

Final Report

Endline Survey of Project on “COVID-19 Livelihoods Response project in Cox’s Bazar, Bangladesh”



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Submitted to
YPSA (Young Power in Social Action)

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September 2022

Credit goes to:

Helios Consultancy expresses thanks to Md. Arifur Rahman (Chief Executive-YPSA), Mohammed Shahidull Islam (Assistant Director & Head of Rohingya Response -YPSA), Mostak Ahmed (Project Coordinator-YPSA), Sanat Mukherjee (MEAL Officer), Nobel Barua (MMT Officer), and the field team of YPSA, who gave us continuous technical and administrative support and organized an effective platform to make this evaluation successful. Special thanks goes to Mohammad Amanullah, Country Representative, Solidar Suisse, Bangladesh who made cooperation with strategic technical guidance.

This survey would have not been possible without the hard efforts of field staff who were solely responsible to collect data. They made a tremendous effort collecting data from remote areas. We deeply appreciate the interviewees who gave their valuable time and information for this survey.

Helios would like to say thanks to all other team members of YPSA, who facilitated arranging field data collection. This made it possible to complete the survey successfully in time.

Acronyms

BDT	:	Bangladesh Taka
CCT	:	Conditional Cash Transfer
CFW	:	Cash for Work
CiC	:	Camp in Charge
CRM	:	Complaint Response Mechanism
CVA	:	Cash Voucher Assistance
DAE	:	Department of Agricultural Extension
DE	:	Data Enumerator
FGD	:	Focus Group Discussion
FSP	:	Financial Service Provider
FSS	:	Food Security Sector
GPS	:	Geographical Positioning System
ID	:	Identification
IOM	:	International Organization for Migration
KII	:	Key Informant Interviews
MMT	:	Mobile Money Transfer
NFI	:	non-food items
NGO	:	Non-Government Organization
odk	:	open data kit
PIC	:	Project Implementation Committee
PIO	:	Public Information Officer
QRA	:	Qualitative Research Assistants
RRRC	:	Reservation Request Resolution Cycle
Surrokkha	:	A website name of registering for taking Covid-19 in Bangladesh
UCCT	:	Unconditional Cash Transfer
ULO	:	Upazila Livestock Officer
UPG	:	Unreached People Group
YPSA	:	Young Power in Social Action

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Executive Summary

Background: Direct and indirect effects of Covid-19 pandemic have significantly impacted socio-economic growth, lives, and livelihoods of the communities in Cox's Bazar and they are completely lost their income opportunities. Under the circumstances, Young Power in Social Action (YPSA) started a project with the support of Solidar Suisse to help them to reduce negative impacts of the crisis.

Project was implemented in Cox's Bazar, Bangladesh from February 2021-July 2022 and supported 9,775 people in host community (Rajapalong and Ratnapalong unions) and Rohingya community at Camp-19, Camp-9 and Camp-10.

Purpose of the project: Purpose was to contribute to the socio-economic recovery of the Covid-19 affected populations in Cox's Bazar by assisting them through a combination of conditional and unconditional cash transfer modalities to meet basic needs, restore lost productive assets, restore their businesses/livelihoods, engage refugees in Cash for Work as a short term employment.

Purpose of the study: End Line Survey was intended to understand and evaluate the quality, relevance and impact drawn by the project deliveries especially at the beneficiary level. This study also assesses whether the project was able to adapt their use of Cash Voucher Assistance (CVA) in the challenging time of the COVID-19 pandemic in order to reach the most vulnerable and to provide well targeted, relevant and effective assistance, contributing to achieve the set objective.

Methodology: For quantitative part, the beneficiaries were supported as conditional cash transfer (CCT) to 2,540 people, unconditional cash transfer (UCCT) to 5,435 people and cash for work (CfW) to 1,800 people. The people was used as population base and sample size 95 was estimated considering 95% confidence level with 10% margin of error. Considering the resource and time, the sample size was slightly increased and at least 50 was ensured for each category. Since the population for UCCT was more than double to CCT, 100 samples were considered for this category. Thus, data was collected altogether from 207 samples as some enumerators collected more than target from the sample list.

As qualitative part, six focus group discussions (FGD) and 13 Key informant interview (KII) were conducted. A staff consultation was also done with project key staff.

Result and discussion

Conditional Cash Transfer: The project distributed CCT to 2,540 households of host community as BDT 11,000 each to restore their lost livelihood opportunities, replace lost and/or maintain assets. Project also encouraged households to spend an amount of the CCT for homestead gardening.

Of the supported households, 58% spent money from the CCT for homestead gardening. The rest couldn't do the homestead due to lack of enough space in their homestead areas, joint ownership of homestead area, residing in government allocated shelter where no space for homestead garden etc. Homestead garden was found among 81% households (out of 31 respondents who spent money for homestead) who were continuing. Due to seasonal gap, although homestead garden was not found in 16% households during data collection, they have plan to cultivate next season.

Besides, almost half (49%) of the households invested money to buy goat and chicken and 8% of the households bought cow. Almost one third (28%) spent money for agriculture inputs like seeds, fertilizers, irrigation etc., and 15% households spent money for starting small businesses including grocery shop, tea stall, tailoring, vegetables business etc. The grants were also used to buy different food items like rice, pulses, vegetables etc., for their households.

All households invested the grants to at least one earning asset or productive assets. It helped them to recover their losses from Covid-19. Of them, 87% are continuing the assets. On average, monthly income of a household from the existing productive assets was reported BDT 2,571.

Unconditional grants: Project distributed BDT 10,500 to each of 5,435 households from host community as unconditional grants. Purpose of the grant was to allow Covid-19 affected people to spend money to their basic needs like food, shelter, medicine, clothe etc.

Majority of the households (81%) spent the grants primarily to buy food items as most of the respondents received the UCCT who worked as daily labour and 22% were women headed households.

Treatment was another basic need as project had priority of selecting older people from poor families. In this connection, 71% households spent money for treatment and buying medicine. A significant portion of the treatment was for the people with disabilities. Keeping body healthy and workable, treatment carries important role to support family as well. Fortunately, 57% households invested the cash grants fully or partially to productive assets, was a sustainable investment. No household was found who did not spend the grants fully or partially to meet at least one basic need.

Cash for work: Project contributed in different schemes namely road repairing, tree plantation, sewerage line repairing, wastage disposal and guided wall construction in the three camps. Purpose of the schemes was to get a positive impact on environment. Rohingya people, they are 1800, were engaged in the construction and tree plantation works and they were paid as BDT 350 daily per person. They worked maximum 16 days and the support was made a short-term employment for the vulnerable people.

Main use of the money received as CfW was for buying food items; almost all supported people (98%) spent for it. It contributed to increase food intake, particularly taking nutritious food by the children. The CfW also hugely contributed (77% spent money) to treatment purposes. A remarkable portion of the cash was also spent for buying clothe and

child education. Interestingly, around 9% people invested the cash fully or partially to maintaining or buying productive assets; was a sustainable investment.

Majority of the respondents are aware and understand the benefits of tree plantation like protecting soil erosion, protecting from natural disasters and adding oxygen in the air, protecting from hot sunlight etc. And they are benefiting from this. Supports for wastage disposal, slope stabilisation, connecting road maintenance, sewerage line repairing and guiding wall construction helped Rohingya people including people with disabilities and women in different ways like protecting air from pollution and less possibility of affecting from disease like diarrhoea, better access to connecting road.

Hygiene kit distribution: Project distributed hygiene kit namely soap, detergent powder, hand sanitiser, mask and plastic bucket to the 5,960 people. Project selected most vulnerable people for distributing the kits. According to the respondents, project distributed the kits in time. Along with receiving cash grants, 49% received the kits. For majority cases the project informed the receivers (81% reported) earlier before distribution. Although the proportion was low who reported not informed before distribution, more careful about this might have more accountability.

More non-food items (NFIs) such as floor mats, mosquito nets, in-house solar light, etc are also need which was placed as demand by the Rohingya community.

Demonstration message on Covid-19: As process of awareness building among people project delivered message on protecting Covid-19 through different events like courtyard meeting (only 5 people), miking, Imam's speech from mosque, festoon, cable television etc. Among the samples, 76% received the related messages from the project. However, they learned about Covid-19 from neighbours as well.

Relevant, delivery process, accessibility and accountability: All people reported the grants as "Essential" on that time. The grant helped them a lot as they had no income due to Covid-19 and income was already squeezed. Project transferred the cash through mobile money transfer namely bKash and all the respondents confirmed the payment process was safe and they cashed out money without any hassle.

It may be noted that most vulnerable households primarily rely on aid or external support in study area. They need long-term support as they can hardly manage such a crisis on their own.

Satisfying gender sensitive issues is critically essential for every humanitarian project. Of the 46 women respondents, 87% confirmed special cares like separate line for women, breast feeding corner, sitting arrangement for women etc., at hygiene kit distribution places. Majority of the respondents (87%) confirmed about giving priority for elderly people at distribution places.

Covid-19 vaccination supports: Bangladesh government initiated to bring people under Covid-19 vaccination program. As part of the process government is facilitating people to take vaccine through online system namely *Surakkha* web page. Among the people who received grants, 77% reported as registered with *Surakkha*, estimated registered people was

7,553. Of the 7,553 people, project supported 37% people (2,753) who were registered with *Surakkha*. Project also helped other people who did not receive grants. Altogether the project helped 22,539 people for registering with *Surakkha* (target was 22,000).

Key learning adoption about Covid-19: All people received messages on awareness about Covid-19 delivered by the project and through other medias. More than half of the people used mask “Always” when they visited crowded places like events, market etc. Although 32% washed their hand “Always” at least 20 seconds, most of the respondents washed hand not “Always” but in “Most cases”. According to the FGD’s participants, they did normally not wash hand earlier before eating or when their hands get dirty. But now they wash hand frequently immediately after their return to home.

If the respondents affect from Covid-19, 97% of them replied that they will visit doctor at hospital or clinic or health care center. Almost half of the respondent (46%) mentioned about isolation is a process they will follow. However, a remarkable number of respondents still feel to go to dispensary or local medicine shop (20%) and/or to follow own prescription (13%). Earlier suspected people hid about Covid-19 but the situation has been improved and the project also contributed in this connection.

Meeting vulnerability criteria of selection process: All supported households under CCT and UCCT met at least one of the set criteria. The list for CfW was prepared as suggested by Camp in Charge (CiC), is a government authority in the Rohingya camp.

Criteria for not selecting as beneficiary: Although 13% of households from host community met criteria for not selecting as beneficiary, project supported them. Of the beneficiaries, 4% households reported about police case. Households who had immigrant members were also found as beneficiary; it was 3%. The households might be hid the information during selection. Although the figure was not big but providing supports to some rich people were also noticed.

Complain mechanism, overall satisfaction and dignity: This is a concern when only 43% respondents know clearly about complain mechanism. Overall, 76% respondents showed high level satisfaction (stated as fully) about project supports and execution. Although 23% were not fully satisfied, they were satisfied partially. Majority (99%) did not report about any disrespect from the project staff.

Best practices: Households who had no sufficient food and no income, when the project supported the most vulnerable households with no sufficient food and income, was the best practice. Tree plantation was the significant practices, it protected air pollution was an effective way of preventing people from affecting disease. The project also supported vulnerable women and people with disability, was the another good practices. Payment through bKash system without any hassle and trust building among beneficiaries were other best practices.

Based on the findings and observations a set of recommendations are presented in learning and recommendation section of the report.

Learning and recommendations

1. Several external key informants described the Solidar Livelihood project as 'pioneering', because it introduced both conditional and unconditional cash, creating a better impact. Solidar Suisse can consider the good practices in next project design.
2. Some beneficiaries invested in procuring cattle and goats which were beyond their financial capacity. These beneficiaries took loans from microfinance organisations or relatives, creating an extra burden and liabilities. As a lesson learned from this project and to avoid such a burden, it is suggested to tighten the selection criteria for CCT and narrow down the assets list and emphasise that beneficiaries who want to invest in chicken, seed, vegetable garden, farming tools will be preferred instead of beneficiaries who plan to invest in large livestock. The learning help the Solidar Suisse to design new project in developoing countries like Banlgadesh.
3. Due to some constraints almost half of the supported households under CCT did not do any homestead, although the project had priority. Capacity building on vertical vegetables gardening would help to increase adoption of the gardening.
4. Although proportion is low, some people reported about not informed earlier clearly about hygiene kit or package items. Project might be more careful for ensuring accountability. The issues should be noted during next course of action.
5. Among target people, 77% reported as register with Surakkha. Project had space to increase the numbers. A quick assessment at middle of the project period might help to identify the issue and could contribute accordingly.
6. However, a remarkable number of respondents still feel to go to dispensary or medicine shop and/or to follow own prescription. Capacity building on awareness building might help to reduce the visits which are not recommended.
7. Although some households from host community met criteria for not selecting as beneficiary, project supported them. The households might hide the information during selection. The project might avoid the situation through repeated verification process.
8. This is a concern when about half of the respondents did not know clearly the complain mechanism. The project informed the complaint mechanism but was not much effective.
9. Stakeholders and beneficiaries recommended support for quality education. Rate of literacy rate is also lower in the project area. School is far away from most of the households and children have to go long way.
10. Beneficiaries asked if the project can support on capacity building on beef fattening, cow marketing etc.
11. For very poor families, shelter repairing is required. Project may think in the next course of design.
12. It is also noticed while the project supported some rich people, project should be more careful to handle the situation through double checking with neighbours or other reliable sources of same community.
13. Behaviour change and translating knowledge into practice is the most significant challenge this project has witnessed. It requires repeated messaging, practical demonstration, long term intervention; most beneficiaries know the "Do's" and "Don'ts" to avoid infections theoretically. However, it has been observed that this has not substantially translated into behaviour change in their day-to-day life.
14. The skill base programming (vegetable gardening, poultry rearing, etc.) needs to incorporate as companion programming, a demand expressed by the beneficiares.
15. The needs of camp beneficiaries require a more profound assessment considering their livelihood problems and to allow better resilience building against future calamities. They needed for example, more non-food items (NFIs) such as floor mats, mosquito nets, in-house solar light, etc. but those were not included in the NFI kits recommended by the coordination mechanisms.
16. Most vulnerable households mostly rely on aid or external support in this area. Beneficiaries emphasised the need for long-term support as they can hardly manage such a crisis on their own. The Solidar Suisse can think further in this regard.

1.0 Background

Bangladesh was the most-affected country by the COVID-19 outbreak with a death rate of 1.46 percent as of November 11, 2020. The government of Bangladesh had lifted all restrictions on public movement and activities after a lockdown period of five months between March and July 2020. Cox's Bazar was the second-highest infected district in Chattogram division, and was the 1st district in Bangladesh, declared as a 'Red Zone' due to the rapid spread of COVID-19 after the complete country wide lockdown. The direct and indirect effects of the pandemic have significantly impacted the socio-economic growth, lives, and livelihoods of the communities in this area. Income opportunities significantly declined or completely lost, supply chains disrupted, small-scale trading and market access decreased, purchasing power of people decreased. In September 2020, YPSA (Young Power in Social Action) with the support of Solidar Suisse carried out a comprehensive field assessment to evaluate the impacts of COVID-19 on refugees and host communities and to identify the most impacted groups and potential interventions to reduce the negative impacts of the crisis. Based on the results, the project "COVID-19 Livelihoods Response in Cox's Bazar, Bangladesh" was designed for the target groups and its intervention strategy.

1.1 Purpose and objectives of project

Purpose: Its purpose was to contribute to the socio-economic recovery of the Covid-19 affected populations in Cox's Bazar by assisting them through a combination of conditional and unconditional cash transfer modalities to meet basic needs, replace lost assets, restore their businesses/livelihoods, engage refugees in Cash for Work (CfW).

Objectives:

The two specific outputs of the project are:

Outcome 1: COVID-19 affected households enabled to cover basic needs and restore their socio-economic status

Outcome 2: COVID-19 affected households are aware of and apply recommended COVID-19 mitigation practices & registered in government website "Surokkha" for vaccination

Modalities and Objectives:

Unconditional cash grants to meet urgent family needs: 5435 COVID-19 affected extremely vulnerable host community households receive unconditional cash grants to meet the urgent needs of their families. The target groups for unconditional cash grants are extremely vulnerable persons/households who lost their job in the formal or informal sector or were affected adversely as they are facing unforeseen challenges after being tested positive for COVID-19. These people often have no family or other support and have adapted negative

coping practices as they are unable to generate any kind of income due to the long-lasting effects of COVID-19.

Conditional cash grants: The project supports **2480** marginalised COVID-19 affected HHs, mostly farmers, who sold productive assets to survive during the pandemic, with cash grants. The cash grant (CHF 126) aims to recover losses immediately to support the host farmers' production system, i.e. seeds, small livestock, labor, fertiliser, irrigation, crop protection, and animal health care.

Short term employment opportunities through CfW: **1700** refugee community households are supported through CfW. Based on needs the employment opportunities for CfW activities include site cleaning/waste disposal, building stairs, slope stabilisation, maintenance of bridges and connecting roads, repairing sewerage lines, and guiding wall with bamboos etc. The CfW activities supported in this project improve the living conditions in the camps

Awareness-raising and sensitisation to improve COVID-19 mitigation measures: To prevent the further spread of COVID-19, the beneficiaries benefit from practical awareness training based on the WHO and the guidelines from the Bangladesh Health Department. In addition, hygiene training and disinfection materials, soap and masks will be provided

Support host community people to enroll in the national vaccination website “Surokkha” for the registration to be vaccinated: The project will support 22000 host community people to fill online registration form, get a registration card and orient them to vaccination procedures and ensure vaccination among 40% of registered population.

1.2 YPSA's Response

YPSA has implemented Solidar Suisse supported “COVID-19 Livelihoods Response project in Cox's Bazar, Bangladesh” from February 2021-July 2022 in the host community at Rajapalong & Ratnapalong Union and camp- 19, 9, 10 under Ukhiya sub-district, Cox's Bazar. Project supported a total of 9,775 people with conditional cash transfer for 2,540 and unconditional cash transfer for 5,435 at host community and Cash for Work (CfW) for 1,800 Rohingya community at Camp-19, Camp-9 and Camp-10.

1.3 Purpose of Endline Assessment

The End Line Survey was intended to understand and evaluate the quality, relevance and impact drawn by the project deliveries especially at the beneficiary level. Also assess whether the Solidar partners NGO were able to adapt their use of CVA in the challenging time of the COVID-19 pandemic in order to reach the most vulnerable and to provide well targeted, relevant and effective assistance, contributing to achieve the set objective(s).

4.0 Scopes of the End Line Survey:

- 1 % of beneficiaries of conditional cash grants used and maintain replaced assets at the end of the project period.
- 2 % of beneficiaries of unconditional cash grants and cash-for-work assistance

- report that the grant made a meaningful impact to cover their basic household needs.
- 3 % of beneficiaries report that assistance was relevant and delivered in a safe, accessible and accountable manner.
 - 4 Number of the population registered in “Surokka” website.
 - 5 % of registered population got the COVID19 vaccination.
 - 6 % of selected households demonstrate improved behavior to avoid/sminimised COVID-19 infection and were aware of available facilities.
 - 7 Compare and adhere previous evaluations recommendations.
 - 8 Were the vulnerability criteria adapted to the new context of the COVID-19 pandemic
 - 9 Were protection risks and gender issues identified and addressed during distribution and implementation
 - 10 Best practice that can be scaled up and lesson learning

2.0 Methodology

2.1 Inception meeting and desk review

An inception meeting (online) was organised with project team to get a clear idea about the project. After the inception meeting, a comprehensive review of the project documents like need assessment report, post distribution monitoring report, program quality checklist etc., was done.

2.2 Sampling

Both quantitative and qualitative approaches were applied to collect data. Sample size was estimated based on supported beneficiaries and other stakeholders were engaged in project execution process. Limitations to time and resource were also considered to draw the sample size.

2.2.1 Quantitative sampling

For quantitative approach, questionnaires survey was done. Project supported 9,775 beneficiaries which was used as population to draw sample. If we consider 95% confidence level with 10% margin of error, sample size makes 95. The sample was then distributed into the three categories of beneficiaries e.g., conditional cash transfer (CCT), unconditional cash transfer (UCCT) and cash for work (CfW). Although 32 samples (this is 95 divided by 3 categories) for each category satisfy the estimated sample size statistically, a higher number of samples was supposed to finally choose as at least 50 samples. Since the population was the highest for UCCT category, 100 sample size was considered. Thus, a plan was to collect data from 200 beneficiaries. Finally, data was collected from 207 participants (91 women and 116 men).

Table 1: Quantitative sample distribution of endline study

Category	Location	Population	Proposed sample	Actual sample
Conditional cash transfer	Host	2,540	50	53
Unconditional cash transfer	Host	5,435	100	101
CfW	Camp	1,800	50	53
Total			200	207 (91 women)

2.2.2 Qualitative sampling

For validating, triangulating and getting further insight regarding quantitative findings along with answering some qualitative aspects of key survey questions, qualitative method was utilised. For the study, 6 Key informant interviews (KII), 3 focus group discussions (FGDs) and staff consultation with two staff were conducted. The FGDs were conducted with project supported beneficiaries, a mix of both men and women. However, the KIIs were conducted with project stakeholders namely Union Parishad member, religious leader and teacher from host community and Majhi and religious leader from Rohingya camp. For qualitative sampling purposive sampling method was followed where during respondent selection their relevance to the programme, subject knowledge, experience and availability during interview was considered.

Table 2: Qualitative sample distribution of endline study

Approach	No.	Remarks
1. FGD	3	
	Rajapalong	1 Beneficiaries (men and women)
	Ratnapalong	1 Beneficiaries (men and women)
	Camp	1 Beneficiaries (men and women)
2. KII	6	
	Rajapalong	2 Up member (men and women) and Religious leader/Teacher
	Ratnapalong	2 Up member (men and women) and Religious Leader/Teacher
	Camp	2 Majhi and Religious leader
3. Staff consultation	2	YPSA management, Solidar Suisse staff, and Food Security Sector (FSS) Focal

2.4 Data Collection Tools Development

Questionnaire: A detailed structured questionnaire was developed to address the assessment objectives and scope of work. The questionnaire was then shared to project authority and feedback was collected and necessary modifications were made. The questionnaire was decorated with self-explanatory guideline for easy understanding of data enumerators. The questionnaire was also translated into Bengali language. Question was

also set for data visualisation Geographical Positioning System (GPS) coordinates. Further, inclusive language considering gender and age were used. The questionnaire was uploaded into electronic data collection system e.g., open data kit (odk). Proper validation rule, skip logic, cascading dropdown menu, auto correction features were used to minimise transcription error.

Checklists: For qualitative data collection different checklists were developed for KII and FGD. The checklists were designed in open-ended questions, allowing to gather information as much as possible to address the study needs. The checklists were shared with project people for critical review and finalised with necessary corrections in response to the feedbacks.

Ethics tools, Protection and No Harm Policy

Taking ethical issues into consideration, a detailed consent note was prepared by explaining the purpose of the study, anonymity and confidentiality policy embedded with questionnaire and checklists for attaining informed consent of the respondents. For ensuring personal and sensitive data, study was conducted assigning unique identification (ID) for respondents so that his/her identity can be kept confidential. A brief No Harm Policy was developed for ensuring respondents, partners and teams' safety.

2.5 Training for Data Collection Team

A day long training was organised at project location. Both quantitative and qualitative teams participated together in the sessions. The training helped to develop a common understanding among data collection team about the project and endline survey perspectives, questions, safeguard and security policy, gender sensitivity, do no harm etc. Data collection process on digitised system through smart phone was also introduced in the training.

Table 3: Brief of the training contents

Sessions	No. of days
Brief on programme and survey, safe guarding policy, security policy, surveys methods (probing, sensitivity, respect and dignity to the respondents, etc.) discussions on questionnaires	0.5
Role plays, mock test on electronic data collection device, discussions on checklists (qualitative tools), tools adjustment based on mock test	0.5
Total	1

2.6 Data collection

The beneficiary list was collected from YPSA and sample respondents were selected randomly from the list. According to the sample list, a group Data Enumerator (DE) of 5 women and 6 men, visited the household and collected data through direct interview. Data was collected using android based phone through digitised questionnaire. The group collected data under supervision of a Field Supervisor. Each DE conducted 5-6 interviews per

day. In case of non-response, the sample was replaced with provided additional samples. The DEs allocated significant time for collecting informed consent from the respondents for building rapport with them beforehand starting the survey. For every interview they collected GPS for the interview location.

For qualitative part, Qualitative Research Assistants (QRA) conducted one FGD and 2 KIIs in a day. Detailed note of the FGDs along with audio records for further reference was kept. During the FGD, one QRA facilitated and another took comprehensive notes. The FGDs were conducted ensuring participation of 6-8 persons. Data was collected during August 2022.

2.7 Data Quality Control

A thorough training before data collection was the first building block of data quality assurance strategy. Although the research team was well-reputed team members with explicit understanding as mobile-based data collection approach, the tool was thoroughly explained in the training.

During the survey field-work, frequent spot checks were done by the Field Supervisor. He physically checked at least 5% data in a day for ensuring quality data collection. These checks ensured validity of data as well as any systematic mistakes done by a specific enumerator was corrected quickly in the field. Further, the field supervisor checked 100% data on device screen of DE, and then after his approval ensuring necessary editing DEs uploaded the data into cloud server.

2.8 Data Analysis

Quantitative data: During cleaning field completion checking and logical tests were done. Data was rechecked over phone with the respondents as appropriate. The data was analysed using Microsoft Excel software. Mainly descriptive analysis was done. The results were reviewed, validated and triangulated with findings of FGDs and KIIs.

Qualitative data: Transcribed text was cleaned (quality reviewed against the original audio). Finalised content was stored in word processing files (MS Word) on password protected computers. Notes and quotations were noted and incorporated in the reports as appropriate.

3.0 Results and discussions

3.1 Beneficiary's sex and age

Of the sampled participants, 44% are women. Major portion of the participants (44%) were between 31-45 years old who received grants and the ratio was same in host community (47%) while slightly less in the camps (38%). A total of 31% (23+8) people who aged more than 45 years received the cash grants.

Table 3: Beneficiary's sex and age

Sex and age	CCT	UCCT	CfW	Total
Beneficiary's sex				
Women	20 (38%)	65 (64%)	6 (11%)	91 (44%)
Wen	33 (62%)	36 (36%)	47 (89%)	116 (56%)
Total	53 (100%)	101 (100%)	53 (100%)	207 (100%)
Beneficiary's age				
18-30 years	16 (30%)	22 (22%)	14 (26%)	52 (25%)
31-45 years	25 (47%)	47 (47%)	20 (38%)	92 (44%)
46-60 years	9 (17%)	23 (23%)	15 (28%)	47 (23%)
Above 60 years	3 (6%)	9 (9%)	4 (8%)	16 (8%)
Total	53 (100%)	101 (100%)	53 (100%)	207 (100%)

3.2 Conditional Cash Transfer

Project distributed conditional cash grants to 2,540 households of host community as BDT 11,000 each to restore their lost livelihood opportunities, replace lost and or maintain assets. In this connection, it was assumed that the supported families would able to recover lossess immediately to support production system. The production sytem includes seeds, fertilizer, small livestock, labor, irrigation, crop protection and animal health care. Project also suggested households to spend an amount of the CCT for homestead gardening.

3.2.1 Use of CCT for homestead gardening

Of the supported households with CCT, 58% spent money for homestead gardening. According to participants of the FGD, some are very poor and they have no enough places in their homestead area to plant vegetables. Some homestead lands are jointly owned with brothers and they don't cultivate the area for any homestead gardening. Few households live on shelters provided the government and no much facilities are available to do homestead.

Table 4: Status of spending conditional cash grant for homestead gardening

Spent money for homestead gardening	No.	%
Yes	31	58%
No	22	42%
Grand Total	53	53

Homestead garden was found among 81% households (out of 31 respondents who spent money for homestead) who were continuing. Although no homestead garden was found in 16% households during data collection but they have plan to cultivate next season. This is basically seasonal gap. One household have no homestead garden and no plan even to do further. As reason, the respondent of the household stated that “they cultivated homestead garden but production was not good due to poor quality soil fertility. So, they planned not to do further.

Table 5: Current status of homestead garden

Current status of homestead garden	No.	%
Have	25	81%
Don't have, but planning to do next season	5	16%
No and will never do	1	3%
Respondents who spent money for homestead garden	31	100%

3.2.2 Use of CCT in other than homestead garden

As above, 58% households spent a portion of CCT in homestead gardening and spent the rest amount to mainly productive purposes. The households spent money to more than one head mostly. Almost half of the households invested money to buy goat and chicken. However, 8% of the households bought cow. They had chicken and goat earlier but sold during Covid-19 for buying household's essentials and for treatment of family members.

According to the FGD, “Using the CCT, the project gave them a great opportunity to buy chicken and/or goat again which are growing up, is an income eraning source for the poor families like us”.

Almost one third (28%) spent money for agriculture like buying inputs of cultivated crops. Seed and fertilaizer were the main inputs they brough and applied in the crops. Small business was another head of expenses were made by 15% households. Grocery shop, tea stall, tailoring, vegetables business etc were the small business type. A portion of households (11%) however spent money partially to buy food items like rice, pulses, vegetables etc (Table 6).

According to the FGD, “We are very poor and can always not spend money as per plan, have to spent out of boundary particularly for the food items”. Some participants however expressed demand of know-how capacity building training on business, livestock and poultry rearing, vegetabels gardening in addition to the cash grants that would bring confidence amog them.



Photo credit: SI Sumi

Figure 1: Women beneficiary bought chicken using CCT at host community (Maya Para)

Table 6: Use of conditional cash grants other than homestead gardening

Heads of spending grant	No.	%
Sewing machine	3	6%
Chicken and/or duck	23	43%
Goat and/or pig	25	47%
Cow	4	8%
Easybike (locally called tomtom)	1	2%
Small business	8	15%
Agriculture other than homestead garden	15	28%
Bought other productive assets (Rabbit, pigeon)	2	4%
Bought household essentials like rice, pulses, vegetables etc	6	11%
Households invested grants for any income earning assets	53	100%
Total respondents (n=53), multiple response	53	100%

Impact: One of the key purposes of CCT was to invest money in a way so that the Covid-19 vulnerable households can arrange a sustainable income source. All households invested the grants to at least one earning asset or productive assets. It helped them to recover their losses from Covid-19. Of them, 87% are continuing the assets.

Table 7: Current status of maintaining productive assets bought by using conditional cash grant

Status of maintaining productive asset	No.	%
Yes	46	87%
No	7	13%
Grand Total	53	100%

There is category of reasons for not continuing productive assets in Table 8. Participants of the FGD added that few started small business but few months later major portion of capital they used to buy household essentials and finally the businesses were consumed. Goat of one respondent died. Another respondent sold cow for meeting other family purposes.

Table 8: Reasons of not continuing productive assets

Reasons	No.	%
1. Business loss or goat died	3	43%
2. Sold (cow) for meeting other purpose	2	29%
3. Other (agriculture)	2	29%
Total	7	100%

Based on the above situation, majority of the households are currently operating or running productive assets bought by using CCT, and the rest are not. Average monthly income of the existing productive assets was reported BDT 2,571. According to the FGD's participants, "we are really grateful to the YPSA, they did lots for use and we are now happy to get the income earning sources". Although some households consumed productive assets, the income was BDT 3,611 before selling those (Table 7).

Table 9: Monthly income from productive assets bought by using conditional cash grant

#	Asset type	Income
1	Income from existing productive assets bought using grants (BDT/month) [which one household currently has]	2571
2	Income from consumed productive asset bought by using grants (BDT/month) [household has no these assets now, before selling the assets gave income, this is calculation of previous income from the assets]	3611

Participants of the FGD also added that we received the cash grants when we were in a very vulnerable condition in earning income and taking enough food due to Covid-19.

3.3 Unconditional Cash Transfer

Project distributed BDT 10,500 to each of 5,435 households from host community as unconditional cash transfer (UCCT). The cash was transferred as BDT 3,500 to each household for three months. Purpose of the grant was to allow Covid-19 affected people for spending money to their urgent and basic needs like food, shelter, medicine, clothe etc. It was assumed that the cash will have impact on minimizing negative coping practices.

Analysis shows that majority of the households (81%) spent the grants primarily to buy food items as most of the respondents received the UCCT who worked as daily labour and 22% were women headed households (see section 3.10.2). The widow or women whose husband have died belong to the women headed households; they are most vulnerable households in the community.

According to the FGD, “We are very poor and no enough land to do agriculture. On the one hand the income has decreased due to Covid-19 and on the other hand we end up eating most of what we earn.”

Treatment was another basic need as project had priority of selecting older people from poor families. In this connection, 71% households spent money for treatment and buying medicine. A significant portion of the treatment was spent to the people with disabilities. Fortunately, 57% households invested the cash grants fully or partially to productive assets like inputs for cultivating agricultural crops, chicken, goat, small business etc (Table 10). No household was found who did not spend the grants fully or partially to meet basic needs.

Table 10: Heads of expenses by using unconditional grants

Heads of expenses	No.	%
1 Food item	82	81%
2 Clothe	13	13%
3 Child education	39	39%
4 Medicine or treatment of family member	72	71%
5 Covid hygiene kit soap hand sanitiser mask etc	9	9%
6 Repaired house or shelter partially contribution for building new house	10	10%
7 Invested or buy for productive assets giving income	58	57%
Spent grant for any basic needs or productive assets	101	100%
8 Bought other unproductive asset not giving income	5	5%
9 Other (freezer)	1	1%
Total-Multiple response	101	100%

Impact: When the households are spending money for child education, is a sustainable investment. In the long-run this would contribute sustainably. More than half of the households also invested money to productive assets, is another sustainable investment. Keeping body healthy and workable, treatment carries important role to support family as well.

“We had to borrowed money with high interest to buy households essentials like food items if the project did not support with the cash garnt. We sometimes forcefully sent out children to work as daily labor”, a group of participants of the FGD expressed their fellings in this way.

3.4 Cash for Work

Project supported 1,800 people from the Rohingya community in the camps through cash for work (CfW). Project engaged community people in implementing CfW schemes through forming project implementation committee (PIC). Project contributed in road repairing, tree plantation, sewerage line repairing, wastage disposal and guide wall construction in Camp-9, Camp-10 and Camp-19. Aim of the schemes was to get an positive impact on environement in the camps. Project followed all COVID-19 mitigation measures, including wearing masks, keeping distance, and practicing proper handwashing during implementation of the scemes. The Rohingya people were engaged in the construction, cleaning and tree planation works and for that project paid them as BDT 350 daily per person.

Among the supported people, 94% worked maximum 16 days and 6% worked for 10 days. The FGD’s participants of the camp mentioned the reason for this. Some people were absent during the work and but project has include their representatives on the position of absent beneficiaries or added them more days as extra work and paid them accordingly.

Table 11: Payment modality of cash for work in the camps

Amount received (BDT)	No. of days worked	No. reported	%
3500	10	3	6%
5600	16	42	94%
Total	-	53	100%

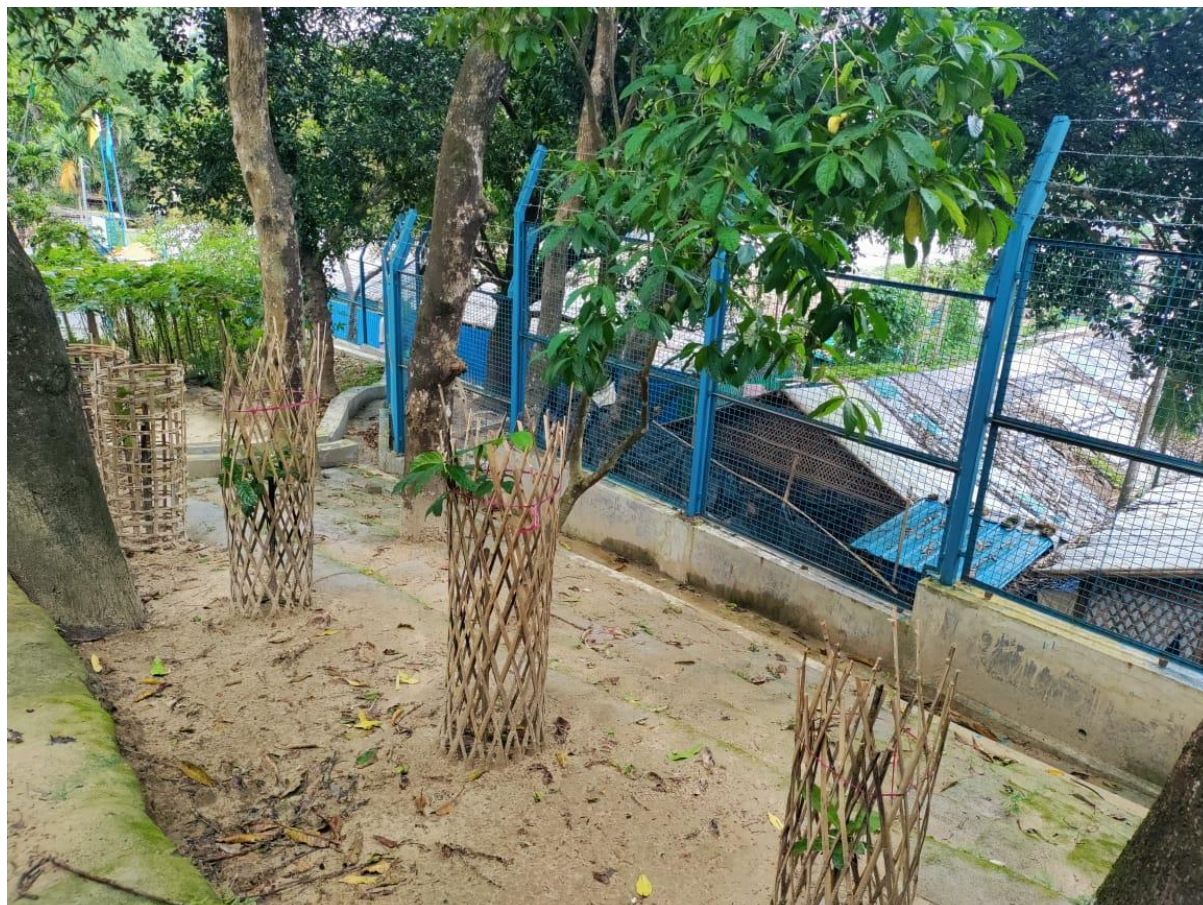


Photo credit: Shahid

Figure 2: Tree plantation under Cash for Work of the project at camp

Main use of the money received as CfW for buying food items; almost all supported people (98%) spent for it. It contributed to increase food intake, particularly taking nutritious food by the children. The CfW also hugely contributed (77% spent money) to treatment purposes. A remarkable portion of the cash was also spent for buying clothe and child education. Interestingly, around 9% people invested the cash fully or partially to maintaining or buying productive assets (chicken, inputs for vegetables cultivation etc). Overall, the people spent the cash mainly for meeting the basic needs.

Table 12: Use money received as cash for work

Heads of expenses	No. reported	%
1 Food item	52	98%
2 Clothe	19	36%
3 Spent for child education	21	40%
4 Medicine or treatment of family member	41	77%
5 Covid hygiene kit (soap, hand sanitiser, mask, etc)	5	9%
6 Repaired house or shelter or partially contribution for building new house	5	9%
7 Invested or buy for productive assets giving income	5	9%
8 Bought other unproductive asset not giving income	1	2%
Total-Multiple response	53	100%

The question related to benefits of tree plantation was asked who knew about this project and their tree plantation initiative. Out of 53, 39 respondents knew about this and answered. Majority of the respondents are aware and understand the benefits of tree plantation like protecting soil erosion, protecting from natural disasters and adding oxygen in the air, protecting from hot sunlight etc.

Table 13: Benefits of tree planation reported by the respondents

Benefit type	No. reported	%
1 Protect soil erosion or landslides	33	85%
2 Protect from disaster	22	56%
3 Give oxygen in the air	26	67%
4 Probability of proper rain	12	31%
5 Reduce air temperature	7	18%
6 Protect shelters from sunhit	24	62%
Total-Multiple response	39	100%

Project also supported for wastage disposal, slope stabilisation, connecting road maintenance, sewerage line repairing, guiding wall construction etc., in the camps. The supports helped Rohingya people in different ways. According to the FGD's participants, "the project cleaned wastage in our block and this protected us from air pollution, water pollution, water logging and it helps us to protect different kinds of diseases like Diarrhea, Cholera, Dengue etc".

Before construction the connecting raods were very slippery that people were not walk smoothly during rainy season and it as difficult to walk especially when the road was wet from the rain. The road was riskier for the older and people with disabilities. The risks have now been decreased and access of the older and people with disability have increased due to increase of the road use frequency.



Before

After

Photo credit: Collected from YPSA presentation

Figure 3: Project maintained connection road in the camp

Impact: Some people invested earning from CfW in productive assets while almost half of the supported people spent for child education. Treatment of family members are another sustainable initiative when the members are supporting others through earning money or mentally. Intake of more food was increased nutritious status of family members including children.

Tree plantation carries important sustainable investment to protect the people from natural disasters and keeping the air fresh with adding oxygen. The plantations will give a long-term benefit to the community people living there. Although the constructions would not give a long-term benefit, those were short-term sustainable initiative of the project. However, the road construction have created more access for the older and people with disability.

3.5 Hygiene Kit distribution

Project distributed 13 items as hygiene kits like bathing soap, washing power, slipper, mask sanitary napkin, savlon liquid, toothpaste, nail cutter, bucket, etc., to the 5,960 people. Project selected most vulnerable people for distributing the kits. Along with receiving cash grants, 49% received the kits. According to project plan, no hygiene kits were distributed at Camp 9 and Camp 10.

Table 14: Number of respondents reported receive of hygiene kits

Whether received hygiene kit	HHs with CCT	HHs with UCCT	HHs with CfW	Total
Respondents received kits along with cash grants	31 (58%)	45 (45%)	26 (49%)	102 (49%)
Respondents were not not selected for kits	22 (42%)	56 (55%)	217 (51%)	105 (51%)
Total	53 (100%)	101 (100%)	53 (100%)	207 (100%)

More non-food items (NFIs) such as floor mats, mosquito nets, in-house solar light, etc are also need which was placed as demand by the Rohingya community. But those were not included in the NFI kits.

Accountability: Question regarding whether the respondents (who received hygiene kits) were informed about hygiene kits before distribution. For majority cases the project informed the receivers (81% reported). Although the proportion was low who reported about no information was received about hygiene kit before distribution, more careful about this might have more accountability. Participants of the FGDs stated that “they were informed in the day of kits distribution but not earlier”.

Table 15: Number of respondents reported about whether project informed earlier before distribution of Hygiene kit

Informed earlier	HHs with CCT	HHs with UCCT	HHs with CfW	Total
Yes	27 (87%)	34 (76%)	22 (85%)	93 (81%)
No	1 (3%)	5 (11%)	4 (15%)	10 (10%)
Did not remember	3 (10%)	6 (13%)	0	9 (9%)
Grand Total	31 (100%)	45 (100%)	26 (100%)	102 (100%)

Data analysis also confirmed that all of the supported and informed people received the quantity of kits exactly same what was informed earlier.

3.6 Demonstration message on Covid-19

As process of awareness building among people project delivered message through different events like courtyard meeting (only 5 people), miking, Imam’s speech from mosque, festoon, cable television etc., following World Health Organization and Bangladesh Government Covid-19 guidelines. Messages regarding wearing mask at crowded places, washing hand at least 20 second, avoiding crowded place or social distancing, don’t spit everywhere and using arm during sneezing were delivered.

Among the samples, 76% received the related messages from the project. Others mentioned that they could not remember receiving message on Covid-19 from this project or not. However, they learned about Covid-19 from neighbours as well.

Table 16: Numbers of respondents received Covid-19 related message delivered by the project

Received message on Covid-19	HHs with CCT	HHs with UCCT	HHs with CfW	Total
Yes	44 (83%)	75 (74%)	38 (72%)	157 (76%)
Did not remember	9 (17%)	26 (26%)	15 (28%)	50 (24%)
Grand Total	53 (100%)	101 (100%)	53 (100%)	207 (100%)

The respondents who received the messages, they were further asked about media of receiving message. Of the 157 respondents, 79% received the message through courtyard meeting (Table 17). Miking was another media which was the important sources of getting

the messages. They respondents also reported Mosque's Imam, festoon etc., as media of receiving the messages.

Table 17: Source of Covid-19 messages received by the respondents

Source of message	HHs with CCT	HHs with UCCT	HHs with CfW	Total
1 Courtyard meeting	73%	83%	79%	79%
2 Miking	57%	68%	63%	64%
3 Mosque	36%	31%	39%	34%
4 Festoon	48%	31%	61%	43%
5 Cable tv	36%	51%	5%	36%
6 Radio	16%	21%	18%	19%
7 Majhi	0%	0%	45%	11%
8 Other	2%	0%	0%	1%
Total	44 (100%)	75 (100%)	38 (100%)	157 (100%)

3.7 Relevant, delivery process, accessibility and accountability

Question was asked whether the cash grants were essential on that time when project distributed them. All people reported the grants as "Essential" on that time. According to the FGD participants, "The grant helped them a lot as they had no income due to Covid-19 and income was already squeezed". Project transferred the cash through mobile money transfer namely bKash and all the respondents confirmed the payment process was safe to them and they cashed out money without any hassle.

Participants of the FGDs and key informants added that most vulnerable households mostly rely on aid or external support in this area. They need long-term support as they can hardly manage such a crisis on their own.

Table 18: Numbers reported about essentiality, safeness and access to receiving cash grants

Variables	HHs with CCT	HHs with UCCT	HHs with CfW	Total
Reported about essentiality of cash grants	53 (100%)	101 (100%)	53 (100%)	207 (100%)
Reported about safeness of cash transfer through bKash	53 (100%)	101 (100%)	53 (100%)	207 (100%)
Whether received money through bKash without any kind of hassle	53 (100%)	101 (100%)	-	154 (100%)

Project informed the listed people about amount of cash grants and purposes. In this connection, 96% respondents confirmed that they were informed before distribution. Few of them however could not remember or did not know about the exact amount of grants. The people who were informed earlier, all of them received exact amount of cash.

Table 19: Number of respondents were informed earlier about amount of cash grant to be distributed

Informed about cash amount earlier	HHs with CCT	HHs with UCCT	HHs with CfW	Total
Yes	49 (92%)	98 (97%)	51 (96%)	198 (96%)
No or did not remember	4 (8%)	3 (3%)	2 (4%)	9 (4%)
Grand Total	53 (100%)	101 (100%)	53 (100%)	207 (100%)

Satisfying gender sensitive issues is critically essential for every humanitarian project. In this regard, the question related to special care of women at distribution place was asked to the women respondents only. Of the 46 women respondents, 87% confirmed special cares like separate line for women, breast feeding corner, sitting arrangement for women etc., at hygiene kit distribution place. Although few women did not see any special arrangement, project cared the women specially when majority enjoyed the facilities.

Table 20: Special care for women at distribution place

Special care for women	HHs with CCT	HHs with UCCT	HHs with CfW	Total
Yes	11 (79%)	23 (92%)	6 (86%)	40 (87%)
No	3 (21%)	1 (4%)	-	4 (9%)
Don't know	-	1 (4%)	1 (14%)	2 (4%)
Grand Total	14 (100%)	25 (100%)	7 (100%)	46 (100%)

Project also gave priority the elderly people in distribution place. This was confirmed by 87% respondents. Since the major portion confirmed the facility, the rest did not feel requirement of the services and accordingly they did not notice.

Table 21: Priority for older at hygiene kit distribution place reported by respondents

Priority for older people	HHs with CCT	HHs with UCCT	HHs with CfW	Total
Yes	25 (81%)	38 (84%)	34 (94%)	97 (87%)
No	2 (6%)	1 (2%)	2 (6%)	5 (4%)
Don't know	4 (13%)	6 (13%)	-	10 (9%)
Total	31 (100%)	45 (100%)	36 (100%)	112 (100%)

This is also critically important to ensure Covid-19 protocols during project interventions. Project facilitated arrangements like using mask, maintaining social distance etc., accordingly. Almost all participants (96%) confirmed about maintaining Covid-19 protocols by the project.

Table 22: Project maintaining Covid-19 protocol reported by respondents

Maintained Covid-19 protocol	HHs with CCT	HHs with UCCT	HHs with CfW	Total
Yes	29 (94%)	43 (96%)	36 (100%)	108 (96%)
No	2 (6%)	1 (2%)	-	3 (3%)
Don't know	-	1 (2%)	-	1 (1%)

Total	31 (100%)	45 (100%)	36 (100%)	112 (100%)
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3.8 Covid-19 vaccination supports

Protecting people from Covid-19 is also important and another objective of the project. Bangladesh government initiated to bring people under vaccination program. As part of the process government is facilitating people to take vaccine through online system namely Surakkha web page. Accordingly, the project supported people for registration with the Surakkha. Among the supported people with grant, 77% reported as register with Surakkha. Obviously, the proportion was not a sole contribution of the project. Estimated people was 7,553 who were registered with Surakkha.

Table 23: Percentage of people supported for grants who took Covid-19 vaccine

Registered with Surakkha	HHs with CCT	HHs with UCCT	Total
Yes	42 (79%)	77 (76%)	119 (77%)
No	11 (21%)	24 (24%)	35 (23%)
Total	53 (100%)	101 (100%)	154 (100%)

Of the 7,553 people, project supported 37% people who were registered with Surakkha. This was the estimated people 2,793 (7,553 x 37%) the project helped to registered. The rest people were registered with the help of local shop, young neighbours (who are expert in operating internet and website). According, all of the registered people took Covid-19 vaccine. Project also helped other people who did not receive grants. Altogether the project helped 22,539 people for registering with Surakkha (target was 22,000).

Table 24: Percentage of people supported from grants who registered with help of project

Registered with help of project	HHs with CCT	HHs with UCCT	Total
Yes	20 (48%)	24 (31%)	44 (37%)
No	22 (52%)	53 (69%)	75 (63%)
Total	42 (100%)	77 (100%)	119 (100%)

3.9 Key learning adoption about Covid-19

All people received messages on awareness about Covid-19 delivered by the project and through other media. More than half of the people used mask “Always” when they visited crowded places like events, market etc. It was 41% people who used mask reported “Most cases”.

Table 25: Frequency of using mask at crowd places

Using mask	HHs with CCT	HHs with UCCT	HHs with CfW	Total
Always	29 (55%)	51 (50%)	29 (55%)	109 (53%)
Most cases	21 (40%)	43 (43%)	21 (40%)	85 (41%)
Rarely	3 (6%)	7 (7%)	3 (6%)	13 (6%)
Total	53 (100%)	101 (100%)	53 (100%)	207 (100%)

Although 32% washed their hand “Always” at least 20 seconds, most of the respondents washed hand not always but in “Most cases”. According to the participants, they did normally not wash hand earlier before eating or when their hands get dirty. But now they wash hand frequently immediately after their return to home.

According to the staff consultation, “it is really difficult to translate learning into practices without delivery message repeatedly”

Table 26: Frequency of washing hand at least 20 second by the respondents

Row Labels	HHs with CCT	HHs with UCCT	HHs with CfW	Total
Always	19 (36%)	29 (29%)	19 (36%)	67 (32%)
Most cases	32 (60%)	63 (62%)	26 (49%)	121 (58%)
Rarely	2 (4%)	9 (9%)	8 (15%)	19 (9%)
Grand Total	53 (100%)	101 (100%)	53 (100%)	207 (100%)

If the respondents affect from Covid-19, 97% of them replied that they will visit doctor at hospital or clinic or health care center. Almost half of the respondent (46%) mentioned about isolation is a process they will follow. However, a remarkable number of respondents still feel to go to dispensary or local medicine shop (20%) and/or to follow own prescription (13%). Earlier suspected people hid about Covid-19¹ but the situation has been improved and the project also contributed in this connection.

Table 27: Use of available Covid-19 support facilities by respondents

Treatment facilities of Covid-19	HHs with CCT	HHs with UCCT	HHs with CfW	Total
1 Visit doctor hospital clinic health care center	96%	96%	100%	97%
2 Isolation stay at separate room	55%	49%	34%	46%
3 Visit dispensary or medicine shop	25%	16%	23%	20%
4 Take advice who already affected	9%	9%	11%	10%
5 Follow own prescription	8%	14%	15%	13%
Grand Total	100%	100%	100%	100%

3.10 Meeting vulnerability criteria of selection process

Project transferred, as said earlier, three types of cash and followed different criteria. Here we have analysed whether the project selected beneficiaries following the set criteria or not.

3.10.1 Meeting selection criteria of CCT

The set criteria are presented in Table 28. Majority of the households (68%) affected seriously from taking less amount of food as quantity and or quality; was one of the

¹ <https://www.frontiersin.org/articles/10.3389/fpubh.2020.559437/full>

selection criteria. More than half of households (58%) took loan due to loss from Covid-19. When the target beneficiaries should be poor was one of the criteria, 70% of the households met that. Some of the households also met other selection criteria like households with older member, members with disability, sick member etc., as selection criteria. Some households however met more than one criterion. Finally, all supported households under CCT met any one of the set criteria.

Table 28: Numbers of respondents met set criteria for conditional cash transfer

Selection criteria	No. of HHs under CCT (n=53)	%
1 Lost productive asset during Covid-19	22	42%
2 Reduced quality of quantity of food intake (any family member)	36	68%
3 Took loan due to loss from Covid-19	31	58%
4 Women headed household	3	6%
5 Households had members with disability	3	6%
6 Households had older member	20	38%
7 Households had seriously sick member	18	34%
8 Poor households	37	70%
9 None of any of above criteria	1	2%
10 Households with any one of above criteria	53	100%

3.10.2 Meeting selection criteria of UCCT

The set criteria for households for UCCT are presented in Table 29. Members of the majority of the households (72%) worked as daily labour which was one of the set criteria for selecting households for UCCT. Households with older member, households with seriously sick member, land less households were also the selection criteria which were met by the 35%, 41% and 41% households respectively. Project also selected 11% households who had member with disability, was another priority. Finally, all households met selection criteria.

Table 29: Numbers of respondents met set criteria for unconditional cash transfer

Selection criteria	No. of HHs under UCCT (n=101)	%
1 Women headed household	22	22%
2 Households had husband abandoned women	10	10%
3 Households had members with disability	11	11%
4 Households had older member	35	35%
5 Households had seriously sick member	41	41%
6 Landless households (farm size <50 decimal of land)	41	41%
7 Household with special need (had no income, need of treatment, husband died, food purchase, etc)	34	34%
8 Any member of households worked as daily labour	73	72%
9 Households with any one of above criteria	101	100%

3.10.4 Meeting selection criteria for CfW

The list for CfW was prepared as suggested by Camp in Charge (CiC), is a government authority in the Rohingya camp considering Majhis', volunteers, religious leader and elite people information. Project selected vulnerable households groups who were deprived of benefits living on the out reach blocks.

3.10.4 Criteria for not selecting as beneficiary

Project also set some mandatory criteria for not selecting beneficiary like the households will not get same supports from other NGOs, no member will do government job, beneficiary must have national identification card etc. All criteria are found in Table 30. Although 13% of households from host community met criteria for not selecting as beneficiary, project supported them. Of the beneficiaries, 4% households noticed that they have police case. According to them, the police case was purposive, they were not guilty. Households who have immigrant member were also found; it was 3%. The households might be hidden the information during selection.

Participant of one KII reported about getting support by some rich people. The information was also confirmed through double checking at the field.

Table 30: Number of Households meeting criteria for not selection

Criteria for not selection	HHs with CCT (n=53)	HHs with UCCT (n=101)	Total (n=154)
Getting same support from other NGOs	1 (2%)	12 (12%)	13 (8%)
Any members do government job	1 (2%)	2 (2%)	3 (2%)
Beneficiary have no national identification card [or have no birth certificate]	0	3 (3%) [0]	3 (2%) [0]
Households had immigrant member	2 (4%)	3 (3%)	5 (3%)
Households had complaint against police case for criminal activities	1 (2%)	5 (5%)	6 (4%)
Households met at least one criteria for not selection	3 (6%)	17 (17%)	20 (13%)

3.11 Complain mechanism, overall satisfaction and dignity

3.11.1 Complain mechanism

Understanding about complaint mechanism among beneficiaries is mandatory for any humanitarian type project. Beneficiary has right to complain on any issue without any hesitation if they feel which makes the execution process accountable and transparent. This is a concern when only 43% respondents know clearly about complain mechanism.

Table 31: Numbers of respondents know about complain mechanism

Knowledge about complain mechanism	HHs with CCT	HHs with UCCT	HHs with CfW	Total
Yes, clearly	17 (32%)	45 (45%)	27 (51%)	89 (43%)
No, not clearly	36 (68%)	56 (55%)	26 (49%)	118 (57%)
Total	53 (100%)	101 (100%)	53 (100%)	207 (100%)

Of the respondents who knew the complaint mechanism, the highest proportion (62%) mentioned about over phone as complain mechanism process followed by complain box. It was also possible to complain directly visiting office, mentioned by 39% respondents. They could also complain in courtyard sessions (27% mentioned). Most of the people in the host commu are illiterate, they do not able to read project's Complaints Response Mechanism (CRM) board and meaning of CRM, the issue was clearly mentioned in FGDs.

Table 32: Numbers of respondents know about complaint mechanism

Complaint mechanism type	HHs with CCT	HHs with UCCT	HHs with CfW	Total
1 Complain box	35%	31%	74%	45%
2 Over phone	53%	82%	33%	62%
3 Visiting office	53%	29%	48%	39%
4 Through courtyard sessions or meetings	47%	22%	22%	27%
5 Through locally elected body or majhi	18%	18%	11%	16%
6 Other	0%	0%	7%	2%
Total-Multiple response	100%	100%	100%	100%

Although more than half of them did not know about complain mechanism, it was also asked whether they had any complaint about the project interventions or against any staff. Majority had no complaint. Only 6% reported that they had complaints but they did not complain.

Table 33: Numbers of respondents had complaint to the project

Whether had complaint	HHs with CCT	HHs with UCCT	HHs with CfW	Total
Yes	2 (4%)	3 (3%)	7 (13%)	12 (6%)
No	51 (96%)	98 (97%)	46 (87%)	195 (94%)
Total	53 (100%)	101 (100%)	53 (100%)	207 (100%)

All of the respondents confirmed that they did not pay any tips or money to engage or get grants from the project.

3.11.2 Overall satisfaction about project

Overall, 76% respondents showed high level satisfaction (stated as fully). Although 23% were not fully satisfied, were satisfied partially. According the FGD, “The amount was not sufficient to meet our need completely, it would be good if we could get more cash”. Goat of one participant was however died. One household invested full cash amount to lease in land and after the investmen no money was left to cultivate crops and he showed partially satisfied.

Three respondents of Rohingya camps did not notice satisfaction.

Table 34: Respondents noticed about overall satisfaction with project supports

Level of satisfaction	HHs with CCT	HHs with UCCT	HHs with CfW	Total
Fully	42 (79%)	82 (81%)	33 (62%)	157 (76%)
Partially	11 (21%)	19 (19%)	17 (32%)	47 (23%)
Not satisfied			3 (6%)	3 (1%)
Total	53 (100%)	101 (100%)	53 (100%)	207 (100%)

3.11.3 Dignity and respect

Majority did not report about any disrespect by the project staff. Three respondents reported about disrespects by the staff. According to the respondents, the staff misbehaved during grants distribution. As said above, the older person from the camp also felt disrespect.

Table 35: Numbers of respondents reported about disrespect by the project staff

Disrespect	HHs with CCT	HHs with UCCT	HHs with CfW	Total
Yes	-	2 (2%)	1 (2%)	3 (1%)
No	53 (100%)	99 (98%)	52 (98%)	204 (99%)
Total	53 (100%)	101 (100%)	53 (100%)	207 (100%)

3.12 Best practices

1. According to FGD participates, households who had no sufficient food and no income, they were supported. When the project supported the most vulnerable people, was the best practice.
2. Construction work of drainage in the camp was the best practices was reported by the beneficiaries of the camps. It protected air pollution which would prevent them from affecting disease. The also acknowledged the tree plantation which would a space of child playing ground under shadow of the tree in future.
3. According to KII with UP representative and religious leader, transferring money through bKash was the effective and transparent process and people were able to spend money as their needs.

Moreover, 100% of beneficiaries are well aware of the money transfer through bKash as they received the grants within the same day of transfer and didn't face any difficulties withdrawing the grants. bKash has been proven to be the most reliable Financial Service

Provider (FSP) in the rural area with a well-functioning operation system and comprehensive coverage for MMT (Mobile Money Transfer) from which all our beneficiaries benefitted. Project negotiated the service charge and reduced the cost of service by 36%.

4. The project also supported vulnerable women and people with disability, was the best practices, reported by UP representative during KII.
5. The Government sets strict procedures to secure FD6 and FD7. In response to that, the implementing partners took proactive action, prepared required documents, and involved senior staff with an excellent reputation with the NGOAB to secure timely approval. Solidar Suisse issued the "Letter of Intent" and the relevant project documents to keep the gov. authorities informed about the implementation stage, the project output and expected outcomes. The implementing partner ensured compliance and followed existing procedures. The government officials, CiC, and RRRC office representatives actively monitored the distribution.
6. Implementing partners and Solidar Suisse ensured close participation of beneficiaries, especially the most vulnerable person, to address their needs. Solidar Suisse and YPSA field teams held meetings with the community leaders, camp management, local authorities, and community representatives during the planning and project implementation. In line with the Core Humanitarian Standard, the project staff informed all beneficiaries about the intervention strategies, the expected output and the outcome. This created trust and commitment among authorities and beneficiaries. The project proactively addressed community concerns during the beneficiary selection. Complaints and response mechanisms were introduced based on discussions with the beneficiaries (e.g., agreeing on means to submit complaints). Project information's were regularly shared with the target communities and other key stakeholders (e.g., CiC, IOM, UP chairman, UNO, PIO) in meetings and joint monitoring.

3.13 Results addressing scope of work or indicators

This sub-section is presented an summary of the results which addressed scope of works or indicators of the projects. The description will give us degrees of achievements of the projects.

Table 36: Summary results addressing score of work or indicators

#	Scopes and/or indicators	Results
1	% of beneficiaries of conditional cash grants used and maintain replaced assets at the end of the project period.	87% beneficiaries are currently maintaining the assets
2	% of beneficiaries of unconditional cash grants and cash-for-work assistance report that the grant made a meaningful impact to cover their basic household needs.	100% spent to meet basic needs like food, medicine, shelter repairing, clothe etc.
3	% of beneficiaries report that assistance was relevant and delivered in a safe, accessible and accountable manner.	81% was informed about hygiene kit distribution; 100% reported that the received grant was essential for them, 100% felt the transfer process through bKash was safe, 100% received money without hassle, 96% respondents were informed earlier about amount of cash grants clearly
4	Number of the population registered in "Surokka" website.	22,539 people registered in the Surokka website.

#	Scopes and/or indicators	Results
5	% of registered population got the COVID19 vaccination.	100%
6	% of selected households demonstrate improved behavior to avoid/minimised COVID-19 infection and were aware of available facilities.	<ul style="list-style-type: none"> • 53% “always” and 41% “most cases” used mask; • 32% washed hand “always” and 58% “most cases”; • 97% will visit hospital /clinic/ health center they affect from Covid-19
7	Compare and adhere previous evaluations recommendations.	Although project set criteria “Household must have national identification card” but project consider birth certificate for the selection. Secondly, some beneficiaries invested in procuring cattle and goats taking loans which created an extra burden. To avoid such burden, project suggested to tighten the selection criteria for CCT and narrow down the assets list and emphasize that beneficiaries who want to invest in chicken, seed, vegetable garden, farming tools will be preferred instead of beneficiaries who planed to invest in large livestock. The project adapted the situation finally.
8	Were the vulnerability criteria adapted to the new context of the COVID-19 pandemic	100% respondents met set criteria for CCT and UCCT. There were some criteria as well for not selection. But 13% met criteria of not selecting as beneficiary.
9	Were protection risks and gender issues identified and addressed during distribution and implementation	87% women reported as special care for them, 87% reported as priority to older people. 6% and 11% households with people with disability received UCT and UUCT respectively.
10	Best practice that can be scaled up and lesson learning	Presented in sub-section 3.12

4.0 Lesson learning and recommendation

1. Several external key informants described the Solidar Livelihood project as 'pioneering', because it introduced both conditional and unconditional cash, creating a better impact. Solidar Suisse can consider the good practices in next project design.
2. Some beneficiaries invested in procuring cattle and goats which were beyond their financial capacity. These beneficiaries took loans from microfinance organisations or relatives, creating an extra burden and liabilities. As a lesson learned from this project and to avoid such a burden, it is suggested to tighten the selection criteria for CCT and narrow down the assets list and emphasise that beneficiaries who want to invest in chicken, seed, vegetable garden, farming tools will be preferred instead of beneficiaries who plan to invest in large livestock. The learning help the Solidar Suisse to design new project in developoing countries like Banlgadesh.
3. Due to some constraints almost half of the supported households under CCT did not do any homestead, although the project had priority. Capacity building on vertical vegetables gardening would help to increase adoption of the gardening.
4. Although proportion is low, some people reported about not informed earlier clearly about hygiene kit or package items. Project might be more careful for ensuring accountability. The issues should be noted during next course of action.
5. Among target people, 77% reported as register with Surakkha. Project had space to increase the numbers. A quick assessment at middle of the project period might help to identify the issue and could contribute accordingly.
6. However, a remarkable number of respondents still feel to go to dispensary or medicine shop and/or to follow own prescription. Capacity building on awareness building might help to reduce the visits which are not recommended.
7. Although some households from host community met criteria for not selecting as beneficiary, project supported them. The households might hide the information during selection. The project might avoid the situation through repeated verification process.
8. This is a concern when about half of the respondents did not know clearly the complain mechanism. The project informed the complaint mechanism but was not much effective.
9. Stakeholders and beneficiaries recommended support for quality education. Rate of literacy rate is also lower in the project area. School is far away from most of the households and children have to go long way.
10. Beneficiaries asked if the project can support on capacity building on beef fattening, cow marketing etc.
11. For very poor families, shelter repairing is required. Project may think in the next course of design.
12. It is also noticed while the project supported some rich people, project should be more careful to handle the situation through double checking with neighbours or other reliable sources of same community.
13. Behaviour change and translating knowledge into practice is the most significant challenge this project has witnessed. It requires repeated messaging, practical demonstration, long term intervention; most beneficiaries know the "Do's" and "Don'ts" to avoid infections theoretically. However, it has been observed that this has not substantially translated into behaviour change in their day-to-day life.

14. The skill base programming (vegetable gardening, poultry rearing, etc.) needs to incorporate as companion programming, a demand expressed by the beneficiaries.
15. The needs of camp beneficiaries require a more profound assessment considering their livelihood problems and to allow better resilience building against future calamities. They needed for example, more non-food items (NFIs) such as floor mats, mosquito nets, in-house solar light, etc. but those were not included in the NFI kits recommended by the coordination mechanisms.
16. Most vulnerable households mostly rely on aid or external support in this area. Beneficiaries emphasised the need for long-term support as they can hardly manage such a crisis on their own. The Solidar Suisse can think further in this regard.

5.0 Conclusion

The project supported Covid-19 affected most vulnerable people through both conditional and unconditional systems. Due to flexibility it was an effective way to have wider impact to the community. CfW was another support system that created temporary employment. The vulnerable people used cash grants primarily for meeting basic needs and buying productive assets which improved nutritional status of family members including women, child and people with disabilities and created income opportunities. The supported vulnerable people are now more aware on Covid-19 protections and majority translated the learnings into practices fully or partially. The project also facilitated people for Covid-19 vaccination, was a real time demand that supported the government priority process as well.

Although project suggested to spend some of the cash grants for homestead gardening but the people did not able to do due to scarcity of enough land. Moreover project had opportunity to bring more people under the Covid-19 vaccination. The learning and recommendations would help the Solidar Suisse to design next project.

6.0 Annex

Annex 1: Data collection tools used in the survey



Annex 2: Database used for analysis

