. Bangladesh has been pushing strongly for a rapid repatriation of the Rohingya population. It has therefore refused to acknowledge their refugee status, and has selected humanitarian projects and specific activities that were not likely to prolong the situation. Restrictions were imposed on materials that could be used for construction, and also on activities that sustain livelihoods (Cash transfers, Income Generating Activities and “soft” activities such as Education, SGBV prevention, Mental Health Support, Protection, and trainings/sensitization).

DEC Member Charities have reacted in different ways to these political constraints. Some organisations have been involved in national advocacy campaigns even though those have created tension with the local and national authorities. Others have adopted a “low profile” and have usually followed the UN lead in advocating for unfettered access to Rakhine to ensure that

***“Vulnerability factors are the indicators behind beneficiary selection but every person was vulnerable in their own sense. Some families received LPG, whereas others did not, some families had access to the community kitchens or to latrines and washing facilities in close proximity, but many did not. A more coordinated approach would have allowed us to identify gaps sooner.”***

*We need advocacy on the global level, not on the field level. For a long-term situation, INGOs, and the international community should work on a global response at global level. I think that this is a big work for the United Nations. I think that their task is not distributing food, their task is to find a solution with Myanmar.*

development and humanitarian assistance reaches all people in need.

## Protection

Ensuring the protection of populations is a key objective of humanitarian action, which is especially crucial during a refugee crisis. People need material assistance, food, water and shelter, as well as medical assistance, but also physical integrity, psychological support and dignity.

In addition to the crucial role of the United Nations in advocating for a safe return of the Rohingyas to their country, for their rights, such as the recognition of their refugee status or at least the right for them to have an official identification document, many

other protection issues had to be dealt with during this response.

DEC Member Charities, along with the other stakeholders, contributed to reducing the insecurity of individuals, groups and communities at risk. In 2018, activities started focusing more on protection and multi-sector preparedness and response for the monsoon and cyclone season. The Rohingya refugees received support through transitional interventions, encouraging a shift away from meeting immediate humanitarian needs toward solutions-oriented responses.

During this crisis, and given the conservative nature of the Rohingya society, access to women and girls sometimes proved challenging. DEC Member Charities put in place alternative ways of reaching women and girls to provide them with protection, notably by hiring women volunteers with whom communicating was easier.

It seems the protection lens could have been used much earlier in the response; however, DEC Member Charities were faced with numerous delays and obstructions as the Government of Bangladesh was reluctant to deliver authorisations related to this type of activity. They had to shift to other activities, sometimes mainstreaming protection through other sectors, which took more time to design. In sectors such as WASH for instance, they made sure latrines were gender-segregated and had a lock so that women felt safe. In the same way, WATCH committees were set up, including a majority of women, with the aim of identifying protection risks and threats in order to mitigate them in a

participatory way.

Ensuring camps were safe at night was a major concern, some actors mentioning that when the humanitarian staff left, it was hard to know how safety was ensured in camps. All the more so for women and girls exposed to Sexual and Gender Based Violence, sometimes already in Myanmar or on their way to Bangladesh when fleeing violence, and then vulnerable to these threats again once in the camps. Solar street lighting was therefore proposed, as well as the distribution of hand-held solar lamps.

Protection programmes are likely to require specialized and skilled human resources, which can be difficult to find, especially in a country like Bangladesh where organisations are more qualified in managing natural disasters than in managing complex emergencies such as a refugee crisis.

## Local capacities

National NGOs have played an important role in the response. If many of them lacked experience in refugee response and in managing large scale emergencies, they brought relevant experience working with local communities on social and economic issues and disasters and were among the first to help meet the immediate needs of refugees. The role played by national NGOs in the response was also crucial in the way they were able to influence the local government notably through their knowledge of political dynamics.

Many DEC Member Charities have worked with local implementing partners usually

## ***INGO will come and go but the locals will stay forever***

starting with a due diligence process that included a capacity assessment such as the MANGO health check assessment to assess financial capacities, review code of conduct, child protection policies, as well as other key organisational documents such as organisational strategy. In practice, a key challenge was to adapt the type and level of support from DEC Member Charities while local partners have often been overwhelmed with demands and have struggled to play a role in coordination bodies.

It's worth noting that there is much more work to be done on strengthening local capacities. The majority of the camps are co-managed by international NGOs, not national or local organisations and the coordination mechanisms are dominated by international organisations. Exit strategies should focus on strengthening the capacity of local organisations to take on these roles to ensure planned and sustainable exit strategies in the future.

A further challenge to local organisations and capacities was the high salaries provided by some International NGOs led to some national/local organisations struggling to retain skilled staff.

The COVID-19 global health crisis arrived after the DEC intervention and at a time when civil society local leadership was already stronger but, and in particular with the exit of some international staff, it has forced international aid actors to adapt their

management and cooperation methods. These adjustments were made more or less easily depending on the already existing role and capacities of local staff and partners. At that time, the principle of «localisation» was no longer only desired but necessary to be able to continue the interventions.

### **Working with the Rohingya**

The involvement of the Rohingya population in the response took time. Most of them did not receive proper information about decisions being made regarding the response to their needs, about their future or even about when the next ration supply would be distributed. The refugee population was not systematically involved in needs assessments and in programming activities.

All DEC Member Charities put feedbacks and complaints system in place with various methods; some channels proved more effective than others. The level of education is low among the Rohingya population, due to years of living in restricted and controlled areas in Myanmar, with very limited access to schools. The refugees therefore have little knowledge and information about their rights and entitlements, all the more so for women who have had even less access to information and education. Literacy is very low, so the effectiveness of approaches such as complaints boxes is unclear. Direct feedback / complaint was favoured by beneficiaries rather than through a hotline or a box.

Communication was also a challenge because of language barriers. The Bangladeshis do not understand the Rohingya

language and communication with international staff is limited. Although it is frequently mentioned that the local Bangladeshi language, from Chittagong area, is similar to that of the Rohingya population, it seems that there were frequent misunderstandings and oversimplification in relation to information sharing. In addition, information boards were initially written in English and Bengali when pictograms and illustrations would have facilitated a larger understanding.

Cultural norms that restrict the involvement of women in many activities are a major challenge for participation and inclusion. However, during the response, more and more women volunteers were mobilised, which allowed communication and information sharing with women refugees. DEC Member Charities were able to establish various communication channels to promote community involvement, and to help people understand the response, such as interactive theatre, transparency boards, meetings with Majhis, and different committees.

### **CHS analysis and summary**

80% of all the quotes and references related to "Stakeholders" by key informants were directly linked with three CHS criteria: CHS criteria 3, 4, and 6.

Per order of importance according to key informants, the CHS criteria 3 - Humanitarian response strengthens local capacities and avoids negative effects – represents 36% of all the quotes and references related to stakeholders. In this



category, “partnership” between some DEC Member Charities and local organisations has often been mentioned as a key source of learning with examples of due diligence process for local partners, questions on how DEC Member Charities and local partners can interact and support each other, and differences of relationships between long-term cooperation and specific one-

time cooperation for the DEC intervention.

CHS 6 - Humanitarian response is coordinated and complementary – has also been highlighted by key informants (26% of all quotes/references to “Stakeholders”) with a key challenge related to the multiple coordination systems that were not always connected and could share contradictory information.

CHS 4 - Humanitarian response is based on communication, participation and feedback – (14% of all references related to “Effects) highlights the barrier of communication and cultural norms that restrict access to women and their involvement in activities.

<b>MOST IMPORTANT CHS CRITERIA (PER ORDER OF PRIORITY)</b>	<b>STRENGTHS</b>	<b>CHALLENGES / DIFFICULTIES</b>
<p><b>CHS 3 - Humanitarian response strengthens local capacities and avoids negative effects.</b></p> <p><b>26% of all the quotes and references related to “stakeholders”</b></p>	<ul style="list-style-type: none"> <li>Partnerships between local and international organisations.</li> <li>Effective due diligence process for local partner by some DEC Member Charities.</li> </ul>	<ul style="list-style-type: none"> <li>Local organisations considered as real partner and sometimes simply as service provider.</li> <li>Bangladeshi organisations more trained in “natural” rather than “man-made” disasters.</li> <li>High level of insecurity and occurrence of gender-based violence.</li> </ul>
<p><b>CHS 6 - Humanitarian response is coordinated and complementary.</b></p> <p><b>26% of all the quotes and references related to “stakeholders”</b></p>	<ul style="list-style-type: none"> <li>Combination of Disaster Risk Reduction &amp; basic needs interventions.</li> <li>DEC flexible funds allowed to support local capacities.</li> </ul>	<ul style="list-style-type: none"> <li>Multiple coordination systems were not connected and often shared contradictory information.</li> <li>Challenges in communication and coordination with the Government.</li> </ul>
<p><b>CHS 4 - Humanitarian response is based on communication, participation and feedback.</b></p> <p><b>19% of all the quotes and references related to “stakeholders”</b></p>	<ul style="list-style-type: none"> <li>Innovative communication tools: interactive theatres, transparency boards, Women friendly spaces, etc...</li> <li>Watch committee with a majority of women involved to identify protection risks and mitigate them.</li> </ul>	<ul style="list-style-type: none"> <li>Cultural norms that restrict access to women and their involvement in activities.</li> <li>Language issue between Rohingya and Bangladeshi.</li> </ul>

## IMPLEMENTATION

## The largest refugee camp in the world

The refugees are concentrated within extremely congested sites in the Ukhia and Teknaf Upazilas of Cox's Bazar. Kutupalong, a refugee camp in Ukhia, has now become the biggest camp in the world. As of February 2018, there were ten camps and settlements, ranging in size from 9 900 refugees in Shamlapur, to more than 602 400 refugees in the Kutupalong-Balukhali Expansion Site. To the South of the Expansion Site, Jamtoli, Hakimpara and Potibonia are indistinguishable, housing 101 400 refugees between them. Around Nayapara Refugee Camp and Leda in Teknaf, settlements have joined to form a third sprawling concentration of more than 88 300 refugees, which continues to expand and spread into surrounding villages. 336 000 Member Charities of the host community are also considered to be in need. It is worth noting that a number of new arrivals have also been absorbed into the local community. A total of over 110 000 Rohingya refugees are estimated to reside in host communities.<sup>10</sup>

## A challenging context

The density of shelters in very limited spaces, sometimes located on hilly treeless slopes makes the refugees vulnerable to any extreme weather episode

**3. Word cloud related to «Implementation» used by key informants**



and increases the risks of fire hazards, diseases spreading and water contamination.

Building infrastructures in such densely-populated areas is an additional challenge. Access is difficult because not all the different parts of the mega-camp are connected by good roads. As a result, some sections are more isolated, which means that it can be more difficult for the people there to get access to assistance,

especially vulnerable people  
who have mobility issues.

The need for large quantities of shelter material had a strong impact on natural resources. A lot of trees and bamboo were cut down, affecting the local environment and biodiversity, especially as the Government of Bangladesh did not allow other longer-term and sustainable materials to be used in the shelter rehabilitations.

10 - As of June 2020, 34 camps are established, hosting 860 356 refugees. <https://data.humdata.org/dataset/site-location-of-rohingya-refugees-in-cox-s-bazar>

Similarly, the need for wood fuel had a severe impact on a fragile ecosystem, although alternative energy sources, such as rice husk or even the use of LPG cookers for some beneficiaries, were progressively introduced.<sup>11</sup> Community kitchens were also put in place, both reducing the demand for fuel, and creating social bonds between women cooking together.

In addition, the camps were built on land that was partly cultivated by the host-communities. As a result, the latter have lost certain assets, which has led to tension in some areas.

### Preparedness

Most at-risk households had not yet been relocated when the monsoon season started in 2018. Indeed, contingency and preparedness activities to relocate exposed households, or to reinforce shelters, started quite late, only a few weeks before the season was expected to begin, and remained quite limited, with the chance of moving to a safer place reserved only for the most exposed households.

There was a great deal of anxiety among refugees and aid actors regarding the rainy season, as the camps are located in areas at risk of floods with no other land available.

In addition, the restrictions imposed by the government on the type of material authorized for shelter reinforcement limited their resistance, notably the roofing materials - mostly polyethylene sheets - are not

sustainable during the cyclone and rainy seasons.

In May 2017, cyclone Mora hit south-eastern Bangladesh, including Cox's Bazar area and some refugee settlements, notably destroying 50 000 homes and structures.<sup>12</sup> In 2018, the monsoon itself caused floods and landslides,<sup>13</sup> however the worse was avoided in that a massive natural disaster hasn't created a second major crisis in the crisis.

### A heavy bureaucratic burden on humanitarian stakeholders

NGOs faced a number of challenges in terms of obtaining government authorizations to deliver aid and due to coordination issues, that hindered the efficient delivery of aid.

All national and international NGOs receiving international funding for the refugee response had to have a special permit issued by the NGO Affairs Bureau to be allowed to operate in Cox's Bazar. The FD7 is a special facility for emergencies, it is issued on a project-level basis, specifying which activities and costs are approved, and it is valid for a

*The FD7 approval process should be part of this wider dialogue for opening up humanitarian space in a refugee response*

set duration. In principle, FD7 requests should be processed within 72 hours of submission by the NGO Affairs Bureau and should cover a three to six-month timeframe. However, in practice, the NGOAB took much longer to process FD7 requests. It frequently issued approvals for only short durations and sometimes asked NGOs for additional documentation to support their FD7 requests. As a result, there were critical gaps in NGOs' capacity to meet the immediate needs of refugee and host communities.

Projects were frequently only approved for three-month periods (sometimes only one or two months), a sign that the authorities were trying to solve a chronic problem with short-term solutions. As a result, aid actors were unable to provide the most relevant assistance. However, it was also noted that Government officials gradually began to understand the complexity of the work involved and the issues at stake.

### Adaptive management

This intervention was very complex, with people and organisations facing huge operational and institutional challenges. Under these conditions, the implementation and contribution of DEC Member Charities to the improvement of living conditions relied on their capacity to adapt to changes and respond effectively to uncertainties.<sup>14</sup>

A first step was to create or strengthen an «adaptive

11 - At the time of report writing, the use of LPG is rolled out throughout all the camps

12 - Not only in refugee camps

13 - IFRC, Bangladesh Population Movement, two-year Federation wide report.

14 - HEM 2018 - Gestion et programmation adaptatives : la perspective humanitaire - Alice Obrecht



*Unlike most other grants, the relatively longer duration of the project helped to mitigate the unforeseen challenges in the context and allowed us to properly plan and implement the activities for the best outcome*

environment”, and DEC played a key role in this respect. DEC flexibility with regard to programme design - and redesign - in relation to needs on the ground and changes in the context, was underlined as a key success factor. The two phases (Phase 1 - 6 months / Phase 2 - 18 months) proved to be useful for DEC Member Charities as they allowed them to focus on immediate lifesaving support first, and then adjust the intervention to the identified priorities needs.

In such a complex environment, each DEC member tried to adapt to continuous changes, and most of the planned objectives were reached at the end of the second phase. These adjustments sometimes raised issues, including: the type of support required between headquarters and field staff, or between DEC Member Charities and local partners; the level of delegation for decision-making; or the importance of motivation and interpersonal skills in such a complex situation.



*Women participate in a group discussion about good hygiene, and receive dignity kits, at a session provided by Plan International in Balukhali-1 Camp b-32, Bangladesh, on 21 May 2018.*

### **CHS analysis and summary**

80% of all the quotes and references related to “Implementation” by key informants were directly linked with three CHS criteria: CHS criteria 2, 6, and 8.

Per order of importance according to key informants, the CHS criteria 2 - Humanitarian response is effective and timely – represents 58% of all the quotes and references related to “Implementation”. There are two main highlighted points under this category – 1. Difficulties to meet accepted minimum standards (e.g; SPHERE) at the beginning of the intervention and 2. Delays due to the heavy bureaucratic burden on humanitarian stakeholders.

CHS 8 - Staff are supported to do their job effectively, and are treated fairly and equitably – (12% of all references related to “Implementation”) highlights the challenges with high turn-over of staff, limited local capacities in sectors such as WASH, health... in refugee camps and potential risk for female volunteers.

CHS 6 - Humanitarian response is coordinated and complementary – has also been highlighted by key informants (10% of all quotes/references to “Implementation”) with a positive feedback on donor cooperation while questions were raised on how more synergies could have been possible considering the approval constraints from the government.

<b>MOST IMPORTANT CHS CRITERIA (PER ORDER OF PRIORITY)</b>	<b>STRENGTHS</b>	<b>CHALLENGES / DIFFICULTIES</b>
<p><b>CHS 2 - Humanitarian response is effective and timely.</b></p> <p><b>58% of all the quotes and references related to “stakeholders”</b></p>	<ul style="list-style-type: none"> <li>• DEC flexibility with regard to programme design and redesign</li> <li>• Funding structured in two phases (Phase 1 - 6 months / Phase 2 - 18 months).</li> </ul>	<ul style="list-style-type: none"> <li>• Initial services did not meet international quality standards in humanitarian aid (e.g. SPHERE).</li> <li>• Delay of Government approval and multiple layers of protocols</li> </ul>
<p><b>CHS 8 - Staff are supported to do their job effectively, and are treated fairly and equitably.</b></p> <p><b>12% of all the quotes and references related to “stakeholders”</b></p>		<ul style="list-style-type: none"> <li>• High turn-over, skilled staff by higher wages in larger or international NGOs or agencies.</li> <li>• Human resources locally very experienced in DRR / preparedness skills but not in camp management / health / etc</li> <li>• Potential risks to female volunteers</li> </ul>
<p><b>CHS 6 - Humanitarian response is coordinated and complementary.</b></p> <p><b>10% of all the quotes and references related to “stakeholders”</b></p>	<ul style="list-style-type: none"> <li>• DEC Donor cooperative, easy to access, and willing to listen field needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Possibility to have more flexible synergic approach to satisfy people’s need between implementers.</li> </ul>



---

# CONCLUSION



# SUMMARY - CHS HEALTH CHECK

This CHS Health Check intends to summarize key informants' learning points about the DEC Rohingya Refugee Crisis Response compared to the quality criteria of the Core Humanitarian Standard (CHS).<sup>15</sup>

CHS CRITERIA	IMPORTANCE % of all references/quotes by key informants
<b>CHS 1. THE INTERVENTION IS APPROPRIATE AND RELEVANT</b>	<b>16%</b>
<ul style="list-style-type: none"> <li>Facing a very complex environment of intervention, traditional basic needs activities can be adjusted with specific innovations such as the Faecal sludge management system that has been used during the DEC Rohingya Refugee Crisis Response. They can also be integrated into a more global approach (e.g. Integrated Site Improvement Approach) to reinforce synergies between different sectors of intervention.</li> <li>Dividing the intervention into two phases has allowed DEC Member Charities to intervene rapidly during the first 6 months while conducting needs analysis to propose more "tailored" activities during the second phase, including activities such as Disaster Risk Management or specific innovation such as solar lighting system.</li> </ul>	
<b>CHS 2. THE INTERVENTION IS EFFECTIVE AND TIMELY</b>	<b>30%</b>
<ul style="list-style-type: none"> <li>Being able to release funds quickly was critical to address priority needs in a timely manner.</li> <li>Political constraints had an important influence on humanitarian interventions, including:</li> <li>Activities delayed by Government approval;</li> <li>Unmet needs due to the difficulty to implement specific activities that were identified as needed but not always authorized by the government (Mental health and psychosocial services, Livelihood, etc.).</li> <li>International quality standards (e.g. SPHERE) needed to be contextualised in this very specific setting and were not sufficiently known by all stakeholders. Help is now more organised but there are still differences of standards between the camps.</li> <li>Support was extended to extremely poor and vulnerable host community households.</li> <li>DEC donor flexibility with regard to programme design and redesign was key to adjust interventions in this complex environment.</li> </ul>	

15 - More information about this tool - <https://www.urd.org/en/publication/toolbox-quality-accountability-compass-to-help-implement-the-chs-in-the-field-2019/>

## CHS CRITERIA

**IMPORTANCE**  
% of all  
references/quotes  
by key informants

### CHS 3. THE INTERVENTION STRENGTHENS LOCAL CAPACITIES AND AVOIDS NEGATIVE EFFECTS

**21%**

- Negative effects of the crisis only partially addressed by humanitarian assistance:
  - > Environmental impact of the crisis in an area that was once part of Teknaf Game Reserve and huge pressure on a limited natural environment that also poses risks during the rainy season of increased erosion, mudslides and flooding.
  - > Towards a protracted refugee crisis with political constraints that do not foresee satisfying exit strategies.
  - > Negative impact on the local economy and tensions between refugees and host communities.
  - > High level of insecurity and occurrence of gender-based violence.
- Local capacity building only partially addressed by humanitarian assistance at five levels:
  - > Bangladeshi organisations more experienced in “natural” rather than “man-made” disasters.
  - > Local implementing partner organisations sometimes managed as long-term partner with strong support and capacity-building, and sometimes simply as a one-shot service provider.
  - > “Partnership” between international and local organisations often been mentioned as a key source of learning with examples of due diligence process for local partners, questions on how DEC Member Charities and local partners can interact and support each other, and differences of relationships between long-term cooperation and specific one-time “service provider” cooperation.
  - > Limited local civil society leadership at the beginning of the humanitarian intervention.
  - > Limited strengthening of local resilience due to political limitations.

### CHS 4. THE INTERVENTION IS BASED ON COMMUNICATION, PARTICIPATION AND FEEDBACK

**9%**

- Cultural norms that restrict access to women and their involvement in activities have been partially addressed through innovative communication tools: interactive theatres, transparency boards, Women friendly spaces, etc.

### CHS 5. COMPLAINTS ARE WELCOME AND ADDRESSED

**2%**

- Complaints Response Mechanisms (CRM) were implemented to ensure everybody has the opportunity to raise concerns, make complaints and give feedback across all stages of the project management cycle but very few complaints were made while surveys and consultations have highlighted that the most preferred channel for raising feedback was face to face or through community leaders.



## CHS CRITERIA

**IMPORTANCE**  
% of all  
references/quotes  
by key informants

### CHS 6. THE INTERVENTION IS COORDINATED AND COMPLEMENTARY

**14%**

- Multiple coordination systems were not always connected and could share contradictory information.
- Communication and coordination between humanitarian stakeholders and authorities were challenging.
- Synergies between implementers were limited by the approval constraints from the government.
- DEC Donor was cooperative, easy to access, and willing to listen field needs.

### CHS 7. STAKEHOLDERS ARE CONTINUOUSLY LEARNING AND IMPROVING

**2%**

- The Real Time Evaluation has helped defining some learning points on the response.
- Government restrictions on foreign visitors entering the camps have caused disruption to project learning, knowledge sharing opportunities and coordination.

### CHS 8. STAFF ARE SUPPORTED TO DO THEIR JOB EFFECTIVELY, AND ARE THEY TREATED FAIRLY AND EQUITABLY

**6%**

- High turn-over, skilled staff attracted by higher wages in larger or international NGOs or agencies.
- Human resources locally very experienced in DRR / preparedness skills but not in camp management / health, etc.
- Potential risks to female volunteers

### CHS 9. RESOURCES ARE MANAGED AND USED RESPONSIBLY FOR THEIR INTENDED PURPOSE

**2%**

- Rohingya refugees in camps remain largely dependant on external assistance but funding opportunities are decreasing.

# RECOMMENDATIONS

## Effects

EFFECTS / CHANGES	OBSERVATIONS	RECOMMENDATIONS FOR NGOS / DEC MEMBER CHARITIES	RECOMMENDATION FOR THE DEC	SECTOR LEVEL REMARKS / TOOLS / DOCUMENTS
<b>Effects</b> <b>Challenges, good practices and recommendations in terms of how activities and innovations have addressed identified needs.</b>	<b>Integrative and innovative approaches</b> <b>CHS 1</b>	<p>Document and share good practices</p> <p>Promote multi-sector approaches within one organisation or between different implementers (e.g. Integrated health, nutrition and WASH programming).</p> <p>Use Phase 1 to intervene rapidly while assessing existing needs, resources and context of intervention to develop tailored activities in Phase 2.</p>	<p>Facilitate and encourage dissemination and learning exercises among Member Charities</p> <p>Keep current two-phase approach to allow DEC Member Charities to adjust their intervention to priority needs.</p>	
	<b>Women's empowerment</b> <b>CHS 3 &amp; 4</b>	<p>Hiring more female staff, at different levels, from the community outreach level to management level.</p>		
	<b>Needs remain in terms of protection and safety in camps</b> <b>CHS 2</b>	<p>Design activities that mainstream protection early-on</p>	<p>Adapting donor guidelines including emphasis on the importance of protection</p>	<p><u>Document</u></p>

EFFECTS / CHANGES	OBSERVATIONS	RECOMMENDATIONS FOR NGOS / DEC MEMBER CHARITIES	RECOMMENDATION FOR THE DEC	SECTOR LEVEL REMARKS / TOOLS / DOCUMENTS
<b>Environmental management</b> <b>Challenges, good practices and recommendations in terms of how natural constraints and environmental impact have been managed.</b>	<b>Huge pressure on a limited environment</b> <b>CHS 3</b>	<p>Design activities that mainstream environmental considerations early-on</p> <p>Develop lessons learned from this intervention on how to operate in extremely cramped camp settings</p>	<p>Adapting donor guidelines, reporting documents and evaluation criteria to include environmental footprint reduction</p> <p>Include environmental criteria in the assessment and due diligence carried out with new/ renewed Member Charitieships</p> <p>Continue to encourage lesson sharing on environmental mainstreaming amongst DEC Member Charities</p>	<p>Need for a global environmental policy / guideline to prevent and reduce environmental impacts within refugee camp settings</p> <p>Discussions between other humanitarian donors to discuss challenges and opportunities of environmental mainstreaming</p> <p><a href="https://www.urdu.org/wp-content/uploads/2020/05/Groupe-URD-Inspire-studypublic.pdf">https://www.urdu.org/wp-content/uploads/2020/05/Groupe-URD-Inspire-studypublic.pdf</a></p>
	<b>Working in constrained environments WASH, Health risks</b> <b>CHS 2 &amp; 6</b>	<p>Document and share good practices</p> <p>Rely on coordination mechanisms and communications between stakeholders, especially at camp level, to avoid duplications, overlapping, gaps and health risks</p>	<p>With more crises potentially happening in urban contexts (although this was not) where space is limited, facilitate a specific research on how to operate in extremely cramped camp settings.</p> <p>Keeping the same flexibility / adaptiveness regarding activity programming, in order to allow Member Charities to reorient planned activities depending on other actors / on context change, etc.</p>	
<b>Exit strategy</b> <b>Challenges, good practices and recommendations in terms of how post-intervention has been anticipated and managed.</b>	<b>Towards a protracted refugee crisis</b>  <b>Political constraints / influence on the exit strategies</b>  <b>CHS 3</b>	<p>Consider long- term solutions at the beginning</p> <p>Assess the type of crisis to anticipate if it will be a long-term crisis, and adapt accordingly (involvement of local capacities.)</p> <p>Develop an exit strategy at the latest at the end of Phase 1 / beginning of phase 2 and start the handing-over to local organisations as early as possible</p>	<p>For a long-term crisis, consider proposing a phase 3 implemented by national organisations or societies with limited support from DEC member organisations.</p>	<p>Advocacy role for UNHCR / ICVA / OCHA</p> <p>Channelling a larger portion of funding to national organisations rather than funding intermediaries</p>



STAKEHOLDERS	OBSERVATIONS	RECOMMENDATIONS FOR NGOS / DEC MEMBER CHARITIES	RECOMMENDATION FOR THE DEC	SECTOR LEVEL REMARKS / TOOLS / DOCUMENTS
<b>Coordination Challenges, good practices and recommendations in terms of how the coordination has been handled.</b>	Multiple coordination systems were not connected and often shared contradictory information  CHS 6		Encourage communication and information sharing between DEC Member Charities. However, adding another layer of specific DEC coordination would increase the burden on NGOs, rather than facilitating their work.	Avoid creating international coordination mechanisms disconnected from local coordination mechanisms
	Challenges in communication and coordination with the government  CHS 6	In a complex political environment of intervention, prioritize both the emergency response and advocacy.  Advocate at different levels, according to the organisations' mandate. Discussions at international, national but also at regional level, notably through local organisations with whom the dialogue with national authorities is much more effective and straightforward.		
<b>Local capacities Challenges, good practices and recommendations in terms of how International organisations have engaged with local partners</b>	Partnership between international and local organisations  CHS 3 , 6 & 8	Clarify what INGOs are seeking in a partnership: a local leadership or a local service provider?  Assess local partner capacity and provide sufficient support for partners in implementing a large-scale response	Ensuring DEC Member Charities build and maintain strong partnerships locally, not only opportunistically but in the long-term	Localisation: channelling a larger portion of funding to national organisations rather than funding intermediaries
	Local capacities  CHS 3	Take advantage of the strong skills Bangladeshi organisations have in DRR / preparedness activities, while reinforcing their capacities in managing complex emergencies involving multiple sectors, including quality and accountability methods	Ensure capacity building is done by DEC Member Charities with their partners. E.g allocate a specific amount or a percentage of the total budget that can only be used for strengthening local capacities.	CHS SPHERE

STAKEHOLDERS	OBSERVATIONS	RECOMMENDATIONS FOR NGOS / DEC MEMBER CHARITIES	RECOMMENDATION FOR THE DEC	SECTOR LEVEL REMARKS / TOOLS / DOCUMENTS
Exit strategy Challenges, good practices and recommendations in terms of how post-intervention has been anticipated and managed.	Communication with communities  <b>CHS 4</b>	Document and share good practices  When possible, communicate with communities through different channels: local media (radio, TV, etc.); mobile network operators (if authorized); technology providers and software developers; Art and theatre groups	Facilitate and encourage dissemination and learning exercises among Member Charities	Advocacy role for UNHCR / ICVA / OCHA  Channelling a larger portion of funding to national organisations rather than funding intermediaries
	Accountability / complaint and feedback mechanisms  <b>CHS 4 &amp; 5</b>	Adapt complaints mechanisms to local culture, consider participatory approaches (consultation, iterative feedbacks loops, etc.) rather than complaints mechanism	Foster discussion within members about complaints mechanisms in various contexts and implemented through a participatory approach.	SPHERE  Quality & Accountability COMPASS
	High levels of insecurity and occurrence of gender-based violence  <b>CHS 3 &amp; 4</b>	Include protection activities concerning gender-based violence at project launch (Lighting in camps, locks to latrines) with the involvement of the communities in order to understand their practices and uses.  Include specific capacity building activities towards local authorities to make them understand the importance of protection.		
Exit strategy (...)	Tension between refugees and host communities  <b>CHS 3</b>	Include host communities in needs assessments and extend support to them.		Connect with Nexus reflexions applied to forced displacement, in particular the EU communication “Live in Dignity”, in order to take advantage of the involvement of development actors (e.g DEVCO, World Bank, etc.) in long lasting refugee situations

## Implementation

STAKEHOLDERS	OBSERVATIONS	RECOMMENDATIONS FOR NGOS / DEC MEMBER CHARITIES	RECOMMENDATION FOR THE DEC	SECTOR LEVEL REMARKS / TOOLS / DOCUMENTS
<b>Implementation Challenges, good practices and recommendations in terms of how activities have been implemented, with a specific focus on the role of the Bangladeshi authorities.</b>	Facing a huge refugee crisis, with continuous new arrivals for months in a limited space  <b>CHS 1, 2 &amp; 3</b>	Document and share good practices	Facilitate and encourage dissemination and learning exercises among Member Charities  Initiate specific research on how to operate in extreme camp settings (density, lack of in	With more crises potentially happening in urban contexts (although this was not) where space is limited, drawing lessons on this crisis will be useful.
	Initial services did not meet international quality standards in humanitarian aid.  <b>CHS 2</b>	Provide more capacity building to staff in standards and quality criteria		CHS SPHERE Quality & Accountability COMPASS
	Role of the government  <b>CHS 2 &amp; 6</b>	Assess and anticipate risks related to blockages from the government		
	Advocacy  <b>CHS 2 &amp; 6</b>	Engage the government with continuous advocacy, or at least joint positioning, to streamline and harmonise the potential changing shifts in policy and regulations (e.g. FD7 approvals in Bangladesh).		



STAKEHOLDERS	OBSERVATIONS	RECOMMENDATIONS FOR NGOS / DEC MEMBER CHARITIES	RECOMMENDATION FOR THE DEC	SECTOR LEVEL REMARKS / TOOLS / DOCUMENTS
<b>Adaptative management</b> <b>Challenges, good practices and recommendations in terms of how adjustments have been made in response to new information and changes in context.</b>	DEC specificities  <b>CHS 2 &amp; 7</b>		Keep current flexibility and proactive DEC management.  Work with a learning partners, a capacity building organisation that is able to conduct on-site training, context-based research, real-time evaluations and coaching/support to DEC Member Charities.  Strengthen current M&E system with Iterative Evaluations including Feedback Sessions so as to inform phase 2	
	<b>Human resources</b> <b>Challenges, good practices and recommendations in terms of how staff have been supported to do their job.</b>	<b>National NGO capacities</b>  <b>CHS 8</b>	When possible, prioritize partnerships with local organisations rather than hiring local resources.  Include specific activities for strengthening local HR capacities	Link with the H2H initiative to facilitate human resources capacity building such as training on SPHERE standards.

# THREE YEARS LATER, WHAT IS THE SITUATION OF THE ROHINGYAS?

## The threat of Covid-19 in the camps

On May 14, the first COVID-19 positive case within the Rohingya refugee community was declared. By the end of May, 132 cases were reported at the wider district level in Cox's Bazar. Since April 2020, the Government of Bangladesh imposed a lockdown of Cox's Bazar district and the Refugee Commissioner has demanded movement restrictions on aid workers, cutting manpower by 80 percent,<sup>16</sup> only allowing emergency food assistance, water provision and health care.

***“Aid workers said the restrictions have led to disruptions in water and sanitation, which the World Health Organization has said are essential to protecting human health during the Covid-19 outbreak”***

Access to a safe humanitarian space is once again questioned by these restrictions, concerns are voiced as all protection



*Sayed and his daughter Halima collect fresh food from an Oxfam food distribution point, Balukhali camp, Cox's Bazar, part of the fresh food voucher scheme.*

activities have now ceased, safety is once again an issue for the most vulnerable populations in the camp. Safe spaces for women and children have for instance stopped receiving public, thus creating gaps in assistance to victims of Sexual and Gender Based Violence. Health centres have seen a decline in visits for other diseases and chronic illnesses - as refugees fear that if they are tested positively, they might be isolated and taken away - which aid actors fear will increase other health related risks in a vulnerable population.

## A protection crisis

It is important to keep in mind how the Government and people of Bangladesh demonstrated solidarity by keeping their border

and communities open to an estimated 744 000 refugees<sup>17</sup> from Myanmar while providing land, sharing natural resources and expanding services and infrastructures to the Rohingya fleeing violence and destructions of their homes and assets.

The response to the sudden influx of hundreds of thousands of Rohingya into Bangladesh in August 2017 has been complex, through their funding, the DEC and other donors contributed to saving lives, reducing suffering and improving the protection conditions and quality of life of most refugees.

As repatriation to Myanmar may still take time, it remains crucial to keep providing assistance to refugees in Bangladesh, building upon the framework provided by the Global Compact on Refugees, to keep advocating for a safe

16 - <https://www.hrw.org/news/2020/04/28/bangladesh-covid-19-aid-limits-imperil-rohingya>

17 - UNHCR: <http://reporting.unhcr.org/node/2539?y=2020#year>

voluntary return to Myanmar and to push considerations for third-country options, as Bangladesh recently started the settlement of a few hundreds of Rohingya refugees in Bhasan Char, the controversial uninhabited flood-prone island in the Bay of Bengal.

During this response, the DEC Member Charities and the humanitarian system as a whole were engaged in improving and learning how to provide better quality assistance for the people in need. They were confronted with many challenges in this unprecedented migration crisis which resulted in what has now become the largest refugee setting in the world, but have constantly strived to be able to meet the population's needs in the most adapted way, which became possible a few months after this sudden crisis started.

Despite the challenges and constraints posed by the complexity of the political context in a refugee crisis, often hindering the implementation of a principled humanitarian assistance, the sector should keep considering long-term approaches in the first moments of intervention, thus integrating recovery and rehabilitation perspectives early-on, increasing links between these complementary approaches.

This also means involving the right stakeholders, emergency and development actors, including national and international organisations, thus ensuring the local organisations who will keep working in the area when the emergency phase ends are involved and given an important role.

In this particular crisis, challenges to a more local humanitarian action have been revealed through an existing tension between the recognition of existing local capacity, especially in natural disasters management, and the presence of a strong civil society and an important role played by the government, and the concerns of some international actors over a lack of local capacity in managing a large complex emergency necessitating multiple types of assistance in various sectors.

Working through the numerous obstacles in implementing activities that were not approved or took time to get approval was an important challenge for DEC Member Charities, who came up with innovative tailored multisectoral activities,

often integrating protection approaches in different sectors and sharing their successes so that other actors could benefit from their experience.

The refugee situation in the world keeps worsening: by the end of 2019 nearly 80 million people<sup>18</sup> in the world have lived a forced displacement situation, and among them a very limited number will be able to return to their home-country rapidly. The humanitarian sector should keep drawing lessons from this refugee crisis and its specificities; very dense and congested camps located in disaster-prone areas; a constraining political environment and a lack of global leadership and strategy, and improve the way they provide assistance and mainstream protection early-on.

*Girls practice how to measure clothes with newspapers, at an ActionAid-provided WC centre, in Mainarghuna camp / Balukhali camp, Bangladesh, on 20 May 2018.*



18 - <https://www.unhcr.org/dach/ch-fr/publications/statistiques>



# LIST OF ACRONYMS

<b>AAP</b>	Accountability to Affected Populations
<b>CHS</b>	Core Humanitarian Standard
<b>CIC</b>	Camps in Charge
<b>CWC</b>	Communicating with Communities
<b>CWFS</b>	Children and Women Friendly Space
<b>DEC</b>	Disasters Emergency Committee
<b>DRR</b>	Disaster Risk Reduction
<b>FD7</b>	Foreign Donations, form 7 (to request approval for NGO relief projects using foreign funds)
<b>HC</b>	UN Humanitarian Coordinator
<b>(I)NGO</b>	(International) Non-Governmental Organisation
<b>IOM</b>	International Organization for Migration
<b>ISCG</b>	Inter-Sector Coordination Group
<b>JRP</b>	Joint Response Plan
<b>LPG</b>	Liquefied Petroleum Gas (cooking sets)
<b>MEAL</b>	Monitoring, Evaluation, Accountability, and Learning
<b>MHPSS</b>	Mental Health and Psychosocial Services
<b>MDMR</b>	Ministry of Disaster Management and Relief
<b>NFI</b>	Non-Food Item
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>RC</b>	UN Resident Coordinator
<b>RRRC</b>	Refugee Relief and Rehabilitation Commissioner
<b>SEG</b>	Strategic Executive Group
<b>UN</b>	United Nations
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>WASH</b>	Water, Sanitation, and Hygiene
<b>WFS</b>	Women Friendly Space

# APPENDIX 1: ANALYSIS MATRIX

RELATED CHS COMMITMENTS	IDENTIFIED LEARNING TOPICS	GUIDING QUESTIONS
<b>CHANGES - The results of the activities on the improvement of the situation - What are the results of the intervention? Mainly based on the CHS Criteria 1, 2 &amp; 3.</b>		
<b>CHS 1</b>	<b>Effects</b> Challenges, good practices and recommendations in how activities and innovations have addressed identified needs.	<ul style="list-style-type: none"> <li>Can you name an activity that, according to you or your organisation, has brought most significant changes? Why?</li> <li>Has your organisation implemented any innovation that had specific effects that you wish to highlight?</li> <li>How did the DEC-funded work fit within or complement your agency's broader programme strategy / existing programme and delivery modality in response to this particular crisis?</li> <li>How did you anticipate and manage any negative impact your activities may have caused? (Do no harm)</li> </ul>
<b>CHS 2</b>	<b>Environmental management</b> Challenges, good practices and recommendations in how natural constraints and environmental impact have been managed.	<ul style="list-style-type: none"> <li>Have you implemented disaster preparedness activities? What were the challenges in implementing them in this context and during the time of an emergency?</li> <li>Have you been involved in mitigating the negative environmental impact of the crisis? If yes, in which way?</li> </ul>
<b>CHS 3</b>	<b>Exit strategy</b> Challenges, good practices and recommendations in how post-intervention has been anticipated and managed.	<ul style="list-style-type: none"> <li>Do you consider that you have reached specific effects that do not require further follow-up?</li> <li>Have you planned a hand-over of your activities within your organisation or outside?</li> <li>Do you believe that targeted populations are more prepared, resilient and less at-risk as a result of your action? If yes, in which way?</li> </ul>
<b>STAKEHOLDERS (with a particular focus on the distribution of roles and responsibilities between the different actors, and on localisation when applicable - How did the different actors contribute to the operation?), mainly based on CHS criteria 4, 5 &amp; 6.</b>		
<b>CHS 6</b>	<b>Coordination</b> Challenges, good practices and recommendations in how the coordination has been handled.	<ul style="list-style-type: none"> <li>Who were the key stakeholders involved in your intervention?</li> <li>According to you, what were the main challenges in coordinating the intervention in the context of a "mega-camp"?</li> <li>Did you have any specific cooperation with other DEC funded organisations?</li> </ul>
<b>CHS 3 CHS 6</b>	<b>Local capacities</b> Challenges, good practices and recommendations in how local capacities have influenced interventions.	<b>Partnership</b> <ul style="list-style-type: none"> <li>How have you engaged with local partners (e.g stretching local resources)?</li> <li>How did you evaluate the capacities of your partners (if any)?</li> <li>Do the relationships and procedures in place allow for a good flow of information? Capacity building? A sharing of responsibilities? Co-decision? Between you and your partner(s) (if any).</li> </ul>
<b>CHS 4 CHS 5</b>	<b>Populations</b> Challenges, good practices and recommendations in how the different groups of population have been involved.	<ul style="list-style-type: none"> <li>Who were the main beneficiaries of your intervention? How did you ensure that your initial targeting was relevant? What were the specific mechanisms that you have put in place when working with specific groups? (Women, children, older people, etc.)</li> <li>What worked and what did not work in collecting feedbacks?</li> <li>What were the specific actions for addressing "protection" challenges?</li> <li>How did you ensure that information was received and understood by your target groups?</li> <li>Which community representatives were you working with? How did you ensure his/her neutrality?</li> </ul>

RELATED CHS COMMITMENTS	IDENTIFIED LEARNING TOPICS	GUIDING QUESTIONS
<b>PROCESSES / MANAGEMENT</b> <b>(the functioning and activities carried out in this operation, and in particular the impact on the environment of humanitarian programmes when applicable - How did the operation produce the observed results?) mainly based on criteria 7, 8 &amp; 9.</b>		
<b>CHS 2</b> <b>CHS 7</b> <b>CHS 8</b> <b>CHS 9</b>	<b>Implementation</b> Challenges, good practices and recommendations in how activities have been implemented.	<b>Environmental challenges</b> <ul style="list-style-type: none"> <li>What were the main difficulties (physical access, specific behaviours, culture and beliefs, etc.) for implementing activities? How did you overcome them?</li> <li>How did you anticipate and manage the environmental impact of your activities?</li> </ul> <b>Bangladeshi authorities</b> <ul style="list-style-type: none"> <li>How did you interact with Bangladeshi authorities? What were the most important support and difficulties you benefited/faced with Bangladeshi authorities?</li> <li>Have you implemented education, income generating activities or any other activity that were limited by the national and / or regional authorities? How did you manage these challenges?</li> </ul>
<b>CHS 2</b> <b>CHS 7</b> <b>CHS 9</b>	<b>Adaptative management</b> Challenges, good practices and recommendations in how adjustments have been made in response to new information and changes in context.	<ul style="list-style-type: none"> <li>How did you anticipate necessary changes? (If any)</li> <li>How did you ensure that the right decision was made at the right time?</li> <li>How has your organisation managed the relatively late implementation of phase 1, and potential other delays in implementation.</li> <li>Have you shared learnings with others, if so, how?</li> <li>Have you identified specific differences between DEC and other donor in facilitating adaptative management?</li> </ul>
<b>CHS 8</b>	<b>Human resources</b> Challenges, good practices and recommendations in how staff have been supported to do their job.	<ul style="list-style-type: none"> <li>How do you ensure that the appropriate (operational) staff have a minimum understanding of such a complex situation?</li> <li>How did you address the challenges in recruiting (and keeping) local staff?</li> <li>How have you managed gender equity in this context? What were the main challenges?</li> </ul>



# APPENDIX 2: STRENGTHS AND CHALLENGES / WEAKNESSES<sup>19</sup>

EFFECTS / CHANGES	OBSERVATION / TENDENCIES	CHALLENGES	STRENGTHS
<b>CHS 1</b>  <b>Effects</b>  <b>Challenges, good practices and recommendations in terms of how activities and innovations have addressed identified needs.</b>	<b>Integrative approaches</b>	In the first months, there was not enough time to elaborate integrative approaches; life-saving activities and basic needs distributions were prioritized	Integrating sensitization / awareness raising within other activities (distributions, cooking classes, etc.)  Sewing classes allowing women to create clothes adapted to their needs and culturally appropriated, while being able to socialise and share with peers
	<b>Innovative approaches</b>	It was only possible to consider these approaches after the first few months of the intervention.  However, the geographical constraints and the challenge posed by the huge number of people to consider forced stakeholders to come up with innovative solutions	Solar lighting solutions  Business models based on algorithms  Communication tools: interactive theatres, transparency boards, Women Friendly Spaces, etc.  Combination of DRR & basic needs interventions  A number of Eco-san solutions were also tested in this response (tiger worm toilet; anaerobic digester)
	<b>Women's empowerment</b>	The conservative nature of both the refugee population and the host communities and hosting country as a whole demanded subtlety and specific approaches to be able to reach out to women's groups and to inform them	More and more women volunteers were mobilised during the response, which allowed communication and information sharing with women refugees  WATCH Committees with a majority of women involved to identify protection risks and threats and mitigate them
	<b>Needs remain in protection and safety in camps</b>	Insufficient integration of protection considerations during the first months of the intervention	

<sup>19</sup> - Important: All of the points synthesize the strengths, weaknesses and operational issues identified from the experiences of DEC members in Bangladesh. They do not therefore all apply to each DEC member, but are mentioned here to highlight the elements necessary for the success of a joint intervention.

EFFECTS / CHANGES	OBSERVATION / TENDENCIES	CHALLENGES	STRENGTHS
<b>CHS 3</b>  <b>Environmental management</b>  <b>Challenges, good practices and recommendations in terms of how natural constraints and environmental impact have been managed.</b>	<b>Huge pressure on a limited environment</b>	<p>Natural resource depletion: bamboo, wood but also water reserves</p> <p>Loss of biodiversity (Part of the refugee camps is located on a natural reserve)</p> <p>Increased risks: informal settlements face risks of flooding, landslides, and shelter collapse</p> <p>Waste management is limited</p> <p>Land used for cultivation by host communities overtaken by shelters</p>	<p>A number of initiatives aimed at protecting the environment were launched in Cox's Bazar. This response is one of the few that has an Energy &amp; Environment Technical Working Group</p>
	<b>WASH in a constrained environment / Health risks</b>	<p>Need for important drainage in a hilly and constrained area</p> <p>International standards for sanitation infrastructure cannot always be respected</p> <p>Coordination challenges created sanitary risks, (building a latrine too close to a drinking water point, for instance).</p> <p>Hygiene practices can prove difficult to follow in terms of access to water and soap, and being able to respect social distancing in crowded environments (Covid-19)</p>	<p>As mentioned above interesting eco san solutions were tested in Cox</p>
<b>CHS 3</b>  <b>Exit strategy</b>  <b>Challenges, good practices and recommendations in terms of how post-intervention has been anticipated and managed.</b>	<b>Towards a protracted refugee crisis</b>	<p>Ending the emergency phases and entering the development phase with huge needs remaining</p>	
	<b>Political constraints / influence on exit strategies</b>	<p>The uncertainty regarding a possible safe return to Myanmar and the limitations posed by the Bangladesh Government mean that it is difficult for humanitarian stakeholders to envisage satisfactory exit strategies</p>	
	<b>Decreasing level of funding, growing unmet needs</b>	<p>JRP 2020 is currently funded up to 25% (Required: 993.8 M. USD)</p> <p>JRP 2019 was funded up to 75% (Required: 920.5 M.USD)</p> <p>JRP 2018 was funded up to 71% (Required: 950.8 M. USD)</p>	
	<b>Handing-over to local organisations</b>	<p>At the end of DEC funding, basic infrastructures are in place. However, the need for maintenance and running the facilities is still important. Moreover, protection needs remain huge.</p>	<p>National organisations have good capacities and skills in Disaster Risk Reduction / Preparedness activities</p>

STAKEHOLDERS	OBSERVATION / TENDENCIES	CHALLENGES	STRENGTHS
<b>CHS 6</b>  <b>Coordination Challenges, good practices and recommendations in terms of how the coordination has been handled.</b>	<b>Multiple coordination systems were not connected and often shared contradictory information</b>	<ul style="list-style-type: none"> <li>Time consuming / inefficient / duplication of efforts</li> </ul> <p><i>"Although it would not have been possible in the beginning, given the chaos that ensued at the onset of the crisis, a more coordinated approach would have made the response overall more efficient, effective and equal for all beneficiaries".</i></p> <ul style="list-style-type: none"> <li>UN and international NGOs playing a central role in coordination</li> <li>Confusion related to UN leadership (UNHCR/IOM) and accountability for operations</li> <li>National partners were only given a marginal role (as opposed to what the localisation agenda suggests) whereas these organisations would have had a closer and more understanding relationship with local authorities</li> </ul>	
	<b>Challenges in communication and coordination with the government</b>	<p>Regular information gaps around government plans and the repatriation strategy which do not align with the joint response plan.</p> <p>A lot of confusion related to the FD7</p>	
	<b>No specific coordination mechanisms for DEC funded NGOs</b>	<p>While DEC's mandate does not include specific coordination, stronger strategic planning around the Member Charities' intervention could have allowed more efficient programming, preventing overlapping and creating synergies</p> <p><i>"There was no coordination among the implementing partners of DEC fund in Rohingya Responses to avoid any duplication and also to follow same standard".</i></p>	



STAKEHOLDERS	OBSERVATION / TENDENCIES	CHALLENGES	STRENGTHS
<b>CHS 3</b> <b>CHS 6</b>  <b>Local capacities</b> <b>Challenges, good practices and recommendations in terms of how International organisations have engaged with local partners</b>	<b>Partnership between international and local organisations</b>	Importance of an effective due-diligence process to be able to select local partners when no previous links exist (e.g. MANGO Health check assessment, etc.)	Efficiency and reliability when two organisations already have built a strong partnership
	<b>Local organisations' capacities</b>	More than 150 INGOs working in Cox's Bazar, very few organisations are led by Bangladeshis	Increasing role of some international organisations in reinforcing national organisations' capacities rather than in direct implementation  Bangladeshi organisations more trained in "natural" rather than "man-made" disaster  "INGOs will come and go but the locals will stay forever"
<b>CHS 4</b> <b>CHS 5</b>  <b>Populations</b> <b>Challenges, good practices and recommendations in terms of how the different population groups have been involved. One priority focus to be included – utilization of feedback (Process &amp; content)</b>	<b>Communication with communities</b>	Language issue: Rohingya / Bangladeshi (+ different alphabet) and a high level of illiteracy among Rohingya populations  Use of pictograms simplified understanding of useful information in camps  Education level is very low among the Rohingya population, coming from years of living in restricted and controlled area in Myanmar with very limited access to schools  Little knowledge and information about their rights and entitlements, especially so for women who have had even less access to information and education	Use of various channels of communication to ensure community involvement, understanding and learning about the response, via interactive theatres, transparency boards, meetings with Majhis, and through different committees.
	<b>Targeting</b>	During the first months, there were concerns about the targeting and quantity of aid provided to all households, with very little, if any, consultation of the population and some questions about sectors and needs that should have been prioritised.	Adapting distribution methods to be able to reach different population groups in an appropriate manner, creating different slots for groups, thus limiting the waiting and allowing a better access for vulnerable people
<b>(...)</b>	<b>Accountability / complaints and feedback mechanisms</b>	It still seems some stakeholders implement these as a box ticking exercise rather than as an important part of listening to what beneficiaries have to say.	All organisations put such systems in place with various methods; some channels proved more effective than others (direct feedback / complaints systems were favoured by beneficiaries rather than through a hotline or a box)

STAKEHOLDERS	OBSERVATION / TENDENCIES	CHALLENGES	STRENGTHS
(...) <b>CHS 4</b> <b>CHS 5</b> <b>Populations</b>	<b>Trafficking, organised crime and armed groups</b>	<p>The Cox's Bazar area is known to be a base for illegal activities (because of poverty, high level of unemployment, borders to Myanmar and India, sea access, etc.)</p> <p>The same patterns can be observed within the refugee population, with human trafficking being a major concern, especially regarding young women and children (child labour, child marriage).</p>	
	<b>High levels of insecurity and occurrence of gender-based violence</b>	The conservative nature of the Rohingya culture hindered young and adolescent girls from reporting and seeking help about these threats	Security in camps: lighting is a major need to improve safety and mobility in camps, especially for women and children.
	<b>Tension between refugees and host communities</b>	<p>Tension over land with host communities</p> <p>Increased costs in Cox's Bazaar area</p> <p>Decrease in wage rates as refugees are willing to work at lower costs</p> <p>Tension over resources</p> <p><i>"We faced pushback from local authorities when we organised combined refugee/ host communities' activities as local authorities preferred activities that only target hosts or refugees."</i></p>	

PROCESSES / MANAGEMENT	OBSERVATION / TENDENCIES	CHALLENGES	STRENGTHS
<b>CHS 2</b> <b>CHS 7</b> <b>CHS 8</b> <b>CHS 9</b>  <b>Implementation -</b> <b>Challenges, good</b> <b>practices and</b> <b>recommendations</b> <b>in how activities</b> <b>have been</b> <b>implemented,</b> <b>with a specific</b> <b>focus on the role</b> <b>of Bangladeshi</b> <b>authorities.</b>  <b>(...)</b>	<b>Facing a huge refugee crisis, with continuous new arrivals for months</b>	<ul style="list-style-type: none"> <li>• numbers: + 700 000 new refugees</li> <li>• limited area allocated by the Bangladesh Government, congestion</li> <li>• huge numbers of organisations, of different types (local/intl – newcomers, etc.)</li> <li>• having to manage a huge amount of funding in the 1st year, then having to manage underfunding and growing unmet needs</li> </ul>	
	<b>Shelter / Infrastructure</b>	Restrictions to building materials that could be used for infrastructures and shelters. No long-term materials were supposed to be used, whereas the cyclonic exposure of the area meant that stronger materials should have been used.	
	<b>WASH sector</b>	Sphere standards on water supply and sanitation difficult to respect because of the congestion and geographical constraints (hilly sandy land)	
	<b>Initial services did not meet international quality standards in humanitarian aid.</b>	It is indicative of the challenging situation that sectors are currently talking about 'contextualised standards'. I.e. the influx of Rohingya was so rapid and resources so stretched that it has not yet been possible (for all agencies) to work to accepted minimum standards such as SPHERE.	
	<b>Health</b>	Cholera and Covid-19 are susceptible of harming the refugee population living in the camps due to congestion, and because access to water and soap is limited.	
	<b>CASH</b>	<p>Restricted modality by the Government</p> <p>Then vouchers / e-vouchers were allowed</p> <p>Then more flexibility was given within programming</p>	
	<b>Access</b>	<p>Limited geographical access, roads, monsoon... (time and resource consuming)</p> <p>Limited mobility for some vulnerable people unable to reach distribution areas, etc.</p>	



PROCESSES / MANAGEMENT	OBSERVATION / TENDENCIES	CHALLENGES	STRENGTHS
(...)  <b>CHS 2</b> <b>CHS 7</b> <b>CHS 8</b> <b>CHS 9</b>  <b>Implementation</b>	<b>Gaps / unmet needs</b>	<p>Psychosocial support is needed, traumatised populations</p> <p>There are issues to resolve regarding livelihoods activities which are restricted by the government</p> <p><i>“Provision of formal and non-formal education opportunities to the refugee communities also remains a key gap. Government restrictions and lack of priority to this sector have meant permissions are very difficult to obtain and only limited options are available”.</i></p>	
	<b>DRR activities started late</b>	Addressing the risks of a ‘second’ disaster in the making	Relocations of very exposed HH
	<b>Humanitarian principles</b>	<p><i>“While the Government of Bangladesh, including the military, is broadly supportive of humanitarian aid to respond to the Rohingya refugee crisis, individual officials sometimes display a lack of knowledge or on occasion even disregard for international humanitarian law and international human rights law. Ongoing engagement with the government, at all levels, is important to maintain productive dialogue to address existing barriers and build capacity.”</i></p> <p><i>“The government has not shared their longer-term plan for the relocation of refugees and if the government changes any priority or modality, it may have an impact on the project. Partners are closely coordinating with clusters and government authorities regarding this matter. There is also a risk to the project and to upholding humanitarian principles through the involvement of the Bangladeshi army in the response. The ISCG is lobbying the government on behalf of the humanitarian community to ensure humanitarian space is maintained and engagement from the army is as limited as possible.”</i></p>	

PROCESSES / MANAGEMENT	OBSERVATION / TENDENCIES	CHALLENGES	STRENGTHS
(...)  <b>CHS 2</b> <b>CHS 7</b> <b>CHS 8</b> <b>CHS 9</b>  <b>Implementation</b>	<b>Role of the government</b>	<p>The government has stressed that the “refugee” situation is a temporary one and, as a sign of this policy, has put significant limitations on the materials and services that can be delivered to the refugees and host communities</p> <p>Limited access for foreign workers, making it difficult to work consistently with teams</p> <p>Working with the government, following the authority’s regulations, among which the FD7 which allowed foreign funds to be used in the country and FD6 which allowed longer-term activities</p> <ul style="list-style-type: none"> <li>delays, bureaucratic processes, the need to shift some activities</li> </ul>	<p>Important role, professional military (peace building capacities)</p> <p>In charge of camp site management</p>
	<b>Advocacy</b>	<p>Advocating for improved and quicker approval processes meant possibly creating tensions and risks for planned activities</p> <p>The confusion created by the UNHCR and IOM combined leadership in this crisis didn’t facilitate UNHCR’s advocacy role in favour of refugees’ protection.</p>	<p>Ensuring that conditions for the safe, voluntary, dignified and sustainable repatriation of Rohingya refugees in Bangladesh to Myanmar are met</p>
<b>CHS 2</b> <b>CHS 7</b> <b>CHS 9</b>  <b>Adaptative management</b> <b>Challenges, good practices and recommendations in terms of how adjustments have been made in response to new information and changes in the context.</b>	<b>DEC specificities</b>	<p>Reporting activities were mentioned as time-consuming, and of course they are to be added to all the other donor requirements</p>	<p>Very flexible donor</p> <p>Allowing the reallocation of funds to new activities if an obstacle occurred (FD7 approval or overlapping with other orgs.)</p> <p>Changing activities to adapt to the monsoon season and cyclone risks</p> <p>Quick disbursement, and for two years which allows planning ahead</p> <p>Open to discussion</p> <p><i>“Two phases were useful when in the first phases we gave more emphasis on the lifesaving support and in the end phase we resigned the programme as per need and mostly on the protection work as per community needs”.</i></p>

PROCESSES / MANAGEMENT	OBSERVATION / TENDENCIES	CHALLENGES	STRENGTHS
<b>CHS 8</b>  <b>Human resources</b> <b>Challenges, good</b> <b>practices and</b> <b>recommendations</b> <b>in how staff have</b> <b>been supported</b> <b>to do their job.</b>	<b>National NGO capacities</b>	<p>Capacity strengthening needed in managing complex emergencies: Coordination, camp management, health, WASH, international standards and quality criteria for humanitarian interventions</p> <p>High turnover, skilled staff attracted by higher wages in larger or international NGOs and agencies</p>	Strong pre-existing DRR capacities within Bangladeshi organisations: As a country exposed to frequent natural risks, national organisations have long been working on preparedness and DRR activities
	<b>Attractive employment opportunities locally</b>	<p>Depletion of other professional sectors (e.g. teachers)</p> <p>National or local organisations losing their staff to better paid jobs in larger NGOs or UN agencies</p> <p>Students dropping out of schools</p> <p>Risks for staff</p> <ul style="list-style-type: none"> <li>• working conditions, even more during monsoon season</li> <li>• long working hours</li> <li>• risks and threats for female staff</li> </ul> <p>Risks when funding decreases and organisations withdraw</p>	Strong increase in employment opportunities in Cox's Bazaar area



# APPENDIX 3: RECOMMENDATIONS

EFFECTS / CHANGES	OBSERVATION / TENDENCIES	RECOMMENDATIONS FOR NGOS / DEC MEMBER CHARITIES	RECOMMENDATION FOR THE DEC	SECTOR LEVEL REMARKS / TOOLS / DOCUMENTS
<b>CHS 1</b>  <b>Effects</b> <b>Challenges, good practices and recommendations in terms of how activities and innovations have addressed identified needs.</b>	<b>Integrative and innovative approaches</b>	<p>Document and share good practices</p> <p>Promote multi-sector approaches within one organisation or between different implementers (e.g. Integrated health, nutrition and WASH programming).</p> <p>Use Phase 1 to intervene rapidly while assessing existing needs, resources and context of intervention to develop tailored activities in Phase 2.</p>	<p>Facilitate and encourage dissemination and learning exercises among Member Charities</p> <p>Keep current two-phase approach to allow DEC Member Charities to adjust their intervention to priority needs.</p>	
	<b>Women's empowerment</b>	Hiring more female staff, at different levels, from the community outreach level to management level.	Adapting donor guidelines to encourage gender balance in staff hiring	
	<b>Needs remain in terms of protection and safety in camps</b>	Design activities that mainstream protection early-on	Adapting donor guidelines including emphasis on the importance of protection	<a href="#">Link</a>

EFFECTS / CHANGES	OBSERVATION / TENDENCIES	RECOMMENDATIONS FOR NGOS / DEC MEMBER CHARITIES	RECOMMENDATION FOR THE DEC	SECTOR LEVEL REMARKS / TOOLS / DOCUMENTS
<b>CHS 3</b>  <b>Environmental management</b> <b>Challenges, good practices and recommendations in terms of how natural constraints and environmental impact have been managed.</b>	<b>Huge pressure on a limited environment</b>	<p>Design activities that mainstream environmental considerations early-on</p> <p>Develop lessons learned from this intervention on how to operate in extremely cramped camp settings</p>	<p>Adapting donor guidelines, reporting documents and evaluation criteria to include environmental footprint reduction</p> <p>Include environmental criteria in the assessment and due diligence carried out with new/renewed Member Charitieships</p> <p>Use the upcoming review to seek out opportunities to green the Single Form</p> <p>Continue to encourage lesson sharing on environmental mainstreaming amongst DEC Member Charities</p>	<p>Need for a global environmental policy / guideline to prevent and reduce environmental impacts within refugee camp settings</p> <p>Discussions between other humanitarian donors to discuss challenges and opportunities of environmental mainstreaming</p> <p><a href="#">Link</a></p>
	<b>WASH in constrained environments / Health risks</b>	<p>Document and share good practices</p> <p>Rely on coordination mechanisms and communications between stakeholders, especially at camp level, to avoid duplications, overlapping, gaps and health risks</p>	<p>Keeping the same flexibility / adaptiveness regarding activity programming, in order to allow Member Charities to reorient planned activities depending on other actors / on context change, etc.</p>	
<b>CHS 3</b>  <b>Exit strategy</b> <b>Challenges, good practices and recommendations in terms of how post-intervention has been anticipated and managed.</b>	<b>Towards a protracted refugee crisis</b>  <b>Political constraints / influence on the exit strategies</b>	<p>Consider long- term solutions at the beginning</p>	<p>Assess identified crisis to anticipate if it will be a long-term crisis or not, and adapt requests accordingly (stronger involvement of local capacities, etc.)</p> <p>Identify which donor has funded for DEC Member Charities intervention after the DEC funding ended and, if possible, develop synergies for long-term crisis.</p>	<p>Advocacy role for UNHCR / ICVA / OCHA</p>
	<b>Handing-over to local organisations</b>	<p>Develop an exit strategy at the latest at the end of Phase 1 / beginning of phase 2.</p>	<p>For a long-term crisis, consider proposing a phase 3 implemented by national organisations or societies only; with limited support from DEC member organisations.</p>	<p>Channelling a larger portion of funding to national organisations rather than funding intermediaries</p>

STAKEHOLDERS	OBSERVATION / TENDENCIES	RECOMMENDATIONS FOR NGOS / DEC MEMBER CHARITIES	RECOMMENDATION FOR THE DEC	SECTOR LEVEL REMARKS / TOOLS / DOCUMENTS
<b>CHS 6</b>  <b>Coordination Challenges, good practices and recommendations in terms of how the coordination has been handled.</b>	Multiple coordination systems were not connected and often shared contradictory information		Encouraging communication and information sharing between DEC Member Charities. However, adding another layer of specific DEC coordination would increase the burden on NGOs, rather than facilitating their work.	
	Challenges in communication and coordination with the government	Advocacy at different levels, according to the organisations' mandate. Discussions at international, national but also at regional level, notably through local organisations with whom the dialogue with national authorities is much more effective and straightforward.		
<b>CHS 3</b> <b>CHS 6</b>  <b>Local capacities Challenges, good practices and recommendations in terms of how International organisations have engaged with local partners</b>	Partnership between international and local organisations	<p>Clarify what INGOs are seeking in a partnership: a local leadership or a local service provider?</p> <p>Assess local partner capacity and provide sufficient support for partners in implementing a large-scale response</p>	Ensuring DEC Member Charities build and maintain strong partnerships locally, not only opportunistically but in the long-term	Localisation: channelling a larger portion of funding to national organisations rather than funding intermediaries
	Local capacities	Taking advantage of the strong skills Bangladeshi organisations have in DRR / preparedness activities, while reinforcing their capacities in managing complex emergencies involving multiple sectors, including quality and accountability methods	Ensuring capacity building is done by DEC Member Charities with their partners	CHS SPHERE

STAKEHOLDERS	OBSERVATION / TENDENCIES	RECOMMENDATIONS FOR NGOS / DEC MEMBER CHARITIES	RECOMMENDATION FOR THE DEC	SECTOR LEVEL REMARKS / TOOLS / DOCUMENTS
<b>CHS 4</b> <b>CHS 5</b> <b>Populations</b> <b>Challenges, good practices and recommendations in terms of how the different population groups have been involved. One priority focus to be included – utilization of feedback (Process &amp; content)</b>	<b>Communication with communities</b>	<p>Document and share good practices</p> <p>When possible, communicate with communities through different channels: local media (radio, TV, etc.); mobile network operators (if authorized); technology providers and software developers; Art and theatre groups</p>	Facilitate and encourage dissemination and learning exercises among Member Charities	
	<b>Accountability / complaint and feedback mechanisms</b>			CHS SPHERE Quality & Accountability COMPASS
	<b>High levels of insecurity and occurrence of gender-based violence</b>	<p>Include protection activities concerning gender-based violence at project launch (Lighting in camps, locks to latrines) with the involvement of the communities in order to understand their practices and uses.</p>		
	<b>Tension between refugees and host communities</b>	<p>Include host communities in needs assessments and extend support to them.</p>		



PROCESS / MANAGEMENT	OBSERVATION / TENDENCIES	RECOMMENDATIONS FOR NGOS / DEC MEMBER CHARITIES	RECOMMENDATION FOR THE DEC	SECTOR LEVEL REMARKS / TOOLS / DOCUMENTS
<b>CHS 2</b> <b>CHS 7</b> <b>CHS 8</b> <b>CHS 9</b>  <b>Implementation</b> <b>Challenges, good</b> <b>practices and</b> <b>recommendations</b> <b>in terms of</b> <b>how activities</b> <b>have been</b> <b>implemented, with</b> <b>a specific focus</b> <b>on the role of</b> <b>the Bangladeshi</b> <b>authorities.</b>	<b>Facing a huge refugee crisis, with continuous new arrivals for months in a limited space</b>	Document and share good practices	Facilitate and encourage dissemination and learning exercises among Member Charities  Initiate specific research on how to operate in extreme camp settings	With more crises potentially happening in urban contexts (although this was not) where space is limited.
	<b>Initial services did not meet international quality standards in humanitarian aid.</b>	Provide more capacity building to staff in standards and quality criteria		CHS SPHERE  Quality & Accountability COMPASS
	<b>DRR activities started late</b>			
	<b>Role of the government</b>	Assessing and anticipating risks related to blockages from the government		
	<b>Advocacy</b>	Engage the government with continuous advocacy, or at least joint positioning, to streamline and harmonise the potential changing shifts in policy and regulations (e.g. FD7 approvals in Bangladesh).	Contribute to macro level advocacy through the UK government for a faster approval process from the government (e.g. FD7 process in Bangladesh for Member Charities, partners and wider international response actors).  Consider “advocacy” as an activity that can be funded when relevant to the context of intervention, for NGOs that have that type of mandate	

PROCESS / MANAGEMENT	OBSERVATION / TENDENCIES	RECOMMENDATIONS FOR NGOS / DEC MEMBER CHARITIES	RECOMMENDATION FOR THE DEC	SECTOR LEVEL REMARKS / TOOLS / DOCUMENTS
<b>CHS 2</b> <b>CHS 7</b> <b>CHS 9</b>  <b>Adaptative management -</b> <b>Challenges, good practices and recommendations in terms of how adjustments have been made in response to new information and changes in context.</b>	<b>DEC specificities</b>		<p>Keep current flexibility and proactive DEC management.</p> <p>Fund a capacity building organisation that is able to conduct on-site training, operational research, real-time evaluations and coaching/support to DEC Member Charities (learning partner).</p> <p>DEC external evaluation may cover more context relevant to project? Adding one point on their current M&amp;E system: adding Iterative Evaluations with Feedback Sessions.</p> <p>Timing of the review so as to inform phase 2</p>	
<b>CHS 8</b>  <b>Human resources</b> <b>Challenges, good practices and recommendations in terms of how staff have been supported to do their job.</b>	<b>National NGO capacities</b>	<p>When possible, prioritize partnerships with local organisations rather than hiring local resources.</p> <p>Include specific activities for strengthening local HR capacities?</p>	<p>Link with the H2H initiative to facilitate human resources capacity building such as training on SPHERE standards.</p>	
	<b>Attractive employment opportunities locally</b>			

# APPENDIX 4: REFERENCES

Australian Red Cross, “Localisation and complementarity in action”.

Barnard-Webster, Kiely and Jean, Isabella “Feedback Utilization in the Rohingya Response: Summary of Lessons and Promising Practices”, January 2019. Available at: <https://www.dec.org.uk/article/feedback-utilization-in-the-rohingya-response-summary-of-lessons-and-promising-practices>

British Red Cross, “Bangladesh Population Movement operation – Final Evaluation”, December 2019.

Buchanan-Smith, M. and Islam, S., “REAL-TIME EVALUATION OF COMMUNICATING WITH COMMUNITIES COORDINATION: The Rohingya Response”, July 2018. Available at: <https://www.alnap.org/help-library/real-time-evaluation-of-communicating-with-communities-coordination-the-rohingya>

Caritas, “Real Time Evaluation Report Rohingya Crisis Response”, February 2018.

Christian Aid, “Evaluation of Christian Aid’s Rohingya Crisis Response in Bangladesh”, November 2019.

DEC, “2017 EMERGENCY APPEAL FOR PEOPLE FLEEING MYANMAR SIX-MONTH REPORT”, 2017. Available at: <https://www.dec.org.uk/article/2017-emergency-appeal-for-people-fleeing-myanmar-six-month-report>

DEC, “2017 EMERGENCY APPEAL FOR PEOPLE FLEEING MYANMAR FINAL REPORT”, 2017. Available at: <https://www.dec.org.uk/article/2017-rohingya-crisis-appeal-for-people-fleeing-myanmar-final-report>

DEC, “Operations Manuel Chapter 5”, August 2016. Available at: <https://www.alnap.org/help-library/lessons-papers-a-methods-note>

DEC, “RESPONDING TO THE NEEDS OF REFUGEES AND HOST COMMUNITIES: REVIEW OF THE DEC PHASE 1 RESPONSES”, March 2018. Available at: [https://www.dec.org.uk/sites/default/files/PDFS/dec\\_rohingya\\_crisis\\_appeal\\_response\\_review\\_report270318.pdf](https://www.dec.org.uk/sites/default/files/PDFS/dec_rohingya_crisis_appeal_response_review_report270318.pdf)

Dillon, Neil, « Learning from What We Know », 20. Available at: <https://www.alnap.org/help-library/learning-from-what-we-know-how-to-improve-evaluation-synthesis-for-humanitarian>

Dillon, Neil, and Leah Campbell, « Lessons Papers: A Methods Note ». Available at: <https://www.alnap.org/help-library/lessons-papers-a-methods-note>

Hargrave Karen and Barbelet Veronique, “The Global Compact on Refugees Lessons from Bangladesh”, December 2019. Available at : <https://www.odi.org/publications/16500-global-compact-refugees-lessons-bangladesh>

Heward, Charlotte, « Bangladesh: What future for the Rohingya? », December 2018. Available at: <https://sohs.alnap.org/help-library/bangladesh-what-future-for-the-rohingya>

Humanitarian Response, « 2020 Joint Response Plan – Rohingya Humanitarian Crisis / January – December 2020 », 2020. Available at: [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/jrp\\_2020\\_final-in-design\\_200422\\_12.2mb.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/jrp_2020_final-in-design_200422_12.2mb.pdf)

IFRC, “Bangladesh: Population Movement - Mid Term review – Final Report”.

IFRC, “Bangladesh Population Movement, Two-year Federation wide report”.

ISCG, “COVID-19: Preparedness and response for the Rohingya refugee camps and host communities in Cox’s Bazar District”, June 2020. Available at: [https://reliefweb.int/sites/reliefweb.int/files/resources/final\\_coxs\\_bazar\\_update\\_14\\_-\\_covid19\\_preparedness\\_and\\_response.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/final_coxs_bazar_update_14_-_covid19_preparedness_and_response.pdf)

ISCG, “Humanitarian community undertakes monsoon preparedness and response amidst COVID-19 outbreak in Cox’s Bazar District”, June 2020. Available at: <https://www.humanitarianresponse.info/fr/operations/bangladesh/document/iscg-press-release-humanitarian-community-undertakes-monsoon>

Le Monde.fr. 2020. « Des réfugiés rohingya internés sur une île submersible du golfe du Bengale », 5 mai 2020. Available at : [https://www.lemonde.fr/international/article/2020/05/05/des-refugies-rohingya-internes-sur-une-ile-submersible-du-golfe-du-bengale\\_6038702\\_3210.html](https://www.lemonde.fr/international/article/2020/05/05/des-refugies-rohingya-internes-sur-une-ile-submersible-du-golfe-du-bengale_6038702_3210.html).

« Myanmar. Le gouvernement n'a pas pris les mesures de protection des Rohingyas ordonnées par une juridiction internationale ». Amnesty France, May 2020. Available at: <https://www.amnesty.org/fr/latest/news/2020/05/myanmar-government-fails-to-protect-rohingya-after-world-court-order/>.

« Myanmar: Ordonnance de la CIJ visant la protection des Rohingyas ». Human Rights Watch, January 2020. Available at : <https://www.hrw.org/fr/news/2020/01/23/myanmar-ordonnance-de-la-cij-visant-la-protection-des-rohingyas>.

Obrecht, Alice « HEM 2018 - Gestion et programmation adaptatives : la perspective humanitaire ». Groupe URD, March 2019. Available at: [https://www.urd.org/fr/revue\\_humanitaires/gestion-et-programmation-adaptatives-la-perspective-humanitaire/](https://www.urd.org/fr/revue_humanitaires/gestion-et-programmation-adaptatives-la-perspective-humanitaire/)

Plan International, "External evaluation. Plan International UK's DEC funded response to the Rohingya refugee crisis in Bangladesh - DEC Phase II: May 2018 to June 2019".

« Rohingyas au Myanmar: un régime d'apartheid ». Amnesty International France, November 2020. Available at : <https://www.amnesty.fr/conflits-armes-et-populations/actualites/myanmar-apartheid>.

« Rohingyas: un premier pas vers la justice ». Amnesty France, October 2018. Available at : <https://www.amnesty.fr/conflits-armes-et-populations/actualites/des-rohingyas-onu-justice>.

Sanderson, David, Dipankar Patnaik, et Kira Osborne. « Nepal Earthquakes Appeal Meta-Synthesis », 54.

Sanderson, David, et Ben Ramalingam. « NEPAL EARTHQUAKE RESPONSE: Lessons for Operational Agencies », January 2019.

Tanyang, Gaynor and Shirley Bolaños, "ROHINGYA CRISIS APPEAL Mid-Term Evaluation Report of Age International".

Tearfund, "Emergency Appeal for people fleeing Myanmar – Dec External Evaluation Bangladesh - Phase II: April 2018 to 30 September 2019".

United Nations High Commissioner for Refugees, "Compilation Report Universal - Periodic Review: 3rd Cycle, 30th session", 2018.

UNHCR, « Bangladesh/Refugee Response – COVID 19 Response / 15-31 May 2020 », May 2020. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/76747.pdf>.

UNHCR, "Global Trends, Forced Displacement in 2018", June 2019.

UNHCR, « UNHCR PROTECTION SUPPORT MISSION COX'S BAZAR, BANGLADESH », June 2018.

Various planning and reporting documents from 13 DEC Member Charities (Initial phase 1 and 2 planning documents as well as different reporting phases documents including the end of programme reports for each NGO)





## DISASTERS EMERGENCY COMMITTEE

Ground Floor  
43 Chalton Street  
London NW1 1DU

Tel: 020 73 87 020 0  
[www.dec.org.uk](http://www.dec.org.uk)

Registered Charity No. 106263 8  
Company no. 335652 6

Matching your  
donations with



**UKaid**

**TOGETHER WE'RE  
STRONGER**

**act:onaid**

 **Age International**

 **British Red Cross**

**CAFOD**

  
**CARE**

**christian  
aid**

**CONCERN**  
worldwide



  
**OXFAM**

 **PLAN**  
INTERNATIONAL

  
**Save the  
Children**

**tearfund**

**World Vision**



La Fontaine des Marins  
26170 Plaisians – France  
Tel : +33 (0)4 75 28 29 35



[urd@urd.org](mailto:urd@urd.org)  
[www.urd.org](http://www.urd.org)