



**ASHAR Alo Project**  
(Action for Supporting the Host Communities: Adaptation and Resilience)

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**YEAR-END ASSESSMENT REPORT**

Funded by  
**USAID/OFDA**

Implemented by  
**CARE BANGLADESH**

OCTOBER 2020

**DISCLAIMER**

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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As the assessment is internal, the MEAL team has tried its level best to maintain neutrality.

**Kamrul Hasan**  
MEAL Coordinator  
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# LIST OF ANNEXES

- Checklist for Outcome 1 - Annex 1
- Checklist for Outcome 2 - Annex 2
- Checklist for Outcome 4 - Annex 3
- Checklist for Group Assessment- Annex 4
- Data Collection Tools / Questionnaire - Annex 5
- Comprehensive Electronic Data set and Transcripts (will submit later)

## EXECUTIVE SUMMARY

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As a multi-year project, mid-term review/year-end assessment has been commissioned to assess relevancy of design, approach and methodology, implementation strategy, efficiency and effectiveness of actions, effects of actions on community people etc. This is an internal assessment to improve the project.

The assessment was conducted in September 2020 applying both quantitative and qualitative tools and approaches. The samples were drawn purposively. Considering the COVID-19 situation, the short sample size was determined following most common statistical formulae. Throughout the study, it follows USAID compliance and directives. It covers a total of 228 respondent's households from 4 WARDS under Jaliyapalong Union in Ukhiya Upazaila, Cox's Bazar district. Quantitative Data collection has been conducted with Tablets using KoBo.

The objectives of the assessment are as follows:

- To know the present project situation;
- To know the capacity of local institutes in relation with Community Based Disaster preparedness i.e., knowledge/skill, attitude and practices;
- To identify current Knowledge, Attitude and Practice (KAP) of targeted host community members in relation to Disaster Preparedness/ Risk Reduction, WASH, Shelter/ Settlement from resilience & livelihood point of view.

COVID-19 situation forced the "ASHAR Alo" project to stop its intervention in the mid-way. Within the 1<sup>st</sup> year of project tenure, in most cases, the assessment value appears as less. However, in the meantime, the project has completed below key tasks:

- Formed a few community-based committees like- 15 VDC, 9 WDMC, 4 WASH Committee;
- Reactivated 1 UDMC, and 1 Union WASH committee;
- Transferred 2nd tranche of a cash grants to 490 Beneficiaries for retrofitting house;
- Implemented 2405 (60%) person-days CfW activity involving of 156 labour;
- Completed boring of 34 DTW with full completion of 15 DTW;
- Complete construction of 150 latrines with handover to respective beneficiaries;
- Conducted 441 HP sessions where covered a total of 2558 beneficiaries.
- 4576 women and girls received GBV response and prevention services.

# PROJECT BACKGROUND

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ASHAR Alo (Action for Supporting the Host Communities: Adaptation and Resilience), meaning ‘Light of Hope’ in Bangla.

This ASHAR Alo project targets host communities located outside of the refugee camps, consolidating programmatic gains through OFDA funding for sustainable development in the area. The project activities are focused on Jaliyapalong, and Palongkhali. CARE aims to strengthen host communities' resilience, by enhancing community-based disaster risk reduction (DRR), upgrading infrastructure and providing livelihoods opportunities, across shelter, settlement and WASH sectors. The project will also respond to the urgent protection and gender-based violence needs in the host community. Activities are being undertaken in collaboration with government and community stakeholders, as well as UN and NGO actors.

## Project at a glance:

— Start Date:	August 1, 2019
— Proposed Program Duration:	Two years (August 1, 2019 to 31 July, 2021)
— Dollar Amount Requested from USAID/OFDA:	\$2,600,000
— Total Number of People Affected in the Target Area:	104,000
— Total Number of People Targeted (Individuals):	17,500

## Sector wise distribution of Beneficiaries

• Risk Management Policy & Practice:	300
• Shelter and Settlements:	8,500
• Protection:	6,000
• Water, sanitation, and hygiene:	17,500

Cox's Bazar is amongst the poorest districts of Bangladesh. In Ukhia, 33% of people live below the poverty line, and 17% below the extreme poverty line. This is linked to the region's poor land quality and high risk of natural disaster. Since the Myanmar refugee influx in the fall of 2017, over 902,984 refugees or 201,150 households (HH)s have settled in Ukhia, and Teknaf.<sup>1</sup> Despite limited resources, the local host community population welcomed the arriving refugees during the fall of 2017, sharing food, shelter, and supplies. However, the refugees' extended presence has strained the community's already scarce resources. Within the sub-region, the residents of Ukhia and Teknaf have been particularly affected, with 336,000 residents directly impacted by the refugee influx,<sup>2</sup> leading to a deterioration of relations between these host community members and the refugees.

The region is highly prone to natural disasters; it experiences regular cyclones, floods, and landslides with triple global average precipitation<sup>3</sup>. Both individual homes and community shelters are weak and in disrepair. Over 40% of households do not meet Sphere standards; they are overcrowded, weak and highly susceptible to damage and destruction by strong winds, rain, and flooding<sup>4</sup>. Land degradation,

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<sup>1</sup> UNHCR, Rohingya Refugee Response, November 2018

<sup>2</sup> Support to Bangladesh Host Communities in the Rohingya Refugee Response, Inter-Sector Coordination Group, 21 March 2018

<sup>3</sup> Rohingya Crisis, Pre-Monsoon Review Summary Report, ACAPS, March 2018

<sup>4</sup> Rohingya Crisis, Host Communities Review Thematic Report, ACAPS, January 2018

including the daily removal of over 700 metric tons of firewood from the area, has led to a loss of topsoil, coupled with the heightened risk of flash flooding, which again has increased the potential destruction<sup>5</sup>. The accumulation of improperly disposed waste and poor pre-existing drainage systems aggravate these risks and increase the likelihood of damage to host communities<sup>6</sup>. Furthermore, community response plans and structures are ill-equipped to safeguard or offer substantive protection.

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<sup>5</sup> Support to Bangladesh Host Communities and Institutions in the Rohingya Refugee Response, 9 May 2018

<sup>6</sup> Support to Bangladesh Host Communities and Institutions in the Rohingya Refugee Response, 9 May 2018



# YEAR-END ASSESSMENT METHODOLOGY

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The assessment methodologies are a mix of quantitative data and qualitative data collection from a variety of sources. Household survey with sampled project participants was the key method for quantitative data, while desk review of secondary documents, FGDs and KIIs were done to better understand the qualitative perspective.

## Desk Review

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The assessment included review of project documentation and reports, including:

- Secondary data/report
- Project Proposal
- Relevant report

## Household Survey

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The household survey was conducted using a semi-structured questionnaire with women and men from the sampled households across four Wards of Jaliyapalong and one Ward of Palongkhali Union. All the respondents of the HH survey were adults and the selection of sampled HH was done purposively, as the project activities are yet to completely cover all the program participants.

When conducting the interviews, enumerators ensured the respondents are not influenced or intimidated by other members of their households by maintaining some level of confidentiality. They further ensured that COVID-19 safety protocols including wearing face masks and maintaining physical distancing were kept.

The survey was through mobile based data collection, done using Kobo Collect. CARE Sr. MEAL Officer was responsible to finalize the tool and upload it in KoBo, orient the enumerators and supervise the data collection process done by enumerators.

The sample size calculation for HH survey is presented below:

$$S = (Z^2 * p * (1-p)) / e^2$$

Where:

- e is the desired level of precision (i.e. the margin of error),
- p is the (estimated) proportion of the population which has the attribute in question,

We aimed for 90% confidence, and at least 5% —plus or minus—precision. A 90 % confidence level gives us Z values of 1.64, per the normal tables, so we get

$$S = (Z^2 * p * (1-p)) / e^2$$

$$S = ((1.64)^2 (0.5) (1 - 0.5)) / (0.05)^2 = 268.96$$

Since the working area is across two Unions, we considered 228 sample for Jaliyapalongkali where DRR, Shelter, Settlement, and WASH interventions are taking place, the remaining 74 samples were taken from Palongkhali where only Protection interventions are going on. Considering this the total sample size is **228+74 = 302**.

In Palongkhali Union, the project collected only protection related data.

## FGD AND KII

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The FGD and KII have explored in greater details the perception and satisfaction of selected participants of the Ward level. The focus group discussion were organised around four main thematic areas: DRR, Shelter/ Site Management, WASH and Protection. We conducted 3 FGDs. The FGDs were facilitated by the CM and the MO with the support of trained volunteer. The KIIs were conducted with Ward Members, School Teacher, and Imam.

## LIMITATION

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- Quantitative data has been collected by project volunteers which may have bias;
- For the quantitative survey, the household survey has been chosen purposively, as the project delivery are yet to finish;
- For the protection sector, only quantitative data has been collected;
- At the time of Baseline, protection sector data was analysed by both Jaliyapalong and Palongkhali union, where only Palongkhali data is considered at the time of assessment.

# ASSESSMENT FINDING

The assessment looked into four major component of the project i.e. Risk Management Policy and Practice, Shelter and Settlement, WASH and Projection. This section presents summary of findings on each of the above components and corresponding indicators as well as other variables relevant to present situation.

## RISK MANAGEMENT POLICY AND PRACTICE

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Risk management policy and practice is one of the four major components of the project. The objective of risk management policy and practice interventions are to “Enhance the capacity of community members and institutions to support the mitigation, response, and recovery from shocks and stresses”.

As a part of risk management policy and practice, the ASHAR Alo project has formed community-based committees like Ward Disaster Management Committees (WDMC) and also reactivated UDMC in line with the Standing Orders on Disaster (SOD)-2019. Village Development Committee (VDCs) are also formed as one of the CARE’s best practices for community level ownership and sustainability of the intervention.

## COMMUNITY CONSULTATION MEETING (CCM)

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One of the objectives of the CCM is Community Mobilization through Community Workshops. Purposes of the community mobilization are –

- To reach the implementation objective;
- To inform the target community about the implementation modality "ASHAR Alo";
- To inform the target community about the direct beneficiaries' selection criteria;
- To present the overall main activity of the "ASHAR Alo" project to the target community.

From the review of project reports as well as interview with project key informants, it was found that at the inception phase of the project community consultation meetings were organized in all four Wards. Alongside of sharing project goal, objective and activities, a primary list of project participants were also collected through those meetings. As the assessment findings suggest, the key output of the community consultation meetings include primary list of beneficiaries for shelter and latrine assistance, scheme selection, identification of spots/ sites for new Deep Tube-well installation, identification of tube-wells needing retrofitting and so on.

Moreover, the consultation meeting created spaces for engagement of the community to participate in the decision making. There were also discussions on project entitlements and the selection criteria to be enlisted as a program participants, as mentioned by different key informants as well as FGD participants.

## DISASTER COMMITTEE FORMATION

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Different committees have been formed/ reactivated for disaster management through community participatory approach. FGDs were conducted with relevant community members to form or reactivate disaster-related committees. Within the SOD, mainly UDMC at the union level was reactivated and WDMC at the Ward level formed during the first year of the project.

The committee formation and reactivation process followed a participatory approach. As identified from different FGDs and KIs, following step by step process was followed:

Step	Activity
1	Inform the PIO and Union Parishad through a formal letter
2	PIO issued official letter to chairman for action taken
3	Formal discussion with the UP Members
4	Fix a date to consult with the community
5	Verbally Invite the respective community members
6	Meeting with the community to reform the disaster committee followed by SOD
7	Select the committee members through verbal "Yes-No" voting
8	Prepare the list of the committee through meeting minutes
9	Approve the committee from respective ward member and chairman and send it to PIO

## VDC

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A Village Development Committee (VDC) is the village level community based committee. The VDCs are supposed to act as project implementation committees at village level, follow up the implementation and ensure quality of work. To form the VDCs, the "SHOUHARDO" guidelines have been followed. CARE Bangladesh implemented the first phase of Strengthening Household Ability to Respond to Development Opportunities (SHOUHARDO) from 2004 to 2010 at Jaliyapalong. At that given time, they formed Village Development Committees. Unfortunately, "ASHAR Alo" did not find any active committees at Jaliyapalong, thus the project had to form new VDCs.

Officially there are 11 villages in Ward 6, 7, 8, and 9; considering the geographical context and distance, 15 VDCs have been formed consisting of 11 members in each committee. 35% female engagement has been ensured in the VDC committees.

## WDMC

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In case of a disaster, community people face the immediate impact of damage and loss. They also act as the first responders to withstand the situation before arrival of rescue and relief. As such, the present community based disaster management is becoming more and more popular as it is showing effective. Its underlying principle is to manage disaster at community level by integrating the community people in the process and ultimately lead disaster management themselves.

Within the scope of current regulatory framework of disaster management, especially the Standing Orders on Disaster (SOD), there is provision of Ward Disaster Management Committee (WDMC)

formation. The key mandated roles of WDMC are to coordinate risk reduction, emergency response during warning period, emergency response during disaster and post disaster response at the respective Ward level.

Over the first year, the project has formed 9 WDMC in all 9 Wards under each Union. Although the main working areas are the four wards (6, 7, 8 and 9) of the Union, the project formed WDMC in all 9 wards in consideration of supporting holistic and comprehensive DM structures at the Union.

The quantitative survey data depicts that about 20% of the respondents know about the WDMC (10% know well and 10% know little). Although the percentage is quite low, it is higher than the baseline and indicates some level knowledge and awareness on the DM structures at the community level within the first year of the project.

From the KII with project key informants, it was found that a 3-day long training was organized for capacity building of newly formed WDMC members, which was facilitated by the PIO and CPP Deputy Directors. However, there has been no community level dissemination about the WDMC yet due to limitations including COVID-19.

## UDMC

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In line with disaster management regulatory framework, particularly the Standing Orders on Disaster (SOD), the Government of Bangladesh has formed a set of top down mechanisms from national to grass-root levels to maintain proper coordination amongst the concerned Ministries, Departments, line agencies, Local Government Body and community people, as well as to ensure their proper functioning to mitigate further sufferings of the people in any disaster. To complement Government effort to roll out the SOD 19, the ASHAR Alo project has reformed the Union Disaster Management Committee (UDMC) to reinforce and strengthen local DM structures. During the year, one of the project's 3-day long capacity building training was organized for the UDMC members. However, community level understanding and awareness about the UDMC is still considered low as only 21% of respondents of the quantitative survey responded that they know about UDMC (8% responded "know little", 13% responded "know well").

## FEMALE ENGAGEMENT OF THE COMMITTEE

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As per the condition of the Project Proposal, 30% of VDC members are female. Key informant interviews reveal that 30% female engagement in a VDC was a big challenge due to various social barriers for female to participate in such committee. The project teams were able to facilitate the community members getting a better understanding of the importance of female participation in the project. Although the project team were able to convince the HH head/ guardians to engage the female VDC members, it was difficult to establish communication between the project team staff and the selected female members, as they felt shy at the beginning to come out of home and open up with the unknown project team staff. Local recruited Disaster Volunteers acted as a bridge to make the women feel more comfortable with the project team as well as other male members of the VDC. During the assessment period, women participation was found to be rather significant.

## VDC, WDMC, UDMC INFLUENCE

Discussing with the members of the committee it was found that they had no direct involvement or influence or authorize to select the Project Beneficiaries like- Shelter, Toilet, CfW, and DRR Scheme selection. To select a scheme or site for tube-well, the project conducted FGDs where committee members participate as an FGD participant, not in their umbrella or committee seal. During the discussions, some of the committee members expressed their frustration of not having any authority to take decision on project activity. But they have tried to contribute in alternative ways. Such as phone to CARE hotline number whenever they found any inconsistency, share their emotion to the assessment team.

UDMC has been given mandate to act as the local disaster management structure and it is supposed to play role in disaster preparedness, mitigation, emergency response and post disaster rehabilitation. The UDMC must ensure that local people are kept informed and capable of taking practical measures for the reduction of risks at household and community levels and also disseminate the success stories of disaster risk reduction widely among the local people. They hold a hazard, vulnerability and risk analysis at Union level and prepare a risk reduction action plan (RRAP) and contingency plan for different hazards. The UDMC facilitates coordination among the development agencies and service providers through quarterly coordination meetings and takes decisions about the implementation of action plans for risk reduction as well as reviewing the progress of the risk reduction action plan. It also works to raise funds at a local level to implement the risk reduction action plan.

## MEMBER CATEGORY OF THE COMMITTEE

VDC	WDMC	UDMC
11 members	14 members	47 members
<ol style="list-style-type: none"> <li>1. President (1)</li> <li>2. Vice president (1)</li> <li>3. Secretary (1 person)</li> <li>4. Assistant Secretary (1)</li> <li>5. General Secretary (1)</li> <li>6. Cashier (1)</li> <li>7. Members (5-9)</li> </ol>	<ol style="list-style-type: none"> <li>1. President- Elected Ward member (1)</li> <li>2. Advisor- Elected Female member of the ward (1)</li> <li>3. Teacher representative recommended by committee (1)</li> <li>4. Ward level government employee (2)</li> <li>5. Representative, Bangladesh Red Crescent Society if available (1)</li> <li>6. Representative of NGO recommended by committee with ongoing local operation (1)</li> <li>7. Religious leader (2)</li> <li>8. Representative from people with special needs (1)</li> <li>9. Media representative if available (1)</li> <li>10. Representative from local business community (1)</li> <li>11. Representative from indigenous community (1)</li> <li>12. Secretary- Representative recommended by committee (1)</li> </ol>	<ol style="list-style-type: none"> <li>1. Chairperson- Union Parishad Chairman (1)</li> <li>2. Members of the Union Parishad (12)</li> <li>3. Teacher Representative (Nominated by Chairman) (1)</li> <li>4. Government officials working at Union Level (Sub-Assistant Agriculture Officer, Union Health and Family Planning Centre in-charge, Union Tax Collector (Tahshildar), BRDB Field Worker, Representative of Social welfare department) (7)</li> <li>5. Representative of Vulnerable Women (Nominated by Women Member) (2)</li> <li>6. Representative of the CPP (in appropriate case) (1)</li> <li>7. Representative of Bangladesh Red Crescent Society (in appropriate case) (1)</li> <li>8. Representatives of NGOs (one representative each from Local, National and International NGOs nominated by the Chairman) (2)</li> <li>9. Representative of the Farmer Society (1)</li> <li>10. Representative of the Peasant and Fishermen Society (If no society, person will be nominated by Chairman) (1)</li> <li>11. Socially Reputed Persons or Civil Society Representatives (Nominated by the Chairman) (1)</li> <li>12. Representative of Freedom Fighter (Nominated by Upazila Freedom Fighters Command Council) (1)</li> <li>13. Imam/Priest/Other religious leader (Nominated by Chairman) (2)</li> <li>14. Representative of PWD (1)</li> <li>15. Representative of Scout (1)</li> <li>16. Representative of the cultural organization (1)</li> <li>17. Representative of the print media (1)</li> <li>18. Representative of the Sports Club (1)</li> <li>19. Representative of the landless group (1)</li> <li>20. Representative of the Business man (1)</li> <li>21. Representative of the Ethnic minority (1)</li> <li>22. Representative who have indigenous knowledge about disaster (3)</li> </ol>

VDC	WDMC	UDMC
		23. Representative of Ansar and VDP (Nominated by Upazila Ansar VDP Officer) (1) 24. Representative of the retired Govt officer (1) 25. Secretary, Union Parishad (1)

## TRAINING TO THE COMMITTEE

Following the formation of the committees, ASHAR Alo provides training on disaster preparedness, warning systems, response, and general awareness towards DRR of all committee members. Before providing training, the project staff (30) receives a 3 day ToT jointly organised by CARE, American Red cross, IFRC and BDRCS. Afterwards, the project developed a training module following the SOD and started providing the training. The participants had an expectation to have interactive training, but due to COVID-19 restrictions, the training had to be adapted within the safety protocols. Besides, transportation cost were high as they had to reserve Tomtom to reach the training venue.

As of the assessment data collection, First Aid Kits were not provided to the CPP volunteers. The project has a plan to provide Search and Rescue (SAR) and First Aid training to the selected CPP volunteers on coming October-November.

## Training Contents

DRR/EW/EWRS	SAR	First AID
<ul style="list-style-type: none"> <li>Disaster: concept, terminology and Disaster cycle</li> <li>Bangladesh Disaster context, consequences, sharing of participants' experience on response Disaster and DRR</li> <li>Cyclone/Flash Flood: local history, early warning system and role of communities</li> </ul>	<ul style="list-style-type: none"> <li>Concept on SAR</li> <li>Steps, Survey and Stages of Rescue</li> <li>Emergency Rescue Method</li> <li>Rope terminology, Types, Importance, Use and care of rope</li> <li>Knot, types, different hitches and use of knots</li> <li>Technique of rescue from high rise building by chair knots and chain knots</li> <li>First Aid after any incident or rescue (CPR, Bleeding, Bone fracture, Shock)</li> <li>Mass casualty Management</li> <li>Psychological support</li> <li>Use, making improvised and handling of Stretcher</li> <li>Fire Safety and bucket brigade</li> <li>Lashing, types and use of lashing</li> <li>Water rescue and tools/technique</li> </ul>	<ul style="list-style-type: none"> <li>Introduction to First Aid</li> <li>Choking</li> <li>Cardio Pulmonary Resuscitation (CPR)</li> <li>Shock &amp; prevention of Shock</li> <li>Bleeding &amp; control of Bleeding</li> <li>Wounds and dressing of Wounds</li> <li>Burn &amp; Electric Injuries</li> <li>Fit, Fainting &amp; Unconsciousness</li> <li>Poisoning</li> <li>Bites</li> <li>Bone fracture and Immobilization of fracture</li> </ul>

## COMMUNITY MEETING (VDC, WDMC, UDMC, UDV)

After forming the committee, the project conducted bi-monthly meetings with VDC, WDMC, UDMC, and UDC. It was a combined meeting with participation of all respective members. The combined meeting including all the different committee members was found to be an effective approach toward establishing linkages and networking among each other; to improve the communication gap and build unity. The ASHAR Alo project maintains a tracking sheet to follow-up the meeting actions.

In each meeting, approximately 40-50 members from different committees participated. In order to make them aware on pre- and post-disaster activities, meetings discussions are kept around weather

forecast, disaster preparedness, and response measures, available resources and capacity. Besides the current project interventions, WASH, shelter, DRR, hygiene promotion related agendas take place in the meeting. The key informants of the project expressed that these meetings will continue for the remainder of the program, with inter-committee meetings and links to UP enabling the structures to continue after our exit.

While having an integrated approach of all committee meetings and networking processes, there is a need for an individual committee level mechanism for coordination between the members and capacity strengthening so that they can perform specific role as per the SoP in their own catchment area. Throughout the implementation, the ASHAR Alo project can support the committees in demonstration of standard practice on governance, management, conflict management, internal/external relations, which will help the committees to become self-sustainable.

## LINKAGE WITH CPP VOLUNTEER

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The Cyclone Preparedness Programme (CPP) is a joint flagship program of the Government of Bangladesh and Bangladesh Red Crescent Society for community based disaster management in all the coastal districts. The CPP is a global role model for community based disaster management and has been credited with saving thousands of lives since its establishment in 1973. Now, it has over 55 thousand volunteers across 13 coastal districts.

Jaliyapalong Union is within the catchment area of CPP and has already set up a CPP volunteer committee. The ASHAR Alo project aimed at utilizing this existing resources, as this DM structure is already very much renowned for their work in the community and have access to different other committees and structures.

In order to institutionalize CPP volunteers into the overall DM structures in Jaliyapalong Union, the ASHAR Alo project included CPP volunteers as the Disaster Volunteers (DV). The main objective of DV is to build capacity in order to respond to any disaster as a first responder. In terms of capacity building, 24 CPP volunteers of Jaliyapalong Union were given apprenticeship opportunities. Under this apprenticeship, the volunteers have been engaged on a regular basis.

However, the assessment team found mixed reaction against the allowance paid to the volunteers for their apprenticeship. While some of the key informants and FGD participants consider that this allowance will motivate them to own their work and be more active to serve, the others consider that paying money might deteriorate the spirit of voluntarism and can induce conflict of interest between other CPP volunteers, who are not included as DV.

## CRA, RRAP

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CRA (Community Risk Assessment) is a participatory process for assessing hazards, vulnerabilities, risks, ability to cope, preparing coping strategies and finally preparing a risk reduction action and implementation plan by the local community.



The ASHAR Alo project itself did not conduct a CRA at the beginning of the project. However, it has utilized the CRA conducted by IOM in 2018 to select the project schemes. The selection of vulnerable households for latrines, shelter and settlement support was done through a household survey conducted by the project staff. To this end, the assessment team believes that the review/update of CRA will be instrumental for the remaining period of the project with regards to relevance and effectiveness.

## SIMULATION

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A simulation is an approximate imitation of the operation of a process or system; that represents its operation over time. Simulation can be used to show the eventual real effects of alternative conditions and courses of action.

Sensitization understood as the quality or condition of responding to certain stimuli in a sensitive manner. Community sensitization is effective in providing first-hand, reliable information to communities. For community sensitization as well as mass awareness, the DRR simulation plays an important role.

The project has not conducted any simulation yet, though the plan is to contribute if any simulation is conducted by other organizations or Govt at the Upazila level. In consideration of the importance of DRR simulation for mass awareness, there are budgets allocated for organizing simulation in the additional funding approved by OFDA.

## DAY OBSERVANCE ON DRR

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To create awareness among the community, the day observation also plays an important role similar to the simulation. During year one of the project, it has celebrated two major DRR related national/international days, one is - International Disaster Risk Reduction Day on 13. October 2019 and the other is National Disaster Preparedness day on 10. March 2020. To ensure the success of these events, the project collaborated with government authorities. As the project is operational in the Jaliyapalong Union, it would be nice if the day would have been observed at the Union level, which was not possible due to COVID-19.

## 3 ZERO 5?

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As a part of the indicator, there is a given target, “300 people trained in disaster preparedness, risk reduction, and management”.

Considering that the VDC, WDMC, UDMC the number is higher than 305. This is nothing but situation demand. 305 segregations are as follows: -

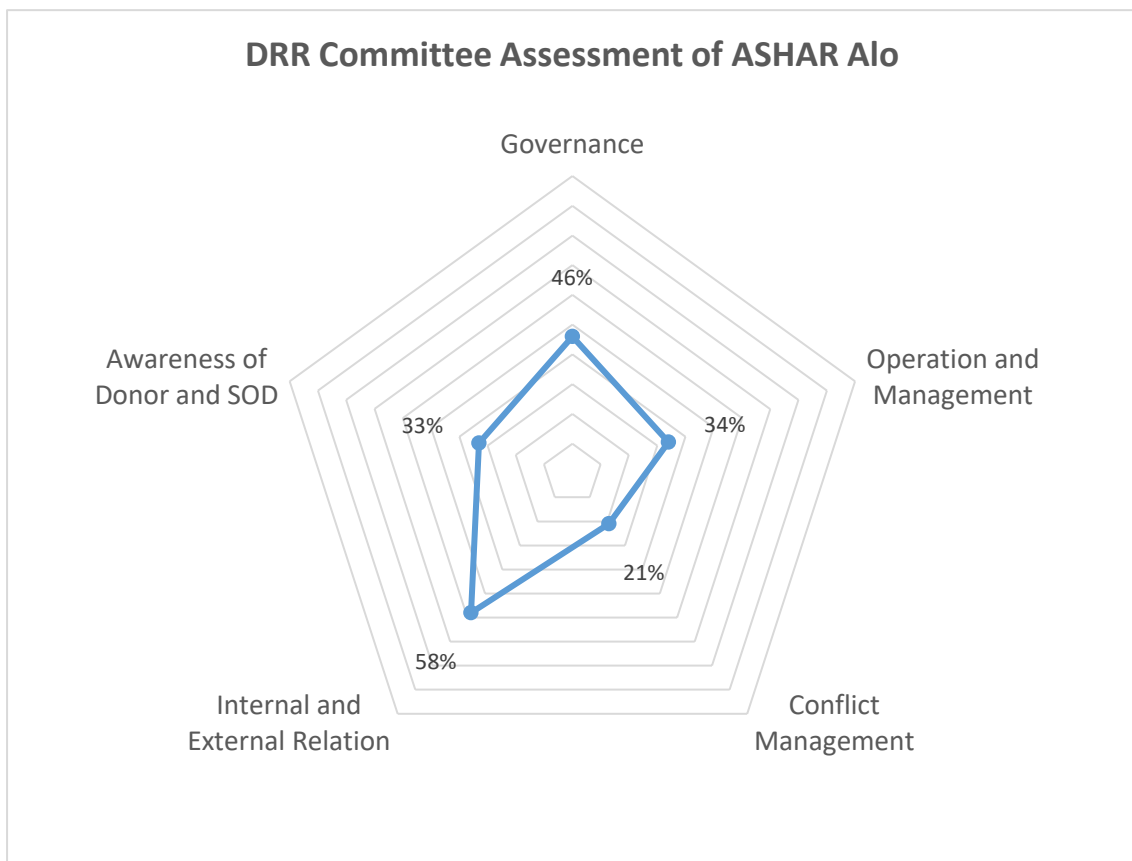
$$15 \text{ VDC} \quad \times \quad 11 \text{ members} \quad = \quad 165 \text{ people}$$

9 WDMC	X	14 members	=	126 people
1 UDMC	X	47 members	=	47 people
<b>Total</b>			=	<b>338 people</b>

It is noted that, to form the WDMC and UDMC, SOD 2019 has been followed.

## CAPACITY ASSESSMENT OF THE COMMITTEES

As a part of this year end-assessment, a self-assessment of the committee members was conducted on different generic institutional capacity for well-functioning of DM Committees such as governance capacity, operation and management capacity, conflict management, internal and external



communication and awareness on SOD. Considering all indicators, it has been found that the group capacity score on governance, operation and management, conflict management, external and internal relation and awareness on donor and SOD is 46%, 34%, 21%, 58%, 33% respectively. Although the score is satisfactory based on the consideration of just one year of the implementation, there is a need of more awareness and capacity building of the committee members.

The project is using a tracking sheet to track the attendance of committee members. If any members are not present in the meeting, then the respective staff communicate with the member through mobile. This is the follow-up mechanism from the project to the committees.

A linkage may also be established with Fire Service and Civil Defence for capacity building of the committee members as well as for emergency response in terms of emergency search and rescue, fire protection and so on.

## QUANTITATIVE ASSESSMENT OF DRR

Below table shows the progress of one year:

SI	DATA	Answer Option	Baseline	1 <sup>st</sup> Yr. Assessment
	<b>DISASTER PREPARATION</b>			
1	Do you have any preparation/ pre-position to fight against any disaster?	Yes	48%	75%
		No	52%	24%
		Don't know		1%
2	If yes, please mention your preparatory measures.	Cash money in hand	23%	32%
		Preserved Dry Foods	31%	59%
		Emergency evacuation plan	2%	30%
		Increased homestead plinth	10%	20%
		Strengthen house (renovation)	17%	21%
		Most vulnerable shifted first		
		Moveable cooker		
Other ... Specific.				
3	Do you receive any disaster early warning message/alert?	Yes	95%	100%
		No	5%	
		Don't know		
4	If yes, what are the main source/ media?	SMS in the cell phone		6%
		Phone call	3%	32%
		Radio	2%	20%
		Television	9%	34%
		Miking	89%	97%
		Observe early warning flag	1%	24%
		Print media (Newspaper)		
		Electronic (Social Media, Online news)	1%	1%
		Other (Specify)		
	<b>KNOWLEDGE on COMMITTEES</b>			
1	Do you know about the Upazilla Disaster Management Committee (UzDMC), their roles, responsibility and functions?	No Response	22%	11%
		Don't know	68%	60%
		Know very little	6%	9%
		Know little	2%	10%
		Know well	1%	10%
		Know Very Well		
2	Do you know about Union Disaster Management Committee (UDMC), their main role, responsibility and functions?	No Response	18%	7%
		Don't know	74%	59%
		Know very little	4%	13%
		Know little	3%	8%
		Know well	1%	13%
		Know Very Well		
3	Do you know about Ward Disaster Management Committee (WDMC), their role,	No Response	19%	8%
		Don't know	72%	56%
		Know very little	2%	14%
		Know little	6%	3%
		Know well	1%	18%

SI	DATA	Answer Option	Baseline	1 <sup>st</sup> Yr. Assessment
	responsibility and functions?	Know Very Well		1%
4	Do you know that community risk assessment (CRA) was conducted by activated DMC within last 12 months?	No Response	22%	16%
		Don't know	74%	65%
		Know very little	2%	4%
		Know little	2%	10%
		Know well	1%	5%
		Know Very Well		
5	Do you know that Rapid Risk Reduction Plan (RRAP) conducted by activated DMC within last 12 months?	No Response	21%	12%
		Don't know	76%	72%
		Know very little	2%	2%
		Know little	1%	11%
		Know well		3%
		Know Very Well		
6	Do you know that disaster contingency plan(s) was/ were developed by activated DMC within last 12 months?	No Response	16%	12%
		Don't know	81%	73%
		Know very little	2%	3%
		Know little	1%	11%
		Know well		1%
		Know Very Well		

## SHELTER AND SETTLEMENTS

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Objective: Enhance resilience toward natural hazards of the host community. Mitigate the impact on shelter and settlements that the Rohingya Refugee influx has had on host communities with a focus on promoting protection, dignity, and safety.

Under this sector, the ASHAR Alo project has transferred 2nd tranche of cash grants to 490 Beneficiaries for retrofitting house; implemented 2,405 (60%) person/days CfW activities involving 156 labourers.

### BENEFICIARY SELECTION

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A comprehensive process has been maintained for selection of Shelter and Settlement beneficiaries. Process of the beneficiary selection is as follows:

Step	Activity
1	LGD- Large Group Discussion
2	Primary Beneficiary List
3	Door to Door Survey
4	Prepare Draft Beneficiary List
5	Consultation with UP members, Chairman, and PIO
6	Draft Final Beneficiary List
7	Endorsement with UP members, Chairman, PIO
8	Submit Beneficiary List to Local Government
9	Project Management Approval
10	Final Beneficiary List

The above process is a systematic process to select program participants fairly. However, some VDC members expressed dissatisfaction that the VDCs were formed after the selection of beneficiaries and they were not able to participate in the selection process. Nevertheless, they have not raised any major concern about the selected list of beneficiaries.

### SHELTER RETROFITTING TRAINING

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Training has been started on 16<sup>th</sup> February and finished on 2<sup>nd</sup> March. 20 Batches of 25 beneficiaries each. 495 beneficiaries received the training. The reasons for 5 beneficiaries not being present in the training:

- 2 beneficiaries refused to be the project beneficiaries;
- 2 beneficiaries were out of trace;
- 1 beneficiary is found to be a duplicate in the list;

The shelter sectoral staff of the project has provided shelter retrofitting training. The IOM standard guideline has been followed in the training.

The host community context and the camp context are different. But basic tips on how to build a new house/retrofit has been captured in the training.

At the time of the HH visit, the beneficiaries have asked for a refresher training. About 50% of the participants are able to recall the learning of the training, whereas the other 50% are struggling. Language is one of the barriers to communicate with participants. Their indigenous knowledge and our training jargon often make them feel confused. When they get the opportunity to discuss and reply to questions, they have rich opinions and can answer well. If the beneficiaries were provided a one-pager as IEC material, it would be easier for them to understand and remember the content.

## BANK ACCOUNT OPENING

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The project team decided to transfer the cash for shelter and settlement support into beneficiaries' bank account in consideration of being more transparent, avoid fraudulence and ensuring financial inclusion and empowerment. The process follows the below chain and the project selected Bank Asia as financial services provider.

Rapid assessment ---> Financial service providers mapping ---> Select the relevant bank ---> MOU between Bank and CARE

Besides, comparative advantage of Bank Asia that have been taken into considerations are:

- Facility, bank account open without any service charge;
- Manpower, 50 beneficiaries are able to open account per day;
- Safety and security;
- WASH facility for the beneficiary;

Considering the location and easy access to the beneficiaries, two branches have been considered. One branch is Sonarpara for 169 Beneficiaries and the other branch is Baharchara for 253 Beneficiaries. For not having NID (National identity card) 68 were not eligible to open a bank account. For these remaining beneficiaries, the project arranges the "hand cash" option maintaining a proper financial system to receive the money for the household retrofitting.

The project target amounted to 500 beneficiaries. Finally, the project team was able to open a bank account for 490 beneficiaries. (169 + 253 + 68 = 490). It is noted that 495 beneficiaries received the shelter retrofitting training. Because of being detained in Jail for engagement of illegal activity, 5 beneficiaries lost their credibility.

## 3 INSTALLMENTS

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The money disbursement procedure for the beneficiaries is described below:

Job card issued to beneficiaries ---> Money transfer from project account to Beneficiary account ---> To invite beneficiary to receive money ---> Fill-up muster roll ---> Fill-up job card ---> Withdrawal money.

At the time of assessment, beneficiaries are asked if they have any suggestion for further improvement of cash transfer. They recommended to transfer all the money at once, which will reduce the inconvenience for both sides. To make the training learning fruitful, they also suggested to reduce the time gap between training and cash transfer.

However, considering the conditional nature of the cash grant, 3 instalments is justified to ensure the proper use of the money.

- Phase 1: Transfer Tk. 15000 for purchasing of CGI sheets and/or RCC pillars;
- Phase 2: Transfer Tk. 15000 for purchasing of cement, wood, bamboo, nails and or other major material;
- Phase 3: Transfer Tk. 10000 for retrofitting and repair works of the house.

The time gap between the beneficiary training and transfer of cash was quite long. The COVID-19 situation was one of the main reasons. 193 out of 490 beneficiaries received money in July and 297 received in September, while the training was provided back in February and March

Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Beneficiary Training										
1st tranche transfer to 193 Beneficiary										
2 <sup>nd</sup> tranche transfer to 193 Beneficiary										
1st tranche transfer to 297 Beneficiary										
2 <sup>nd</sup> tranche transfer to 297 Beneficiary										

## RETROFIT VS NEW HOUSE

During the conversation with the project participants, they revealed that building their own houses is like a dream for them. The conditions of most of the houses of the selected beneficiaries were too fragile and poor to retrofit or repair. In fact, for many of the houses, the conditions rather require reconstruction than repair.

As soon as the selected households received the confirmation that they will get cash support from the project to repair/ retrofit their houses, many of them thought about rebuilding the house by managing additional amount from other sources. In doing such, many of them either husband/wife had to sell productive assets or borrow money from their relatives. This is how many of them, nearly 40% of beneficiaries, have completed rebuilding their houses by the time of assessment even before receiving 3<sup>rd</sup> instalment of cash transfer.

While this is a very good approach from the target households to contribute matching amount for building a better and strong house that will help improving their dignity and resilience, at the same time a follow up mechanism is needed so that they don't take any measures to manage additional fund, which can adversely impact their life and livelihood in the long run.

## EXTRA CASH GRANT

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The project has a plan to provide extra Cash Grants to 200 beneficiaries out of 500. The households have persons with disability, school going children or pregnant women and will be prioritized to get the additional amount. At the time of assessment, none received this cash grant. However, the PM as one of the key informants mentioned that the additional cash grant will be provided to the selected beneficiaries together with the last/ 3<sup>rd</sup> instalment of cash grant.

## SITE IMPROVEMENT DRR WORKS

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The procedure of scheme selection under site development for DRR is as follows:

DRR CCM ---> Area-wise FGD ---> Triangulation with IOM RRAP which was conducted in 2018 ---> Scheme select

- Following the above process, the project identified following schemes of disaster risk reduction and site improvement activities: Construction of 1,542 meters of drainage channels (segmented);
- 31 slope mitigation schemes;
- 21 Bamboo bridge;
- Construction of 2,353 meters of dirt/earth roads through eight cash-for-works schemes;

Among the above 4 types of schemes, construction of 2,353 meters of earth roads were done through the cash for work approach. Due to COVID-19 restrictions and lockdown, many of the day labourers from the target community lost their livelihood. In consideration to that context, the ASHAR Alo project started CfW activities with the prior permission of UNO in June. The CfW started on 9 June and finished on 23 July. Apart from construction of some local infrastructure, the cash for work scheme was very much timely for marginalized people to meet their minimum food expenditure in the difficult time created by COVID-19 pandemic. As of end of September, 1,667 out of 4,000 days of CfW have been completed. At the time of assessment, the team visited two ongoing schemes, which were started from 23<sup>rd</sup> September.

However, within the scope of the year-end assessment it was not possible to conduct an in-depth assessment of the community's perception on the infrastructure being built through CfW, a separate review may be conducted with a particular focus on the CfW schemes.

## GPS COORDINATES

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The project team has been collecting the GPS coordinates of the Site improvement DRR works as a part of geophysical referencing. However, it was found that the team need more capacity building on GPS paths and GPS coordinates especially use of google Maps and QGIS.



## QUANTITATIVE ASSESSMENT OF SHELTER

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Below table shows the progress of one year-

SI	DATA	Answer Option	Baseline	1yr Assessment
	<b>SHELTER AND SETTLEMENTS</b>			
1	Do you feel safe to stay at your own house during disaster?	Yes	33%	48%
		No	77%	48%
		Don't know		4%
2	Do you know where the cyclone/ flood shelters are located?	Yes	96%	95%
		No	2%	4%
		Don't know	2%	1%
3	Do you know specifically the <u>DESIGNATED</u> institutions, community places or other multi-purpose infrastructure used as cyclone/ flood shelter?	Yes	90%	90%
		No	9%	8%
		Don't know	1%	2%

# WATER, SANITATION, AND HYGIENE

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The objective of WASH component is to *Increase host communities' access to safe water supply and sanitation with improved hygiene practices.*

Under this WASH component, the project has completed the boring of 34 Deep Tube-Well (DTW) with full completion of 15 DTW; completed construction of 150 latrines with handover to respective beneficiaries; conducted 441 Hygiene Promotion sessions covering a total of 2,558 community participants.

## WATER SUPPLY

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### TUBE-WELL SITE SELECTION

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While selecting sites for construction of deep tube-well, the project team taken into consideration of below factors:

- The site is easily accessible for everyone
- There is no dispute over land ownership
- No other safe water source nearby
- Would benefit more people
- Technically appropriate spots for DTW

In consideration to the site selection criteria, the project maintained the following steps to select the sites:

Need Assessment through FGD ---> Application from the landowner to set-up tube-well ---> Site Visit ---> Technical Assessment ---> Site selection ---> UP member approval ---> Tube-well set up ---> MOU ---> Tube-well handover

All the above steps were done with participation of community members and thus positive impact has been made along the process such as community people from different levels and occupation become aware about the safe water, understanding the equal rights of all community members in accessing safe water, ensuring community engagement and participation. However, the project team needs to create an enabling environment of making everyone, even the most marginalized, raise their voices and reflection of those voices in program and service delivery.

### TECHNICAL ASSESSMENT

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In parallel to site selection, the project developed the detailed technical designs for the deep tube-wells (included drawings, BoQs and technical specification). The design process was done in close collaboration with the DPHE.

The community people has a preference of type of tube-well that will provide “more water with minimum hand pressure”. But the tube-wells being installed are based on the principle of “water under less physical energy”. The speciality of the tube-well provided by the project is even a child can press the tube-well handle to get water and water will be available round the year. However, as the people are more habituated, they were demanding for shallow tube-wells. But from a technical and engineering point of view, there is high risk of mixing bacteria and thus contaminating the water if the tube-well water layer is less. Therefore, the project decided to install deep tube-well instead of shallow tube-well. Project also revised the activity plan following engineers’ preference to install five new deep tube-wells instead of 35 planned shallow tube-well repairing. However, in ward 6 there is no deep tube-well installed yet and thus people are facing water crisis, as there is not available safe water points. The DPHE engineers mentioned that the technology being used to install deep tube-well in other wards are not applicable for Ward number 6 and 7 as there is a layer of stone under the ground and normal drilling cannot break through the stone layers. Therefore, the deep tube-well installation requires changes of design, which will need another round of approval from DHPE and OFDA, as mentioned by project key informant.

Around the Bi-monthly meeting, community people of Ward 6 & 7 complained that the project had stopped the tube-well establishment because of failure in drilling. Community people need drinking water, either shallow or deep tube-well. They demand shallow tube-well because they are habituated to drink shallow tube-well water.

The engineer's opinion is, there is a high chance to mix the bacteria with the water when the tube-well water layer is low. Considering this issue, the project has decided to establish the deep tube-well. The project also revised the activity named 35 shallow tube-well retrofits. 5 new deep tube-wells will be established instead of the retrofit 35 shallow tube-well.

## PUBLIC ACCESS TO TUBE-WELL

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To ensure public access to the deep tube-well and to avoid any conflict or confusion within the community, the project developed and signed an individual agreement (MOU) with the landlords and the UP representative.

At the time of assessment, one completed deep tube-well was found occupied by the plastic fence. At the first sight this may look like the landlord is trying to encroach the tube-well. The issue was verified with the landowner, who mentioned that the tube-well is at the roadside and it lacks privacy. Thus, to ensure minimum privacy for the surrounding neighbourhood while using the tube-well, he has covered it with a plastic fencing.

## ACCESS ROAD TO TUBE-WELL

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Accessibility was one of the key consideration in finalizing sites for installation of tube-wells. Yet, few tube-wells need improvised road. access Using the community engagement process this road may be prepared.

## GENDER SAFETY AUDIT

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The project did not conduct any Gender Safety Audit. It is necessary to conduct a gender safety audit.

## TUBE-WELL MAINTENANCE

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The project has formed a 7 member caretaker committee for the maintenance of the tube-wells. They are monitoring the tube-well establishment activity from the 1<sup>st</sup> day of tube-well drilling. The committee members need to be trained on how to maintain the tube-wells. The project has purchased tube-well maintenance toolbox, which are supposed to be distributed to the committee members upon formation of all committees and training of all members. The toolbox materials are tin boxes, pipe wrench, screwdrivers, hacksaw, spanner, rods, bolts and washers.

## E.COLI TEST

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The Ecoli test have been conducted for 15 wells. The result was found negative at all sites. The test value is within the E.Coli standard value.

## WASH COMMITTEE

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The project has formed four WASH committees based on geographical location. Each committee has 13 members. All committee members have received day-long training from DSK. Based on the WASH sector guideline the training module has been developed. However, the capacity of the WASH committees could not be assessed due to COVID-19 and time constraint.

# QUANTITATIVE ASSESSMENT OF WATER

Below table shows the progress of one year-

SI	DATA	Answer Option	Baseline	1 <sup>st</sup> Yr. Assessment
	<b><u>SAFE DRINKING WATER</u></b>			
1	What is currently the main source of drinking water for members of your household?	Water collected from deep tube-well	64%	11%
		Own shallow tube-well		45%
		Neighbor deep tube-well	37%	12%
		Neighbor shallow tube-well		32%
		Own Tube-well	61%	
		Neighbor Tube-well	37%	
		Dug-well	1%	
		Surface water (lake, pond, dam, river)		
		Rain water		
		Others-----		
2	Is there sometimes not enough water for your family?	Yes	47%	56%
		No	53%	44%
		Don't know		
3	How long does it take to go to water points to collect water, and come back (round-trip)?		13	13
4	Is your tube-well water arsenic-tested?	Yes	23%	5%
		No	67%	89%
		Don't know	10%	6%

# SANITATION

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## BENEFICIARY SELECTION

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The selection procedures of project participants (beneficiaries) for latrine support was the same as the selection of Shelter beneficiaries. After selection, the list was shared with DPHE as they are the designated government authority for sanitation.

## LATRINE DESIGN

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Parallel to beneficiaries' selection and targeting, the project developed the detailed technical designs for the latrines (included drawings, BoQs and technical specification), where the design process was done in close collaboration with the DPHE, who officially approved the design. Upon DPHE's approval the design was shared with OFDA for their approval. The latrine design approval procedure is

Draft Latrine design ---> Consult with community ---> CARE approval ---> DPHE approval

Bangladesh Government has approved Operational Guidelines for WASH-in-Emergencies. Considering the Cox's Bazar Context and disaster vulnerability, frontline staff may be oriented on the guidelines so that they can ensure compliance in time of need.

## LATRINE PRODUCTION CENTER

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After the completion of beneficiary list and designs, the project launched a competitive procurement process to select competent contractors, who can carry out the work. The selection considered the contractor's experience, availability of competent staff, machinery and financial standing. Furthermore, for the purposes of fast tracking the installation works and for quality assurance, a number of contractors were selected to carry out the works.

The project faced local political pressure to select a specific vendor. The project was strict with selection criteria and accountability. The project team also made them understand that there is no chance to violate the rules and regulations.

Lastly, 5 vendors were selected to run the latrine production centre to produce 450 Latrines (5 production centres X 90 latrines = 450 latrines.). The project team members have conducted a technical session with vendor and proprietor. The project M&E Coordinator, Volunteers and infrastructure engineers visit the production and construction sites on a daily basis, ensuring the quality and quantities of all material production and the adequacy of construction. Every production centre has a visiting book. For not delivering quality, the project has terminated the contract with one vendor.

## COMMUNITY MONITORING

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For continuous monitoring of quality of the latrine materials, the project enabled monitoring by community representatives. As a part of this, 5 committees have been formed consisting of WASH Committee members and CPP volunteers. 5 committees are responsible for monitoring 5 production centres. Whenever a committee finds a deviation in terms of quality, they inform the project engineers. After the engineers' verification and investigation, the low quality materials like rings, slabs and bricks have been discarded and destroyed.

## BENEFICIARY CONTRIBUTION

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The beneficiaries have also contributed to the installation of latrines through assisting the contractors in different types of earth work, such as excavation and backfilling works, grading the pathways towards and around the latrine to enhance accessibility.

## DISABILITY FRIENDLY LATRINE

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According to the Washington Group Question on Disability, there is no person with disability among the latrine beneficiaries. 50 households were identified with partial mobility challenges among the elderly. The latrine design is appropriate for them. After the handover of all latrines, a separate impact assessment on the latrine is needed.

## QUANTITATIVE ASSESSMENT OF SANITATION

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Below table shows the progress of one year:

SI	DATA	Answer Option	Baseline	1 <sup>st</sup> Yr. Assessment
	<b>SANITATION</b>			
1	What type of latrine do you and your family members use?	None (Open defecation)	13%	3%
		Sanitary latrine	25%	51%
		Slab with ring	28%	26%
		Hanging latrine	26%	15%
		Slab without ring	6%	3%
		Others	2%	2%
2	What is the pattern of toilet ownership?	Owner	86%	90%
		Shared	9%	
		Community Toilet		6%
		Others .. Specify	5%	4%
3	Are you satisfied with the privacy of the toilet you do use?	Yes	37%	68%
		No	63%	32%
		Don't know		
4		Yes	54%	70%

SI	DATA	Answer Option	Baseline	1 <sup>st</sup> Yr. Assessment
	Whether all men, women and children (>7yrs), disable members using exclusively hygienic latrines?	No	46%	30%
		Don't know		
5	Are you feel safe to use latrine at night?	Yes		64%
		No		36%
	<b>Observe the latrine</b>			
1	Is the latrine functioning?	Yes	43%	72%
		No	57%	28%
2	Does the latrine show signs of use?	Yes	82%	86%
		No	18%	14%
3	Is the latrine itself clean? For example, is the pan and slab (or place to sit while defecating) clean?	Yes	35%	67%
		No	65%	33%
4	Is the surrounding area of the latrine clean?	Yes	35%	63%
		No	65%	37%
5	Does the latrine have an unbroken water seal?	Good water seal	24%	62%
		Broken water seal	9%	2%
		No water seal	67%	36%
6	Is there a hand washing station inside the latrine or within 10 paces of the latrine?	Yes	28%	59%
		No	72%	41%
7	Is there a cleansing agent at this hand washing station? (soap, detergent, ash or clay)	Yes	25%	60%
		No	75%	40%
8	Does the household find all members are following hand-washing practice sanitation facilities?	Yes	26%	59%
		No	74%	40%
		Don't Know		1%



# HYGIENE

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## HYGIENE PROMOTION SESSION

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The goal of hygiene promotion is to help people understand and develop good hygiene practices, so as to prevent disease and promote positive attitudes towards cleanliness. It is more a dialogue with communities about hygiene and related health problems, to encourage improved hygiene practices.

To achieve the hygiene goal, the project has recruited 15 Hygiene Promoters. After withdrawal of lockdown, the 15 Hygiene Promoters and 8 regular volunteers received a 1 day training on Hygiene Promotion. In addition, they are getting on the job training from the Community Mobilizer. Maintaining the social distance, they are facilitating community-level hygiene promotion activities with two-hour community group sessions including 10-12 people. These sessions are:

- Water Safety Plan (WSP);
- COVID-19 awareness;
- Menstrual Health and Hygiene;
- Clean latrines, clean water, clean food and clean hands.

However, 2,528 out of 12,000 beneficiaries have been reached by the time of assessment through the hygiene promotion sessions. By tracking the beneficiary reach without double counting, an attendance sheet is prepared in KoBo with auto filtering and sorting option to find overlapping of participants with same identification information.

For maintaining the quality of hygiene promotion session, CM are regularly supervising with monitoring checklist. If any deviation found, then those are corrected.

At the beginning, the Hygiene promoters and community mobilizers used to encounter a question from participants that “what are you going to give us at the end of the session”. Day by day the project team has minimized this challenge by conducting interactive sessions. At the end of the sessions, participants themselves can realize that they have learned new things, which is necessary for their life.

## IEC MATERIAL

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The project has printed some flip charts to conduct the Hygiene Promotion Session following the WASH sector guideline. IEC material plays a very critical role to disseminate knowledge and bringing in awareness on various aspects. At the time of assessment, a flip chart was checked and found that it needs further improvement in terms of design and picture quality.

## DAY OBSERVANCE ON WASH

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The project observed Global Hand washing Day 2019 on 22<sup>nd</sup> October, and facilitated 2 hand washing demonstration sessions at ward 9 and ward 3, at Jaliyapalong.

Last year 19 November, the project participated in World Toilet day and Sanitation fair where all WASH actors participated. The project prepared a stall highlighting the activities of ASHAR Alo project. Both UNO and DPHE visited the DSK stall and expressed their thanks for the display.

## QUANTITATIVE ASSESSMENT OF HYGIENE

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Below table shows the progress of one year-

SI	DATA	Answer Option	Baseline	1 <sup>st</sup> Yr. Assessment
	<b>Hygiene</b>			
1	Have you ever received any Hygiene Promotion Support?	Yes	19%	30%
		No	81%	70%
2	Which containers do you use?	Jerrycan not clean	5%	14%
		Clean Jerrycan	4%	30%
		Bucket not clean	14%	16%
		Clean Bucket	34%	55%
		Bowl not clean	8%	12%
		Clean Bowl	20%	27%
		Bottle not clean	12%	13%
		Clean Bottle	12%	30%
		Mud water pot (kolshi) not clean		
		Clean Mud water pot	2%	1%
		Metallic water pot (kolshi) not clean	11%	6%
		Clean Metallic water pot	62%	44%
		Wide mouthed container not clean	1%	
		Clean Wide mouthed container	9%	8%
		Narrow mouthed container not clean		
Clean Narrow mouthed container	1%	1%		
	Other:			

## PROTECTION

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Out of two working areas, the Protection sector is working in Palongkhali Union. The objective of this sector is to reach 6,000 individuals through GBV response and prevention activities, offering survivor-centered, confidential and timely psychosocial support, confidential and timely case management services and risk mitigation strategy.

The major two outcomes of this sector are GBV response services and GBV risk mitigation services. In order to reach those outcomes, the project prioritized activities to enable individuals accessing GBV response as well as risk mitigations services. Key response services include life skills and recreational

activity in WGSS, individual counselling (PSS), group counselling (PSS), girl shine activity, referral linkage. On the other hand, the major risk mitigation activities are door to door visit, engaging men and boys, awareness raising, chai talks session in community, community outreach group activity, life skill activity in outreach, dignity kit distribution, capacity building, awareness campaign like IWD, 16 days of activism, girl child day etc.

As a result of the above activities, some changes have been found in the community during the year end assessment:

- A total of 96% respondents mentioned that they have received GBV training (1% at baseline)
- 95% of respondents replied that they have an idea on GBV where the baseline value is Nil.
- 100% of respondents agreed that there is a WGS in their area (none in baseline)
- 100% of respondents replied that they know the law against dowry in Bangladesh.
- 99% of respondents replied that they have knowledge on how a man/woman can divorces his/her husband/wife
- 100% of respondents said that they can protect early marriage
- 100% of the respondents said that they have received safety and security message.
- 65% of respondents know about the referral mechanism.
- 70% of respondents know how to refer to GBV and Non-GBV cases.
- 64% know how the GBV case should be reported.
- Participation in the decision-making process of women have been increased by 97% against 68% in baseline






On the other hand, female engagement has decreased on the decision on Business/small business, and decision on Land purchase and sales. Female engagement and participation has increased in terms of decision on food management, decision on crop production, decision on marriage of son/daughter, decision on selection of profession, decision on children's education, decision on Health/Treatment, decision on purchase of dress, decision on family planning method, decision on other household expenses. Below table has further details on this.

## QUANTITATIVE ASSESSMENT OF PROTECTION

Below table shows the progress of one year-

SI	DATA	Answer Option	Baseline	1 <sup>st</sup> Yr. Assessment
1	Who takes decision on Food management	Male	6%	4%
		Female	85%	82%
		Both	8%	14%
2	Who takes decision on Crop production	Male	12%	39%
		Female	6%	35%
		Both	71%	26%
		N/A	11%	
3	Who takes decision on Marriage of son/daughter	Male	2%	15%
		Female	6%	15%
		Both	88%	70%
		N/A	4%	
4	Who takes decision on Selection of profession for the HH members	Male	6%	54%
		Female	7%	6%
		Both	87%	40%
5	Who takes decision on Children's education	Male	2%	9%
		Female	7%	45%
		Both	90%	39%
		N/A	1%	7%
6	Who takes decision on Health/Treatment	Male	4%	15%
		Female	7%	47%
		Both	89%	38%
7	Who takes decision on Business/small business	Male	13%	55%
		Female	6%	4%
		Both	70%	39%
		N/A	11%	2%
8	Who takes decision on Purchase of dress	Male	7%	28%
		Female	9%	52%
		Both	83%	20%
9	Who takes decision on Land purchase and sales	Male	11%	64%
		Female	6%	6%
		Both	70%	30%
		N/A	13%	
10	Who takes decision on Promote family planning method	Male	1%	12%
		Female	4%	8%
		Both	30%	74%
		N/A	65%	
11	Who takes decision on Other household expenses (specify)	Male	8%	34%
		Female	8%	11%
		Both	84%	55%

# Annex

<b>Checklist for Outcome 1 - Annex 1</b>	 Outcome 1 AAQuestion.docx
<b>Checklist for Outcome 2 - Annex 2</b>	 Outcome 2 AAQuestion.docx
<b>Checklist for Outcome 4 - Annex 3</b>	 Outcome 4 AAQuestion.docx
<b>Checklist for Group Assessment- Annex 4</b>	 Committee Capacity Assessment.docx
<b>Data Collection Tools / Questionnaire - Annex 5</b>	 Year-end Assessment Questio
<b>Comprehensive Electronic Data set and Transcripts (will submit later)</b>	

## Annex 6: Baseline and Assessment Indicator Value

Below, Indicator Performance Table (IPTT) contains project indicators with baseline value.

SI	Indicator	Target	Baseline Value (N=385)	1 <sup>st</sup> Yr. Assessment
<b>Risk Management Policy &amp; Practice</b>				
<b>Sub-sector Name</b>	<b>Capacity Building and Training</b>			
Indicator 1	Number of people trained in disaster preparedness, risk reduction and management	305	27	353
Indicator 2	Number of people passing final exams or receiving certificates	80	0	0
Indicator 3	Percentage of people trained who retain skills and knowledge after two months	80%	5%	60%

SI	Indicator	Target	Baseline Value (N=385)	1 <sup>st</sup> Yr. Assessment
Indicator 4	Number of people trained in First Aid, Search and Rescue, or health related Disaster Risk Reduction activities	30	27	0
<b>Shelter and Settlements</b>				
<b>Sub-sector Name</b>	<b>Shelter (Subsector 2.1)</b>			
Indicator 1	Number of targeted households with access to shelter	500	126	- On progress
Indicator 2	Number of targeted households with access to shelter pursuant to relevant guidance appearing in the Sphere Project Handbook	500	293 households have room size of 3.5 m2 and above	- Assess later
Indicator 3	Number and percentage of households having received shelter assistance	500	124	490
Indicator 4	\$ of approved project budget spent on goods and services produced in the host country economy	\$248,000 or 20%	null	\$172,941
<b>Sub-sector Name</b>	<b>Shelter and settlements disaster risk reduction (Subsector 2.2)</b>			
Indicator 1	Number of people and households benefiting from shelters incorporating DRR measures in settlements of the proposed activity	2,500	182	2,450
Indicator 2	Number of people benefiting from settlements adopting DRR measures	10,000	259	2,800
Indicator 3	Number and percentage of people in settlements of project activity retaining shelter and settlements DRR knowledge two months after training	400 or 66%	only 27 (7%) individuals received training on DRR	50%
Indicator 5	Total USD amount of cash transferred to beneficiaries as CFW payments	\$16,800	null	\$10,020
<b>Protection</b>				
<b>Sub-sector Name</b>	<b>Prevention and response to gender-based violence</b>			
Indicator 1	Number of individuals accessing GBV response services	6,000	4	4576
Indicator 2	Number of dollars allocated for GBV programming	\$579,461.55	null	
Indicator 3	Number of individuals accessing GBV risk mitigation activities	1,300	11	1,368

SI	Indicator	Target	Baseline Value (N=385)	1 <sup>st</sup> Yr. Assessment
<b>Water, Sanitation, and Hygiene</b>				
<b>Sub-sector Name</b>	<b>Water Supply (Subsector 3.1)</b>			
Indicator 1	Number of people directly utilizing improved water services provided with OFDA funding	12,000	null	4,514
Indicator 2	Percent of households targeted by WASH program that are collecting all water for drinking, cooking, and hygiene from improved water sources	80%	98% (377)	98%
Indicator 3	Percent of water points developed, repaired, or rehabilitated with 0 fecal coliforms per 100 ml sample	90%	null	37%
<b>Sub-sector Name</b>	<b>Sanitation (Subsector 3.2)</b>			
Indicator 1	Number of people directly utilizing improved sanitation services provided with OFDA funding	2250	null	33%
Indicator 2	Percent of households targeted by latrine construction/promotion program whose latrines are completed and clean	90%	18%	33%
Indicator 3	Percent of men, women, boys and girls who last defecated in a toilet (or whose feces was last disposed of in a safe manner)	90%	46%	33% (as project has handover 150 toilet out of 450)
<b>Sub-sector Name</b>	<b>Hygiene Promotion (Subsector 3.3)</b>			
Indicator 1	Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)	12,000	72	2528
Indicator 2	Percent of people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands	80%	65%	63% (Only project direct beneficiary)
Indicator 3	Percent of households targeted by the hygiene promotion program who store their drinking water safely in clean containers	80%	62%	85%

Annex 7: Survey Contributor

<b>Survey Contributor from DSK</b>
Amit Roy
Ashesh Dey
Hosne Ara Begum
Khurshida Akter
Md. Safiet Hossin
Md. Salauddin
Md. Shoib
Mymona Sheddiqua
Nishan Barua
Osman Goni
Rokon Uddin
Sabekun Nahar-1
Sabekun Nahar-2
Taeaba Akter-1
Tayaba Akter-2
<b>Survey Contributor from Protection Team</b>
Ayesha Siddiqua
Habiba
Parvin Aktar
Ripon Mondol
Shajia Afrin



## Annex 8: Secondary Report Review

Disaster ACT

[http://ddm.portal.gov.bd/sites/default/files/files/ddm.portal.gov.bd/law/465bed77\\_ab5c\\_4ab2\\_a4c3\\_da86a2f34c7e/2020-01-13-12-54-936011f4ba90b5c85055b5251943c869.pdf](http://ddm.portal.gov.bd/sites/default/files/files/ddm.portal.gov.bd/law/465bed77_ab5c_4ab2_a4c3_da86a2f34c7e/2020-01-13-12-54-936011f4ba90b5c85055b5251943c869.pdf)

SoD Bangla:

[http://ddm.portal.gov.bd/sites/default/files/files/ddm.portal.gov.bd/policies/8d460363\\_1acd\\_4837\\_96c9\\_b43a7c3e5d1e/2020-01-13-12-20-705ef0f9799f7d50c15e466e87b35f55.pdf](http://ddm.portal.gov.bd/sites/default/files/files/ddm.portal.gov.bd/policies/8d460363_1acd_4837_96c9_b43a7c3e5d1e/2020-01-13-12-20-705ef0f9799f7d50c15e466e87b35f55.pdf)

7th Five-year plan on DRR and CC:

[http://nimc.portal.gov.bd/sites/default/files/files/nimc.portal.gov.bd/page/6c53bd88\\_ad69\\_4ccf\\_bbae\\_d45b70dbc0bf/017%207th%20FYP%20and%202021%20Climate-Change-and-Disaster-Management.pdf](http://nimc.portal.gov.bd/sites/default/files/files/nimc.portal.gov.bd/page/6c53bd88_ad69_4ccf_bbae_d45b70dbc0bf/017%207th%20FYP%20and%202021%20Climate-Change-and-Disaster-Management.pdf)

UDMC:

<https://www.preventionweb.net/news/view/56525#:~:text=The%20UDMC%20must%20ensure%20that,widely%20among%20the%20local%20people.>

CRA:

[https://www.adaptation-undp.org/resources/training-tools/community-risk-assessment-facilitators-guidebook#:~:text=CRA%20\(Community%20Risk%20Assessment\)%20is,plan%20by%20the%20local%20community.](https://www.adaptation-undp.org/resources/training-tools/community-risk-assessment-facilitators-guidebook#:~:text=CRA%20(Community%20Risk%20Assessment)%20is,plan%20by%20the%20local%20community.)

Rules of NGO:

<https://www.icnl.org/resources/research/ijnl/the-state-laws-and-non-governmental-organisations-ngos-in-bangladesh>

UN Declaration of the House:

<https://www.habitatbangladesh.org/about-habitat/habitat-international.html>

Safety Net Systems for the Poorest (SNSP):

[http://www.ddm.gov.bd/sites/default/files/files/ddm.portal.gov.bd/notices/53bc7222\\_ba3d\\_402d\\_8457\\_194e2208e089/2019-12-18-13-33-1284ab67ae310bd1db94e3b38bc36d37.pdf](http://www.ddm.gov.bd/sites/default/files/files/ddm.portal.gov.bd/notices/53bc7222_ba3d_402d_8457_194e2208e089/2019-12-18-13-33-1284ab67ae310bd1db94e3b38bc36d37.pdf)

[http://ddm.portal.gov.bd/sites/default/files/files/ddm.portal.gov.bd/page/ea1e954d\\_f374\\_4682\\_971d\\_179ae501cfef/SNSP%20EMF\\_English.pdf](http://ddm.portal.gov.bd/sites/default/files/files/ddm.portal.gov.bd/page/ea1e954d_f374_4682_971d_179ae501cfef/SNSP%20EMF_English.pdf)

[http://ddm.portal.gov.bd/sites/default/files/files/ddm.portal.gov.bd/page/ea1e954d\\_f374\\_4682\\_971d\\_179ae501cfef/SNSP\\_SMF\\_English.pdf](http://ddm.portal.gov.bd/sites/default/files/files/ddm.portal.gov.bd/page/ea1e954d_f374_4682_971d_179ae501cfef/SNSP_SMF_English.pdf)

ASHAR Alo FD 6:

ASHAR Alo PP:

ASHAR Alo Baseline: