



YEAR-END ASSESSMENT REPORT

ASHAR Alo Project

(Action for Supporting the Host Communities: Adaptation and Resilience)

**Funded by
USAID/BHA**

**Assessment Conducted by
MEAL Team, CARE BANGLADESH**

**Implemented Period
1 August 2020-31 July 2021**

**Assessment Conducted
September 2021**

I. BACKGROUND OF THE PROJECT

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

The project activities are focused on Jaliyapalong, Haldiapalang, Ratna Palong, PalongKhali union of Ukhiya Upzila and Dakshin Mithachari and Chakmarkul union of Ramu Upazila. 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 also responds to the urgent protection and gender-based violence needs in the host community. Activities are being undertaken in collaboration with government and community stakeholders and UN and NGO actors.

Cox's Bazar is amongst the poorest districts of Bangladesh. In Ukhia, 33% of people live below the poverty line, and 17% below extreme poverty. 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 Ukhiya, and Teknaf.¹ 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, Ukhia and Teknaf have been particularly affected, with 336,000 residents directly impacted by the refugee influx,² 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 precipitation³. Both individual homes and community shelters are weak and in disrepair. Over 40% of households do not meet Sphere standards; they are overcrowded, fragile and highly susceptible to damage and destruction by strong winds, rain, and flooding⁴. Land degradation, 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 has increased the potential destruction⁵. The accumulation of improperly disposed waste and poor pre-existing drainage systems aggravate these risks and increase the likelihood of damage to host communities⁶. Furthermore, community response plans and structures are ill-equipped to safeguard or offer substantive protection.

II. METHODOLOGY

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

¹ UNHCR, Rohingya Refugee Response, November 2018

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

³ Rohingya Crisis, Pre-Monsoon Review Summary Report, ACAPS, March 2018

⁴ Rohingya Crisis, Host Communities Review Thematic Report, ACAPS, January 2018

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

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

quantitative data, while desk review of secondary documents, FGDs, and KIIs was done to better understand the qualitative perspective.

The year-end assessment has been conducted internally. CARE supported by hiring data enumerators who are already enrolled with the CARE system and experienced to conduct relevant studies before with other CARE's projects. Appropriate sampling technique with respective tools were developed in consultation with CARE Cox's Bazar MEAL team and project leads before the survey/assessment commencement. Therefore, secondary data collection will include but is not limited to review project documents, log frame/results framework, other literature, documents and studies, government departments, and other UN Agencies, I/NGOs and CBOs. Primary data will involve a sample survey of different target groups, focus group discussions, and key informant interviews.

Desk Review

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

- Secondary data/report
- Project Proposal

Relevant report Household Survey

The household survey was conducted using a semi-structured questionnaire with women and men from the sampled households across four wards of Jaliyapalong, three wards of Haldiapalang, two ward of Palongkhali & all wards of Dakshin Mithachari 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 cover all the program participants completely.

When conducting the interviews, enumerators ensured the respondents were not influenced or intimidated by other members of their households by maintaining some level of confidentiality. They further confirmed 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 MEAL team lead the survey by supporting the data collection team

Approaches for multi-sector assessment to determine assessment techniques

Sector	Target HHs/individuals	Techniques
Risk Management Policy & Practice	305 individuals for Jalia Palang union & 150 for Dakshin Mithachari union	- FGDs and KIIs were conducted among the individuals. Because those individuals did not receive WASH, shelter & protection support from the project interventions
Shelter	1,070 HHs for Holdia Palang and Jalia Palang union	- HHs level questionnaires were introduced to get the information
Settlements	N/A	- FGDs and PDM findings
Water	3500 HHs for Jalia Palang & 2250 HHs for Holdia Palang union. So, total 5750 HHs	- HHs level questionnaires were introduced to get the information

Sanitation	1,009 HHs	- HHs level questionnaires were introduced to get the information
Hygiene Promotion	N/A	- HHs level questionnaires were introduced to get the information and assessment findings
Protection	6000 individuals	- FGDs and KIIs were conducted among the individuals. Because those individuals did not receive WASH, shelter & risk management & DRR support from the project interventions

FGD and KII

The FGD and KII have explored in greater detail the perception and satisfaction of selected participants of the ward level. The focus group discussion were organized around two main thematic areas: risk management policy & practice and protection.

Sampling Size and method

The sample size calculation for HH survey is presented below:

$$no = (Z^2 * p * (1-p)) / e^2$$

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,

CARE aimed for 95% confidence, and at least 5% —plus or minus—precision. A 95 % confidence level gives us Z values of 1.96, per the normal tables, so we get

$$no = (Z^2 * p * (1-p)) / e^2$$

$$no = ((1.96)^2 (0.5) (1 - 0.5)) / (0.05)^2 = 384.16$$

So, the sample size determination using the finite population correction factor in below;

$$S = noN / no + (N+1) = 384.16 * 10,260 / 384.16 + (10,260+1) = 3,941,481.6 / 10,645.16 = 371$$

371 HHs were calculated for the assessment, and the sample size was distributed in shelter & settlement and WASH sectors.

- 123 for Shelter & Settlement
- 232 for WASH (water- 208, latrine-40) and hygiene information has been collected from tube-well and latrine users. Because they received hygiene promotion sessions.
- Need-based FGDs & KIIs for risk management and protection sectors

Limitations

- Risk Management Policy & Practice sector, FGDs & KIIs applied to conduct the assessment. Because these individuals did not receive the other sectors'

support/assistance. So, that's why they couldn't provide technical information on other sectors

- Shelter & Settlement sector, the assessment was done to collect shelter beneficiaries information by HH level questionnaires survey and settlement related beneficiaries information collected through FGDs and KIIs
- WASH Sector the assessment was done to collect tube-well and latrine beneficiaries' information by HH level questionnaires survey, and it was different questions for each type of beneficiaries. Because some tube-well beneficiaries were involved with hygiene promotion sessions and didn't receive latrine support and some latrine beneficiaries received hygiene promotion sessions except tube-well
- Protection sector, protection beneficiaries only received the GBV related activities from the project except for WASH, shelter & settlement and risk management & DRR issues
- COVID-19 situation may be disrupted to know details from the beneficiaries to answer the questions

Therefore, the assessment procedures were initiated to split the sector & sub-sector-wise beneficiaries to design the sample size for conducting the assessment.

Working Area/Assessment Location

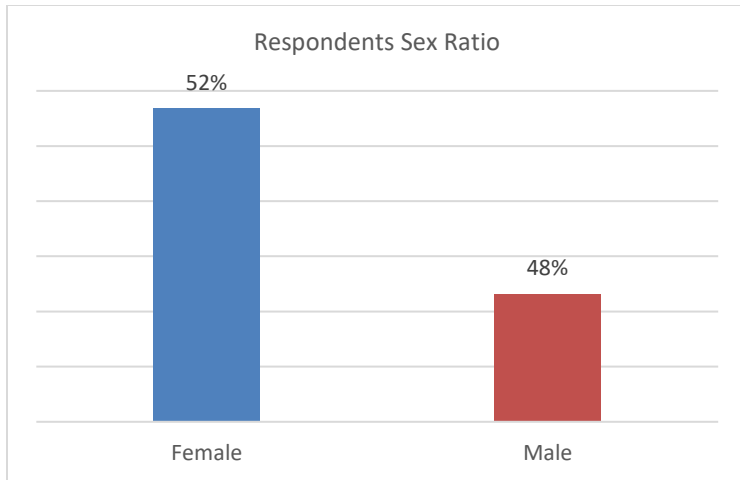
Upazila	Union	Ward
Ukhiya	Jalia Palang	6,7,8,9
	Haldia Palang	2,3,4
	Palong Khali	5, 8
Ramu	Dakkhin Mithachari	1-9

Assessment Findings

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

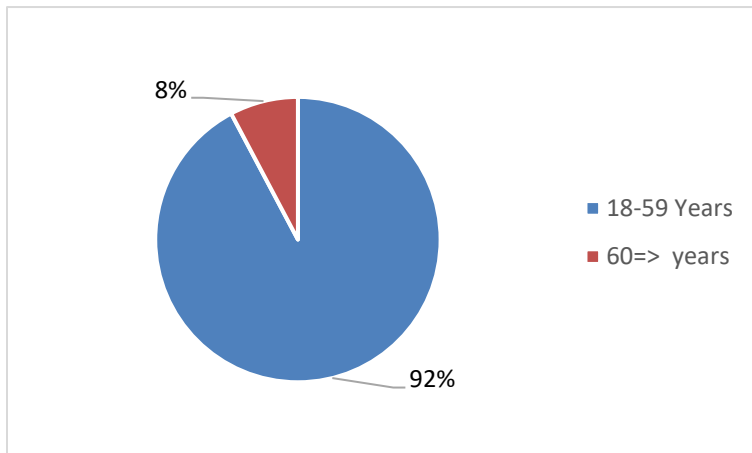
1. BENEFICIARY GENERAL INFORMATION:

1.1 Sex Ratio:



The above figure has shown that 52% female & 48% male were respondents during assessment and they were coming from different wards under Jaliapalang & Holdia Palang union.

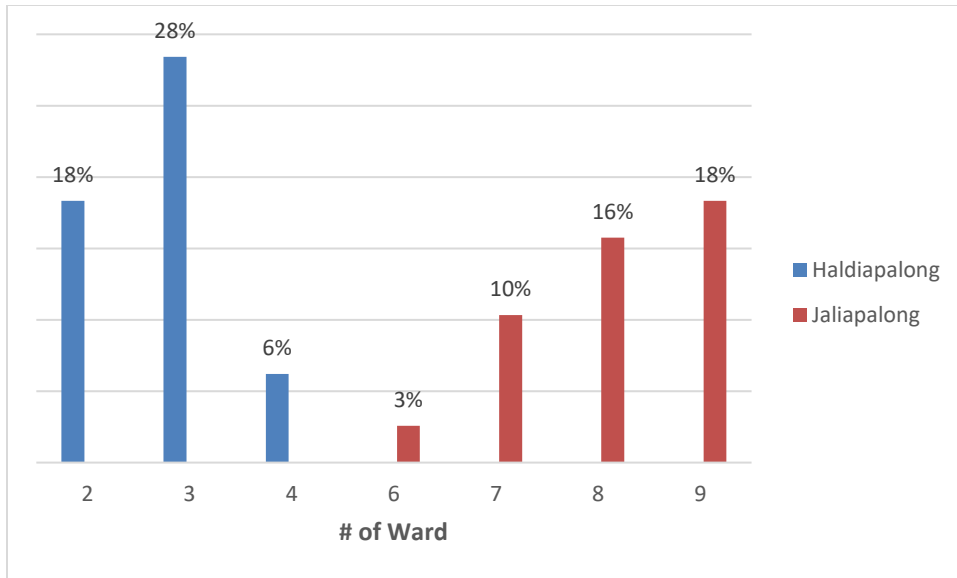
1.2 Age Distribution of beneficiary:



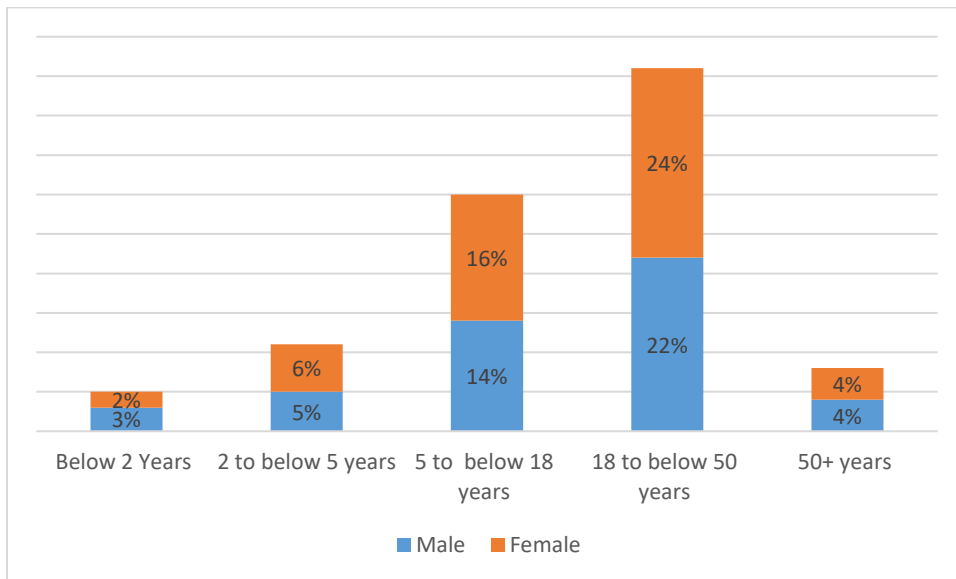
The above pie chart shows that the age categories of the beneficiaries participated in the assessment process. Whereas 92% beneficiaries were responded under 18-59 age group and 8% came from 60 and above age group.

1.3 Union & Ward wise Beneficiary:

The below figure segregated the ward-wise beneficiaries percentage. So, 28% of beneficiaries were counted from ward number 3 under Haldiapalang union, and 3% was from ward number 6 under the Jaliapalong union.

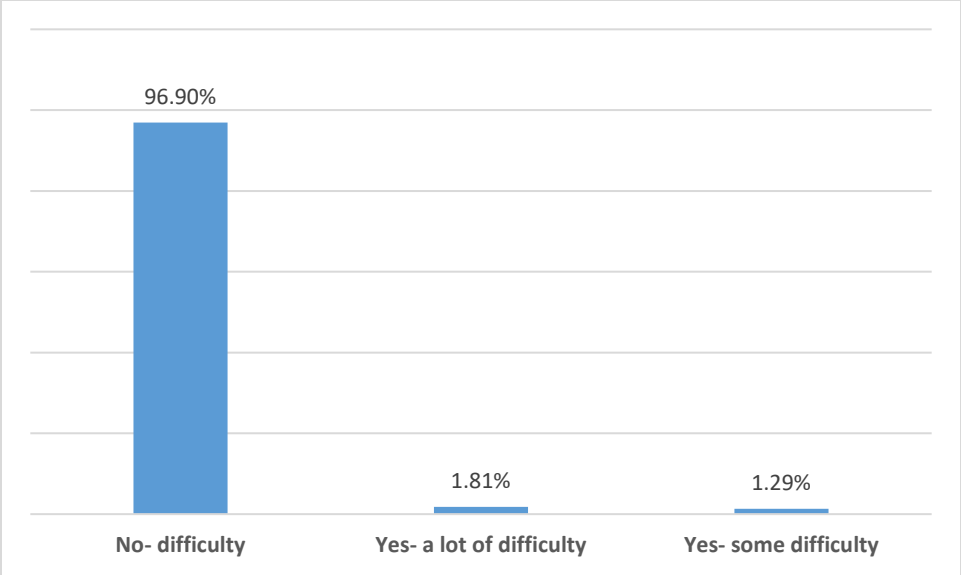


1.4 Beneficiary family members age-sex distribution:



The above figure has shown that the beneficiaries' family members's age-sex distribution. Whereas, 24% female & 22% male were came from 18-50 years age group, 16% female & 14% male were 5-below 18 years group, 6% female & 5% male came from 2-below 5 years age group, 4% of each female & male came from 50+ years age group and 2% female & 3% male came from below 2 years age group.

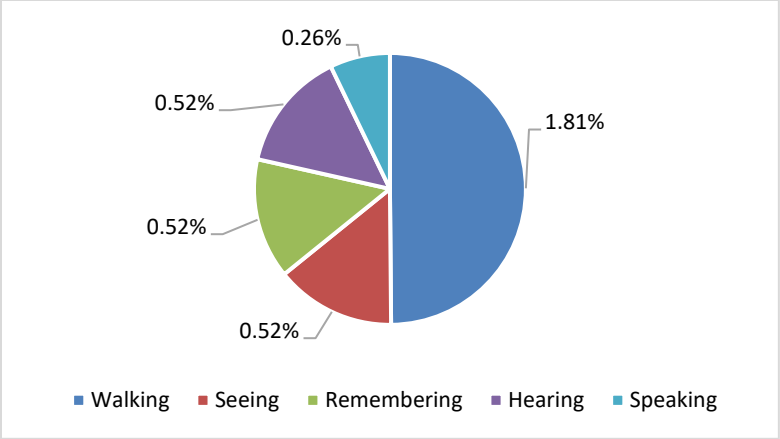
1.5 Beneficiary with difficulties:



The above figure has shown that more than 96% of beneficiaries said that they haven't any difficulties, very close to 2% said that they have a lot of problems and 1% said that they have some difficulties

1.6 Types of difficulties in the Beneficiary:

The below graph shows that only 14 beneficiaries said that they have or their family members have difficulties. Only 14 beneficiaries said that their family members have difficulties walking, seeing, remembering, hearing, and speaking. The below graph showed the difficulties type.

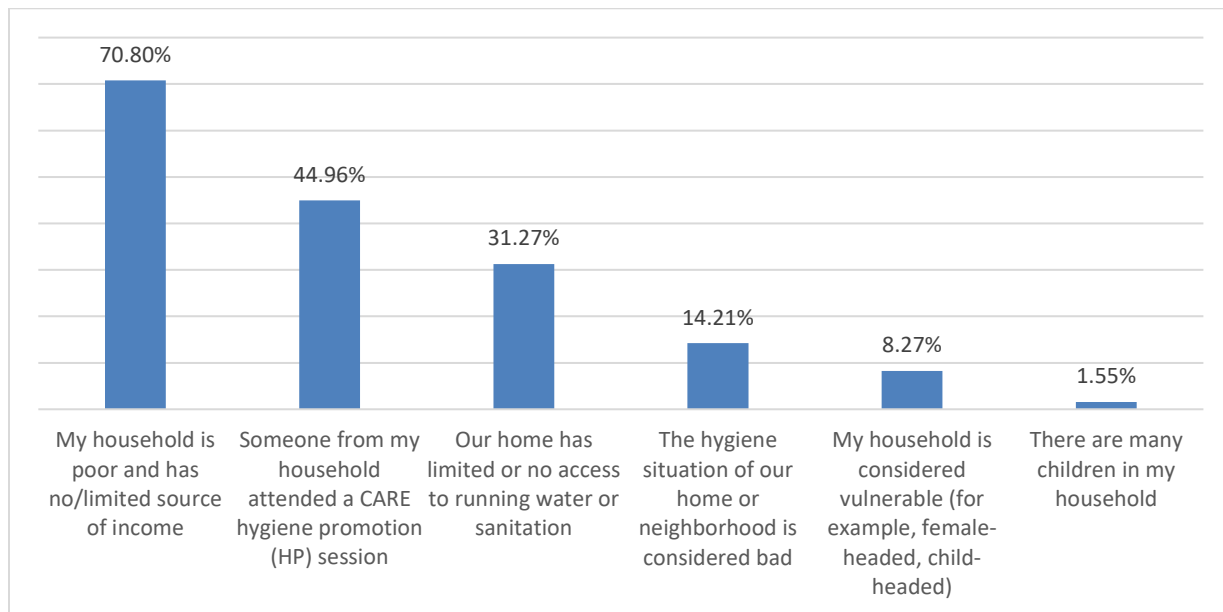


1.7 Status of the household selection process

- 100% of respondents said that they know the household selection process through CARE staff and partner staff

- 100% of respondents said that the household was selected fairly to provide support
- 100% of respondents said that they did not pay any money or to give any items or to provide any services to get the support

1.8 Reasons to select household as a beneficiary:



The above figure shown that 71% said they have been selected due to their HH is poor and has no/limited source of income, 45% said someone from my HH member participated a CARE hygiene promotion session, 31% said our home has limited or no access to running water or sanitation, 14% said that the hygiene situation of our house or neighbor is considered bad, 8% said that they are vulnerable, and around 2% said many children are living with a family.

2. RISK MANAGEMENT POLICY & PRACTICE

The assessment conducted FGD with CPP group members and DMCs to know the existing scenarios and the updates of the following indicators. The number of 2 FGDs were conducted in the assessment areas.

2.1 Conduct FGDs:

The CPP members and DMC members participated in the FGDs. Male and females both participated in the discussions. The findings are stated below;

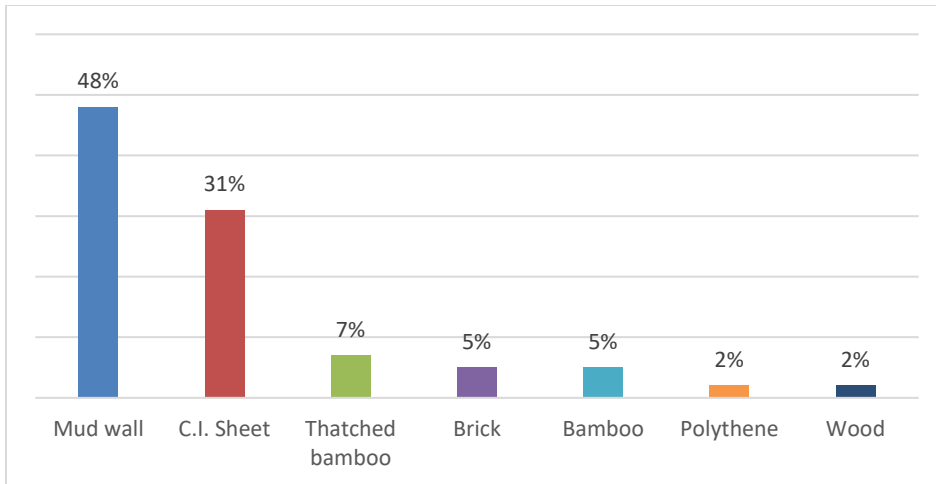
- 100% said that they received training on first aid & rescues and received certificate from the CARE
- 100% said that they received training disaster preparedness, risk reduction and management (landslide, fire incidence, flood)
- More than 85% of respondents were recalled those skills and knowledge which they received from CARE
- 100% said that they prepared RRAP, CP at the ward and union level to mitigate the disaster-related challenges
- 100% said that they followed the signal and government declaration/information to take further steps
- They talked about toll-free number/free call (1390), mobile messaging, hand siren, and mega phone to communicate and coordinate to reach the community level
- 100% of respondents said that they worked for women, children, old age people to manage sanitation, foods, water during the disaster period

2.2 Risk Management & Policy Practice Indicator updates:

Indicator	Baseline Value	Year-end Assessment Value	Remarks
Number of people trained in disaster preparedness, risk reduction and management	353 (1 st -year value)	353+162= 515 (cumulative)	Training database
Number of people passing final exams or receiving certificates	353 (1 st -year value)	353+162= 515 (cumulative)	
Percentage of people trained who retain skills and knowledge after two months	0	Around 86%	
Number of people trained in First Aid, Search and Rescue, or health related Disaster Risk Reduction	40 (1 st year value)	40+150=190 (cumulative)	
Number of hazard risk reduction plans, strategies, policies, disaster preparedness, and contingency plans developed and in place	9 (RRAP) (1 st year value)	9+19= 28 (19 RRAP+ 10 CP) (cumulative)	
Number of people participating in discussions regarding national risk reduction strategies as a result of the program	222 (1 st year value)	353+179= 401 (cumulative)	Training database
National and local risk assessment, hazards data and vulnerability information is available within targeted areas (Yes/No)	Yes	Yes	

3. SHELTER AND SETTLEMENTS

3.1 Main construction materials for house wall and roof



The above figure shown that 48% of beneficiaries said they used mud wall, 31% said C.I sheet, 7% said thatched bamboo, 5% of each said brick & bamboo, and 2% of beneficiary said they used polythene & wood.

- 100% shelter beneficiary said that they used C.I. sheet as main construction material for house roof

3.2 Feel safe during disaster time

- 100% respondents said that they feel safe now to stay at the house during disaster time
Main Construction Materials for House wall and roof .

3.3 Number of Room of the House:

The average number of rooms are 2 of each household (minimum # of room 1 and maximum # of room 4 of the households)

3.4 Average Room Size

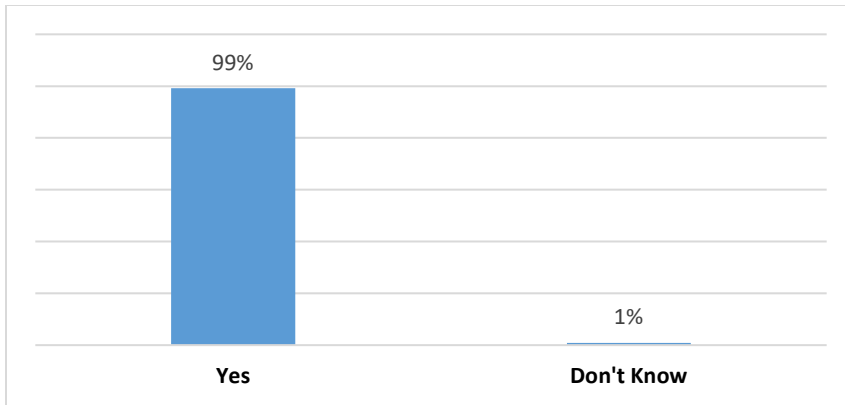
The average room size is 111 Sqft (minimum room size is 20 sqft & maximum room size is 285 sqft)

3.5 Height of the shelter (Feet):

The average shelter height is 8 feet

3.6 Training on shelter repairing/retrofitting

The below graph shows that 99% of shelter beneficiaries received training on shelter repairing/retrofitting, and 1% said they didn't know about it.



3.7 Support provided by the engineer

- 100% said that they received technical support from the project engineer during the shelter retrofitting works
- 100% respondents said that they learned knowledge on capacity building to retrofit the shelter and also shared about to know the good quality wood, tin, and other relevant shelter materials from the training
- 100% respondents said that they received support from the engineer on how to repair the house will be stronger, what the house will be like, how it will be built, the doors and windows, etc.
-

3.8 Shelter & Settlement Indicator updates:

Indicator	Baseline Value	Year-end Assessment Value	Remarks
Number of targeted households with access to shelter	539 HHs	539+531=1,070 HHs (100%)	
Number of targeted households with access to shelter under relevant guidance appearing in the Sphere Project Handbook	539 HHs	539+531=1,070 HHs (100%)	
Number and percentage of households having received shelter assistance	539 HHs (100%)	1,070 HHs/100%	
Total USD amount and percent of the approved project budget spent on goods and services produced in the host country economy			
Total USD amount of cash transferred to beneficiaries			
Number of people and households benefiting from shelters incorporating DRR measures in settlements of the proposed activity		4,915	

Number of people benefiting from settlements adopting DRR measures		21,560	
Number and percentage of people in settlements of project activity retaining shelter and settlements DRR knowledge two months after training	2700 people (540 HHs)/50%	5360 people (1072HHs)/100%	
Total USD amount of cash transferred to beneficiaries as CFW payments			
% of disaster/crisis-affected people in areas of CARE responses who report satisfaction with regards to relevance, timeliness, and accountability of humanitarian interventions		95%	

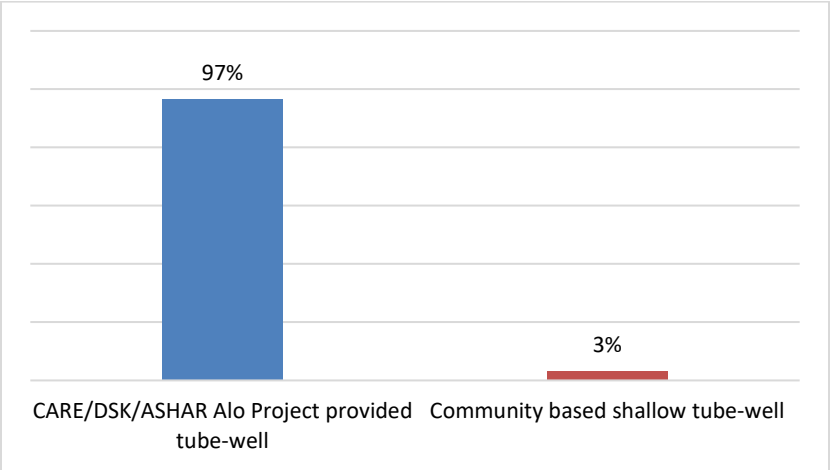
4. WATER, SANITATION AND HYGIENE (WASH)

4.1 DRINKING WATER

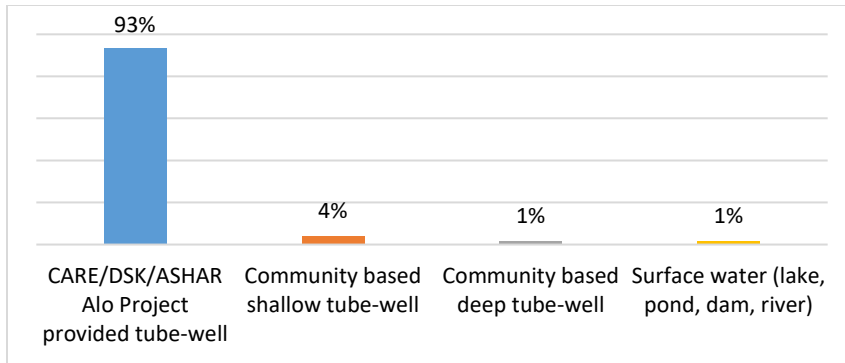
During the assessment, only the beneficiaries that received tube-well-based support responded. It was conducted through applied household-level questionnaires at different ward levels.

4.1.1 Sources of safe drinking water:

The below figure shows that 97% of respondents said they are collecting drinking water from the project provided tube-well, and 3% said they have access to collect drinking water from community-based shallow tube-well.

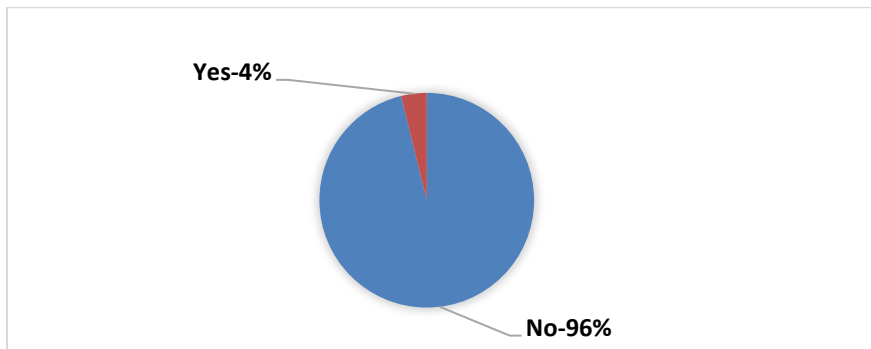


4.1.2 Main sources of the cooking water



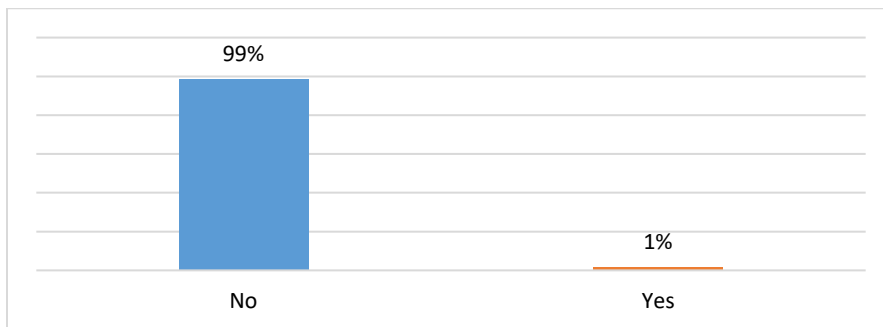
The above figure shows that 93% of respondents are accessing or using project provided tube-well for cooking purpose, and 4% said community based shallow tube-well, 1% said community based deep tube-well and 1% said they are using surface water for cooking purpose.

4.1.3 Status of water scarcity:



The above figure has shown that 96% of respondents said they are not facing any water scarcity, and 4% said they are facing water scarcity.

4.1.4 Paying to purchase water and maintenance



The above figure shown that 99% of respondents didn't pay any amount to buy water and 1% said that they spent few amounts on buying water jars locally for drinking purposes and on the

other hand, 100% of respondents said that they didn't give any money for maintenance purpose.

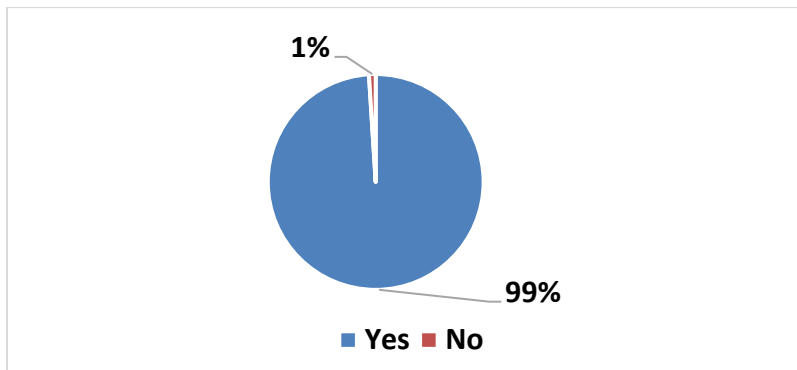
4.1.5 Time require to collect water from water points (round-trip- MINUTE)

- Average 14 minutes needed to collect water and come back (5 minutes minimum and 25 minutes maximum)

4.2 SANITATION:

- 100% of respondents said that they are using sanitary latrine at the household level
- 100% of respondents said that they were satisfied with the privacy of toilets when they used
- 100% of respondents said that their family members are using the project supported toilet
- 100% of respondents said that they felt safe to use the latrine at night
- 100% of toilets are functioning and have signs of use (observation from data collector)
- 98% toilets were found cleaned, including slab, pan, etc. and 2% toilets were not found cleaned during the assessment (observation from data collector)

4.2.1 Handwashing system inside or outside with soap/mud/ash/detergent



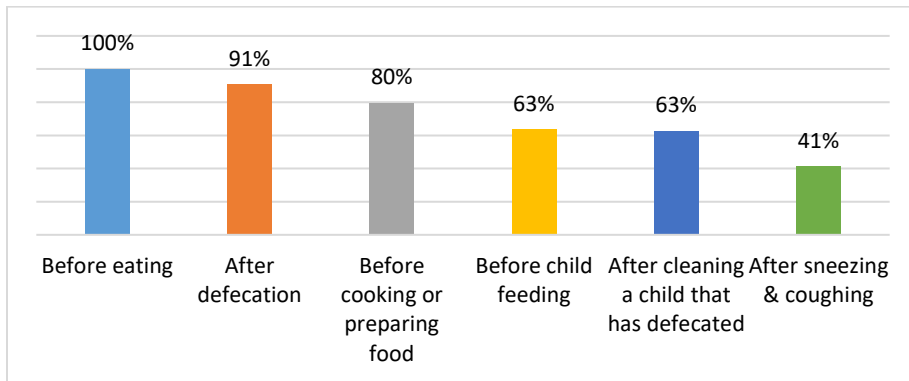
The above figure has shown that 99% of respondents said that they are using soap/mud/ash/detergent after defecation, and 1% said they didn't use it after that.

4.3 HYGIENE

4.3.1 Status of participating in the hygiene promotion session

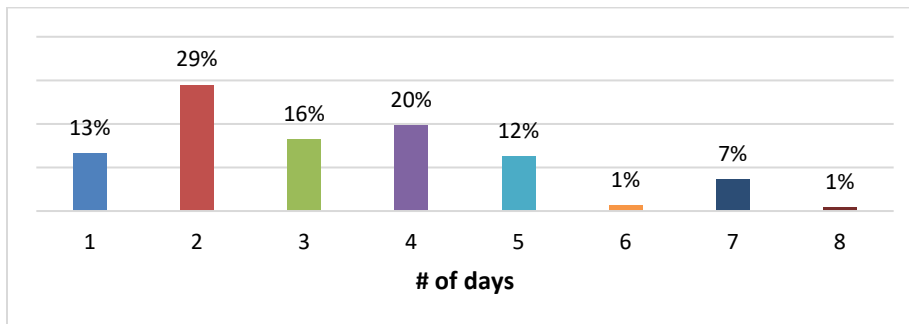
- More than 99% of hygiene respondents said that they were attended any hygiene promotion activities and less than 1% (only 1 person) said they didn't attend the sessions

4.3.2 Status of beneficiaries maintained at least 3 of 5 critical handwashing times (multiple responses)



The above figure shows different purposes of hand washing. CARE found that, 100% of the respondents wash hands before taking meal, 91% after defecation, 80% before cooking or preparing meal, 63% before child feeding, 63% after cleaning a child who has defecated, and 41% after sneezing or coughing.

4.3.3 Cleaning toilets in respect of days



The above figure has shown that maximum of 29% of respondents cleaned their latrine after/within 2 days, 20% said after/within 4 days, 16%, 13%, 12% said that they cleaned after/within 3 days, 1 day & 5 days and 1% said after/within 6 days, 7% said after/within 7 days and 1% said they cleaned after/within 8 days.

4.3.4 WASH Indicator updates

Indicator	Baseline Value	Year-end Assessment Value	Remarks
Number of people directly utilizing improved water services provided with BHA funding	27,500/	16,237(59%)	
Percent of households targeted by the WASH program that are collecting all water for drinking, cooking, and hygiene from improved water sources	0	95%	
Percent of water points developed, repaired, or rehabilitated with 0 fecal coliforms per 100 ml sample	0	100%	
Number of people directly utilizing improved sanitation services provided with BHA funding	2250 peoples/450 HHs (1 st year)	450+ 559= 1009 HHS/5,544 peoples (91%)	
Percent of households targeted by latrine construction/promotion program whose latrines are completed and clean	0	98%	
Percent of men, women, boys and girls who last defecated in a toilet (or whose feces was last disposed of in a safe manner)	0	100%	
Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)	13,368	21,884 (76%)	
Percent of people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands	0	(99%)	Quarterly assessment
Percent of households targeted by the hygiene promotion program who store their drinking water safety in clean containers	0	98%	Quarterly assessment

5. PROTECTION

ASHAR alo project was implemented the protection (GBV) related intervention at Palang Khali union under Ukhiya Upazila where more than 6000 individuals were received support from the project interventions. Whereas, male, female, adolescent boys & girls were received supports and participated in different meeting & sessions. So, the year-end assessment identified the indicators progress which findings based on the implemented activities. The assessment team

was conducted FGDs with men, women, adolescent girls & boys and also conducted KII with local government representatives. The FGDs were held at ward # 5 & 8 under Palangkhali Union.

5.1 Conducted FGDs with different level of individuals

The number of 4 FGDs were conducted at wards number 5 & 8 in Hakim Para & Farirbil villages under Palangkhali union where 10 female, 8 adolescent girls, 7 male and 9 adolescent boys were participated. The assessment team discussed among the participants in different places. During the FGDs discussed, points stated here.'

- Gender-Based Violence (GBV) related services which they are received from the project
- Case Management and referral pathway system
- Effective engagement to mitigate the GBV issues
- Existing GBV related situation in the area
- Communication and coordination

5.2 FGDs & KII Findings

- Around 74% of individuals known about how to access the GBV related services (female-80%, adolescent girls-50%, male-75%, and adolescent boys-90%)
- Approximately 34% of individuals said that they had a capacity to mitigate the GBV related issues

6. SATISFACTION STATUS OF THE BENEFICIAIRES

- 100% of respondents said that the CARE and partner staff/team members attitudes were respectful when they came to implementing areas
- 100% of respondents said that they didn't provide bribes/money to anyone to get the shelter retrofitting, WASH, and CfW support
- 95% beneficiaries/respondents said that they were informed about how to get help, share problems, suggestions, and complaints or CFM (Complaint and Feedback Mechanism) system, and 5% said they were not informed about the system

7. RECOMMENDATION

During the assessment time, some suggestions and recommendations came from the beneficiaries and individuals. Those are stated below;

- Households level required more money to repair and retrofit the house
- Individuals required more days for cash for work programme
- Disaster Management Committee (DMC) members and CPP volunteers talked about to need more support to perform their duties smoothly at the community level (refresher & advance training, financial support for contingency plan and equipment)
- Beneficiaries and individuals suggested establishing bathing corner at the household level
- suggested to provide nutritious items for the children and introduce the relevant activities for the poor community individuals

8. CONCLUSION

The assessment was conducted based on the sectors: risk management & policy practice, shelter & settlement, WASH, and protection. The interventions were implemented in Jaliapalang, Haldiapalang and Palangkhal Union under Ukhiya upazila, and Dakkhin Mithachori union of Ramu Upazila. During the assessment period, the assessment team observed that many of the peoples are poor in these areas and they are surviving with difficulties like lack of water supply, poor housing and WASH conditions and their literacy rate is low compared to other districts. Many households are situated at hilly and remote areas and communication is very challenging to get the social support they need. Additionally, the land ownership pattern is different from other districts and many people are settled in government land where they are not permitted to establish a pucca shelter. The approach of shelter retrofitting helped them to build back better within the existing arrangement of living conditions. Additionally improved community settlements i.e., brick roads, earthen roads are conducive to accessing community places i.e., Union Parishad, cyclone center, village market as well as accessing emergency services to the project locations. The drainage channel constructed under the project saved thousands of acres of paddy lands from flash flood water. WASH infrastructure has provided access to safe drinking water to the project location and reduced the open defecation significantly. The concept of strengthening existing capacity in risk management policy and practice brought and strong ownership to the Cyclone Preparedness Program and Disaster Management committee. Significant progress has been made in terms of accessing GBV response and mitigation services as well. Though the protection programming ended under current project, it will be continued through ASHAR Alo Phase II project.

9. ANNEXURE

- Kobo database