



Evaluation of the European Union's humanitarian response to the Rohingya refugee crisis in Myanmar and Bangladesh, 2017-2019

Final Report

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Volume 2 – Annexes

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ANNEX 1. CASE STUDIES

The three case studies have been designed to support the evaluation by adding supplementary evidence to answer evaluation questions, capture lessons learned and support strategic recommendations. Themes for the case studies were selected based on requirements in the TOR and designed to represent a specific strategic focus for ECHO in the two countries. The three case studies aimed to answer the following questions:

1. How have protection and gender issues been integrated into DG ECHO programming in Cox's Bazar?
2. How have the emergency, stabilisation in camps, and potential exit strategy phases been planned, implemented and monitored by DG ECHO, its partner UNHCR, and the humanitarian-development Nexus?
3. What has ECHO's experience been in operating in this sensitive and/or politically complex context, while advocating for and applying humanitarian principles?

In addition to providing additional evidence, these case studies provided an opportunity to carry out detailed analysis of key themes that have been central to ECHO's response in the Rohingya crisis and are likely to remain highly relevant in the future. Each case study follows the structure outlined below:

- Summary box with highlights,
- Background,
- Policy environment: DG ECHO, key partners, host government(s), and
- Conclusions in the form of lessons learned.

Case Study 1 - Prevention and Response of Gender-Based Violence

Integration of Protection for the survivors from Gender-Based Violence (GBV) and victims of other types of gender-based violence, abuse and trauma in the overpopulated refugee camps in the Cox's Bazar area.

Summary

Protection of the Rohingyas has been a crucial cross-cutting issue in both Myanmar and Bangladesh in a context of protracted conflict, discrimination and legal void. In particular, GBV has been a major human rights violation among refugees due to the violence used by the Myanmar military to expel a large part of the Rohingya population in August 2017. The huge and sudden outflow resulted in overcrowded camps in one of the less developed and accessible regions of Bangladesh. It also appeared to the humanitarian actors who Beyond the trauma of violence, GBV was also be found in the deeply rooted religious and social behaviours of the Rohingyas, which undermine gender equality.

The above factors were compounded by a lack of coordination among protection-mandated international humanitarian agencies. In such an unfavourable environment, DG ECHO's partners – together with many other humanitarian actors - both international and local, have managed to cover all the camps (and some neighbouring host communities) with a wide range of lifesaving and protection activities - even though quality and coverage could still be improved. Overall, DG ECHO partners have also duly adapted and applied the mainstreaming of GBV throughout their activities as foreseen in the ECHO policies. Whenever relevant and feasible, targeted actions have included prevention (awareness raising) and response activities (safe spaces, case management) as protection against GBV, as well as medical treatment as per the Gender policy. However, due to traditions and fear of stigma, many GBV survivors were probably never found, and dropout rates from case management have been high.

This case study has also informed the contiguous evaluation of DG ECHO's above-mentioned gender policy ("Gender; different needs, adapted assistance") to help in triangulating findings collected in two other case studies carried out in Nigeria and Palestine.

Background

The objective of this case study is to review the activities funded by DG ECHO for the protection of the 855,000 Rohingya refugees (48.3% Men & Boys, 51.7% Women & Girls)¹ who have been living in 34 overcrowded camps in the area of Cox's Bazar, Bangladesh. Among these refugees, 459,112 were children. In addition, humanitarian aid agencies have been targeting some 444,000 vulnerable people among the host communities.

The UN Independent International Fact-Finding Mission on Myanmar² has documented widespread, systematic rape and other sexualized torture of Rohingya women and girls and has found credible reports of sexual violence against Rohingya men and boys. To add to the trauma, many have also witnessed their villages being burnt, killings, torture, and the use of rape as a weapon. Many continue to suffer from a high prevalence of symptoms typically associated with post-traumatic stress disorder and depression. Men tend to be less vocal about and their testimonies are less frequent than those of women and girls, which has made identification of GBV survivors among men and boys more difficult.

Protection is embedded in DG ECHO's mandate and confirmed by the European Consensus on Humanitarian Aid. DG ECHO has supported activities aimed at reducing the risk, and mitigating the impact of human-generated violence, coercion, deprivation and abuse of vulnerable individuals or groups in the context of humanitarian crises. As described in the TOR for this evaluation, ECHO's intervention strategy for the Rakhine crisis has recognised the centrality of protection in this crisis. In July 2013, DG ECHO published a comprehensive Policy on Gender needs and adapted assistance, together with a Gender-Age Marker with GBV being a central focus of this new policy. In May 2016, the Gender policy was complemented by the Humanitarian Protection Policy of DG ECHO, which also includes a focus on GBV and a typology of activities as described in more detail below.

Protection and GBV among the Rohingya and host populations

The violence suffered by the Rohingya, their uncertain legal status in Bangladesh and their dependency on humanitarian assistance has made protection both an important targeted activity in addition to a core cross-cutting issue for other live-saving interventions (food, nutrition, WASH, shelter, health, etc.) and DRR.

DG ECHO's HIP 2017 for South and East Asia and the Pacific has accordingly outlined that protection was at the core of humanitarian needs due to the absence of a legal status as refugees, and that "sexual and gender-based violence and mental health issues were alarmingly high" among the Rohingyas. It also noted that Bangladesh is not party to the 1951 Refugee Convention, Rohingyas have been officially registered as "Forcibly Displaced Myanmar Nationals," a designation that denies their refugee status and any rights attached to that status.

Humanitarian agencies have drawn attention of international stakeholders to the risks Rohingya women and girls, and many young men, were facing in the camps, where they were disproportionately vulnerable to sexual harassment and abuse in overcrowded settlements, which offer minimal privacy and security. Restrictive social norms amongst the Rohingya population also quickly appeared as key drivers of GBV, in particular for the humanitarian actors and those ECHO partners who follow a 'gender-transformative' approach. As outlined

¹ UN Country Team (2020), Joint Response Plan, www.humanitarianresponse.info/en/operations/Bangladesh

² United Nations Human Rights Office of the High Commissioner (2019), Human Rights Report 2019.

for instance in the IASC GBV Guidelines (2015), humanitarian emergencies can exacerbate violence against women and girls, but the underlying causes have been generally the attitudes, beliefs, norms and structures which promote or condone gender-based discrimination even in absence of armed conflict.

According to partners reports,³ intimate partner violence and child marriage are deeply rooted and normalised within the Rohingya community. A study commissioned by BBC Media Action⁴ described how speaking out was risky for women who do not want to be seen by their partners and families as complaining about them, as they believed it is a women's duty to obey her husband. Women feared that their husbands will remarry, leaving them with no financial stability, no opportunity to earn money, and no opportunity to remarry. whenever a husband feels his wife is deviating from her duty, he perceives it is his "right" to abuse his wife physically, emotionally and sometimes sexually. Rohingya women also felt it is a husband's right to "scold" the wife if she did not perform her duty properly.

Early marriage happens frequently. Although 18 has been the legal age for marriage, girls are usually married within two to three years after they start menstruating, between the ages of 12 to 16. As Rohingya women are prohibited from working, marriage is their only form of security, which has contributed to early marriage.⁵ Parents have no incentive to delay their daughter's marriage since females are perceived as not contributing financially to household income. It is easier to find a groom for a girl when she is young, and the amount of "dowry" demanded by the groom's family is lower. It is also widely believed by men and women that it is a parent's religious duty to marry off their daughters early. Laws in place to prevent child marriage in Myanmar are not upheld in the camps. Poverty is another factor: when a family marries off their daughter, they gain space in their crowded shelter, have one less mouth to feed, and they can sell relief goods for much-needed cash. Parents are also concerned about the security of their girls in the camps, as shelters are poorly constructed, and girls have to travel some distance to use the toilet. Respondents believe that marriage will afford their daughters greater protection, as men are less likely to harass a married woman.

As a result, traditions prevent many women and girls from leaving their homes and reaching safe spaces that partners have set up in all camps. When women do appear in public, typically those who live in female-headed households, and/or choose not to wear a veil the risk of harassment by men is high. Female Rohingya NGO volunteers have reported frequent harassment while conducting their work in public spaces. For young girls, cultural norms can mean that following instances of rape or child pregnancy, survivors are forced to marry the perpetrator to avoid shaming the girl's family.

GBV has often been underreported for a variety of reasons including stigma, fear, threat of retribution, and lack of access to quality GBV response services. Anecdotal evidence points to the fact that needs are still very high: for instance, data from 19 centres operated by IRC (which are not DG ECHO-funded) across 19 camps where GBV screening was taking place demonstrated that at least one in every four women or girls screened during the period between July and December 2019 was a GBV survivor.⁶

³ See, for example, Gerhardt, L., Katende, S. and Skinner, M. (2020) The Shadow Pandemic: GBV among Rohingya refugees in Cox's Bazar". International Rescue Committee and BBC Media Action (2018), "Violence Against Women within the Rohingya Community: Prevalence, Reasons and Implications for Communication".

⁴ Md. Arif Al Mamun et al. (2018) Violence against women within the Rohingya community Prevalence, Reasons and Implications for Communication. BBC Media Action Research Briefing - November 2018.

⁵ Source: Focus group discussions and interviews with Rohingya women.

⁶ Between July and December 2019, prior to the COVID-19 crisis, 21,517 women and girls were screened at IRC women's centre and health programme sites in 19 camps in Cox's Bazar. Due to the risks women and girls face in reporting incidents of GBV, fewer than half of those who attended IRC programme sites consented to screening. Nevertheless, 27 percent of Rohingya women and girls screened at IRC programme sites reported experiencing GBV each month, as follows: • 57 percent reported having experienced physical assault • 22 percent reported denial of resources, opportunities and services by a domestic partner • 16 percent reported psychological or emotional abuse • 3 percent reported rape • 2 percent reported other types of sexual assault. The vast majority of cases (81%) was perpetrated by intimate partners.

A 2020 IRC study⁷ noted that, during the first half of 2019, a total of 232,466 Rohingya were reached through GBV subsector awareness raising and community mobilisation programmes – however only 22 percent were men and boys. Of the women and girls who disclosed an incident of GBV, all accepted clinical care, 93.33 percent accepted psychosocial services, but only 37 percent consented to legal counselling to seek justice either through community or state mechanisms.

Thanks in part to DG ECHO and its partners, progress with protection and prevention of GBV in the camps have been significant. By the end of 2019, almost 400,000 refugees (47% of the total), of which over 280,000 were women and girls (63% of the total), had been reached with GBV services. Services included awareness raising, activities in safe spaces and psychosocial support. In addition, 2,744 humanitarian actors have been trained and 80 dedicated Safe Spaces for women and girls are operational, providing essential and lifesaving services and information in all the refugee camps and some neighbouring host communities.

Methodological note

Within the limited working days allocated for this evaluation, it has been possible to a certain extent to explore the protection and GBV issues under several angles, which also ensure optimum consistency with the Gender Policy evaluation (subject to the same limitations).

An important constraint was that field visits had to be replaced by remote interviews and focus group discussions due to the COVID-19 pandemic. This approach did not fully compensate for the lack of observations and face-to-face discussions in the field. Partner reports tended to describe outputs rather than outcomes, making progress more difficult to evaluate from a distance. On some aspects, such as coverage of protection in the camps and coordination effectiveness, there were divergent statements from different actors.

Statistics about projects, budgets and partners

From 2017 to 2019, DG ECHO has funded a total of 24 projects in Bangladesh for the Rohingya crisis. Projects were a mix of targeted actions (18 projects) or with a protection component (6 projects). These projects have been implemented by 15 different partners: Federation Handicap, IOM, UNHCR, OXFAM, STC, UNICEF, DRC, RI, NCA, IRC, TDH, UNFPA, BBC-MA, NRC, and PLAN.

The total budget of the 18 projects which included targeted actions amounted to EUR 31.7 million, out of which 27 million EUR (85,1%) has been funded by DG ECHO. The total budget for the 6 projects with a protection component amounted to around EUR 9 million, out of which EUR 5.8 million EUR (i.e. 64,5%) has been funded by DG ECHO. It should be emphasised that the above figures covered the total budget of the projects, including the components which were not related to protection or targeted actions but concerned other sectors.

Regarding protection viewed from the perspective of other sector activities in Bangladesh, the division for 2017 – 2019 can be seen in Figure 8 (in Volume 1) and Figure 11 informs on the average cost per beneficiary / sector for a list of selected interventions.

These figures show that, over the period, protection has ranked 3rd in terms of budget allocation by DG ECHO (12.7 million EUR – 16% of the total), almost at par with health (13 million EUR -also 16%). The most important sector in the camps has been food security and livelihoods (27% of the total budget). At the same time, some sub-sectors of health (medical treatment of GBV survivors, SRH) are also among the targeted actions listed in DG ECHO's gender policy.

⁷ Gerhardt, L., et al. (2020), The Shadow Pandemic: GBV among Rohingya refugees in Cox's Bazar". International Rescue Committee.

The analysis of gender issues in the portfolio of projects has been conducted as follows:

- **Annex 8:** Typology of gender targeted actions in all 18 projects which were listed in the HOPE database as providing key results indicators (KRI) for either Health GBV, Health SRH, or Protection GBV.
- **Annex 9:** Assessment of the quality of Gender-Age Marker ratings applied in the 6 other projects which are mentioned in HOPE as having protection components. This assessment has been done by reviewing:
 - The needs analysis in section 3.1.3 in the electronic single form (eSF)
 - The corresponding responses in section 3.1.4 of the eSF
 - The selection and involvement of beneficiaries in sections 3.2.4 and 3.2.5 of the eSF
- **Annex 10:** Assessment of mainstreaming of gender issues in other projects retained in the evaluation's sampling, which were not already assessed either among projects with targeted actions or projects with protection component, though rationale for Gender-Age marker rating (sections 5.1.2 – 5.1.4 in the eSF). No quality check of ratings provided.

Relevant Policy Frameworks

DG ECHO

Six DG ECHO policies need to be considered as a background to this case study:

- The Thematic Policy document on Gender “Different Needs, Adapted Assistance” (July 2013) and the Gender-Age Marker.
- The Thematic Policy document on Humanitarian Protection: “Improving protection outcomes to reduce risks for people in humanitarian crises” (May 2016)
- The Humanitarian Shelter and Settlements (S &S) Guidelines (June 2017)
- The Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations (February 2019)
- Disaster Risk Reduction (DRR): Increasing resilience by reducing disaster risk in humanitarian action (September 2013); and
- Education in Emergencies (EiE) in EU-funded Humanitarian Aid Operations (July 2019)

These policies have been assessed in detail by the contiguous DG ECHO evaluation of the gender policy. Their most relevant aspects for the current desk study can be summarised as follows.

In particular, the Gender policy promotes two types of approaches: (1) targeted actions in the Protection sector (prevention and response to GBV) and in the Health sector (medical treatment for GBV survivors, SRH as a separate sub-sector), and (2) mainstreaming of gender and age considerations in general humanitarian programming. The mainstreaming process starts with a gender-sensitive needs assessment and a gender analysis by the implementing partner, which examined the roles, access to resources, existing inequalities and supportive local structures (including women's organisations), specific needs, vulnerabilities, risks (such as GBV), coping strategies and capacities of women, girls, boys and men. The gender analysis also takes into consideration the pre-crisis situation, the impact of the crisis on such parameters, as well as potential limitations or risks related to accessing assistance (do-no-harm). Mainstreaming also ensures corresponding responses, the collection of sex and age

disaggregated data, and the involvement of women and men of all ages in the design, implementation and M&E of humanitarian operations. The level of gender-sensitive programming is measured by the four criteria of the Gender and Age Marker.

DG ECHO's Protection policy aims at preventing, reducing/ mitigating and responding to the risks and consequences of violence, coercion, deliberate deprivation and abuse for persons, groups and communities in the context of humanitarian crises. The policy integrates the provision of material assistance (food, WASH, shelter, medical etc) by mainstreaming or stand-alone actions to reduce threats, vulnerabilities, and strengthen capacities in order to preserve physical integrity, psychological wellbeing and dignity in humanitarian crises.

The Gender and Protection policies are completed by specific guidelines on (1) humanitarian shelter and settlements (to ensure that shelter assistance is tailored to the differentiated needs of women, girls, boys and men, as well as specific vulnerabilities of some groups of contexts), (2) barriers, attitudes -or enablers- towards persons with disabilities who may be particularly at risk of GBV, violence, abuse and exploitation in humanitarian crises, (3) disaster risk reduction measures which need to be sensitive to the specific vulnerabilities of gender, age and disabilities, and (4) education in emergencies which can contribute to child protection as education provides immediate physical, psychosocial and cognitive protection during crises – and conversely out-of-school children are more vulnerable and exposed to protection risks, e.g. to GBV, early marriage, early pregnancy, child labour and forced recruitment. The assessment of Protection and gender issues in DG ECHO's annual strategic documents (Humanitarian Implementation Plans – HIPs, their annexes and revisions) for South and East Asia and the Pacific can be found in Annexes 6 and 7.

It should be noted that the guidelines on protection and references to gender issues, which were rather confusing between HIPs and technical annexes (HIPTA) in 2017 and 2018, were vastly improved in 2019. The HIP now provides the narrative, including improved guidelines whereas allocations can be found in the HIPTA. The HIPTA provides also appropriate operational guidelines on protection and gender. There is however still little room in the regional HIP for GBV issues among the Rohingyas, as the HIP covers also other crises in Myanmar, the Philippines (Mindanao) as well as DRR.

Protection policies of key DG ECHO partners

UNHCR

The protection of refugees is UNHCR's core mandate. In practice, this translates to undertaking activities aimed at obtaining full respect for the rights of individuals, in accordance with international humanitarian, human rights and refugee law. Humanitarian action should also support community-based protection mechanisms, in line with the principles of partnership and accountability.

Until today, and despite the refugee character of the crisis, UNHCR has had to share the lead protection agency role with IOM. A key reason has been the pre-2017 larger presence and role of IOM in the management of a situation involving people who had been forcibly displaced, as the Bangladesh government avoided categorizing them as "refugees". This division of tasks has meant that UNHCR has needed to rely on persuasion, advocacy, and facilitation to get protection concerns and practice integrated into overall response plans and strategies.⁸

Coordination for the Rohingya refugee response has been complex, evolving and a reflection of inter-agency dynamics and Government of Bangladesh policies and priorities. It can be characterised at three different levels, at the Dhaka level, the Cox's Bazar level, and at the

⁸ Sida L., *et al* (2018), Independent Evaluation of UNHCR's Emergency Response to the Rohingya Refugees Influx in Bangladesh, August 2017 – September 2018.

camp level. In Dhaka, a tripartite Strategic Executive Group (SEG) leads the international response, and is jointly led by the Resident Coordinator, UNHCR and IOM. At the national level, the Government has led through the National Task Force established for Rohingya migration and headed by the Foreign Secretary. Currently, operational humanitarian coordination for the Rohingya refugee response is undertaken through the Inter-Sector Coordination Group (ISCG) at the level of Cox's Bazar, reporting to the SEG. The Refugee Relief and Repatriation Commissioner has led the response in Cox's Bazar, with the Deputy Commissioner also responsible for major areas.

In the camps, a government official called 'Camp-in-Charge' (CiC) has been appointed. In terms of the international response, a different coordination approach exists, with roughly half the population living in camps managed by IOM and the other half living in camps managed by UNHCR based on a geographic division of responsibility. This has led, in effect, to competing centres of authority and this in turn has often led to service fragmentation.

As the UNHCR presence grew in size and effectiveness in Bangladesh, the Government acknowledged the need for its expertise and resources, and the dynamics started to shift towards a "still not classical but workable" *de facto* division of tasks and roles. Without formal authority, however, the accountability for the response has been and remains ambiguous.

IOM

In the above-mentioned context, IOM has been another major contributor to the response. Present for many years, it massively scaled up, taking on four major responsibilities: a) Its own programmatic work, directly and with implementing partners, in site development, shelter & NFI, health, WASH, protection, Communicating with Communities (CwC) and site management, while also maintaining and expanding its local version of Displacement Tracking Matrix (DTM); b) sector lead or co-lead for site development and site management, shelter & NFI, and CwC; c) setting up and management a procurement and supply line for several agencies, notably for fuel and WASH products; d) leadership then co-leadership for the overall response, a situation it had never been in before.

UNFPA

UNFPA leads the GBV sub-sector to ensure effective coordination between multiple actors and the provision of life-saving services that meet the specific needs of vulnerable women and girls. UNFPA has been providing life-saving sexual and reproductive health services with a network of midwives, supplies and information as well as prevention of and response to gender-based violence (GBV) to support survivors on the path to healing, empowerment and recovery. The Women Friendly Space (WFS) are UNFPA's "signature intervention" where women and girls can access a safe haven. UNFPA also provides life skills training at Women-Led Community Centres.

UNICEF

UNICEF leads the coordination of the nutrition sector and the child protection sub-sector. It co-leads the education sector with Save the Children and, with Action contre la Faim (ACF), is part of the leadership of the WASH sector in support of the Government of Bangladesh Department for Public Health Engineering. It has also taken a very prominent role in carrying out a number of critical health-related activities, such as vaccinations. Much of UNICEF's work in these sectors aims to provide life-saving assistance and protection.

Policy of the Government of Bangladesh

As noted in the HPG Working Paper of Dec 2018⁹, the policy of the Government of Bangladesh has not varied much from the responses provided already in 1978 and 1991 to previous Rohingya refugee flows. The same policies were adopted that underpin their response to Rohingya refugees today, including containing refugees in a small geographic area with substandard living conditions, restricting the types and quantity of aid that can be provided to them, refusing to consider integration, and a persistent focus on repatriation, despite conditions not being in place. Ultimately Rohingya refugees from both the 1978 and 1991 influxes were repatriated to Myanmar under conditions that were less than voluntary at best, and coerced or forced at worst.

During this crisis, various parts of the government, the army, and border guards have been powerful stakeholders and contribute significant capacity to the current refugee response. They have had to make urgent, difficult decisions about issues pertaining to the border, land demarcation, resources, access, and roles for international and national responders. In doing so, “the entire state machinery has been mobilized” as mentioned in a key informant interview. This includes representatives of the central government (local administration and the District Coordinator’s (DC) office, which leads in organising the response on a local level); local elected councils, local ministries (e.g. the Ministry of Health, and the Rohingya Relief and Repatriation Commission (RRRC) under the Ministry of Disaster Management and Relief), the NGO affairs bureau (which gives permission for NGOs to operate, amongst other roles), various appointed and elected individuals, the armed forces division and Bangladesh border guard.

In this framework, as noted by DG ECHO in their report on the joint mission carried out with EEAS, DG DEVCO and FPI in January 2018, the Ministry of Foreign Affairs (MoFA) has taken a leading role in the management of the Rohingya crisis, both on coordination and as regards political messaging. The Foreign Secretary chairs the national Task Force on Rohingya and co-chairs the Joint Working group set up with Myanmar to address the crisis. Following the signing of the bilateral agreement on repatriation of the refugees (23 November 2017) and the kickoff of its implementation by the Joint Working Group and the signing of the physical arrangement on repatriation (16 January 2018), the new narrative of the Government of Bangladesh is giving exclusive priority to the repatriation of refugees and does not allow space for dialogue on medium to long assistance to the refugees. The only request for support by the Government to the international community is political and aims at an increased political pressure on Myanmar as regards repatriation.

Conclusions and Lessons learned

Although protection has been a major cross-cutting issue and GBV-focused activities have been widespread in the camps, the detrimental contextual factors (traditions which allow domestic violence, language, lack of access at night, overpopulated camps, climate) have impacted on protection and GBV strategies. GBV is often underreported for a variety of reasons including stigma, fear, threat of retribution, and still sometimes lack of access to quality GBV response services.

All partner staff interviewed acknowledge that they have adapted their approaches, such as mainstreaming of gender in all types of basic needs assistance, community outreach through a variety of mobile teams of aid workers and volunteers, and different types of ‘safe places’ for women and girls with different functions according to the partners’ mandates (confidential centres for GBV psychosocial counselling and family planning; health centres for SRH; open centres where men and boys are included in awareness activities to contribute to a ‘peaceful society’). All activities were duly monitored.

From the assessment of 18 projects with targeted actions, the typology has appeared holistic and adapted (see Annex 8):

- Main types of Health-GBV targeted activities: often not specified (“clinical management of rape survivors”, psychological counselling)
- Main types of Health-SRH activities: often not specified (“deliveries”, treatment of STI, family planning)
- GBV-Protection activities included under prevention: public and targeted awareness-raising sessions, outreach to households, help desk and management of safe space in the camps where GBV survivors can be detected. Training and advocacy were provided to local partners, officials and target populations.
- Under response, GBV-Protection activities included: case management for GBV survivors with psychosocial assistance, referral pathways to specialised actors for medical treatment, legal aid, dignity kits, flashlights, adapted shelter, adapted WASH facilities with lighting, cash handouts, life skill training and livelihoods.

Livelihood interventions have played a key role in GBV prevention, especially as the crisis has transitioned to a protracted crisis during 2018.¹⁰ These have been well received by women and girls. Research commissioned by IRC¹¹ showed that women’s economic empowerment can work towards combating the effects of restrictive gender norms when coupled with effective GBV response and prevention. Lessons learnt indicate that when women’s contributions to the economy are supported and accepted in a way that women can both shape the economy and take part in it, they have greater control over financial resources, are less at risk of exploitation, and have more power to challenge discrimination. Higher income for a household lowers the exposure of women to be exploited by men through early and forced marriage and commercialized sexual exploitation.

Access to justice has been an important aspect of protection in Bangladesh. In the framework of case management, stakeholders aimed to support the increased access of refugee GBV survivors to legal services by reviewing and updating GBV reporting policies to provide access to courts of law, police and other designated legal structures in a secure, confidential and safe manner.

Protection in the Bangladesh context has also been about DRR. The lack of even semi-permanent structures impeded the effectiveness of protection. Better transportation infrastructure in the camps and the increased presence of security could have improved protection. Advocacy towards these goals could be included in the perspective of the Bangladesh government’s plans to develop the region. Each camp should have a shelter centre, and vulnerable groups (pregnant women, children, elderly and people with disabilities) should be encouraged to take shelter during emergency periods (landslide/heavy rain). In addition to that, awareness programs are required regarding DRR.

Overall, access to legal status is a key longer-term solution for protection. As outlined by several key observers such as Vijay Nambiar, the UN Secretary-General’s special envoy to Myanmar until December 2016, but also by the NGO Human Rights Watch which already assessed “The cyclical nature of displacement of Rohingya refugees” in 1996 and asserted that “the refugee problem will not be solved until and unless the Rohingyas are recognized as citizens by the Burmese Government and granted the rights they are currently denied.”

¹⁰ Protection Cluster (2015) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action Reducing risk, promoting resilience and aiding recovery. IASC.

¹¹ Gerhardt, L., Katende, S. and Skinner, M. (2020), The Shadow Pandemic: Gender-Based Violence among Rohingya refugees. IRC, May 2020.

Case Study 2 - Transition from relief to development

Transitioning from emergency relief to a post-emergency phase and exit strategies, with specific focuses on (a) durable solutions and (b) the humanitarian- development Nexus.

Summary

Three years after the massive influx of Rohingya refugees into Bangladesh, prospects for repatriation remain dim. Bangladeshi authorities are frustrated by a lack of progress with repatriation and continue to resist planning for the long term. They have been also faced with security challenges along with growing domestic political pressure to resolve the crisis. Myanmar and Bangladesh attempted to set the stage for repatriation when they signed a procedural framework in November 2017. It soon became evident that refugees were unwilling to return without guarantees that their security and rights will be protected. In the meantime, the situation in Rakhine State has not shown any signs of improving and there is a consensus that voluntary repatriation of any significant scale is unlikely in the foreseeable future.

The Rohingya crisis has provided a stark reminder that the Humanitarian-Development Nexus is about collaborating and ensuring complementarity and synergies, rather than being linear process divided between humanitarian and development interventions. The EU is amongst several donors which has invested in Nexus strategy that aims to mitigate the impact of the huge refugee population on host communities in Bangladesh while supporting efforts to improve the situation in Rakhine to a point where voluntary return becomes realistic.

The Nexus approach has been translated into action plans, which have mainly been funded by DG DEVCO, covering both countries and these have continued to evolve as collaboration with DG ECHO and other sections in the EU Delegation has strengthened. Initially developed for each country, a joint action plan covering both countries was subsequently developed that aimed to address needs of Rohingya refugees and their host communities through an integrated approach to strengthening resilience by focusing on improved access to effective basic services – in education, food and nutrition security, and water, sanitation and hygiene – for both Rohingya refugees and surrounding communities.

Participants in the validation workshops held as part of the evaluation process agreed that the Nexus approach offered a potential way forward to move towards durable solutions in this complex and chronic context, although several participants noted a lack of clarity about what it looked like in practice and felt that EU was well-positioned to play a facilitation role in helping to operationalise the Nexus approach.

Key lessons learned have included (1) the need for DG DEVCO to have more flexible funding instruments to adapt sufficiently rapidly to changing contexts, (2) the need for advocacy and communication strategies to support the Nexus approach and (3) Joint planning and field level reviews has been a good way of facilitating implementation and learning to improve coherence between the DG ECHO programme and other EU-supported interventions.

Background

In the few weeks between August and October 2017, some 600,000 Rohingya people from Myanmar moved into the neighbouring border areas of Cox's Bazar bringing the number of refugees in Bangladesh to 900,000, one of the largest concentrations of refugees in the world. The international response rapidly escalated with the declaration of a Level 3 emergency. Over the next few months there was a concerted emphasis on scaling up humanitarian operations to avert further catastrophe. Despite the scale of the emergency and the need for urgent

action, mass deaths were averted, and shelter and basic services have been provided.¹² Less than a year after the influx, however, there was already a widespread sentiment that the crisis should not just be considered as a short-term humanitarian emergency. While a continued need for short-term life-saving assistance for refugees was seen to be crucial, there was a need to transition to plan for medium- to longer-term displacement.¹³

When this evaluation was being conducted three years after the massive influx of Rohingya refugees into Bangladesh, prospects for repatriation remained dim. Bangladeshi authorities have been frustrated by a lack of progress with repatriation and have continued to resist planning for the long term. They have also been faced with security challenges along with increased domestic political pressure to resolve the crisis. The massive influx into Cox's Bazar put significant pressure on local resources giving rise to social tensions between the Rohingya and host communities, notably a reduction in unskilled labour wages, shrinking water tables and environmental destruction.¹⁴ Local media in Bangladesh have regularly published articles linking the Rohingya to an increase in drug-linked crime in border areas along with an appeal for stronger security measures.¹⁵

There was an initial push by Bangladesh for an early return, but the consensus three years on after the 2017 exodus is that any large-scale return is a remote possibility for the foreseeable future,¹⁶ an impasse which was summed up in a Press Release published by the Bangladesh government in August 2019.

*"Myanmar often tries to give the impression that Bangladesh is not allowing or facilitating the repatriation. Bangladesh reassures that the Government of Bangladesh maintains its principled position of not preventing anyone, regardless of ethnic and religious identity, who intends to return to Myanmar anytime. The Government of Bangladesh always stands ready to extend all possible cooperation to those who volunteer to return. Sincerity of Bangladesh in facilitating earliest repatriation of Myanmar residents has been unquestionably established through its actions."*¹⁷

Although a large-scale return appeared unlikely in the near or even medium term, the national policy in Bangladesh toward the Rohingya remained focused on early return to maintain pressure on Myanmar to make the changes needed to encourage voluntary repatriation. The Bangladesh government has been worried about creating a pull factor that draws yet more Rohingya over the border and one result is that the government in Bangladesh has tried to limit the humanitarian response to only meeting the refugees' immediate basic needs. Third country resettlement prospects for Rohingya have also remained dim, with UNHCR reporting only around 15,000 (1% of the total refugee population) being resettled in third countries since 2017.

Some progress has been made since the 2017 influx in moving towards more sustainable solutions. In Myanmar progress has been very limited, obliging ECHO and its partners to continue to focus its attention and resources on short-term humanitarian interventions, apart from some DRR interventions, to increase resilience in host communities. There has been more progress in Bangladesh, although the gradual shift towards longer term approaches hit

¹² Bowden, M. (2018) Rohingya refugees in Bangladesh: the humanitarian response: The current context to the Rohingya crisis in Bangladesh.

¹³ Wake, C. and Yu, B. (2018) The Rohingya crisis: Making the transition from emergency to longer-term development.

¹⁴ UNDP (2018), Impacts of the Rohingya refugee influx on host communities.

¹⁵ International Crisis Group (2019), "A Sustainable Policy for Rohingya Refugees in Bangladesh", Asia Report N°303.

¹⁶ DG ECHO (2019), Humanitarian Implementation Plan (HIP).

¹⁷ Ministry of Foreign Affairs (2019), "Inputs for Media on Diplomatic Briefing by the Honourable Foreign Minister on Rohingya Repatriation State Guest House Padma", Bangladesh National Portal.

a speed bump in mid-2019 when mass demonstrations in the camps resulted in increased opposition from the government to providing anything but life-sustaining assistance.¹⁸

The search for durable solutions

UNHCR Bangladesh has promoted access to durable solutions for refugees from the beginning of the 2017 Rohingya crisis, including promoting the early involvement of the World Bank.¹⁹ However, a 2020 study of the potential application of the Global Compact for Refugees (GCR) in Bangladesh found that the only component of the GCR that both the Government of Bangladesh and humanitarian community readily agreed upon was that of the need to ease the pressure on the hosting country. At the same time, there was not a consensus amongst stakeholders on the extent that these 'pressures' had actually been alleviated.²⁰

Easing pressure caused by the large refugee population has been a core component of many donor strategies, including the EU in Bangladesh. The World Bank has emerged as a major actor and, as of mid-2020, had allocated a total of USD 480 million in grants to Bangladesh to mitigate negative impacts of the influx. These included USD 350 million in grant financing to address the needs of the host communities and camp populations in Cox's Bazar district for health services, response to gender-based violence, social protection, basic services and infrastructure,²¹ broken down as follows:

- USD 150 million Health and Gender Support Project for Cox's Bazar District to enable 3.6 million people in Cox's Bazar including the Rohingya to have access to health, nutrition and family planning services as well as address gender-based violence through preventive and response services.
- USD 100 million additional financing to the Emergency Multi-Sector Rohingya Crisis Response Project to scale up access to energy, water, sanitation and disaster-resilient infrastructures for the Rohingya and the surrounding host communities. The project will benefit about 780,800 people, including 140,800 local people with better public infrastructure.
- USD 100 million additional financing to the Safety Net Systems for the Poorest Project to help provide livelihoods and income support to poor and vulnerable households in the host communities using an existing national safety net program - Employment Generation Program for the Poorest and scale-up social assistance coverage to the Rohingya under the Emergency Multi-Sector Rohingya Crisis Response Project. The additional financing will benefit 40,000 host community households and 85,000 Rohingya households.

While many refugees in **Bangladesh** work informally, it has not been legal for refugees to work in Bangladesh. Barriers to income generation included lack of livelihood opportunities, limited freedom of movement and old age or injury. The economic situation in the camps has meant that women have increasingly become breadwinners and have been doing non-traditional work.²²

Many refugees have indicated a willingness to return if they are able to gain citizenship, have their land returned, and obtain safeguards against persecution. However, the odds against the Rohingya returning to their places of origin in Myanmar continue to drop, not least since their

¹⁸ International Crisis Group (2019), "A Sustainable Policy for Rohingya Refugees in Bangladesh", Asia Report N°303.

¹⁹ Ibid.

²⁰ Hargrave K., *et al.* (2020), The Rohingya response in Bangladesh and the Global Compact on Refugees Lessons, challenges and opportunities.

²¹ World Bank (2019), "World Bank's \$350 Million Grant for Bangladesh Will Help Rohingya and Local Communities".

²² Wake C., *et al.* (2019), Rohingya refugees' perspectives on their displacement in Bangladesh.

many of their villages were cleared and new houses were being built, which are reported to mainly occupied by Buddhist communities.²³

Some 128,000 Muslims have been living in 23 camps in central Rakhine since 2012 in overcrowded living conditions, with inadequate space and privacy are creating additional stress and risk for families and communities. Due to the movement restrictions, they have been highly dependent on international assistance for their survival. Since early 2018, in response to the RAC's final recommendations, the Government of **Myanmar** has outlined plans and taken initial steps towards the "closure" of some of the remaining displacement camps in Central Rakhine. However, the steps taken to date have not yet addressed elements of a comprehensive camp closure plan, including meaningful consultation with affected people or allowing freedom of movement.²⁴

Policy framework of the Government of the Union of Myanmar

Efforts to bring a sustainable and inclusive end to Myanmar's decades long civil war began in 2011. Multilateral negotiations were undertaken for a Nationwide Ceasefire Agreement (NCA), which was signed on 15 October 2015 by the Government, the Armed Forces (Tatmadaw) and eight EAOs (out of 16 EAOs that were part of the negotiating team). The EU was invited to co-sign the NCA as a formal witness to the peace process.²⁵

On paper at least, Myanmar and Bangladesh set the stage for repatriation when they signed a procedural framework in November 2017, but it since became evident that refugees were unwilling to return without guarantees that their security and rights will be protected.²⁶ The document was drafted without input from the affected community, the UN or UNHCR, and containing no enforcement mechanism to ensure compliance from the government of Myanmar following repatriation.²⁷

A MoU was subsequently signed in June 2018 between UNDP, UNHCR and Myanmar,²⁸ establishing a framework for cooperation at creating conducive conditions for the voluntary, safe, dignified and sustainable repatriation of refugees from Bangladesh including in helping to create improved and resilient livelihoods for all communities living in Rakhine State. One of the main instruments for creating a conducive environment this was the camp closure policy based on humanitarian principles published in 2019²⁹ though there have been misgivings within the international community about its implementation. This was illustrated by the common position reached by the HCT in Myanmar on operating principles for camp closure that cautions that unless IDPs are given freedom of movement to access livelihoods, markets and non-segregated services, there will be no sustainable solutions for IDPs in central Rakhine.³⁰

Policy framework of the Government of Bangladesh

The government's desire to promote return and minimise pull factors for the remaining Rohingya population in Myanmar resulted in opposition to move from in-kind to cash transfers, livelihood interventions and continued opposition to formal education for Rohingya children. The coronavirus pandemic aggravated tensions between Rohingya refugees and local

²³ DFID (2019), "Reviewing the Evidence Base for Reintegrating Populations Displaced by Conflict".

²⁴ Sida (2019), Myanmar – including the Rohingya crisis in Bangladesh: Humanitarian Crisis Analysis 2019.

²⁵ DG DEVC Myanmar (2019), Humanitarian Development Peace (H-D-P) Nexus Response Mechanism.

²⁶ International Crisis Group (2018), "Bangladesh-Myanmar: The Danger of Forced Rohingya Repatriation", Asia Briefing N°153.

²⁷ DFID (2019), "Reviewing the Evidence Base for Reintegrating Populations Displaced by Conflict".

²⁸ UNHCR and UNDP (2018), "UNHCR and UNDP sign a Memorandum of Understanding (MOU) with Myanmar to support the creation of conditions for the return of refugees from Bangladesh", Joint UNHCR/UNDP Press Release.

²⁹ Government of the Republic of the Union of Myanmar (2019), "Relief and Resettlement National Strategy on Resettlement of Internally Displaced Persons (IDPs) and Closure of IDP Camps", Ministry of Social Welfare.

³⁰ HCT Myanmar (2019), "Operating Principles for Humanitarian Organizations In Displacement Sites Declared "Closed" by the Government In Central Rakhine: A Position of the Myanmar Humanitarian Country Team".

communities in Bangladesh, bringing to the surface long-held grievances on the margins of the massive aid response.³¹

The policy environment in Bangladesh was significantly impacted by a series of events followed by a peaceful gathering of Rohingya refugees to commemorate the two-year anniversary of the exodus. The gathering received substantial, and largely negative, press in the national media which suggested it had been supported by the humanitarian community. The resulting changes effectively put the brakes on a transition to longer-term approaches, including:

- Changes in key government personnel working in Cox's Bazar and a transfer of power over operational decision-making from Cox's Bazar to Dhaka,
- Restrictions on mobile phone usage by Rohingya in the camps, including the blocking of phone networks and confiscation of phones and SIM cards possessed by refugees,
- Plans to install barbed wire fencing and CCTV equipment in the camps, and
- A revised regulatory framework restricting the activities of NGOs working in the camps, including restrictions on direct cash distribution to refugees and suspension of cash for work programmes.

These developments sparked speculation within the international community whether the Government of Bangladesh would resort to similar tactics as they had employed during previous influxes by making conditions for refugees sufficiently dire so that return is seen as their only option.³² The consensus has however been that this is unlikely.³³

The Government of Bangladesh's decision to appoint IOM rather than UNHCR as the lead implementing partner indicated that the Government of Bangladesh viewed those unregistered Rohingya as migrants rather than refugees. In effect, this meant that UNHCR's international refugee mandate was restricted to coordinating services for the approximately 34,000 registered refugees while IOM assumed the role of leading the humanitarian response during the 2017 influx.³⁴

A workshop took place in Dhaka on 12th March 2019 to define the initial steps for an EU strategic dialogue on the Rohingya crisis in **Bangladesh**. Opportunities for closer cooperation amongst the Commission's services were identified to provide an enhanced response to the current crises with short and longer-term financial instruments. DG DEVCO, DG ECHO and the EEAS jointly agreed on the most relevant priorities to operationalize the EU Nexus approach in Bangladesh, including Protection, the broader Nutrition Sensitive Framework and Education-Learning/Transferable Skills Development Opportunities for the forcibly displaced persons and the vulnerable host communities. Moreover, the analysis of the impact of the crises on Cox's Bazar district and related public service delivery systems has been considered. These sectors were selected due to their prominence among common areas of support for DG ECHO and DG DEVCO, in response to independently identified humanitarian, early recovery/development needs and priorities.

A follow-up Nexus workshop was planned for the second half of 2019, to take stock of the additional technical analysis and to further advance the joint planning but this had not happened when this evaluation took place. A key outcome objective was to take a first

³¹ Anas A. (2020), "COVID-19 fuels tensions between Rohingya refugees and Bangladeshi hosts", The New Humanitarian.

³² European Commission (2020), Action Document for "Responding to the needs of the Rohingya population in Cox's Bazar, Rakhine State and host communities in Bangladesh".

³³ International Crisis Group (2019), "A Sustainable Policy for Rohingya Refugees in Bangladesh", Asia Report N°303.

³⁴ Sida L., *et al.* (2018), Independent Evaluation of UNHCR's Emergency Response to the Rohingya Refugees in Bangladesh, August 2017–September 2018.

“necessary step” to operationalize the Nexus for the sectors prioritized is the joint definition of collective outcomes to be pursued under this approach.³⁵

EU/ECHO Policy Framework

The Rohingya crisis has provided a stark illustration that the Humanitarian-Development Nexus is not a linear process with clearly identifiable phases but rather is about collaborating and ensuring complementarity.³⁶ Experiences in both Myanmar and Bangladesh have illustrated not only the potential synergies between DG ECHO, DG DEVCO, and other parts of the EU, but also limitations imposed by current systems. In Myanmar, DG DEVCO has attempted to help mitigate these limitations through the establishment of a separate funding mechanism.³⁷ DG ECHO’s HIPs have consistently emphasised the deep-rooted challenges in Rakhine and that sustained confidence-building measures are required on the part of the humanitarian, development communities and the Government of Myanmar to ensure that camp closures occur in a voluntary, dignified and sustainable manner, in line with international standards and that development efforts focus on a whole of Rakhine approach.

Myanmar had already been designated as one of the EU’s Six Nexus Pilot Countries prior to the 2017 Rohingya crisis, along with Chad, Iraq, Nigeria, Sudan and Uganda, during a period when a cautiously optimistic outlook was evident due to the democratic transition in Myanmar. This changed as the intensity of inter-ethnic conflicts intensified, notably a serious deterioration of the situation in Northern Rakhine.

The relevance of a Nexus approach was confirmed by the European Court of Auditors, who examined expenditures of almost one billion euro during 2012-2016 under the Development Cooperation Instrument in Myanmar. One of the resulting conclusions was that:

“Coordination between the DGs managing the development and humanitarian assistance in areas of protracted crisis did not work well. The Commission did not draw up a joint implementation plan for LRRD”.

It was recommended that:

*“The Commission should develop an implementation plan with DG ECHO that links relief, rehabilitation and development particularly in areas of protracted crisis”.*³⁸

A 2018 evaluation, that included a field visit to Bangladesh, found some examples of cooperation between DG ECHO and DG DEVCO on logistics aspects but noted that several agencies interviewed saw a need for greater synergy between the two directorates which should work together to combine short- and long-term programmes that could build national response capacities.³⁹

The 2017 Joint Communication on Resilience⁴⁰ suggested four building blocks to facilitate the operationalisation of a nexus approach via the involvement of EU services and Member States (MS):

- Improving and sharing analysis (including pressures, risks, vulnerabilities and causal dynamics) at country and regional level – involving single country assessments;

³⁵ DG DEVCO Bangladesh (2019), Report of a DEVCO-ECHO-EEAS workshop in Dhaka on 12th March 2019 to define the initial steps for an EU strategic dialogue on the Rohingya crisis in Bangladesh

³⁶ DG DEVCO Bangladesh (2019), Report of a DEVCO-ECHO-EEAS workshop in Dhaka on 12th March 2019 to define the initial steps for an EU strategic dialogue on the Rohingya crisis in Bangladesh.

³⁷ DG DEVCO Myanmar (2019), Humanitarian Development Peace (H-D-P) Nexus Response Mechanism.

³⁸ European Court of Auditors (2018), Special Report N°04/2018: EU Assistance to Myanmar/Burma. Page 26.

³⁹ Lawry-White S., Fenton G., Forbes P. and Hale S. (2018), Evaluation of Humanitarian Logistics within EU Civil Protection and Humanitarian Action, 2013-2017.

⁴⁰ European Commission (2018), “2017 Joint Communication - A Strategic Approach to Resilience in the EU’s External Action”.

- Instituting a more dynamic monitoring of external pressures and working with the Council to ensure a timely political and diplomatic response;
- Integrating the approach in EU programming and financing of external action; and
- Developing supportive international policy and practice: "Improved and shared analysis between the different EU services and potentially Member States. The analysis would incorporate a common assessment of pressures, risks, vulnerabilities and causal dynamics, as well as of domestic sources of resilience" "Greater use will be made of conflict sensitivity tools and the EU early warning system to more effectively address peacebuilding efforts."

EU Nexus for the Rohingya crisis

After the 2017 Rohingya crisis, EU Delegations in each country developed plans and measures to facilitate implementation of a Nexus approach to move towards durable solutions.

The 2018 Nexus Plan of Action for Myanmar⁴¹ was designed to have a specific geographical and thematic focus, with three main areas of intervention 1) Rakhine State; 2) Kachin-northern Shan States; and 3) the south eastern part of the country; and three main nexus themes: 1) Forced Displacement; 2) Nutrition-Livelihoods; 3) Natural Disasters. It had four results areas:

Result Area One: Joint Analysis which recognised that there was already a wealth of assessments and analysis already existing in Myanmar and the challenge was actually to make relevant analysis accessible, updating where needed, in order to ensure effective and practical application of the insights generated. The resulting joint analysis aimed to bring together humanitarian, development and political perspectives to better understand root causes of vulnerability, fragility and conflict and provide a basis for managing risks.

Result Area Two: Joint Planning and Programming. A mapping of existing programmes and planning scenarios was undertaken across the EU's humanitarian and development portfolios in Myanmar. The mapping exercise highlighted the added value of joint dialogue around the strategic significance for the Nexus of: (i) the DCI Regulation and EU programming in Myanmar – particularly with regard to the challenges encountered when programming in a situation of conflict and fragility; and (ii) the Crisis Declaration.

Result Area Three: Joint Advocacy The key focus included strengthening strategic partnerships between humanitarian, security, diplomatic and development actors including the EU and EU Member States to identify shared advocacy priorities and share best practice.

Result Area Four: Joint Review and Expertise. It was envisaged that various existing technical and specialised resources would guide implementation of country level humanitarian–development–peace initiatives and strengthen various thematic areas, notably gender, conflict sensitivity, rights-based approach, malnutrition and DRR.

The EU Delegation in **Myanmar** subsequently developed different mechanisms and tools to facilitate implementation of the Nexus approach, including:

- **Standard Operating Procedures (SOP)** for "Whole-of-Delegation" working methods to systematise consultations, information exchange and joint field missions and programme reviews between DG ECHO and other sections of the EU Delegation.⁴²
- **Operational Guidance** on durable solutions in Myanmar.

⁴¹ European Commission (2018), Draft Nexus Plan of Action for Myanmar.

⁴² EU Myanmar (2019) Note: Standard Operating Procedures (SOP) for the Operationalisation of the Humanitarian-Development-Peace (H-D-P) Nexus. Ares (2019)4055727 - 26/06/2019.

- Application of **due diligence criteria** to EU-supported interventions to ensure they are adapted to the context, give due to respect human rights, promote community participation, transparency and are conflict sensitive.

The Nexus approach progressively gained more traction in **Bangladesh** as a mechanism to address the Rohingya crisis and, during 2019, a technical advisor was deployed to **Bangladesh** during 2019 who facilitated a workshop for the EU Delegation in March 2019 with the aim of agreeing on the most relevant priorities to operationalize the EU Nexus approach.

A high-level interagency mission during March 2019 concluded that the Rohingya crisis was a human rights crisis, requiring a political solution. The EU representative in the team highlighted the importance of identify common narrative in the two countries and act in synergy, noting the importance of a regional strategy that covers both countries and how donors communicate key messages.⁴³ As part of the action plan, another Nexus workshop was to be held during September-October 2019 to take stock of the additional technical analysis and to further advance joint planning.

There was a recognition by the Commission that the protracted nature of the crisis called also for the development of a strong triple Nexus (humanitarian-development-peace) in both in Bangladesh and in Myanmar that aligned with the Comprehensive Refugee Response Framework (CRRF) and the Global Compact for Refugees, it was felt that the EU response had to address the root causes of the Rohingya issues in Myanmar and the development needs of refugee-hosting Cox's Bazar district.⁴⁴

The Nexus approach has been translated into action plans, which are mainly DG DEVCO-funded, and these have continued to evolve as collaboration with DG ECHO and other sections in the EU Delegation has strengthened. Initially developed for each country, a joint action plan covering both countries was subsequently developed that aimed to address needs of Rohingya refugees and their host communities through an integrated approach to strengthening resilience by focusing on improved access to effective basic services – in education, food and nutrition security, and water, sanitation and hygiene – for both Rohingya refugees and surrounding communities. In order to promote social cohesion and mitigate the risk of conflict it sought to reinforce public systems for structural service delivery to Rohingya refugees and host communities, thereby avoiding protracted humanitarian assistance. The shift to longer-term support by DEVCO in both countries to the education sector for displaced communities in camps provided a concrete example of the value-added of a Nexus approach.

Some of the specific areas receiving attention in the Nexus Action plan for the Rohingya crisis have included:

- **Land:** it proved difficult to track the status of land rights in **Myanmar**. From a Nexus perspective it felt that it was important to be able to map and track use of land. In **Bangladesh** the physical space in the camp was found to be very limited and multi-functional spaces could be explored for some similar services.
- **Livelihoods:** in **Myanmar**, the transition from blanket to targeted food distribution and livelihood opportunities was viewed positively, but the restrictions on monitoring and data collection made it difficult to assess effectiveness. Access to the land for the Rohingya population was seen as a significant constraint. In **Bangladesh**, livelihoods opportunities for refugees were limited, with cash and livelihood programmes discouraged by the government. Advocacy continued, particularly reinforced by the prospects of a development plan that could establish some forms of win-win situation.

⁴³ Rohingya Crisis/High Level Partnership Mission (OCHA-led): March 2019.

⁴⁴ EEAS (2019) Decision note for the attention of Federica Mogherini, High Representative / Vice-President of the Commission.

- **Education:** In **Myanmar**, languages barriers between the different communities (Rakhine, Indu and Rohingya) was seen as a major issue. Access to Myanmar education for Rohingya people was limited, creating very little opportunity to access higher level of education or the job market. In **Bangladesh**, reports showed that a multi-lingual/mother tongue approach was needed, and the EU was one of those donors advocating with UNICEF and UNHCR to prepare a plan for the roll out of the Myanmar curriculum.

EU funding for the crisis

The European Union allocated EUR 688 million under its bilateral geographic programme under the Development Cooperation Instrument (DCI) over the period 2014-2020, to reinforce its support to the Myanmar's multiple transitions. The funds targeted four focal areas: 1) Rural development including agriculture, food and nutrition security; 2) Education; 3) Governance / Rule of Law / State capacity building; and 4) Peacebuilding support.⁴⁵ The EU has also been supporting refugees living in camps in Thailand, in addition to its interventions in conflict-affected areas of the east of the country (not covered by the HRP), providing assistance in the context of protracted displacement and is developing nutrition sensitive livelihood interventions in Northern Rakhine.⁴⁶

In Bangladesh, DG DEVCO funding has been allocated to the JRP and in mid-2020. At the time this evaluation took place, DG DEVCO was in the process of signing three-year agreements in Bangladesh with UNHCR and UNICEF amounting to EUR 30 million.

An important lesson from the **Myanmar** experience has been the challenges in using DG DEVCO funding systems for dynamic conflict-affected environments. This has led to the establishment during 2020 of a EUR 34 million programme covering both countries implemented by UNOPS, UNICEF and UNHCR,⁴⁷ which included a EUR 20 million fund implemented through UNOPS to support Nexus activities in **Myanmar**.⁴⁸

Obstacles to a transition

Despite the two countries signing a procedural framework in November 2017, refugees have shown themselves unwilling to return without guarantees that their security and rights would be protected⁴⁹ the general consensus three years on after the 2017 exodus is that any large-scale return is a remote possibility for the foreseeable future.⁵⁰

In **Myanmar**, the conflict has deep historical roots⁵¹ and violence that sparked the exodus in Rakhine during 2017 has resulted in further widening divisions between ethnic and religious groups.⁵² Despite the government's moves towards developing a national "camp closure" strategy based on adherence to international standards,⁵³ the continued use of mines, appropriation and confiscation of land by military and ethnic armed groups in areas of origin led to a broad consensus that the situation of current IDPs will continue to be one of protracted

⁴⁵ DG ECHO (2017), Humanitarian Implementation Plan (HIP) South and East Asian and the Pacific, 2017, Version 6, Ref: Ares(2017)6377127 - 28/12/2017

⁴⁶ DG ECHO (2018), Humanitarian Implementation Plan (HIP) - South and East Asian and the Pacific: Technical Annex, 2018, Version 7, Ref: Ares(2018)5952976 - 21/11/2018

⁴⁷ European Union (2020), Action Document for "Responding to the needs of the Rohingya population in Cox's Bazar, Rakhine State and host communities in **Bangladesh**".

⁴⁸ At the time this evaluation took place, UNOPS had not yet started implementation in Rakhine and the only disbursements had been EUR 5 million to support garment factory workers living in the area around Yangon who had lost their livelihoods due to effects of the COVID-19 pandemic.

⁴⁹ International Crisis Group (2018), **Bangladesh-Myanmar: The Danger of Forced Rohingya Repatriation**.

⁵⁰ DG ECHO (2019), Humanitarian Implementation Plan – 2019, version 1.

⁵¹ Republic of the Union of **Myanmar** (2013), Final Report of Inquiry Commission on Sectarian Violence in Rakhine State.

⁵² Sida (2020), **Myanmar** – including the Rohingya crisis in **Bangladesh** Humanitarian Crisis Analysis 2020.

⁵³ Government of the Republic of the Union of **Myanmar** (2019), National Strategy on Resettlement of Internally Displaced Persons (IDPs) and Closure of IDP Camps, Ministry of Social Welfare, Relief and Resettlement.

displacement.⁵⁴ Various attempts have been made, including involvement of the EU, to persuade the **Myanmar** government to create a more conducive environment for IDPs in Rakhine and encourage voluntary repatriation. Such efforts have not only been limited to western countries but also ASEAN efforts, led by Indonesia, which has itself faced domestic pressure from civil society organisations to take harsher measures against **Myanmar**.⁵⁵

In **Bangladesh** the massive influx into Cox's Bazar has put significant pressure on local resources giving rise to social tensions between the Rohingya and host communities, notably reduction in unskilled labour wages, shrinking water tables and environmental destruction.⁵⁶ Local media in **Bangladesh** have regularly published articles linking the Rohingya to an increase in drug-linked crime in border areas along with an appeal for stronger security measures.⁵⁷

Third country resettlement has played only a minor role to date; according to UNHCR data only some 15,000 Rohingya, representing around 1% of the Rohingya population registered as refugees in **Bangladesh**, were officially resettled in third countries during 2017-2020. Faced with the prospect of sustaining a population for the foreseeable future that is highly dependent on external assistance, humanitarian agencies and donors, including DG ECHO, have been searching for ways to move towards longer term solutions in both countries.

Some progress has been made since the 2017 influx in moving towards more sustainable solutions. In **Myanmar** progress has been very limited, obliging DG ECHO and its partners to continue to focus its attention and resources on short-term humanitarian interventions, apart from some DRR interventions, to increase resilience in host communities. There has been more progress in **Bangladesh**, although the gradual shift towards longer term approaches hit a speed bump in mid-2019 when mass demonstrations in the camps resulted in increased opposition from the government to providing anything but life-sustaining assistance.⁵⁸

In collaboration with DG DEVCO, and other development actors such as the World Bank in **Bangladesh**, DG ECHO has shown potential to translate into more coherent longer-term approaches in both countries, including support to joint evidence-based advocacy with the government. DG ECHO was amongst those donors consulted by a World Bank-supported study⁵⁹ to assess the impact of the Rohingya influx in Cox's Bazar to develop a baseline for mitigation strategies and longer-term planning. DG ECHO's support to the Nexus work in **Myanmar** has similarly been focused on developing a common vision for protracted displacement scenarios, based on a shared analysis, and principled framework for engagement.

At an operational level, DG ECHO has facilitated the work of development actors through real-time information sharing and analysis. Examples cited by key informants included feedback from camp level in **Bangladesh** via the BBC Media Action project and NGO platform, both of which are supported by DG ECHO, in addition to direct feedback from DG ECHO staff regarding relevant issues such as disruptions in internet and mobile phone services.

Some progress has been made in **Bangladesh**, however, in terms of making the camp and shelter infrastructure more durable, pilot a **Myanmar** curriculum sample for 10,000 students and promoting increased community participation amongst the camp populations. The camp population nevertheless remains highly dependent on external assistance, including assistance, without much in the way of concrete livelihood prospects.

⁵⁴ Ibid.

⁵⁵ IPAC (2018), Indonesia and the Rohingya Crisis. 29 June 2018. IPAC Report No.46.

⁵⁸ International Crisis Group (2019), A Sustainable Policy for Rohingya Refugees in **Bangladesh** Asia Report N°303.

⁵⁹ Innovations for Poverty Action (2020) The Impact of Large-Scale Forced Displacement on Rohingya Refugees and Host Communities in Cox's Bazar, **Bangladesh**.

While there should have been more scope in **Myanmar** to support livelihood interventions, various obstacles including citizenship status, permits, land rights, freedom of movement, GBV and insecurity) have been key obstacles to sustainability. DG ECHO's advocacy appears to have been appropriately prioritised, although concrete achievements few. Some interviewees felt that it would be difficult to enforce, while at the same time acknowledging that resulting discussions, even if difficult, helped in a much better understanding of the policy's potential impact.

Lessons learned

Participants in the validation workshops held as part of the evaluation process confirmed the importance of medium- to longer-term recommendations, while noting the significant challenges in the current policy environment in both countries. There was a consensus that the Nexus approach offered a potential way forward to move towards durable solutions, although several participants noted a lack of clarity about what it looked like in practice and felt that EU was well-positioned to play a facilitation role in helping to operationalise the Nexus approach. Some key lessons learned that emerged during this evaluation from the EU's experience in attempting to put the Nexus approach into practice included:

- **A need for flexible funding instruments** - an important lesson learned in **Myanmar** was the challenges in using relatively inflexible DG DEVCO funding systems for dynamic conflict-affected environments. Prior attempts by DG DEVCO to channel funds via UN-managed Trust Fund programmes were affected by delays and slow budget absorption for programme activities.⁶⁰ This led to the establishment of a EUR 34 million DG DEVCO initiative implemented by UNOPS, UNICEF and UNHCR covering both countries which was finalized in 2020.⁶¹ This includes a EUR 20 million fund to be implemented through UNOPS to support Nexus activities in Myanmar. It is designed to be more flexible, but it was not possible to judge its success since implementation had not yet started.
- **Advocacy and communication strategies are needed to support a Nexus approach** - focusing on advocacy within the humanitarian sphere has not made significant gains in achieving longer-term solutions in the Rohingya crisis context. There is a need to expand further and acknowledge the diverse agenda of the wide range of stakeholders, notably taking account of a south and south-eastern Asian perspective. The lack of a communication strategy around the EU's Nexus approach has meant that few external stakeholders understand or are in a position to support EU initiatives.
- **Joint planning and field level reviews facilitate implementation and learning** – EU Delegations in both countries have both evolved their way of working so that regular consultations are taking place throughout the programme cycle and complemented by joint field missions. This has not only helped in improving coherence between the DG ECHO programme and other EU-supported interventions, but also contributed to a better understanding of different perspectives of the operating context and associated risks.

⁶⁰ European Court of Auditors (2018), Special Report N°04/2018: EU Assistance to Myanmar/Burma.

⁶¹ European Commission (2020), Action Document for "Responding to the needs of the Rohingya population in Cox's Bazar, Rakhine State and host communities in Bangladesh".

Case Study 3 - Operating in sensitive and politically complex contexts

Summary

The commitment to uphold and promote fundamental humanitarian principles and recognise protection as a core action has met significant obstacles when trying to put these into practice during the response during the Rohingya crisis due to national and political dynamics, restrictive legal frameworks and differing agendas between development, humanitarian and political actors in the international community.

Indicators of the severity of the Rohingya crisis compared with displacement crises in the Middle East indicate that ECHO funding decisions have been heavily influenced by political considerations.

ECHO's status as a humanitarian actor has limited its advocacy and required a larger EU agenda for this complex context.

Humanitarian access has been a key consideration throughout the response, particularly in northern Rakhine, which has decreased effectiveness compromised the ability of humanitarian agencies to do advocacy. Restrictions on surveys in Rakhine has meant that the humanitarian situation of the Rohingya has not been fully understood.

This case study aims to provide additional background to support the analysis and findings of this evaluation by describing three dimensions,

- the policy framework of the EU, ECHO partners and the respective governments systems and approaches to advocate for and uphold humanitarian principles,
- the context and main challenges faced by partners due to the political environment and/or conflict that affected humanitarian space and principles and conflict sensitive approaches and access, and
- how they have been mitigated in the operations.

The case study considered different dimensions of the conflict such as the inter-ethnic conflicts in Rakhine, dynamics between Rohingya and host communities and the role of the “do no harm” commitments of the international community and how the international humanitarian models have dealt with complexity and the role of coordination mechanisms.

Policy Framework EU/ECHO

DG ECHO's policy framework on humanitarian aid is grounded in the Council Regulation (EC) No 1257/96 of 1996 and in the joint statement by the Council of Representative of the Governments of the Member States, the European Parliament and the European Commission.⁶² The EU's commitment expresses firmly to uphold and promote fundamental humanitarian principles of humanity, neutrality, impartiality and independence and its ability to operate in complex political and security contexts (§10) and will advocate strongly and consistently for the respect of International Law including International Humanitarian Law, Human Rights Law and Refugee Law (§ 16) A strong gender dimension in humanitarian aid (§ 24) as well as related protection aspects (§ 39) are anchored in the policy framework.

Humanitarian protection has become a core action of DG ECHO and has been supported by funding guidelines in 2009 and a global protection policy in 2016.⁶³ The Human Rights up Front

⁶² European Union (2008), Council Regulation (EC) No 1257/96 of 20 June 1996 concerning humanitarian aid, Official Journal of the European Union, L163/1.

⁶³ DG ECHO (2016), Humanitarian Protection : Improving protection outcomes to reduce risks for people in humanitarian crisis, Thematic Policy Documents n°8.

(HRuF) initiative was launched by the UN Secretary General in 2013 following an internal review panel (IRP) on the UN action at the end of the war in Sri Lanka, which concluded a “systematic failure” in meeting UN responsibilities to prevent serious human rights violations.⁶⁴ The HRuF is to “*ensure the UN system takes early and effective action, as mandated by the Charter and UN resolutions, to prevent or respond to large -scale violations of human rights or international humanitarian law. It seeks to achieve this by realizing a cultural change within the UN system, so that human rights and the protection of civilians are seen as a system-wide core responsibility. It encourages staff to take a principal stance and to act with moral courage to prevent serious and large-scale violations and pledges headquarters support for those who do so*”.⁶⁵

The EU wanted to have a more concise definition of “protection”, rather than the broad legalistic concept aspect of the IASC and in 2016 offered the following alternative: *for the EU humanitarian protection is defined as addressing violence, coercion, deliberate deprivation and abuse for persons, groups and communities in the context of humanitarian crisis in compliance with the humanitarian principles and within the framework of international law and in particular international human rights law (IHRL), International Law (IHL) and refugee law*.⁶⁶

Protection emerged a priority humanitarian need in the Bangladesh operation in the absence of the legal status as refugees as well as in Rakhine State (HIP 2017) while the later required a conflict-sensitive programming for Rohingyas and Rakhine populations. The Humanitarian Implementation Plans (HIP's) of 2017-2018 for Myanmar and Bangladesh referred to the advocacy role by ECHO and its partners around humanitarian principles, safeguarding humanitarian space, harmonized service provision and promotion of durable solutions. DG ECHO strongly promoted a neutral and impartial programming as well as a peaceful co-existence and inter-community dialogue (HIP 2017).

Policy framework: Government of the Union of Myanmar

The government of Myanmar denied the citizenship for the Rohingyas under the 1982 Myanmar nationality law. This resulted in severe constraints on freedom of movement of the Rohingya population together with obstacles in accessing basic services, including education and health. In October 2019, the Government drafted a National Strategy on Resettlement of Internally Displaced Persons and closure of IDP Camps. The implementation includes addressing freedom of movement, social cohesion and citizenship.⁶⁷ Implementation to date has however not been promising and the international community has expressed severe reservations about how the policy could be applied, including encouraging further segregation.⁶⁸

Policy framework: Government of Bangladesh

Bangladesh is not a signatory to the 1951 refugee convention and therefore does not necessarily adhere to human rights and refugee law and has designated Rohingya asylum seekers as ‘Forcibly Displaced Myanmar Nationals’.⁶⁹ The Government of Bangladesh nevertheless presented a strategy in 2014 on “undocumented Myanmar nationals” which recognises their right to humanitarian assistance.⁷⁰ Bangladesh is nevertheless a signatory to other international human rights treaties, which indirectly protect rights of certain groups of

⁶⁵ United Nations Secretary General Ban Ki-moon (2013), “Human Rights up Front: An overview”.

⁶⁶ DG ECHO (2020), “Protection: What is it?”, Factsheet - version 26 August 2020.

⁶⁷ Government of the Republic of the Union of Myanmar, Ministry of Social Welfare (2019), “Relief and Resettlement National Strategy on Resettlement of Internally Displaced Persons (IDPs) and Closure of IDP Camps”.

⁶⁸ “NGO Call to Action”, 21 August 2019 press release.

⁶⁹ Banerjee S. (2019), “The Rohingya Crisis : A Health Situation Analysis of Refugee Camps in Bangladesh”, ORF Special report No. 91, Observer Research Foundation (India).

⁷⁰ Venugopal G. (2018), “Asia Refugee Policy Analysis”.

refugees, such as the UN convention on the Rights of the Child. Those treaties have not been further enforced while regional response capacity through ASEAN or others seems limited.

Findings common to both countries

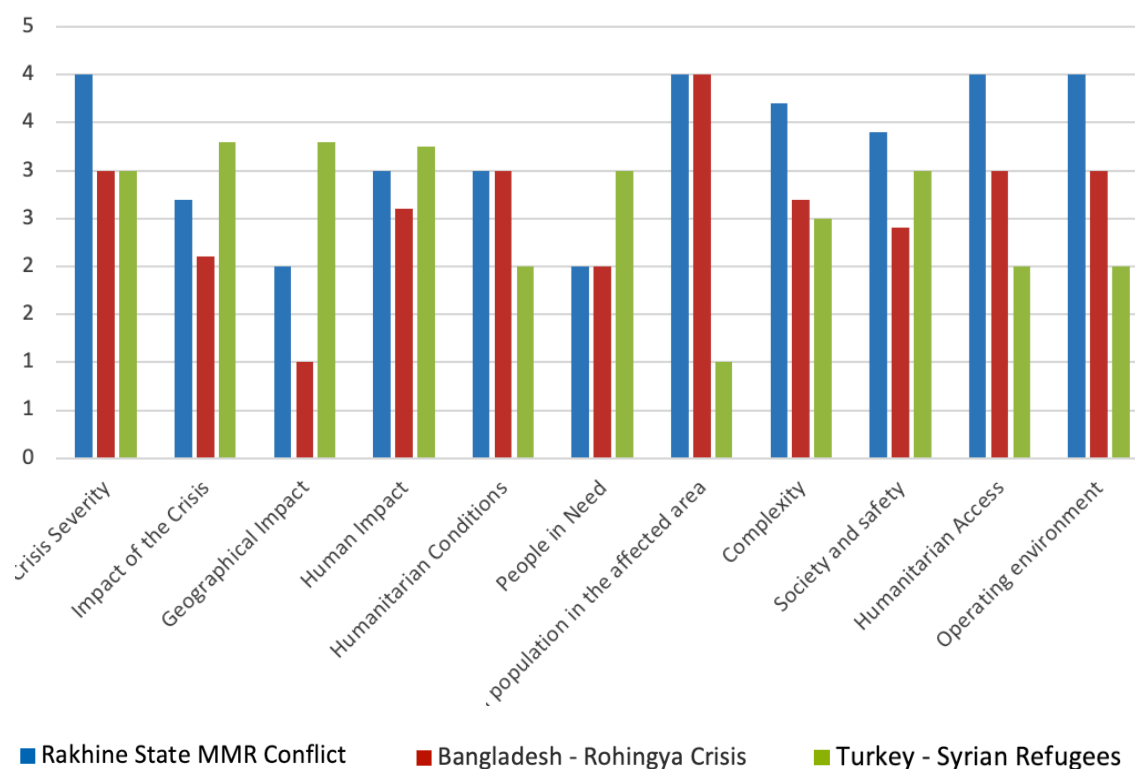
Most ECHO partners applied their own policies and guiding principles when operating in complex political environments. These were consistent with humanitarian principles and conformed with ECHO's Consensus on Humanitarian Aid. The Consensus acknowledges the special role of organizations such as the Red Cross /Red Crescent movement, the UN and INGO's. According to article 214(7) of the Treaty of the European Union, there is an obligation to ensure that the EU's humanitarian partners are consistent with those of international organizations and bodies, in particular those of the UN.⁷¹

ECHO partners were largely aware of ECHO thematic policies (i.e. health, mental health in emergencies, nutrition, gender-age marker, protection,), less so among local implementing partners as they have never worked in an international humanitarian system and not familiar with international standards (SPHERE, International Humanitarian Law). Advocacy was a key component of the 2017-2019 HIP's and ECHO has placed a strong emphasis on access, adherence to humanitarian principles and mainstreaming gender and protection across sectors. These have been strongly reflected throughout the implementation period but hampered when it came to the UN-led Human Rights up Front initiative. There was a major failure of the humanitarian system observed by some analysts when the crisis started in 2017 and afterwards and observers have seen unfortunate trends similar to Sri Lanka without respect to the 2014 Human Rights Up Front Initiative.²⁴

Figure A.1 reflects the severity index of the Rohingya crisis in Myanmar/ Bangladesh in comparison with the Syrian refugee crisis in Turkey as of mid-2020. Given the comparatively high severity of the Rohingya crisis, this implies that ECHO funding decisions have been heavily influenced by political factors. At the same time, the question is if a larger ECHO budget could have made a difference in a context where partners would face absorption capacity and would have difficulties in spending, specifically in Myanmar.

⁷¹ European Commission (2016), Humanitarian Protection : Improving humanitarian protection outcomes to reduce risks for people in humanitarian crisis, Commission Staff Working Document.

²⁴ Rosenthal G. (2018), A brief and Independent Inquiry into the involvement of the United Nations in Myanmar from 2010-2018.

Figure A.1 Comparative Crisis Severity Index

Source: ACAPS Inform Severity Index – July 2020

Specific characteristics to this crisis that have hindered humanitarian assistance and development interactions are listed below for each country

Myanmar

The Rohingya crisis has been driven by deeply rooted questions of ethnic identity, political exclusion, human rights abuse and unequal economic share, as well as a conflict with armed non-state actors in the region (United League of Arakan)⁷², which has made the political climate and working environment extremely complex. 'Perhaps more than any other human right, the freedom of movement has underpinned the ability of people and communities to live free and dignified lives and is instrumental for the enjoyment of other rights, including access to health services, education and livelihoods. In Rakhine State the lack of freedom of movement contributes to the marginalization and exclusion of all communities' and is *the* fundamental problem⁷³.

Hence, the humanitarian assistance and further social and economic development in Rakhine State has been extremely difficult before, but more so after the August 2017 incidence where thousands of Rohingyas fled to Bangladesh and many remain as IDP's in Rakhine State.

Political Dimension

The Rohingya crisis has been one of a larger multi-dimensional problem of protection, conflict with armed non-state actors, multi-ethnicity and general anti-Muslimism sentiments. Development partners argued that the Rohingya issue is not a top priority for the Myanmar government as there are many other conflicts in the country to be tackled while the

⁷² Smith M. (2019), "Arakan (Rakhine State): A Land in Conflict on Myanmar's Western Frontier", Transnational Institute.

⁷³ Independent Rakhine Initiative (2020), "Freedom of Movement in Rakhine State".

humanitarian principles are not considered as important or adhered too. Myanmar people's perspective (government, communities) have a general reservation towards westerners and do not automatically understand the different roles of the different humanitarian and development stakeholders but rather saw them as a 'intrusive' western bias.

This challenged efforts by the EU and other donors who advocated collectively on the Rohingya issues with the Myanmar government and ASEAN and resulted in very limited success. ECHO faced similar challenges in advocating with the government about humanitarian principles, in part because of its insistence on a principled approach. At the same time, the humanitarian principles were put in place for practical reasons and based on historical facts. Some observers have promoted the idea that the Rohingya crisis can only be solved using an Asian approach in order to convince the Myanmar government that policy changes can bring solutions, reduce political costs and give more positive recognition.⁷⁴

Working with the government, and the military in Myanmar retains considerable influence despite its civilian status. The UN and other humanitarian agencies have been reluctant to fulfil their mandate by publicize known facts about ongoing abuses through public advocacy.⁷⁵ The result has been that humanitarian donors and service providers have effectively been subsidizing ethnic internment camps for years, contributing to sustaining their existence.

it has become apparent that the classical humanitarian model has proved largely inadequate to deal with this complexity. The reality has been that ECHO's status as a humanitarian actor has limited its advocacy and required a larger EU agenda for this complex context.

Access

Violence and hostility have a long-term presence in Rakhine State and stalled lifesaving access to the population and effective design and implementation of development projects to stabilize the region. Access is strictly controlled by the Rakhine State Government and requires approval for Travel authorization (TA's) for local and international NGO's and the UN working in Rakhine and is a constant cycle of monthly repetition.

The conflict in 2017 presented the humanitarian community with a great challenge. Most ECHO partner staff left Rakhine State due to security and government restrictions. ECHO advocated strongly on protection and access and to keep a presence of international and local actors. Some international agencies kept a small presence through their local implementing partners. Around October, after months of negotiations, the Red Cross Movement was granted access and was able to provide some lifesaving activities with mobile medical clinics and food distributions. ECHO succeeded to advocate for blanket feeding with the government to address moderate malnutrition and to avoid severity. WFP was able to deliver food assistance to vulnerable areas in Rathidaung township only, and by late October the agency was granted permission to re-start food distribution in Maungdaw and Buthidaung townships. The World Health Organisation (WHO) was able to provide some support through the Ministry of Health. Also, ASEAN and the Myanmar government provided support.

Despite strong calls from the international community, the Myanmar government continued restrictions on movements for most of the UN and INGO⁷⁶ Restrictions on humanitarian access created public health risks and protection concerns, particularly in camps with the Muslim IDP's. In November 2017, still 150 national- and 27 international Sittwe based staff had no

⁷⁴ Fieldview Solutions (2018), "Time to break old habits: Shifting from Complicity to Protection of the Rohingya in Myanmar".

⁷⁵ Rosenthal G. (2019), A Brief and Independent Inquiry into the Involvement of the United Nations in Myanmar from 2010 to 2018.

⁷⁶ OCHA (2017), *Humanitarian Bulletin*, Myanmar, Issue 3 : 23 September -13 November.

authorization to go to camps and villages, which changed slowly during 2018. In March 2019, about 19 organizations and 817 national and international staff got their TA's.⁷⁷

The AHA, which is supported by DG ECHO for disaster response, deployed a team to Rakhine, which represented a significant expansion beyond its usual in natural disasters. As part of its role, AHA was tasked to prepare for a possible repatriation of returnees from Cox's Bazar.²¹ The Myanmar government welcomed the ASEAN support⁷⁸ and this appeared to open the door for a constructive role by ASEAN in future displacement emergencies.

Humanitarian Situation

A major challenge was that the situation in Rakhine State remained blurred for some time. Access restrictions hampered an adequate response and estimated Global Acute Malnutrition (GAM) rates remained at emergency levels, according to partners. The health situation in Rakhine State has been already before August 2017 in a serious condition⁷⁹ and still remains fragile. The restriction of movement hampered access to health services, more so in rural area as facilities are closed. Patients needed government permission to go access health services in Maungdaw town and secondary care in the Sittwe referral hospital posed an even greater challenge. Some agencies provided mobile clinics where feasible, to fill gaps. However, the situation was fluent since the beginning of the crisis in 2017 while the Corona virus pandemic added an additional element since March 2020 to the ongoing dysfunctional health system.

Mental health problems in North Rakhine State are believed to be extremely widespread, but limited services are available⁸⁰. The Government of Myanmar drafted a National Mental Health Policy and Strategic Plan for Mental Health 2020-2024, which set a standard of 1.2 Mental Health Workers per 100,000 population, but access in Rakhine has been far from this target.⁸¹

A challenge for ECHO partners was the restrictions on surveys in Rakhine State. The lack of credible monitoring data made it very difficult to compile a systematic overview of the humanitarian situation. According to ACAPS, there is not even reliable information for numbers of IDP's in Rakhine State or their location. As of January 2020, government estimated around 40,000 IDPs, the Rakhine Ethnic Congress reported around 106,000 and the UN estimated 30,000-50,000.⁸²

During 2019 ECHO was one of those agencies pushing for a common position within the international community on the government's camp closure policy. The HCT statement emphasised the government's responsibility to allow freedom of movement in Rakhine and adhere to IHL while also allowing humanitarian organisations to work with a principled approach in sites declared closed.⁸³ There was a consensus within the international community that this had been an important issue to convene discussions and encouraged a more evidence-based approach to joint advocacy. The discussions also reignited past debates⁸⁴ about red lines and making assistance conditional on respecting principles but once again the consensus that decisions about conditioning aid were the responsibility of individual agencies.

⁷⁷ OCHA (2019), "Humanitarian Access in central Rakhine".

⁷⁸ ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre) (2020), Action Review 2018 Responses. Jakarta: AHA Centre, August 2020.

⁷⁹ Mahmood S., Wroe E., Fuller A., Leaning J. (2017), The Rohingya people of Myanmar: health, human rights, and identity, Lancet.

⁸⁰ ICRC (2019), *Intermediate report*, ECHO/XA/BUD/2019/91001.

⁸¹ The Republic of the Union of Myanmar (2019), *National Mental Health Policy and Strategic Plan for Mental Health 2020-2024*, Ministry of Health and Sports,.

⁸² ACAPS, Rakhine Conflict, <https://www.acaps.org/country/myanmar/crisis/rakhine-conflict> (accessed 20.08.2020).

⁸³ HCT Myanmar (2019), "Operating Principles for Humanitarian Organizations In Displacement Sites Declared "Closed" by the Government In Central Rakhine: A Position of the Myanmar Humanitarian Country Team".

⁸⁴ Fieldview Solutions (2018), "Time to break old habits: Shifting from Complicity to Protection of the Rohingya in Myanmar".

The Myanmar government followed with a National Strategy on resettlement of IDP's and closure of camps and included aspects of freedom of movement, social cohesion, humanitarian assistance according to humanitarian principles.⁸⁵ The implementation under the Ministry of Social Welfare needs to be seen. Although here again there are doubts about its implementation based on past practice even if it provided an opportunity for some pilot programs.

Research carried out during 2019 showed that the possession of citizenship did not necessarily guarantee free movement. All communities and ethnicity in Rakhine experienced movement restrictions to some extent while it recognises the problematic nature between the link of a citizenship and free movement. Freedom movement was found to often be associated with a set of identity related conditions: being documented, membership in an unrecognised ethnic group, identification with minority religious beliefs, speaking a minority language and having a darker complexion.⁸⁶

Humanitarian versus Development

The broader aid architecture of the humanitarian and development actors in Rakhine State has been fraught with problems. The different background of agencies and people (humanitarians, development, diplomats, peacebuilding), all worked through their own lens, led to a fragmented approach, gaps and divisions on a collective approach. The humanitarian needs-based aspect was misinterpreted and focused very much on the Rohingya and the needs and gaps towards Rakhine communities was somewhat ignored by the international community. There was a very different perception by the different actors of what happened in Myanmar. However, ECHO and the EU tried a strong presence in Rakhine. Considering more local actors as part of the localization approach (Grand Bargain), civil society in Rakhine has been relatively weak and investment in local civil society organisations (CSOs), beyond just capacity building took time but maybe could have started earlier. The EU implemented some projects since 2014 with mediation and peacebuilding initiatives while some dialogue and space was created but did not reach far during the crisis (LIFT & 3 MDG fund; conflict sensitive programs; technical assistance to police in Rakhine; Behaviour change; TV series on football aiming at young people).

Dialogue with regional authorities, national authorities and others appeared all very difficult and complicated. The EU tried through health, livelihood programs; through soft components and other programs, but remained unsuccessful. However, dealing with governments on geopolitics is in general more difficult and requires high level of diplomacy for development partners compared to humanitarian debates about lifesaving and impartiality. The conflict itself with human rights abuses can't be separated from the unequal economic share for the whole of Rakhine, therefore the EU/ECHO humanitarian-development-peacebuilding nexus, a pilot which made little progress, is even more imminent and with a great potential doing good.

Bangladesh

Bangladesh has witnessed several influxes of asylum seekers from Myanmar of the years. The massive influx of an additional estimated 800,000 Rohingya refugees towards Bangladesh in 2017 created one of the largest camps in the world and worsened the already poor living conditions in the Cox's Bazar area. The influx has also aggravated security and protection challenges including fraud, child trafficking, human and drug trafficking in the border areas.

⁸⁵ The Republic of the Union of Myanmar (2019), "Relief and Resettlement National Strategy on Resettlement of Internally Displaced Persons (IDPs) and Closure of IDP Camps", Ministry of Social Welfare.

⁸⁶ Independent Rakhine Initiative (2020), "Freedom of Movement in Rakhine State".

Political Dimension

The political dimension in Bangladesh is also complex and driven by regional dynamics. Refugees remained largely dependent on assistance from the international community. A great challenge was the high administration time spent by NGO's due to strict policies by government. About 130 international and local NGO's are supporting the refugee crisis through the NGO platform. It is important to note that Bangladesh has a strong civil society movement and that they advocate for the Grand Bargain, which translates into a greater and direct donor support to local NGO's. That laid the root cause for the tension between INGO's and local NGO's and made the NGO platform basically dysfunctional. Overall, coordination and the poor inter-sector collaboration has been a challenge due to politicization of the NGO platform, which was supported by DG ECHO.

The overall coordination structure with the ISCG, clusters and the strategic group was reasonable. A central problem was rather the internal UN struggle and leadership competition which dominated sometime implementations.

The large influx of Rohingya refugees into Cox's Bazar put significant pressure on local resources giving rise to social tensions between the Rohingya and host communities. Some of the main impacts identified during a 2018 UNDP study⁸⁷ were:

- Wages for agricultural and other unskilled work were depressed because the Rohingya were willing to work as day labourers at a lower wage rate than workers from the host communities.
- Irrigation wells were slowly drying up as the water table fell due to watershed destruction and significant reductions in the recharge rates of groundwater reserves.
- Governance institutions are becoming even more limited in their effectiveness. Some local administration and sector officials spend 50% or more of their time on Rohingya matters, resulting in delayed if not scaled down public service delivery.
- Environmental damage was amongst the worst effects of the influx. According to the Cox's Bazar Forest Department, almost 5,000 acres of forest reserves had been destroyed between August 2017 and mid-2018.

Access

Access to the camps has been tightly controlled by the government. INGOs reported spending about 50% of their time with administrative issues to have access to camps and to provide adequate humanitarian assistance and ECHO's support to partners in helping to obtain necessary permits and visas to fulfil project objectives were much appreciated.

Humanitarian Situation

The country and especially the area around Cox's Bazar are prone to floods and regular cyclones and where DG ECHO has supported disaster risk reduction programs over the course of many years.

Neither the partners or the government was prepared for the COVID-19 pandemic, but the established existing health and multi-sector infrastructure has supported a rapid response and adaptation to the pandemic in the Cox's bazar region. DG ECHO partners operate through existing community health workers and streamline distribution of food, soap and other commodities. Community Management of Acute Malnutrition (CMAM), although not a government policy, was already in place and allowed access to food. WASH partners prepared

⁸⁷ UNDP (2018), Impacts of the Rohingya refugee influx on host communities.

COVID 19 messages through community-based approach and mass media in Cox's bazar district while other sectors geared up their action.⁸⁸

Lessons Learned

Classical humanitarian approaches, including public advocacy around humanitarian principles, has typically not had the desired approach. There has been a general consensus within the international community that innovative approaches are needed involving development and political actors, including ASEAN members.

Difficulties in access has increase the role of local actors in implementation and monitoring. Although their capacities are relatively low, this development appears to have helped with the COVID-19 response.

⁸⁸ Inter Sector Coordination Group (ISCG) (2020), "COVID-19: Preparedness and response for the Rohingya refugee camps and host communities in Cox's Bazar District", Weekly Update#14.

ANNEX 2. LIST OF PROJECTS SELECTED FOR IN-DEPTH ANALYSIS**Sampled projects from Bangladesh**

Partner	Year	Sector/Theme	Description	Amt (M€)	% of ECHO funding	Related to	Status
BBC MA-UK	2018	Protection	Common service for community engagement and accountability for Rohingya refugee response	0.9	100%	CS1, AAP	Merged with ACF project
STC-UK	2017	Health; Protection; Shelter; WASH	Provision of an integrated package of services including primary health care, child protection and education, and community shelter and WASH, for displaced Rohingya and host communities in highly underserved areas of Teknaf Union, Cox's Bazar.	1.50	100%	Education in emergencies; Integrated project	Closed
UNFP A-US	2018	Protection; Health	Strengthening Sexual and Reproductive Health and Rights (SRHR) and improving Gender Based Violence (GBV) prevention services and GBV information management for Rohingya Refugee and Host Communities in Cox's Bazar.	1.00	83%	Gender & Age; CS1; Host communities	Ongoing
WFP*	2018	Food security & Nutrition	Responding to the food security and nutritional needs of the most vulnerable Rohingya and host community populations in Cox's Bazar District, Bangladesh	10.00	13%	Host communities; CS2	Ongoing
DRC	2019	Coordination; Protection	Protection assistance for host and refugee communities in Ukhia upazila	2.2	93%	Gender & Age; CS1 and CS3	Ongoing

Partner	Year	Sector/Theme	Description	Amt (M€)	% of ECHO funding	Related to	Status
IOM	2018	Shelter	Strengthening extreme weather and disaster preparedness to enhance the resilience of host and Rohingya communities in Cox's Bazar, Bangladesh	5.00	100%	DRR, CS2	Ongoing
IOM*	2019	Health; Protection; WASH	Supporting vulnerable refugees and local communities in Cox's Bazar, Bangladesh, through improved Health, Protection and Water, Sanitation and Hygiene (WASH)	2.00	93%	CS2	Ongoing
RI-UK	2018	Health; Protection; Food security & Nutrition	Integrated Health, Protection, and Food Security Support for Vulnerable Rohingya Refugee Households Living in Cox's Bazar	1.50	100%	Integrated project	Ongoing
STC-SE	2019	Protection; Health	Integrated child-focused protection, education and health services for Rohingya refugees and host communities in Teknaf and Ukhia Upazillas, Cox's Bazar, Bangladesh	1.95	91%	Education in emergencies; Gender & Age; host communities	Ongoing
UNHCR	2019	Protection	Enhancing access to basic rights and justice through broader protection monitoring, scaling up of legal assistance, and improved access to territory and reception conditions for Rohingya refugees in Bangladesh.	1.60	36%	Integrated project, CS2, CS3	Ongoing

Sampled projects from Myanmar

Partner	Year	Sector/ Theme	Description	Amt (€ mil)	% of ECHO funding	Related to	Status
DRC	2018	Protection	Protection focused Humanitarian Action for Displaced and Conflict Affected Persons in Myanmar	1.70	94%		Ongoing
WFP	2018	Food security & Nutrition	Integrated intervention to contribute to the reduction of nutrition vulnerability, mortality and morbidity of children and women in Northern and Central Rakhine State in Myanmar.	1.90	29%	Gender & Age	Ongoing
IRC-UK	2018	Health; Protection	Emergency health and response to gender-based violence for IDPs and conflict-affected communities in Myanmar	0.70	57%	Gender & Age; CS3	Closed
SI-FR	2019	WASH	Maintaining safe water supply, sanitation and hygiene conditions for the vulnerable communities affected by protracted crisis in Rakhine and Kachin States.	0.70	92%		Ongoing
ICRC	2019	Health; Protection	ICRC health, protection of the civilian population and RFL activities in Myanmar.	0.70	8%		Ongoing
IRC-DE	2019	Accountability	Addressing the humanitarian impact of marginalization, segregation and conflict through strengthened accountability mechanisms and	1.35	76%	CS2; CS3	Ongoing

Partner	Year	Sector/ Theme	Description	Amt (€ mil)	% of ECHO funding	Related to	Status
			services for affected populations				
UNHCR	2019	Protection	Assistance and for persons displaced and stateless individuals in Myanmar	1.35	25%	Integrated project; CS2; CS3	ongoing
OCHA	2019	Advocacy & Coordination	Humanitarian coordination and advocacy in Myanmar	0.30	9%	CS3	Closed

Cross border project

Partner	Year	Sector/ Theme	Description	Amt (€ mil)	% of ECHO funding	Related to	Status
ACF- FR	2016	Food security & Nutrition	Regional Integrated project to address acute malnutrition and its underlying causes among vulnerable populations living in the Rohingya and Bangladeshi communities of Cox's Bazar District, Bangladesh and of Maungdaw District, Myanmar	5.00	62%	Case Study (CS) 3	Closed

ANNEX 3. PROJECT SAMPLE OUTPUTS AND OUTCOMES

An analysis of data provided in partner single form reports and annexes the project sample showed that partners reported mainly on activities and outputs. In **Bangladesh**, only around 50% of DG ECHO partner reports systematically reported using outcome indicators. In **Myanmar**, where access to affected populations was more limited and there was resistance by authorities to humanitarian agencies conducting any kind of activity that resemble a survey, the percentage decreased to 30-40%.

Measurement using output indicators was more common and, based on relevant key performance indicators of coverage in sampled partner reports, DG ECHO partners met or exceeded 90% of beneficiary targets for project activities in **Bangladesh** and 80% of targets in **Myanmar**. The main reason, by far, reported by partners in **Myanmar** for not reaching beneficiary targets was difficulty in accessing affected communities. In **Bangladesh**, reasons for non-attainment of objectives were more varied and included delays in obtaining government approvals, availability of skilled health service providers, forced suspension of activities and, for one project, inappropriate site selection of health facilities. Table below provides a summary of results and data availability of the sample of projects selected.

Tables 3, 4 and 5 below present an assessment of outputs and outcomes along with a summary of main achievements and challenges reported by partners. Green indicates a satisfactory level of achievement, yellow indicates targets were only partially met and orange indicates a lack of data in partner reports.

Table 1 – Project sample from Bangladesh

Partner Sector Year	Description	Indicators		Achievements and challenges
		Output	Outcome	
BBC MA-UK Protection 2018	Common service for community engagement and accountability for Rohingya refugee response	Targets exceeded	Based on meeting agency and info needs.	Proportion of refugees who say they have enough information to make decisions increased from 23% in 2017 to 92% in early 2019.
STC-UK Health Protection Shelter WASH 2017	Provision of an integrated package of services including primary health care, child protection and education, and community shelter and WASH, for displaced Rohingya and host communities in highly underserved areas of Teknaf Union, Cox's Bazar.	Targets partially met	Not reported	Distribution and consultation targets achieved. Delays in obtaining infrastructure permits.
UNFPA-US Protection Health 2018	Strengthening Sexual and Reproductive Health and Rights (SRHR) and improving Gender Based Violence (GBV) prevention services and GBV information management for Rohingya Refugee and Host	Coverage targets mostly met	Not reported	Set up maternal Sexual and Reproductive Health and Rights (SRHR) and GBV services

Partner Sector Year	Description	Indicators		Achievements and challenges
		Output	Outcome	
	Communities in Cox's Bazar.			
WFP Food security & Nutrition 2018	Responding to the food security and nutritional needs of the most vulnerable Rohingya and host community populations in Cox's Bazar District.	Partial coverage (est. 50%)	Surveys showed decrease in GAM rates.	Lower numbers due to lower GAM rates and fewer children in need of targeted assistance.
IOM Shelter 2018	Strengthening extreme weather and disaster preparedness to enhance the resilience of host and Rohingya communities in Cox's Bazar.	Good coverage.	Mostly not reported	Reported outcomes included GoB capacity to respond. No shelter outcomes reported.
IOM Health Protection WASH 2019	Supporting vulnerable refugees and local communities in Cox's Bazar, through improved Health, Protection and Water, Sanitation and Hygiene (WASH)	Good coverage. Output targets met for most activities	Mostly not reported	Only reported results of monitoring for soap distribution
RI-UK Health, Protection. Food security & Nutrition 2018	Integrated Health, Protection, and Food Security Support for Vulnerable Rohingya Refugee Households Living in Cox's Bazar	Most targets: health, food security & protection met or exceeded	PDM tracked food purchase	Despite activity completion households resorted to a negative coping strategy of resale of food stuffs acquired through the voucher system.
STC-SE Protection. Health 2019	Integrated child-focused protection, education and health services for Rohingya refugees and host communities in Teknaf and Ukhia Upazillas, Cox's Bazar.	Good coverage. Output targets met for most activities	Not reported	Coverage targets met or exceeded for all activities except for assistance to GBV survivors (50%).
UNHCR Protection 2019	Enhancing access to basic rights and justice through broader protection monitoring, scaling up of legal assistance, and improved access to territory	Good coverage	Short-term outcomes	Outcome objective was increased knowledge on protection subject matter. UNHCR planned to monitor how acquired

Partner Sector Year	Description	Indicators		Achievements and challenges
		Output	Outcome	
	and reception conditions for Rohingya refugees.			knowledge was being used.

Table 2 – Sampled projects from Myanmar

Partner Sector Year	Description	Indicators		Achievements and challenges
		Output	Outcome	
DRC 2018	Protection focused Humanitarian Action for Displaced and Conflict Affected Persons.	Good coverage	Not reported	95-200% coverage, attributed to popularity of role-playing theatre.
WFP 2018	Integrated intervention to contribute to the reduction of nutrition vulnerability, mortality and morbidity of children and women in Northern and Central Rakhine State.	Partial coverage (est. 40%)	Not reported	Unable to attain targeted number due to lack of access.
IRC-UK 2018	Emergency health and response to gender-based violence for IDPs and conflict-affected communities/	Partial coverage (range between 0% and 100%)	Not reported	Variable coverage depending on which locations were accessible.
SI-FR 2019	Maintaining safe water supply, sanitation and hygiene conditions for the vulnerable communities affected by protracted crisis in Rakhine and Kachin States.	Partially (est. 70% coverage)	Good	Post-intervention monitoring showed good use of water installations and latrines.
ICRC 2019	ICRC health, protection of the civilian population and RFL activities.	Partially (health - 50%)	Not reported	Number of health beneficiaries overestimated. Family reunification exceeded target by 100%.
		Good (family reunification is both an output and outcome)		
IRC-DE 2019	Addressing the humanitarian impact of marginalization, segregation and conflict through strengthened accountability mechanisms	Partial coverage	Not reported	Coverage varied between 0% and 100% depending on the activity and area. Managed to rehabilitate 9 health centres although

Partner Sector Year	Description	Indicators		Achievements and challenges
		Output	Outcome	
	and services for affected populations			only one had been planned.
UNHCR 2019	Assistance and protection for displaced persons and stateless individuals.	Good	Not measured	Output targets met for NFI-shelter coverage and for advocacy materials.
OCHA 2019	Humanitarian coordination and advocacy.	Partially (est. 50%)	Not measured	Advocacy-related indicators which were difficult to measure.

Table 3 – Cross border project

Partner Sector Year	Description	Indicators		Achievements and challenges
		Output	Outcome	
ACF-FR Food security Nutrition 2016	Regional Integrated project to address acute malnutrition and its underlying causes among vulnerable populations in Cox's Bazar District in Bangladesh and Maungdaw District in Myanmar.	Good – coverage targets met except for some areas in MMR	Good (BGD) Activities suspended (MMR)	Sphere standards met for nutritional and treatments in BGD. Project activities suspended in MMR due to restricted access which limited outcomes.

ANNEX 4. DOCUMENTS CONSULTED

Within each section, lists are presented by alphabetical order of the authors and descending year.

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In addition to the above list, a range of mission reports (both ECHO and joint missions with EEAS, DEVCO and FPI), partner reports, meeting minutes, correspondence and other relevant documents were also consulted during the course of this review.

ANNEX 5. LIST OF PERSONS INTERVIEWED**Bangladesh – European Union**

Org. and function	♂	♀	Date	Location
former Surge Response Expert, Head of ECHO Office in Cox's Bazar (Oct 2017 – July 2018)		1	15-Jan-20	Colombo
Head of ECHO Office		1	22-Jun-20	Dhaka
Programme Assistant, ECHO	1		16-Jun-20	Dhaka
Head of Cooperation, DEVCO	1		28-Jun-20	Dhaka
ECHO WASH and Shelter Coordinator	1		19-May-20	Cox's Bazar

Bangladesh – Others

Org. and function	♂	♀	Date	Location
Team Leader, UNHCR Rohingya Evaluation	1		6-Jan-20	UK
Former coordinator of the cash working group in Cox's Bazar	1		16-Apr-20	UK
Medair, Health & Nutrition Advisor		1	20-May-20	Cox's Bazar
World Vision, Nutrition Advisor		1	20-May-20	Cox's Bazar
Deputy Director, SHED	1		27-May-20	Cox's Bazar
Head of sub-Office; Humanitarian Specialist, Humanitarian Coord. UNFPA		3	3-June-20	Cox's Bazar
Prog Specialist Gender, GBV Specialists; Humanitarian Coord., UNFPA		4	3-June-20	Cox's Bazar
M&E Officer, Humanitarian Specialist, Head of sub-Office; Humanitarian Coordinator UNFPA		4	08-June-20	Dhaka
Save the Children, Country Representative	1		09-June-20	Cox's Bazar
Project Manager, RTMI	1		09-June-20	Dakha
ACF, Country Director	1		16-June	Cox's Bazar
MUKTI, Programme Manager	1		17-June	Cox's Bazar
COAST, Exec. Director	1		17-June	Cox's Bazar
NGO Platform Member	1		17-June	Cox's Bazar
IOM	1	1	18-June	Cox's Bazar
NGO Platform, Coordinator		1	5-June	Colombia

Org. and function	♂	♀	Date	Location
WFP - Emergency Co-ordinator	1		14-May-20	UK
WFP- Cash and Voucher Specialist	1		15-May-200	Cox's Bazar
Deputy Emergency Coordinator (Programme)	1		18-May-20	Cox's Bazar
Gender Focal Point		1	18-May-20	Cox's Bazar
Head of Nutrition		1	19-May-20	Cox's Bazar
WFP LLH Team Manager Cox's Bazar		1	21-May-20	Amsterdam
SI Wash Co-ordinator		1	25-May-20	Cox's Bazar
WFP DRR Focal Point	1		27-May-20	Pakistan
IFRC HoD	1		27-May-20	Dakar
IOM Shelter Team	1	1	22-Jun-20	Cox's Bazar
IOM Wash Team plus SHED WASH Director	3		24-Jun-20	Cox's Bazar
DRC protection monitoring TL		1	19-May-20	Cox's Bazar
DRC Protection Manager (GBV)		1	19-May-20	Cox's Bazar
World Vision GBV & Protection Advisor		1	29-May-20	Nairobi
UNHCR Senior Protection Coordinator, Coordinator of Protection WG		1	16-May-20	Geneva
IOM national GBV officer	1		17-Jun-20	Cox's Bazar
GBV officer		1	19-Jun-20	Dhaka
NCA GBV Coordinator		1	24-Jun-20	Cox's Bazar
DRC protection outreach TL		1	14-May-20	Cox's Bazar
Case Worker, Mukti		1	11-Jun-20	Cox's Bazar
Volunteer, SHED		1	5-Jun-20	Cox's Bazar
Volunteer, DRC	1		18-May-20	Cox's Bazar
Emergency Coord, UNHCR (Oct-Dec 2017)		1	24-Feb-20	Geneva
former Head of UNHCR Operations	1		17-Jan-20	Geneva
Head of UNHCR Operations, Cox's Bazar	1		10-Jun-20	Kosovo
Representative, UNHCR	1		10-Jun-20	Dhaka

Org. and function	♂	♀	Date	Location
former Head of Protection for UNHCR (2017-2018)		1	16-Jun-20	Geneva
Executive Assistant, UNHCR	1		1-Jul-20	Dhaka
UN Resident Coordinator/Hum Coordinator		1	5-Jun-20	Dhaka
Programme Director, Relief Int.	1		11-May-20	Dhaka
Country Director, BBC Media Action	1		5-Jun-20	Dhaka
BBC Media Action		2	14-May-20	Cox's Bazar
Coordinator, NGO Platform		1	10-May-20	Cox's Bazar
DRR Delegate, German Red Cross (former ECHO Project Mgr for IOM)	1		3-Jul-20	Dhaka
Head of Transition & Recovery Division, IOM	1		26-Jun-20	Cox's Bazar
Head of Humanitarian Assistance & Operations, IOM		1	24-Jun-20	Dhaka
former DFID Humanitarian Adviser (2017-2020)	1		6-Jan-20	Egypt
Head of Aid, Canadian High Commission		1	14-Jun-20	Dhaka
Director, HA Team Lead	1	1	21-Jun-20	Dhaka
Humanitarian Adviser, Australian High Commission		1	24-Jun-20	Australia
Sr. Social protection Economist, World Bank	1		29-Jun-20	Wash, DC
Team Leader for three Rohingya evaluations	1		29-Jan-20	Geneva
former Refugee Relief and Repatriation Commissioner (RRRC) until Sep 2, 2019	1		22-Jul-20	Dhaka
Programme Coordinator, Humanitarian Crisis Management Programme, BRAC	1		28-Jul-20	Cox's Bazar

Bangladesh – Host Community

Profile	♂	♀	FGD	Date	Location
Women group	0	4	1	13-May-20	Maskaria Village, Raja Palong Union
Interview with a divorced woman		1		18-May-20	village-Pakula, Union-Palongkhali

Profile	♂	♀	FGD	Date	Location
Person with disability		1		18-May-20	village-Pakula, Union-Palongkhali
Group of adolescent girls		4	1	20-May-20	Rajapalong Union
Interview with a pregnant woman		1		8-Jun-20	Gunar Para, Ukhiya, Cox's bazar
Women entrepreneurs and CBO leader		1		9-Jun-20	Kakoli Beel, Chaya Khula, Ukhiya
Women entrepreneurs and CBO leader		1		9-Jun-20	Pagli beel, Sikdar Para, Ukhiya
Community health care provider, field worker	1			17-Jun-20	Hnila, Teknaf
Community health care provider, field worker	1			16-Jun-20	Raja Palong, Ukhiya
Youth, NGO field worker	1			13-Jun-20	Holudia Palong, Ukhiya
Youth, community health care provider	1			15-Jun-20	Teknaf
NGO worker	1			14-Jun-20	Ukhiya
Mentally challenged, elderly, person with disability	1	1		14-Jun-20	Ukhiya
School teacher, opinion leader	1			15-Jun-20	Ukhiya
Field supervisor of local NGO, youth	1			16-Jun-20	Ratnapalong
Businessman	1			13-Jun-20	Ukhiya
Elderly, School teacher, opinion leader	1			13-Jun-20	Ukhiya
Youth, Businessman/entrepreneur	1			12-Jun-20	Ukhiya

Bangladesh – Rohingya

Profile	♂	♀	FGD	Date	Location
Pregnant women		4	1	13-May-20	Camp 8 E
Divorced woman		1		18-May-20	Camp-11, Block-A4
Person with disability		1		18-May-20	Camp-11, Block-A4

Profile	♂	♀	FGD	Date	Location
Lactating mother		1		18-May-20	Camp-11, Block-A4
Adolescent girls' group		3	1	7-Jun-20	camp-11, Block-R
Women's group		3	1	7-Jun-20	Camp-11, Block-E
Woman entrepreneur		1		7-Jun-20	Camp-11, Block-F
4 women and 1 adolescent girl		5	1	10-Jun-20	Kutupalong, Block-E
Shopkeeper/entrepreneur	1			10-Jun-20	Kutupalong, camp 7
Camp leader/Majhi	1			10-Jun-20	camp7; block :B
Person with disability	2		1	11-Jun-20	camp7; block :G
Camp leader/Majhi	1			10-Jun-20	camp7; block :F
Person with disability / elderly	2		1	11-Jun-20	Kutupalong camp
Camp leader/Majhi	1			8-Jun-20	Kutupalong camp
Entrepreneur	1			9-Jun-20	Kutupalong camp
Visually impaired refugee, elderly	2		1	11-Jun-20	Kutupalong camp

Myanmar – European Union

Org. and function	♂	♀	Date	Location
EU, Program Manager Recovery & Transition	1		27-May-20	Beirut
Head of ECHO Office		1	16-Jun-20	Italy
Deputy Head of Cooperation, Programme Manager, DEVCO	2		11-May-20	Brussels
former Programme Manager, DEVCO (2014-2017)	1		12-May-20	Brussels
Head of Cooperation, DEVCO	1		26-Jun-20	Yangon

Myanmar – Others

Org. and function	♂	♀	Date	Location
Deputy Country Director, SI		1	13-May-20	Yangon
Cash Adviser Mercy Corps (and cash working group co-lead)	1		25-Jun-20	skype

Org. and function	♂	♀	Date	Location
OCHA, Head of Office		1	08-July-20	Yangon
IRC, Health Program Director	1		12-May-20	Yangon
ACF, Head of Dept. Health & Nutrition	1		15-May-20	Yangon
Executive Director; Centre for Peace and Conflict Studies		1	01-June-20	Cambodia
Programme Manager, Paungsie Facility		1	08-june-20	Yangon
Malteser International, Country Director	1		09-June-20	Sittwe
NGO Forum, Director		1	10-June	Yangon
ICRC, former Health Delegate	1		23-June	Cyprus
ICRC, former Head of Delegation	1		23-June	Geneva
DRC, former Country Director	1		30-June	Geneva
IRC Field Coordinator		1	12-May-20	Yangon
ACF Head of Logistics	1		15-May-20	Yangon
ACF Head of Base	1		19-May-20	Maungdaw
MHAA Programme Manager	1		19-May-20	Yangon
WFP Head of Programmes - Sittwe	1		20-May-20	Sittwe
WFP Deputy CD Myanmar	1		20-May-20	Yangon
Water, Sanitation, and Hygiene (WASH) Specialist	1		22-May-20	Sittwe
WFP -Field Programme Officer		1	25-May-20	Maungdaw
Oxfam Humanitarian advisor and WASH Coordinator	2		26-May-20	Sittwe
WFP: Strategic Outcome Manager: Nutrition Activity Manager: Nutrition		2	26-May-20	Yangon
DFID Humanitarian Advisor	1		2-Jun-20	Yangon
LWF CCCM Manager	1		10-Jun-20	Sittwe
DFID Humanitarian Advisor		1	10-Jun-20	UK
Former Humanitarian Advisor Myanmar	1		11-Jun-20	Jordan
NAC Wash Coordinator (former)	1		16-Jun-20	Australia

Org. and function	♂	♀	Date	Location
NCA Head of Mission	1		17-Jun-20	Cox's Bazar
LWF Area Co-ordinator	1		23-Jun-20	Sittwe
Field Co-ordinator, Deputy Field Co-ordinator		2	25-Jun-20	Sittwe
ICRC Coordinator for Economic Security		1	9-Jul-20	Spain
IRC Deputy Head of Programme; women protection, empowerment, advocacy advisors		3	12-May-20	Yangon
ACF, mental health, gender protection		1	13-May-20	Yangon
WFP Gender experts, Head of Office Sittwe	1	2	5-Jun-20	Yangon, Sittwe
ICRC Protection Coordinator	1		23-Jun-20	Yangon
former Sr. Programme Officer UNHCR (2016-2019)		1	15-Jun-20	Juba, S. Sudan
UNHCR Senior Protection Officer		1	1-Jul-20	Geneva
UNHCR Representative		1	13-May-20	Yangon
Country Director, Solidarité International		1	15-May-20	Yangon
Former Conflict Adviser for HARP (2016-2018)	1		15-May-20	Australia
Head of Delegation, ICRC	1		12-May-20	Yangon
Former Team Leader for HARP (2016-2018)		1	6-Jun-20	Bangkok
HARP Fund Director		1	18-Jun-20	Yangon
UNOPS Representative	1		17-Jun-20	Yangon
Country Director, IRC	1		27-Apr-20	Yangon
Country Director, ACF	1		14-May-20	Yangon
Former Country Director, ACF	1		10-Jun-20	Palestine
Deputy Finance Director, ACF	1		22-Jun-20	Yangon
Humanitarian Affairs Officer, USAID		1	23-Jun-20	Yangon
Senior Transition Advisor, OTI, USAID		1	23-Jun-20	Wash, DC
former Regional Adviser, East Asia & the Pacific	1		1-Jul-20	Turkey
Senior Program Officer for East Asia and the Pacific, USAID		1	1-Jul-20	Bangkok

Org. and function	♂	♀	Date	Location
Former HC/RC (2003-2007), Sr Peace Adviser (2012-2018)	1		10-Jul-20	France
Head of Development Cooperation, Swedish Embassy	1		8-Jul-20	Yangon
Counsellor, German Embassy		1	2-Jul-20	Yangon

Myanmar – Host Community

Profile	♂	♀	FGD	Date	Location
Community member and caregiver for ACF nutrition beneficiary		1		13-May-20	Maungdaw town
Community member and caregiver for ACF nutrition beneficiary		1		13-May-20	Maungdaw town
Community leader/Member of Parliament, USDP party	1			23-May-20	Maungdaw town
Retired government teacher, then worked with INGOs and the UN in Maungdaw.	2		1	30-May-20	Maungdaw town
Government village leader, Maungdaw. Former INGOs staff.	1			6-Jun-20	Maungdaw town
DRC field staff		1		9-Jun-20	Pin Lin Pyin village, Sittwe
LWF field staff		1		10-Jun-20	Sittwe
Lives west-Sanpya ward, Sittwe, IRC village staff	1			11-Jun-20	West-Sanpya ward, Sittwe
Used to work in INGOs, now runs own business in Maungdaw	1			16-Jun-20	Maungdaw town
Local CBO, Action for Green Earth	1	1	1	21-Jun-20	AGE office, Sittwe
CDNH, Native Maungdaw		1		14-Jun-20	Maungdaw town
Deputy Nutrition Project Manager, Nutrition Unit	1			13-Jun-20	Maungdaw town
Nutrition team leader; ACF Buthidaung	1			4-Jun-20	Buthidaung town
Team leader (MHCP-GP)	0	1		4-Jun-20	Buthidaung town

Myanmar – Rakhine State

Profile	♂	♀	FGD	Date	Location
Protection focal point (DRC);	1			3-Jun-20	Poe Yar Gone IDP camp, Sittwe
Protection focal point (DRC); Dar Bine IDP camp, Sittwe		1		8-Jun-20	Dar Bine IDP Camp, Sittwe
IRC camp staff in Dar Bine camp, Sittwe		1		11-Jun-20	Dar Bine IDP Camp, Sittwe
Displaced community in Dar Bine IDP camp, Sittwe.		1		12-Jun-20	Ohn Taw Gyi IDP Camp, Sittwe
LWF_CMC, Anout Yay IDP camp, Pauk Taw	1			15-Jun-20	ANY IDP camp, Pauk Taw
Community member, Ohn Taw Gyi IDP camp. Used to live in Sittwe	1			15-Jun-20	Ohn Taw Gyi IDP Camp, Sittwe
Thae Chaung IDP camp CMC, Sittwe	1			16-Jun-20	Thae Chaung IDP camp, Sittwe
Camp Committee, Lanma Kyaung IDP camp, Buthidaung	2		1	16-Jun-20	Lenma Kyaung IDP camp, Buthidaung
SI, Community member, Nget Chaung IDP camp (2), Pauk Taw	1			23-Jun-20	Nget Chaung IDP camp (2), Pauk Taw
SI camp staff, Nget Chaung IDP camp (1), Pauk Taw		1		24-Jun-20	Nget Chaung IDP camp (1), Pauk Taw
SI camp staff, Nget Chaung IDP camp (2), Pauk Taw	1			24-Jun-20	Nget Chaung IDP camp (1), Pauk Taw

Global/Regional – European Union

Org. and function	♂	♀	Date	Location
Head of ECHO Regional Office		1	8-May-20	Bangkok
RRC ECHO RSO Bangkok	1		1-Jun-20	Panama
Regional Nutrition TA, ECHO		1	22-Jun-20	Amman
ECHO Regional Health Coordinator	1		10-July	Bangkok
ECHO WASH, Shelter and Settlement Advisor	1		22-May-20	Bangkok

Org. and function	♂	♀	Date	Location
ECHO Risk, Resilience, Anticipation Thematic Expert		1	25-May-20	Bangkok
Head of Governance Section, Head of South Asia (Bangladesh), DEVCO		1	10-Jun-20	Brussels
Policy Officer, DG ECHO.E1		1	27-May-20	Brussels
C4 Team Leader, ECHO	1		12-May-20	Brussels

Global/Regional – Other agencies

Org. and function	♂	♀	Date	Location
UNHCR Deputy Regional Director	1		30-Jun-20	Bangkok
DRC RO (Kabul)		1	26-May-20	Toronto
Consultant (Bangladesh evaluations, Nexus workshop facilitator)		1	10-Jun-20	Geneva
Deputy Head of Division German Federal Ministry for Economic Cooperation and Development		1	20-Jul-20	Berlin

ANNEX 6. INTERVIEW GUIDES

Interview Guides for evaluation team members The interview guide below is based on the Evaluation Matrix.

- **Guidance for team members:** This is not intended to be a questionnaire, rather used as a “**checklist**” during a semi-structured interview to ensure that we are collecting relevant data since we will need to compile evidence/data to support our conclusions and recommendations under each heading.

Key Informant Interviews with Agency Staff

Given the context in Myanmar and Bangladesh, local partners are likely to be a key source of community level data.

Team members are expected to respect evaluation norms, ethics and standards and clarify our commitments at the start of each interview so that they are clear about our **impartiality**, that we will keep the results of these interviews **confidential**, and that their **participation is voluntary**. Interviewees should also be aware of the **evaluation purpose**, how we propose to **use the data** we collect and where they will be able to **see the report** once it is finalised.

Community level interviews

To help ensure that we have a representative and, to the extent feasible, unbiased sample of community members it will be useful if agency field-based staff who are trusted by communities could facilitate contacts with communities. Having agreed on some broad criteria (geography, gender balance, etc.) it would be useful if **agency field staff could help with preparing community-level interviews** so that refugees, IDPs and host communities can have a meaningful voice in this evaluation. Preparations should normally include:

- Ensure that the purpose of our evaluation is clear and why we are holding these interviews (so that they have a meaningful voice in this evaluation). Agency staff can use the Information Note as a reference when explaining the purpose of the interview.
- Purposeful selection of interviewees using the above criteria to help ensure that the team is able to get a perspective of communities that is reasonably representative and balanced; and
- Ensure that it is understood by key informants that participation should be voluntary, that our conversations will be confidential, and they should come prepared to engage in open and (constructively) critical discussions.

Interview Guide for Humanitarian Agencies

EQ#	Questions	Sub-Questions
	What is the perspective of the key informant	<ul style="list-style-type: none"> ✓ What was the role of the key informant during the response to the Rohingya crisis? ✓ What was the nature of the key informant's involvement with ECHO-funded interventions? ✓ What relevant experience has the key informant had with ECHO and/or partners, either in this country or elsewhere?

EQ#	Questions	Sub-Questions
1	To what extent have needs assessments taken into account gender-age and persons with disabilities to meet needs of the most vulnerable?	<ul style="list-style-type: none"> ✓ How were needs assessments carried out and kept updated? ✓ To what extent did assessments identify priority needs? How was the quality of the assessment data? Was adequate data available at the right time? ✓ To what extent was assessment data disaggregated? ✓ For partners – to what extent did ECHO contribute to assessments? ✓ How were affected communities involved in assessments? To what extent were they aware of assessment results? Were they able provide feedback?
2	What was the fit between needs assessments and strategies during different phases of the response?	<ul style="list-style-type: none"> ✓ How did assessment data influence implementation and advocacy? ✓ How did ECHO and partner strategies evolve over different phases of the response to meet changing needs? ✓ What risk mitigation components were included in strategies? ✓ Were there any needs identified that were not funded by ECHO? If so, what happened?
3	Was EU funding allocated proportionate to the needs that DG ECHO intended to address?	<ul style="list-style-type: none"> ✓ How did funding allocations compare with objectives and results of intervention? How did this compare with comparable interventions funded by other donors? ✓ How did funding from the EU contribute to the overall response? How did this contribution compare to other comparable responses supported by DG ECHO around the globe?
4	How well aligned was DG ECHO's response aligned with humanitarian principles and relevant policies?	<ul style="list-style-type: none"> ✓ How did response by the EU consider humanitarian principles and what was the result? ✓ Which of ECHO's policies and related guidance were most relevant to this intervention? Why? What was the awareness of relevant ECHO policies amongst partners? ✓ To what extent did ECHO's policies inform the design, implementation and monitoring of the intervention? What other policies and guidelines

EQ#	Questions	Sub-Questions
		<p>were used and to what extent did these align with or differ with ECHO's policies.</p> <ul style="list-style-type: none"> ✓ What were the challenges in adhering to humanitarian principles and applying ECHO's policies? To what extent and how were challenges managed?
5	<p>To what extent was successful in coordinating its response with that of other donors, including EU Members?</p>	<ul style="list-style-type: none"> ✓ To what extent was there coherence between DG ECHO interventions and those of other donors? ✓ Did DG ECHO take any proactive measures to improve donor coordination and complementarity? If so, what were they, and what was the result? ✓ To what extent has ECHO adapted their funding based on local capacities and support by other donors? How was this done? Was this done appropriately? ✓ To what extent did coordination by DG ECHO support other coordination mechanisms?
6	<p>How did DG ECHO contribute to coordination to achieve Nexus-related objectives in Myanmar?</p>	<ul style="list-style-type: none"> ✓ To what extent does the Nexus plan reflect needs and the changing operational context? ✓ How has DG ECHO been involved in formulating and moving forward with the Nexus plan for Myanmar? ✓ What are examples of innovative approaches? What have been the result? Are these potentially replicable? ✓ How have risks been managed? What was the result?
7	<p>What was the EU Added Value of the ECHO actions in the region during the evaluation period?</p>	<ul style="list-style-type: none"> ✓ Where are the areas where EU has added significant value in the Rohingya response? Are these consistent with their priority objectives? What have been the enabling factors of DG ECHO and/or EU budgets, strategies, etc. that have added value? ✓ Have advocacy and/or operations by DG ECHO influenced other humanitarian operations (e.g. other donors, government policies, etc.)? If so, how and what happened and why? ✓ To what extent has the focus on advocacy and protection added value? ✓ Are there any areas where EU value added is questionable? Are there any areas where DG

EQ#	Questions	Sub-Questions
		<p>ECHO should be supporting where they are not currently actively involved? Why?</p> <p>✓ Has the value-added of EU/ECHO evolved over time? If so, how?</p>
8	<p>To what extent has ECHO achieved its stated objectives? What have been the results?</p>	<p>✓ To what extent have output and outcome objectives as articulated in the HIPs been achieved? Why or why not?</p> <p>✓ What are perceptions of affected communities about interventions where DG ECHO's has made a significant contribution?</p> <p>✓ What have been the outcomes for different groups within affected communities (women, children, people with disabilities and other vulnerable groups)?</p> <p>✓ How effectively have cross-cutting issues been addressed (gender, persons with disabilities, MHPSS, GBV, DRR, AAP, etc.)</p> <p>✓ What have been the unintended outcomes either positive or negative? What was the result?</p>
9	<p>How successful has DG ECHO been through its advocacy and communication measures in influencing others by direct and indirect advocacy on issues like humanitarian access and space, respect for IHL?</p>	<p>✓ What have been ECHO's advocacy, communications and risk management strategies in each country?</p> <p>✓ To what extent are these aligned with comparable partner strategies?</p> <p>✓ Have ECHO strategies been based on stakeholder mapping and intervention strategies? How?</p> <p>✓ How have risks been managed?</p> <p>✓ How have these been used? What have been the outcomes within the humanitarian community? At a community level?</p> <p>✓ To what extent has advocacy influenced authorities at a local and/or national level? What has been the outcome?</p> <p>✓ Are there examples where these strategies have contributed to building national capacities? If so, what were the outcomes?</p> <p>✓ Are there specific examples of good practice that could potentially be replicated?</p>

EQ#	Questions	Sub-Questions
10	To what extent did DG ECHO achieve cost-effectiveness in its response?	<ul style="list-style-type: none"> ✓ To what extent have ECHO's interventions been coordinated with the government, the UN and/or other donors to improve cost effectiveness? ✓ How have ECHO and their partners tried to improve the efficiency of their interventions? Has this been successful (give examples)? Are there areas where ECHO or supported partner interventions need to improve efficiency? ✓ To what extent were costs of different intervention options analysed when determining strategic priorities and programme design during different phases of the response? ✓ Which aid transfer modalities (cash, in-kind) are ECHO supporting? How do they decide which ones to use?
11	To what extent did DG ECHO manage to achieve longer term planning and programming to address the protracted displacement of refugees and IDPs?	<ul style="list-style-type: none"> ✓ How has assessment and analysis influenced longer-term planning? How have risks been managed? ✓ To what extent do strategies for DG ECHO-supported interventions promote sustainability? What exit strategies have been developed? What is the likelihood that sustainability objectives will be achieved? Why? ✓ How has the EU facilitated a greater focus of partners and other external stakeholders, including affected communities, on sustainability? To what extent have they facilitated and supported links with development actors? What has been the result? ✓ Given the relatively short-term nature of interventions, to what extent do these take into account longer term development, advocacy and protection issues?
	Recommendations for key informants, documents.	<ul style="list-style-type: none"> ✓ Is there anyone you feel it would be important for the evaluation to speak to? ✓ Are there any reference documents you would recommend that you feel would particularly contribute to this evaluation?

Interview Guide for Community Level Interviews and FDG

EQ#	Questions & Sub-Questions
Gen.	<ul style="list-style-type: none"> How long have you been here? What do you know about ECHO and/or their partner(s)? How have you been involved with them?
EQ 1	Appropriateness / Relevance / Humanitarian Principles:
EQ 2	<ul style="list-style-type: none"> Provision of assistance and protection:
EQ 3	<ul style="list-style-type: none"> What type of assistance have you received from the ECHO partner during the emergency?
EQ 4	<ul style="list-style-type: none"> What type of assistance have you received from other organizations?
EQ 9	<ul style="list-style-type: none"> What was most relevant and least relevant assistance for you at different points of time? Which needs have been the highest priority? Are you aware of any interventions tailored to the specific needs of women/girls, men/boys, children, elderly, disables, people living with HIV-AIDS etc? Did any organizations ask about your needs? If yes, ask who, how it was done and what was the result? Who decides who receives assistance? How do you communicate with the ECHO partner and / or other organizations? Have you used a complaints mechanism and, if so, what was your experience? What was the result?
EQ 5	Coordination:
EQ 7	<ul style="list-style-type: none"> How are humanitarian agencies coordinating together? Does it seem like they are working together? Give examples. Are there ways they could work together more effectively?
EQ 8	<p>Results: To what extent have ECHO-supported interventions achieved their intended results within a reasonable timeframe?</p> <p>Effectiveness:</p> <ul style="list-style-type: none"> How timely was the response? (Was the assistance you needed provided at the right time?) Were there any problems? Were they resolved and, if so, how? Did assistance reached those who need it most (i.e. the most vulnerable)? Why/why not?

	<p>Sectoral effectiveness:</p> <ul style="list-style-type: none"> ▪ WASH: <ul style="list-style-type: none"> ○ what type of assistance did you receive to prevent water-bourne disease (e.g. cholera)? ○ What are the hygiene / health education services in your camp / village, if any? ○ Water and sanitation infrastructures enough / timely? Ask for details. ▪ HEALTH: <ul style="list-style-type: none"> ○ What have been the main health issues since 2017? ○ What health services were provided during the response? ▪ EDUCATION: <ul style="list-style-type: none"> ○ Were there any interventions specifically on education? ○ ? ▪ NUTRITION <ul style="list-style-type: none"> ○ Are you aware of any malnourished cases during the emergency? If so, what was done? ○ Were children screened for malnutrition? how often? By who? ▪ PROTECTION <ul style="list-style-type: none"> ○ Did you and the community feel safe? What problems have you faced and how were these solved? ○ What measures were put in place to protect populations against sexual abuse and violence? ▪ DISASTER RISK REDUCTION <ul style="list-style-type: none"> ○ What sort of hazards have you been facing? ○ Has any assistance or training you received help you to be better prepared for the next emergency?
EQ 10	<p>Cost effectiveness</p> <ul style="list-style-type: none"> ▪ Could the ECHO partner use its resources more efficiently to meet needs of refugees/affected communities? ▪ Have you observed examples of waste and/or misuse of resources?
EQ 6 EQ 11	<p>Longer-term planning</p>

- | | |
|--|--|
| | <ul style="list-style-type: none">▪ Have any agencies discussed your longer-term needs? What was discussed and what was the result?▪ What are your hopes for the future? How is the ECHO partner helping? |
|--|--|

ANNEX 7. INCLUSION OF PROTECTION, GENDER ISSUES AND GBV IN HIPS

This section summarises how protection and gender issues have been addressed in successive revisions of technical annexes in DG ECHO Humanitarian Implementation Plan (HIP) for South and East Asia and the Pacific.

HIP South and East Asia and the Pacific – 2017 (Version 6), EUR 45 million

There were many general references to protection in the main HIP, but few mentioning of GBV, and those remain vague, e.g. “*GBV and mental health issues are alarmingly high*” among Rohingyas refugees in Bangladesh.

There was no outlining in the HIP (only in the Technical Annex - see below) of the importance of Gender (and Age)-sensitive programming, nor any reference to the Gender policy.

There are no sex-disaggregated figures (for all regional crises, not only the Rohingyas), just general statements about traditional gender segregation in the Rohingya culture: “Age and gender analysis reveal a relative balance between genders across age groups except for the 18-25 group, with a significantly higher number of women (14,000 women for 8,000 men) highlighting the fact that men from this age group make up a significant proportion of those migrating. Women and girls in IDP camps are particularly exposed to sexual abuse and exploitation, forced early marriages and complications during pregnancy due to lack of access to health services. Vulnerability analyses indicate that women at risk and single parent families (in general female-headed) are the largest vulnerable group.”

In Bangladesh, protection concerns “*remain unaddressed*” following the headcount exercise that took place in 2016.

TECHNICAL ANNEX

The criteria for assessment of proposals from partners do not mention separately gender-sensitive programming, but this was included in the 1st criteria (operational requirements):

- compliance with HIP and operational requirements below
- commonly used principles such as: quality of the needs assessment and of the logical framework, relevance of the intervention and coverage, feasibility, applicant's implementation capacity and knowledge of the country/region.
- other elements based on context, relevance and feasibility, e.g.: coordination, security, monitoring and control management, access arrangements, lessons learned, exit strategy, comparative advantage, added value, sustainability

Operational guidelines duly include gender mainstreaming, among 13 other requirements : humanitarian principles, do-no-harm, safe and secure provision of aid, accountability, Response Analysis to Support Modality Selection for all Resource Transfers (cash-based, vouchers, in-kind), strengthening coordination, DRR, Education in Emergencies, integrated approaches, protection, resilience, community-based approach, and visibility.

In this wide context, the HIP technical annex outlines that the requirement of Gender-Age Mainstreaming was of “paramount importance” to DG ECHO, since it was an issue of quality programming. The needs and capacities of different gender and age groups among targeted populations must be adequately assessed and - consequently - assistance must be adapted to ensure equal access and that specific needs are addressed. Context-specific gender-sensitive needs assessments and gender analysis must be conducted to avoid vulnerability-related assumptions (e.g. women should not be considered the most vulnerable groups by default) and to ensure a more effective targeting. On the basis of the identified needs, practical examples of assistance adapted to the needs of different gender and age groups must also be

provided in the Single Form. Actions targeting one specific gender and/or age group - particularly when one group was clearly more vulnerable than others —may in some instances be deemed necessary. All project proposals/reports must demonstrate integration of gender and age in a coherent manner throughout the Single Form, including in the needs assessment and risk analysis, the logical framework, description of activities and the gender-age marker section.

HIP South, East, South-East Asia and the Pacific – 2018 (Version 7), EUR 59 million

No – or very vague - gender disaggregated figures for Bangladesh: “Since 25 August 2017, nearly 700,000 Rohingya refugees have fled Myanmar and sought safety in Cox’s Bazar District of Bangladesh...”, “...Close to one million Rohingya are currently living in refugee camps in Cox’s Bazar, Bangladesh...” and “...estimated 80% of which are women, children and elderly.”

Statistics are better for **Myanmar, where there are disaggregated figures:** “At the start of the year, the 2017 Myanmar Humanitarian Response Plan mentioned 525 000 people in need of protection and/or other forms of humanitarian assistance, of which 52% are women, 50% children, 45% adults and 5% elderly. Disaggregated data indicates that 244 336 people are in need of protection.” (chap 2, humanitarian needs)

GBV and other gender needs are also mentioned in chapter 2, among the description of the (many) most acute humanitarian needs.

Bangladesh: In Cox’s Bazar, protection was at the core of humanitarian needs due to the absence of a legal status for refugees... “Women and children are at risk of GBV and human trafficking is a general risk” (no figures)

Myanmar: ...” psychological support including for victims of GBV” (no figures).

Envisaged DG ECHO response includes references to GBV: in Bangladesh “protection (including to victims of GBV)” and in Rakhine state “health care and psychosocial support (including to victims of GBV)”.

Finally, at the end of Chapter 3 (page 14), among other operations requirements (resilience, coordination, visibility), there was a **clear reference to the Gender policy**: “In addition, all humanitarian interventions funded by DG ECHO must take into consideration, together with other protection concerns, any risk of gender-based violence and develop and implement appropriate strategies to prevent such risks. Moreover, in line with its life-saving mandate, DG ECHO encourages the establishment of quality, comprehensive and safe GBV response services since the onset of emergencies, in line with DG ECHO’s 2013 Gender policy”.

TECHNICAL ANNEX

In the Operational Guidelines (i.e. Section 3.2.2), Gender mainstreaming was outlined in globally the same terms as in 2017, although in addition GBV was clearly outlined, and a reference was also made to the Gender Policy: “...all humanitarian interventions funded by DG ECHO must take into consideration, together with other protection concerns, any risk of gender-based violence and develop and implement appropriate strategies to prevent such risks. Moreover, in line with its life-saving mandate, DG ECHO encourages the establishment of quality, comprehensive and safe GBV response services since the onset of emergencies. Further details are available in DG ECHO 2013 Gender policy.

It should however be noted that the number of “other” requirements has also significantly increased (from 13 to 18) in the technical annexes, and includes in addition to 2017: Grand Bargain commitments, innovation and the private sector, cash-based assistance (distinct from

other modalities), multi-year planning and funding, and resilience mainstreaming /Resilience Marker.

HIP South, East and South-East Asia and the Pacific – 2019 (Version 1), EUR 40 million

THE HIP and its technical annex have been vastly improved in terms of gender and age mainstreaming.

There are gender-disaggregated figures for Bangladesh in chapter 2 'Humanitarian Needs': "The recent family counting exercise conducted by the UNHCR and the Government reports a total refugee population of 891 233 people, of which 55% are children, 52% are women and 31% of the families report at least one protection vulnerability" (source: Joint Humanitarian Response Plan for Rohingya Humanitarian Crisis, March – December 2018 & Inter Sector Coordination Group (ISCG), Situation Report Data Summary, Rohingya Refugee Crisis, 16 August 2018).

There was little other difference with the HIP 2018, except for the emphasis (in Myanmar, not Bangladesh) on the Call To Action on GBV: "Protection will be at the core of the entire operational response, with specific emphasis on: dignified solutions to displacement, respect for IHL, and stronger emphasis on prevention and response to GBV (in alignment with the EU's leadership of the Call to Action on Protection from Gender Based Violence in Emergencies)".

TECHNICAL ANNEX

Under Section 3.2 "Operational criteria", sub-section 3.2.2 outlines quite clearly the assessment criteria that will be applied by DG ECHO, when assessing proposals submitted in response to HIP. Specific references partners' Single Forms include:

- (i) Section 2 of the electronic Single Form (eSF): Evidence based and quality of needs assessment was a fundamental requirement.
- (ii) Section 3.1.3 of the eSF: includes a context-specific analysis of risks (threats, hazards, vulnerabilities and capacities) faced by contextually relevant gender, age, and disability groups (linked to 2: quality of the needs assessment).
- (iii) Section 3.1.4 of the eSF clearly demonstrates how the risks (threats, hazards, vulnerabilities and capacities) faced by contextually relevant gender, age, and disability groups informs the response strategy (linked to 3: quality of the response strategy, including the relevance of the intervention and coverage). The response strategy was adapted to the context and actions contain elements of emergency response capacity.
- (iv) Protection mainstreaming (including disability inclusion), gender, and age mainstreaming was reflected across all results and activities and the logical framework includes an indicator at outcome level measuring protection mainstreaming (linked to Section 4: the logical framework, including robust and relevant output and outcome indicators).
- (v) In multi-sectorial programmes, does the partner have a demonstrated capacity to mainstream protection and gender in the proposed action? (linked to Section 6.1: human resources and management capacities).

Thematic Policies Annex 2018 - 2019

In October 2018 (published with the HIPs for 2019), DG ECHO introduced an overall Thematic Policies Annex to the HIPs, which outlines the general principles, policy framework, assistance

modalities, cross-cutting issues as well as thematic guidelines that need to be taken into account by DG ECHO partners in their design of humanitarian operations.

These guidelines mostly duplicate the 18 operational requirements to be found in the Technical Annex for 2018 (see above); they include sections on Gender-Age Mainstreaming and GBV, as well as web links to the Gender policy and the Gender Age Marker.

Rating of timeliness: average/poor. As shown in the tables below, the first funding for the major outflow of Rohingya refugees to Bangladesh (25 August 2017) was decided after 2 weeks but the budget was limited (EUR 3 million). This was followed by 2 more relatively limited funding decisions (EUR 5 million and 4.6 million), respectively after 2 months and 3 months. A budget commensurate to the needs (EUR 25 million) was finally allocated after 7 months only.

HIP for South and East Asian and the Pacific - 2017

Assessment round / allocation round / version n°	Date (eligibility of actions)	Amount	Focus; specific guidelines in chapter 3.2.2.2 of Technical Annex.	Commentary by the evaluation team
Assessment round 2 (HIPTA)	01/01/2017	EUR 5,200,000	Humanitarian actions within Myanmar; Rakhine state: protection, CCMM, food assistance, nutrition, health including psychosocial support, WASH, shelter and non-food items	Main focus on Myanmar, not Bangladesh; not only Rakhine, but also Kashin, Shan, Eastern states (no figures) Main HIP narrative: no legal status, mental health issues; indirect (not explicit) protection, NO GENDER
		EUR 2,000,000	Refugees in Southeast Asia	Refugees in Thailand (Karen etc)
Assessment round 3 (HIPTA): Rohingya regional crisis (Myanmar and Bangladesh)	01/01/2017	EUR 2,800,000	Support to Rohingya humanitarian needs in Bangladesh. Priorities: Food assistance in Kutupalong and Leda camps. o Water and sanitation in Kutupalong and Leda camps and host communities. o Provision of Health services in Cox's Bazar (Rohingya and host population). o <u>Protection as standalone and/or cross cutting the above interventions</u>	Small amount, not yet related to main outflow (August 2017) Protection is mentioned, not gender issues
		EUR 2,000,000	Support to emergency nutritional interventions in Northern Rakhine State (and Cox's Bazar??)	For both Bangladesh and Myanmar, not clear; specific guidelines: "Emergency nutrition interventions in Northern Rakhine State" only
Modification 2 (HIP); allocation round 8 (HIPTA); Bangladesh/ Myanmar: Rohingyas Crisis	13/09/2017	EUR 3,000,000	No indication in HIPTA	Main HIP: emergency assistance to fleeing refugees; 1 st funding after 2 weeks
Modification 3 (HIP); allocation round 9 (HIPTA) Bangladesh/ Myanmar: Rohingyas Crisis	09/11/2017	EUR 5,000,000	No indication in HIPTA	For partners already active in Cox Bazar: 2 nd funding by DG ECHO in Bangladesh after the big refugee crisis of August (2 months) Main HIP: passing reference to protection
Modification 4 (HIP); allocation round 11	09/12/2017	EUR 4,600,000	No indication in HIPTA	For partners already active in Cox Bazar; 3 rd funding (3 months)

Evaluation of EU Response to the Rohingya Refugee Crisis (2017-2019)

Assessment round / allocation round / version n°	Date (eligibility of actions)	Amount	Focus; specific guidelines in chapter 3.2.2.2 of Technical Annex.	Commentary by the evaluation team
(HIPTA) Bangladesh/ Myanmar: Rohingyas Crisis				Main HIP: passing reference only to protection
Modification 4 (HIP); allocation round 12 (HIPTA) Myanmar: Rohingyas Crisis	09/12/2017	EUR 400,000	No indication in HIPTA	Myanmar only Main HIP: for coordination and advocacy only

HIP for South, East and South-East Asia and the Pacific - 2018

Assessment round / allocation round / version n°	Date (eligibility of actions)	Amount	Focus; specific guidelines in chapter 3.2.2.2 of Technical Annex.	Remarks
Modification 1 (main HIP); Allocation round 6 (HIPTA???)	01/03/2018	EUR 4,000,000	HIPTA: "emergency DRR Bangladesh"	In narrative (main HIP): Shelters for DRR in Cox Bazar; no direct mention of protection
Allocation round 1 in HIPTA	01/01/2018	EUR 7,000,000 (+2 million DRR)	HIPTA Chap 3.2.2.2: multi-sector in Rakhine, including protection and psychological support (+ other states: Kachin, North Shan)	Not in main HIP
Allocation round 2 in HIPTA	01/01/2018	EUR 3,000,000 (+3 million DRR)	HIPTA Chap 3.2.2.2: multi-sector in Cox Bazar, including protection as standalone and/or cross cutting other interventions (food, WASH, health)	Not in main HIP
Modification 2 (main HIP); allocation round 7 (HIPTA)	01/03/2018	EUR25,000,000 (from Emergency Aid Reserve)	No indication in HIPTA	In narrative (main HIP): Multi-sector, including protection (not specific) 1 st large funding response by DG ECHO to the massive outflow of refugees in Bangladesh (7 months after 25 August 2017!)
Modification 3 (main HIP); allocation round 8 (HIPTA)	01/03/2018	EUR 1,000,000	No indication in HIPTA	In narrative (main HIP): Multi-sector, including protection (not specific) Bangladesh; no reference to gender issues
Modification 4 (main HIP); allocation round 10 (HIPTA)	01/08/2018	EUR 2,000,000	No indication in HIPTA	In narrative (main HIP): Multi-sector, including protection (not specific) Myanmar: PARTLY for 500 000 Rohingyas still in Rakhine (+ Kachin, N. Shan); no reference to gender issues

Evaluation of EU Response to the Rohingya Refugee Crisis (2017-2019)

Assessment round / allocation round / version n°	Date (eligibility of actions)	Amount	Focus; specific guidelines in chapter 3.2.2.2 of Technical Annex.	Remarks
Modification 6 (main HIP); allocation round 12 (HIPTA)	09/11/2018	EUR 5,000,000	No indication in HIPTA	In narrative (main HIP): focus on food aid, livelihood, and “negative coping mechanisms resorted to by women and children” (indirect reference to protection and gender issues?)

HIP for South, East and South-East Asia and the Pacific - 2019

Assessment round / allocation round / version n°	Date (eligibility of actions)	amount	Focus; specific guidelines in chapter 3.2.2 of Technical Annex.	remarks
HIPTA: Allocation round 1 - Bangladesh	15/01/2019	Indicative amount: - up to EUR 17 million for Humanitarian Aid Operations	The response to the refugee crisis in Cox's Bazar district will focus on providing protection and dignity to vulnerable refugee population and host communities in an integrated manner. To this extent, actions proposing interventions in one or several sectors among protection, health, nutrition, WASH, shelter and settlements, food security (including cash assistance), education in emergencies and coordination, will be considered solely based on sound and robust proposals, demonstrated capacity and value added. All proposals should integrate protection and promote protection outcomes whilst demonstrating solid referral capacity and strong accountability mechanisms, to ensure quality assistance. All interventions should be evidence-based and built on robust and continuous needs assessments, to enable agile response to sudden onset of needs... DG ECHO partners should demonstrate synergies to respond in an integrated and harmonized manner to arising emergency situations and possibly identify common methodologies of data collection, analysis and response.	In HIP chap 4: Bangladesh: "protection - protection programming and evidence-based advocacy remain key in responding to the growing protection threats of refugees.
HIPTA: allocation round 2 - Myanmar	15/01/2019	Indicative amount: - up to EUR 7 million for Humanitarian Aid Operations	In northern Rakhine, DG ECHO will continue to prioritize protection including child protection, food, nutrition, health, including psychosocial support. In central Rakhine, Camp Coordination and Camp Management (CCCM), protection, health, GBV prevention and response will also be key priority areas.	In HIP chap 4: Myanmar: "The protection of civilians remains a top priority given the deteriorating security and access constraints across Rakhine (...). Protection will be at the core of the entire operational response, with specific emphasis on: dignified solutions to displacement, respect for IHL, and stronger emphasis on prevention and response to GBV (in alignment with the EU's leadership of the Call to Action on Protection from Gender Based Violence in Emergencies)". In Northern Rakhine, DG ECHO will continue to prioritise protection (including child protection)... In Central Rakhine...Protection, health, GBV prevention and response will also be key priority areas.

ANNEX 8. LIST OF TARGETED ACTIONS AND TYPOLOGY

Bangladesh: list of all projects with Gender targeted actions										
	Agreement No.	Partner short name	Action title	Total Amount	EC amount	Health GBV	Health SRH	Protection GBV	Typology (from eSF 4.3)	Commentary by the evaluation team
1	ECHO/XA/BUD/2017/91001	FEDERATION HANDICAP-FR	Improving inclusive prevention of and response to violence and abuse against children and other vulnerable populations of Cox's Bazar	411,764	350,000	0	0	1	<p>R2 I1: support survivors of violence and abuse to access local services such as medical, psychosocial and education services. It involves the identification, assessment, referral and support of survivors</p> <p>R2 I2: train health practitioners of six IOM clinics, two Upazila health centres and one MSF clinic on inclusion of persons with disabilities and children</p> <p>R2 I3: livelihood for 129 survivors of violence or abuse and other at risk women including single headed households and women with disabilities</p> <p>R2 I4 : training, emergency kits for GBV survivors and forensic evidence equipment to Ukhya IOM clinic and Teknaf OCC ; support to psychosocial counselling services and case management</p>	<p>Mostly response (I1, 3, 4) but also prevention by training (I2).</p> <p>I2 should be Health_GBV</p>
2	ECHO/XA/BUD/2017/91010	IOM-CH	Humanitarian assistance to Undocumented Myanmar Nationals and the most vulnerable communities in Cox's Bazar to improve their living condition and well-being	3,091,587	2,450,000			1	<p>R3 I1: training on Protection (including GBV) for 375 staff.</p> <p>R3 I2 : awareness raising on child marriage, hygiene, trafficking in persons, child trafficking, gender based violence, women empowerment</p> <p>R3 I3. 1328 case management for GBV</p> <p>R3 I4 : 6,090 dignity kits and solar lanterns for GBV survivors, pregnant women and other vulnerable women and girls</p> <p>R3 I5. Information dissemination on available services</p>	Mix of prevention (I1, I2, I5) and response (I3, I4)
						1			R2 I1 : 386 victims of GBV assisted by medical aid, of which 14 are confirmed rape cases	
							1		R2 I2 : 1294 deliveries	

Evaluation of EU Response to the Rohingya Refugee Crisis (2017-2019)

Bangladesh: list of all projects with Gender targeted actions										
	Agreement No.	Partner short name	Action title	Total Amount	EC amount	Health GBV	Health SRH	Protection GBV	Typology (from eSF 4.3)	Commentary by the evaluation team
3	ECHO/XA/BUD/2017/91015	UNHCR-CH	Improved protection mechanisms for preventing and responding to violence against women as well as for responding to the emergency protection needs of the new refugee influx in Bangladesh.	2,525,682	1,200,000	0	0	1	<p>R1 I1 : legal aid services incl. for cases of domestic violence, rape, murder after rape, sexual harassments, forced prostitution, trafficking, and other human rights violations.</p> <p>R1 I2: overnight shelter accommodation, counselling and reintegration support for victims of violence</p> <p>R2 I1: awareness to reduce violence against women</p> <p>R3 I1 : women friendly /safe spaces</p> <p>R3 I2. awareness campaigns on GBV</p> <p>R4 I1 : child friendly spaces</p> <p>R4 I2: case management on child protection needs, including violence, abuse, child marriage, teen pregnancies, trafficking, recruitment and worst forms of child labour</p>	Mix of prevention (R2 I1, R3 I2,) and response (other activities)
4	ECHO/XA/BUD/2017/91038	OXFAM-UK	WASH, Protection and Food Security Response for Rohingya refugees and host communities in Cox Bazar district	1,000,000	1,000,000	0	0	1	<p>R2 I2: 2500 HH flashlights</p> <p>R2 I3: installation of public lighting to reduce protection risks for women, older people, disabled, female single headed-HH, HHs with numerous children including a majority of girls</p> <p>R3 I2 : Training of local leaders and authorities in protection, GBV and referral pathways</p> <p>R3 I3 same training for community-based protection groups</p>	Mix of prevention (R3) and response (R2)
5	ECHO/XA/BUD/2017/91039	STC-UK	Provision of an integrated package of services including primary health care, child protection and education, and community shelter and WASH, for displaced Rohingya and host communities in	1,500,000	1,500,000			1	<p>R1 I2 : 117 case management for particularly vulnerable girls and boys, unaccompanied and separated children with urgent protection needs, survivors of abuse, exploitation, GBV, etc.) to access physical health referrals, MHPSS etc.</p> <p>R2 I2 : 6 safe spaces (TLC) to support children with hygiene kits, referrals, PSS, health promotion, protect them from risks of exploitation, abuse, with gender-segregated latrines and handwashing unit</p> <p>R3 I2 : shelter/ DRR : extremely vulnerable HHs (such as child-, female- and elderly-headed HHs, HHs with high</p>	Mix of response (R1) and prevention (R2, R3)

Evaluation of EU Response to the Rohingya Refugee Crisis (2017-2019)

Bangladesh: list of all projects with Gender targeted actions

	Agreement No.	Partner short name	Action title	Total Amount	EC amount	Health GBV	Health SRH	Protection GBV	Typology (from eSF 4.3)	Commentary by the evaluation team
			highly underserved areas of Teknaf Union, Cox's B.						ratio of dependants and/or members with a disability) receive labour support and TA. Layout design accommodate gender- and vulnerability considerations (e.g. privacy shields, bathing areas, physical accessibility) R4 I2 : WASH : 60 emergency gender-segregated latrines and 30 bathing units for 300 HHs R4 I4 : 900 dignity kits and 300 hand washing kits	
						0	1	0	R5 : PHC, but NO SRH	No SRH ?
6	ECHO/XA/BUD/2017/91042	UNICEF-US	Emergency Child Protection and Gender Based Violence response for Rohingya population in Bangladesh	2,195,661	2,100,000	0	0	1	R1 I2 : 27 static and 54 mobile child friendly space to reach 19,000 children with PSS, gender WASH R1 I3: 20,303 adolescents supported in 675 adolescent clubs (as above) R1 I4: 593 children identified and supported by tracing, family reunification, referrals R2 I1 : 675 Adolescents' clubs to provide life skills education to 20,303 adolescents : awareness on child marriage, peace building, positive parenting, gender and GBV, child rights and protection, child labour, child trafficking, HIV/AIDS, hygiene R2 I2 : 12 safe spaces for women and girls in 8 camps for 960 women and girls, to provide case management, PSS, cash, referrals R2 I3 : 12,500 dignity kits for above R2 I4 : gender WASH for above.	Mix of prevention (R2 I1) and response (others)
7	ECHO/XA/BUD/2018/91001	DRC-DK	Emergency protection and WASH support to Rohingya refugees outside of camps and host communities in Ukhia upazila	2,000,000	2,000,000	0	0	1	R1 I3: 4,444 HH hygiene kits for WASH, incl. dignity kit items for menstruating women R1 I5 : WASH 80 latrine blocs disaggr. by sex R2 I4 : community based protection (CBP) awareness on GBV R2 I7: case management services for GBV (survivors and people at risk) and general protection	Mix of prevention (R2 I4) and response (others)

Evaluation of EU Response to the Rohingya Refugee Crisis (2017-2019)

Bangladesh: list of all projects with Gender targeted actions										
	Agreement No.	Partner short name	Action title	Total Amount	EC amount	Health GBV	Health SRH	Protection GBV	Typology (from eSF 4.3)	Commentary by the evaluation team
8	ECHO/XA/BUD/2018/91022	STC-SE	Provision of an integrated package of services including reproductive health care, psychosocial support and child protection case management services for displaced Rohingya and host communities in highly under served areas of Teknaf Union, Cox's B.	1,670,100	1,500,000	1	0	0	R1 I1 : PHC incl SRH; No survivor of GBV both from host and refugee population identified, instead GBV related to assault cases presented at the facility and were provided with clinical treatment together with psychological counselling	
						0	1	0	Included in above	
						0	0	0 ?	R2 I : PSS for 765 children in child friendly spaces	P-GBV not in KRI
9	ECHO/XA/BUD/2018/91026	RI-UK	Integrated Health, Protection, and Food Security Support for Vulnerable Rohingya Refugee Households Living in Cox's B.	1,510,000	1,500,000	1	0	0	R1 I4: 'on stop shop' to mainstream GBV throughout PHC to train staff and provide GBV survivors with psychological first aid, PSS, counselling. Designated medical doctor on the team responsible for providing CMR	
10	ECHO/XA/BUD/2018/91027	NCA-NO	Provision of life-saving integrated GBV, SRH and WASH services to Rohingya refugees and host communities in Bangladesh	1,200,000.	1,000,000	0	0	1	R1 I1: comprehensive assistance package that includes GBV case management services, assistance through the helpline, PSS, recreational activities for women in the community and individual counselling to GBV survivors. Case management includes Clinical management of Rape Survivors	Only KRI for P-GBV, not Health GBV
11	ECHO/XA/BUD/2018/91028	IRC-DE	Integrated Health and Protection Emergency	736,841	700,000	0	0	1	R2 I2: GBV case management services that include safety planning, psychosocial support, basic counselling and referrals	

Evaluation of EU Response to the Rohingya Refugee Crisis (2017-2019)

Bangladesh: list of all projects with Gender targeted actions

	Agreement No.	Partner short name	Action title	Total Amount	EC amount	Health GBV	Health SRH	Protection GBV	Typology (from eSF 4.3)	Commentary by the evaluation team
			Response for Disaster Affected individuals in Cox's B.							
						1	0	1	<p>R1 I1: medical mobile team with Protection Officers to identify and refer unaccompanied children/separated families to relevant services, and refer of survivors of GBV to PSS and case management support. Protection includes family tracing, emergency shelter.</p> <p>R1 I2 : PHC incl. SRH: Family planning, Clinical management of rape, Syndromic treatment of STIs and HIV prevention</p> <p>R1 I3 : SRH incl. GBV case management</p> <p>R2 I1: essential package of SRH services at the women's centre, incl. clinical management of rape (CMR), treatment for sexually transmitted infections (STI), family planning and menstrual regulation</p>	Health-GBV and Health - SRH, not in KRI
12	ECHO/XA/BUD/2018/91029	TDH-CH	Live-saving integrated emergency response to the Rohingyas Crisis	800,000	750,000.00	0	1	0	R1 I1 : PHC, incl SRH	
								0 ?	<p>R3 I1: case management for children at risk: child marriage, child labor, disability</p> <p>R3 I2 : UASC</p>	NOT in KRI P-GBV
13	ECHO/XA/BUD/2018/91031	UNFPA-US	Strengthening Sexual and Reproductive Health and Rights (SRHR) and improving Gender Based Violence (GBV) prevention services and GBV information management for	1,204,047	1,000,000	0	1	0	R1 I1 to I10:, I2 : SRH clinics, midwives, eqpt, training	

Evaluation of EU Response to the Rohingya Refugee Crisis (2017-2019)

Bangladesh: list of all projects with Gender targeted actions

	Agreement No.	Partner short name	Action title	Total Amount	EC amount	Health GBV	Health SRH	Protection GBV	Typology (from eSF 4.3)	Commentary by the evaluation team
			Rohingya Refugee and Host Communities in Cox's Bazar.							
								0 ?	R1 I11: 10 Women Led Community Center (WLCC) for GBV etc R2 I1 – I3: GBVIMS	WLCC NOT in KRI
14	ECHO/XA/BUD/2018/91033	IOM-CH	Supporting vulnerable refugees and local communities in Cox's Bazar, Bangladesh, through improved Health, Protection and Water, Sanitation and Hygiene (WASH), and access to alternative fuel through the Safe Access to Fuel and Energy (SAFE) project.	3,199,518	2,500,000			1	Response R2 I5 : Case management : Referrals to key services include: a). Medical services (and accompaniment to appointments where necessary), b) Specialized mental health services (including referrals to IOM's Health and MHPSS Units), c). Legal counselling through a IOM's team of four lawyers (three are female) to assist with cases requiring legal assistance, and d). Protection through 24/7 emergency safe shelter where necessary	Also <u>prevention</u> : (R2 I1) 900 children, adolescent boys and girls provided with dedicated case management to reduce and prevent exposure to exploitation and abuse and access alternatives; and capacitated through training R2 I3: 10 women safe spaces for GBV etc R2 I4 : men and boys with increased awareness and understanding of GBV, mitigation and prevention measures
						1			R1 I1 : PHC incl. health treatment of GBV	
							1		R1 I1 : PHC incl. SRH (as above)	
15	ECHO/XA/BUD/2019/91015	DRC-DK	Protection assistance for host and refugee communities in Ukhia upazila	2,162,000	2,000,000	0	0	1	Prevention R1 I1 : in safe spaces, awareness raising sessions and sensitization targeting women, girls, men and boys to strengthen the outcomes of the services provided to women and girls R1 I4 ; awareness by outreach	Also <u>response</u> : (R1 I2) case management, PSS and life skills services

Evaluation of EU Response to the Rohingya Refugee Crisis (2017-2019)

Bangladesh: list of all projects with Gender targeted actions

	Agreement No.	Partner short name	Action title	Total Amount	EC amount	Health GBV	Health SRH	Protection GBV	Typology (from eSF 4.3)	Commentary by the evaluation team
16	ECHO/XA/BUD/2019/91019	STC-SE	Integrated child-focused protection, education and health services for Rohingya refugees and host communities in Teknaf and Ukhia Upazillas, Cox's B.	2,144,181	1,950,000	1			R3 I2: PHC, incl. SRH, GBV	
							1		As above (not separate indicator)	
								0 ?	R1 I1 : case management for 3300 child protection concerns such as physical violence, emotional violence, sexual abuse and exploitation, neglect, forced marriage, abduction, trafficking, and family separation etc R1 I2-I7 : support to case management system	Not in KRI
17	ECHO/XA/BUD/2019/91020	IOM-CH	Supporting vulnerable refugees and local communities in Cox's Bazar, Bangladesh, through improved Health, Protection and Water, Sanitation and Hygiene (WASH)	2,679,330	2,000,000	0		1	Prevention R2 I1: GBV specialists provide trainings through community mobilization team and community activists in weekly prevention activities on early marriage, counter trafficking, sexual violence, and intimate partner violence.	Also <u>response</u> (R2 I2) : case management services, PSS, legal assistance, and security R2 I3 : case management for children a-t risk
							1		R3 I1: PHC incl. SRH; I2-I6: support	
18	ECHO/XA/BUD/2019/91021	IRC-DE	Integrated Health and Protection Response to Affected Rohingya Refugees and Most Vulnerable Host Community	1,696,369	1,500,000			1	Prevention R2 I1: Implementation of the Girl Shine adolescent girl multi-month (16) curriculum and complementary awareness and information sessions. Minimum attendance will be tracked to ensure minimum of 75% of participants	Also response : (R2 I2) Appropriate services for female survivors include GBV case management, group PSS, and SRH care

Evaluation of EU Response to the Rohingya Refugee Crisis (2017-2019)

Bangladesh: list of all projects with Gender targeted actions										
	Agreement No.	Partner short name	Action title	Total Amount	EC amount	Health GBV	Health SRH	Protection GBV	Typology (from eSF 4.3)	Commentary by the evaluation team
			Members in Cox's Bazar							
						1			R 1 I1: PHC, incl SRH, GBV	
							1		As above (no separate indicator)	

ANNEX 9. PROTECTION AND THE GENDER-AGE MARKER

The table below provides a list of projects with a protection component (no targeted actions) and the appropriateness of the GENDER-AGE MARKER

Bangladesh: list of protection projects with NO targeted actions										
	Agreement No.	Partner short name	Action title	Total Amount	EC amount	eSF 3.1.3 needs analysis	eSF 3.1.4 response	eSF 3.2.4 beneficiaries	Gender-Age Marker (GAM) Rating	Comments by the evaluation team
19	ECHO/-XA/BUD/2018/91034	BBC MA-UK	Common service for community engagement and accountability for Rohingya refugee response	982,203	982,203	Innovative approach focused on 'information ecosystem' in Cox's Bazar -affected community were overwhelmingly unable to access adequate information in the right language, or -effectively provide feedback to aid providers and authorities.	Two-way info system to: -support immediate information needs : bulletin, radio, TV... - create frameworks on which longer-term community engagement and accountability systems can be built : language, communication skills...	906.700 (blanket coverage); weekly FGD with all gender groups, regular use of community feedback in designing and adapting the activities within the action	2	Broader than protection only, but very useful GAM rating justified
20	ECHO/-XA/BUD/2018/91035	OXFAM-UK	Respond to the immediate emergency Protection and Food Security needs of Rohingya refugee and host community populations	1,026,750.00	1,000,000.00	Among many protection needs, priority threats identified in this project -Lack of public lighting (latrines etc) - Gap in dissemination of information and need for stronger protection community based structure -Harmful practices in humanitarian service delivery	install public solar poles in slopes and areas of the camps where there are communal facilities In camps, Protection Committee to disseminate information on risks related to human trafficking and exploitation by majhis In host communities, focus with community-based structures, local authorities and leaders on child protect., disability, referrals Protection monitoring to understand new pattern of abuse, adapt programming to protection needs evolution and inform advocacy	138.203 (95.000 targeted): blanket approach, all gender / vulnerable groups included, participation through FGD, KII, HH interviews, PDM, complaint mechanisms	2	Good coherence needs analysis – response, participation, SADD; GAM rating justified
21	ECHO/-XA/BUD/2019/91024	NRC-NO	Strengthening Education, Protection, Resilience and Empowerment of Refugee and Host	1,107,001.00	1,000,000.00	Analysis very wide, lacks locus. <u>Apparently</u> , key needs identified are: Lack of legal documents, access to the formal justice system for	Information and legal counselling ICLA <i>Education Access through the Rohingya Education for</i>	5050 children aged 13-17 who are not accessing education No figures for ICLA (confidential?)	2	Interim report only The two main priority needs

Evaluation of EU Response to the Rohingya Refugee Crisis (2017-2019)

Bangladesh: list of protection projects with NO targeted actions										
	Agreement No.	Partner short name	Action title	Total Amount	EC amount	eSF 3.1.3 needs analysis	eSF 3.1.4 response	eSF 3.2.4 beneficiaries	Gender-Age Marker (GAM) Rating	Comments by the evaluation team
			Communities in Cox's Bazar			unregistered refugees is extremely challenging Need to support education : curriculum specific for the Rohingya: the Learning Competency Framework Approach (LCFA)	Adolescents and Youth (READY) program (NOT LCFA ??), which integrates a psycho-educational approach to supporting teachers and students			identified are covered by the response GAM rating justified
22	ECHO/-XA/BUD/2019/91014	UNICEF-US	Improved coordination and advocacy to advance the education and child protection responses for children in Rohingya refugee camps and the host community in Cox's Bazar District of Bangladesh	817,248.88	700,000.00	In the camps, 39 per cent of children aged 3-14 and 96 per cent of adolescents and youth still lack access to education. The lack of access to education or economic activities exposes young people to risks such as trafficking, drug abuse, early marriage, and hazardous and exploitative work. A critical barrier to providing quality education has been the lack of a harmonized and government-approved curriculum. In response, roll out of the the LCFA must be supported. The LCFA, structured from levels 1-5, is an accelerated learning programme in English, Burmese, mathematics, science and life skills, to help the youths integrate into the Myanmar education system after repatriation. The Education Sector has appointed partner officials as sector focal points for each camp, but there is still a gap in coordination and information sharing between them and the CICs	support access to education and child protection services through two main pillars: 1) ensure the coordination structures required to accomplish upstream advocacy and systems strengthening goals in parallel with the scale up of service provision; and 2) targeted and systematic advocacy to influence institutions, systems and communities. NO ROLL OUT OF LCFA	Children, adolescents and families will <u>not be directly involved</u> in this process ("their voices will be taken from a variety of direct and indirect platforms...")	2	Interim report only <u>GAM rating should be 1</u> : no full adapted assistance, no full participation

Evaluation of EU Response to the Rohingya Refugee Crisis (2017-2019)

Bangladesh: list of protection projects with NO targeted actions										
	Agreement No.	Partner short name	Action title	Total Amount	EC amount	eSF 3.1.3 needs analysis	eSF 3.1.4 response	eSF 3.2.4 beneficiaries	Gender-Age Marker (GAM) Rating	Comments by the evaluation team
23	ECHO/-XA/BUD/2019/91032	UNHCR-CH	Enhancing access to basic rights and justice through broader protection monitoring, scaling up of legal assistance, and improved access to territory and reception conditions for Rohingya refugees in Bangladesh.	4,468,609	1,600,000	<p>Improve reception center</p> <p>Strengthen quality monitoring to produce regular quantitative and qualitative information about protection, HR violations and abuses, risks, capacities and coping mechanisms</p> <p>Improve access to justice, freedom of movement, detention due to lack of legal recognition and documentation of marriages among refugees limits their access to justice.</p> <p>Vacancy of Juvenile Court Judge, no regular hearing of the rape cases involving child survivor</p> <p>Refugees moving beyond the camp locations without formal permission from CiCs risked detention and filing of charges under the Foreigners Act</p>	<p>Improve Transit Centre in Kutupalong, ensure reception conditions meet minimum standards and shelters provided to refugees</p> <p>Advocacy, recording of incident, network of over 50 contacts in villages at the borders</p> <p>Step up Protection Monitoring Framework to provide protection by presence, advocacy, inform effective responses</p> <p>NO DIRECT RESPONSE MENTIONED TO LEGAL ISSUES (included in advocacy – not specific???)</p>	Global figures only (854,704 individuals in 185,903 families at end Dec 2019); no specific to the project.	2	<p>Response does not completely cover identified needs;</p> <p>No participation</p> <p>GAM rating should be 1</p>
24	ECHO/-XA/BUD/2019/91009	PLAN INTERNATIONAL-DE	Promoting education and child protection among crisis affected girls, boys, adolescent girls and adolescent boys in Cox's Bazar	555,555	500,000	<p>Ukhia and Teknaf districts are located on the transit route for Myanmar refugees and potential movement back; they face the highest protection risks both for refugee and host communities.</p> <p>55% of the refugee population are children under 18 facing a wide variety of protection risks (specific for boys and girls).</p> <p>3% of these are Unaccompanied and Separated Children (UASCs) in need of case management services and</p>	<p>In Ukhia and Teknaf</p> <p>Basic level of education that will allow girls and boys to continue learning and developing within limitations: adapted curricula, teachers trained on GBV</p> <p>Case management for protection cases identified (education centres, community</p>	6198 children (6-17) most vulnerable (UASC, GBV, 3 other risk criteria), 1151 teachers and community support	2	<p>Interim report only.</p> <p>Good needs analysis - response coherence</p> <p>GAM rating justified (slight caveat: no DRR measures)</p>

Evaluation of EU Response to the Rohingya Refugee Crisis (2017-2019)

Bangladesh: list of protection projects with NO targeted actions										
	Agreement No.	Partner short name	Action title	Total Amount	EC amount	eSF 3.1.3 needs analysis	eSF 3.1.4 response	eSF 3.2.4 beneficiaries	Gender-Age Marker (GAM) Rating	Comments by the evaluation team
						<p>support, incl. . around 6,000 at risk of trafficking.</p> <p>No sufficient space for construction of standard learning centers</p> <p>DRR against cyclones, flooding</p>	<p>leaders, outreach), GBV, UASCs, referrals.</p> <p>Shared and home spaces in existing community spaces or identified homes, no major work.</p> <p>psychosocial and recreational support</p>			

ANNEX 10. MAINSTREAMING OF GENDER ISSUES IN PROJECT SAMPLE

The table below shows how gender was mainstreamed in projects in the sample which were not already assessed either among projects with targeted actions or projects with protection components (GAM rating and rationale).

Partner	Year	Theme	Agreement No.	Description	Gender-Age Marker rating	Rationale in eSF sections 5.1.2 – 5.1.4	Comments
ACF-FR	2016	Food security & Nutrition	ECHO/-XA/BUD/2017/91008	Regional Integrated project to address acute malnutrition and its underlying causes among vulnerable populations living in the Rohingya and Bangladeshi communities of Cox's Bazar District, Bangladesh and of Maungdaw District, Myanmar	2	<ul style="list-style-type: none"> -Dedicated internal gender sensitivity training, to encourage that specific needs of women and girls, and men and boys are taken into account at all stages of project design and implementation. -Systematic age and gender disaggregation of data. -Specialized resources to provide technical support to protection and GBV actors, to reinforce quality of psychosocial support. -Adolescent, Pregnant and lactating women and under 5 children were the priority focus of the integrated approach. -The project emphasized the equal value of boys and girls in breastfeeding (boys are breastfed +2-3 months) through mobilization activities and education sessions. -Special attention to the role of male caretakers. -At the same time, to encourage participation of women in making decisions on their child's health, such as hospital referrals and staying overnight in SC for intensive care. -In counselling, to involve female caregivers of undernourished children, persons with special needs, adolescent girls and boys has contributed in promoting gender equity within the camps and host community and empower women in making decision at HH level. -Community awareness primarily targeted decision makers such as men, elders, mullahs and village leaders, to emphasize the important roles of both men and women in achieving the optimal health and nutrition for the family. 	Also gender transformative objective
WFP-IT	2018	Food security & Nutrition	ECHO/-XA/BUD/2018/91032	Responding to the food security and nutritional needs of the most vulnerable Rohingya and host community	2	<ul style="list-style-type: none"> -To involve women to identify their needs, and project feasibility (gender sensitive work norms) and include them in project implementation to enhance their participation. 	Risks well considered

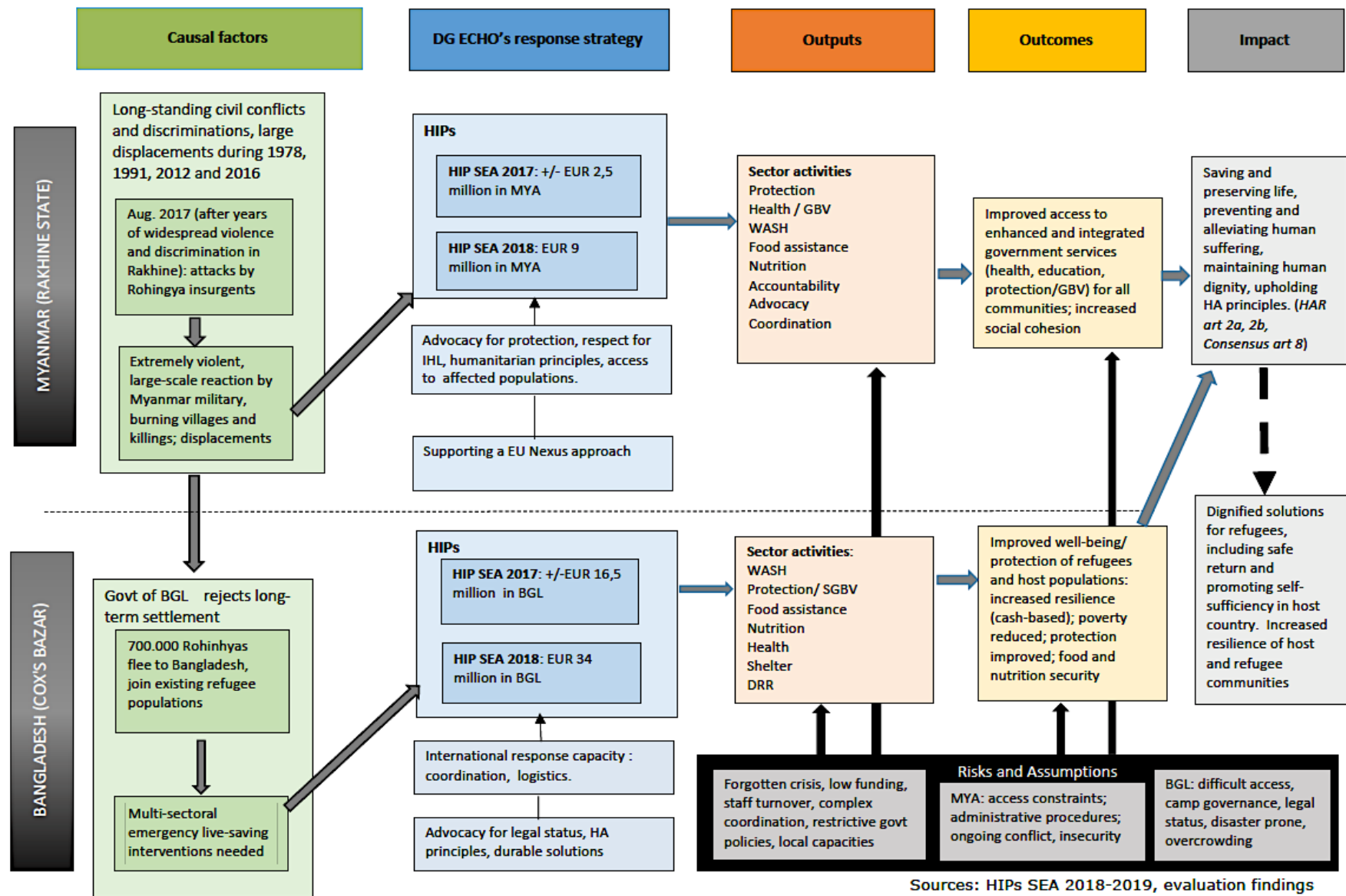
Evaluation of EU Response to the Rohingya Refugee Crisis (2017-2019)

Partner	Year	Theme	Agreement No.	Description	Gender-Age Marker rating	Rationale in eSF sections 5.1.2 – 5.1.4	Comments
				populations in Cox's Bazar District, Bangladesh		<p>-Gender sensitisation training to ensure men and women fully understand the project's rationale.</p> <p>-Cash & vouchers are given to the female caregivers and PLWs to give them decision power over the food for treatment of malnourished beneficiary.</p> <p>-With e-vouchers, to strengthen women's decision-making in the household when it comes to food consumption, with the option of choosing from 18 commodities stored in e-voucher shops.</p> <p>-Nutrition interventions have a strong Behaviour Change Communication (BCC) component which includes targeted messages for men in the households to create an enabling environment.</p> <p>-Women are encouraged to visit the Nutrition Centres and Community Clinics in groups to protect and look after each other, thereby reducing perceptible security risks.</p> <p>-Gender segregated toilets and a private breastfeeding corner is implemented at all assistance sites.</p> <p>-Activities are carried out in daylight and timed to enable female participants to return home before nightfall.</p>	
IOM-CH	2018	Shelter	ECHO/XA/BUD/2018/91007	Strengthening extreme weather and <u>disaster preparedness</u> to enhance the resilience of host and Rohingya communities in Cox's Bazar, Bangladesh	2	<p>-To ensure that women, girls and marginalized groups in host communities and the Rohingya population are given special consideration; inclusion of women and other marginalized groups will be considered in disaster risk planning and volunteer establishment within the refugee and host community population to ensure that their voices and concerns are included.</p> <p>-Under Result 3, Extremely Vulnerable Individuals (EVIs) are prioritized in coordination with IOM's Protection Unit; female, child, and elderly headed households, as well as households headed by individuals living with disabilities have materials transported directly to the household and their shelter upgraded by the carpenter and labourer.</p> <p>-A number of IOM's Protection cases are confidentially referred for participation in Compensated Work activities.</p>	No final report ; design only

Evaluation of EU Response to the Rohingya Refugee Crisis (2017-2019)

Partner	Year	Theme	Agreement No.	Description	Gender-Age Marker rating	Rationale in eSF sections 5.1.2 – 5.1.4	Comments
						<p>-Services are delivered in keeping with the principles of Impartiality and Do No Harm - making sure services are inclusive of all groups within the Rohingya and host communities.</p> <p>-Guidelines to be developed to ensure that access by vulnerable groups, including children, women, the elderly and individuals living with disability, is safe and equitable.</p>	

ANNEX 11. INTERVENTION LOGIC



ANNEX 12. TERMS OF REFERENCE



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR CIVIL PROTECTION AND
HUMANITARIAN AID OPERATIONS – DG ECHO

ANNEX I

Terms of Reference

**for the evaluation of the EU humanitarian response to the Rohingya
refugee crisis in Myanmar and Bangladesh, 2017-2019**

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1. EU HUMANITARIAN INTERVENTION

1.1. FRAMEWORK

1. The **legal base** for Humanitarian Aid is provided by [Article 214](#) of the Treaty on the Functioning of the European Union, and the [Humanitarian Aid Regulation](#) (HAR). The objectives of European Union (EU) humanitarian assistance are outlined there and could – for evaluation purposes – be summarized as follows: *From a donor perspective and in coordination with other main humanitarian actors, to provide the right amount and type of aid, at the right time, and in an appropriate way, to the populations most affected by natural and/or manmade disasters, in order to save lives, alleviate suffering and maintain human dignity.*
2. The humanitarian aid budget is implemented through annual funding decisions adopted by the Commission, which are directly based on Article 15 of the HAR. In general, there are two types of financial decisions: decisions adopted in the context of non-emergency situations (currently entitled **World Wide Decisions** (WWD)), and decisions which are adopted in emergency situations. The WWD defines inter alia the total budget and the budget available for specific objectives, as well as the mechanisms of flexibility. It is taken for humanitarian operations in each country/region at the time of establishing the budget. The funding decision also specifies potential partners, and possible areas of intervention. The operational information about crises and countries for which humanitarian aid should be granted is provided through ‘[Humanitarian Implementation Plans](#)’ (HIPs). They are a reference for humanitarian actions covered by the WWD and contain an overview of humanitarian needs in a specific country at a specific moment of time.
3. The [European Consensus on Humanitarian Aid](#) (the Consensus) – which has been jointly developed by the Council, the EU Member States, the European Parliament and the Commission – provides a reference for EU humanitarian aid, and outlines the common objectives, fundamental humanitarian principles and good practices that the European Union as a whole pursues in this domain. The aim is to ensure an effective, high-quality, needs-driven and principled EU response to humanitarian crises. It concerns the whole spectrum of humanitarian action: from preparedness and disaster risk reduction, to immediate emergency response and life-saving aid for vulnerable people in protracted crises, through to situations of transition to recovery and longer-term development. The Consensus has thus played an important role in creating a vision of best practice for principled humanitarian aid by providing an internationally unique, forward-looking and common framework for EU actors. It has set out high-standard commitments and has shaped policy development and humanitarian aid approaches both at the European and Member State level. Furthermore, with reference to its overall aim, the Consensus has triggered the development of a number of humanitarian [sectoral policies](#).

4. DG ECHO⁸⁹ has more than 200 partner organisations for providing humanitarian assistance throughout the world. [Humanitarian partners](#) include non-governmental organisations (NGOs), international organisations and United Nations agencies. Having a diverse range of partners is important for DG ECHO because it allows for comprehensive coverage of the ever-expanding needs across the world – and in increasingly complex situations. DG ECHO has developed increasingly close working relationships with its partners at the level of both policy issues and management of humanitarian operations.
5. DG ECHO has a worldwide network of **field offices** that ensure adequate monitoring of projects funded, provide up-to-date analyses of existing and forecasted needs in a given country or region, contribute to the development of intervention strategies and policy development, provide technical support to EU-funded humanitarian operations, and facilitate donor coordination at field level.
6. DG ECHO has developed a two-phase framework for assessing and **analysing needs** in specific countries and crises. The first phase of the framework provides the evidence base for prioritisation of needs, funding allocation, and development of the HIPs.

The first phase is a global evaluation with two dimensions:

- Index for Risk Management (INFORM) is a tool based on national indicators and data which allows for a comparative analysis of countries to identify their level of risk to humanitarian crisis and disaster. It includes three dimensions of risk: natural and man-made hazards exposure, population vulnerability and national coping capacity. The INFORM data are also used for calculating a Crisis Index that identifies countries suffering from a natural disaster and/or conflict and/or hosting a large number of uprooted people.
- The Forgotten Crisis Assessment (FCA) identifies serious humanitarian crisis situations where the affected populations do not receive enough international aid or even none at all. These crises are characterised by low media coverage, a lack of donor interest (as measured through aid per capita) and a weak political commitment to solve the crisis, resulting in an insufficient presence of humanitarian actors.

The second phase of the framework focuses on context and response analysis:

- Integrated Analysis Framework (IAF) is an in-depth assessment carried out by DG ECHO's humanitarian experts. It consists of a qualitative assessment of humanitarian needs per single crisis, also taking into account the population affected and foreseeable trends.
7. In 2016, the Commission endorsed the [Grand Bargain](#), which is an agreement between more than 30 of the biggest donors and aid providers, with the aim to close the humanitarian financing gap and get more means into the hands of people in need. To that end, it sets out

⁸⁹ DG ECHO is the European Commission's Directorate-General responsible for designing and implementing the European Union's policy in the fields of Civil Protection and Humanitarian Aid

51 commitments distilled into 10 thematic work streams, including e.g. gearing up cash programming, improving joint and impartial needs assessments, and greater funding for national and local responders.

1.2. SCOPE & RATIONALE

8. The European Union aims at being a **reference humanitarian donor**⁹⁰, by ensuring that its interventions are coherent with the **humanitarian principles**⁹¹, are relevant in targeting the most vulnerable beneficiaries, are duly informed by needs assessments, and promote [resilience building](#) to the extent possible. DG ECHO also takes the role of – when necessary – leading, shaping, and coordinating the response to crises, while respecting the overall coordination role of the UN OCHA.
9. Interventions have a focus on **funding critical sectors and addressing gaps** in the global response, mobilising partners and supporting the overall capacity of the humanitarian system. As a consequence of the principled approach and addressing gaps in overall response, the EU intervenes in **forgotten crises**⁹², i.e. severe, protracted humanitarian crisis situations where affected populations are receiving no or insufficient international aid and where there is little possibility or no political commitment to solve the crisis, accompanied by a lack of media interest. Although a significant share of EU funding goes to major crises like the conflict in Syria, approximately 15% of the EU's initial annual humanitarian budget is allocated to forgotten crises. The FCA 2018-2019 identified the existence of 15 forgotten crisis situations, including the Sahel food and nutrition crisis, the Colombia armed conflict, the Sahrawi refugees in Algeria, Kachin State and Northern Shan State in Myanmar, Haiti and Ukraine.
10. Actions funded comprise **assistance, relief and protection** operations on a non-discriminatory basis to help people in third countries, particularly the most vulnerable among them, and as a priority those in developing countries, victims of natural disasters, man-made crises, such as wars and outbreaks of fighting, or exceptional situations or circumstances comparable to natural or man-made disasters. The actions should extend the time needed to meet the humanitarian requirements resulting from these different situations.
11. **Food and Nutrition**: The poorest people carry the greatest exposure to the consequences of disasters such as **food insecurity and under-nutrition**. Insufficient food production or an inability of vulnerable people to purchase enough nutritious food leads to malnutrition and under-nutrition. Moreover, dramatic interruptions in food consumption heighten risks of morbidity and mortality. Addressing [under-nutrition](#) requires a multi-sector approach and a joint humanitarian and development framework. [Humanitarian food assistance](#) aims to ensure the consumption of sufficient, safe and nutritious food in anticipation of, during, and in the aftermath of a humanitarian crisis. Each year, DG ECHO allocates well over EUR

⁹⁰ I.e. a principled donor, providing leadership and shaping humanitarian response.

⁹¹ Humanity, Impartiality, Neutrality and Independence

⁹² See also http://ec.europa.eu/echo/what/humanitarian-aid/needs-assessments_en

100 million to humanitarian assistance actions that are explicitly associated with specific nutrition objectives.

12. [Health](#) is both a core sector of humanitarian aid interventions and the main reference for measuring overall humanitarian response. With the global trends of climate change and a growing and ageing population, together with the increasing frequency and scale of natural disasters and the persistency of conflicts, humanitarian health needs are continuing to increase. Given the significance of the EU's humanitarian health assistance, DG ECHO developed a set of [Guidelines](#) (operational in 2014) to support an improved delivery of affordable health services, based on humanitarian health needs.
13. [Protection](#) is embedded in DG ECHO's mandate as defined by the HAR and confirmed by the European Consensus on Humanitarian Aid. Its objective is to reduce physical and psychological insecurity for persons and groups under threat. When providing general assistance, humanitarian actors must ensure that their actions do not undermine protection, nor increase existing inequalities (do-no-harm principle). The 2009 funding [guidelines for humanitarian protection activities](#) define the framework in which DG ECHO may support protection activities, including the type of partners and the kind of activities it may finance. DG ECHO supports non-structural activities aimed at reducing the risk, and mitigating the impact of human-generated violence, coercion, deprivation and abuse of vulnerable individuals or groups in the context of humanitarian crises.
14. [Shelter](#) and settlements assistance is one of the main humanitarian sectors supported by DG ECHO, as an immediate response to, or in anticipation of, a disaster. Because of the importance of adequate housing, shelter may also be supported in the recovery phase, if the reconstruction or maintenance of shelter and settlements addresses the health, protection or livelihoods needs of the affected population. In 2017, DG ECHO's humanitarian funding for shelter and settlements amounted to more than €150 million. The [Humanitarian Shelter and Settlements Guidelines](#), published in 2017, aim to ensure that vulnerable people's shelter needs are met in an optimal and efficient way. The European Union plays an active role in the [Global Shelter Cluster](#), a multi-agency initiative across the humanitarian shelter sector, which aims to strengthen cooperation of aid efforts and deliver faster, more suitable responses while improving the aid delivery in the immediate aftermath of a disaster.
15. [Water, sanitation and hygiene](#) (also known as WASH) are closely connected and essential for good public health. DG ECHO is one of the largest humanitarian donors of WASH assistance worldwide. In 2017, it provided €136 million for projects improving access to water, sanitation and hygiene. DG ECHO draws its expertise in this humanitarian area from a network of regional and global WASH and shelter experts, its country experts as well as its NGO, UN and Red Cross partners. It also provides support to the [Global WASH Cluster](#), led by UNICEF.
16. [Education in emergencies](#) is crucial for both the protection and healthy development of girls and boys affected by crises. It can rebuild their lives; restore their sense of normality and safety, and provide them with important life skills. It helps children to be self-sufficient

and to have more influence on issues that affect them. It is also one of the best tools to invest in their long-term future, and in the peace, stability and economic growth of their countries. Yet it has traditionally been one of the least funded humanitarian sectors. With the level of funding at 1% of its annual humanitarian budget still in 2015, DG ECHO increased this share to 8% in 2018 and aims to reach 10% by 2019. Globally, less than 3% of global humanitarian funding is allocated to education.

17. [Urban areas](#) are complex settings to implement humanitarian assistance and are different from rural areas in terms of needs and vulnerabilities of the affected people. Furthermore, capacities, methods, and preparedness of local actors, institutions, and partners vary considerably between cities. Humanitarian actors, including DG ECHO, have developed an extensive range of policies, practices, standards and tools for humanitarian work that are often adapted to rural areas, but far less to urban areas. In the past few years a number of studies have been conducted to explore the drivers of urbanization and its consequences and implications to humanitarian aid. Some of these studies have formulated suggestions on how international humanitarian aid can best engage with the changing settlement patterns.
18. Each year millions of people are forced to leave their homes and seek refuge from conflicts, violence, human rights violations, persecution or natural disasters. The number of [forcibly displaced persons](#) (refugees, asylum-seekers and internally displaced persons) continued to rise in 2017, calling for increased humanitarian assistance worldwide. The majority of today's refugees live in the developing world, which means that they flee to countries already struggling with poverty and hardship. In April 2016, the European Commission adopted a new [development-led approach](#) to forced displacement, aimed at harnessing and strengthening the resilience and self-reliance of both the forcibly displaced and their host communities. The new approach stipulates that political, economic, development and humanitarian actors should engage from the outset of a displacement crisis, and work with third countries towards the gradual socio-economic inclusion of the forcibly displaced. The objective is to make people's lives more dignified during displacement; and ultimately, to end forced displacement.
19. The [cash-based assistance](#) approach (See [DG ECHO Thematic Policy document no 3](#)) ensures humanitarian aid reaches directly those with the greatest need in a timely manner. DG ECHO uses cash and vouchers and other alternative forms of humanitarian assistance only after thoroughly evaluating all options. It recognises that cash and voucher programmes have to be cautiously planned in order to prevent unintended inflation, depression or social imbalances in local markets while reaching the most vulnerable groups (women, children and the elderly).
20. Natural disasters and man-made crises are not [gender and age](#) neutral, but have a different impact on females and males of all ages, including the elderly (see DG ECHO Thematic Policy Document No 6). Sexual- and gender-based violence and sexual exploitation and abuse are reported to increase during and in the aftermath of emergencies. Emergency aid must be adapted to cater for the specific needs of the different gender and age groups. Gender and age related vulnerabilities and capacities must be taken into account in

protection strategies. While humanitarian settings can intensify disparities, they can also include windows of opportunity to challenge gender-based inequality, and to build the capacities of women, girls, boys and men, and to foster gender equality.

21. The EU attaches great importance to the link between humanitarian aid, as a rapid response measure in crisis situations, and more medium and long-term development action. The **Humanitarian-Development Nexus** is complex and requires increased coordination – leading to joint humanitarian-development approaches and collaborative implementation, monitoring and progress tracking. The [Council Conclusions on Operationalising the Humanitarian-Development Nexus of 19 May 2017](#) welcomed cooperation between EU humanitarian and development actors, including in the [framework of the EU approach to forced displacement and development](#).

2. CONTEXT OF THE EVALUATION

2.1. HUMANITARIAN NEEDS IN MYANMAR AND BANGLADESH

- **The Rohingyas**

Rakhine State in Western Myanmar is historically home to a Muslim population, most of whom self-identify as Rohingya. While there are historical economic relations with the Buddhist Rakhine community, there are also long-standing tensions between the two groups. The 1982 Citizenship Law stripped the Rohingya of their citizenship and furthermore the Rohingyas are also subject to many restrictions in day-to-day life: banned from travelling without authorisation and prohibited from working outside their villages, they cannot marry without permission and, due to movement restrictions they lack sufficient access to livelihood opportunities, medical care, and education.

In 2012, widespread violence in Central Rakhine left 140 000 people, mostly Rohingya, displaced. While the authorities have initiated so-called camp “closure” in three camps to date, these have not been in line with international standards nor resulted in any tangible changes in access to non-discriminatory basic services, freedom of movement or livelihood opportunities.- Over 120 000 people remain detained in squalid, overcrowded camps with limited prospects for any dignified solutions to displacement. Tensions and mistrust between the Rohingya and Rakhine communities continue. Some Rakhine groups erroneously perceive that humanitarian aid, which is allocated strictly according to needs, is distributed unevenly and benefits only the Rohingya. In March 2014, this situation triggered organised attacks against international community offices, residences, and warehouses, resulting in millions of euros of losses. In 2015, the flood and cyclone relief interventions, supporting affected people from both communities, managed to mitigate this perception to some extent; it however remains active, partly due to limited development opportunities in Rakhine State. Access to the camps around Sittwe, the capital of Rakhine State, is highly regulated preventing timely and adequate assistance delivery, and access has been drastically reduced after the 2017 military crackdown against the Rohingya.

- **The latest crisis: August 2017**

a. The situation in Myanmar

On 25 August 2017, a deadly assault by Rohingya insurgents on multiple police posts in Northern Rakhine triggered a brutal crackdown on the Rohingya population, sending more than 700 000 civilians fleeing for their lives, into Bangladesh. The renewed fighting resulted in humanitarian operations across Rakhine coming to an abrupt halt, following which only the Red Cross Movement, and the World Food Programme were permitted to operate. Other life-saving services including nutrition, health, protection and psychosocial activities were largely suspended. Today, while some INGOs and UN agencies have restarted limited operations – the restrictions continue to apply and have worsened following the outbreak of conflict between the Arakan Army (AA) and the Myanmar Military. This latest campaign of the Myanmar's armed forces has caused a new wave of internal displacements in Rakhine (60 000 displaced since the end of 2018 according to the Rakhine Ethnic Congress) and also brought in June 2019 a shut down of all internet services in north Rakhine reflecting the escalation of this conflict.

According to the 2019 Myanmar Humanitarian Response Plan 715 000 people were still in need of humanitarian assistances in Rakhine (including 596,000 stateless Rohingya). Approximately 128 000 Muslims (of whom about 126 000 are stateless Rohingya) remain in camps or camp-like settings in central Rakhine. Children make up at least 53 per cent of this population, while women and children together make up about 78 per cent. The remaining estimated 470 000 non-displaced stateless Rohingya are spread across ten townships.

Rohingya populations are deprived of basic rights, including freedom of movement. In some areas, fear, distrust and hostility continues between communities, which particularly affects women and children. Incidents of intimidation, harassment, extortion and abuse continue to be reported across the state. The combination of protracted displacement, statelessness, segregation, limited access to livelihoods opportunities and quality services (such as health and education) exposes people to many risks and has led to widespread psychosocial distress and a high level of dependency on humanitarian assistance.

b. The situation in Bangladesh

The August 2017 violence in Myanmar's Rakhine State triggered a new massive influx of Rohingya refugees crossing the Bangladesh border, stretching the capacities of humanitarian agencies operating there, which had already been strained since the previous influx in October 2016. The massive numbers of new arrivals have increased the number of Rohingya population living in the camps in Cox's Bazar to more than 900 000 individuals. The 2019 Joint Response Plan for the Rohingya refugee crisis identified a total of approximately 1.3 million people in need in the Cox's Bazar district, including both refugees and host communities.

This last influx of Rohingya refugees into Cox's Bazaar has put significant pressure on scarce resources available to host communities, thus giving rise to social tensions between the two communities. The Joint Response Plan 2019 funding update shows major underfunding while humanitarian operations need to be scaled up across all sectors, including food and nutrition,

health care, WASH, protection and education, ensuring response strategies for both refugee and host populations and taking into account the principles of “do no harm” and social cohesion.

It should be noted that the refusal of the authorities to register Rohingya at birth or provide marriage certificates and other civil documentation makes it difficult to fully assess the scale of the humanitarian needs of these people, many of whom live in difficult conditions with inadequate food intake and diet diversification, or access to health care. Without legal status, they are also unable to pursue education and formal employment opportunities, and remain vulnerable to exploitation and serious protection risks.

Further general background information and updated data on refugee camps can be found on e.g. the [ISCG website](#) and the [Myanmar Information Management Unit](#).

2.2. DG ECHO'S RESPONSE

The European Commission's Civil Protection and Humanitarian Aid Operations has funded relief programmes in Rakhine State of Myanmar and in Cox's Bazar District of Bangladesh since 1994. The EU established an office in Dhaka (Bangladesh) in 2002 and another in Yangon (Myanmar) in 2005 to supervise the delivery of EU humanitarian assistance. In 2017, a sub-office was also opened in Cox's Bazar due to the magnitude of the Rohingya crisis in Bangladesh. Since 2007 it is estimated that over €174 million were provided.

More recently, in **Rakhine state** the EU has worked with trusted humanitarian partners to address the protection, food, nutrition and health needs of the most vulnerable people, particularly in the northern townships. Following the latest outbreaks of violence in October 2016 and August 2017 the EU extended its humanitarian aid to displaced people in need, while continuing to advocate for durable solutions in line with international standards. Camp Coordination and Camp Management (CCCM), protection, health, GBV prevention and response are also key priority areas. Leveraging nexus opportunities through EU funding instruments and those of other development donors to better identify and meet needs on the ground was encouraged, as were actions with a strong cross-border focus. Since 2017 Myanmar is one of the six pilot countries selected to operationalize the EU Humanitarian and Development Nexus Action Plan.

In **Bangladesh**, the response to the refugee crisis in Cox's Bazar district has focused on providing protection and assistance to vulnerable refugee population and host communities in an integrated manner. Specifically, the EU has provided assistance in the form of basic health care, water, sanitation, shelter, nutrition, protection, psychological support, as well as disaster risk reduction actions for the monsoon season. The EU humanitarian aid continues to advocate for better communication with the displaced populations and a more protection-oriented humanitarian response.

In response to the large influx of Rohingya refugees following the latest outbreaks of violence, the EU Civil Protection Mechanism was activated in October 2017 in order to contribute to a coordination hub introduced to support a greater humanitarian presence devoted to this group.

During the period under evaluation, both Myanmar and Bangladesh were included under the [Humanitarian Implementation Plan for South East Asia and the Pacific](#). In 2017-2019, the following financial allocations were made to address the Rohingya crisis:

Financial decisions	Approximate amount for the Rohingya crisis response in Bangladesh and Myanmar
ECHO/- XA/BUD/2017/91000	EUR 23 000 000
ECHO/- XA/BUD/2018/91000	EUR 46 000 000
ECHO/- XA/BUD/2019/91000	EUR 26 000 000

3. PURPOSE AND SCOPE OF THE EVALUATION

3.1. PURPOSE AND GENERAL SCOPE

With reference to Art. 30(4) of the Financial Regulation and Regulation (EC) 1257/96, the purpose of this Request for Services is to have an independent evaluation of the EU humanitarian response in Myanmar and Bangladesh to the Rohingya refugee crisis, 2017-2019.

The evaluation should help shaping the EU's future humanitarian approach to this crisis, and possibly to other crises of a similar nature. It will focus on actions taking place in Myanmar Rakhine state and in Bangladesh Chittagong Division, and include interventions focusing on Rohingya refugees as well as host communities. Therefore, some of the evaluation questions listed below – and their conclusions/responses – may need to be broken down in a way that appropriately captures the specific features of each context where the actions are delivered.

The evaluation should cover the **evaluation criteria** of relevance, coherence, EU added value, effectiveness, efficiency and sustainability, as further detailed below in the Evaluation Questions.

A maximum of **5 prospective, strategic recommendations** should be provided. These strategic recommendations could possibly be broken down into further detailed, operational recommendations.

The main users of the evaluation report include inter alia DG ECHO staff at HQ, regional and country level, other EU actors, national and regional stakeholders, implementing partners and other humanitarian and development donors including EU Member States and agencies.

The evaluation should take account of relevant existing evaluations and studies, such as (non-exhaustive):

- *Special Report EU Assistance to Myanmar/Burma by the European Court of Auditors (2018)*
 - *Case study about Bangladesh in the Evaluation of Humanitarian Logistics within EU Civil Protection and Humanitarian Action*
 - *Field report on Myanmar in the Comprehensive evaluation of the European Union's Humanitarian Aid, 2012-2016*
-
- *Evaluation of UNICEF's Response to the Rohingya Refugee Crisis in Bangladesh (2018);*
 - *Independent Evaluation of UNHCR's Emergency Response to the Rohingya Refugees influx in Bangladesh (2018);*
 - *Real-Time Response Review of the Disasters Emergency Committee (DEC) Emergency Appeal for People Fleeing Myanmar;*
 - *Real Time Evaluation of IOM's Response to the Rohingya Crisis, IOM, by Conflict Management Consulting, November 2018;*
 - *Independent review of CashCap support to the Rohingya crisis, Bangladesh 2017-2019;*
 - *Capacity and complementarity in the Rohingya response in Bangladesh, ODI, 2018.*
 - *Impacts of the Rohingya Refugee Influx on Host Communities, UNDP, 2018*

3.2. EVALUATION QUESTIONS

The conclusions of the evaluation will be presented in the report in the form of evidence-based, reasoned answers to the evaluation questions provided below. These questions should be further tailored by the Evaluator, and finally agreed with the Steering Group in the inception phase.

Relevance

1. To what extent did the design and implementation of EU-funded humanitarian actions addressing the Rohingya crisis take account of the needs of the most vulnerable people, particularly women, children, elderly and disabled? To what extent were the beneficiaries consulted in the design and implementation of the EU-funded projects?
2. To what extent was a clear and context-adapted strategy established and applied to address the crisis? To what extent were DG ECHO and its partners successful in adapting and adjusting their approach as the needs evolved over time in the different contexts of the crisis?
3. Was the size of the EU budget allocated to the Rohingya crisis proportionate to the needs that DG ECHO intended to address?

Coherence

4. To what extent was DG ECHO's response aligned with:
 - a. The humanitarian principles, and
 - b. DG ECHO's relevant thematic/sector policies?

5. To what extent was DG ECHO successful in coordinating its response with that of other donors, including EU Member States, and by that avoiding overlaps and ensuring complementarities?
6. Considering that Myanmar was one of the six pilot countries included in the EU Nexus Action Plan, what measures were taken by DG ECHO to coordinate the EU's humanitarian and development actions, and how appropriate were these measures?

EU Added Value

7. What was the EU added value of DG ECHO's actions in response to the Rohingya refugee crisis in comparison with the EU Member States' actions alone, but also at a more global level in terms of leadership and coordination?

Effectiveness

8. To what extent were DG ECHO's objectives (as defined in the HAR, the Consensus and the specific HIPs) achieved in both countries? What concrete results were achieved?
9. How successful was DG ECHO through its advocacy and communication measures in influencing other actors by direct and indirect advocacy on issues like humanitarian access and space, respect for IHL, and addressing gaps in response? Was there an 'advocacy gap'?

Efficiency

10. To what extent did DG ECHO achieve cost-effectiveness in its response? What factors affected the cost-effectiveness of the response and to what extent? (*The methodology applied for responding to this question should refer to the Cost-effectiveness guidance for DG ECHO evaluations⁹³, which should be adapted to and applied proportionally to the current exercise.*)

Sustainability

11. To what extent did DG ECHO manage to achieve longer term planning and programming to address the protracted refugee displacement? What could be further done (enabling factors, tools, mechanism, change of strategy, etc.) to strengthen links to interventions of development actors and create conditions for the voluntary, safe, dignified and sustainable repatriation of refugees? To what extent were appropriate exit strategies put in place and implemented?

3.3. OTHER TASKS UNDER THE ASSIGNMENT

The Contractor should:

1. Draw up an **intervention logic** for DG ECHO's response to the Rohingya crisis during the evaluation period;

⁹³ <https://publications.europa.eu/en/publication-detail/-/publication/c0bcc4e2-e782-11e6-ad7c-01aa75ed71a1/language-en/format-PDF/source-45568954>

2. Define and analyse **DG ECHO's portfolio** of actions targeting support to Rohingya populations in Myanmar and Bangladesh during the evaluation period;
3. Identify the **main lessons learnt from EU-funded actions**; what worked and what did not?
4. On the basis of the research carried out for responding to the evaluation questions, and at a general level, identify the main factors **limiting the success of the projects** funded in the country over the period covered by the evaluation. *COMMENT: This relates to an audit recommendation (at the DG ECHO level); success-limiting factors should be identified in order to develop indicators for focused monitoring, with the overall purpose of strengthening the monitoring system;*
5. Provide a statement about the **validity of the evaluation results**, i.e. to what extent it has been possible to provide reliable statements on all essential aspects of the intervention examined. Issues to be referred to may include scoping of the evaluation exercise, availability of data, unexpected problems encountered in the evaluation process, proportionality between budget and objectives of the assignment, etc.;
6. Make a detailed proposal for the **dissemination** of the evaluation results;
7. Provide a **French translation** (in addition to the English version) of the executive summary of the Final Report;
8. Provide an **abstract** of the evaluation of no more than 200 words.

4. MANAGEMENT AND SUPERVISION OF THE EVALUATION

The Evaluation function of DG ECHO is responsible for the management and the monitoring of the evaluation, in consultation with the Unit responsible for the evaluation subject, ECHO.D.4. DG ECHO's Evaluation function, and in particular the internal manager assigned to the evaluation, should therefore always be kept informed and consulted by the evaluator and copied on all correspondence with other DG ECHO staff.

The DG ECHO Evaluation manager is the contact person for the evaluator and shall assist the team during their mission in tasks such as providing documents and facilitating contacts.

A Steering Committee, made up of Commission staff involved in the activity evaluated, will provide general assistance to and feedback on the evaluation exercise, and discuss the conclusions and recommendations of the evaluation.

5. SPECIFIC REQUIREMENTS

5.1. METHODOLOGY

In their offer, the bidders will describe in detail the methodological approach they propose in order to address the evaluation questions listed above, as well as the tasks requested.

This will include a proposal for indicative **judgment criteria**⁹⁴ that they may consider useful for addressing each evaluation question. The judgment criteria, as well as the information sources to be used in addressing these criteria, will be discussed and validated by the Commission during the Inception phase.

To the extent possible the methodology should promote the participation in the evaluation exercise of all actors concerned, including beneficiaries and local communities when relevant and feasible.

The conclusions of the evaluation must be presented in a transparent way, with clear references to the sources on which they are based.

The evaluator must undertake **field visits**, to be proposed in the tenderer's offer and agreed in the inception phase. The set of field visits will have to take into account access difficulties in Rakhine⁹⁵ state. At this stage it does not seem feasible to visit all Rohingya refugee camps in Myanmar in view of security and political considerations but field visit to the Rohingya camps in central Rakhine could be organised. DG ECHO field office in Yangon will support the evaluation team to organise meetings with partners in Yangon and in Sittwe.

Among the field visits referred to above, this evaluation must include **a case study in Cox's Bazar, focusing on Gender**. The detailed scope of this case study should be discussed with and agreed by the Commission in the Inception phase. The results of this case study should not only make part of the evidence base for the current evaluation, but also for a thematic evaluation launched in parallel on the European Union's implementation of DG ECHO's Gender policy (2013), timeframe: 2014-2018. This requires that **the two evaluation teams cooperate and liaise** in the Inception phase, to ensure that the results of the said case study are useful to both evaluations, and can be handed over in a timely manner.

5.2. EVALUATION TEAM

In addition to the general requirements of the Framework Contract, the team must include experience in evaluating gender-sensitive humanitarian interventions.

6. CONTENT OF THE OFFER

A. The administrative part of the bidder's offer must include:

1. The tender submission form (annex C to the model specific contract);

⁹⁴ A judgement criterion specifies an aspect of the evaluated intervention that will allow its merits or success to be assessed. E.g., if the question is "To what extent has DG ECHO assistance, both overall and by sector been appropriate and impacted positively the targeted population?", a general judgement criterion might be "Assistance goes to the people most in need of assistance". In developing judgment criteria, the tenderers may make use of existing methodological, technical or political guidance provided by actors in the field of Humanitarian Assistance such as HAP, the Sphere Project, GHD, etc.

⁹⁵ Please consult OCHA's updates on humanitarian access: https://reliefweb.int/sites/reliefweb.int/files/resources/MMR_central_Rakhine_Humanitarian_Access_Mar_2019.pdf

2. A signed Experts' declaration of availability, absence of conflict of interest and not being in a situation of exclusion (annex D to the model specific contract – please use corrected version sent by e-mail on 12 April 2018).
- B. The technical part of the bidder's offer should be presented in a maximum of **30 pages** (excluding CVs and annexes), and must include:
1. A description of the understanding of the Terms of Reference, their scope and the tasks covered by the contract. This should include the bidder's understanding of the evaluation questions, and a first outline for an evaluation framework that provides judgement criteria and the information sources to be used for answering the questions. The final definition of judgement criteria and information sources will be agreed with the Commission during the inception phase;
 2. The methodology the bidder intends to apply for this evaluation for each of the phases involved, including a draft proposal for the number of case studies to be carried out during the field visit, the regions to be visited, and the reasons for such a choice. The methodology will be refined and validated by the Commission during the inception phase;
 3. A description of the distribution of tasks in the team, including an indicative quantification of the work for each expert in terms of person/days;
 4. A detailed proposed timetable for its implementation with the total number of days needed for each of the phases (Desk, Field and Synthesis).
- C. The CVs of each of the experts proposed.
- D. The financial part of the offer (annex E to the model specific contract) must include the proposed total budget in Euros, taking due account of the maximum amount for this evaluation. The price must be expressed as a lump sum for the whole of the services provided. The expert fees as provided in the Financial Offer for the Framework Contract must be respected.

7. AMOUNT OF THE CONTRACT

The maximum budget allocated to this study is EUR 250 000.

8. TIMETABLE

The indicative duration of the evaluation is **8 months**. The duration of the contract shall be no more than **9 months**).

The evaluation starts after the contract has been signed by both parties, and no expenses may be incurred before that. The main part of the existing relevant documents will be provided after the signature of the contract.

In their offer, the bidders shall provide a schedule based on the indicative table below (T = contract signature date):

Indicative Timing	Event
T+1 week	Kick-off
T+4 weeks	Draft Inception Report
T+5 weeks	Inception meeting
T+9 weeks	Draft Desk Report
T+10 weeks	Desk Report meeting
T+12 – 15 weeks	Field visits
T+17	Draft Field Report
T+18	Field Report Meeting
T+26 weeks	Draft Final Report
T+28 weeks	Draft Final Report meeting
T+32 weeks	Final Report
T+33 weeks	A presentation to DG ECHO of the evaluation results

9. PROVISIONS OF THE FRAMEWORK TENDER SPECIFICATIONS

- 1) **Team composition:** The Team proposed by the Tenderer for assignments to be contracted under the Framework Contract must comply with Criterion B4 (see Section 5.2.4 of the Tender Specifications for the Framework Contract).
- 2) **Procedures and instructions:** The procedures and instructions to the Tenderer for Specific Contracts under the Framework Contract are provided under Section 6 of the Tender Specifications for the Framework Contract.

- Sections 6 – 6.4 are fixed and must be fully taken into account for offers submitted in response to Requests for Services. E.g. the **Award Criteria** are presented under Section 6.2.2;
 - Section 6.5 is indicative and could be modified in a Request for Services or discussed and agreed during the Inception Phase under a Specific Contract.
- 3) **EU Bookshop Format:** The template provided in Annex M of the Tender Specifications for the Framework Contract must be followed for the Final Report. Any changes to this format, as introduced by the Publications Office of the European Union, will be communicated to the Framework Contractors by the Commission.

10. RAW DATA AND DATASETS

Any final datasets should be provided as structured data in a machine readable format (e.g. in the form of a spreadsheet and/or an RDF file) for Commission internal usage and for publishing on the Open Data Portal, in compliance with Commission Decision (2011/833/EU)⁹⁶.

The data delivered should include the appropriate metadata (e.g. description of the dataset, definition of the indicators, label and sources for the variables, notes) to facilitate reuse and publication.

The data delivered should be linked to data resources external to the scope of the evaluation, preferably data and semantic resources from the Commission's own data portal or from the Open Data Portal⁹⁷. The contractor should describe in the offer the approach they will adopt to facilitate data linking.

⁹⁶ If third parties' rights do not allow their publication as open data, the tenderers should describe in the offer the subpart that will be provided to the Commission free of rights for publication and the part that will remain for internal use.

⁹⁷ For a list of shared data interoperability assets see the ISA program joinup catalogue (<https://joinup.ec.europa.eu/catalogue/repository/eu-semantic-interoperability-catalogue>) and the Open Data Portal resources.

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