

**Final Report
on
Project for enhancement of protection mechanism and community resilience
against Gender Based Violence (JPF-4)**

Submitted to:
Japan Platform

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List of Abbreviations

ARSA	Arakan Rohingya Salvation Army
CIC	Camp in Charge
GBV	Gender Based Violence
JPF	Japan Platform
KAP	Knowledge, Attitude and Practices
LC	Learning Center
MEAL	Monitoring, Evaluation, Accountability and Learning
NGO	Non-Government Organization
PSEA	Protection from Sexual Exploitation and Abuse
PSS	Psychosocial Support
SSWG	Safe Space for Women and Girls
ToT	Training of Trainers
TPM	Third Party Monitor
WVJ	World Vision Japan

Executive Summary

Introduction

Cox's Bazar District, in the southeastern part of Bangladesh, has been a hosting ground for refugees from Rakhine State, Myanmar since August 2017. The number of such refugees has reached 877,710 people¹ when combined with the existing refugee population in Cox's Bazar. Gender-based violence (GBV) and abuse were found a common phenomenon inside the camp. Most of women and girls, who makes up 52% of the refugees², have been subject to violence at home or otherwise from family members.

WVJ has been engaged in activities to recover women's and girls' mental balance and safeguard their dignity and security through the following efforts: awareness sessions for GBV prevention and care for survivors through distribution of women's support kits (sanitary products, installation and operation, provision of victim case management, counseling and psychosocial support, electric lights, underwear, etc.), installation of household lighting and street lights as safety measures, and establishment of Safe Space for Women and Girls (SSWG) to be used in peace by women and girls, who are more likely to be victimized.

This project aimed to improve accessibility to GBV-related information and support services and reinforce the local communities' ability to combat GBV, including that of religious leaders, as efforts to further improve the protective environment for women and girls in the camp communities. SSWG will strengthen its function as a service point that provides victim case management, counseling, and psychosocial support and as an outreach venue for vulnerable women and girls in order to enable them to re-establish relationships with families and society. The project also conducted GBV awareness activities targeting male refugee and provide training on the basic knowledge of GBV to local leaders, refugees, religious leaders and female leaders of the host communities, and administrative officials, etc. that control the relevant camp as efforts to improve the local communities' ability, including that of religious leaders in the host community, to combat GBV.

Research Design

This study applied both qualitative and quantitative methods of data collection. The quantitative survey was conducted among 184 beneficiaries who participated in awareness sessions, psychosocial support session and training. The qualitative study comprised of 35 IDIs among beneficiaries who participated in awareness sessions, psychosocial support session, awareness campaign and such beneficiaries also included religious and community leaders. There were 10 KIIs conducted among Supervisor, Case worker, Volunteers, GBV staff and a representative from implementation partner.

¹ https://data2.unhcr.org/en/situations/myanmar_refugees, February 28, 2021

² ISCG, Note (2) cited above,

Respondent profile

The average age of the surveyed women and girls targeted in GBV awareness-raising sessions was 27.16 years among which 18% were girls with age less than the average. The average age of the psychosocial support participants were 26.24 years, where 41.5% of the respondents were girls. Average age of the surveyed men and boys targeted in GBV awareness-raising and learning sessions was 28.88 years, among them 7.8% were boys. More than one third (39.2%) men were with age between 18-25 years.

Findings from General Respondent

As per the regulation inside the camp, there are no formal jobs available for Rohingya in the camps³. Among the women and girls targeted in GBV awareness-raising sessions, most of the respondents were housewife (83.6%), while 6.6% claimed themselves as unemployed. Among the respondents from psychosocial support participants, just over half (53.7%) were housewife, while 22% were receiving vocational training and 14.6% were studying. Among the men and boys targeted in GBV awareness-raising and learning sessions, less than half of the respondents were day laborer, while over one-fourth were unemployed.

Child marriage is a strong cultural phenomenon among the people inside Rohingya community. In our survey, 3 out of 11 surveyed women and girls targeted in GBV awareness-raising sessions were married before their age of 18 years, while among 4 men and boys targeted in GBV awareness-raising and learning sessions interviewed at or under the age of 18 years, 1 of them were found to be married.

Most of the respondents who participated in awareness session or PSS sessions, all of them could recall at least one of the topics. The topic the respondents could recall the most was child marriage, which was recalled by both women & girls (85.2%) and men & boys (86.3%). On the other hand, 70.7% respondents from psychosocial support participants could recall about child protection and child safeguarding (parenting), followed by Sexual Harassment (prevention and responses to GBV).

Almost all the respondents mentioned 'physical violence', followed by rape/sexual assault as common gender-based violence. A point to be noted that, intimate partner violence was a common topic in the awareness activity for both male and female, however, the topic was less mentioned by men and boys targeted in GBV awareness-raising and learning sessions than other respondent types. On the other hand, the psychosocial support participants who are actually survivors of Gender based violence mentioned more about Physical violence, rape / sexual assault and Psychological and emotional abuse. Moreover, regardless of the beneficiary type, all the respondents agreed or completely agreed that their knowledge had increased with mean score more than 5, except for psychological and emotional abuse.

As per the survey result, intimate partner violence (IPV) was the most noticed gender-based violence, followed by physical violence. The worrying fact was that 50% women and girls targeted in GBV awareness-raising sessions and 27.5% men and boys targeted in GBV awareness-raising and learning

³ <https://www.aljazeera.com/features/2018/4/13/with-no-formal-schools-or-jobs-young-rohingya-left-in-lurch>

sessions mentioned that they had seen rape / sexual assault in their community. The most concerning part is that there was some gender-based violence which was noticed by more than 50% of the respondents which implies that this violence type is still present in the community.

In the survey there were 11 girls targeted in the GBV awareness-raising sessions and among them 5 girls felt safe, while other 5 did not feel safe to roam alone inside the camp. Among the women targeted in GBV awareness-raising sessions, 40% (20 out of 50) felt safe, while 48% women (24 out of 50) did not feel safe to roam inside the camp alone. Among the psychosocial support participants, none of the girls felt safe to roam inside the camp alone. Among the women participants of psychosocial support, majority (17 out of 24) did not feel safe to roam inside the camp alone. Among the men targeted in GBV awareness-raising and learning sessions, majority of the respondents 78.7% (37 out of 47) felt safe, while 21.3% men (7 out of 24) did not feel safe to roam inside the camp alone.

Regardless of the respondent type or gender, the respondents claimed home as their favorite place. Just below half (46.3%) of the psychosocial support participants reported Shantikhana/Safe space for women and girls (SSWG) as their favorite place. The women and girls targeted in GBV awareness-raising sessions who have access to SSWG, 26.2% of them claimed this as their favorite place. On the other hand, 29.4% men and boys targeted in GBV awareness-raising and learning sessions mentioned mosque as their favorite place.

The study reveals that, adult women in the camp has some freedom on mobility to go to neighbourhood or go to healthcare centre, but they face it very difficult to go to shop or bazar. The women are still facing it difficult to get married with their own choice, where the average score was less than 3 for all respondent type. Another fact was identified that the opportunity for education after marriage was found to be very rare and the mean score for this case was less than 2 among psychosocial support participants and men and boys targeted in GBV awareness-raising and learning sessions. However, among these, the positive fact was noted that, adult women can take their decision on family planning or family planning method.

Overall, almost all the respondents perceived that the gender-based violence has decreased, however, it was a bit lower among the women and girls targeted in GBV awareness-raising sessions. Overall, three-fourth (75.6%) of the psychosocial support participants, who were surveyed, completely agreed that gender-based violence has decreased, which was 76.5% among men and boys targeted in GBV awareness-raising and learning sessions. On the other hand, just above half of the surveyed women and girls targeted in GBV awareness-raising sessions agreed to the statement. None of the surveyed beneficiaries perceived that gender-based violence has increased.

Overall, 83.6% women and girls targeted in GBV awareness-raising sessions and 70.7% psychosocial support participants perceived that males are creating awareness on GBV, which was 60.8% among men and boys targeted in GBV awareness-raising and learning sessions. Moreover, half of the psychosocial support participants believed that Males are more supportive to prevent GBV after launching the project. According to 58.8% men and boys targeted in GBV awareness-raising and learning sessions, males are now more aware of their role in the prevention of GBV.

Among the women and girls targeted in GBV awareness-raising sessions, half of the respondents completely agree, and the remaining half of the respondents agreed that they know what to do in case of any gender-based violence is seen. The percentage was 52.9% and 47.1% respectively for psychosocial support participants. On the other hand, 70.7% men and boys targeted in GBV awareness-raising and learning sessions strongly agreed that they know what to do if they see any incidence of gender-based violence.

Almost all the respondents mentioned SSWG as a place where support service on gender-based violence is available while few respondents mentioned about house of Majhi and Child Friendly Spaces (CFS). It is to be noted, except one respondent those who mentioned support service on gender-based violence is available at Child Friendly Spaces (CFS) were adolescents.

Most of the psychosocial support participants mentioned about GBV awareness sessions (PSS session or peer session), followed by training on different activities and handicrafts (75.6%). Just less than one third (31.70%) respondents received GBV case management services from SSWG. Above one fourth (26.8%) psychosocial support participants received free commodities which were distributed on need basis.

Those who participated in the PSS Sessions at Shantikhana/SSWG, almost all the participants received information on sexual and reproductive health (93.9%), closely followed by GBV prevention and response (84.8%). In addition to these, the psychosocial support participants also received information on mental health (30.3%), parenting (27.3%) and legal rights (18.2%).

Those who received different support services from Shantikhana/SSWG, majority of the respondents strongly agreed that the information was relevant for them and 22% respondents only agreed to this. On the other hand, 2.4% respondents (n=1) disagreed to the information.

Findings from Opinion Leaders

Almost all the surveyed opinion leaders could recall 'child marriage' as one of the topics they have learned from the awareness program, followed by 'child protection and violence against children' (67.0%), 'protection from physical punishment' (61.3%) and 'child labor' (58.1%). Majority of the surveyed opinion leaders mentioned that the information they received were completely unique and new, while remaining 35.5% mentioned that the information was somewhat new to them.

Majority of the surveyed religious and community leaders mentioned that by child protection they mean 'refrain children from labor' (77.4%), followed by safe from physical, sexual and emotional abuse and exploitation (51.6%) and ensure education for children (51.6%). When the respondents were asked about their understanding on "violence against children", most of the respondents mentioned 'physical violence' (87.1%), distantly followed by 'violence by husbands against wives' and 'early marriage'.

Overall, 77.4% surveyed opinion leader mentioned that they have seen 'intimate partner violence', closely followed by 'physical violence'. Less than half of the respondents mentioned that they have seen 'early marriage' and over 20% respondent have mentioned that they have seen rape/sexual assault. When they were asked about the utilization of their knowledge, they mentioned that they created awareness on GBV after attending the training. 58.1% religious and community leaders mentioned that they arranged the arbitration in case of any violence against children, followed by encouraging community people to raise voice against violence against children. Majority of the respondents (77.4%) completely agreed that

violence against children has decreased in their camp, while remaining 22.6% only agreed to the statement. Moreover, more than half (54.5%) of the surveyed religious and community leaders mentioned that males were creating awareness on child violence against children, while one-third (32.3%) of the respondents mentioned that males are more aware of their role in the prevention of violence against children. Moreover, 12.9% respondents mentioned that males were more supportive to prevent violence against children.

Evaluation based on CHS.

CHS1: Communities and people affected by crisis receive assistance appropriate to their needs.

The women and girls targeted in GBV awareness-raising sessions found the project relevant for them, since they are more aware of their rights. Also, they are very much aware about their responsibility to prevent and protect gender-based violence. However, they think that the scope of the project needs to be increased in terms of reaching a greater number of people by targeting mass population.

The psychosocial support participants found the project more relevant than the other beneficiaries. Before launching the project, the survivors had no place to go, and they got traumatized after being victim of gender-based violence, which now they have a place to go after launching the project. Moreover, before the implementation of the project, if they were abused, they would remain silent. Now they understand what gender-based violence is and then can protest if they see any gender-based violence in their community. PSS sessions or group activities has given them courage to protest any kind of gender-based violence.

Those who participated in the campaign also found the project relevant to them. They were aware of gender-based violence but did not have detailed idea about it. Now they got more information on GBV and they are trying to use the information. As a result, gender-based violence has reduced in their community.

CHS 2: Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.

Both the beneficiaries and project staff consider that the project has been completed in a timely manner. During the Covid-19 pandemic, some specific type of GBV increased in the camp. Due to the restriction on the movement of people, men were forced to stay at home. As a result, domestic violence / intimate partner violence increased during this time. When the domestic violence or intimate partner violence increased in the camp, the survivors did not know what to do or where to go. When the project was launched, the survivors visited the SSWG and received appropriate psychosocial support services. Moreover, some of the survivors also received GBV case management services and made referral to suitable organizations as necessary. As a result, the GBV survivors are getting appropriate psychosocial support and referral services, able to spend sometimes with peer group and participating different activities, which help them to gain mental stability, and became aware of GVB topics, thus can contribute to prevent GBV

CHS 3: Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.

The beneficiaries were more prepared to face the challenge of gender-based violence. They are more aware of different topics, know the steps needed to be taken to prevent or protect gender-based violence. Moreover, the psychosocial support participants were found to be more resilient after participating in the activities at SSWG by receiving psychosocial support and case management services. Even if the project is closed, awareness sessions can be run with peer support groups. The beneficiaries can be tagged in the referral pathway so that they can report any GBV incident to the right place.

On the other hand, the total population of camp 19 was 23613, while the project was able to reach 1152 direct beneficiaries, which was less than 5% of the total camp population. Hence the risk of gender-based violence inside the camp still exists. Women and girls had been subjected to violence at home, and they have been often victims of intimate partner violence. On the other hand, the projects include one member from one family. Hence, if one woman in the family is empowered, but the intimate partners or guardians remain excluded from the project, complete benefit from the project might not be achieved.

CHS4: Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.

The project includes women and girls, men and boys and religious and community leaders. To design the target beneficiaries, WVJ used their previous experience and also conducted some survey including some focused group discussions. However, the project could identify only few selected populations only, while a large number of populations remained untouched.

CHS5: Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.

The project has two types of complaint mechanism, one is formal, and another is informal. The SSWG has a formal complaint mechanism where the beneficiaries or other stakeholder formally lodge a complaint. Informally the MEAL officer and an accountability officer visits the field and talk to the beneficiaries if they have any feedback or complaints. For informal complaints the beneficiaries talk to the case workers or volunteers and the case workers or volunteers escalate the complaint to project management team.

CHS6: Communities and people affected by crisis receive coordinated, complementary assistance.

This project also includes stakeholders with different role. To perform their roles and responsibilities, it requires different skillsets. The project involved different stakeholders as per their role and responsibility. New staff are recruited based on some specific criteria that best matches with the project requirement. The roles and responsibilities are clearly defined, and all the staff are accountable to their responsibility. There are some other organizations who are also implementing similar projects inside the camp. Therefore, rather targeting the whole camp, the project must set target by block. There is a service map inside the camp, which is coordinated from the CIC office. To coordinate between different agencies, there is a referral system inside the camp.

CHS7: Communities and people affected by crisis can expect delivery of improved assistance as organizations learn from experience and reflection.

Every organization has their own specialization or expertise, and it is expected that the organization will utilize their experience and learning to deliver improved assistance to the communities and people affected by crisis. As per the key stakeholder interview conducted among key responsible persons for the project, it was learned that the current project is at its 4th phase. They have gained enormous experience from their previous phases and tried to implement their learning in the current project.

CHS 8: Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.

The project recruited the GBV staff (supervisor, case workers, and GBV assistants) with the qualification that the person had the knowledge of refugees' cultural norms, and can communicate in the language of the refugees, which include local language in southern Myanmar, Chittagong dialect. The project recruited the volunteers from host community with fluency in local language. Additionally, the resources have gone through extensive training based on their requirement.

CHS 9: Communities and people affected by crisis can expect that the organizations assisting them are managing resources effectively, efficiently and ethically.

Even after the outspread of COVID 19 pandemic, the project successfully achieved 95% of their target. To implement the project, the programme has to manage their resources wisely. Also, JPF, the agency provided fund for the project, and they were also very strict about utilization of the fund. In the latest financial audit, there was no major disputes identified, which is a decent evidence of proper utilization of funds. When the programme has to spend any amount of money, they need to record these by maintaining codes by expenditure type. Also, if the programme needs to spend more than USD1000, the project team has to take permission from WVJ. World Vision followed all the protocols and hence minimal or almost no discrepancy was identified in the financial audit.

1. Introduction

1.1 Project Background

The Japan Platform (hereinafter referred to as "JPF") is an international emergency humanitarian aid organization which offers the most effective and prompt emergency aid in response to humanitarian needs, focusing on issues of refugees and natural disasters. JPF conducts such aid through a tripartite cooperation system where NGOs, business communities, and the government of Japan work in close cooperation, based on equal partnership, and making the most of the respective sectors' characteristics and resources.

JPF serves as an intermediary support organization providing various types of assistance to member NGOs in Japan to deliver quick and comprehensive aid on their own. JPF has supported aid activities of 44 member NGOs, each with its own set of diverse strengths. It has delivered humanitarian assistance to 55 nations and regions about 1,500 projects, with a total financial contribution of 60 billion yen. JPF has built a strong reputation based on trust by promoting cooperation among private sectors and NGOs and by accurately reporting all of its activities. There are 4 projects which are being funded by JPF and implemented by member NGOs in Cox's Bazar. Project for enhancement of protection mechanism and community resilience against Gender Based Violence (JPF-4) is one of the four projects being implemented by World Vision Japan (WVJ), Specified Non-Profit Corporation.

To this end, JPF has appointed Org-Quest Research Limited (hereinafter referred to as "OrQuest") as a Third-Party Monitoring (TPM) entity to provide evaluation services for the Project for enhancement of protection mechanism and community resilience against Gender Based Violence (JPF-4).

1.2 Overview of the Project

Cox's Bazar District, in the southeastern part of Bangladesh, has been a hosting ground for refugees from Rakhine State, Myanmar since August 2017 due to violence against ethnic minorities, many of whom moved to refugee camps in Ukhia Upazila and Teknaf Upazila in Cox's Bazar District. The number of such refugees has reached 877,710 people⁴ when combined with the existing refugee population in Cox's Bazar. While the camps are aided by emergency humanitarian efforts and the Government of Bangladesh, gender-based violence (GBV) and abuse remains rife, making the prevention of GBV, reinforcement of case management, anti-trafficking measures, and reinforcement of psychosocial support urgent tasks.⁵ In particular, the achievement rate of case management remains as low as 59% of the targeted number of cases, and 86 more locations for providing case management and psychosocial support are still needed.⁶

⁴ https://data2.unhcr.org/en/situations/myanmar_refugees, February 28, 2021

uments/files/2019_jrp_for_rohingya_humanitarian_crisis_compressed.pdf> Accessed on January 11, 2020

Most of women and girls, who makes up 52% of the refugees⁷, have been subject to violence at home or otherwise from family members, early and/or forced marriage, or sexual exploitation from the time before fleeing to Bangladesh, but have not been properly cared for.

WVJ has been engaged in activities to recover women's and girls' mental balance and safeguard their dignity and security through the following efforts since January 2019 for refugee women and girls who face the risk of gender-based violence (GBV): awareness sessions for GBV prevention and care for victims, distribution of women's support kits (sanitary products, installation and operation, provision of victim case management, counseling and psychosocial support, electric lights, underwear, etc.), installation of household lighting and street lights as safety measures, and establishment of Safe Space for Women and Girls (SSWG) to be used in peace by women and girls, who are more likely to be victimized.

This project aimed to improve accessibility to GBV-related information and support services and reinforce the local communities' ability to combat GBV, including that of religious leaders, as efforts to further improve the protective environment for women and girls in the camp communities. SSWG will strengthen its function as a service point that provides victim case management, counseling, and psychosocial support and as an outreach venue for vulnerable women and girls in order to enable them to re-establish relationships with families and society. The project also conducted GBV awareness activities targeting male refugee and provide training on the basic knowledge of GBV to local leaders, refugees, religious leaders and female leaders of the host communities, and administrative officials, etc. that control the relevant camp as efforts to improve the local communities' ability, including that of religious leaders in the host community, to combat GBV.

The project has two outcomes:

Outcome 1: Improved access to GBV information and support services for women and girls

GBV volunteers with basic trainings conducted awareness-raising sessions on prevention of and response to GBV in areas where GBV information is not yet available in the camp.

The Safe Space for Women and Girls (SSWG) also provided case management, psychosocial support including group activities, and support for space to stay according to individual needs. Through staff training, prompt and appropriate case management and psychosocial support was provided and an effort was made to ensure that the quality of service was maintained and improved. In addition, peer groups were formed to strengthen the self-help ability of GBV survivors and GBV-vulnerable women and girls.

Outcome 2: Strengthening the capacity of local communities to prevent GBV.

To encourage the understanding and cooperation of men, who are primarily in power in households and communities, as well as local leaders and government officials, the project 1) conducted awareness-raising and learning sessions to promote knowledge improvement and behavior change, 2) conducted awareness-raising and campaigning activities for community leaders and religious leaders (refugees and host communities), and 3) reached out to government officials.

⁷ ISCG, Note (2) cited above

1.3 Project Objectives

This project aimed to contribute to the formation of a community free of gender-based violence (GBV) through reinforcing the ability of the entire community (refugees and host community) to combat GBV by improving access to information and support services related to GBV for Myanmar refugee women, girls, and men residing in Camp 19, located in Ukhia Upazila in Cox's Bazar District.

1.4 Objective of evaluation

The broad objective of the evaluation is to capture information, verify activities and analyze data on this project activities. JPF will use the outcome of this evaluation to improve the current and future projects and programme. The evaluation reports would be made available to public as a part of JPF's activity to ensure accountability to the donor and public.

The specific objectives of evaluation are:

- To verify actual outputs and if possible, outcomes of the project with the available data
- To verify that the humanitarian principles and standards including Core Humanitarian Standards (CHS) are respected.
- To understand the beneficiary satisfaction
- To provide feedback and recommendations for the future projects and programme improvement for both JPF and member NGOs
- To provide contextual information on the target sec.

2. Evaluation Overview.

2.1 Evaluation Design

This study applied both quantitative and qualitative approaches to data collection. Quantitative survey data will be collected from individuals through structured questionnaires using Computer Assisted Personal Interview (CAPI) technique. Qualitative data was collected through IDI and KII.

Once the project was awarded to OrQuest, JPF organized a kick-off meeting with OrQuest to finalize the methodology, discuss the development of study tools, and preparation of inception report. Based on the documents received from JPF, OrQuest prepared study tools and inception report for the evaluation and shared with JPF. After that, JPF organized an inception meeting with OrQuest and the project implementing NGO to discuss the details of the evaluation objectives, scope, targets, data processing and analyzing, allocated team, and reporting. Due to the outbreak of COVID-19 worldwide, most of the discussions were undertaken online. Based on the discussion in the inception meeting, the study methodology and sample size were revised from the project. To limit the physical movement inside the camps and reduce interaction with beneficiaries and other stakeholders, the sample size of the project was reduced.

2.2 Geographical coverage:

Camp 19 located in Ukhia upazila in Cox's Bazar district where the project is being implemented.

2.3 Method of data collection

The performance evaluation study of the project was conducted using both primary and secondary research. Primary data collection included quantitative and qualitative approaches. A quantitative approach was used where population size is large enough (100+) to quantify the results. If population size was small or in-depth information was required, a qualitative approach was adopted.

While the quantitative study was carried out by using face-to-face interview technique with the help of structured questionnaires using Computer Assisted Personal Interview (CAPI) technique, the qualitative study was conducted through IDI and KII.

Secondary data collection would include a review of all project documents including project proposal, amendment documents, copies of project progress reports and past M&E evaluations, relevant baseline/mid-term/end line assessments, and project checklist for progress monitoring activities.

Considering the COVID-19 situation, all necessary safeguarding protocols will be taken to ensure the safety of researchers, enumerators, and respondents.

2.4 Our Approach to TPM

Defining units of analysis and framework for synthesis of information was collected based on the RFP objectives in the table below.

- Communities and people affected by crisis receive assistance appropriate and relevant to their needs.
- **Quality Criterion: Humanitarian response is appropriate and relevant.**
- Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.
- **Quality Criterion: Humanitarian response is effective and timely.**
- Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.
- **Quality Criterion: Humanitarian response strengthens local capacities and avoids negative effects.**
- Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.
- **Quality Criterion: Humanitarian response is based on communication, participation and feedback.**
- Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.
- **Quality Criterion: Complaints are welcomed and addressed.**
- Communities and people affected by crisis receive coordinated, complementary assistance.
- **Quality Criterion: Humanitarian response is coordinated and complementary.**
- Communities and people affected by crisis can expect delivery of improved assistance as organizations learn from experience and reflection.
- **Quality Criterion: Humanitarian actors continuously learn and improve.**
- Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.
- **Quality Criterion: Staff are supported to do their job effectively and are treated fairly and equitably.**
- Communities and people affected by crisis can expect that the organizations assisting them are managing resources effectively, efficiently and ethically.
- **Quality Criterion: Resources are managed and used responsibly for their intended purpose.**

2.5 Survey population:

The project has two outcomes; each of which has multiple beneficiary groups. Population size of each beneficiary group is given below in table 1:

Table 1: Beneficiary groups with population sizes

Project Outcomes	Beneficiaries
Outcome 1: Improved access to GBV ⁸ information and support services for women and girls	• Received capacity building training for GBV staff- 7 (1 supervisor, 2 case workers and 4 GBV assistants) • Participated in capacity building training and regular meetings for female GBV volunteer outreach-12 female GBV volunteers. • Women and girls targeted in GBV awareness-raising sessions: 384 pax. • Women and girls receiving SSWG-based services: 342 PSS participants. - o Skill building (Cooking) beneficiary =80 - o Skill building (Handicraft) beneficiary=40 - o Skill building (Sewing) beneficiary = 32. - o Formation and implementation of peer groups (self-help group) beneficiary -200 beneficiary
Outcome 2: Strengthening the capacity of local communities to prevent GBV	• Men and boys targeted in GBV awareness-raising and learning sessions: 248 pax. - o Awareness raising session: 128 pax. - o Intensive session: 120 pax • Community leaders, religious leaders and female leaders participating in the GBV awareness-raising training programme: 180 pax (30 women and 150 men) • Implementation of GBV campaign coverage: - o Police 79 - o Govt. official (Upazila level)- 15 person - o Host community leader-249 - o SSWG beneficiaries-152 - o Coverage by leaflet distribution-1000 - o Rohingya community leader- 180

⁸ Gender-based violence

2.6 Sample size for quantitative:

As mentioned earlier, quantitative approach was used where population size is large enough (100+). Therefore, following beneficiary groups will be covered through quantitative survey:

- Women and girls targeted in GBV awareness-raising sessions.
- Psychosocial support and group activities at SSWG (Women and girls in need)
- Men and boys targeted in GBV awareness-raising and learning sessions.
- Community leaders, religious leaders and female leaders participating in the GBV awareness-raising training programme.

Though the number of beneficiaries for GBV campaign was higher than 100, we conducted quantitative survey among the beneficiaries considering the difficulty to identify the beneficiaries. Under the quantitative survey, the number of samples achieved can be seen in the following table 2:

Table 2: Sample sizes by respondent type

Project Outcomes	Beneficiaries	Sample size
Outcome 1: Improved access to GBV information and support services for women and girls	Women and girls targeted in GBV awareness-raising sessions.	61
	Psychosocial support and Group Activities at SSWG (Women and girls in need)	41
Outcome 2: Strengthening the capacity of local communities to prevent GBV	Men and boys targeted in GBV awareness-raising and learning sessions	51
	Community leaders, religious leaders and female leaders participating in the GBV awareness-raising training programme	31
Total		184

The proposed sample size is not representative of the population. Initially, OrQuest proposed a representative sample for the project. However, during the COVID-19 pandemic, there was a restriction on movement inside the camp. Also, considering the safety of the enumerators, moderators, and beneficiaries, the project and evaluation team decided to limit the interaction inside the camp. Hence, based on the discussion in the inception meeting and meeting with the local team, OrQuest proposed a quota sampling plan for the study. However, to include the CHS questions, OrQuest proposed to include some KIIs and IDIs in the sampling plan as specified in the table below. We proposed to conduct the KII of the CIC, but since he was newly appointed to the camp, his interview was removed from the survey scope.

Table 3: Sample size and distribution for qualitative survey

	IDI	KII
Women and girls targeted in GBV awareness-raising sessions	3	-
Psychosocial support and Group Activities at SSWG (Women and girls in need)	4	-
Supervisor KII	-	1
Case worker KII	-	1
Volunteers KII	-	6
Men and boys targeted in GBV awareness-raising and learning sessions	3	-
Community leaders, religious leaders and female leaders participating in the GBV awareness-raising training programme	5	-
Participants of 4-day GBV mass campaign	20	-
Male GBV staff IDI	-	1
Representative from implementation partner	-	1
Total	35	10

2.7 Selection of respondents for quantitative survey:

OrQuest has received the list of beneficiaries from the project team, which was served as the sampling frame. The required number of respondents was selected randomly from the sampling frame. The selected list was shared with the local project team on the morning of the date of the interview. The project team extended their support to select the respondents. It was ensured that the project team was not present during the survey and could not influence the survey. If any respondent refused to provide the interview, he or she was replaced with the next alternative from the buffer list.

2.8 Method for qualitative survey:

KII & IDI respondents were selected randomly and were judged based on the respondent type. Beneficiaries were selected from the project beneficiary list and NGO officials were selected in consultation with the key focal person of the project. The following steps were taken for conducting KIIs and IDIs:

- Since the project has list of beneficiaries available with them, the direct beneficiaries were selected randomly from the list to have an unbiased selection. The NGO officials were selected in consultation with the key focal person of the project. The NGO officials who were responsible for the camp and could provide relevant information on the project were selected for the interview. To see the project from a broader picture, we included the religious and community leaders in our survey, which include Majhis, and religious leaders of the respective camp. In qualitative research, it is of utmost importance that the sample is recruited carefully as the sample size is relatively small. Hence, only those participants who fulfill all eligibility criteria were selected to participate in the qualitative study.

- The moderator explained the nature of the IDI and KII to ensure that candidates were fully aware of what was about to take place and what was expected of them. Participants were briefed properly and were explained that their cooperation was voluntary.
- KIIs and IDIs were recorded electronically through digital recorder with due permission of the respondents. In case the respondent did not allow to record the interview digitally, we collected the information through pencil and paper.

Development of data collection instruments: OrQuest was responsible for the development of the tools. Draft data collection tools were prepared by Org Quest Research Limited for quantitative survey, IDIs and KIIs based on the project proposal and other secondary documents. The draft tools were submitted to JPF for feedback. OrQuest received feedbacks on the tools in several batches. While preparing the tools, the OrQuest team had several sessions with the World Vision Local team, so that the tools include appropriate questions for the respondents. Once developed, the draft questionnaires and guides were translated by OrQuest into Bangla. The draft questionnaires for quantitative survey with feedback from JPF and World Vision were pretested in the field. Questionnaires were revised and finalized as necessary based on the pilot survey.

Scripting procedure: The quantitative questionnaire was programmed for the CAPI survey by using SurveyCTO, a licensed software, utilizing our own resources. All scripts were written in Bengali and in English. CAPI programming rendered questionnaire into a sequence of input prompts that applied questionnaire logic, entry constraints and repeating sub-structures (if required). When necessary, the programming also took care of random rotation of questions and options. Grids, if any, were broken down into a sequence of input prompts in order to fit into the tablet screen and minimize data input error. Checklist, radio button, drop-down menu and basic formatting were used as applicable. Survey programming had been done in close partnership with JPF and had embed skips and logic checks to ensure quality and consistency of the data.

2.9 Limitations

- First of all, due to COVID-19 pandemic, the representative sample could not be proposed. To minimize physical interaction, minimum number of samples has been proposed in the survey.
- Due to COVID-19 there was a long delay to receive permission for access to camp. Hence, the survey could not be started as per schedule. Moreover, the approval was granted for only limited period of time. As a result, the survey had to be completed within minimum possible time.
- Due to restriction on movement, the enumerators and moderators were able to conduct interview among project beneficiaries and project staff only. Thus, the overall change occurred based on the implementation could not be measured.
- There was no baseline data, hence the result could not be compared with prior project situation.
- The survey tools were developed based on reviewing project documents only. Due to time constraint, it was not possible to review all the project documents, which eventually resulted in some confusion to develop the project tools.

- The inception meeting was conducted for a very short period of time. Hence, the evaluation team could not obtain complete project brief from the implementation team.
- Since the project beneficiaries did not have access to mobile network, remote interview during COVID-19 could not be conducted. For the same reason, the data collected from the interview could not be back checked over phone and validated.
- The enumerators and the supervisors were recruited from the host community. However, due to language barrier, the project management team could not validate the response collected by the enumerators.
- The CiC was very new to the camp, hence the interview of the CiC could not be conducted.

3 Timeline

The timeline of the survey by activity/deliverable for this assignment is tabulated below:

Activity	Jan-21				Feb-21				Mar-21				Apr-21	
	Week 1	2	3	4	Week 1	2	3	4	Week 1	2	3	4	Week 1	2
Development of draft questionnaires/IDI guide														
Submission of draft inception report	4-Jan													
Submission of draft English questionnaires/IDI Guide to WVJ and JPF	8-Jan													
Inception Meeting with WVJ and JPF		12-Jan												
First Feedback on draft questionnaires/IDI Guide and inception report from implementing NGOs and JPF			15-Jan											
Second Feedback on draft questionnaires/IDI Guide and inception report from implementing NGOs and JPF			19-Jan											
Amendment of questionnaires/IDI Guide				26 Jan-06 Mar										
Scripting of quantitative questionnaires					01 Feb- Feb 14									
Apply for approval from RRRC and CiC														
Approval from RRRC and CiC							Feb 15							
Finalization of inception report draft questionnaires/IDI Guide								Feb 23						
Pretest of survey instruments for both quant and Qual								Feb 24						
Submission of feedback from pretest to JPF								Feb 26						
Incorporating necessary changes based on agreed pretest feedback									06 Mar					
Training of field personnel														
Data collection														
Data cleaning									09-22 Mar					
Data processing and output generation									11-24 Mar					
Draft report submission to implementing NGOs and JPF												31-Mar		
Presentation of findings to member implementing NGOs and JPF													11-Apr	
Final Report Submission														19-Apr

4 Evaluation Results

For the ease of analysis, the quantitative survey was divided into two parts, which include general beneficiaries and religious and community leaders. The general beneficiaries include women and girls targeted in GBV awareness-raising sessions, psychosocial support participants at SSWG (Women and girls in need) and men and boys targeted in GBV awareness-raising and learning sessions. On the other hand, religious and community leaders include community leaders, religious leaders and female leaders participating in the GBV awareness-raising training programme.

4.1 General Beneficiaries and relevant activities

Under component 1, activity 1.2.2, the project targeted 384 women and girls. The primary target was Block A, where GBV awareness sessions have never been given as of this point of time in Camp 19. Inside the camp information is not always available and there is always some restriction on movement. Hence it was essential to disseminate information on GBV among the community people living in the camp where GBV awareness session was never conducted. Therefore, 12 female GBV volunteers were recruited and conducted awareness activities among selected 384 women. The awareness topics include

- 1) GBV basic Concept,
- 2) Child Protection & Child safeguard,
- 3) Sexual Harassment,
- 4) Human Trafficking,
- 5) Child marriage,
- 6) Reproductive health and hygiene,
- 7) Intimate partner violence/domestic violence,
- 8) Say no to drug,
- 9) Child labor, abuse & safety,
- 10) Women leadership & empowerment,
- 11) HIV-Life threatening disease,
- 12) PESA-Protection from sexual exploitation and abuse

Under activity 1.3.1, the project provided psychosocial support and case management at Safe Space for Women and Girls (SSWG). The project aims to ensure that at SSWG, the beneficiaries perceive it as a safe place. Moreover, the project tried to identify the GBV survivors and give them psychosocial support appropriate for them. Apart from psychosocial support the project also included Group Activities at SSWG. The main objectives of the session and group activities at SSWG are;

- 1) to make SSWG a safe space where women and girls can (re)gain mental stability,
- 2) to identify GBV survivors and provide appropriate support, and
- 3) to provide opportunities to build psychological and social networks through group activities.

Under the activities, there were 342 beneficiaries who participated different sessions on the following topics.

- 1) Parenting
- 2) Sexual & Reproductive Health
- 3) Prevention & Response to GBV
- 4) Mental Care
- 5) Legal Right
- 6) Self Reflection and Self Care
- 7) Stress Management
- 8) Interpersonal Communication Skill

From these beneficiaries of activity 1.3.1, 142 beneficiaries were selected under activity 1.3.2 according to the need and participated in group activities. The group activities include.

- Skill building (Cooking) beneficiary =80.
- Skill building (Handicraft) beneficiary=40
- Skill building (Sewing) beneficiary = 32.

The beneficiaries who are using the SSWG was supported to the formation of groups of 10 to 15 members based on similar or common characteristics (age, female head of household, widow, etc.), including 10 women and girls using the SSWG in each group. The group members mutually share issues as people having similar experiences or backgrounds and learn that women helping each other can overcome the issues that they are facing. They were considered as actors who help each other to improve their conditions. There were 100 adolescent girls & 100 women who were selected for these groups' activities and peer sessions. The topics of the peer sessions include.

- 1) Protect myself from trafficking
- 2) What I know
- 3) Why violence & Domination
- 4) If I face any danger
- 5) Identification of AIDs
- 6) Decision by own
- 7) How to be Self-confident
- 8) Empathy
- 9) Family Relationship

Apart from women and girls, the men and boys were also targeted under the project and under activity 2.1.3. Under the activity the project provided learning sessions and awareness sessions primarily at the training space to men in the area of the camp and other older men so they can learn about the basic knowledge and prevention of GBV as well as how to deal with GBV. There were 248 beneficiaries covered under this activity, where 128 male beneficiaries were selected for 12 awareness activities and remaining 120 male beneficiaries were selected for intensive session. The awareness sessions include;

- 1) GBV basic Concept,
- 2) Child Protection & Child safeguard,
- 3) Sexual Harassment,
- 4) Human Trafficking,
- 5) Child marriage,
- 6) Reproductive health and hygiene,
- 7) Intimate partner violence/domestic violence,
- 8) say no to drug,

- 9) Child labor, abuse & safety,
- 10) Women leadership & empowerment,
- 11) HIV-Life threatening disease,
- 12) PESA-Protection from sexual exploitation and abuse

The intensive sessions were conducted on the following topics;

- 1) Family rules & responsibility
- 2) Healthy marital relationship
- 3) Sexual violence & support for survivor
- 4) Gender Equality
- 5) Responsibility of a Man in His Family
- 6) Drug Abuse
- 7) Roles of Men to Stop Violence

4.2 Findings from General Beneficiaries

4.2.1 Age of the respondents

The average age of the surveyed women and girls targeted in GBV awareness-raising sessions was 27.16 years among which 18% were girls with age less than the average. Among the women, 26.2% respondents were with age between 18-25 years and 41% were with age between 26-35 years. The average age of the psychosocial support participants were 26.24 years, where 41.5% of the respondents were girls. As per project documents psychosocial support participants are those who received psychosocial support and case management service at the SSWG. They are mainly those who have trauma from the past experience of systematic violence in Myanmar and from separation from families, and who has mental/psychological problem.. Hence can be mentioned that a greater number of girls were more traumatized than the women or more girls need psychosocial support in comparison to women. The average age of the surveyed men and boys targeted in GBV awareness-raising and learning sessions was 28.88 years, among them 7.8% were boys. More than one third (39.2%) men were with age between 18-25 years.

Table 4: Age of the respondents

	Women and girls targeted in GBV awareness-raising sessions	Psychosocial support participants	Men and boys targeted in GBV awareness-raising and learning sessions
13-17 Years	18.0%	41.5%	7.8%
18-25 Years	26.2%	19.5%	39.2%
26-35 Years	41.0%	17.1%	33.3%
36-45 Years	8.2%	9.8%	11.8%
45+	6.6%	12.2%	7.8%
Average	27.16	26.24	28.88
Base-All respondents	61	41	51

4.2.2 Occupation of the respondents

As per the regulation inside the camp, there are no formal jobs available for Rohingya in the camps⁹. The employment inside the camp includes in-camp cash for work and volunteer jobs¹⁰. Therefore, the Rohingya people inside the camp has limited opportunity to work or get involved in income generating activities. Among the women and girls targeted in GBV awareness-raising sessions, most of the respondents were housewives (83.6%), while 6.6% claimed themselves as unemployed. Among the respondents from psychosocial support participants, just over half (53.7%) were housewife, while 22% were receiving vocational training and 14.6% were studying. Among the men and boys targeted in GBV awareness-raising and learning sessions, less than half of the respondents were day laborer, while over one-fourth were unemployed. Few of the men and boys were working in a restaurant or tea shop/ small shop/vendor.

Table 5: Employment status

	Women and girls targeted in GBV awareness-raising sessions	Psychosocial support participants	Men and boys targeted in GBV awareness-raising and learning sessions
Housewife	83.6%	53.7%	0.0%
Day labor	0.0%	0.0%	45.1%
Unemployed	6.6%	4.9%	27.5%
Studying	4.9%	14.6%	7.8%
Receiving vocational training	0.0%	22.0%	0.0%
NGO worker/volunteer	4.9%	4.9%	3.9%
Work in a restaurant or tea shop/ small shop/vendor	0.0%	0.0%	11.8%
Teacher	0.0%	0.0%	2.0%
Imam	0.0%	0.0%	2.0%
Base-All respondents	61	41	51

Ref: D3. Employment status

4.2.3 Marital status of the respondents

Child marriage is a strong cultural phenomenon among the people inside Rohingya community, primarily rooted in socio-cultural and religious beliefs around readiness for marriage. This preference is more easily practiced in the camps in Bangladesh where the displaced Rohingya experience less marriage regulation. Child marriage may be accelerated during times of crisis and insecurity as resources are scarce and child marriage may be a survival strategy for girls and their families¹¹. In our survey, 3 out of 11 surveyed women and girls targeted in GBV awareness-raising sessions were married before their age of 18 years, while among 4 men and boys targeted in GBV awareness-raising and learning sessions interviewed at or under the age of 18 years, 1 of them were found to be married.

⁹ <https://www.aljazeera.com/features/2018/4/13/with-no-formal-schools-or-jobs-young-rohingya-left-in-lurch>

¹⁰ https://www.poverty-action.org/sites/default/files/publications/Rohingya%20History%20Fact%20Sheet_2020.04.30.pdf

¹¹ <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-020-00274-0>

Table 6: Marital status

	Women and girls targeted in GBV awareness-raising sessions		Psychosocial support participants		Men and boys targeted in GBV awareness-raising and learning sessions	
	13-17 Years	18+	13-17 Years	18+	13-17 Years	18+
Married	27.3%	86.0%	0.0%	83.3%	25.0%	91.5%
Single	63.6%	2.0%	100.0%	0.0%	75.0%	8.5%
Widowed	0.0%	8.0%	0.0%	12.5%	0.0%	0.0%
Separated	9.1%	4.0%	0.0%	0.0%	0.0%	0.0%
Divorced	0.0%	0.0%	0.0%	4.2%	0.0%	0.0%
Base-All respondents	11	50	17	24	4	47

Ref: D4. What is your marital status?

4.2.4 Source of Information on GBV

All the surveyed respondents agreed that they received information on GBV or participated in any GBV awareness-raising sessions. While mentioning the source of information, one respondent mentioned that he received the information from Pulse Bangladesh. Which implies that some other organizations are also disseminating information on GBV inside the camp or the male inside the camp are getting information from other NGO activities as well.

Figure 1: Source of information on GBV



Ref: Q2 Who organized the session?

4.2.5 Topics Respondents Have Learnt from Different Activities

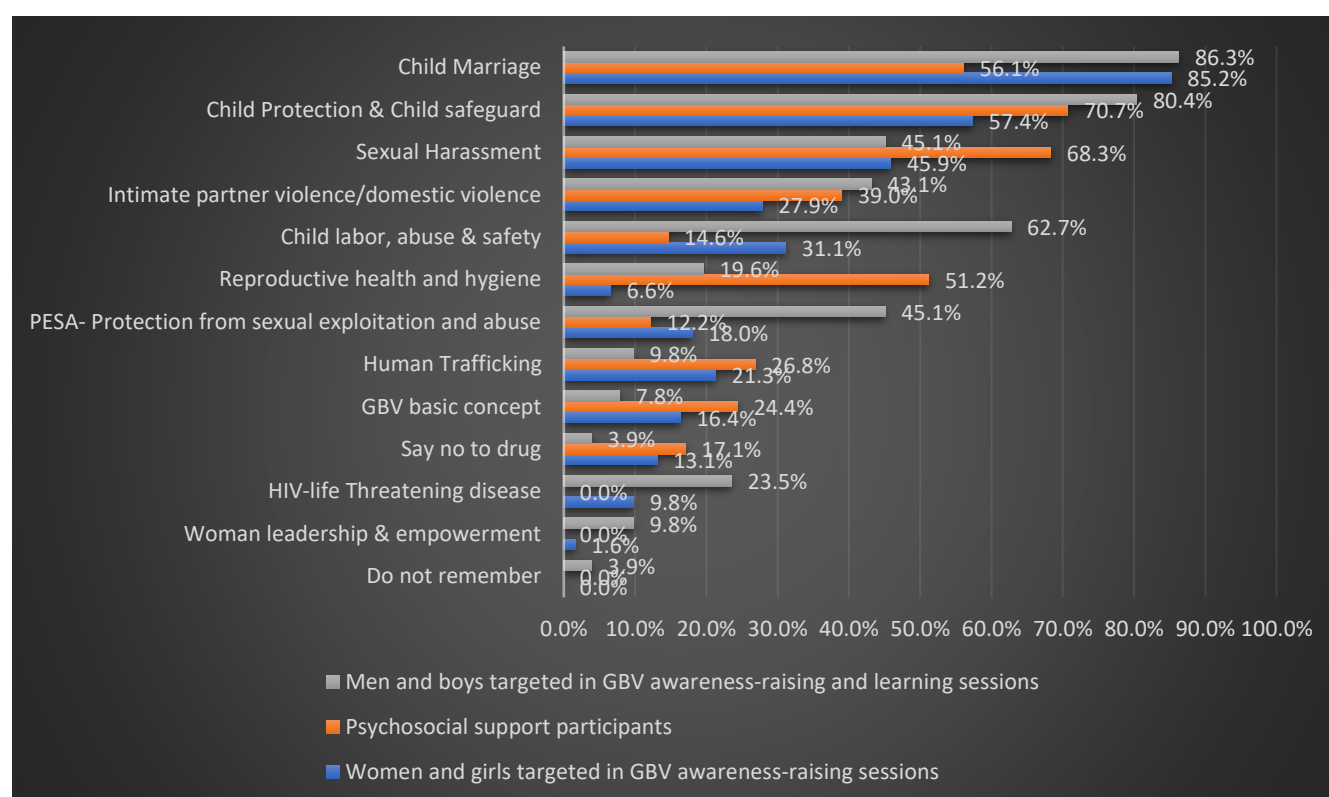
This question was asked to understand whether the beneficiaries can remember the topics they have learnt from awareness sessions, PSS sessions and/or Peer Sessions. The topics of awareness sessions conducted among women and girls targeted in GBV awareness-raising sessions and men and boys targeted in GBV awareness-raising and learning sessions were common, while the topics of the sessions participated by psychosocial support participants was a bit different. However, all the topics were under GBV. Research found that, people can remember the topics which are more relevant to them or they can associate something related to the topic or topics which are emotionally charged. From our survey, it was identified that the topic the respondents could recall the most was child marriage, which was recalled by both women & girls (85.2%) and men & boys (86.3%). On the other hand, 70.7% respondents from psychosocial support participants could recall about child protection and child safeguarding (parenting), followed by Sexual Harassment (prevention and responses to GBV).

The response was also validated from the qualitative survey. All type of respondents could recall the topics they have learned and spontaneously mentioned the topics. The respondents were further probed what they have learned on the topics and they mentioned following response;

- Sexual Harassment: Sexual harassment means physical abuse of a girl by a boy.
- Child Marriage: A girl is getting married below her age of 18 years.
- Reproductive health and hygiene: Taking care of the pregnant women.
- HIV: Unsafe sexual intercourse
- Intimate partner violence: Physical abuse by woman's husband
- Child labor: If any child is involved in any work at the age less than 18 years.

It was identified that some of the respondents had clear concept, while others have some misconception or limited knowledge. If they get the opportunity to discuss the topics among themselves or some recap session can be conducted, it is expected to be improved in the future.

Figure 2: Topics Respondents Have Learnt from Different Activities

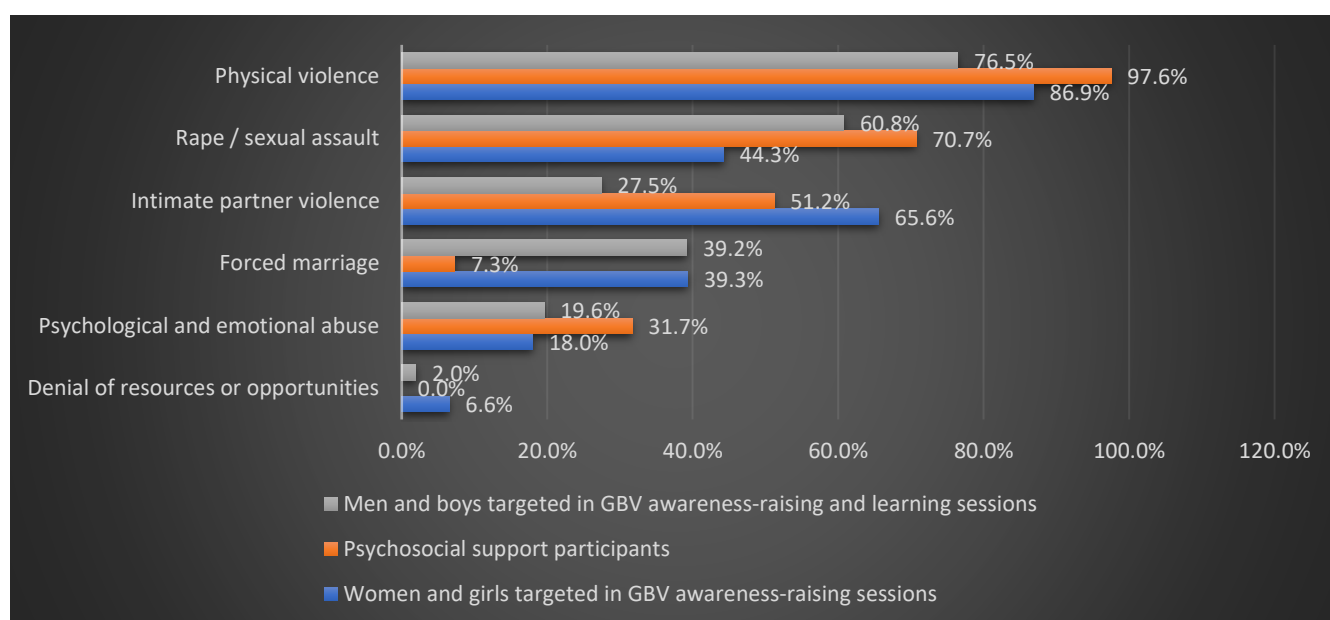


Ref: Q3 What topics have you learnt from the GBV awareness-raising sessions?

4.2.6 Understanding Gender based violence.

When the respondents were asked to express themselves about their understanding of gender based violence, almost all the respondents mentioned about 'physical violence', followed by rape/sexual assault. A point to be noted that, intimate partner violence was a common topic in the awareness activity for both male and female, however, the topic was less mentioned by Men and boys targeted in GBV awareness-raising and learning sessions than other respondent types. On the other hand, the psychosocial support participants who are traumatized from their past experience in Myanmar or at the camp mentioned more about physical violence, rape / sexual assault and psychological and emotional abuse.

Figure 3: Type of Understanding Gender based violence mentioned by respondents.



Ref: Q4. What do you think the term “Gender based violence” means?

4.2.7 Change in knowledge on different Gender based violence topics.

A question was asked among the respondent to understand whether they felt that their knowledge on gender-based violence has increased. It was recorded in 5-point scale where 5 means the respondents completely agree that their knowledge had increased while 1 means their knowledge had not changed at all. Regardless the beneficiary type was, all the respondents agreed or completely agreed that their knowledge had increased with mean score more than 4, except for psychological and emotional abuse.

Table 7: Change is knowledge on different Gender based violence topics.

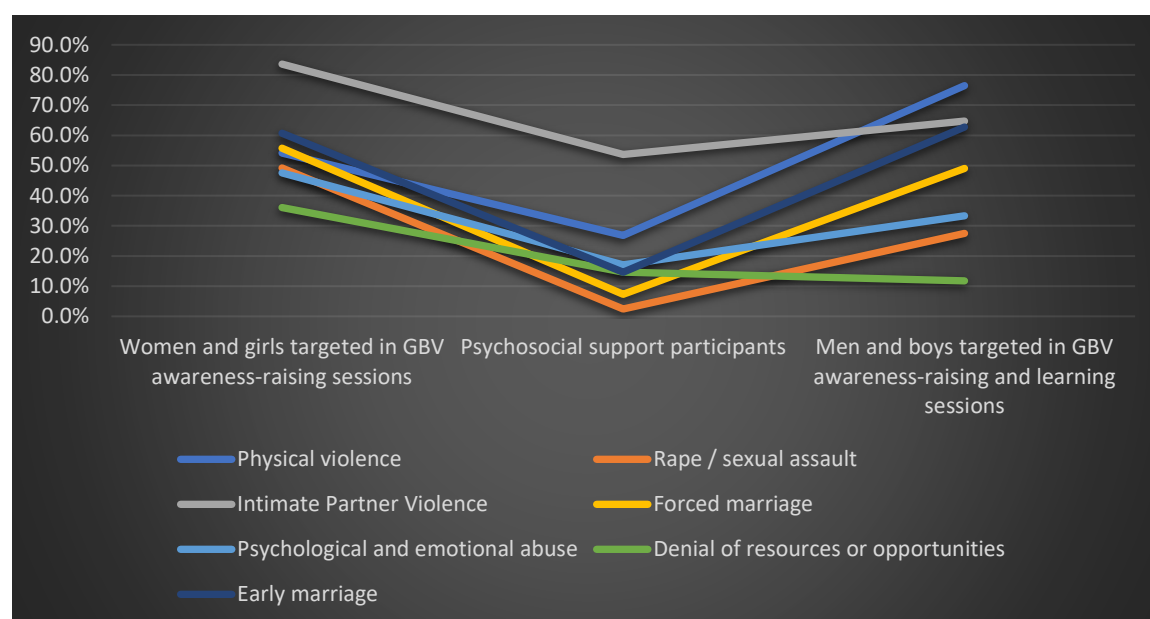
	Women and girls targeted in GBV awareness-raising sessions	Psychosocial support participants	Men and boys targeted in GBV awareness-raising and learning sessions
Physical violence	4.3	4.6	4.6
Rape / sexual assault	4.3	4.5	4.5
Intimate Partner Violence	4.3	4.7	4.2
Forced marriage	4.2	4.6	4.2
Psychological and emotional abuse	3.7	3.7	3.0
Denial of resources or opportunities	4.4	4.9	4.0
Early marriage	4.2	4.4	4.3

Ref: Q6 If I want you to compare your current knowledge on the topics and the knowledge you have 6 months ago, how much do you agree or disagree that, your knowledge on _____ [read the options from the grid below] has increased substantially.

4.2.8 Noticing any incident of gender-based violence.

A question was asked to the respondent about seeing gender-based violence at their community to understand the type of violence occurs in the community and the steps taken by the project beneficiaries. It was revealed that, intimate partner violence (IPV) was the most noticed gender-based violence, followed by physical violence. The worrying fact was that 50% Women and girls targeted in GBV awareness-raising sessions and 27.5% men and boys targeted in GBV awareness-raising and learning sessions mentioned that they had seen rape / sexual assault in their community. A point to be noted that, noticing gender-based violence was less among the psychosocial support participants, who are traumatized from their past experience in Myanmar or at the camp. Which means they are still traumatized to share any incident. On the other hand, the most concerning part is that there was some gender-based violence which was noticed by more than 50% of the respondents. Which implied that these violence types are still present in the community.

Figure 4: Noticing any incident of gender-based violence.



4.2.9 Actions taken after seeing any incident of gender-based violence.

The actions taken by interviewed beneficiaries depended on type of gender-based violence. The most common type of action taken against gender-based violence was informing the local leaders, Majhi and CiC. Further investigated, it was revealed that by CIC respondents meant CIC office which include sight management as well. Other actions were rarely taken by the respondents. The respondents who noticed physical violence, 71.1% of them informed that incidence at CIC office, followed by sharing with their parents. Those who noticed the incidence of rape/sexual assault, 73.3% of them informed this to CIC office, local leader or Majhi while 20% shared with NGO/actors staff or centers. On the other hand, 17.8% beneficiaries only shared the information with their parents and 13.3% shared with their neighbors. The most concerning area is that 11.1% respondents did nothing even after seeing this serious GVB issue. In case of the most frequently occurred gender-based violence, intimate partner violence, 65.1% respondents mentioned that they informed the local leaders, Majhi or CIC office, while 13.2% respondents shared with NGO/actors staff or centers and the same percentage of respondents shared this with the local religious leader.

Table 8: Actions taken after seeing any incident of gender-based violence.

	Physical violence	Rape / sexual assault	Intimate partner violence	Forced marriage	Psychological and emotional abuse	Denial of resources or opportunities	Early marriage
Informed the local leaders, Majhi, CiC	71.1%	73.3%	65.1%	72.6%	58.5%	47.1%	69.3%
Shared with my Parents	21.7%	17.8%	15.1%	25.8%	13.2%	8.8%	26.7%
Shared with my neighbors	18.1%	13.3%	14.2%	17.7%	13.2%	11.8%	18.7%
Shared with NGO/actors staff or centers	10.8%	20.0%	13.2%	6.5%	5.7%	14.7%	16.0%
Informed to the local religious leader	15.7%	4.4%	13.2%	4.8%	3.8%	2.9%	10.7%
Shared with my friends	2.4%	2.2%	1.9%	1.6%	5.7%	-	5.3%
I forbade the tormentor	2.4%	4.4%	1.9%	1.6%	1.9%	-	1.3%
Informed the Police or security forces	-	-	.9%	-	1.9%	2.9%	1.3%
Did nothing	8.4%	11.1%	13.2%	9.7%	15.1%	29.4%	8.0%

Ref: Q8: What did you do when you have seen ____?

In the qualitative survey as well, the respondents mentioned that they have seen intimate partner violence, physical violence or rape and sexual assault. In some cases, the respondents, especially males tried to resolve the issue themselves. If they could not resolve the issue, they shared it with Majhi. Even if the Majhis could not resolve the situation, then they informed the CiC. However, we did not find any incidence that the qualitative survey participants have seen any incidence of gender-based violence and shared it with CiC.

“We have seen that husband is beating his wife. We discussed it with our neighbors and share the incidence with the Majhi. The Majhi took necessary action.” Woman targeted in GBV awareness-raising sessions.

“I have seen a case of unsanctioned relationship¹². I myself took necessary action to resolve the issue” man targeted in GBV awareness-raising sessions.

“I have seen physical violence. I shared the issue with the Majhi. The Majhi called for shalish (social system for informal adjudication of petty disputes both civil and criminal, by religious and community leaders or Majhis). The Majhi warned the man and resolved the issue” man participated in campaign.

“I have seen several incidence of intimate partner violence, physical violence, unsanctioned relationship. Sometimes I take necessary action and resolve the issue by myself. Sometimes I along with the Majhi try to resolve the issue” religious and community leader religious and community leader .

¹² Unsanctioned relationship is a kind of relationship which is not acceptable in the eye of people inside Rohingya community

For the Rohingya community, conflict is addressed and resolved within or between the families. If a conflict could not be addressed within or between the families, the first point of call is to contact the block Majhi for support. The block Majhi arranges a gathering of community leaders (or masjid¹³ committee members for marital issues...etc.). If the Majhi cannot resolve the issue, it is forwarded to the Head Majhi. If the verdict is again not satisfactory the dissatisfied party can approach the CiC. If an NGO is present, a lawyer may support in the mediation of the case. For conflicts involving personal law, including IPV, Masjid committees play a key role. Both the parties involved in the complaint expect their presence. The following table shows the means of enforcement based on the actor and the conflict¹⁴.

Table 9: The means of enforcement based on the actor and the conflict.

Crime/Conflicts	Actors	Possible Punishment	Comments
Sexual Harassment/ Eve-Teasing (verbal)	Community Leaders/ Masjid Committee	Not usually covered	N/A
Sexual Harassment/ Eve- teasing (verbal)	CiC	Has the authority to imprison individuals. In general a strong warning is issued	N/A
Unsanctioned Relationship	Masjid Committee	Warning, divorce	
Unsanctioned Relationship	CiC	Warning, fine, physical punishment	
Theft	Majhi	Fine, return of item	Culprit is seldom. caught
Theft	CiC	Larger return	
Domestic Violence	Majhi, Masjid Committee	Warning, Fine, Divorce (last resort, very rare)	
Domestic Violence	CiC	Fine, physical violence, Imprisonment (even though imprisonment rarely used)	Can be up to BDT 70,000
Domestic Violence	NGO-Mediation	Mediation, reconciliation, divorce, referral to CiC	N/A
Drug Use	CiC	Warning	
Debts	CiC	Fine	Majhi's are responsible For collecting fines set by CiC
Conflicts over Humanitarian Assistance	CiC	Warning	
Physical Injury	Community Leaders, Majhi	Mediation, reconciliation, fine	N/A
Physical Injury	CiC	Fine, imprisonment	Can be as low as BDT 500 and can be as high as 10,000

¹³ Mosque, the place of worship for Muslims

¹⁴ Module of Legal Rights – Psychologist shared by World Vision

4.2.10 Feeling safe to roam on their own inside the camp.

A question was asked among the beneficiaries to understand if they feel safe while roaming inside the camp on their own to understand how comfortable they feel and if they feel secured after participating in different activities inside the camp. There were 11 girls targeted in GBV awareness-raising sessions and among them 5 girls felt safe, while other 5 did not feel safe to roam alone inside the camp. Among the women targeted in GBV awareness-raising sessions, 40% (20 out of 50) felt safe, while 48% women (24 out of 50) did not feel safe to roam inside the camp alone. Among the psychosocial support participants, none of the girls felt safe to roam inside the camp alone. Among the women participants of psychosocial support, majority (17 out of 24) did not feel safe to roam inside the camp alone. Among the men targeted in GBV awareness-raising and learning sessions, majority of the respondents 78.7% (37 out of 47) felt safe, while 21.3% men (7 out of 24) did not feel safe to roam inside the camp alone. The response was validated with the project staff. There were three major reasons for people in Rohingya community do not feel safe as mentioned below.

- In the past there were some incidences of sexual abuse by male when the females are alone
- There were some internal conflicts among the people inside Rohingya community
- Due to the presence of Arakan Rohingya Salvation Army (ARSA)¹⁵, the general Rohingya community people often felt threatened

Table 10: Feeling safe to roam on their own inside the camp.

	Women and girls targeted in GBV awareness-raising sessions		Psychosocial support participants		Men and boys targeted in GBV awareness-raising and learning sessions	
	13-17 Years	18+	13-17 Years	18+	13-17 Years	18+
Feel Safe	45.5%	40.0%	0.0%	29.2%	50.0%	78.7%
Do not feel safe	45.5%	48.0%	100.0%	70.8%	50.0%	21.3%
Not sure	9.1%	12.0%	0.0%	0.0%	0.0%	0.0%
Base-All respondents	11	50	17	24	4	47

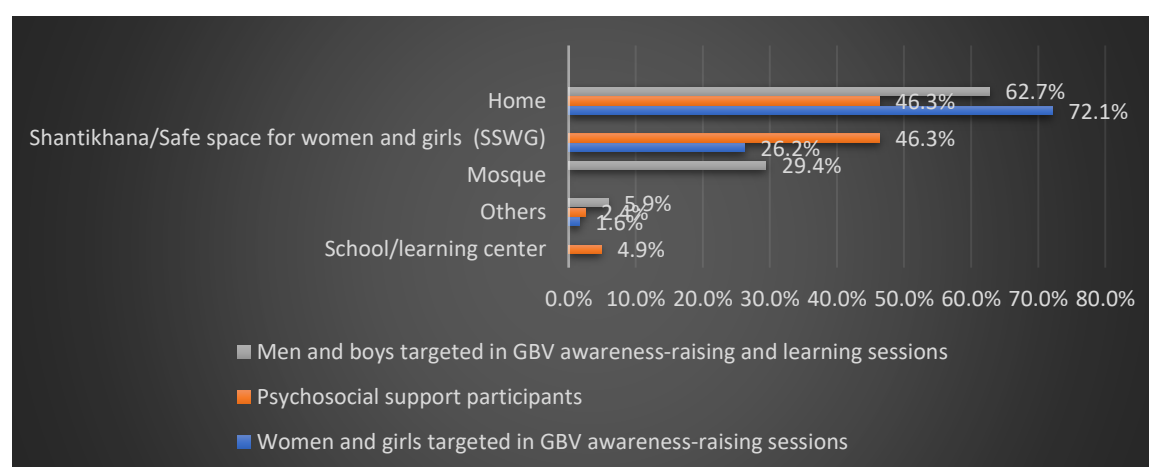
Ref: Q9 Do you feel safe to roam on your own in your camp?

¹⁵ ARSA is a Rohingya insurgent group active in northern Rakhine State

Favorite place of the beneficiaries

Regardless of the respondent type or gender, the respondents claimed home as their favorite place. Just below half (46.3%) of the psychosocial support participants reported Shantikhana/Safe space for women and girls (SSWG) as their favorite place. The women and girls targeted in GBV awareness-raising sessions who have access to SSWG, 26.2% of them claimed this as their favorite place. On the other hand, 29.4% men and boys targeted in GBV awareness-raising and learning sessions mentioned mosque as their favorite place.

Figure 5: Favorite place of the beneficiaries



4.2.11 Attitudes regarding gender roles and relationships

We wanted to see the attitudes-on gender roles being involved in the project through awareness session or through psychosocial support session. For this measure, we used Gender Equitable Men (GEM) scale¹⁶, which was designed to measure attitudes toward gender norms in intimate relationships or differing social expectations for men and women. The scale measures how equitable or inequitable people's views are about a range of different issues related to gender norms. The responses were read some of the statements and were asked to evaluate them on a Likert scale of 1-5, with 1 representing the least and 5 the most. We kept a mix of statements with positive perception, which means the more the score is, the better the result is. On the other hand, we kept some statements which are traditional perception, and we want them to be changed. For these statements, the lower the score, the better the result is. To measure the result, overall, GEM scores for each group were calculated by averaging Likert scores across all component questions to produce a single score for each group.

As per the research findings, the GEM score for the statement 'People should be treated the same whether they are male or female' was the highest among psychosocial support participants (4.6) and lowest among men and boys targeted in GBV awareness-raising and learning sessions. However, we would like to mark the score as satisfactory as it is more than 4. The positive fact was that men and boys targeted in GBV awareness-raising and learning sessions got highest GEM score for the statement 'Men should share the work around the house with women, such as washing dishes, cleaning and cooking'.

In terms of the statements related to traditional beliefs of the concerting issues it is that, in terms of 'women to take care of her home and family', and 'woman should obey her husband', the score was more than 4 among all the respondent type and the highest among men and boys targeted in GBV awareness-raising and learning sessions. It is positive that in terms of 'husband's right to punish their wives' and 'woman should tolerate violence', the score was relatively low, but if the project is renewed, the implementation agency needs to work more to reduce the score and take it to less than 2.

¹⁶ "Compendium of Gender Scales" (Washington, DC: FHI 360/C-Change, 2011)

Table 11: GEM score for the statement

	Women and girls targeted in GBV awareness-raising sessions	Psychosocial support participants	Men and boys targeted in GBV awareness-raising and learning sessions
Positive perception			
	Mean Score		
People should be treated the same whether they are male or female	4.3	4.6	4.1
Men should share the work around the house with women, such as washing dishes, cleaning and cooking	4.3	4.2	4.5
Traditional beliefs			
A woman's most important role is to take care of her home and family	4.3	4.2	4.5
A woman should obey her husband	4.1	4.4	4.7
A man should have the final decision in all family matters	3.6	3.3	3.6
If a wife does something wrong, her husband has the right to punish her	3.5	2.9	2.3
A woman should tolerate violence in order to keep her family together	3.7	3.5	2.5
A woman cannot refuse to have sex with her husband	3.5	3.8	3.6

Note: The score ranges from 1 to 5

4.2.12 Decision making power of women.

Some more questions were asked to understand the empowerment of decision-making ability among the women to make a decision regarding mobility, marriage and family planning. For the evacuation purpose, we used a projective technique, where the respondents did not answer the questions directly about them, rather on a general adult woman in their community. Research finds that, when the respondents were asked about another person, they actually shared their own status or perception. The responses read some of the statements and were asked to evaluate them on a Likert scale of 1-5, with 1 representing the most difficult and 5 the easiest. Hence, higher the mean score is, the better is the result represented.

The study reveals that, adult women in the camp has some freedom on mobility to go to neighbourhood or go to healthcare centre, but they face it very difficult to go to shop or bazar. The women are still facing it difficult to get married with their own choice, where the average score was less than 3 for all respondent type. Another fact was identified that the opportunity for education after marriage was found to be very rare and the mean score for this case was less than 2 among psychosocial support participants and men and boys targeted in GBV awareness-raising and learning sessions. However, among these, the positive fact was noted that, adult women can take their decision on family planning or family planning method.

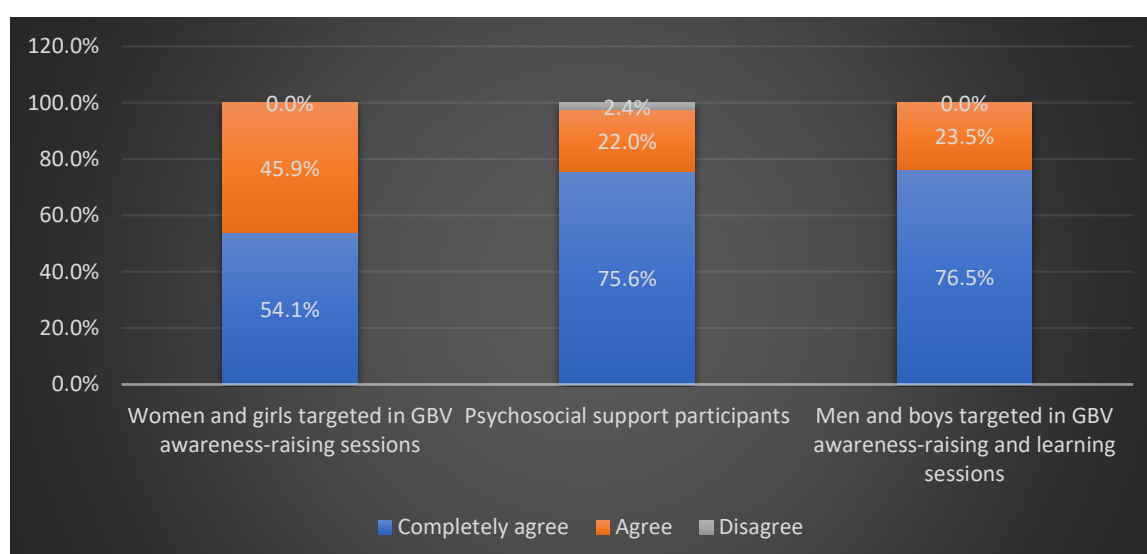
Table 12: Mean score for the statements regarding decision making power of women.

	Mean Score		
	Women and girls targeted in GBV awareness-raising sessions	Psychosocial support participants	Men and boys targeted in GBV awareness-raising and learning sessions
Going to neighbourhood/ making decision to go	3.8	3.4	3.2
Going to shop or bazar/ making decision to go	3.0	2.3	1.9
Going to healthcare centre/ making decision to go	3.8	3.4	3.3
Decision to stop child marriage	2.8	2.8	2.3
Getting married with your own choice to inform her family	2.6	2.2	2.4
Continue education after marriage	3.3	1.4	1.6
Not to pay dowry	3.1	2.0	2.2
Decision in family planning	3.3	4.6	3.4
Whether to take children or not	3.2	4.0	3.1
Decision in family planning method or use of Decision in family planning	3.8	4.6	3.6

4.2.13 Decrease of gender-based violence.

Overall, almost all the respondents perceived that the gender-based violence has been decreased, it was a bit lower among the women and girls targeted in GBV awareness-raising sessions. Overall, three-fourth (75.6%) of the psychosocial support participants who were surveyed completely agreed that gender-based violence has decreased, which was 76.5% among men and boys targeted in GBV awareness-raising and learning sessions. On the other hand, just above half of the surveyed women and girls targeted in GBV awareness-raising sessions agreed to the statement. None of the surveyed beneficiaries perceived that gender-based violence has increased.

Figure 6: Decrease of gender-based violence.



Ref; Q13. How much do respondents agree or disagree with the statement that gender-based violence has decreased in their community?

“Before the project I used to see lots of incidence of intimate partner violence, child marriage, physical violence etc. After implementation of the project, the gender-based violence reduced drastically” psychosocial support participants

“I used to beat my child before implementation of the project. Now neither I beat my children, nor I allow my husband to do so” women and girls targeted in GBV awareness-raising sessions.

“Child marriage was a common practice in the camp. After participating in the training, people got aware of the negative impact of child marriage. Therefore, the child marriage reduced drastically. Sometimes if people see any child marriage inside the camp, they share it with the CiC office and the site management takes necessary action to protect it” Religious and community leader Religious and community leader.

4.2.14 Changes noticed among the male population after the project.

Males in the community play a very important role to reduce Gender Based Violence in any community. In this project, men and boys were targeted in GBV awareness-raising and learning sessions. They have received awareness-raising and learning sessions and intensive session. Both male and female participants perceive that it had a positive impact among the males in the community. Overall, 83.6% women and girls targeted in GBV awareness-raising sessions and 70.7% psychosocial support participants perceived that males are creating awareness on GBV, which was 60.8% among men and boys targeted in GBV awareness-raising and learning sessions. Even the religious and community leaders shared their opinion in similar way. Moreover, half of the psychosocial support participants believed that males are more supportive to prevent GBV after launching the project. According to 58.8% men and boys targeted in GBV awareness-raising and learning sessions, males are now more aware of their role in the prevention of GBV.

Table 13: Changes noticed among the male population after the project.

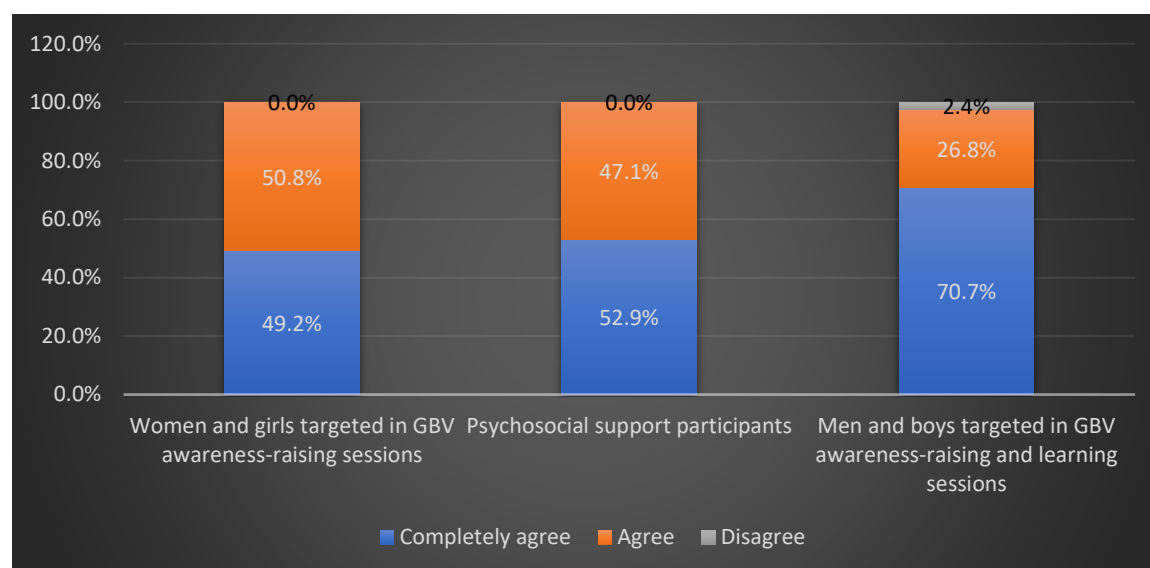
	Women and girls targeted in GBV awareness-raising sessions	Psychosocial support participants	Men and boys targeted in GBV awareness-raising and learning sessions
Males are creating awareness on GBV	83.6%	70.7%	60.8%
Males are more aware of their role in the prevention of GBV	11.5%	29.3%	58.8%
Males are more supportive to prevent GBV	27.9%	51.2%	41.2%
Males are more supportive to help their family members in the household chores	3.3%	12.2%	33.3%
Nothing	1.6%	0.0%	0.0%
Base-All respondents	61	41	51

“I used to order my wife to finish all the household chores. I used to get furious if the tasks were not completed. Now we work together and help each other in the household chores” man targeted in GBV awareness-raising and learning sessions.

4.2.15 Awareness on the responsibility in case of seeing Gender Based Violence.

The surveyed beneficiaries were asked whether they are aware of what they should do if they see any incidence of gender-based violence and majority of the respondents reported affirmatively. Among the women and girls targeted in GBV awareness-raising sessions, half of the respondents completely agree, and remaining half of the respondents agreed that they know what to do in case of any gender-based violence is seen. The percentage was 52.9% and 47.1% respectively for psychosocial support participants. On the other hand, 70.7% men and boys targeted in GBV awareness-raising and learning sessions strongly agreed that they know what to do if they see any incidence of gender-based violence.

Figure 7: Awareness on the responsibility in case of seeing Gender Based Violence.



4.2.16 Places where support service on gender-based violence is available.

The project tried to understand if the beneficiaries consider Safe Space for Women and Girls (SSWG) a place where support service on gender-based violence is available. The enumerators did not mention any code, it was a spontaneous response. Almost all the respondents mentioned SSWG as a place where support service on gender-based violence is available while few respondents also mentioned about house of Majhi and Child Friendly Spaces (CFS). It is to be noted, except one respondent those who mentioned support service on gender-based violence is available at Child Friendly Spaces (CFS) were adolescent.

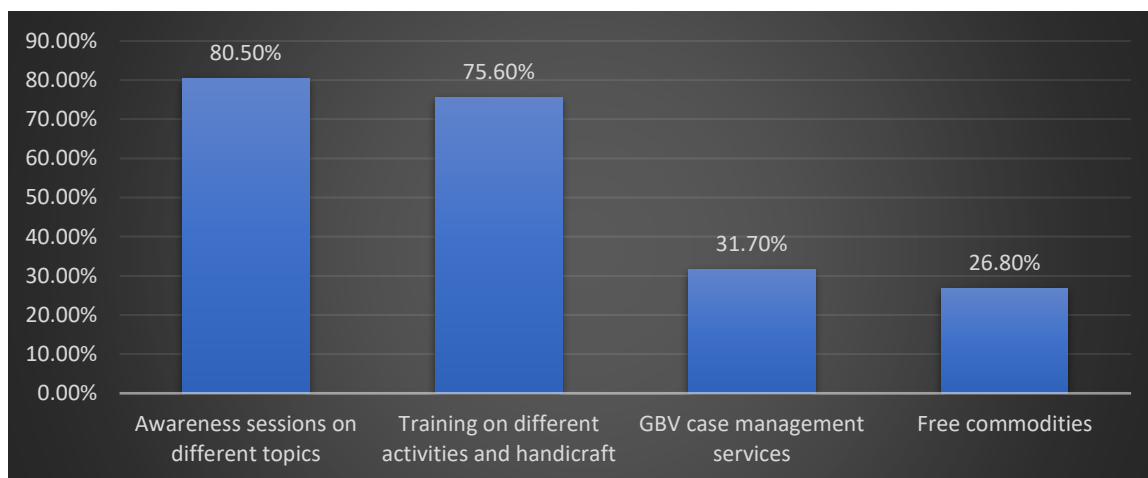
Table 14: Places where support service on gender-based violence is available.

	Women and girls targeted in GBV awareness-raising sessions		Psychosocial support participants		Men and boys targeted in GBV awareness-raising and learning sessions	
	13-17 Years	18+	13-17 Years	18+	13-17 Years	18+
Shantikhana/Safe space for women and girls (SSWG)	72.7%	94.0%	94.1%	100.0%	100.0%	95.7%
House of Majhi	9.1%	6.0%	0.0%	0.0%	0.0%	6.4%
Child Friendly Spaces (CFS)	18.2%	2.0%	5.9%	0.0%	0.0%	4.3%
Base-All respondents	11	50	17	24	4	47

4.2.17 Type of services have received from the Shantikhana/SSWG.

Among the psychosocial support participants, a question was asked to understand the type of services they receive. Most of the beneficiaries mentioned about GBV awareness sessions (PSS session or peer session), followed by training on different activities and handicrafts 75.6%. Just less than one third (31.70%) respondents received GBV case management services from SSWG. Above one fourth (26.8%) psychosocial support participants received free commodities which were distributed on need basis.

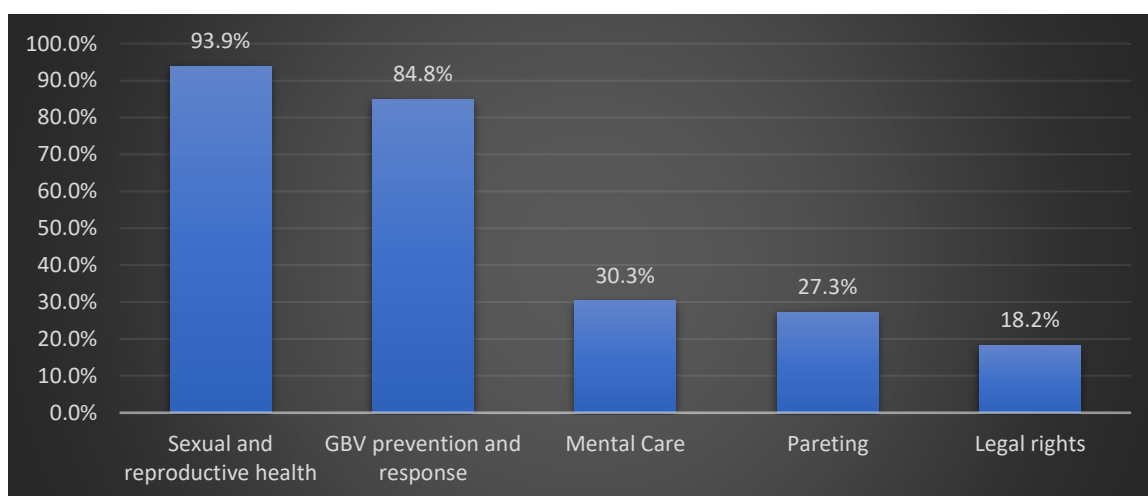
Figure 8: Type of services have received from the Shantikhana/SSWG.



4.2.18 Type of information received from PSS Sessions at Shantikhana/SSWG

Those who participated in the PSS Sessions at Shantikhana/SSWG, almost all the participants received information on sexual and reproductive health (93.9%), closely followed by GBV prevention and response (84.8%). In addition to these, the psychosocial support participants also received information on mental health (30.3%), parenting (27.3%) and legal rights (18.2%).

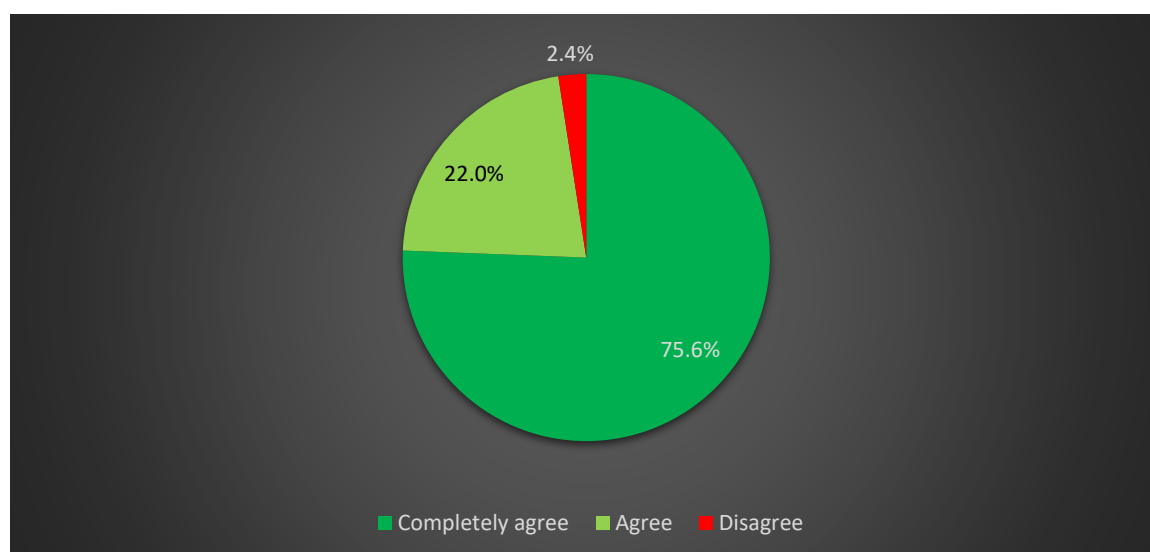
Figure 9: Type of information received from PSS Sessions at Shantikhana/SSWG



4.2.19 Relevance of Support or Services Received from Shantikhana/SSWG

Those who received different support services from Shantikhana/SSWG, majority of the respondents strongly agreed that the information was relevant for them and 22% respondents agreed to this. On the other hand, 2.4% respondents (n=1) disagreed to the information.

Figure 10: Relevance of Support or Services Received from Shantikhana/SSWG



4.3 Religious and community leaders

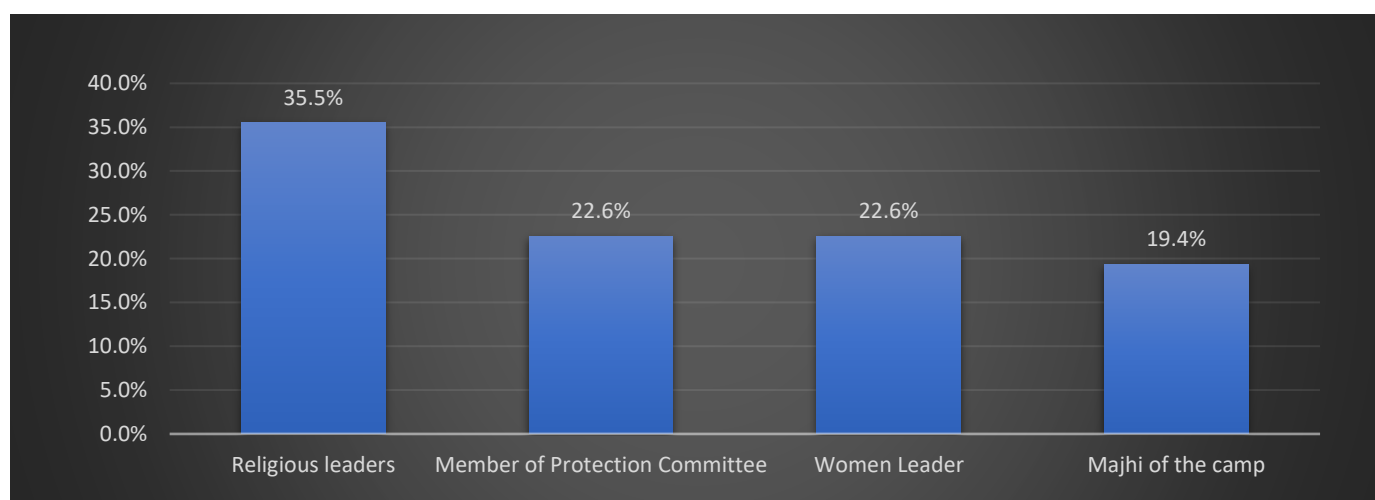
The project provided awareness sessions to refugee leaders, religious leaders of refugees, and refugee female leaders in order to have them understand the background of GBV, the impact it has, and how to prevent and respond to GBV. This activity aimed to deepen the understanding of refugee leaders, religious leaders (of refugees and host community), and refugee female leaders on the causes, aggravating factors, and impact of GVB, along with the importance of seeking services, by holding a three-day workshop.

4.4 Findings from Religious and community leader

4.2.8 Role of the respondents in the Rohingya community

In the survey, 31 opinion leaders were interviewed, those who participated in awareness sessions. Among them, over one-third (35.5%) of the respondents were 'religious leader', followed by 'Member of Protection Committee', 'women leader' and 'Majhi of the camp'. The religious leaders provide advice to various aspects of people's lives, and their words and actions have significant influence over Rohingya people's norms and behavior. They can play an important role to reduce GBV in their community.

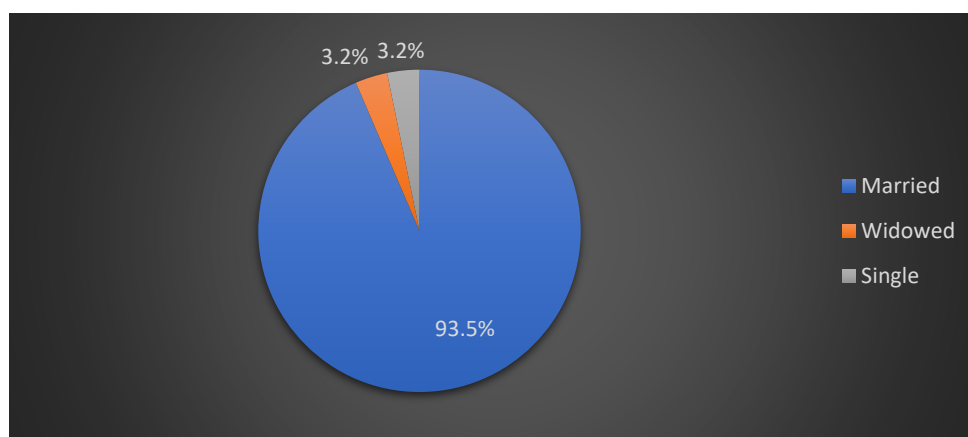
Figure 11: Role of the respondents in the Rohingya community



4.2.9 Marital status of the opinion leaders.

Almost all the surveyed opinion leaders were married, while 3.2% respondents (N=1) were widowed and remaining 3.2% were single.

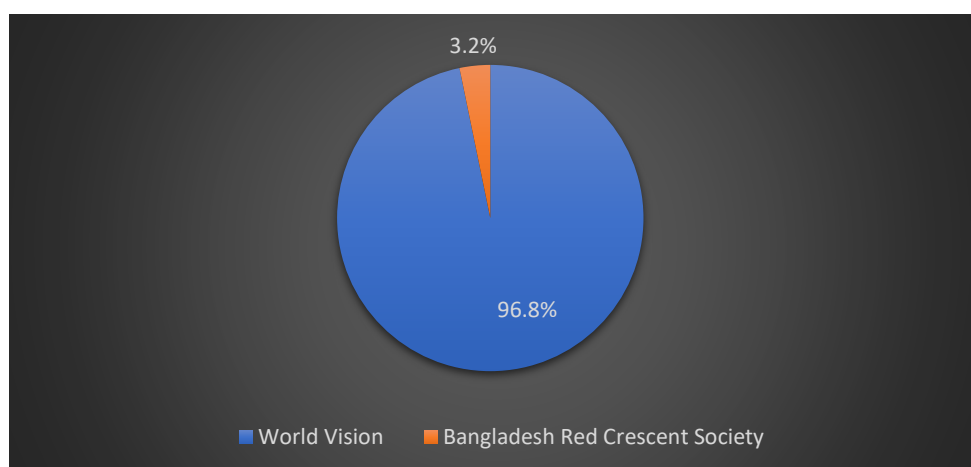
Figure 12: Marital status of the opinion leaders



4.2.10 Event organizing agency.

Though all the respondents participated in the awareness session arranged by World Vision, but one respondent recalled it as Bangladesh Red Crescent Society. Which means, there are multiple agencies arranging similar events or events on the similar topics.

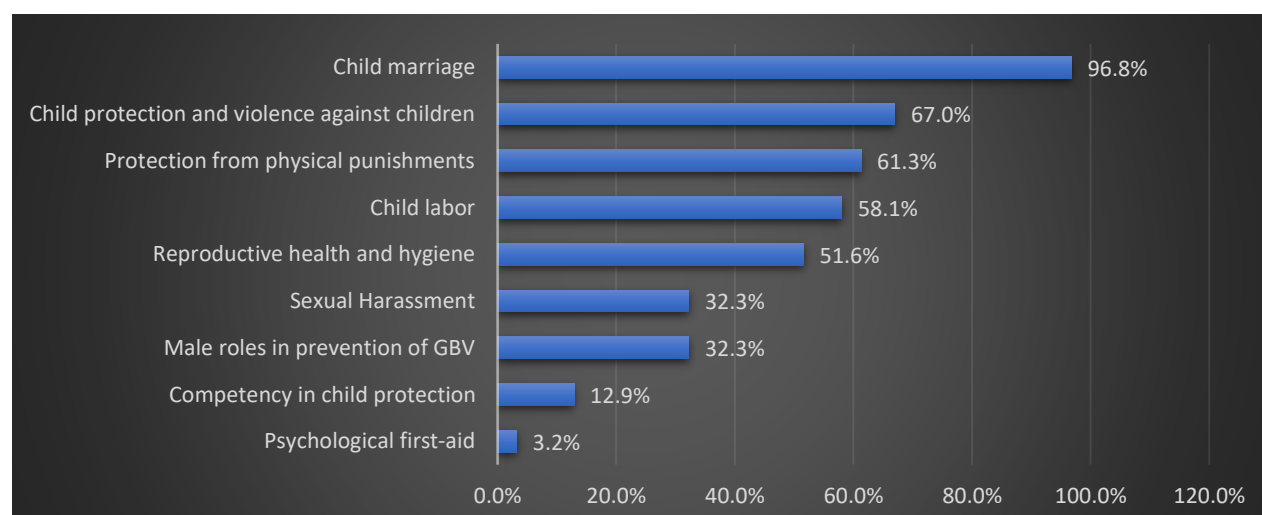
Figure 13: Event organizing agency.



4.2.11 Topics the respondents have learned.

As per the brief of local project team, the main topic covered for opinion leaders was Child protection and violence against children. Hence, most of the topics mentioned by the respondents were related to child protection and violence. As per the survey result, almost all the surveyed opinion leaders could recall 'Child marriage' as one of the topics they have learned from the awareness program, followed by 'Child protection and violence against children (67.0%)', 'protection from physical punishment (61.3%) and child labor (58.1%)'.

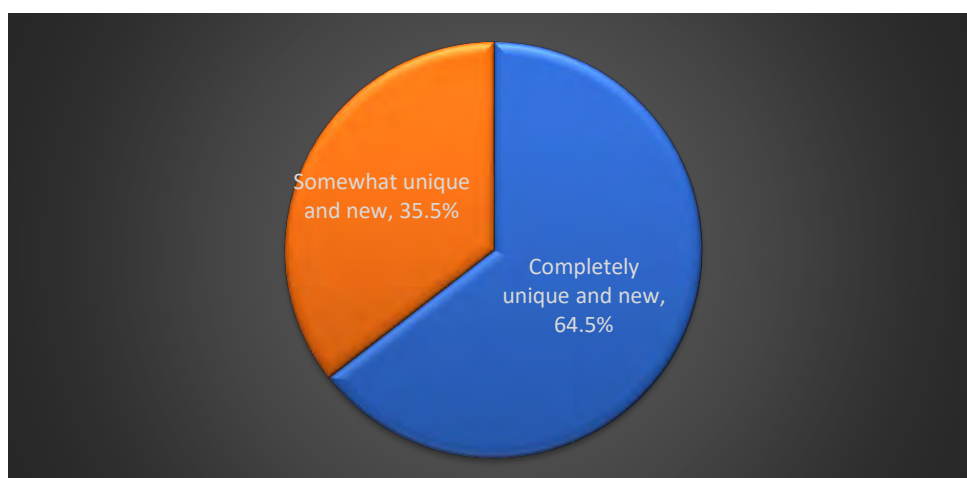
Figure 14: Topics the respondents have learned.



4.2.12 Uniqueness of the information received.

Since there is a possibility that multiple agencies were implementing similar project, we wanted to understand how unique the information was to the respondents. Majority of the surveyed opinion leaders mentioned that the information they received were completely unique and new, while remaining 35.5% mentioned the information was somewhat new to them.

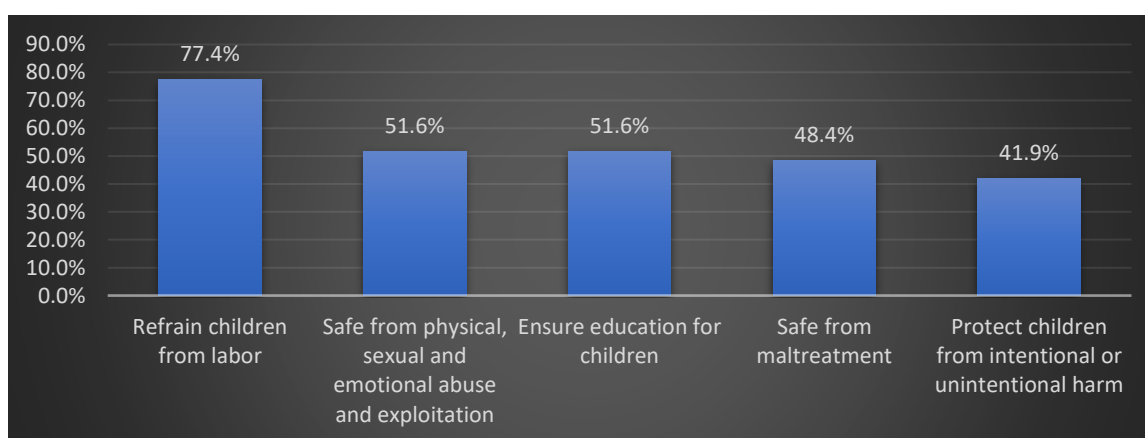
Figure 15: Uniqueness of the information received.



4.2.13 Understanding by the word “child protection”

The respondents were further probed, what specially the respondents meant by child protection. Majority of the respondent mentioned that by child protection they mean ‘Refrain children from labor’ (77.4%), followed by safe from physical, sexual and emotional abuse and exploitation (51.6%) and Ensure education for children (51.6%).

Figure 16: Understanding by the word “child protection.”

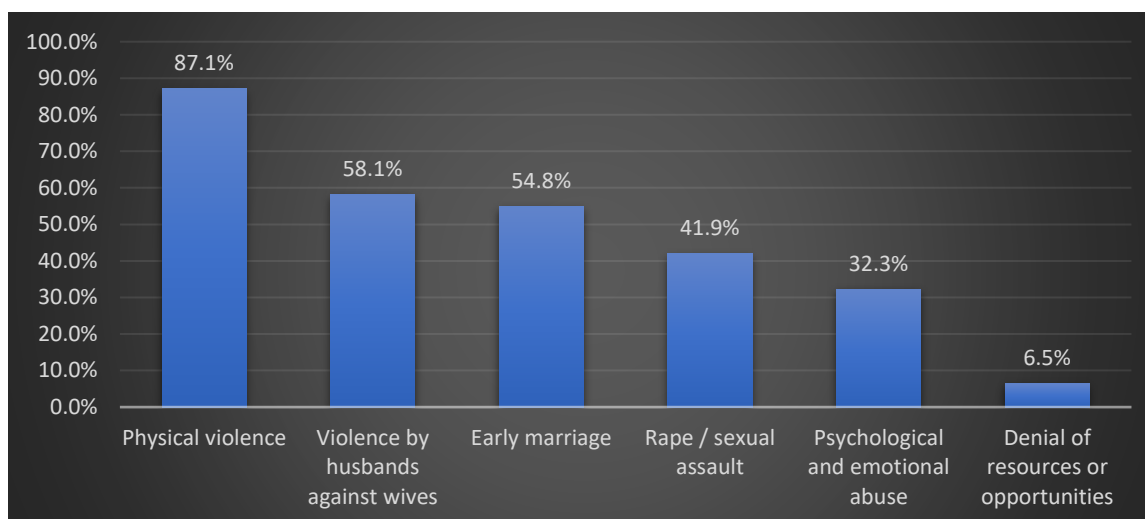


Ref: Q5_protection: what do you think the term “child protection” means?

4.2.14 Understanding by the word “violence against children”

When the respondents were asked about their understanding on “violence against children”, most of the respondents mentioned ‘Physical violence’ (87.1%), distantly followed by ‘Violence by husbands against wives’ and ‘Early marriage’.

Figure 17: Understanding by the word “violence against children.”

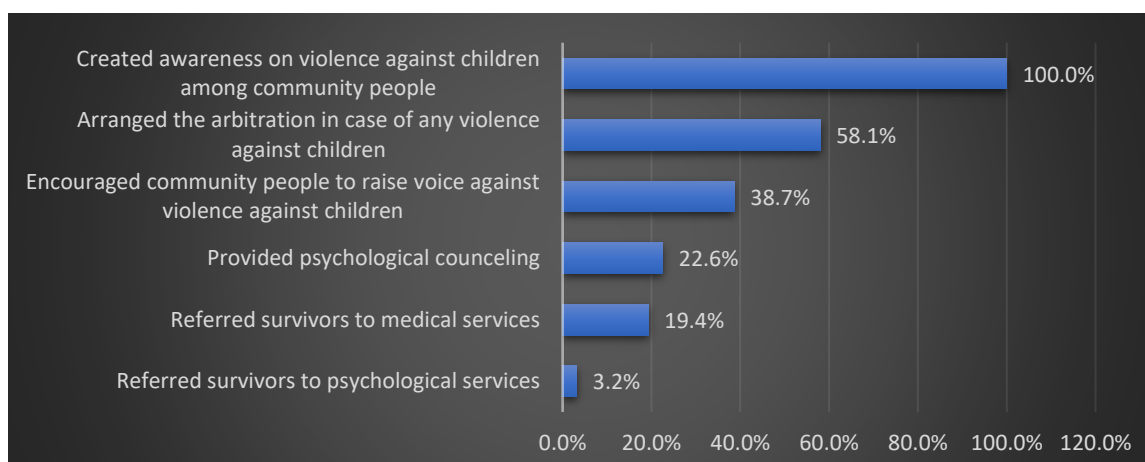


Ref: Q5_Violence: what do you think the term “violence against children” means?

4.2.15 Utilization of lessons learned.

The purposes of these activities were that the refugee leaders, religious leaders, and refugee female leaders increase their knowledge on gender base violence and understand how to respond to GBV. When the surveyed religious and community leaders were asked about the actions taken by them after acquiring their knowledge, all of them mentioned that they created awareness on GBV. Moreover, 58.1% religious and community leaders mentioned that they arranged the arbitration in case of any violence against children, followed by encouraging community people to raise voice against violence against children.

Figure 18: Utilization of lessons learned.

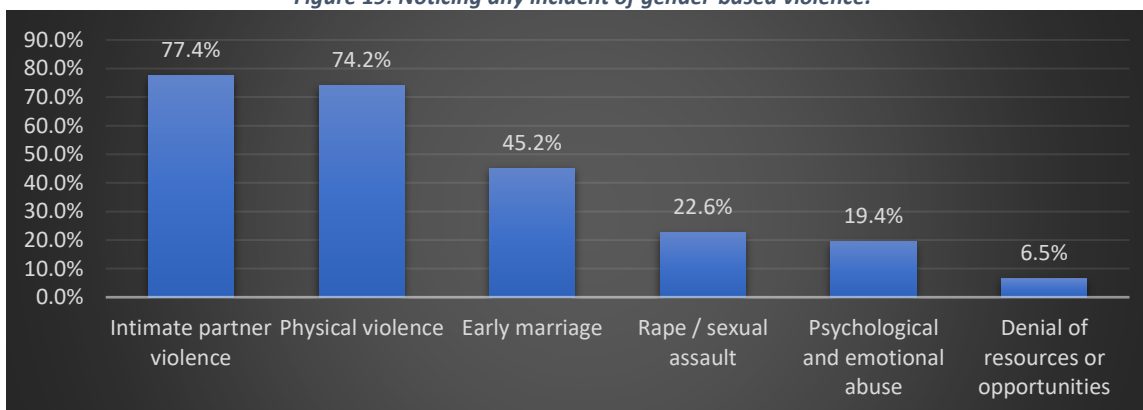


Ref: Q6 What steps have you taken after receiving the training on Child protection and violence against children?

4.2.16 Noticing any incident of gender-based violence.

The religious and community leaders were asked whether they have seen any incidence of gender-based violence in their camp recently. The objective of the question was to understand the type of gender-based violence occurs in the camp most frequently. Overall, 77.4% surveyed opinion leader mentioned that they have seen 'intimate partner violence', closely followed by 'physical violence'. Less than half of the respondents mentioned that they have seen 'early marriage' and over 20% respondent have mentioned that they have seen rape/sexual assault.

Figure 19: Noticing any incident of gender-based violence.

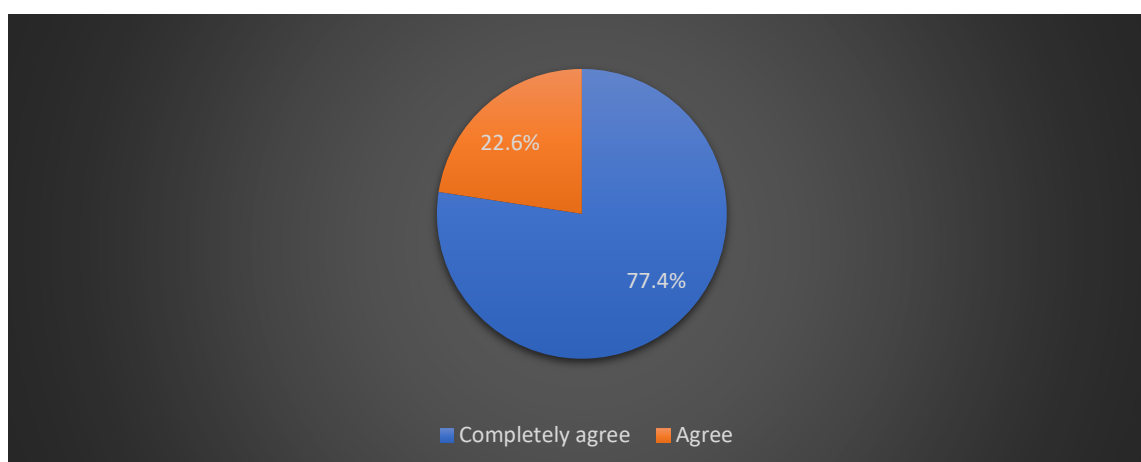


Ref: Q7 Have you noticed any incident in your camp?

4.2.17 Decrease of violence against children.

The surveyed opinion leaders were asked to tell their opinion whether they agree that violence against children has decreased in their community. Majority of the respondents (77.4%) completely agreed that violence against children has decreased in their camp, while remaining 22.6% agreed to the statement.

Figure 20: Decrease of violence against children.

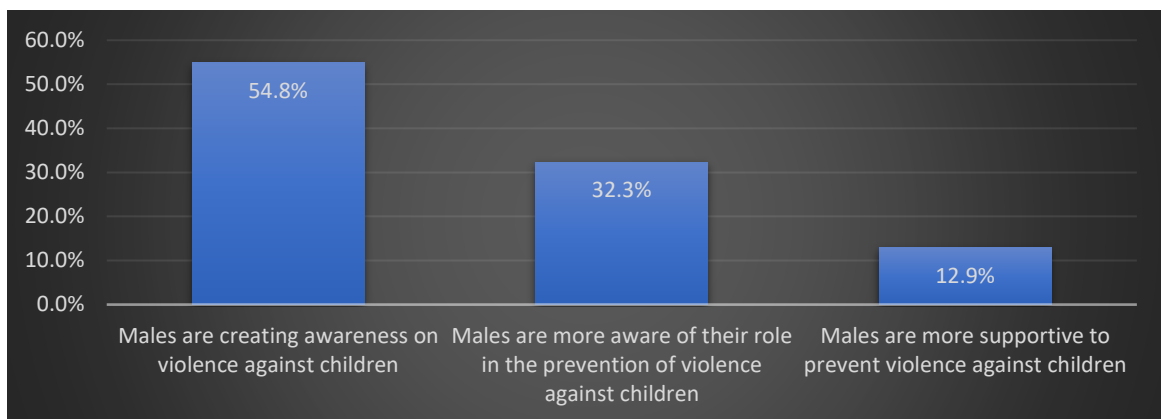


Ref: Q9 How much do you agree or disagree with the statement that violence against children has decreased in your community?

4.2.18 Changes the respondents have noticed.

When we consider prevention of gender-based violence or violence against children, we cannot ignore the role of males in a community. Hence, we wanted to understand if there was any change in the role of the males in the community. Over half (54.5%) of the surveyed religious and community leaders mentioned that males were creating awareness on child violence against children, while one-third (32.3%) of the respondent mentioned that males are more aware of their role in the prevention of violence against children. Moreover, 12.9% respondents mentioned that males were more supportive to prevent violence against children.

Figure 21: Changes the respondents have noticed.



Ref: Q11. What changes have you noticed among the male population in your camp/community after Child protection and violence against children awareness-raising activities?

5 Achievement of project outputs and outcomes against indicators in the log frame.

Target (indicator to measure achievement) and Means of Verification	Project Findings
# of people who attended GBV awareness-raising sessions and benefited from learning about GBV concepts, places where support services are available, types of services to be provided appropriately for the age, gender and other attributes of survivor: 560 pax (participants in awareness-raising and learning sessions) (JRP 2019 Protection-SO4)	Total 384 females and 248 males attended GBV awareness-raising sessions. The numbers were evidenced by awareness session master roll with fingerprint of the participants, awareness session pictures, and the list of beneficiaries. As per qualitative and quantitative survey, the participants were benefited from learning about GBV concepts, aware of types of services to be provided. Also, 99.3% respondents considered the services appropriate for them
- % of survivors reported to receive age-appropriate and prompt case management service among the survivors who used the service: 100% of reported women	97.6% psychosocial support participants claimed the services as appropriate. We could not interview any beneficiary with case management service considering the confidentiality protocol.
# of GBV staff trained on GBV (GBV minimum standards, GBV mainstreaming, case management, GBVIMS, CMR, GBV IASC Guidelines, etc.) to provide support services: 7 pax (JRP 2019 Protection-SO4)	There were 1 supervisor, 2 cases workers and 4 GBV assistants who were trained on GBV. The training included GBV minimum standards, GBV mainstreaming, case management, GBVIMS, CMR, GBV IASC Guidelines which was evidenced by training modules shared by WVJ and the KII conducted by OrQuest
# of women (18 years or older) and girls (12 -17 years old) participating in GBV awareness-raising sessions: 384 pax (JRP 2019 Protection-SO4)	306 women (18 years or older) and 78 girls (12 -17 years old) participated in GBV awareness-raising sessions. Total number of women and girls was 384, which was evidenced by master roll, session schedule report and list of beneficiaries. It was also validated by survey where respondents were selected randomly from the beneficiary list.
# of female participants reported to precisely deepen their knowledge and understanding of GBV prevention and response: ≥ 230 pax out of 384 (approx. 60%)	95% female participants reported to precisely deepen their knowledge and understanding of GBV prevention and response from a survey of 60 respondents. Note: It was a claimed response, which was validated by asking some questions on the topics learned
# of SSWG users per day: 40 women and girls/day	On average 40 women and girls/day using SSWG. The number varied during different time
- % of referral service users at SSWG among women and girls who should receive referral services: 100%	All the users at SSWG among women and girls who should receive referral services have received referral services. Note: This question was not asked among the participants, since they were able to identify who needed referral service. The number was validated based on KII with the project staff.
- SSWG users improve their understanding of appropriate responses to protection risks (mainly physical and psychological violence at home)3: 20 points	- SSWG users claimed to have improved understanding of appropriate responses to protection risks (mainly physical and psychological violence at home)
Increased knowledge to lead to behavior change. - # of male participants who became willing to intervene or assist in any GBV events after attending	All the surveyed male participants (100%) became willing to intervene or assist in any GBV events after attending awareness-raising and learning sessions. However, when we wanted to validate the behavior

Target (indicator to measure achievement) and Means of Verification	Project Findings
awareness-raising and learning sessions: ≥ 149 pax out of 248 male participants (approx. 60%)	change with Gender Equitable Men (GEM) scale, we identified that, the male needs some improvement in the following area. • 100% male respondents believed that a woman should obey her husband. • 64.7% male respondents believed that a man should have the final decision in all family matters. • 31.4% male respondents believed that a woman should tolerate violence in order to keep her family together. • 77.3% male respondents believed that a woman cannot refuse to have sex with her husband.
- # of male participants who discussed with their partners on household chores sharing and cooperation: after attending awareness-raising and learning sessions: ≥ 149 pax out of 248 male participants (approx. 60%)	After attending awareness-raising and learning sessions 86.3% male respondents believed that men should share the work around the house with women, such as washing dishes, cleaning and cooking
# of male participants in GBV awareness-raising sessions: 128 pax (JRP 2019 Protection-SO4)	Total 128 male participants participated in GBV awareness-raising sessions, which was evidenced by master roll, session schedule report and list of beneficiaries. It was also validated by survey where respondents were selected randomly from the beneficiary list.
- # of male participants in the awareness-raising sessions reported to have improved their knowledge and understanding of GBV prevention and response: ≥ 77 pax out of 128 male participants (approx. 60%)	Considering the COVID 19 situation, the sample size for the survey was reduced. Hence, the beneficiaries who participated in awareness raising session and those who participated in intensive session was not selected separately. However, all the males interviewed claimed that they have improved knowledge on GBV prevention and response. It was validated by the survey where we wanted to validate their knowledge and utilization of their knowledge.
% of selected local community leaders, religious leaders, and female leaders participating in GBV awareness-raising trainings: ≥ 90% (JRP 2019 Protection-SO4)	There were 180 local community leaders, religious leaders, and female leaders participating in GBV awareness-raising trainings. Among them 30 beneficiaries were female and remaining 150 beneficiaries were male. The participation was 100%. However, all the planned topics were not covered under the project. Hence the survey was conducted on Child protection and violence against children
- % of participants answering they have acquired new knowledge about GBV through trainings: ≥ 80% (at the end of project)	All the local community leaders, religious leaders, and female leaders participating in GBV awareness-raising trainings claimed that the information on “Child protection and violence against children” acquired from the training was unique and new
- # of government officials and police officers with jurisdiction over the Project Site Camp 19 participating in GBV orientations: 10 pax	These activities were conducted at the very end of the project. As per the project personnel, the activities were accomplished. There were 20 government officials and 44 police, however no survey was conducted to validate it

Target (indicator to measure achievement) and Means of Verification	Project Findings
# of participants in GBV campaigns: 1,000 pax (including both women and men)	There were several activities run under the campaign and reached more than 1000 people including both women and men. OrQuest has conducted some KIs to validate the information.

6 Evaluation based on CHS.

The Core Humanitarian Standard on Quality and Accountability (CHS) sets out Nine Commitments that organizations and individuals involved in humanitarian response can use to improve the quality and effectiveness of the assistance they provide. The CHS places communities and people affected by crisis at the center of humanitarian action. As a core standard, the CHS describes the essential elements of principled, accountable and high-quality humanitarian aid. It is a voluntary and measurable standard. The CHS is the result of a global consultation process. It draws together key elements of existing humanitarian standards and commitments¹⁷.

CHS1: Communities and people affected by crisis receive assistance appropriate to their needs.

CHS1 requires that the project is committed to providing assistance based on the needs and capacities of communities and people affected by crisis. The needs of the affected people can be assessed by conducting need assessment or by utilizing learning from the past. The project target should be set considering the diversified needs of the wider community including disadvantaged or marginalized people. Also, the project should be designed in a way that it does not harm anyone both physically and mentally.

The women and girls targeted in GBV awareness-raising sessions found the project relevant for them, since they are more aware of their rights. Also, they are very much aware about their responsibility to prevent and protect gender-based violence. However, they think that the scope of the project needs to be increased.

“Males are the root cause of gender-based violence. If my male counterpart is not involved in these awareness activities, we will not get the ultimate benefit from the project: woman targeted in GBV awareness-raising sessions.

“When we participate in the awareness sessions, we are often teased by some other women who do not get the chance to participate. If more women can be included in the project, the jealousy will be reduced: woman targeted in GBV awareness-raising sessions.

The psychosocial support participants found the project more relevant than the other beneficiaries. Before launching the project, the survivors had no place to go, and they got traumatized after being victim of gender-based violence, which now they have a place to go after launching the project. Moreover, before the implementation of the project, if they were abused, they would remain silent. However, the situation has changed. Now they understand what gender-based violence is and then can protest if they witness any gender-based violence in their community. PSS sessions or group activities has given them courage to protest against any kind of gender-based violence. Moreover, since the psychosocial support participants are the survivors of gender-based violence, they have the opportunity to regain mental stability at SSWG. In addition to this, SSWG gives the opportunity to identify GBV survivors and provide appropriate support services. If required, the survivors are referred to other places for better support or treatment. Also, the SSWG provide the survivors the opportunities to build psychological and social networks through group activities. However, some of the beneficiaries are not completely happy with the training they received, since there is minimum opportunity to use the trainings. Moreover, as per the design of the program, those who had trauma from the past experience of systematic violence in Myanmar and from separation from families, and who had mental/psychological problem targeted or receiving support services. However, if the project can have a

¹⁷ <https://corehumanitarianstandard.org/>

full family approach, it will be more effective. The male counterpart of the family will also be aware of GBV topics.

"I got training on sewing, but I don't have a sewing machine. Even I don't have access to required materials. If I had a sewing machine and access to tailoring materials, it would have been more useful for me."..... psychosocial support participant.

Those who participated in the campaign also found the project relevant to them. They were aware of gender-based violence but did not have detailed idea about it. Now they got more information on GBV and they are trying to use the information. As a result, gender-based violence has reduced in their community.

"Child marriage was a common practice in our community. Now, if we see any case of child marriage, we inform this to CIC office. The CIC office takes necessary action to stop child marriage."Participants of GBV campaign.

"It was a very common that men in our community show their muscle power and used to beat their children & wife. Now these types of incidence have been reduced. In case of any such violence, people around them protest. Sometimes they share this information with Majhis and the Majhi takes necessary action based on the severity of the incidence."Participants of GBV campaign.

"Now the project is being implemented targeting only the female survivors as SSWG. However, they have to return to their family and might be victim of gender-based violence again. However, if their intimate partners or other male members are also brought under the awareness program, then it would be more effective." Project staff.

The religious and community leaders, which included refugee leaders, religious leaders of refugees, and refugee female leaders also found the project appropriate to their needs. They had some basic knowledge on gender-based violence, but they did not have clear concept. Though all the topics of gender-based violence was not covered under this activity, but people can relate the information they received and utilize the information when required. However, they also mentioned that the information was relevant to them, but the overall program was not sufficient. Through this project, only few selected people can be reached, while majority of the people inside the community remains untouched. Hence, they urge for mass communication.

"I have tried to make people aware of violence against women and also refrain myself from these types of activities. Also, I try to disseminate the information among the local community.".... male religious and community leader .

"Through this awareness program, the project can reach only few people. Moreover, people will forget what they have learned. If the program can be designed in more attractive way (e.g., showing cartoon, street drama, video show, real life pictures etc.) it will reach more people and also will be helpful for the participants to remember this." male religious and community leader .

Overall, the project helped the participants to gain knowledge on GBV, child marriages, child labor, identify the place where the risk of human trafficking is high. Thus, they are talking to their family members, avoid visiting places with high risk of human trafficking, protesting against violence and reporting violence to religious and community leaders or Majhis. Moreover, the previous project installed household lighting and streetlights as safety measures, which also ensuring better safety and security of women and children till now.

Moreover, to meet the need of the beneficiaries, the project had to make some amendment after spreading the pandemic. As a preventive measure of coronavirus infection, the psychosocial support activity and the group activities were carried out by reducing the number of participants per time and increasing the number of activities per day. To accommodate the number of groups, the community

learning center in the camp was used as a venue of peer-groups forming activities. Moreover, the project has made some additions as a preventive measure of coronavirus infection. They have arranged some sessions on Covid-19, installed handwashing devices, and distributed disinfectants to meet the needs of wider community.

CHS 2: Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.

Under CHS2, the programmes need to be designed in a way that it can address constraints so that the proposed action is realistic and safe for communities. The humanitarian response should be in a timely manner, making decisions and acting without unnecessary delay. Also, the program should meet relevant technical standards and good practice should be employed to plan and assess programmes. Moreover, the project should have timely decision-making with resources allocated accordingly.

As per the evaluation conducted, both the beneficiaries and project staff consider that the project has been completed in a timely manner. It was identified that it was a common culture among the Rohingya community that if a wife does something wrong, her husband has the right to punish her. Even women in the Rohingya community considers this as a right of men. Moreover, during the Covid-19 pandemic, some specific type of GBV increased in the camp. Due to the restriction on the movement of people, men were forced to stay at home. As a result, domestic violence / intimate partner violence increased during this time. Furthermore, when the restriction on movement was imposed, the parents of girls became worried about the security of their female children. Hence the tendency of child marriage also increased. Now there are protection committee who are stopping child marriage with the help of site management. However, the project could not stop child labor inside the camp. Administrative action is needed to stop child labor.

When the domestic violence or intimate partner violence increased in the camp, the survivors did not know what to do or where to go or what to do. They got even more traumatized with the impact of these violence by their intimate partners. When the project was launched, the survivors visited the SSWG and received appropriate psychosocial support services from SSWG. Moreover, some of the survivors also received GBV case management services and made referral to suitable organizations as necessary. As a result, the GBV survivors are getting appropriate psychosocial support and referral services, able to spend some times with peer group and participating different activities, which help them to gain mental stability, and became aware of GVB topics, thus can contribute to prevent GBV.

“I feel that I have received the support on time, since I don’t have to spend time alone. Thus, I can forget the past incidence that happened to me, I can keep my mind diversified from the loss of my property.” psychosocial support participant.

“The population density inside the camp is high. As a result, gender-based violence, like; human trafficking, sexual abuse, domestic violence, child labor etc. increased inside the camp. Now these awareness program will help us to know our right, the steps required to be taken and support the survivors. male religious and community leader .

“During the Covid-19, some forms of GBV increased drastically. Due to the limited movement of people, men were forced to stay at home. Domestic violence or intimate partner violence increased during this time, but it was temporary. The protection committee is stopping child marriage with the help of site management. That means at least someone has learned to how to report and where to report. Child marriage has decreased but administrative action is needed to stop child labor such as 12/13-year-old children driving auto cars inside the camp.” Project Staff.

“It is a culture in the Rohingya community that the women are victim of intimate partner violence. Previously, they could not share these issues with anyone. Now they can share the issues with us, and they are feeling better. Actually, SSWG has become a plan of relief to them.” Project Staff.

CHS 3: Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.

CHS 3 ensures that the programme is built on local capacities and it ensures improving the resilience of communities and people affected by crisis. It also helps to enable local leadership, which eventually makes the project sustainable in the long run. It also prevents programmes having any negative effects, such as, exploitation, abuse or discrimination by staff against communities and people affected by crisis.

CHS 3 can be evaluated in two different way; one is the target beneficiaries, and another is the people in the wider community. By reviewing project documents and conducting the survey among the beneficiaries, it was clearly identified that the beneficiaries were more prepared to face the challenge of gender-based violence. They are more aware of different topics, know the steps needed to be taken to prevent or protect gender-based violence. Moreover, the psychosocial support participant was found to be more resilient after participating in the activities at SSWG and by receiving psychosocial support and case management service. Even if the project is closed, awareness sessions can be run with peer support groups. The beneficiaries can be tagged in the referral pathway so that they can report any GBV incident to the right place. Both the opinion leaders and the representatives from implementation agencies agreed that the capacity of the project beneficiaries have been enhanced.

On the other hand, if the number of beneficiaries is taken into account in comparison to the number of populations in the camp, it was too low. As per UNHCR population fact sheet, as of December 2020, the total population of camp 19 was 23613¹⁸, while the project was able to reach 1152 direct beneficiaries, which was less than 5% of the total camp population. As mentioned in the project background, most of women and girls, who makes up 52% of the refugees¹⁹, have been subject to violence at home or otherwise from family members, early and/or forced marriage, or sexual exploitation from the time before fleeing to Bangladesh. Hence the risk of gender-based violence inside the camp still exists. Moreover, as stated above, women and girls have been subjected to violence at home, they often were victim of intimate partner violence. On the other hand, the projects include one member from one family. Hence, if one woman in the family is empowered, but the intimate partners or guardians remain excluded from the project, complete benefit from the project might not be achieved. On the other hand, if one family can be given a full package, which means that the adolescents of the family would be included into adolescent group, women will be included in women awareness group, men to be included in men awareness group, it would be easy for that family to make the change. If such a model family can be developed, other families would also be inspired.

The project identified some negative issues as well. As per one of the beneficiaries targeted in GBV awareness-raising sessions mentioned that, women who were not included in the session were jealous. They often teased the participants in many cases. Hence the program needs to find communication channels which can target mass population in the community. It was also identified that people in the Rohingya community are religiously superstitious. From their religious point of view, they cannot accept the fact that a woman facilitator to conduct sessions for men. Likewise, if a female worker wears pants a little above her ankles, they would not accept it well. The project team took this as a lesson and in the current project the management team recruited both male and female project staff and volunteers. The male staff or volunteers conducted sessions for men & boys and female staff or volunteer conducted sessions for women & girls. From this survey it was found that 29.4% male beneficiaries consider mosque as their favorite place. Also, it was found that the people in Rohingya community obey their imam²⁰. Hence, if the imams can be well trained and awareness session can be organized at mosque through these trained imams, it would be more effective and acceptable.

¹⁸ https://data2.unhcr.org/en/situations/myanmar_refugees

¹⁹ ISCG, Note (2) cited above

²⁰ Assessment on the Situation of Rohingya and Host Community Adolescents and Youth

“The project has certainly enhanced our capability to protect or prevent gender-based violence. In the peer group activities, we discuss different type of issues and how to address them. We often talk to the project staff to seek recommendation. Based on the discussion we are able to raise voice against gender-based violence. Sometimes we visit the CIC office to share our complaints.” psychosocial support participant.

“We have participated in the training of violence against women, and we will be able to create awareness by ourselves.” male religious and community leader .

CHS4: Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.

CHS 4 includes providing information to communities and people affected by crisis about the organization, the principles it adheres to, how it expects its staff to behave, the programmes it is implementing and what they intend to deliver. The communication languages, formats and media should be easy to understand, and the communications should be respectful and culturally appropriate for different members of the community, especially vulnerable and marginalized groups. It also requires ensuring representation is inclusive, involving the participation and engagement of communities and people affected by crisis at all stages of the work.

As per the project log frame, the project approached the wide range of community people representatives by their age, gender and role. The project includes women and girls, men and boys and religious and community leaders. To design the target beneficiaries, WV used their previous experience and also conducted some survey including some focused group discussion. However, the project could identify only few selected populations only, a large number of populations remained untouched.

The project was very much aware of the language barriers, hence recruited the GBV staff (supervisor, case workers, and GBV assistants) with the qualification that the person had the knowledge of refugees’ cultural norms, and can communicate in the language of the refugees, which include local language in southern Myanmar, Chittagong dialect. The project recruited the volunteers from host community with fluency in local language.

To respect the norms of the local community people, all the staff and enumerators had to go through child safeguarding and Protection from Sexual Exploitation and Abuse (PSEA) training.

CHS5: Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.

This standard requires to have a formal mechanism for complaint. The project should welcome and accept complaints and need to address these complaints in a timely, fair and appropriate manner.

The project has two types of complaint mechanism, one is formal, and another is informal. The SSWG has a formal complaint mechanism where the beneficiaries or other stakeholder formally lodge a complaint. Informally the MEAL officer and an accountability officer visits the field and talk to the beneficiaries if they have any feedback or complaints. Generally, the project team receives complaint at the SSWG. Since the service providers do not speak the same Rohingya language, based on the feedback of the beneficiary the service provider is replaced. Moreover, in the past, the faith leaders or religious and community leaders used to sit at a stall in front of the SSWG. The respondents were often afraid of those faith leaders. After getting the complaint, the project team talked to the site management and removed the stall from the SSWG. Now no faith leaders sit in front of the SSWG. Generally, response officer or program officer receives feedback or complaint from the SSWG and take necessary actions accordingly. For informal complaints the beneficiaries talk to the case workers or volunteers and the case workers or volunteers escalate the complaint to project management team.

Under the project, by complaint, the beneficiaries meant sharing complaint on gender-based violence. Due to participation in different awareness session, the beneficiaries are more aware on their right to protect and prevent gender-based violence. Hence, when they saw any issue of gender-based violence, they are sharing it with relevant authorities.

"I have seen different incidences of gender-based violence. I have seen sexual harassment and early marriage. I shared the issues with my parents and neighbors. Also, I shared the information I learnt from the awareness program. Then my parents and neighbors with the CiC office to lodge a complaint. I am happy because CiC took necessary action and stopped these GBV and punished them who were guilty."
... girl targeted in GBV awareness-raising sessions.

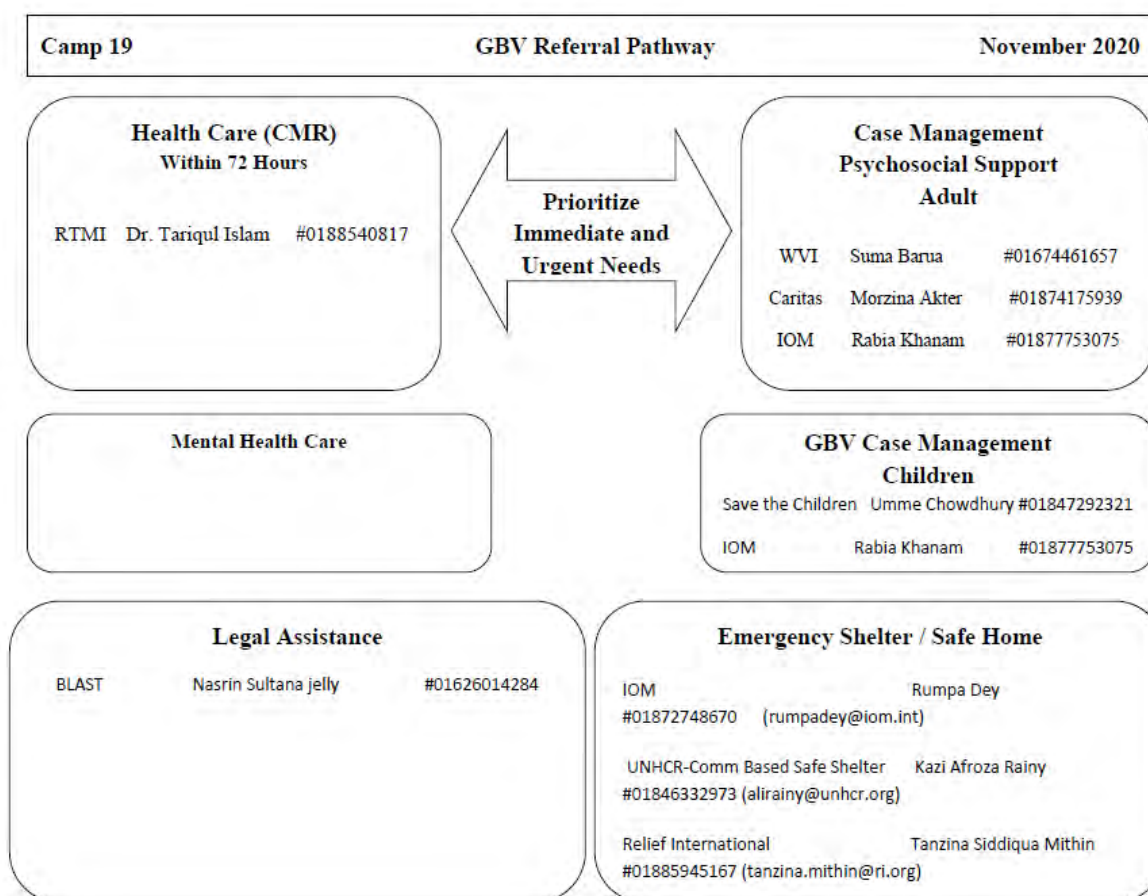
CHS6: Communities and people affected by crisis receive coordinated, complementary assistance.

While implementing a project in involved different stakeholders with different role. The project goal can be achieved if all the stakeholders perform their own responsibility. CHS 6 requires identifying the roles, responsibilities, capacities and interests of different stakeholders under the project. It also requires ensuring humanitarian response complements that of national and local authorities and other humanitarian organizations. It is essential to share necessary information with partners, coordination groups and other relevant actors through appropriate communication channels.

After reviewing the project documents, it was identified that, this project also includes stakeholders with different role. To perform their roles and responsibilities, it requires different skillsets. The project involved different stakeholders as per their role and responsibility. New staff are recruited based on some specific criteria that best matches with the project requirement. The roles and responsibilities are clearly defined, and all the staff are accountable to their responsibility. Moreover, the project regularly organizes coordination meeting with the staff where they share their progress of the project and also share their own recommendation.

There are some other organizations who are also implementing similar projects inside the camp. Therefore, rather targeting the whole camp, the project set target by block. There is a service map inside the camp, which is coordinated from the CiC office. To coordinate between different agencies, there is a referral system inside the camp. For example, if any organization needs any kind of psychosocial support service, they contact with SSWG Supervisor implemented by World Vision. Similarly, Blast is working for legal rights or responsibilities, RTMI is working on Primary Healthcare. It was also found that, apart from World Vision, Caritas and IOM also have SSWG at the camp. The CiC office provides a service map with the agencies defining their project area and the agencies coordinate and complement accordingly. Also, there is a referral pathway where the role of different agency is defined (please see the figure 22 below) Moreover, if the project requires some other support from other project, the CiC office extend their support according to the requirement. For example, after spread of the deadly pandemic COVID-19, the project had to limit their participants per session but had to increase the number of sessions. In such case, World Vision required some additional space for the sessions. The CiC office gave World Vision the permission to use the Learning Centers which were being implemented and managed by another NGO for another program.

Figure 22: GBV Referral Pathway



CHS7: Communities and people affected by crisis can expect delivery of improved assistance as organizations learn from experience and reflection.

Every organization has their own specialization or expertise, and it is expected that the organization will utilize their experience and learning to deliver improved assistance to the communities and people affected by crisis. As per the key stakeholder interview conducted among key responsible people for the project, it was learned that the current project is at the 4th phase of the project. They have gained enormous experience from their previous phases and tried to implement their learning in the current project. The opinion leaders, especially religious leaders were included in the project based on their previous experience. Moreover, based on the recommendation from stakeholder conference, the law enforcement agencies were included in the project. Additionally, the topics of the awareness sessions were also picked up based on the experience from the previous phases. The training modules also reflect the learning from the previous phases. However, the current phase faced some challenges as dealing with the deadly pandemic COVID-19 was something new to them. Hence, initially the project faced some challenges during implementation of the project. However, the project team and the support staff gradually learned how to cope with the pandemic and made necessary amendments by maintaining the COVID-19 hygiene and protocol.

CHS 8: Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.

CHS 8 require that people affected by crisis receive the assistance from the skilled staff and resources. Also, it is essential that the staff work according to the mandate and values of the organization and to agreed objectives and performance standards. It is also required that the staff adhere to the policies that are relevant to them. The staff requires sufficient training to handle sensitive beneficiaries who needed psychosocial and case management support.

The project recruited the GBV staff (supervisor, case workers, and GBV assistants) with the qualification that the person had the knowledge of refugees' cultural norms, and can communicate in the language of the refugees, which include local language in southern Myanmar, Chittagong dialect. The project recruited the volunteers from host community with fluency in local language. Additionally, the resources gone through extensive training based on their requirement. UNFPA's system staff provided data entry and management training to the supervisor and case workers. WV's GBV manager and GBV expert provide training about the GBV Guidelines and the Sexual Exploitation and Abuse Prevention Guidance among the GBV staff. Thus, they gained adequate knowledge and skill to assist the people among the Rohingya community. The beneficiaries also expressed their satisfaction with the project staff and the support they received.

"I feel peace when I come to Shantikhana (SSWG). The apa (sister) listens to me, talks to me and give me some suggestion. The pains are removed when I talk to the apas at Shantikhana (SSWG)." psychosocial support participant.

CHS 9: Communities and people affected by crisis can expect that the organizations assisting them are managing resources effectively, efficiently and ethically.

The projects that are being implemented to assist the people affected by crisis are mostly the aid received from the donor agencies, which were allocated to support the vulnerable and marginalized people. Hence, it is essential that the organizations assisting them are managing resources effectively, efficiently and ethically. As per the requirement of CHS 9 the programmes and implement processes needs to be designed in a way that it ensures the efficient use of resources, balancing quality, cost and timeliness at each phase of the response. Also, it is important to manage and use resources to achieve their intended purpose, minimizing waste.

Even after the outspread of COVID-19 pandemic, the project was successfully achieved 95% of their target. To implement the project, the programme has to manage their resources wisely. Also, JPF, the agency provided fund for the project were also very strict about utilization of the fund. In the latest financial audit, there was no major disputes were identified, which is a decent evidence of proper utilization of funds. When the programme has to spend any amount pf money, they need to record these by maintaining codes by expenditure type. Also, if the programme needs to spend more than USD1000, the project team has to take permission from WVJ. World Vision followed all the protocols and hence minimal or almost no discrepancy was identified in the financial audit.

Furthermore, World Vision tried to spend the budget wisely and only where it is required. An example can be quoted that, the project has some budget to purchase a camera. However, since World Vision already had a camera, they spent the money for the awareness session. It was also identified that; the project did not compromise about the quality while utilization of fund. For instance, some budget can be saved from the snacks, which were distributed during different awareness session, but considering the nutrition needs of the participants no compromise was made and quality snacks were distributed among the participants or beneficiaries.

There are few challenges as well. Since if there is any change in the budget is required, even if the amendment is small, World Vision needs to take permission from Japan Platform. Sometime taking permission from JPF is time consuming. Sometimes WV took long time to prepare the documents for amendment and gets the implementation delayed. Hence, there can be some budget allocated for miscellaneous budget or allocate some money for SSWG maintenance, such as cleaning drains, cleaning water tanks, purchasing needles.

7 Recommendations

7.1 Recommendations to the NGO member

So far, the project followed the right direction and achieved 95% of the target. Moreover, it was evident that the humanitarian principles and standards including Core Humanitarian Standards (CHS) were respected in most of the cases while implementing the project. However, the target set by the project was able to reach extremely limited people only. The project was able to reach 1152 direct beneficiaries, which was less than 5% of the total camp population. Though there was a service map for GBV by block, but the project failed to reach mass population. To prevent the gender-based violence it is important to reach both the survivors of violence and the root cause of the violence. Otherwise, those who received awareness or psychosocial support would utilize their learning, but the overall GVB situation might not improve. In most cases the target beneficiaries were women and girls for both awareness and psychosocial support group. The boys and men were also included in the project, but they not necessarily were the intimate partners of the female beneficiaries. Hence, if the intimate partner of the beneficiaries does not get the GVB prevention message, the project outcome might not be achieved completely. Moreover, it was also identified that the males inside the camp had more freedom on mobility than the women in the camp. Therefore, it is recommended that a family based packaged approach might be helpful to achieve better result from the project. As a result, the males would refrain themselves from the gender based violence, discuss with other people in the community and share the message with their children.

It was identified that, due to COVID-19 situation, the participants per session were reduced, but to achieve the project target, the number of sessions had to be increased. Hence, the project had to arrange sessions at the LCs and had to invest for maintenance of the LCs. However, the study identified that, males consider mosques as one of their favorite places. Also, it was identified that the religious leaders, especially the imam has an exceptionally good influence on the people among Rohingya community. Hence, some of the awareness sessions can be conducted at mosques and through trained Imams. In Islam there is an informal meeting type that is called 'Talim'. The meaning of 'Talim' is education or instruction. A group of people meet together and discuss different issues in the light of Islam. GBV can be easily discussed with the reference of Hadith and Quran. For this, the project needs to hire some Islamic scholars as TOT (training of trainer) program. It not only would reached higher number of people, but also be more useful in terms of acceptability of the messages. Hence, it is essential to form coordination among the religious and community leaders and the religious leaders to arrange such sessions.

As per the observation from the project, it was identified that the males were not very comfortable to receive message or attend any session conducted by females. Even they questioned about the dress up of the females. It might take time to change their perception. Hence, it is strongly recommended to conduct the male session through male instructors. The project team has already taken this as a lesson and in the current project the management team recruited both male and female project staff and volunteers. The male staff or volunteers conducted sessions for men & boys and female staff or volunteer conducted sessions for women & girls.

In the project the participants for psychosocial support services or case management services were selected based on the need of the beneficiaries (GBV survivor, Single mother, Widow, Women with disabilities, unaccompanied minor etc.). For awareness session, the beneficiaries were selected from those who were not aware about GBV, female-headed family, separated adolescent, widow, persons with disability, orphan, unemployment, interested person, unaccompanied adolescent etc. However, as per the project proposal, the blocks were selected where the community people were unaware of about GBV. Therefore, when only limited number of beneficiaries were selected, a large portion of the target beneficiaries remain untouched. Even, some of the project beneficiaries claimed that the non-beneficiaries were jealous and the beneficiaries were often teased. Hence, it is highly recommended to

design the project in a way that it can reach mass people in the community. Since radio, television or mobile network inside the camp is not available, the mass communication mode needs to be designed which requires minimum gathering of people considering the COVID-19 situation. Miking using *Tomtom* (electric battery-run three-wheeled vehicle) can be a possible solution to address this challenge. Since there are mosque at every block, some of the communications can be made from the mosque using their own microphone.

In the project it was found that the beneficiaries at the SSWGs were given some skill-based training to provide opportunities to build psychological and social networks through group activities. If some of the beneficiaries can be identified from the project who have the capability to learn and disseminate information on topic learned from the awareness program, they can arrange yard meeting or peer group sessions among their community and disseminate information among the females in their community. As identified from the study, males are not very comfortable when a session is being conducted by female instructor on volunteers, therefore male beneficiaries can be identified, trained and utilized for the session among male. It would help building the capacity of the local community, would ensure better participation and also reach a greater number of people. However, regular monitoring is required to ensure that the trained community people are conducting the sessions as per plan. While selecting the volunteers and/or trainers the project needs to verify the acceptability of the person in the community as well as their willingness to conduct such sessions.

During the survey some beneficiaries informed that they forgot their past learnings. Hence, they recommended to conduct the sessions through video demonstration with real life example. It was also recommended that if the community people themselves can take part in the street play, it would be helped to get some source of entertainment and also would be able to reach higher number of people. However, before designing such activities, the project team also need to assess the COVID-19 situation in the camp and ensure COVID-19 hygiene for the participants or the target group.

When the participants attend a session, the women who are mother of infant had to bring their child to the sessions. In such a case, it was difficult for the mother to pay attention to the sessions. A child corner during the session could be a solution to address the issue. Also, the mothers might be more motivated if some toys can be distributed among the children.

To participate in the group activities the beneficiaries need to visit the SSWG. According to the beneficiaries, they found the SSWG as a safe place and enjoy the group activities. However, it was not possible for them to visit the group activities all the time. Hence, they recommended the project to identify some group activities which they can participate from their household. Handicraft that does not require machineries or sharp tools can be a recommended as group activities for them. However, the project team already mentioned that they did not have access to the household of the Rohingya people, so it would be difficult to monitor their activities and usage of material if shared with them. However, they would explore some opportunities to identify the best suitable activities for them. It would create social bonding with their neighbors, and they can participate in such activities whenever they have time to do so.

When a survivor arrives at the SSWG with critical physical injury, they are referred to RTMI for the treatment. However, sometimes it took time to complete the formality or to send the survivor to the health care facility. In the meantime, the physical condition of the survivors deteriorates. Hence, if the SSWG can ensure a first aid service to the survivors through a trained health service provider, it would be helpful for the beneficiaries who needed such support.

Through short term project it is difficult to achieve long term goals. Due to short project duration, the target of the project is also set which can be achieved within the project period. Hence, if the duration of the project can be increased, both short term and long-term goals can be set as per the project requirement. Also, to achieve a sustainable goal, the project area must be increased.

There was a gap between the sessions participated by the respondents. When they attended any session, it was identified that they forgot the previous learning. Hence it is essential to conduct a recap session and practice the learnings at home. If the program includes a target that the participants would share their learning with their neighbors (e.g., sharing with at least 5 people), then they would practice the lessons learned and also more people could be reached under the activities.

This project aimed to contribute to the formation of a community free of gender-based violence (GBV) through reinforcing the ability of the entire community (refugees and host community) to combat GBV by improving access to information and support services related to GBV for Myanmar refugee women, girls, and men residing in Camp 19, located in Ukhia Upazila in Cox's Bazar District.

The project had a plan to conduct some activities in the host community as well, however except campaign no activities were conducted among the host community. It is strongly recommended that the project should also conduct some awareness sessions among the host community, which might contribute to ease the tension between host communities and Rohingya communities.

7.2 Recommendations to JPF

The main objective of the project is to contribute to the formation of a community free of gender-based violence (GBV) through reinforcing the ability of the entire community (refugees and host community) to combat GBV by improving access to information and support services related to GBV. The project has evidence that the beneficiaries had improved access to information. There was some evidence that child marriage has reduced, but the project did not find any evidence that other type of GBVs has also reduced. There were some responses claimed by the beneficiaries, but there was no proven track record on the issue. Hence, it is recommended to identify a mechanism that can record the number and type of gender-based violence occurrences in the project area, how it was resolved. It will help the project to identify the GBV type and if any amendment is required in the mid of the project.

Through short term project it is difficult to achieve long term goals. If the project duration is short, it is difficult to set long term objective for the project. Hence, having the duration of the project to be increased, both short term and long-term goals can be set as per the project requirement. Sometimes the success of the project is measured through KAP study, which measures the Knowledge, Attitude and Practices of a community. In this project we have measured the change in knowledge and change in attitude. However, within these short periods of time it is difficult to measure behavioral change and practice during short term project. In the past it was observed that people stop practicing what they have learned when the NGOs or implementation partners leave the location. Moreover, when the project was designed, only short-term goal or object was set. When the project duration is increased, the implementation partners will be able to set long term goal, which would be more relevant for the people in the Rohingya community.

There was no baseline information or data to measure the changes that have been achieved based on the project. Hence, it is recommended to conduct some baseline study on some desired measures, so that the project can compare the final evaluation result with the baseline.

As per the project design, even if some small changes in the budget was necessary, it was required to take permission from JPF. It might delay the overall project or some urgent decision. Hence, it is recommended to keep some miscellaneous or emergency fund to make some urgent and important expenditures. However, all the expenses must be included in the financial audit with proper explanation and documentation.

Appendix

Appendix 1: TOR

The Japan Platform (hereinafter referred to as "JPF") is an international emergency humanitarian aid organization which offers the most effective and prompt emergency aid in response to humanitarian needs, focusing on issues of refugees and natural disasters. JPF conducts such aid through a tripartite cooperation system where NGOs, business communities, and the government of Japan work in close cooperation, based on equal partnership, and making the most of the respective sectors' characteristics and resources. JPF serves as an intermediary support organization providing various types of assistance to member NGOs in Japan to deliver quick and comprehensive aid on their own. JPF has supported aid activities of 44 member NGOs, each with its own set of diverse strengths. It has delivered humanitarian assistance to 55 nations and regions about 1,500 projects, with a total financial contribution of 60 billion yen. JPF has built a strong reputation based on trust by promoting cooperation among private sectors and NGOs and by accurately reporting all of its activities.

The purpose of this request for proposals (RFP) is to solicit competitive offers for the provision of Third-party project evaluation services for ongoing 4 JPF projects which are being funded by JPF and implemented by member NGOs in Cox's Bazar, Bangladesh. JPF seeks to contract a TPM entity to accurately capture information, verify activities and analyze data on these project activities. JPF will use the outcome of this evaluation to improve the current and future projects and programme. The evaluation reports will be made available to public as a part of JPF's activity to ensure accountability to the donor and public.

The main objectives of evaluation is;

- To verify actual outputs and if possible, outcomes of the project with the available data
- To verify that the humanitarian principles and standards including Core Humanitarian Standards (CHS) are respected.
- To understand the beneficiary satisfaction
- To provide feedback and recommendations to the future projects and programme improvement for both JPF and member
- NGOs
- To provide contextual information on the target sectors
- The criteria of value used for this evaluation is CHS and therefore it is essential that the selected contractor possesses a good understanding of this standard and past experience in conducting evaluation using CHS. Moreover, the selected contractor, and in particular the assigned team, is expected to be competent on conducting evaluation activities below.
- Desk review of the implementing partner's project documents; including but not limited to approved project proposal, project log frame, needs assessments, beneficiary selection criteria, latest project progress report and any other relevant document.
- Sample selection methodologies
- Beneficiary surveys to measure project outcomes, through tools such as Post Distribution Satisfaction and household visits.

A – INSTRUCTIONS TO BIDDERS

In submitting a tender, the bidder accepts in full and without restriction the special and general conditions governing this contract as the sole basis of this tendering procedure, whatever his own conditions of sale may be, which hereby waives.

Bidders are expected to examine carefully and comply with all instructions, forms, provisions and specifications contained in this tender dossier. Failure to submit a tender containing all the required information and documentation within the deadline specified will lead to the rejection of the tender.

No account can be taken of any reservation in the tender as regards the tender dossier; any reservation will result in the immediate rejection of the tender without further evaluation.

Tender procedures will be conducted by authorized Japan Platform personnel and the decision will be given by the tender committee. If requested, representatives from the back door or partner organizations can attend to the tender committee as an observer.

1. Preamble:

The Japan Platform (hereinafter referred to as "JPF") is an international emergency humanitarian aid organization which offers the most effective and prompt emergency aid in response to humanitarian needs, focusing on issues of refugees and natural disasters. JPF conducts such aid through a tripartite cooperation system where NGOs, business communities, and the government of Japan work in close cooperation, based on equal partnership, and making the most of the respective sectors' characteristics and resources.

JPF serves as an intermediary support organization providing various types of assistance to member NGOs in Japan to deliver quick and comprehensive aid on their own. JPF has supported aid activities of 44 member NGOs, each with its own set of diverse strengths. It has delivered humanitarian assistance to 55 nations and regions about 1,500 projects, with a total financial contribution of 60 billion yen. JPF has built a strong reputation based on trust by promoting cooperation among private sectors and NGOs and by accurately reporting all its activities. Please find attached JPF Information Leaflet as Annex 1. More information on JPF can be found at <http://www.japanplatform.org/E/>.

2. Purpose of the Request for Proposals

The purpose of this request for proposals (RFP) is to solicit competitive offers for the provision of Third-party project evaluation services for ongoing 4 JPF projects which are being funded by JPF and implemented by member NGOs in Cox's Bazar, Bangladesh.

JPF seeks to contract a TPM entity to accurately capture information, verify activities and analyze data on these project activities. JPF will use the outcome of this evaluation to improve the current and future projects and programme. The evaluation reports will be made available to public as a part of JPF's activity to ensure accountability to the donor and public.

The main objectives of evaluation is;

- o To verify actual outputs and if possible, outcomes of the project with the available data
- o To verify that the humanitarian principles and standards including Core Humanitarian Standards (CHS) are respected.
- o To understand the beneficiary satisfaction
- o To provide feedback and recommendations to the future projects and programme improvement for both JPF and member NGOs
- o To provide contextual information on the target sectors

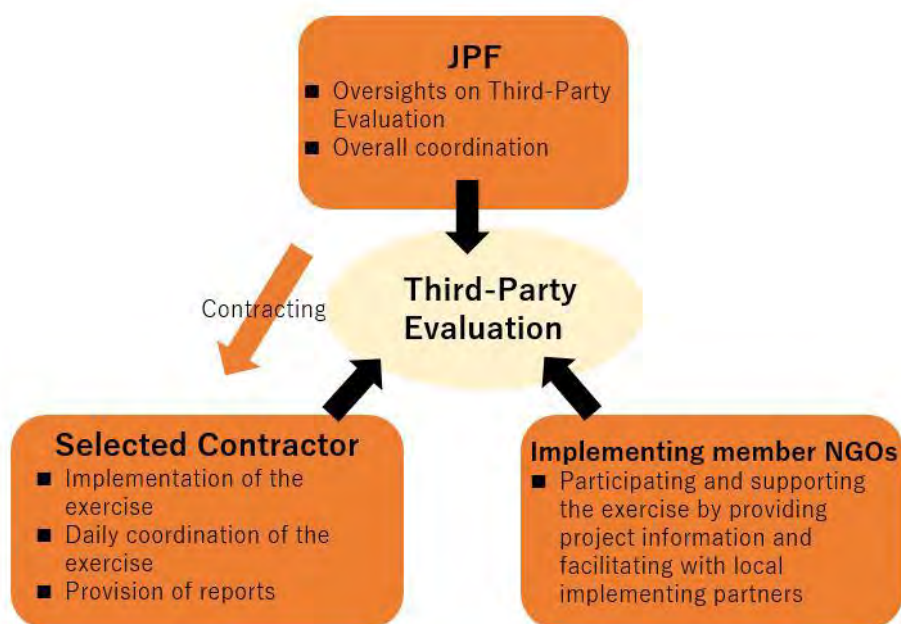
3. Scope of Services

This RFP encompasses the evaluation of ongoing 4 projects as part of JPF accountability and learning initiatives for quality improvement. Prior to the start of data collection for evaluation activities, the selected contractor will closely collaborate with JPF to develop tools, field visit protocols, data presentation and reporting formats. JPF will provide the contractor with relevant documentation, including projects proposals and approved amendments. The member NGOs will provide more project specific documents pertaining to the evaluation exercise. Key project documents are in English, however, inherently some of documents are in Japanese and the selected contractor are expected to use google translation and triangulation technique to confirm contents. All documentation shared with the contractor is considered confidential and a data protection protocol will be signed as part of the agreement.

The project brief information and project specific evaluation scope can be found as an Annex 2 – Project Summary 1 to 4 to this document. The field data collection for evaluation are expected to be conducted during the month of January and February 2021.

All four projects above are implemented inside Myanmar refugee camps in Cox's Bazar, besides, two out of four projects also have activities in host communities. Due to the outbreak of COVID-19 in Bangladesh including the refugee camps where the access from the outside is restricted, the methodology and procedure of this evaluation activity is in conformity with COVID-19 preventive measures imposed by the government of Bangladesh and authorities concerned. The successful contractor is expected to undertake evaluation activities respecting do-no-harm principles and where possible, to adapt alternative means of factual identification such as telephonic interviews. The detailed methodology and tools shall be discussed with each member NGO at the inception meetings and the contractor is expected to adjust the work plan accordingly.

Implementing Structure of the Third-party Evaluation



-The criteria of value used for this evaluation is CHS and therefore it is essential that the selected contractor possesses a good understanding of this standard and past experience in conducting evaluation using CHS. Moreover, the selected contractor, and in particular the assigned team, is typically expected to be competent on conducting evaluation activities below.

Desk review of the implementing partner's project documents; including but not limited to approved project proposal, project log frame, needs assessments, beneficiary selection criteria, latest project progress report and any other relevant document.

Sample selection methodologies

Beneficiary surveys to measure project outcomes, through tools such as Post Distribution Satisfaction and household visits.
Project Site visits and verification of project activities
Individual Observations of the surveyor
Key Informant Interview
Focus Group Discussions

Country and sector context analysis

In order to assess the competency and consideration of the individuals and institutions submitting proposals with regards to COVID-19 preventive measures, this RFP is requiring a submission of one to two-page plan of free format stating organization policy toward preventive measure against COVID-19 together with other required documents. The plan should inform the approach to the data collection and any other information deemed necessary to demonstrate the ability to conduct data collection with much consideration on COVID-19 outbreak in general.

4. Expected Activities and Deliverables

For all tasks, specific tools and templates will be developed and agreed to between JPF and the contractor following signing of the contract. It is expected that the reports provided by the contractor will adhere to the agreed upon templates. For all remaining tasks, general approaches will be developed and agreed to between JPF and the contractor, upon signing of the contract.

It is expected for the selected contractor to perform below activities.

To organize 4 separate inception meetings with JPF and project implementing NGOs to discuss the details of the evaluation objectives, scope, targets, data processing and analyzing, allocated team and reporting.

To provide a draft inception report specific per project with a detailed work plan including data collection tools and methodology, proposed schedule of site visits and sample beneficiary and key informant selection strategy and list of data to be collected.

To develop data collection tools and methodology specific for each project to implement the work plan;

To submit periodic updates with reference to agreed work plan.

To submit final evaluation reports, separate for each project including raw-data and visuals collected per project as well as a bridge report with cross-cutting finding across programme and recommendations for JPF as per the agreed format;

To organize 4 separate debriefing meetings and present details, findings and recommendations of the exercise to JPF, member NGOs and project implementation NGOs. (The debriefing meetings should be conducted by 20th March 2021)

In the face of outbreak of COVID-19 worldwide, all discussions will be undertaken online.

5. Call for Tenders Schedule

	DATE	TIME*
Tender publication date	18 November 2020	
Deadline for request for any clarifications from JPF	27 November 2020	17:00
Last date on which clarifications are issued by JPF	30 November 2020	17:00
Deadline for submission of tenders (receiving date, not sending date)	6 December 2020	17:00
Notification of award to the successful tenderer	20 December 2020	
Signature of the contract	25 December 2020	

* All times are in the local time of Tokyo, Japan.

6. Questions and Clarifications

If JPF, either on its own initiative or in response to a request from a prospective bidder, provides additional information on the tender dossier, such information will be communicated simultaneously in writing to all the bidders.

Bidders may submit questions in writing to the following address by email before the deadline for request for any clarifications, specifying the tender reference number.

Contact Person:

Name / Surname	Title	E-Mail Address
-	Procurement Department	procurement@japanplatform.org

Any explanation or amendment to be made regarding the tender dossier shall also be shared with all applicants simultaneously. Bilateral negotiations will not be held with the institutions applying during the tender.

7. Meeting with the Institutions / Company Visits

No clarification or bilateral meeting will be held with the entities applying during the tender. Company visits will not be conducted. However, a meeting will be held with the winning entity prior to the signing of the agreement.

8. Eligibility Documents Required for the Bidders

Participation in tendering is open on equal terms to all natural and legal persons or companies or firms that can provide the required documents by this tender. If the required document is in another language than English, then an English translated copy should be provided along with the original.

8.1. Organizational Profile Document providing detailed information on the capacity of the organization and services provided (such as previous and ongoing works, relevant experiences, registration details, establishment year, number of offices, number of full/part time staff, experts, surveyors and etc.)

8.2. Valid company registration documents including licenses obtained from the relevant governmental institution.

8.3. Submission of the most recent original and valid tax documents

8.4. Providing address declaration for notifications (phone and e-mail address information). Please indicate if you have an office in Bangladesh.

8.5. Signature declaration or list of authorized signatures indicating that they are authorized to submit bids.

8.6. Please provide detailed list of any ongoing or past activities of your organization in Bangladesh, especially in Cox's Bazar along with organization and contact person for reference check. (Demonstrating past experience in conducting evaluation using CHS is strong assert. As a reference, the past reports of JPF project evaluation using CHS in another programme can be found below).

https://www.japanplatform.org/programs/pdf/JPF_afghanistan2018_report1_SVA.pdf

https://www.japanplatform.org/programs/pdf/JPF_afghanistan2018_report3_CWS.pdf

https://www.japanplatform.org/programs/pdf/JPF_afghanistan2018_report4_PWJ.pdf

8.7. Written commitment to not carry any of the "reasons for exclusion from the tender" under clause 21 of the tender dossier.

8.8. Technical Proposals should include.

8.8.1. Evaluation design and methodology

8.8.2. Monitoring and Evaluation targets for field visits, household surveys, focus group discussions and key informant interviews should be indicated separately for each project.

8.8.3. Evaluation Implementation Work and Time Plan

8.8.4. Provide information on your network and access to the target locations.

8.8.5. Safety, Security and Covid19 related policy and procedures that will be applied.

8.8.6. Confidentiality and Data Protection Policy and Procedures that will be applied.

8.8.7. Information on the data collection tool and methodology of how the data analyzed.

8.8.8. Provide the list of personnel who will be assigned to contract, detailing the tasks of each and provide CVs for listed key personnel. At least 50 percent of field monitors must be female and in the evaluation of bids gender equality in the project team will be recognized.

8.8.9. Sample questionnaire and report

8.8.10. Indicating the deliverables

8.8.11. Provide an alternative methodology and activities if the proposed activities cannot be conducted due to COVID-19 limitations and restrictions.

8.10. Financial Proposal should include.

8.10.1. All the tax and costs

8.10.2. The cost of each project and the final total of 4 projects

8.10.3. Payment conditions

9. Bidding format and content

Bid proposal should consist of separate sub-folders as administrative documents, technical and financial proposals.

Bidding Documents should be in the same sequence as listed in clause 8. All the documents should be scanned and submitted via e-mail or a link should be provided to be downloaded. The bidder must be aware of the followings.

Indicating that the tender dossier is fully read and accepted,

The price quoted must be clearly written in accordance with the numbers and the written text, There shall not be any scratches, erosion or correction on the documents.

If the bidder is a real person, the name and surname of the bidder, if a legal entity, then the trade name must be fully written and shall be signed by the authorized persons.

The tender reference number JPF-BGD-20-008 must be specified on the e-mail and on the file names.

Bidders who bid as a joint venture must sign bids by all partners or by persons authorized to bid.

In the tender letters who will bid as a consortium, the price that the consortium partners offer for the parts of the business that require their expertise will be written separately. The sum of the prices that the consortium partners offer shall constitute the consortium's total bid price.

All the bid letters submitted by the joint venture must be signed by all partners or by the representatives of the partners.

Proposals which are not in conformity with any of them or which have scrapes, erosions or corrections on them shall be rejected and shall not be considered as submitted at all.

10. Submission of Proposals

Interested Consultants/Companies/Organizations shall provide a proposal along with the information and documents listed under Clause 8, until **17:00 (pm), 6th of December 2020**. The documents shall be in PDF format and signed by the authorized person. All the documents shall be in a zipped file and shall be send to the following e-mail address.

	Name / Surname	Department	E-Mail Address
1.	-	Procurement Department	procurement@japanplatform.org

11. Period of validity

The validity period of the tenders shall be at least 60 calendar days from the date of procurement. The bids which have shorter period of validity will not be taken into account.

In case of need, the Contracting Authority will make a request for extension of the validity period of the bid for a maximum of 30 days. The tenderer may accept or reject this request of the Contracting Authority. Requests and answers in this regard shall be made in writing.

Successful bidder must ensure the validity of the bid for the following 60 days from being notified of the entitlement to the contract. Regardless of the date of notification, 60 days are added to the first 60 days.

12. Currency of tenders

The amounts quoted in the offers given by the companies are required to be written in American Dollar - USD.

13. Language of offers and procedure.

The proposals and all other related documents shall be the scanned version of the original document and shall be written in English. If the original document language is other than English, then the translation of the document will be accepted along with the original.

14. Alteration or withdrawal of tenders

Bidders may not alter or withdraw their tenders after submission.

15. Costs of preparing tenders.

Tender dossier is free. All costs incurred during the preparation and submission of the tender offer shall be borne by the bidder. No reimbursement will be made for any charges regardless of the result.

16. Evaluation - Location, Date and Hour of the Tender Opening and Examination: JPF will evaluate incoming bids on the following conditions.

The conformity of the required documents
Quality of technical proposal – weights 60%
Financial Offer –weights 40%

17. Notification award and contract signature

The successful bidder is informed in writing and the contract is signed within 10 (ten) calendar days. A meeting will be conducted prior to the signing of the contract. Firms that are not selected as the result of the evaluation are informed in writing within 15 (fifteen) working days. If the successful bidder does not sign the contract, the second-best bidder is informed in writing by the tender committee and a contract is signed within 10 (ten) calendar days.

18. Ownership of tenders

JPF is obliged to keep the procurement proposals collected as a result of this tender for future audits.

19. Type of Contract

The contract will be drafted to include bid proposal specifications and tender requirements.

20. Cancellation of the tender procedure

In the event of a tender procedure's cancellation, bidders will be notified by JPF.

Cancellation may occur where:

1. The tender procedure has been unsuccessful, namely where not qualitatively or financially worthwhile tender has been received or there has been no response at all;
2. The economic or technical parameters of the project have been fundamentally altered.
3. Exceptional circumstances or force majeure render normal performance of the TPM impossible.
4. All technically compliant tenders exceed the financial resources available.
5. There have been irregularities in the procedure, in particular where these have prevented fair competition.

Under no circumstances JPF will be liable for damages, whatever their nature (in particular damages for loss of profits) or relation with the cancellation of a tender. The publication of a procurement notice does not commit JPF to implement the announced programme or project.

21. Reasons for disqualification from the tender

Tenderers in the following cases shall be excluded from the tender if they are found to be:

- 21.1. Those who are bankrupt, in liquidation, whose work is carried out by the court, declare concordat, suspend their business or are in a similar situation according to the legislative provisions in their home country,
- 21.2. Proven by the employer that there were activities in violation of business or professional ethics during the course of business with the organizations within five.
(5) years prior to the date of procurement.
- 21.3. As of the date of the procurement, if the bidder's membership/license is cancelled from the chamber which the bidder had to registered in accordance with the legislation.
- 21.4. Bidders that have failed to provide the documents, or gives incomplete or misleading information and/or falsified documents that are requested by this tender dossier.

22. Prohibited Acts or Behaviors

The following acts or actions are prohibited during the tender.

- 22.1. To commit or attempt to commit mischief, fraud, promises, threats, to influence, to exploit for one's interest, to make deal, extortion, bribery or other means of breach.
- 22.2. Acts to influence other bidder's willingness to attend tender, prevent their participation to tender, make or offer deals to other bidders and to engage in acts to influence fair competition or tender decision.
- 22.3. To arrange, use or attempt to falsify documents or fraudulent collateral.
- 22.4. To give more than one proposal, either directly or indirectly, in person or by proxy, on behalf of himself or other

23. Ethical Considerations

- 23.1. The monitoring and evaluation activities should not contradict ethical principles. The selected TPM entity should take all reasonable steps to ensure that the M&E activities are designed and conducted within the framework of Do no Harm principle to respect and protect the safety, rights and welfare of the people.
- 23.2. Consent should be taken from all participants of M&E data collection activities and all data gathered should be kept confidential. Ownership of all data, information, and findings gathered through different M&E activities lies with the contracting authority (JPF).
- 23.3. The TPM entity should adhere to principles and policies of the member NGOs, a special attention should be given to Child Protection principles, gender policy and Preventing Sexual Exploitation, Abuse and Harassment (PSEAH) policy.

Appendix 2: Tools have been used.

Questionnaire for Women and Girls, Men and Boys and PSS Service Receiver.

Org-Quest Research Limited

DH Tower, Level-7 (Suit-701)

6 Panthapath, Dhaka-1215

Phone: 55013481-84

Questionnaire for Women and Girls, Men and Boys and PSS Service Receiver.

Project	Project for enhancement of protection mechanism and community resilience against gender-based violence									
Name of Interviewer				Code				Date of Interview		
Check Details	Name of FC:			Name of FS:			Other Official:			
	Code	Sign	Date	Code	Sign	Date	Code	Sign	Date	
Accompany Call	1			1			1			
Back Check	2			2			2			
Spot Check	3			3			3			
Address Check	4			4			4			
Scrutiny	5			5			5			
Type of respondent	Rohingya Community			1	Host community			2		
Upazila	Teknaf		1	Ukhia		2				
Camp Number				Block			Sub-block			
Union				Village						
							Interview Time			
GPRS							Start		End	

Salam / Adaab, my name is _____. I have come from “Org-Quest Research Limited”, a social and market research firm headquartered in Dhaka. We conduct research on different products and services. Currently we are conducting a survey on protective environment for women and children to Rohingya communities in Cox’s Bazar.

You were chosen by chance to participate in this survey as you are staying in the camp 19 or host community close to camp 19 and you have participated in the awareness session on gender-based violence during some outreach session conducted by GBV volunteers or you have received psychosocial support at Shantikhana/SSWG. Your participation in this survey is voluntary. You may refuse to take part in the survey or exit the survey at any time. If you agree to take part, I will ask you few questions about your concerns related to gender based violence and other psychological concern you might have. It is important for us to know your opinion. There are no right or wrong answers to these questions.

Your identity and responses will be kept confidential. Your answers and opinions will be used only for research purpose and it will be combined with the answers and opinions of many other people, so it will not be possible for anyone to know your identity nor the answers you have provided to different questions.

You can decide not to answer any question that you do not want to or you can stop the interview at any time without providing any explanation. You will not be penalized if you decide not to participate. The interview will take about minutes to complete.

Do you understand what I have just explained? (Record yes or no): 1. Yes 2. No

Do you want to ask me any question about the interview at this time? (Record yes or no): 1. Yes 2. No

INTERVIEWER: PLEASE ANSWER ANY QUESTION ASKED BEFORE PROCEEDING.

Do you agree to participate in this interview? (Record yes or no): 1. Yes 2. No

Could you please tell me your age? (Record yes or no): 1. 18 years or above 2. Below 18 years

CONFIRMATION THAT VERBAL CONSENT WAS OBTAINED
BEFORE COMPLETING THIS CONSENT FORM YOU MUST READ THE ABOVE INFORMATION AND ANSWER ANY AND ALL QUESTIONS THE PARTICIPANT MAY HAVE.
Read the following statement loud and record it. I have discussed with the respondent the above procedures, explicitly pointing out potential risks or discomforts. I have asked whether the respondents has any question and have answered to the questions to the best of my ability. The respondent has verbally agreed to participate in this survey. Read out your name, date and time of the interview.
IF AGE OF THE RESPONDENT IS BELOW 18 YEARS OBTAIN ADDITIONAL CONSENT FROM THEIR GUARDIANS.
I have discussed the above procedures with the guardian of the respondent, explicitly pointing out potential risks or discomforts. I have asked whether there is any question and have answered to the questions to the best of my ability. The parent/guardian has verbally given consent for the respondent to participate in this survey. Read out your name, date and time of the interview.

Section 1: Demographic Profile :

D.1. What is your age?

_____ Years.

D.2. Gender of the respondent. (Code, Do Not Ask) (Single answer)

Male	1
Female	2
Other	3

D.3. What best describes your employment status: (Single answer) ?

NGO worker/volunteer	1
Work in a restaurant or tea shop/ small shop/vendor /	2
Driving a rickshaw/tomtom	3
Day labor	4
Porter	5
Studying	6
Receiving vocational training	7
Unemployed	8
Housewife	9
Other (please specify) ()	

D.4. What is your marital status now: are you married; living with a partner, not married; widowed; divorced; or separated? (Single answer)

Single	1
Married	2
Divorced	3
Widowed	4
Separated	5

Section 2: Main questionnaire 2: Ask all

Q1. Have you ever participated in any GBV awareness-raising sessions? (Single answer)

Yes	1	Continue
No	2	Go to Q5

Q2. Who organized the session? **Record the exact name of the organization.**

Q3. What topics have you learnt from the GBV awareness-raising sessions? (Multiple answer) ন নারীর প্রতি

-Child Protection & Child safeguard	1
Reproductive health and hygiene	2
Sexual Harassment	3
Human Trafficking	4
Child Marriage	5
Intimate partner violence/domestic violence	6
Say no to drug	7
Child labor, abuse & safety	8
Woman leadership & empowerment	9
HIV-life Threatening disease	10

PESA- Protection from sexual exploitation and abuse	11
GBV basic concept	12
Other (please specify) ()	

Q4. What do you think the term “Gender based violence” means? (Multiple answer)

Rape / sexual assault	1
Physical violence	2
Violence by husbands against wives	3
Forced marriage	4
Denial of resources or opportunities	5
Psychological and emotional abuse	6
Other (please specify)	

Q5. Now I will read some of the topics related to protection. Can you let me know how much do you know about the topics? (Single answer per column) I

	Rape / sexual assault	Physical violence	Violence by husbands against wives	Forced marriage	Early marriage	Denial of resources or opportunities	Psychological and emotional abuse
Very much aware of the topic	4	4	4	4	4	4	4
Somewhat aware of the topic	3	3	3	3	3	3	3
Only heard about the topic, but don't know much about it ,	2	2	2	2	2	2	2
Don't know about it at all	1	1	1	1	1	1	1

Ask to those who coded 3 or above in Q5, else go to Q7

Q6. If I want you to compare your current knowledge on the topics and the knowledge you have 6 months ago, how much do you agree or disagree that, your knowledge on _____[read the options from the grid below] has increased substantially. (Single answer per column)

	Rape / sexual assault /	Physical violence	Violence by husbands against wives	Forced marriage	Early marriage	Denial of resources or opportunities	Psychological and emotional abuse
Completely agree	5	5	5	5	5	5	5
Agree	4	4	4	4	4	4	4
Neither agree, nor disagree	3	3	3	3	3	3	3
Disagree	2	2	2	2	2	2	2
Completely disagree	1	1	1	1	1	1	1

Q7. Have you noticed any incident of _____[read the options from the grid below] topic in your camp? (Single answer per column)

	Rape / sexual assault	Physical violence	Violence by husbands against wives	Forced marriage	Early marriage	Denial of resources or opportunities	Psychological and emotional abuse
Yes	1	1	1	1	1	1	1
No	2	2	2	2	2	2	2

8. (As if any case was coded 1 in Q7) What did you do when you have seen such incidents? (Do not read out options) (Multiple responses)

	Rape / sexual assault	Physical violence	Violence by husbands against wives	Forced marriage	Early marriage	Denial of resources or opportunities	Psychological and emotional abuse
Informed the Police or security forces	1	1	1	1	1	1	1
Informed the local leader, Majhi, CiC (Camp in charge)	2	2	2	2	2	2	2

Informed to the local religious leader	3	3	3	3	3	3	3
Shared with my Parents -	4	4	4	4	4	4	4
Shared with my teacher	5	5	5	5	5	5	5
Shared with my neighbors	6	6	6	6	6	6	6
Shared with my friends	7	7	7	7	7	7	7
Shared with NGO/actors staff or centers	8	8	8	8	8	8	8
Other (please specify) ()							
Did nothing	99	99	99	99		99	99

Ask All

Q9 Do you feel safe to roam on your own in your camp? (Single answer) আপনি

Yes	1
No	2
Not sure	3
No answer/Refused	4

Q10. What is your favorite place? (Do not read out options) (Single answer)

Shantikhana/Safe space for women and girls (SSWG)	1
Child Friendly Spaces (CFS)	2
Home	3
School/learning center	4
Outdoors	5
Mosque	6
Other (please specify)	

Q11. I'd like to talk to you about relationships between women and men, and some of the problems they face. You may find some of my questions personal or sensitive, so please remember you do not have to give answers if you are not comfortable. I am now going to read you a series of statements. For each, I would like to tell me whether you strongly agree, agree, disagree, or strongly disagree. There are no correct or incorrect answers. (Single answer per statement)

	Strongly agree	Agree	Neither agree, nor disagree	Disagree	Strongly disagree
People should be treated the same whether they are male or female	5	4	3	2	1
A woman's most important role is to take care of her home and family	5	4	3	2	1
Men should share the work around the house with women, such as washing dishes, cleaning and cooking ,	5	4	3	2	1
A woman should obey her husband	5	4	3	2	1
A man should have the final decision in all family matters	5	4	3	2	1
If a wife does something wrong, her husband has the right to punish her ,	5	4	3	2	1
A real man must be tough	5	4	3	2	1
If someone insults a man, he should defend his reputation, with force if necessary	5	4	3	2	1
It is a woman's responsibility to avoid getting pregnant	5	4	3	2	1
A woman should tolerate violence in order to keep her family together	5	4	3	2	1
Ask if the respondent is Married					
A woman cannot refuse to have sex with her husband	5	4	3	2	1
When a woman is suffer from gender based violence, she is usually to blame for putting herself in that situation ,	5	4	3	2	1

Q12. Now I would like to talk about some activities. According to you, how easy for an adult woman to take decision or perform such activities? (Single answer per statement)

	Very easy	Somewhat easy	Neither easy, not difficult ,	Somewhat Difficult	Very difficult	Don't know /
Going to neighbourhood/ making decision to go	5	4	3	2	1	9
Going to shop or bazar/ making decision to go	5	4	3	2	1	9
Going to healthcare centre/ making decision to go	5	4	3	2	1	9
Decision to stop child marriage	5	4	3	2	1	9
Getting married with your own choice to inform her family	5	4	3	2	1	9
Continue education after marriage	5	4	3	2	1	9
Not to pay dowry	5	4	3	2	1	9
Decision in family planning	5	4	3	2	1	9
Whether to take children or not	5	4	3	2	1	9
Decision in family planning method or use of Decision in family planning	5	4	3	2	1	9

Q13. How much do you agree or disagree with the statement that gender based violence has decreased in your community? You can give your rating between 1 to 5 where 1 means completely disagree or 5 means completely agree. (Single answer)

Completely agree	5
Agree	4
Neither agree, nor disagree	3
Disagree	2
Completely disagree	1

Q14. Why do you think so?

Q15. What changes have you noticed among the male population in your camp/community after receiving GBV awareness-raising sessions? (Multiple answer)

Males are creating awareness on GBV	1
Males are more aware of their role in the prevention of GBV	2
Males are more supportive to prevent GBV	3
Males are more supportive to help their family members in the household chores	4
Other (please specify)	

Q16. Can you please tell me some of the name of places where support service on gender based violence is available? (Multiple answer)

Shantikhana/Safe space for women and girls (SSWG)	1
Child Friendly Spaces (CFS)	2
Other (please specify)	

[Ask those who received service from Shantikhana/SSWG, else end the interview by thanking respondent. Check the beneficiary list]

Q17. What type of services have you received from the Shantikhana/SSWG? (Multiple answer)

Awareness sessions on different topics	1
GBV case management services	2
Free commodities	3
Training on different activities and handicraft	4
Other (please specify) ()	

Q18. **[Ask the question to those who coded 1 in Q17]** What have you learnt from the awareness sessions at the Shantikhana/SSWG? (Multiple answer)

Sexual and reproductive health	1
Legal rights	2
Parenting	3
GBV prevention and response	4
Mental Care	
Other (please specify) ()	

Q19. **[Ask the question to those who coded 3 in Q17]** What type of commodities have you received from the Shantikhana/SSWG? (Multiple answer)

Sanitary pad	1
Soap	2
Long scarf	3
Hand towel	4
Walking (blind)stick	5
Borkha	6
Thami upper part	7
Thami lower part	8
Underwear	9
Sandal	10
Other (please specify)	

Q20. [Ask the question to those who coded 4 in Q17] What type of training have you received from the Shantikhana/SSWG? (Multiple answer)?

Cooking	1
Handcrafts	2
Sewing	3
Other (please specify) (	

Q21. Are you involved in any group that provide information or support in GBV? (Single answer)

Yes	1
No	2

Q22. Did you perform any group activity at the Shantikhana/SSWG on the following activities? (Single answer)

	Yes	No
Cooking	1	2
Handcrafting	1	2
Sewing	1	2
Other (please specify)		

Q23. How much do or disagree with the statement that, the type of support or services you received from Shantikhana/SSWG was appropriate for you? You can give your rating between 1 to 5 where 1 means completely disagree or 5 means completely agree (Please explain to the respondent about the type of support or services received by them) (Single answer)

Completely agree	5
Agree	4
Neither agree, nor disagree	3
Disagree	2
Completely disagree	1

Q24. How much do you agree or disagree with the statement that, now you know what to do against the physical and psychological violence at home? You can give your rating between 1 to 5 where 1 means completely disagree or 5 means completely agree. (Please explain to the respondent about the type of support or services received by them) (Single answer)

Completely agree	5
Agree	4
Neither agree, nor disagree	3
Disagree	2
Completely disagree	1

End the interview by thanking respondent for his/her valuable time and responses.

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Questionnaire for Opinion Leader

Org-Quest Research Limited

DH Tower, Level-7 (Suit-701)

6 Panthapath, Dhaka-1215

Phone: 55013481-84

Questionnaire for Opinion Leader

Project	Project for enhancement of protection mechanism and community resilience against gender-based violence								
Name of Interviewer		Code		Date of Interview		Sign.			
Check Details	Name of FC:			Name of FS:			Other Official:		
	Code	Sign	Date	Code	Sign	Date	Code	Sign	Date
Accompany Call	1			1			1		
Back Check	2			2			2		
Spot Check	3			3			3		
Address Check	4			4			4		
Scrutiny	5			5			5		
Type of respondent	Rohingya Community			1	Host community			2	
Upazila	Teknaf		1	Ukhia		2			
Camp Number			Block		Sub-block				
Union			Village						
						Interview Time			
GPRS						Start		End	

Salam / Adaab, my name is _____. I have come from “Org-Quest Research Limited”, a social and market research firm headquartered in Dhaka. We conduct research on different products and services. Currently we are conducting a survey on Gender based violence in Rohingya and host communities in Cox’s Bazar.

You were chosen by chance to participate in this survey as you have participated in the awareness session on gender based violence. Your participation in this survey is voluntary. You may refuse to take part in the survey or exit the survey at any time. If you agree to take part, I will ask you few questions about your concerns related to gender based violence and other psychological concern you might have. It is important for us to know your opinion. There are no right or wrong answers to these questions.

Your identity and responses will be kept confidential. Your answers and opinions will be used only for research purpose and it will be combined with the answers and opinions of many other people, so it will not be possible for anyone to know your identity nor the answers you have provided to different questions.

You can decide not to answer any question that you do not want to or you can stop the interview at any time without providing any explanation. You will not be penalized if you decide not to participate. The interview will take about minutes to complete.

Do you understand what I have just explained? (Record yes or no): 1. Yes 2. No

Do you want to ask me any question about the interview at this time? (Record yes or no): 1. Yes 2. No

INTERVIEWER: PLEASE ANSWER ANY QUESTION ASKED BEFORE PROCEEDING.

Do you agree to participate in this interview? (Record yes or no): 1. Yes 2. No

Could you please tell me your age? (Record yes or no): 1. 18 years or above 2. Below 18 years

CONFIRMATION THAT VERBAL CONSENT WAS OBTAINED
BEFORE COMPLETING THIS CONSENT FORM YOU MUST READ THE ABOVE INFORMATION AND ANSWER ANY AND ALL QUESTIONS THE PARTICIPANT MAY HAVE.
Read the following statement loud and record it. I have discussed with the respondent the above procedures, explicitly pointing out potential risks or discomforts. I have asked whether the respondents has any question and have answered to the questions to the best of my ability. The respondent has verbally agreed to participate in this survey. Read out your name, date and time of the interview.

IF AGE OF THE RESPONDENT IS BELOW 18 YEARS OBTAIN ADDITIONAL CONSENT FROM THEIR GUARDIANS.
I have discussed the above procedures with the guardian of the respondent, explicitly pointing out potential risks or discomforts. I have asked whether there is any question and have answered to the questions to the best of my ability. The parent/guardian has verbally given consent for the respondent to participate in this survey. Read out your name, date and time of the interview.

Section 1: Demographic Profile :

D1. What is your age?

_____ Years.

D2. Gender of the respondent. (Code, Do Not Ask) (Single answer) |

Male	1
Female	2
Other	3

D3. What best describes your employment status: (Single answer)

NGO worker/volunteer	1
Work in a restaurant or tea shop/ small shop/vendor	2
Driving a rickshaw/tomtom	3
Day labor	4
Porter	5
Studying	6
Receiving vocational training	7
Unemployed	8
Housewife	9
Other (please specify)	

D4. What best describes your role in this community (Single answer)

Religious leaders	1
Teacher	2
Chairman of the union parishad	3
Member of the union parishad	4
Majhi of the camp	5
Member of Protection Committee	6
Other (please specify)	

D5. What is your marital status now: are you married; living with a partner, not married; widowed; divorced; or separated? (Single answer)

Single	1
Married	2
Divorced	3
Widowed	4
Separated	5

Section 2: Main questionnaire 2: Ask all

Q1. Have you ever participated in any GBV awareness-raising sessions? (Single answer)

Yes	1	Continue
No	2	Go to Q5

Q2. Who organized the session? **Record the exact name of the organization.**

Q3. What topics have you learned from the GBV awareness-raising sessions? (Multiple answer)) নারীর প্রতি

Psychological first-aid	1
Reproductive health and hygiene	2
Child marriage	3
Sexual Harassment	4
Corporal punishments	5
Male roles in the prevention of GBV	6
The roll of religious leader in terms of preventing violence against children	7
Living with realities	8
Comprehensive prevention	9
Islamic reflection on ending physical violence against children	10
Towards competency in child protection	11
Child protection and violence against children	12
Other (please specify) ()	

Q4. Did you learn about Child protection and violence against children from the GBV awareness-raising sessions? (Single answer)

Yes	1	Continue
No	2	Terminate

Q5. How unique and new was the information on “**Child protection and violence against children**” you acquired from the training?(Single answer)

Completely unique and new	5
Somewhat unique and new	4
Neither new, nor old	3
Not unique and new	2
Not unique and new at all	1

Q6. What do you think the term “**Child protection and violence against children**” means? (Multiple answer)

Child Projection	
Safe from maltreatment	1
Safe from physical, sexual and emotional abuse and exploitation	2
Protect children from intentional or unintentional harm	3
Refrain children from labor	4
Ensure education for children	5
Violence against children	
Rape / sexual assault	31
Physical violence	32
Violence by husbands against wives	33
Early marriage	34
Denial of resources or opportunities	35
Psychological and emotional abuse	36
Other (please specify)	

Q7. What steps have you taken after receiving the training on **Child protection and violence against children**? (Multiple answer)"

Created awareness on violence against children among community people	1
Arranged the arbitration in case of any violence against children	2
Referred survivors to medical services	3
Referred survivors to psychological services	4
Provided psychological counseling	5
Encouraged community people to raise voice against violence against children	6
Other (please specify) ()	

Q8. Have you noticed any incident of _____ [read the options] topic in your camp? (Multiple answer)

Rape / sexual assault	1
Physical violence	2
Violence by husbands against wives	3
Early marriage	4
Denial of resources or opportunities	5
Psychological and emotional abuse	6
Other (please specify) ()	

Q9. (Ask if any case was coded Q8) What did you do when you have seen such incidents? (Do not read out options) (Multiple responses per column)

	Rape / sexual assault	Physical violence	Violence by husbands against wives	Early marriage	Denial of resources or opportunities	Psychological and emotional abuse
Informed the Police or security forces	1	1	1	1	1	1
Informed the local leader, Majhi, CiC (Camp in charge)	2	2	2	2	2	2
Informed to the local religious leader	3	3	3	3	3	3
Shared with myParents -	4	4	4	4	4	4
Shared with my teacher	5	5	5	5	5	5
Shared with my neighbours	6	6	6	6	6	6
Shared with my friends	7	7	7	7	7	7
Shared with NGO/actors staff or centers	8	8	8	8	8	8
Other (please specify) ()						
Did nothing	99	99	99	99	99	99

Q10. How much do you agree or disagree with the statement that **violence against children has decreased in your community? You can give your rating between 1 to 5 where 1 means completely disagree or 5 means completely agree (Single answer)**

Completely agree	5
Agree	4
Neither agree, nor disagree	3
Disagree	2
Completely disagree	1

Q11. Why do you think so? ?

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Q12. What changes have you noticed among the male population in your camp/community after **Child protection and violence against children** awareness-raising activities? (Single answer)

Males are creating awareness on violence against children	1
Males are more aware of their role in the prevention of violence against children	2
Males are more supportive to prevent violence against children	3
Other (please specify) ()	

End the interview by thanking respondent for his/her valuable time and responses.

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IDI guide for Women & Girls and Men & boys targeted in GBV awareness-raising and intensive sessions

Org-Quest Research Limited
DH Tower, Level-7 (Suit-701)
6 Panthapath, Dhaka-1215
Phone: 55013481-84

IDI guide for Women & Girls and Men & boys targeted in GBV awareness-raising and intensive sessions

Note to the Moderator

- Please be more than humble with the person you are interviewing
- Make sure any of your behavior or question doesn't offend him/her or put him/her in a uncomfortable situation
- Give time to make the person comfortable and ask if he needs more time before starting the discussion
- Please frame your questions depending on the type of skill the person has

Introduction

Salam / Adaab, my name is _____. I have come from “Org-Quest Research Limited”, a social and market research firm headquartered in Dhaka. We conduct research on different products and services. Currently we are conducting a survey on protective environment for women and children to Rohingya communities in Cox’s Bazar.

You were chosen by chance to participate in this survey as you are staying in the camp 19 and you have participated in the awareness session on protection of gender-based violence during some outreach session conducted by World Vision. Your participation in this survey is voluntary. You may refuse to take part in the survey or exit the survey at any time. If you agree to take part, I will ask you few questions about your concerns related to gender based violence and other psychological concern you might have. It is important for us to know your opinion. There are no right or wrong answers to these questions.

Your identity and responses will be kept confidential. Your answers and opinions will be used only for research purpose and it will be combined with the answers and opinions of many other people, so it will not be possible for anyone to know your identity nor the answers you have provided to different questions.

You can decide not to answer any question that you do not want to or you can stop the interview at any time without providing any explanation. You will not be penalized if you decide not to participate. The interview will take about 20 minutes to complete.

Do you understand what I have just explained? (Record yes or no): 1. Yes 2. No

Do you want to ask me any question about the interview at this time? (Record yes or no): 1. Yes 2. No

INTERVIEWER: PLEASE ANSWER ANY QUESTION ASKED BEFORE PROCEEDING.

Do you agree to participate in this interview? (Record yes or no): 1. Yes 2. No

Could you please tell me your age? (Record yes or no): 1. 18 years or above 2. Below 18 years

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Read the following statement loud and record it. I have discussed with the respondent the above procedures, explicitly pointing out potential risks or discomforts. I have asked whether the respondents has any question and have answered to the questions to the best of my ability. The respondent has verbally agreed to participate in this survey. Read out your name, date and time of the interview.
IF AGE OF THE RESPONDENT IS BELOW 18 YEARS OBTAIN ADDITIONAL CONSENT FROM THEIR GUARDIANS. I have discussed the above procedures with the guardian of the respondent, explicitly pointing out potential risks or discomforts. I have asked whether there is any question and have answered to the questions to the best of my ability. The parent/guardian has verbally given consent for the respondent to participate in this survey. Read out your name, date and time of the interview.

- Tell me about yourself. Tell me about your family and family members? How do you spend your time in your daily routine?
- Have you received any information on protection of gender-based violence? Where did you get the information from? What are your biggest concern related to gender-based violence? What have you learnt about gender-based violence? Was the information new to you?
- If I want you to compare your current knowledge on the topics and the knowledge you have 6 months ago, how much do you think your knowledge on the topics of protection from gender-based violence has changed substantially. (Probe properly)
- Have you received any information on Child Protection & Child safeguard? What do you understand by Child Protection & Child safeguard? How have you utilized the information you have received?
- Now I will read out some of the topics on which you might have received some information. As I read this out, please let me know, what have you learned on the topic(s). Please give me some example
 - Sexual Harassment
 - Human Trafficking
 - Child marriage
 - Reproductive health and hygiene
 - Intimate partner violence/domestic violence /
 - Say no to drug `
 - Child labor, abuse & safety ,
 - Women leadership & empowerment
 - HIV-Life threatening disease -
 - Protection from sexual exploitation and abuse
- Now I will read out some more topics on which you might have received some information. As I read this out, please let me know, what have you learned on the topic(s). Please give me some example
 - o Family rules & responsibility
 - o Healthy marital relationship
 - o Sexual violence & support for survivor
 - What do you understand by the following topics? Where did you learn about the topic?
 - Rape / sexual assault /
 - Physical violence
 - Violence by husbands against wives
 - Forced marriage
 - Denial of resources or opportunities
 - Psychological and emotional abuse
- How have you utilized the information you have received? Can you see any change in your life after receiving the information? What change have you noticed?

- Have you noticed any incident of gender-based violence in your community? What type of gender-based violence did you notice? What did you do then? Did you share the incident with others? What action was taken for this? Are you happy with the action taken in response to the gender-based violence shared? Why or why not?
- Do the male/female members in your family or your intimate partner share any information on the topic of protection from gender-based violence? What type of information did they share? Do you share any information with her/them? What type of information did you share? Why the information was exchanged? What was the consequence after exchanging the information on gender-based violence
- Have you changed your attitude or perception towards women after attending the awareness session? What are the changes? Why the changes have occurred?
- Have you noticed any role of the Majhis to deal with the situation related to gender-based violence in your camp? What roles do they play? Are you happy with the role they play to tackle the situation related to gender-based violence? Why or why not?
- Have you noticed any role of the religious leaders to deal with the situation related to gender-based violence in your camp? What roles do they play? Are you happy with the role they play to tackle the situation related to gender-based violence? Why or why not?
- Have you noticed any role of the law enforcement to deal with the situation related to gender-based violence in your camp? What roles do they play? Are you happy with the role they play to tackle the situation related to gender-based violence? Why or why not?
- Is there any change in the situation related to gender-based violence in your camp? Why do you think so? Can you please give some examples?
- Are you happy with the changes you have noticed in the situation related to gender-based violence in your camp? Why or why not? What could have been done better?

(CHS_1) IS HUMANITARIAN RESPONSE APPROPRIATE AND RELEVANT?

- Do you think the information you received on protection from gender-based violence was relevant to you? Have you made any changes in your life based on the information you received? What changes have you made?
- What could have been done to design the awareness program or campaign more relevant to meet the needs of you?
- The child, women, and men have different needs and requirements. As per your best understanding how the project has addressed different needs of women and children?

(CHS_2) IS HUMANITARIAN RESPONSE EFFECTIVE AND TIMELY?

- As per your best understanding, do you think the information you received or the awareness session you have participated in was in a timely manner? Why do you think so?

(CHS_3) IS HUMANITARIAN RESPONSE STRENGTHENING LOCAL CAPACITIES AND AVOIDING NEGATIVE EFFECTS?

- Do you think the project has been able to strengthen your capability to protect or prevent gender-based violence? Were there any negative impacts you have noticed from the project? Can you please give us some examples? Can you please let us know how these negative impacts have been systematically anticipated, identified, and mitigated?

- Do you think you will be able to use the information gained from the project when you face the gender-based violence or when you notice GBV in the future?
- Do you feel you are more resilient and prepared to protect from gender-based violence after attending the activities of the projects? ?

(CHS_6) IS HUMANITARIAN RESPONSE COORDINATED AND COMPLEMENTARY?

- Is there any other NGOs implementing similar project in your camp area? Are they working on the same topic or a different topic? How are these projects complementing each other? Do you face any confusion, which project should you join?

Do you have any recommendations that would improve the project or better meet your need?

End the interview by thanking respondent for his/her valuable time and responses.

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Org–Quest Research Limited

DH Tower, Level-7 (Suit-701)

6 Panthapath, Dhaka-1215

Phone: 55013481-84

Women and girls participated in Psychosocial support and Group Activities at SSWG IDI Guide

Note to the Moderator

- Please be more than humble with the person you are interviewing
- Make sure any of your behavior or question doesn't offend him/her or put him/her in a uncomfortable situation
- Give time to make the person comfortable and ask if he needs more time before starting the discussion
- Please frame your questions depending on the type of skill the person has

Introduction

Salam / Adaab, my name is _____. I have come from “Org-Quest Research Limited”, a social and market research firm headquartered in Dhaka. We conduct research on different products and services. Currently we are conducting a survey on protective environment for women and children to Rohingya communities in Cox’s Bazar.

You were chosen by chance to participate in this survey as you are staying in the camp 19 and you have participated in the Psychological Support Session or you have participated group activities such as sewing, cooking and handicrafting at Shantikhana/SSWG. Your participation in this survey is voluntary. You may refuse to take part in the survey or exit the survey at any time. If you agree to take part, I will ask you few questions about your concerns related to gender based violence and other psychological concern you might have. It is important for us to know your opinion. There are no right or wrong answers to these questions.

Your identity and responses will be kept confidential. Your answers and opinions will be used only for research purpose and it will be combined with the answers and opinions of many other people, so it will not be possible for anyone to know your identity nor the answers you have provided to different questions.

You can decide not to answer any question that you do not want to or you can stop the interview at any time without providing any explanation. You will not be penalized if you decide not to participate. The interview will take about 20 minutes to complete.

Do you understand what I have just explained? (Record yes or no): 1. Yes 2. No

Do you want to ask me any question about the interview at this time? (Record yes or no): 1. Yes 2. No

INTERVIEWER: PLEASE ANSWER ANY QUESTION ASKED BEFORE PROCEEDING.

Do you agree to participate in this interview? (Record yes or no): 1. Yes 2. No

Could you please tell me your age? (Record yes or no): 1. 18 years or above 2. Below 18 years

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IF AGE OF THE RESPONDENT IS BELOW 18 YEARS OBTAIN ADDITIONAL CONSENT FROM THEIR GUARDIANS. I have discussed the above procedures with the guardian of the respondent, explicitly pointing out potential risks or discomforts. I have asked whether there is any question and have answered to the questions to the best of my ability. The parent/guardian has verbally given consent for the respondent to participate in this survey. Read out your name, date and time of the interview.

- Tell me about yourself. Tell me about your family and family members? How do you spend your time in your daily routine?
- Have you received any information on protection from gender based violence? Where did you get the information from? What are your biggest concern related to gender based violence? What have you learnt about protection from gender based violence? Was the information new to you?
- Do you visit SSWG/Shantikhana? How did you know about SSWG/Shantikhana? What did you do there? How frequently did you visit the place? Why did you go there?
- Did you participate in any activities at SSWG/Shantikhana? What type of activities do you participate in? What benefits have you gained by participating in these activities? Did you perform any group activity at the Shantikhana/SSWG? What type of group activities did you

join? Did you learn anything there? Was the activities useful for you? Why or why not? Do you think these group activities help to build a network with other women and children in your community? Why do you think so? Was it useful for you?

- Did you participate in any Psychosocial Support Session at SSWG/Shantikhana? What topics have you learned there or what type of Psychosocial Support have you received? Was the information new to you? How useful was the lessons you learned from SSWG/Shantikhana?
- There are several women and girls who are participating in Psychosocial Support Session at SSWG/Shantikhana. Could you please let me know how the beneficiaries were selected? **[If the respondent does not feel comfortable to answer this question, please skip to next question]**
- Do you consider SSWG/ Shantikhana a safe space? Why do you think so? Do you consider yourself mentally more stable after coming to SSWG/ Shantikhana? Please explain in details.
- Have you received any commodity from Shantikhana/SSWG? What type of commodities have you received from the Shantikhana/SSWG? How did you use the commodities?
- Have you noticed any incident of gender based violence in your community? What type of gender based violence did you notice? What did you do then? Did you share the incident with others? What action was taken for this? Are you happy with the action taken in response to the gender based violence shared? Why or why not?
- Have you received any information on the topic of parenting, mental care, legal right? Have you ever talked to your other family members or intimate partners on the topic of parenting, mental care, legal right? What did you discuss? what was initial the reaction you have noticed?
- Have you noticed any role of the religious leaders to deal with the situation related to protectgender-based violence in your camp? What roles do they play? Are you happy with the role they play to tackle the situation related to gender based violence? Why or why not?
- Is there any change in the situation related to gender based violence in your camp? Why do you think so? Can you please give some examples?
- Are you happy with the changes you have noticed in the situation related to gender-based violence in your camp? Why or why not? What could have been done better?

(CHS_1) IS HUMANITARIAN RESPONSE APPROPRIATE AND RELEVANT?

- Do you think the information you received on protection from gender-based violence or the training you received was relevant to you? Have you made any changes in your life based on the information or the training you received? What changes have you made?
- What could have been done to design the Psychological Support Session or group activities such as sewing, cooking and handcrafting more relevant to meet the needs of you?
- How the project has addressed different needs of women and children?

(CHS_2) IS HUMANITARIAN RESPONSE EFFECTIVE AND TIMELY?

- As per your best understanding, do you think the Psychological Support Session or group activities such as sewing, cooking and handcrafting session you have participated in was in a timely manner? Why do you think so?

(CHS_3) IS HUMANITARIAN RESPONSE STRENGTHENING LOCAL CAPACITIES AND AVOIDING NEGATIVE EFFECTS?

- Do you think the project has been able to strengthen your capability to protect or prevent gender-based violence? Were there any negative impacts you have noticed from the project? Can you please give us some examples? Can you please let us know how these negative impacts have been systematically anticipated, identified, and mitigated?
- Do you think you will be able to use the information or the skills gained from the project in the future? Do you feel you are encouraged and empowered after participating the activities of the project? Can you share the issues and problems you face with the other women and girls and staff when you come to Shantikhana/SSWG?

(CHS_6) IS HUMANITARIAN RESPONSE COORDINATED AND COMPLEMENTARY?

- Is there any other NGOs implementing similar project in your camp area? Are they working on the same topic or a different topic? How are these projects complementing each other? Do you face any confusion, which project should you join?

Do you have any recommendations that would improve the project or better meet your need?

End the interview by thanking respondent for his/her valuable time and responses.

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Community people targeted in GBV campaign IDI Guide

Note to the Moderator

- Please be more than humble with the person you are interviewing
- Make sure any of your behavior or question doesn't offend him/her or put him/her in a uncomfortable situation
- Give time to make the person comfortable and ask if he needs more time before starting the discussion
- Please frame your questions depending on the type of skill the person has

Introduction

Salam / Adaab, my name is _____. I have come from “Org-Quest Research Limited”, a social and market research firm headquartered in Dhaka. We conduct research on different products and services. Currently we are conducting a survey on protective environment for women and children to Rohingya communities in Cox’s Bazar.

You were chosen by chance to participate in this survey as you are staying in the camp 19 or host community close to camp 19 and you have participated in the awareness session on protection from gender based violence during some outreach session conducted by World Vision or you have received from the activities of GBV campaign . Your participation in this survey is voluntary. You may refuse to take part in the survey or exit the survey at any time. If you agree to take part, I will ask you few questions about your concerns related to gender based violence and other psychological concern you might have. It is important for us to know your opinion. There are no right or wrong answers to these questions.

Your identity and responses will be kept confidential. Your answers and opinions will be used only for research purpose and it will be combined with the answers and opinions of many other people, so it will not be possible for anyone to know your identity nor the answers you have provided to different questions.

You can decide not to answer any question that you do not want to or you can stop the interview at any time without providing any explanation. You will not be penalized if you decide not to participate. The interview will take about 20 minutes to complete.

Do you understand what I have just explained? (Record yes or no): 1. Yes 2. No

Do you want to ask me any question about the interview at this time? (Record yes or no): 1. Yes 2. No

INTERVIEWER: PLEASE ANSWER ANY QUESTION ASKED BEFORE PROCEEDING.

Do you agree to participate in this interview? (Record yes or no): 1. Yes 2. No

Could you please tell me your age? (Record yes or no): 1. 18 years or above 2. Below 18 years

CONFIRMATION THAT VERBAL CONSENT WAS OBTAINED
BEFORE COMPLETING THIS CONSENT FORM YOU MUST READ THE ABOVE INFORMATION AND ANSWER ANY AND ALL QUESTIONS THE PARTICIPANT MAY HAVE.
Read the following statement loud and record it. I have discussed with the respondent the above procedures, explicitly pointing out potential risks or discomforts. I have asked whether the respondents has any question and have answered to the questions to the best of my ability. The respondent has verbally agreed to participate in this survey. Read out your name, date and time of the interview.
IF AGE OF THE RESPONDENT IS BELOW 18 YEARS OBTAIN ADDITIONAL CONSENT FROM THEIR GUARDIANS. I have discussed the above procedures with the guardian of the respondent, explicitly pointing out potential risks or discomforts. I have asked whether there is any question and have answered to the questions to the best of my ability. The parent/guardian has verbally given consent for the respondent to participate in this survey. Read out your name, date and time of the interview.

- Tell me about yourself. Tell me about your family and family members? How do you spend your time in your daily routine?
- Have you received any information on protection from gender-based violence? Where did you get the information from? What are your biggest concern related to gender-based violence? What have you learnt about protection from gender-based violence? Was the information new to you?
- Have you participated in any campaign related to protection from gender-based violence? Can you please describe the campaign? What have you learned from the campaign? Was there anything new to you?
- [Ask this question to those who participated in session on HIV/AIDS] Have you heard about the word HIV/AIDS? What do you know about HIV/AIDS? What are the main causes of HIV/AIDS? What should we do to protect us from HIV/AIDS? Have you discussed this with others? Why or why not?
- [Ask this question to those who participated in Awareness about World Disability day.] Can you please let us know what were the topics covered in the World Disability day session? How were you benefited from the campaign? Have you communicated the information you have learned from the campaign with others in your community? Please tell me in details.
- [Ask this question to those who participated in Awareness about International Human Rights Day.] Can you please let us know what were the topics covered in the International Human Rights Day session? Can you please let us know what have you learned about Human rights and Women empowerment? How were you benefited from the campaign? Have you communicated the information you have learned from the campaign with others in your community? Please tell me in details.
- If I want you to compare your current knowledge on the topics and the knowledge you have 6 months ago, how much do you think your knowledge on the topics of protection from gender-based violence has changed substantially. (Probe properly)
- Have you noticed any incident of gender-based violence in your community? What type of gender-based violence did you notice? What did you do then? Did you share the incident with others? What action was taken for this? Are you happy with the action taken in response to the gender-based violence shared? Why or why not?
- Have you ever talked to your other family members or intimate partners on the topic of protection from gender-based violence? What did you discuss? what was the initial reaction you have noticed? Was the reaction changed over time?
- Have you noticed any change in the attitude of males in your community? What change have you noticed? As per your best knowledge, what were the main reasons for the changes? What the change useful for the community?
- Have you noticed any role of the Majhis to deal with the situation related to gender-based violence in your camp? What roles do they play? Are you happy with the role they play to tackle the situation related to gender based violence? Why or why not?
- Have you noticed any role of the religious leaders to deal with the situation related to gender-based violence in your camp? What roles do they play? Are you happy with the role they play to tackle the situation related to gender based violence? Why or why not?
- Have you noticed any role of the law enforcement to deal with the situation related to gender-based violence in your camp? What roles do they play? Are you happy with the role they play to tackle the situation related to gender based violence? Why or why not?

- Is there any change in the situation related to gender based violence in your camp? Why do you think so? Can you please give some examples?
- Are you happy with the changes you have noticed in the situation related to gender-based violence in your camp? Why or why not? What could have been done better?

(CHS_1) IS HUMANITARIAN RESPONSE APPROPRIATE AND RELEVANT?

- Do you think the information you received on protection from gender-based violence was relevant to you? Have you made any changes in your life based on the information you received? What changes have you made?
- What could have been done to design the awareness program or campaign more relevant to meet the needs of you?
- How the project has addressed different needs of women and children?

(CHS_2) IS HUMANITARIAN RESPONSE EFFECTIVE AND TIMELY?

- As per your best understanding, do you think the information you received or the campaign you have participated in was in a timely manner? Why do you think so?
- Based on the awareness session or campaign you have attended, please tell me, what are the differences the session has made to people like you related to gender- based violence?

(CHS_3) IS HUMANITARIAN RESPONSE STRENGTHENING LOCAL CAPACITIES AND AVOIDING NEGATIVE EFFECTS?

- Were there any social, political, environmental, and economic factors that have an impact on the activities related to protection from gender-based violence? What are those? Was the culture or language of you an issue to implement the project? What were those?
- Do you think you will be able to use the information gained from the project when you face the gender-based violence or when you notice GBV in your community in the future? Do you feel you are more resilient and prepared to the gender-based violence after attending the activities of the projects?

(CHS_6) IS HUMANITARIAN RESPONSE COORDINATED AND COMPLEMENTARY?

মানবিক সাড়া কি সমন্বিত এবং পরিপূরক?

- Are there any other NGOs implementing similar project in your camp area? Are they working on the same topic or a different topic? How are these projects complementing each other? Do you face any confusion, which project should you join?

Do you have any recommendations that would improve the project or better meet your need?

End the interview by thanking respondent for his/her valuable time and responses.

IDI guide for Community leaders, religious leaders and female leaders participating in the GBV awareness-raising training programme

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IDI guide for Community leaders, religious leaders and female leaders participating in the GBV awareness-raising training programme

Note to the Moderator

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- Please frame your questions depending on the type of skill the person has

Introduction

Salam / Adaab, my name is _____. I have come from “Org-Quest Research Limited”, a social and market research firm headquartered in Dhaka. We conduct research on different products and services. Currently we are conducting a survey on protective environment for women and children to Rohingya communities in Cox’s Bazar.

You were chosen by chance to participate in this survey as you are staying in the camp 19 or host community close to camp 19 and you have participated in the awareness session on gender based violence during some outreach session conducted by World Vision. Your participation in this survey is voluntary. You may refuse to take part in the survey or exit the survey at any time. If you agree to take part, I will ask you few questions about your concerns related to gender based violence and other psychological concern you might have. It is important for us to know your opinion. There are no right or wrong answers to these questions.

Your identity and responses will be kept confidential. Your answers and opinions will be used only for research purpose and it will be combined with the answers and opinions of many other people, so it will not be possible for anyone to know your identity nor the answers you have provided to different questions.

You can decide not to answer any question that you do not want to or you can stop the interview at any time without providing any explanation. You will not be penalized if you decide not to participate. The interview will take about 20 minutes to complete.

Do you understand what I have just explained? (Record yes or no): 1. Yes 2. No

Do you want to ask me any question about the interview at this time? (Record yes or no): 1. Yes 2. No

INTERVIEWER: PLEASE ANSWER ANY QUESTION ASKED BEFORE PROCEEDING.

Do you agree to participate in this interview? (Record yes or no): 1. Yes 2. No

Could you please tell me your age? (Record yes or no): 1. 18 years or above 2. Below 18 years

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Read the following statement loud and record it. I have discussed with the respondent the above procedures, explicitly pointing out potential risks or discomforts. I have asked whether the respondents has any question and have answered to the questions to the best of my ability. The respondent has verbally agreed to participate in this survey. Read out your name, date and time of the interview.
IF AGE OF THE RESPONDENT IS BELOW 18 YEARS OBTAIN ADDITIONAL CONSENT FROM THEIR GUARDIANS. I have discussed the above procedures with the guardian of the respondent, explicitly pointing out potential risks or discomforts. I have asked whether there is any question and have answered to the questions to the best of my ability. The parent/guardian has verbally given consent for the respondent to participate in this survey. Read out your name, date and time of the interview.

- Tell me about yourself. Tell me about your family and family members? How do you spend your time in your daily routine? How do you define your role at this camp?
- Have you received any information on gender-based violence? Where did you get the information from? What are your biggest concern related to gender-based violence? What have you learnt about gender-based violence? Was the information new to you?
- If I want you to compare your current knowledge on the topics and the knowledge you have 6 months ago, how much do you think your knowledge on the topics of gender-based violence has changed substantially.
- Have you noticed any incident of gender-based violence in your community? What type of gender-based violence did you notice? What did you do then? Did you share the incident with others? What action was taken for this? Are you happy with the action taken in response to the gender-based violence shared? Why or why not?
- Have you changed your attitude or perception towards women after attending the awareness session? What are the changes? Why the changes have occurred?
- What role did you play after receiving the training on gender-based violence? Did you organize any awareness-raising sessions by yourself in your role? Why or why not? Have you delivered any message to the people in your community related to gender-based violence? Please tell me in detail.
- Did the people in your community come to share any issue with you related to gender-based violence? Whhat type of issues do they discuss with you? What did you do when they come to you with an issue related to gender-based violence? Please tell me in detail.
- Have you noticed any role of the Majhis to deal with the situation related to gender-based violence in your camp? What roles do they play? Are you happy with the role they play to tackle the situation related to gender-based violence? Why or why not?
- Have you noticed any role of the law enforcement to deal with the situation related to gender-based violence in your camp? What roles do they play? Are you happy with the role they play to tackle the situation related to gender-based violence? Why or why not?
- Is there any change in the situation related to gender-based violence in your camp? Why do you think so? Can you please give some examples?
- Are you happy with the changes you have noticed in the situation related to gender-based violence in your camp? Why or why not? What could have been done better?

(CHS_1) IS HUMANITARIAN RESPONSE APPROPRIATE AND RELEVANT?

- Do you think the information you received on gender-based violence was relevant to you? Have you made any changes in your life based on the information you received? What changes have you made?
- What could have been done to design the awareness program or campaign more relevant to meet the needs of you
- The child, women, and men have different needs and requirements. As per your best understanding how the project has addressed different needs of women and children?

(CHS_2) IS HUMANITARIAN RESPONSE EFFECTIVE AND TIMELY?

- As per your best understanding, do you think the information you received or the awareness session you have participated in was in a timely manner? Why do you think so?

(CHS_3) IS HUMANITARIAN RESPONSE STRENGTHENING LOCAL CAPACITIES AND AVOIDING NEGATIVE EFFECTS?

- Do you think the project has been able to strengthen your capability to protect or prevent gender-based violence? Were there any negative impacts you have noticed from the project? Can you please give us some examples? Can you please let us know how these negative impacts have been systematically anticipated, identified, and mitigated?
- Do you think you will be able to use the information gained from the project when you face the gender-based violence or when you notice GBV in your community in the future? What impact do you expect in your life based on the information you received from the project?

(CHS_6) IS HUMANITARIAN RESPONSE COORDINATED AND COMPLEMENTARY?

- Is there any other NGOs implementing similar project in your camp area? Are they working on the same topic or a different topic? How are these projects complementing each other? Do you face any confusion, which project should you join?

Do you have any recommendations that would improve the project or better meet your need?

End the interview by thanking respondent for his/her valuable time and responses.

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Phone: 55013481-84

KII Guide for Supervisor

Note to the Moderator

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 - Please frame your questions depending on the type of skill the person has

Introduction

Salam/adab. My name is _____. I have come from a research firm named Org-Quest Research Limited. We conduct research on various social and business related topics as well as on different products and services. Currently we are conducting a survey on protective environment and gender based violence among Rohingya and host communities in Cox's Bazar.

First of all, I would like to thank you for agreeing to be interviewed. We would like to ask you a few questions about protective environment and gender based violence in your camp.

Your comments and opinions will remain confidential and will only be used for this research, not for any other purpose. Our conversation should take about 45 minutes to complete. With your permission I want to record our conversation on tape. Do you have any questions before we begin?

- How were you selected in this program? Do you have any previous experience on gender-based violence? Were you able to utilize your experience in this program? Have you received any training under the project? What type of training have you received? What new knowledge have you acquired from the training? How have you utilized the learning from the training?
- How do you define your role in this program? What is your core responsibility under the program? Could you please elaborate on your responsibility related to GBV IMS data entry management?
- What are the most common types of gender-based violence occurs in this camp? What is the reason behind this? Who are the most common survivors of gender-based violence?

- Do the women and/or children share the incident of gender-based violence if occurred? Whom do they share with? There are different types of gender-based violence. What types of incidents are shared and what are not? What actions are taken when such incidents are occurred?
- What type of psychological support and case management do you supervise at the SSWG/shantikhana? Is the GBV Guidelines followed during the psychosocial support and case management? Who formulated the GBV Guidelines?
- How many caseworkers are working under your supervision? How do you supervise these caseworkers? Did GBV expert and a local clinical psychology expert provide guidance to establish a system to supervise the caseworkers? Please explain in detail.
- Do you remain present during the psychosocial support and case management? Does the survivor feel comfortable during the psychosocial support and case management if anyone apart from caseworker remain present?
- When you supervise the case workers' psychosocial support and case management at the SSWG/shantikhana, do the WV's GBV expert and GBV manager remain present with you where support and case management takes place? Do you receive support from them? What type of support do you receive from them? Are you satisfied with the support you receive from WV's GBV expert and GBV manager? Why or why not?
- How do you provide evaluation and feedback to the caseworkers based on the assessment sheet, support plan, and monitoring forms? Do the WV's GBV expert, GBV manager, and clinical psychology expert check these forms and give necessary advice to you. How frequently do they check and provide feedback? Can you utilize the feedback you receive from them? How or why not?
- What happens to the survivors once they receive psychosocial support and case management? Can you please give us some examples?
 - ✓ How do you ensure the quality of the service?
 - ✓ What change do you notice among the beneficiaries?
 - ✓ Do you refer the beneficiaries to any suitable organizations as necessary? Where do you refer them?
 - ✓ Were the women / children, who were victims of gender-based violence, not able to come to the service and talk about the physical / mental harm in their own words or did they have to take help of someone else? In that case, usually through whom?
 - ✓ How effective was the case management to achieve its objective?

(CHS_1) IS HUMANITARIAN RESPONSE APPROPRIATE AND RELEVANT?

- Do you think the project was relevant to needs of beneficiaries? Why do you think so? What could have been done to design the project more relevant to the needs of beneficiaries?
- Was there any change made in the project plan during the implementation of the project? Why the changes were necessary? Was there any change made due to the COVID-19 outbreak? What were the changes? How did it impact on you?
- How the project has addressed different needs of women and child?

(CHS_2) IS HUMANITARIAN RESPONSE EFFECTIVE AND TIMELY?

- As per your best understanding, do you think the psychological support and case management service provided to the beneficiaries was in a timely manner? Why do you think so?

(CHS_3) IS HUMANITARIAN RESPONSE STRENGTHENING LOCAL CAPACITIES AND AVOIDING NEGATIVE EFFECTS?

- Do you think the project has been able to strengthen your capacity? Why do you think so? Will you be able to provide similar services without the supervision of the case manager and GBV expert?
- Can you give me some examples, how the project beneficiaries will be benefited in the long run by carrying out short-term activities?

(CHS_5) ARE COMPLAINTS WELCOME AND ADDRESSED?

- Do beneficiaries feel safe and believe in privacy when interacting with member NGOs and related stakeholders?

CHS_6) IS HUMANITARIAN RESPONSE COORDINATED AND COMPLEMENTARY?

- Is there any other NGOs implementing similar project in your project area (camp)? How this project is complementing each other?

Do you have any feedback and recommendations to the future projects and programme improvement?

End the interview by thanking respondent for his/her valuable time and responses.

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Phone: 55013481-84

KII Guide for Supervisor

Note to the Moderator

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Introduction

Salam/adab. My name is _____. I have come from a research firm named Org-Quest Research Limited. We conduct research on various social and business related topics as well as on different products and services. Currently we are conducting a survey on protective environment and gender based violence among Rohingya and host communities in Cox's Bazar.

First of all, I would like to thank you for agreeing to be interviewed. We would like to ask you a few questions about protective environment and gender based violence in your camp.

Your comments and opinions will remain confidential and will only be used for this research, not for any other purpose. Our conversation should take about 45 minutes to complete. With your permission I want to record our conversation on tape. Do you have any questions before we begin?

- How were you selected in this program? Do you have any previous experience on gender-based violence related project ? Were you be able to utilize your experience in this program?
- Have you received any training under the project? What type of training have you received? What new knowledge have you acquired from the training? How have you utilized the learning from the training?
- How do you define your role in this program? What is your core responsibility under the program?
- What are the most common types of gender-based violence occurs in this camp? What is the reason behind this? Who are the most common survivors for gender-based violence?

- Do the women and/or children share the incident of gender-based violence if occurred? Whom do they share with? There are different types of gender-based violence. What types of incidents are shared and what are not? What actions are taken when such incidents are occurred?
- What type of case management do you provide at the SSWG/shantikhana? Is the GBV Guidelines followed during the psychosocial support and case management? Who formulated the GBV Guidelines?
- How do you provide case management do you provide at the SSWG/shantikhana? Can you give us some example?
- When you provide case management at the SSWG/shantikhana to the beneficiaries, do the supervisor, WV's GBV expert and GBV manager remain present with you where case management takes place? Do you receive support or feedback from them? What type of support or feedback do you receive from them? Are you satisfied with the support you receive from supervisor WV's GBV expert and GBV manager? Why or why not?
- Do you received evaluation and feedback from the supervisors based on the assessment sheet, support plan, and monitoring forms? Do the WV's GBV expert, GBV manager, and clinical psychology expert check these forms and give necessary advice to you. How frequently do they check and provide feedback? Can you utilize the feedback you receive from them? How or why not?
- What happens to the survivors once they receive case management? Can you please give us some examples?
 - ✓ How do you ensure the quality of the service?
 - ✓ What change do you notice among the beneficiaries?
 - ✓ Do you refer the beneficiaries to any suitable organizations as necessary? Where do you refer them?
 - ✓ Were the women / children, who were victims of gender-based violence, not able to come to the service and talk about the physical / mental harm in their own words or did they have to take help of someone else? In that case, usually through whom?
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CHS_1) IS HUMANITARIAN RESPONSE APPROPRIATE AND RELEVANT?

- Do you think the project was relevant to needs of beneficiaries? Why do you think so? What could have been done to design the project more relevant to the needs of beneficiaries?
- Was there any change made in the project plan during the implementation of the project? Why the changes were necessary? Was there any change made due to the COVID-19 outbreak? What were the changes? How did it impact on you?
- How the project has addressed different needs of women and child?

(CHS_2) IS HUMANITARIAN RESPONSE EFFECTIVE AND TIMELY?

- As per your best understanding, do you think the case management service provided to the beneficiaries was in a timely manner? Why do you think so?

(CHS_3) IS HUMANITARIAN RESPONSE STRENGTHENING LOCAL CAPACITIES AND AVOIDING NEGATIVE EFFECTS?

- Do you think the project has been able to strengthen your capacity? Why do you think so? Will you be able to provide similar services without the supervision of the case manager and GBV expert?
- Can you give me some examples, how the project beneficiaries will be benefited in the long run by carrying out short-term activities?

(CHS_5) ARE COMPLAINTS WELCOME AND ADDRESSED?

- Do beneficiaries feel safe and believe in privacy when interacting with member NGOs and related stakeholders?

CHS_6) IS HUMANITARIAN RESPONSE COORDINATED AND COMPLEMENTARY?

- Is there any other NGOs implementing similar project in your project area (camp)? How this project is complementing each other?

Do you have any feedback and recommendations to the future projects and programme improvement?

End the interview by thanking respondent for his/her valuable time and responses.

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KII Guide for Volunteer

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First of all, I would like to thank you for agreeing to be interviewed. We would like to ask you a few questions about protective environment and gender based violence in your camp.

Your comments and opinions will remain confidential and will only be used for this research, not for any other purpose. Our conversation should take about 45 minutes to complete. With your permission I want to record our conversation on tape. Do you have any questions before we begin?

- How do you define your role in this program? What is your core responsibility under the program? How were you selected in this program? Do you have any previous experience on gender-based violence? Were you be able to utilize your experience in this program?
- Have you received any training under the project? What type of training have you received? What new knowledge have you acquired from the training? How have you utilized the learning from the training?
- Have you conducted any outreach and awareness sessions in the camp? Who are and where is your main target for the outreach activities? How many outreach and awareness sessions did you conduct? How many people have you reached through the outreach and awareness sessions? What topics were covered in the outreach and awareness session? How were the outreach and awareness sessions conducted?

- What changes have you noticed after running the outreach activities? Have you noticed any changes in the behavior or attitude among the target beneficiaries? Was the change same for all age and gender group? Please explain.
- Did you notice any negative behaviors or attitudes among the target beneficiaries during the outreach activities that affected the outreach activities? Please give examples.
- What do you think the most important concern about gender-based violence are there among the women and children in your camp? Are they able to share their concerns to others? What are the most common types of gender-based violence occurs in this camp? What is the reason behind this? Who are the most common survivors for gender-based violence in the camp?
 - ✓ Do the women and/or children share the incident of gender-based violence if occurred? Whom do they share with? There are different types of gender-based violence. What types of incidents are shared and what are not? What actions are taken when such incidents are occurred?
 - ✓ Do you think gender-based violence has become less common after implementation of the project? Why do you think so?

(CHS_1) IS HUMANITARIAN RESPONSE APPROPRIATE AND RELEVANT?

- Was there any change made in the plan for outreach and awareness sessions during the implementation of the project? Why the changes were necessary? Was there any change made due to the COVID-19 outbreak? What were the changes? How did it impact on you?
- How the project has addressed different needs of women and people with disability?

(CHS_2) IS HUMANITARIAN RESPONSE EFFECTIVE AND TIMELY?

- As per your best understanding, do you think the outreach activity was in a timely manner? Why do you think so?

(CHS_3) IS HUMANITARIAN RESPONSE STRENGTHENING LOCAL CAPACITIES AND AVOIDING NEGATIVE EFFECTS?

- Were the outreach and awareness sessions been able to strengthen communities' capacity in terms of protest against gender-based violence? Why do you think so? Would you like to disseminate the knowledge and information related to GBV in your community even after the project end? Why/Why not?
- Do you think the outreach activity has been able to strengthen the capability of the Rohingya people to prevent gender-based violence? Were there any negative impacts you have noticed from the project? Can you please give us some examples? Can you please let us know how these negative impacts have been systematically anticipated, identified, and mitigated?
- Do you think these types of activities contribute to ease the tension between host communities and Myanmar refugees?

(CHS_5)ARE COMPLAINTS WELCOME AND ADDRESSED?

- Did the beneficiaries share any complaints or observation during the implementation of the project? What are those complaints or observations? Can you give some example? What the complaints or observations addressed properly? How was those addressed or why those were not addressed?

CHS_6)IS HUMANITARIAN RESPONSE COORDINATED AND COMPLEMENTARY?

- Is there any other NGOs implementing similar project in your project area (camp)?

Do you have any feedback and recommendations to the future projects and programme improvement?

End the interview by thanking respondent for his/her valuable time and responses.

Org-Quest Research Limited

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6 Panthapath, Dhaka-1215

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Implementation Partner Representative KII Guide

Introduction

Salam/adab. My name is _____. I have come from a research firm named Org-Quest Research Limited. We conduct research on various social and business related topics as well as on different products and services. Currently we are conducting a survey on protective environment and gender based violence among Rohingya and host communities in Cox's Bazar.

First of all, I would like to thank you for agreeing to be interviewed. We would like to ask you a few questions about protective environment and gender based violence in your camp.

Your comments and opinions will remain confidential and will only be used for this research, not for any other purpose. Our conversation should take about 60 minutes to complete. With your permission I want to record our conversation on tape. Do you have any questions before we begin?

Note to the Moderator

- Please probe for details where required
- Please frame your questions depending on the type of activities the project has

General Questions

- Can you let us know the current status of the implementation? (How many months have passed since the launch? Which major activities were carried out?)
 - Can you tell us what is going well in the project?
 - How many people have you reached successfully through training and outreach activities? How effective were the outreach activities in terms of achieving project goal? What changes have you noticed after running these activities? Have you noticed any behavior or attitude related change among the target beneficiaries? Was the change same for all age and gender group? Please explain

- As per your opinion, how successful was the Safe Space for Women and Girls (SSWG)? Why do you think so? How the beneficiaries for SSWG were selected. Did you face any challenge or protest to bring the women at SSWG?
- Do you refer the beneficiaries to any suitable organizations as necessary? Where do you refer them? Do you have any service agreement with any such organization? Do you face any challenge to refer the women to other organizations? Please explain in details.
- Can you tell us if there is anything which are not going well?
- What about the security situation in the project area? Are there any concerns? How is WV planning to address them?
- Are there any possible recommendations or ideas for JPF or the management team of your organization for improving the current project situation??

IS HUMANITARIAN RESPONSE APPROPRIATE AND RELEVANT?

- How the target was set for the project? Did you conduct any need assessment to understand the needs of the women and men in the camp to understand their project related concerns and needs? How was the need assessment conducted? Do you think the project addressed the needs of the children and women in a consistent manner? Do you think the SSWG and outreach activity was sufficient to reach the majority of the target beneficiaries in your camp? If not, what should have been done instead?
- Till now do you think the project was relevant to needs of the project beneficiaries? Why do you think so? What could have been done to design the project more relevant to the needs of the project beneficiaries?
- What services are you providing to the beneficiaries under SSWG? How did you select the services to be delivered? How effective was the services to meet the project goal?
- Did you receive a positive response from the male beneficiaries and religious and community leaders (religious leaders, etc.). Why do you think so?
- How easy or difficult was it to make the administrative officials and police involved in this project?
- Was there any change made in the project plan during the implementation of the project? Why the changes were necessary? Was there any change made due to the COVID-19 outbreak? What were the changes? How did it impact on the overall project? Did you continue the outreach activities post COVID-19 outbreak?

IS HUMANITARIAN RESPONSE EFFECTIVE AND TIMELY?

- Do you think that the project will be completed as per expected time? Do you think the objective of the project has been achieved as per project target? What will happen to the SSWG once the project is completed?
- Have you noticed any visible changes to ensure protective environment for children and women? Do you think the incidence of gender based violence, trafficking, child marriage or child labor has reduced due to the implementation of the project? Please explain in details.
- What were the major factors influencing the achievement or non-achievement of the objectives?

• IS HUMANITARIAN RESPONSE STRENGTHENING LOCAL CAPACITIES AND AVOIDING NEGATIVE EFFECTS?

- Has the project been able to strengthen communities' and local capacities and ownership? Do you think the SSWG will remain active even after the project is closed? Will the psychological counseling be available even after the project is closed? If not, what could be the possible solution to address the issue?
- To what extent have long-term and inter-connected problems been considered when carrying out short-term activities?
- To what extent, and how, were negative impacts, including in all sectors from above, systematically anticipated, identified, and mitigated? Do you think the male counterparts will change their perception towards women and children?
- What were the main barriers to involving local actors in the provision of assistance? Have you noticed presence of religious superstitious that might have an impact on achieving project goal in the long run?
- Did the project have any unforeseen positive and/or negative impacts (including on social, political, environmental and economic factors) which have influenced you or prompted changes in ways of working etc.??
- Did the response contribute to ease the tension between host communities and Myanmar refugees?

IS HUMANITARIAN RESPONSE BASED ON COMMUNICATION, PARTICIPATION AND FEEDBACK?

- Were the beneficiaries able to provide feedback throughout the different stages of program? Were you be able to customize the lectures or psychological counseling based on the need of the beneficiaries?
- While selecting the beneficiaries for case management, did you receive support from the community people to select the right beneficiaries?

ARE COMPLAINTS WELCOME AND ADDRESSED?

- Did targeted beneficiaries and the wider community feel safe and trusted the confidentiality when communicating with member NGOs and its relevant stakeholders?
- Did they consider SSWG as safe and secure place?
- Did they share any complaints or observation during the implementation of the project? What are those complaints or observations? Can you give some example? What the complaints or observations addressed properly? How was those addressed or why those were not addressed?

IS HUMANITARIAN RESPONSE COORDINATED AND COMPLEMENTARY?

- How were you engaged with the Majhis and CiCs in the camp? Did the Majhis, CiCs and/or local government authorities provided their feedback on the project? How was the feedback addressed?
- Has the project complemented and been compatible with government approach?
- Is there any other NGOs implementing similar project in your project area (camp)? If yes, how did you coordinate and complement its interventions with others?

ARE HUMANITARIAN ACTORS CONTINUOUSLY LEARNING AND IMPROVING?

- Since the beginning of the project, have you made any modifications because of monitoring, feedback, or complaint-handling? If yes, could you please explain how the changes made had positive / negative effects to the achievement of the outputs & outcomes?

ARE STAFF SUPPORTED TO DO THEIR JOB EFFECTIVELY, AND ARE THEY TREATED FAIRLY AND EQUITABLY?

- How much happy are you with the expertise and competencies of your project staff to implement the project? Did they have sufficient knowledge of the context, refugee rights and protection issues? Have they gone through any training before implementing the project?
- Did the psychological counselors have required skill and ability to address the needs of target beneficiaries? Did the beneficiaries expressed satisfaction regarding the provision of psychological referrals or supports?

ARE RESOURCES MANAGED AND USED RESPONSIBLY FOR THEIR INTENDED PURPOSE?

- How much happy are you with the budget spent against plan
- How the most recent audit recommendations have been addressed
- How Value for Money was achieved through effective procurement and contracting
- How well were the inputs (funds, people, materials, and time) used to produce results?

End the interview by thanking respondent for his/her valuable time and responses

Appendix 3: Evaluation Photos

Note: During the interview no photo was not captured as per PSEA and Child Safe Guarding Protocol



Training Session for Enumerators are in progress



Enumerators are washing their hands with soap before entering into the training venue



Body temperature was measured by using contact less thermometer