Remote Evaluation of Feedback and Decision-Making during Save the Children's Covid-19 Response in Bangladesh

A Research Collaboration between the Refugee Law Initiative and Save the Children

REFUGEE LAW INITIATIVE | SCHOOL OF ADVANCED STUDY UNIVERSITY OF LONDON

RECAP
HELPING TO IMPROVE HUMANITARIAN RESPONSE

Save the Children

GCRF
Global Challenges
Research Fund

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Refugee Law Initiative

The RLI is the only academic centre in the United Kingdom to concentrate specifically on international refugee law. As a national focal point for leading and promoting research in this field, the RLI works to integrate the shared interests of refugee law scholars and practitioners, stimulate collaboration between academics and non-academics, and achieve policy impact at the national and international level.

Save the Children

Save the Children is a global movement and has a presence in 117 countries, which includes Country Programmes, such as Save the Children in Bangladesh. Save the Children International is a separate body with its own unique roles and activities. Throughout this report, unless specified, 'Save the Children' refers to Save the Children in Bangladesh.

The RECAP Project – RECAP: Research capacity strengthening and knowledge generation to support preparedness and response to humanitarian crises and epidemics

RECAP is a four-year research project focusing on the health and protection sectors in humanitarian response. It conducts research and strengthens research capacity to help improve decision-making and accountability in response to humanitarian crises. It is a partnership between universities in the United Kingdom, Sierra Leone and Lebanon, along with leading humanitarian NGOs including Save the Children. RECAP is funded by the Global Challenges Research Fund (GCRF).

The Global Challenges Research Fund

GCRF is a £1.5 billion fund announced by the United Kingdom Government in late 2015 to support cutting-edge research that addresses the challenges faced by developing countries.

The research was approved by the School of Advanced Study's Research Ethics Committee and Research Office, University of London, and Save the Children UK's Research Ethics & Evaluation Committee.

Cover photo: © Save the Children Accountability staff conducting an ice breaker session

Acknowledgements

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Acronyms and abbreviations

AAP	Accountability to Affected Populations
CHS	Core Humanitarian Standard on Quality and Accountability
CO	Save the Children in Bangladesh Country Office
CWC	Communicating with Communities
FIVDB	Friends in Village Development Bangladesh
FGD	Focus Group Discussion
FSL	Food Security and Livelihoods
FRM	Feedback and Reporting Mechanism
ISCG	Inter Sector Coordination Group
JRP	Rohingya Refugee Crisis Joint Response Plan
MHPSS	Mental Health and Psychosocial Support
MSS	Manabik Shahajya Sangshtha
NCTF	National Children's Task Force
PDM	Post-Distribution Monitoring
RECAP	Research capacity strengthening and knowledge generation to support preparedness and response to humanitarian crises and epidemics
RDRS	Rangpur Dinajpur Rural Service
RLI	Refugee Law Initiative, University of London
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

Throughout this report, unless specified, 'Save the Children' refers to
Save the Children in Bangladesh.

Executive summary

Save the Children Accountability staff organizing an FGD in a learning center in the Rohingya camps, Cox's Bazar, Bangladesh

This research study evaluates the impact of the COVID-19 emergency on Save the Children's use of feedback from adults and children in Bangladesh. It examines the impact of Covid-19 and the ways in which approaches to feedback inform Save the Children's decision-making at a time of particular global challenge. The report's findings are intended to serve as a useful, rapidly-realised tool for organisational learning and to support Save the Children as it continues to serve displaced populations in Bangladesh and globally.

The research sought to evaluate:

- How feedback from adults and children is used to inform decision-making on the ground in the context of the COVID-19 pandemic;

- Challenges and obstacles being faced in the collection and use of feedback from adults and children to inform decision-making;

- Instances of good practice which can be used for organisational learning and to improve humanitarian response during future waves of Covid-19 or in other pandemic contexts.

The study focuses primarily on events occurring during the months April – September of 2020, when the Bangladesh government mandated lockdown in most affected areas. Active throughout the pandemic were the Health, Child Protection and Food Security & Livelihoods sectors, which therefore are the focus of this study. Research was conducted using social sciences methods utilising a 'composite approach' that combines different methodological tools – largely qualitative and ethnographic – and allows for triangulation of findings. The research methods employed include a review of relevant literature and institutional documentation, remote key informant interviews with Save the Children and partner staff, and an online staff survey. This study is limited by the remote data collection approach enforced by Covid-19 restrictions. Most importantly, this means that it was not possible to include the insights of children and their families, the primary population served by Save the Children in all programmes.

Findings and Recommendations

During the early months of the pandemic period, government lockdowns, restrictions on movement and continuance of only 'critical' programmes significantly limited the range of feedback and reporting channels employed by Save the Children to engage with children and their families. Save the

Children retained 'low-risk' remote feedback channels such as the hotline and phone communications. Continuing critical programmes retained limited face-to-face feedback and reporting channels, primarily exit interviews or surveys and help desks. However, the limited feedback channels available significantly impacted the ability of Save the Children to receive feedback from children and their families. In this respect, particularly in the Rohingya Response, increased working with community volunteers became an important way for Save the Children to communicate with and hear from these groups. Volunteers were able to visit households in place of staff, collect phone contact numbers and conduct accountability activities under the direction of Save the Children staff where staff were unable to go into the field. If working with volunteers continues to form such an important feedback channel for Save the Children, it is suggested that resource is invested in the training of volunteers, and that feedback received via volunteers is systematically recorded. Another notable development in Save the Children's approach to the FRM is the increased use of social media, particularly in the Development programme, to engage with children and facilitate peer-to-peer feedback channels between children and adolescents.

Another shift in Save the Children's approach to feedback and reporting channels brought about by the pandemic context, noted by a number of both Save the Children and partner staff, is how feedback channels had become more proactive in nature. Field staff noted that they had become more accustomed and skilled at using proactive feedback channels such as one-to-one telephone interviews, whilst managers had become better at reaching out to community leaders, peer group leaders and volunteers in their pursuit of feedback. Save the Children could consider delivering learning sessions building on experience of pandemic, and training for both internal staff and partner staff, in areas such as one-to-one telephone interviews and reaching out to community leaders, peer group leaders and volunteers for feedback and to cascade messages.

Save the Children's decision-making and approach to feedback channels, particularly during the early months of the pandemic period, was largely informed by guidance from Save the Children International, and Save the Children MEAL and PDQ staff. Unfortunately, partner organisations were consulted only after adaptations were identified, and only in the Rohingya response was some consultation with community leaders carried out. Whilst Save the Children's adaptation demonstrated a pragmatic approach to a rapidly changing context, some opportunities for collecting children's opinions on feedback channels were missed.

The COVID-19 context did not appear to significantly influence the resources dedicated by Save the Children to the FRM, aside for an increase in recruitment of volunteers. The move to online working and restrictions on movement made the orientation of new partner staff and volunteers challenging, particularly given the significant increase in recruitment of volunteers during the pandemic period. Small group, telephone or online training was not considered by staff to be a satisfactory way of introducing volunteers to important feedback and reporting channels, and so further capacity building and training of volunteers is an area Save the Children could give attention to.

There does appear to be a disjuncture between Save the Children staff as to responsibility for the FRM. This relates to a pre-pandemic change in approach by Save the Children, which aims to reduce the number of MEAL staff and emphasise that responsibility for the FRM, particularly gathering feedback, is shared out among all programme staff. Although most appear to accept this change and the positive impact on programme quality, this might be a useful topic to cover in future staff training sessions.

The pandemic context and limitations on feedback and reporting channels impacted the effectiveness of Save the Children's collection of feedback from children and communities. During the initial months of the pandemic (April-September 2020), items of feedback received via the majority of feedback channels reduced significantly. However, the development programmes received increased feedback through the remote channels of the hotline and mobile communications. In the Rohingya response, there was significant increase in the use of the Help Desk to channel feedback. As noted above, staff reported that a high proportion of feedback received during this period was via volunteers. However as this feedback was not systematically recorded, it is difficult to ascertain the impact of this channel on feedback in practice.

With limitations on the feedback and reporting channels in use came limitations to the engagement with certain groups in communities served by Save the Children. Save the Children's approach to the risks of engaging children in feedback channels during the early months of the pandemic period was explicit, and direct contact between Save the Children and partner staff and children was ruled out. Feedback from children of both genders unsurprisingly decreased. Key among this decrease is the obstacles faced by children in accessing remote feedback channels such as the hotline and phone communications, where children were not used to speaking to staff over the phone and found remote data collection methods particularly difficult, and encountered issues in accessing phones. Women and young girls were also excluded from engaging with the majority male-led volunteers. In this respect, it is important that limited child-friendly and face-to-face feedback channels have resumed. Respondents also felt that persons with disabilities and the elderly were also disempowered from providing feedback when their options were reduced to remote channels. However, without disaggregated data supplied

by the Area Office, it is not possible to know to what extent this occurred. It is suggested that further disaggregation of accountability data, to focus on vulnerable groups such as the elderly and those with disabilities, and also those living in remote locations who may have more limited access to telephone communications, would help assess the impact of adaptations to feedback and reporting channels on these groups.

This research revealed that Save the Children is using feedback to inform programme adaptation and organisational learning. All staff interviewed and surveyed were conscious of the need to record or document feedback and could elaborate on the current systems in place in their programmes for doing so, although until the roll-out of the online FRM system for recording and resolving feedback, these in many cases were considered time consuming and cumbersome, and included documentation methods such as hard-copy documentation methods, templates used for interviews and an Excel database. In a limited number of cases staff reported using an online platform, or if working on a help desk, using IT (Kobo Toolbox software) to document feedback from the community. In the Development programmes, suggestions were made to systematise and train partners' approaches to feedback collection further. Considering the reliance on partner-led and volunteer data collection in the

pandemic context, now would be a particularly important time to recognise this contribution and to provide orientation sessions and practical sessions for both partner staff and volunteers. Partner staff could also be trained and provided access to frontline data for submitting feedback. The Country Office MEAL team is currently piloting an online FRM system to be shared across the organisation. Move to an online FRM system is positive in facilitating quicker decision-making and action in response to feedback.

Save the Children and partner staff demonstrated awareness of the importance of action in response to feedback and of 'closing the feedback loop'. However, action in response to feedback was more evident in the Rohingya response than Development programmes. Such instances of action tended to be anecdotal in nature, however, rather than formally documented. It is recommended the Save the Children improve the documentation of action in response to feedback and on closing the feedback loop, which could be included in the range of written accountability documentation currently produced by the MEAL team. It is also suggested that more detailed disaggregation of feedback from vulnerable groups could assist the analysis and the appropriateness of action in response to feedback. The Country Office could also consider whether it is appropriate for partner staff to help analyse data.

IT IS RECCOMMENDED THAT SAVE THE CHILDREN:

- **Invest in community and volunteer-based feedback and reporting channels**

  The experience of the pandemic is that Save the Children should consider recognising the very significant contribution of community volunteers and the continued benefit of their input once the pandemic has ended. This might include consulting volunteers more readily about changes to feedback and reporting channels, training in feedback collection and safeguarding, and giving thought to a more systematic approach to their recruitment and role in future Covid-19 waves or other crises. At present, volunteers are primarily male-led, and a more inclusive approach to recruitment – to include a larger proportion of female volunteers – would be useful for engaging with women and young girls who are at present often excluded

  from feedback and reporting channels to a greater extent than their male counterparts.

- **Document informal feedback, including that collected by community volunteers**

  Save the Children should capture valuable feedback from the community by introducing a formalised system for documenting informal and volunteer-collected feedback as a discrete feedback and reporting channel.

- **Focus on building skills for proactive feedback channels**

  The value of proactive tools was accentuated by the Covid-19 pandemic, across all programmes and organisations. It is recommended that Save the Children include learning sessions building

on experience of pandemic, and training for both internal staff and partner staff, in areas such as one-to-one telephone interviews and reaching out to community leaders, peer group leaders and volunteers for feedback and to cascade messages.

- **Engage children through peer-to-peer channels**

  With so few feedback and reporting channels for children's feedback up and running in the pandemic (exemplified by the lack of children's voices in this remote study), it is vital that Save the Children find a way to better engage children during future crises. Many of the tools and knowledge already exist and experience is strongest in Child Protection, Education and Child Rights Governance. The peer-to-peer sessions which took place in the Cox's Bazaar Rohingya camps during the pandemic period, conducted remotely by the Child Protection and Education Sectors, are a good example of this. These peer-led teaching sessions – run by trained community volunteers who were themselves adolescents – were an important way to facilitate children's learning despite the restrictions in place. The NCTF social media initiative piloted by Child Protection and Children's Governance in the Development programmes is also an example of virus-safe, remote engagement with children, facilitating virtual meet ups and the continuation of child-led advocacy during the pandemic period, through which children disconnected from online services could provide feedback through their better-resourced peers. These examples show that peer-to-peer methods in particular could be adapted and expanded as opportunities to collect feedback in a way that is shown to facilitate safe, open and honest sharing of opinions.

- **Consider the use of technology for collecting, recording and resolving feedback**

  Learning from the experience of remote working in the pandemic, good practice and new suggestions for technological innovation can be identified – many are tentatively listed in this report. These include the use of online and social media channels of feedback collection

from children and their families, offering cash-based programming where this wasn't previously offered, by using the remote tool of mobile money, and the rollout of Save the Children's online FRM system. At the same time, it is important to consider the limitations of remote communication and online technology. For example, telephone and remote training of volunteers was considered by many staff to be unsatisfactory. Access to technology and communications is a continual challenge in the Rohingya Response due to limitations on internet and telephone access in the camps. Women and young girls, vulnerable groups and those with disabilities in particular, often face particular challenges accessing technology, so online and remote channels must be designed in a way which does not exclude these groups.

Staff suggestions to address lack of access to technology include provision of smartphones for volunteers to enable feedback data entry. Other suggestions include radio communications coupled with community-based centres or hubs where volunteers and other feedback and reporting channels could be accessed. Save the Children could also consider extending working hours in order to reach women via phone. Equally, Save the Children could consider providing mobile phones to women, women's leaders or groups so they are less reliant on men for phone access. Staff also suggested that voice recording on tablets would could be a valuable channel for feedback from adolescent girls, enabling them to record feedback in absolute privacy. Communities living in rural areas may also have limited access to phones and technologies, which should be borne in mind when coupling the use of technological channels with more traditional feedback channels.

Save the Children's roll out of its online FRM system is also an important technological development in the recording and analysis of feedback. Save the Children could consider whether partner staff should also be trained and provided access to frontline data for the purpose of submitting feedback, and whether it is appropriate for partner staff to contribute

to the management and analysis of feedback. This would help ensure that feedback can be analysed with a closer to real-time efficiency.

- **Include vulnerabilities and disability in feedback recording, data analysis and reporting**

  Drawing on the experience of the Covid-19 emergency, which highlighted how easily highly vulnerable groups can be lost to Save the Children's FRM, it would be advisable to ensure that feedback and reporting channels are designed in a way which is most accessible to vulnerable groups, and introduce more detailed data disaggregation in accountability analysis and reporting. For example, there is scope for collecting more data about vulnerable groups and those with disabilities in the feedback reporting forms used by Save the

Children (whilst ensuring staff who collect such data have been trained on how to do so in a respectful and sensitive manner). When considering the design of feedback and reporting channels and use of technology for feedback, as noted above it is also important to be aware of the limitations certain groups may have in accessing such technology as compared to more traditional feedback and reporting channels.

- **Document adaption in response to feedback to encourage organisational learning**

  Collecting examples of adaption in a formal way, perhaps by introducing mini case-studies into the monthly or quarterly reporting already produced, opens up the possibility that staff see more opportunities for action in response to feedback and 'closing the feedback loop' in future.

Introduction

Save the Children's Infant & Young Child Feeding Senior Officer, Cox's Bazar

This research study evaluates the impact of the COVID-19 emergency on Save the Children's use of feedback from adults and children in Bangladesh. It examines the impact of Covid-19 and the ways in which approaches to feedback inform Save the Children's decision-making at a time of particular global challenge. The report's findings are intended to serve as a useful, rapidly-realised tool for organisational learning and to support Save the Children as it continues to serve displaced populations in Bangladesh and globally

The evaluation addresses Save the Children's new Covid-19 relevant priority research questions, in particular question CRG02A: **How have children been affected by coronavirus, what are their opinions of the response, and to what extent do they feel their priorities have been listened and responded to?** It evaluates the 'response' element of the question and looks at the decision-making processes within Save the Children that deliver responsiveness to children's feedback. The evaluation also fits more generally within the Save the Children movement's commitment to monitoring the effectiveness of their accountability mechanisms, to child participation and to accountability to affected populations.[1]

The research sought to evaluate:

- How feedback from adults and children is used to inform decision-making on the ground in the context of the COVID-19 pandemic;

- Challenges and obstacles being faced in the collection and use of feedback from adults and children to inform decision-making;

- Instances of good practice which can be used for organisational learning and to improve humanitarian response during future waves of Covid-19 or in other pandemic contexts.

In this way, this research provides a practical and rapid picture of how feedback informs decision-making in the COVID-19 context.

RESEARCH QUESTIONS[2]

1. **How has the Covid-19 pandemic impacted Save the Children's approach to the Feedback and Reporting Mechanism (FRM)?**

   a. What feedback channels were in use before Covid-19 and what channels continue to be used now? Has anything been lost, significantly changed or newly introduced?

   b. Who and what informed Save the Children's decisions regarding the FRM in the Covid-19 context?

   c. How have resources (HR, budgetary) for the FRM been impacted by the pandemic?

2. **How effective is Save the Children's collection of feedback from children and communities during Covid-19?**

   a. How has the quantity and format of feedback received (through which channels, formal vs. informal) changed since the onset of Covid-19?

   b. Who is Save the Children hearing from in the feedback it is collecting now (men, women, boys, girls, people from deprived or marginalised groups)? Who might be left out and why?

   c. What type of feedback (including safeguarding and other serious risks) is being received now?

   d. Where gaps are identified, do staff have any suggestions for how they may be filled?

3. **To what extent is Save the Children using feedback for programme adaptation and organisational learning?**

   a. To what extent is feedback currently documented or stored by Save the Children? Using what method/s?

   b. What systems are in place to promote analysis of feedback and capturing of learning?

   c. Has feedback been used to make adaptions to programmes since the onset of the pandemic? Can any examples be identified and described (big or small, formal or informal)?

   d. What approach does Save the Children take to 'closing the feedback loop' with children and communities during Covid-19?

Scope

During the pandemic and throughout the associated government-mandated restrictions experienced in 2020, the closure of all humanitarian and development activities deemed non-essential meant less interaction with affected persons. This report therefore focuses on those programmes and sectors that were able to maintain at least some of their usual activity.

The study focuses primarily on events occurring during the months April – September of 2020, when the Bangladesh government mandated lockdown in most affected areas.[3] Data collection for this study was conducted as soon as possible after these events, beginning in November 2020 and ending in January 2021.

The Rohingya Response

Active in Cox's Bazar since 2012, Save the Children is amongst the largest organisations providing humanitarian assistance to the Rohingya children and their families who have fled to Bangladesh from Myanmar since August 2017, and would usually function across seven different programmatic sectors: Food Security and Livelihood, Child Protection, Education, Health, Nutrition, Shelter and Water, Sanitation and Hygiene (WASH).[4] Active throughout the pandemic were the Health, Child Protection and Food Security & Livelihoods sectors, which therefore are the focus of this study.

At the best of times, the humanitarian response in Cox's Bazar faces considerable contextual challenges to ensuring accountability to affected populations (AAP) and engaging with affected children and young people. These include a lack of literacy amongst the Rohingya population and the dominance of Majhi leaders as Rohingya spokespersons. Against this background, recent reports estimate that one third of Rohingya 'are either unsure or do not believe that their opinions are taken into account by aid providers'[5] and that young people feel that 'organisations do not inform or consult children when designing and implementing programmes'.[6] For these reasons, the Rohingya Response makes a particularly large and interesting case study in the interrogation of feedback and decision-making.

Development Programmes

Serving a useful contrast with the Rohingya Response, and opening up opportunities for cross-programmatic learning, are the two development programmes included in this study:

Suchana Programme

The Suchana project is a multi-sectoral nutrition programme which aims to address chronic undernutrition among the poor and very poor households in two districts of Sylhet Division in Bangladesh, to break the intergenerational cycle of undernutrition.[7]

Sponsorship Programme (Shishuder Jonno Integrated Child Development Programme)

The Sponsorship funded Program of Shishuder Jonno is an Integrated Child Development Program which is being implemented in Rayerbazar Slums, Chand Udyan and Town Hall Camp of Dhaka North City Corporation for the most marginalized and deprived children of age 0 to 18 years and their parents/caregivers.[8] The conditions of slums in these areas are very poor and inhabitants are more vulnerable than those in most rural areas. Children of slums are particularly suffering due to limited services. Based on the situation analysis, Save the Children is implementing an integrated child development program where Maternal, Neonatal, Child Health and Nutrition (MNCHN), (Early Childhood Care Development) ECCD, Basic Education including ICT in Education, Adolescent Development, School Health and Nutrition, Child Protection, Child Rights & Governance components are implemented comprehensively.

The partner organisations attached to these programmes interviewed include:

Manabik Shahajya Sangshtha (MSS) – Sponsorship Programme

Manabik Shahajya Sangshtha (MSS) is a Bangladeshi non-government organisation formed in 1974, and has been an 'implementing partner' of Save the Children's sponsorship programme (integrated child development programme) since 2014.[9]

Friends in Village Development Bangladesh (FIVDB) – Suchana Programme

Friends in Village Development Bangladesh (FIVDB) is a long-time partner of Save the Children. The partnership on the Suchana Programme has been ongoing since 2015, with Save the Children leading a consortium of partners as well as providing specific technical advice on nutrition-related activities.[10]

RDRS Bangladesh – Suchana Programme

RDRS Bangladesh is a partner organization of Save the Children. It is a development organization committed to change through empowering the rural poor. It provides development opportunities and services to around 34,15,594 underprivileged families in 29 districts, and work with 396 community-based organizations to empower their grassroots members. RDRS maintains a staffing of over 5,000, over 90% of whom are field-based.[11]

Research methods

Research was conducted using social sciences methods utilising a 'composite approach'[12] that combines different methodological tools – largely qualitative and ethnographic – and allows for triangulation of findings. This approach has proven effective in conflict and humanitarian contexts, and was considered particularly appropriate to the COVID-19 context of this research study which raised challenges in respect of access to information, to research settings and to respondents.

The composite approach intends to find ways to mitigate and compensate for the often severe limitations to access, sampling, generalisation and bias which occur when researching in conflict or humanitarian settings.[13] The COVID-19 context of this research necessitated a rapid, remote approach to field research, which had significant implications for the conduct of the research study. This was particularly so in relation to limitations on travel and access to beneficiary populations. As a result, it was not possible to include the insights of children and their families, the primary population served by Save the Children in all programmes, in this research study. This is one of the major limitations of this research (see below). Rather, this research study was specifically designed to explore the views and experiences of Save the Children staff and partner staff only.

In order to triangulate findings and increase reliability of the research data, a number of research methods were employed. A review of relevant literature and institutional documentation was conducted, and formed an important part of the background to the research by providing a base of knowledge on which to build the research strategy and by supplementing omissions in the field data.

Field data gathering was framed so as to capture the views and perspectives of local Save the Children and partner staff. This helped mitigate any tendencies toward bias in the documentary data. Field data from Save the Children and partner staff took the form of key informant interviews and an online survey (see below for more information).

Desk research

The research drew on existing Save the Children International and Save the Children in Bangladesh policy and strategy documents and guidance, such as the revised Feedback and Reporting Mechanism Guidance published in June 2020, as a baseline for comparative evaluation of Save the Children practices.[14]

Save the Children field-level reports, assessments, and data collected by Save the Children relevant to accountability, and the FRM, along with project descriptions for current and recent Save the Children projects, were also used in the analysis (please see Annex for full details of documents reviewed).

Remote interviews

After consultation and consideration of different selection options, a system of one-off remote staff interviews spread across up to two months was selected. This included a wide range of staff and partner staff in critical positions who work directly with the accountability process and with children and communities.

Participants were selected who had worked with the FRM and/or accountability processes on a regular basis in some capacity as part of their role; their length of time in their current position (six months or more before the onset of the COVID-19 pandemic), and; their willingness and availability to take part in the research. This included Save the Children staff from the Rohingya humanitarian response (Child Protection, Health and Food Security), Sponsorship Programme, Suchana Project, and staff from the Monitoring, Evaluation, Accountability and Learning (MEAL) team under the Program Development and Quality (PDQ) team in Save the Children, Bangladesh. Also included were partner staff from the Rohingya humanitarian response, Sponsorship Programme and Suchana Project. Staff roles included Area Office Director, Project Lead, Project Manager, MEAL Manager or Director, Front line officers and Accountability Assistant Officers/focal points. This enabled the research to capture a range of perspectives from staff working in different projects, roles and levels of seniority.

29 interviews were conducted in total, of which 13 were drawn from the Rohingya humanitarian response (Child Protection, Health and Food Security); three from the Sponsorship Programme (Save the Children and Partner staff) and five from the Suchana Project Programme (Save the Children and Partner staff). Eight interviewees were drawn from the Save the Children MEAL and PDQ team.

Interview questions were developed in consultation with Save the Children, and designed to build on the findings evident from the desk review, and supplement omissions in Save the Children documentary information.

Online Survey

An online survey was conducted in order to draw down data from the same pool of respondents and their colleagues, to triangulate and strengthen findings in the interviews. Unfortunately, few individuals completed the survey and only 16 responses were received in total, completed in January and February 2021.

Of the responses, 15 came from Save the Children staff, with only one from a partner organisation and another one from the development programmes. These two respondents, being a non-representative sample, were cleaned from the data before analysis. Of the 14 remaining Save the Children respondents, all had been working at Save the Children for more than one year, so had seen out the Covid-19 pandemic, and the majority (11) had worked there for more than three years.

Use of the survey was cautious and limited, and findings were not used to draw conclusions about the development programmes or partner organisations specifically. Its advantage was in its complete anonymity, however, so it was used to triangulate certain discrete interview findings at certain points in the study.

Ethical considerations

This study received ethical approval from the School of Advanced Study (University of London) Ethics Review Board and Save the Children UK's Research and Evaluation Ethics Committee. Collected data is managed in line with the University's Research Ethics Guidance, guidance on GDPR and project data management plan. The research has been developed and conducted with the intention of protecting the rights and welfare of its research subjects in accordance with the related guidance including provision of participant information and consent forms, and participant anonymity as appropriate.

Limitations

This study is limited by the remote data collection approach enforced by Covid-19 restrictions. Most importantly, this means that it was not possible to include the insights of children and their families, the primary population served by Save the Children in all programmes. Given that this research has an accountability focus, this decision was not taken lightly and the research objectives and questions were considered in detail so as to explicitly target the views and experiences of Save the Children staff and partner staff only. Recommendations have been tailored to address this issue as soon as the context allows. Findings and conclusions drawn from this research should not be misconstrued as representing the views and experiences of children or their families.

Findings

Rina, 25 and Aminur, 13 months talk to community mobiliser Runa, 19

I. Save the Children's approach to accountability during the Covid-19 emergency

Save the Children demonstrates considerable organisational commitment and resources to accountability in general and the FRM specifically, well evidenced in the guidance produced by the Country Office (CO) and their investments in accountability assessments, research and staff training.[15] The organisation has good knowledge of the tools and mechanisms that can be used to collect feedback, attuned to the specificities of the Bangladeshi context, and has prior context-specific learnings that remain highly relevant even with the changes brought about by the pandemic.

This knowledge was translated into practical tools shortly before the onset of the Covid-19 pandemic, in the form of two new guidance documents: the FRM Operational Guidelines & Tools and the Accountability Framework Guidance and Tools.[16] In these documents, the FRMs is defined as:

> *"the overall process that includes ways for children and adults to share feedback (feedback and reporting channels), the systems Save the Children has for managing and analysing feedback, and the processes Save the Children has for using data to inform decisions and for closing the feedback loop".*[17]

With the onset of the pandemic in Bangladesh in early 2020, Save the Children produced guidance for adapting feedback and reporting channels, aiming to both mitigate viral spread whilst continuing to collect and process feedback according to the above definition, to the extent possible.[18] Relevant Save the Children International guidance for the Covid-19 context, largely produced in 2020, is plentiful, and judging by the comparability to Save the Children's own documents, was made good use of.[19]

Many of the staff interviewed for this study expressed both a detailed familiarity with and pride in the well-developed nature of Save the Children's approach to accountability and the FRM.[20] Staff across all sectors, levels and from partner organisations also unanimously responded to this study with the view that feedback channels were of particular importance during the Covid-19 response, and showed a determination to continue with them despite lockdowns or restrictions to staff movement.[21]

> "We didn't make any compromise in this approach during Covid – we might get lower participation but we adapt".[22]

On the other hand, due to rapid governmental decision-making at the onset of the pandemic such as lockdowns and restrictions on movements except essential activities (such as grocery shopping and medical services), most staff interviewed noted the lack of time to make adaptations to feedback and reporting channels in practice. Furthermore, government restrictions mandated that only essential programme activities could continue operation during the pandemic, which meant that certain programmes and activities had to be paused. This impacted some programmes (such as Education) more than others. So, whilst inclusive design of feedback and reporting channels, ideally including programme and partner staff and involving the consultation of affected children and communities, is considered by

Save the Children International and Save the Children in Bangladesh's guidance to be an important feature of a successful FRM system, in the Covid-19 emergency this was not the reality.[23] Instead, feedback channels were selected and risk assessed in consultation with Save the Children MEAL and PDQ staff only.[24] Partner organisations were consulted after adaptations were identified[25] and only in the Rohingya Response was some consultation with community leaders and representatives of community-based child protection committees carried out at the early stages of adapting feedback and reporting channels.[26] A small child perceptions survey, carried out by the Child Rights Governance & Child Protection sectors, missed an opportunity to collect children's opinions on feedback channels in the Covid-19 context.[27]

Save the Children MEAL and PDQ staff only. Partner organisations were consulted after adaptations were identified   and only in the Rohingya Response was some consultation with community leaders and representatives of community-based child protection committees carried out at the early stages of adapting feedback and reporting channels. A small child perceptions survey, carried out by the Child Rights Governance & Child Protection sectors, missed an opportunity to collect children's opinions on feedback channels in the Covid-19 context.

II. Feedback and reporting channels in the Covid-19 emergency

The core feedback and reporting channels used across Save the Children before the Covid-19 pandemic onset were the organisation's toll-free hotline, the use of help desks and feedback and complaints boxes, although a rich variety of sixteen different channels were newly being promoted in different parts of the organisation (for more information see 'Good Practice' below).[28] With government-mandated restrictions on the activities of NGOs including Save the Children coming into effect in early 2020, however, it became more difficult to reach affected populations to collect feedback, and the channels in use became more limited.

	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020[30]
Feedback / complaint box	163	65	1	–	(13%) 57
Face to Face	104	110	33	75	(46%) 204
Help Desk	57	16	2	51	(12%) 53
Meeting	30	4	–	–	(3%) 13
Hotline / Toll Free Number	29	22	50	53	(9%) 39
Mobile	2	28	81	228	(16%) 71
Exit interview	1	2	–	4	(1%) 3
Other	7	18	2	–	(1%) 4
Total	**393**	**265**	**169**	**411**	**444**

Table 1: # Items of feedback received per channel in the development programmes[29]
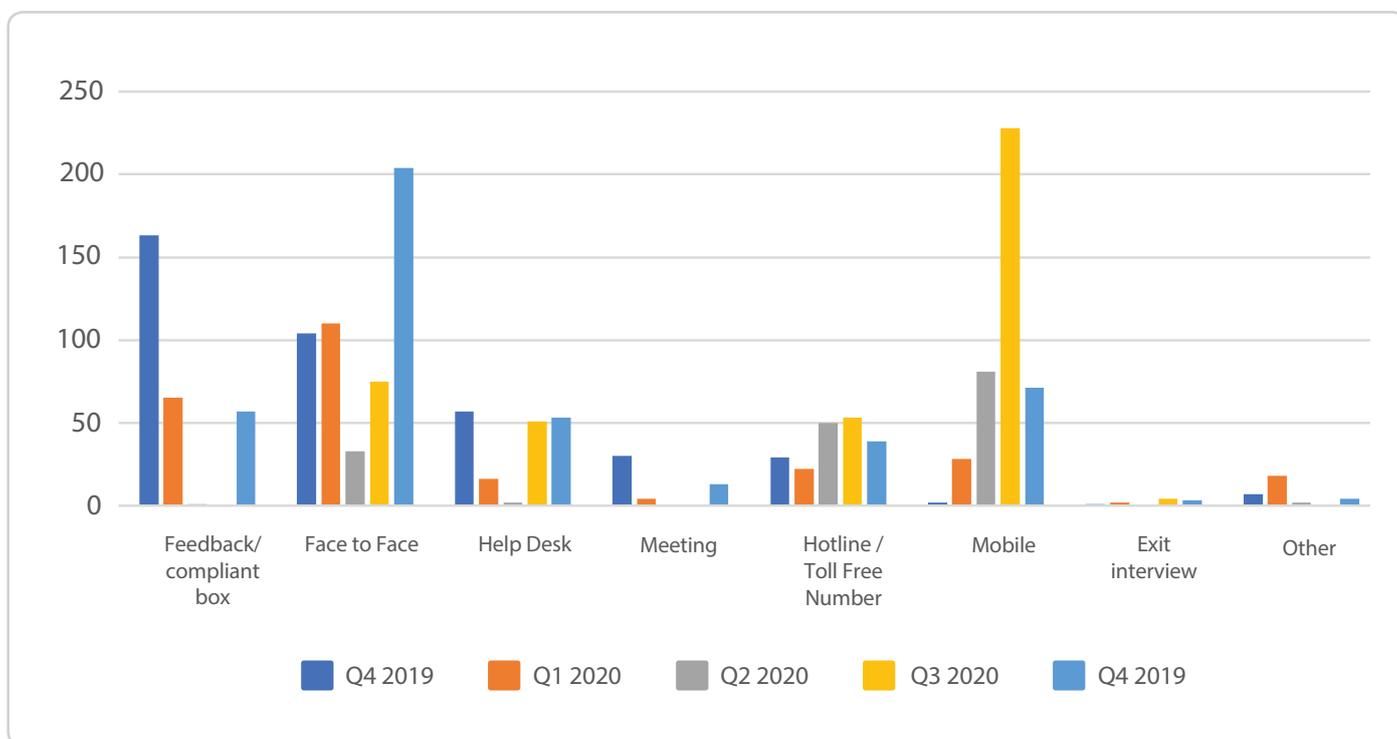
Figure 1: *Items of feedback received per channel in development programmes*[31]

	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020
Help Desk	1659	3156	10,389	7,556	8,266
Hotline / Toll Free Number	11	17	29	84	67
Frontline Staff / Volunteer	426	30	206	467	
Exit Survey				23	25
Child-friendly mechanism	27	16		5	14
Child Protection Team				63	
Individual Interview					872
PDM					133
Short FGD					11
Total	2123	3219	10,624	8,198	9,388

Table 2: *# Items of feedback received per channel in the Rohingya Response* [33]

For the Rohingya Response, items of feedback received via the Help Desk channel increased significantly during 2020, as the feedback data received and reported from Food Security and Livelihood program by the World Food Programme (WFP), began to be reported directly to Save the Children. Previously, Save the Children reported on partial data shared by WFP, and so data for Quarter 4 2019 and Quarter 1 2020 are not fully representative of items of feedback received via the Help Desk.

A structural change in Save the Children in the first two quarters of 2020 also led to a fall in the collection of feedback in the Rohingya Response, as the MEAL team were reduced from 12 to two Accountability Assistants. A fall in items of feedback for these two quarters resulted, until Program Managers, Officers and Field staff were provided appropriate training and orientation to enable them to undertake collection and reporting of feedback at program and project levels.
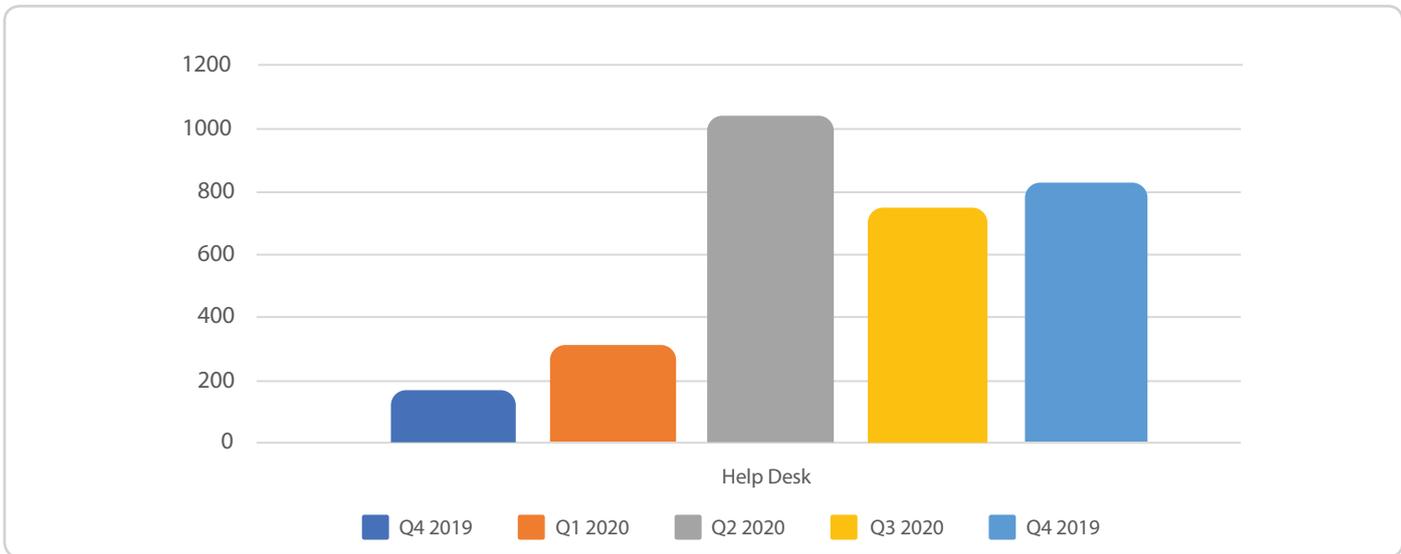
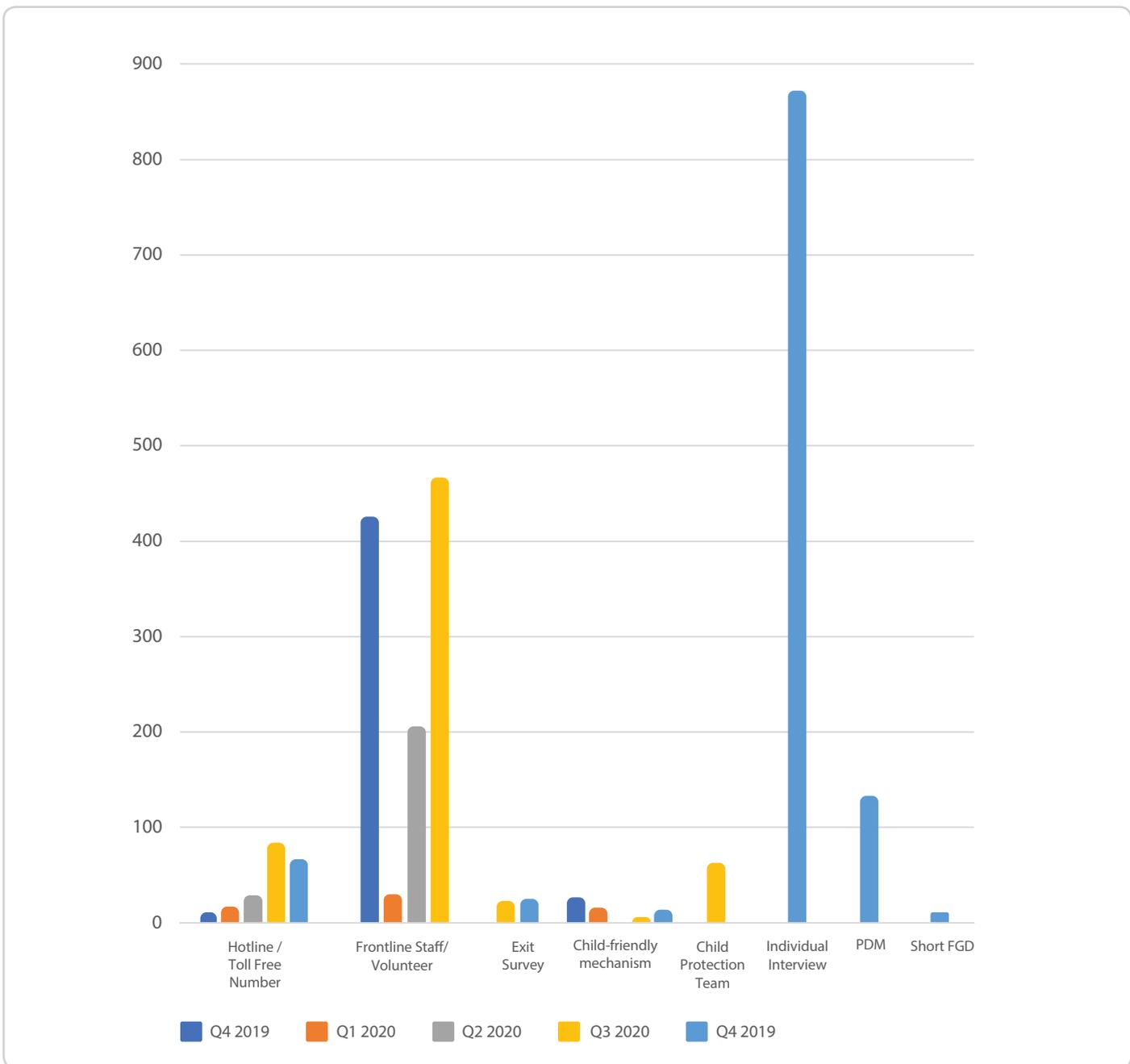**Figure 2:** *# Items of feedback received via the Help Desk in the Rohingya Response* [34]

Figure 3: *# Items of feedback received via other channels in the Rohingya Response* [35]

Throughout April – September 2020, which saw the worst of the restrictions to movement, and across all sectors, the hotline was identified as the primary ongoing source of feedback by staff interviewed. The hotline is a toll-free phone that connects children and/or their families to the central Save the Children PDQ team, who then record the call and send the communication to the relevant project or programs for resolution. Although data reported by Save the Children (see Table 1 and 2) indicate that actual use was more limited than indicated by interviewees, the remote nature of the hotline ensured it was a low-risk and functional channel despite lockdowns and contamination fears. The delivery of feedback through mobile phones (via partner staff phones, or partner office mobile phones rather than the hotline) rose considerably in conjunction, although the effectiveness and popularity of any **phone-based mechanisms** in the COVID-19 context was not unanimously agreed upon and experiences differed in regards to connection issues in remote areas.[36] Also relevant here is the restriction on use of mobile phones for Rohingya refugees by the Bangladeshi government, which affected Rohingya refugees access to mobile phone communications. Feedback and complaints boxes were reported to be considerably less useful in the COVID-19 context when attendance in communal spaces dropped away.

Those "critical" programmes that continued implementing throughout the height of the pandemic persevered with some face-to-face feedback and reporting channels although with new limitations, primarily **exit interviews** at health clinics in the Rohingya Response, or surveys and **help desks**, primarily located at food distribution points in the Roginhya Response. Such feedback and reporting channels maintained a thorough COVID-19 protection protocol, including maintaining social distancing and open air meetings, mandatory hand-washing and regular sanitisation of desk surfaces.[37]

Development programme staff, and particularly their partner staff counterparts, demonstrated some use of **online and social media** methods, including email, Facebook and digital connections to children's forums such as the National Child Task Force during the Covid-19 emergency.[38]

Save the Children's influence on the activities of partner organisations in the development projects during Covid-19 appears to remain strong. Partner staff interviewees clearly articulated the MEAL processes and guidance provided by Save the Children (such as monthly key process indicators, KPI reports, quality benchmarks, data quality assessments, annual results indicator reports, and learning workshops), the trainings provided by Save the Children in order to use feedback and reporting channels, and the ways in which they adhered to the implementation, documentation and reporting obligations of Save the Children during the worst of the emergency.[39]

A number of both Save the Children and partner staff remarked on how feedback and reporting channels had become more proactive during the pandemic. Field staff noted that they had become more accustomed and skilled at using proactive feedback channels such as one-to-one telephone interviews, whilst managers had become better at reaching out to community leaders, peer group leaders and volunteers in their pursuit of feedback.[40] Partner staff in the Sponsorship Programme have put in a request with Save the Children for more training on using proactive feedback and reporting channels, having seen how much more they receive from communities through proactive questioning.[41]

Whilst not measured specifically by Save the Children reporting, Save the Children staff and partner staff both testify that the increased use of **community volunteers** was of cross-sectoral and vital importance to the ongoing maintenance of accountable relations in the Covid-19 pandemic.[42] It was one of very few proactive feedback and reporting channels that Save the Children was able to innovate in this period, especially in the Rohingya Response, and deserves special consideration by this study.

> *"they [community volunteers] are the gatekeepers, they are our hands".*[43]

GOOD PRACTICE: 16 CHANNELS UPDATED FOR PANDEMIC PROGRAMMING

Sixteen feedback and reporting channels were identified by Save the Children staff, in light of the findings of an Accountability Assessment in 2019.[44] The assessment looked across the different programmes, sectors and silos of work in Bangladesh for inspirational good practices (eight child-friendly and eight child and adult-friendly) which could be translated into other programmes elsewhere around the country. The Rohingya Response, for example, had developed effective child-friendly channels.[45] The results were used to draw up one piece of universal guidance, from which programme staff could select the channels most appropriate for gathering feedback in their work.[46]

Promotion of these channels and their gradual uptake, just before the Covid-19 pandemic, was stalled when government restrictions began limiting movement and face-to-face interactions of staff and affected populations. In response, Save the Children adapted the collection of channels into a reduced list and assigned each a risk rating, with priority given to channels that can be operated remotely, as pictured below: [47]

Sl.	Feedback and reporting channel	Sectors	Risk Ranking
1	Toll Free Hotline	All sectors	Low risk
2	Child and Youth focal (NCTF) Social Media Campaign	CRG	Low risk
3	Feedback box	All sectors	Medium risk
4	Home Visit	Development/Humanitarian	High risk
5	Partner led data collection	Development/Humanitarian	High risk
6	Community groups	Development/Humanitarian	High risk
7	Other Face to Face (all program including children engagement, and awareness raising sessions through volunteer)	Development/Humanitarian	High risk
8	Exit interview	Development/Humanitarian mostly Health sector	Very High risk
9	Help Desk	Humanitarian, mostly Food Distribution	Very High risk

Table 3: *# Feedback and Reporting Channels: risk ranking*

Community Volunteers in the Rohingya Response

In the Rohingya Response, the hotline and help desks (in locations where active distributions were still underway) were the main reactive feedback and reporting channels to be maintained and found to be useful throughout the worst of the pandemic closures.[48] For very high risk channels such as the Help Desk, a rigorous COVID-19 protection protocol was put in place. This included: socially-distanced queueing; hand-washing at every WASH, health or distribution post, and; provision of disinfectant sanitizers at every desk to ensure containment of any transmission.[49] Users of the hotline (both beneficiaries and staff) were advised on handwashing protocols following use of shared phones. As staff movement inside the camp and to individual household level stopped, this meant putting on hold a plethora of other ways in which to engage beneficiaries, including focus group discussions, exit interviews, home visits, child-friendly mechanisms and informal opportunities for interaction with Save the Children staff within the camps. This considerably reduced the quality, scope and possible outcomes of direct engagement with affected groups.

The most significant new innovation in practice reported by staff in this research was linked to Save the Children's work with local, mostly Rohingya, community volunteers, who supported the "remote data collection method"[50] for MEAL colleagues. These volunteers were able to visit households in place of staff, collect relevant mobile phone contact numbers and respond to direction from Save the Children staff in conducting accountability activities where Save the Children staff were unable to go to the field. They are likely to be responsible for the more than doubled feedback collection in

the "frontline staff / volunteer" category that Save the Children reported for the Rohingya Response in July-September 2020.[51] Sitting formally within the programme team, these volunteers had not previously supported the collection of accountability-related data or to implement feedback and reporting channels until the Covid-19 pandemic.[52] In the pandemic context, they were granted new tasks and levels of responsibility such as awareness raising, informing the community about accountability mechanisms and distributing the hotline number.[53]

> *"I think they [volunteers] are our most precious resource".*[54]

The new recruitment of community volunteers was also undertaken (estimated at approximately 200 new volunteers) due to the expansion of volunteer roles within health, food distribution and child protection programmes.[55] Considering the pausing of other programmes in the response, this number is particularly considerable. In the Child Protection sector, where many face-to-face activities such as focus group discussions and interactions through social case-work usually elicit feedback, but whose activities were deemed non-critical by the government, Save the Children recruited Rohingya community members as "Para-Social Case Workers".[56] In the Health sector, staff identified new "Community Health Workers" and their informal conversations with affected populations as being important for gaining insight into the community.[57] In Food Security and Livelihoods, community volunteers man the help desks, which received by far the highest rate of feedback.[58]

Beyond the recruitment of paid volunteers, the value of empowering and harnessing community groups to source feedback was noted by a number of staff.[59] A range of community roles including community-based child protection committee members, parent's, children's and adolescent's groups were mentioned. The Mahji, an accepted community power-structure in the camp system, were seen to play a critical role in Save the Children's programming during the pandemic particularly in relation to the engagement of the community.[60] Some staff mentioned an explicit change of emphasis: from facility-level feedback channels, such as a feedback box based in a health facility, to community-based feedback channels, which elicited better results in the Covid-19 context.[61] A small literature of new research looking at Rohingya civil society and community structures goes into further detail, which requires reflection from the humanitarian community in Cox's Bazar.[62]

> *"We have three entities: existing volunteers, existing Mahjis and newly recruited community volunteers. We got interesting stories from our staff about these three tiers and how they help each other to be accountable and to maintain the integrity of the programme."* [63]

At the same time, volunteers are not always formally acknowledged as having collected feedback themselves and tend to be perceived more as a link or a tool used by frontline staff and the affected population. Feedback received through volunteers, though numerous, is not regularly formally recorded, and does not appear as a distinct category in any of the accountability reporting carried out by the Cox's Bazar Area or Country offices. While items of feedback received via volunteers may be recorded under other channels for reporting purposes, there does not appear to be a consistent means for recording the feedback from volunteers based on their interactions with affected populations. Volunteers' decision-making power is also conceived to be limited.[64] Volunteers typically represent a conduit of feedback from the affected population, but are not included in

programmatic decision-making processes. In future, the inclusion of volunteers in programmatic decision-making could be employed as a means to enhance the influence and inclusion of affected populations. Equally, given the increased prominence of community volunteers in collecting feedback from beneficiaries, attention should be given to the training of volunteers on handling feedback, including to ensure volunteers are properly equipped to handle feedback of sensitive nature.

IN FOCUS: WHAT NEXT FOR COMMUNITY VOLUNTEERS IN COX'S BAZAR?

What is unlikely to change for community volunteers (unless they belong to the minority from the Bangladeshi host community), no matter their contribution during the pandemic, is their employment status. Despite volunteers being given a small stipend in their current position, the government makes it illegal to employ Rohingya formally so they are unable to become Save the Children staff.[65] Save the Children also expects to reduce the numbers of volunteers they rely on once staff are more freely able to move in and out of Rohingya camps.

More unfortunate still, the external humanitarian environment does not appear able to maintain the momentum or learn the positive lessons of working with volunteers in the Covid-19 pandemic. Community engagement is not featured as a priority in the 2021 Rohingya Refugee Crisis Joint Response Plan (JRP).[66] Anecdotally, agencies report pressure from the government not to engage Rohingya further in their services and instead to employ the host population or to use cash-based programming in their response. [67]

Despite this trend, at the time of writing, Save the Children were undertaking their 2021 planning and stated the intention to engage the community as much as possible, identifying in particular programmes such as food distribution, health, child protection and nutrition and particular segments of the population, such as female volunteers.[68] If working with community volunteers continues to form a significant component of Save the Children's accountability strategy in future, this is also recommended as an important area of further research.

III. Who is and who isn't able to access feedback and reporting channels?

With limitations to feedback and reporting channels came limitations to the engagement of certain groups in the communities served by Save the Children.

In regards to one very important group – children – Save the Children was explicit in its approach to the risks of engaging children in feedback channels during the Covid-19 emergency period: "children should not be contacted directly by staff or volunteers as they are at high risk of getting contaminated".[69] With proactive, participatory channels for reaching children ruled out, feedback from children of both genders in the development programmes unsurprisingly decreased, especially during the months April – June 2020.[70]

	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020
Men	18	33	27	30	33
Women	22	23	53	46	43
Girls	21	15	8	11	14
Boys	17	19	6	8	7
Children's groups	3	–	–	–	–
Anonymous	19	26	6	3	4

Table 4: *Percentages of feedback received by age and gender – development programmes* [71]

	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020
Men	22	25	34.75	Not reported	4.35
Women	77	75	64.72	Not reported	9.15
Girls	0	0	0.34	Not reported	1.09
Boys	1	0	0.19	Not reported	2.06
Anonymous					55.58 (from FSL)

Table 5: *Percentages of feedback received by age and gender – Rohingya Response* [72]

Interviewees reported that, in the Rohingya Response, children were not used to speaking to staff or volunteers over the phone and found remote data collection methods and the lack of non-verbal signalling particularly difficult. Parents too could be resistant to providing permission for telephone calls. The gender balance of community volunteers in the pandemic was often skewed towards male volunteers, and women and young girls were therefore excluded from engaging with the majority-male volunteers. Respondents felt that persons with disabilities, the elderly and to some extent women were also disempowered from providing feedback when their options were reduced to remote channels. However, without disaggregated data supplied by the Area Office, it is not possible to know to what extent this occurred. Commonly without their own mobile phones, these groups were required to wait for the man of the household to be present at home to communicate with Save the Children, and reach support outside of office hours.[73]

> "During Covid we were getting [feedback] from the parents, not directly from the children… Through the parents the children were sometimes not telling the real truth. If it was possible to reach the children directly that would be more effective".[74]

In the development contexts, children, women and people with disabilities were again specified by staff and partner staff as difficult to collect feedback from, although feedback data in relation to these groups was not disaggregated in reporting documents.[75] Remote living locations inhabited often by very poor communities made telephone communications particularly challenging, and many families had relocated in search of new work during the pandemic, making communications even more difficult and made vulnerable groups more vulnerable.[76]

Practical solutions to these barriers suggested by staff respondents included:

- **Engaging community leaders or respected elders to help cascade messages, revert feedback and identify vulnerable individuals** [77]

- **Increase numbers of female staff and volunteers to speak with women and girls** [78]

- **Providing mobile phones to women, women's leaders or groups**[79]

- **Working after office hours in order to reach women on the phone (when the men in the household have typically returned home and can hand over the phone for her use)** [80]

- **Peer to peer feedback collection channels for children and adolescents** [81]

- **Voice recording on tablets for adolescent girls so they can record feedback in absolute privacy (piloted in 2018 in the Rohingya Response).** [82]

IN FOCUS: CHILDREN AND ADOLESCENTS IN THE ROHINGYA RESPONSE

In the Rohingya Response, the struggle to bring about the participation of children and adolescents in feedback channels is neither new nor unique to the Covid-19 emergency.[83] Before Covid-19, efforts to turn the tide in children's feedback had been tackled head-on by the Rohingya Response MEAL Team, with the piloting of child-friendly feedback channels in 2018-19.

The pilot illustrated that proactive feedback sessions with children run by trusted community mobilisers could be relevant and effective (importantly, the pilot sessions even resulted in a greater number of safeguarding issues being raised by children), and that there was a gap when it came to effectively systematising the collection and use of complaints and feedback from children in the response.

Whilst during the onset of the pandemic a number of child-focused feedback channels were paused, from October 2020 onwards proactive child-friendly feedback sessions were resumed in a number of the camps, such as Yes No Maybe tools, small FGDs and H assessment.[84] Social distancing and sanitisation precautions were observed. The resumption of face-to-face and Child Friendly channels proved an important means of eliciting feedback from children, in contrast to remote channels. This demonstrates these developments in proactive child-friendly feedback channels remain vitally relevant and the lessons of COVID-19 do not run counter to those of the preceding years.

GOOD PRACTICE: CHILD-LED PEER-TO-PEER FEEDBACK CHANNELS

Advice from Save the Children International suggests working with existing child-led networks to help collect feedback data in the Covid-19 pandemic, and provides a wealth of advice about how to do this in a virus-safe manner.[85] This approach has precedent in Save the Children programming, who include tools for facilitating peer-to-peer sessions in their 2020 guidance.[86]

During the Covid-19 pandemic, some peer-to-peer sessions took place in the Cox's Bazar Rohingya camps, conducted remotely by the Child Protection and Education sectors. This represents a "Peer Education Programme", teaching children classes in Burmese, English, Maths and Life Skills.[87] The community volunteers running the session are themselves adolescents, trained and well able to facilitate in a virus-safe, familiar and encouraging way.[88]

IV. What types of feedback are being received?

During the pandemic period, by far the largest type of feedback received across all programmes were requests for assistance.[89] Whilst comparable in scale to pre-pandemic levels, it is notable that requests for assistance during the pandemic period were largely COVID-19 specific, including requests provision of masks, soap and hand sanitiser for families, children's groups and volunteers; emergency food support; provision of medicines, and; financial assistance.

Children also reported hardships brought about by the COVID-19 lockdown situation, including increased physical punishment by parents and lack of spaces to play safely brought about by the closure of Child Friendly Spaces. By the final quarter of 2020, beneficiaries still expressed concerns over lack of income brought about by pandemic restrictions, masks and soap. Other requests for assistance concerned in-kind assistance, educational and play materials, and initiatives and measures to halt the spread of dengue fever. In the Rohingya Response, concerns were also raised about violence in the camps.

Requests for information during the pandemic period across all programmes were again largely COVID-19 focused, and requests for COVID-19 awareness raising sessions was a prominent theme across the whole pandemic period under analysis. By the last quarter of 2020, requests for information increased, as beneficiaries queries reopening plans for Child Friendly Spaces and face-to-face training sessions run by Save the Children.

Feedback concerning minor or major dissatisfaction with programmes and activities remained relatively low throughout the pandemic period. For the health sector, one major dissatisfaction related to the availability of life-saving medication for persons with HIV/AIDS. Beneficiaries also expressed dissatisfaction with the long waiting period for doctor consultations and suitability of waiting spaces. Noting that in the Emergency response the major dissatisfaction reported through feedback channels concerned not receiving assistance in a timely manner, or receiving assistance partially, Save the Children proposed focusing on information provision so beneficiaries could be advised on timings for receiving (the remainder of) assistance.[90] This is a good example of Save the Children proactively responding to gaps identified from feedback received.

Positive 'Thank you' feedback increased towards the latter half of 2020, and included thanks for the high standards of cleanliness at WASH facilities and positive feedback on children's rights-focused training sessions runs at Save the Children's child club in the Rohingya Response.

During the COVID-19 period of 2020, a small number of feedback items concerned the improper conduct of Save the Children or partner staff, in breach of Save the Children's Code of Conduct, and other policies including Child Safeguarding, Protection against Sexual Exploitation and Abuse, and Anti Fraud and Corruption. This stood at 1-2 cases per quarter, representing less than 1% of feedback items received. This is slightly lower than pre=pandemic levels, but this reduction in type of feedback may also be a result of reduction in the number of child-friendly feedback mechanisms in operation, particularly in the early months of the pandemic.

V. Staffing and training for an effective FRM

The orientation of new partner staff and volunteers bought in during Covid-19 has been a challenge due to the restrictions placed on gathering for training sessions and, in some programmes, high staff turnover.[91] In other cases a more detailed training programme in a broader number of tools would be appreciated.[92]

In the Rohingya Response, the expertise of staff implementing feedback and reporting channels was generally considered to be good and staff training adequate although high workload, time pressures, staff turnover or the perception that MEAL staff were slow in carrying out accountability activities were highlighted as concerns, particularly by field-level staff (see below 'Analysing and presenting feedback data for action').[93]

Small group, telephone or online training for volunteers in particular was not considered a satisfactory way of introducing important feedback channels and so further capacity building and training for volunteers was proposed by a number of staff.[94]

Mostly, partner staff did not report too significant a pressure posed by the pandemic when it came to being able to implement the FRM, apart from some mentions of time limitations. For many, the FRM was considered already part of their existing roles and something they were used to.[95] However, similar to the internal dynamics within Save the Children, others believed they would benefit from specially designated FRM-implementing staff, to lighten the load and improve the specialism and depth of engagement of staff implementing feedback and reporting channels.[96]

> *"someone should be specifically responsible for this… designated and delegated for these specific activities, receiving feedbacks, or complying feedbacks, or analysing these things and sharing these things… that would be more efficient… Our regular staff are doing these things, but they have… full time engagement with the implementation tool."* [97]

IN FOCUS: WHOSE RESPONSIBILITY IS THE FRM?

In some instances, staff mentioned a desire to have a greater number of specifically assigned accountability staff assigned to their programmes and projects. In the Rohingya Response, for example, a once larger accountability team had recently been reduced from eleven to two staff, with added responsibility for the FRM thereby being shared out to programme staff.[98]

The Country Office had, prior to the pandemic, shifted the organogram purposively to reflect an emphasis on accountability pertaining to the roles of all staff, not MEAL staff alone. As the Director of Evidence and Learning put it, "accountability information is not separate from programme information" nor is the FRM only about the unpalatable collection of complaints as they had been perceived in the past.[99] A philosophical conflict in preferred approach to accountability was identified, perhaps magnified by the pressures of the pandemic.

Although most appear to accept the change and the intended positive impact on programme quality, this might be a useful topic to cover in future staff training session.[100]

VI. Resources and technology for the FRM

When questioned about resources – both in regards to funding and technology – for the FRM, the majority of staff across programmes felt they were adequately resourced. However, a number of staff felt that the use of technology for the FRM could be taken further and that the experiences of remote working in the pandemic had made this need all the more acute.

The online FRM system currently being rolled out in pilot format across a number of different programmes (see the below "In Focus" box for more information) was welcomed as a way to provide real-time feedback information and quicker decision-making, and to speed up the usefulness of partner organisation data which is otherwise sometimes only reported quarterly.[101] Staff were keen to see this spread across all sectors.

Echoing the Save the Children staff perspective, the majority of partner staff across both development programmes responded that they felt adequately resourced, and some were able to maintain contact with affected populations online and through social media.[102] Learning from these partners and from the development programmes which engage them would make an interesting mini-study for Save the Children learning.

From the technological and the communications perspective, the Rohingya Response is continually more challenging due to limitations on internet and telephone access in the camps. Staff suggestions include provision of smartphones for volunteers to enable feedback-related data entry, with the note that online applications need not be limited to script-based data collection but rather might be able to make use of imagery or emojis. This would keep the channel accessible to those with different or limited literacy abilities.[103] Other suggestions include radio communications coupled with community-based centres or hubs where volunteers and feedback channels could be accessed.[104]

"we've had almost three years of the Rohingya response, and very few of the organisations [active in the response have turned to] digitalisation… there should be the digitalising process and technological improvement".[105]

✓ GOOD PRACTICE: ENGAGING CHILDREN ONLINE WITH THE NCTF SOCIAL MEDIA PLATFORM

During the pandemic, Save the Children's Child Protection and Child Rights Governance sector began working through social media to provide remote two-way communication with children.

Most projects and programs in the sector have a children's group, populated by young people who usually use face-to-face meetings with the local government or other Duty Bearers to raise issues important to them. For the Covid-19-affected period, since this group could no longer meet face-to-face, virtual children's groups were created where these groups could meet virtually on social media platforms and continue the cycle of child-led advocacy. Other children, disconnected from online services, were connected to their better-resourced peers and provided feedback through them as proxies.[106]

An online platform was used both for information sharing and collecting feedback and accountability data used to inform appropriate programming for the Covid-19 response.[107] The diagram below outlines the system put in place:
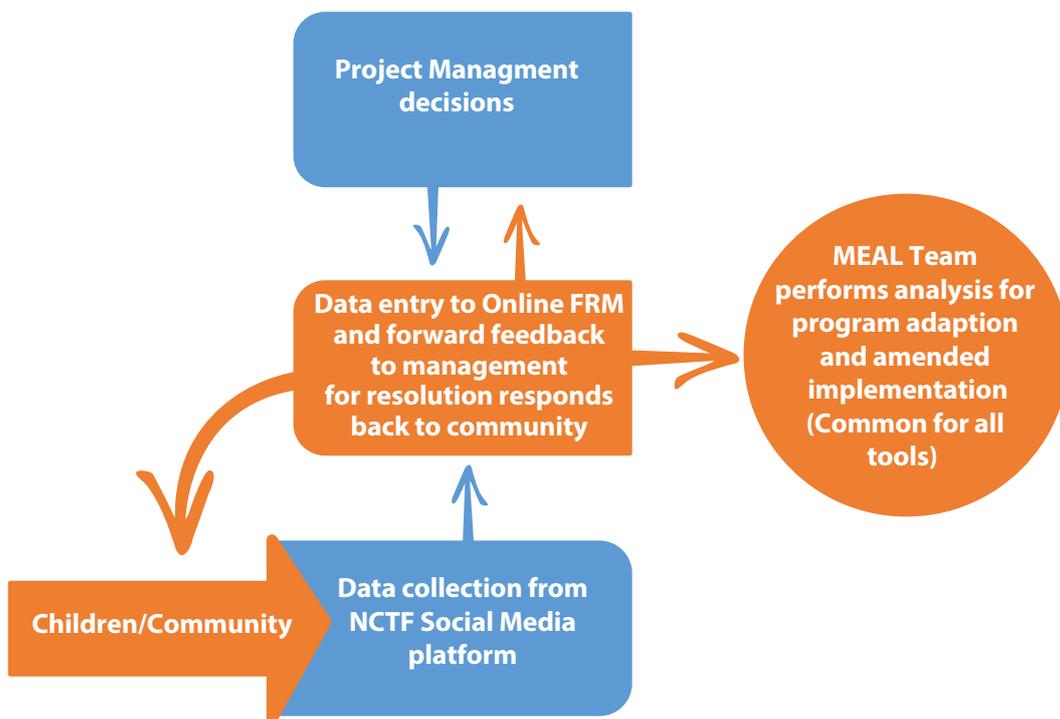
VII. Documenting feedback

All staff interviewed and surveyed were conscious of the need to record or document feedback and could elaborate on the current systems in place in their programmes for doing so, although until the roll-out of the online FRM system, these in many cases were considered time consuming and cumbersome.

In the Rohingya Response, staff listed hard-copy documentation methods, templates used for interviews and an Excel database used by MEAL colleagues for collating feedback in one place. In a few cases, such as for FSL staff working on a WFP-funded project, staff documented feedback using an online platform, or if working on a help desk, using IT (Kobo Toolbox software) to document feedback from the community.[108] Some, particularly Health sector staff, described hearing feedback for the first time in meetings with MEAL and quality assurance colleagues, as opposed to directly collecting it at their facility themselves.

In the development programmes, there was also good knowledge of feedback channels, categories of feedback, and the use of set documentation amongst Save the Children staff and partners.[109] However, in reference to both the Sponsorship and Suchana programmes, suggestions were made to systematise and train partners' approaches to feedback collection further. Considering the reliance on partner-led data collection in the pandemic context, now would be a particularly important time to recognise this contribution and to provide orientation sessions and practical sessions for both partner staff and volunteers.[110]

A recommendation in the 2019 Accountability Assessment carried out by the Country Office MEAL team identified a need to build staff capacity in documenting informal complaints and feedback.[111] This is echoed by the data collected for this study, in which staff detail how feedback from volunteers in particular is not formally documented, and therefore reiterates the recommendation in the same report that communities, including children, are empowered to contribute to the documentation process in some way. Examples of valuable feedback that could be more effectively documented came from staff working closely with Community Health Workers (volunteers), and from the informal feedback provided by women at health centres in the Rohingya camps, as their knowledge is important to community health in general.[112]

Save the Children International guidance highlights the need to continuously monitor for inclusivity of feedback and reporting channels, which was particularly pertinent during the peak of the Covid-19 emergency when, as described above, considerable portions of the affected population become very difficult to reach via feedback channels.[113]

Whilst staff were aware of MEAL team monitoring of feedback data during the pandemic to some degree, mostly in reference to the reporting produced and any analysis coming from this, it was not possible to draw out clear examples of approaches to feedback collection being adapted as a result of monitoring over time. Regular and continuous monitoring of the functioning of feedback channels – using feedback to adapt feedback channels – should be a consideration for the future.[114]

✓ GOOD PRACTICE: MOVING THE FRM ONLINE

Save the Children has some experience of digitally recording accountability feedback: The Sponsorship Programme uses an Electronic Management Information System (EMIS)) system, for example, which provides automatic accountability data, including on collection of feedback using proactive methodologies and has been received positively by partners such as MSS for greatly reducing their analytical workload.[115] Without online systems, tracking of feedback is manual and cumbersome, primarily carried out in Excel spreadsheets.[116]

Building on this prior experience, the Country Office MEAL team is currently piloting an online FRM system to be shared across the organisation. The pilot includes 11 projects from all sectors, including the Suchana and Sponsorship Programmes and some activities in the Rohingya Response, and is intended to serve as an effective mechanism for recording and resolving accountability feedback. The benefits identified in the piloting process so far are several: it provides real-time accountability information for quicker decision-making and action in response to feedback; it improves transparency in reporting, and; empowers children, communities and staff with evidence-based and appropriate implementation.[117] Upon successful completion of the pilot, the MEAL team hopes to roll out the new system across the Country Office in 2021.[118]

VIII. Action in response to feedback

Staff and partner staff demonstrated awareness of the importance of feedback resolution, and were easily able to share practical examples of action in response to feedback in the pandemic. Distribution of soaps and masks at the request of the community, accommodating shielding into food distributions, or the creation of learning and play materials for children to use at home, were all commonly described. In some development programming, with donor permission, Save the Children and partners have been able to adapt programmes in Covid-19 by offering cash-based programming where this wasn't previously offered, by using the remote tool of mobile money. [119]

It should be noted, however, that many more examples came from the Rohingya Response than from the development programmes, who appeared somewhat less accustomed to expressing programme adaption in response to feedback. Whilst this does not indicate that development programming is not adapted or that development staff do not take seriously the feedback received, it does say something about the way programme adaption is conceived.

The examples that were collected tended to be anecdotal and came from interviews rather than from the written documentation of any of the programmes, which chimes with the recommendations of some managerial staff: that Save the Children could improve their documentation of action in response to feedback.[120] Collecting examples of adaption in a formal way, perhaps by introducing mini case-studies into the monthly or quarterly reporting already produced, opens up the possibility that staff see more opportunities for action in response to feedback in future.

Similarly, whilst Save the Children and partner staff interviewees demonstrated awareness of the importance of 'closing the feedback loop', no particular innovations or gaps were identified, and this does not appear to be an area consistently addressed in Save the Children's accountability reports.

✓ GOOD PRACTICE: ACTION ON HEALTH IN THE ROHINGYA RESPONSE – ADAPTING TO COMMUNITY FEEDBACK

At the beginning of the Covid pandemic when restrictions, rumours and fear of the virus were at their peak, Save the Children struggled to maintain the trust of the community regarding the safety of their health services. The health facilities of other organisations, suffering the same problem, stopped functioning.[121] At the same time, Save the Children aspired to open a new health facility, a Severe Acute Respiratory Isolation and Treatment Centre (SARI ITC), for the treatment of people with the Covid-19 virus. Initially, they received very negative feedback from the surrounding host community who feared it would encourage the spread of the virus.[122]

In response to the Rohingya community, Save the Children updated their risk communications strategy and trained their community volunteers to share three simple messages: what Covid-19 is, what its symptoms are, and what to do if you have these. As a result, after approximately four months, health-seeking behaviour amongst the community began to change, with the number of consultations rising back to a rate more normal at the same time in the previous year.[123] This practice supports research findings on the use of 'scripts' in addressing apprehension around COVID-19 among the Rohingya community, and the importance of contextual factors in designing and implementing a health response that is responsive to communities' feedback and concerns.[124]

In the host community, Save the Children used cross-sectoral coordination and meetings with different levels of local government, community leaders and unions, for example, to discuss in detail how risk from the ITC would be managed. They also formed a community-based committee and made hospital management accountable to the committee for information. Ultimately, by listening to feedback from the community and responding in an appropriate and considered way, the ITC could be established and treatment of patients could begin.[125]
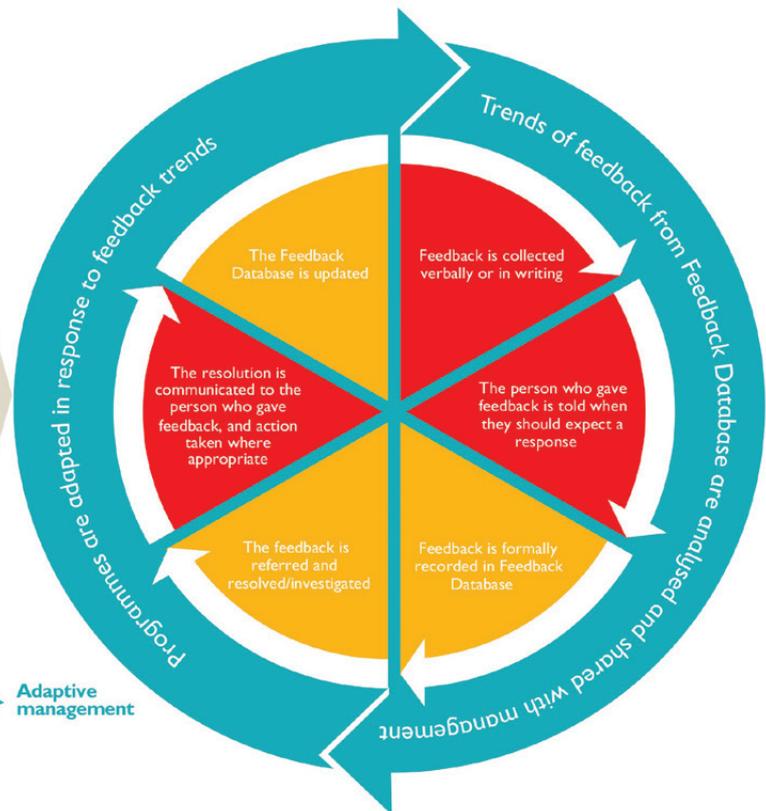
IX. Analysing and presenting feedback data for action

Whilst using and learning from feedback has always been a feature of the Save the Children approach to accountability, global guidance has newly introduced a step 7 in its feedback cycle which makes explicit and mandatory requirements to analyse feedback trends for use in managerial decision-making and program adaptation. The new cycle is pictured below:[126]

The Feedback Cycle

In the Bangladeshi context, whilst there was broad understanding of feedback categorisation, referral channels and 'closing the loop' back to the community, the task of analysing feedback is in almost all cases referred to the MEAL team in question, whose role it is to clean, code and analyse data and prepare reports for sharing.[127]

Most staff felt this was a robust system and were happy with its performance, listing the following products, of which the written documents were analysed in the production of this study:

- Regular meetings (feedback analysed verbally): a morning meeting in the Rohingya Response[128] and weekly or monthly meetings with partner staff in development programmes[129]

- Quarterly Accountability Reports (shared with all staff)

- Monthly "Snapshot" reports from the Rohingya emergency response (shared with all staff)

- Reporting at SMT meetings.

Whilst the written Snapshots and Quarterly Accountability Reports mostly contained data on feedback disaggregated by age and gender, they did not analyse feedback from vulnerable groups such as persons with disabilities. Drawing on the experience of the Covid-19 emergency, which highlighted how easily highly vulnerable groups can be lost to Save the Children feedback channels, it would be advisable to introduce more detailed data disaggregation in accountability analysis and reporting.

The reliance on MEAL teams to analyse feedback data, particularly whilst databases are still offline, means the analysis process can be time-consuming.[130] Similarly, when sourcing feedback through partners in partner-led data collection (as was so important during the Covid-19 emergency) the time taken to produce analysis can delay appropriate reaction and adaption. Whilst Save the Children rolls out its online FRM system for recording and resolving feedback, partner staff should also be trained and provided access so all frontline data for the purpose of submitting feedback. It could also be considered whether it is appropriate for partner staff to contribute to the management and analysis of feedback. This would help ensure that feedback can be analysed with a closer to real-time efficiency.[131]

X. Learning from the Covid-19 pandemic experience

All interview and survey respondents unanimously agreed that the Covid-19 emergency had been a learning experience for their organisation and that they had picked up on lessons which would influence their approach to work in future. Leading amongst these lessons were a new openness to remote and online working, using technology to collect feedback and concerns, the importance of an online feedback reporting and analysis system, and the key role of volunteers.

In future crises, or new waves of the Covid-19 pandemic, Save the Children does now have pre-positioned feedback and reporting channels to engage with children and communities. Outside of the pandemic, there is learning applicable to the 'normal' contexts of Save the Children's work as well. Communicating with children and their communities in very remote locations for example, has been a focus which remains relevant at any time. Staff and volunteers have built up important practice in using proactive, informal feedback channels and promoting use of the toll-free hotline, which will continue to serve them particularly as lessons are shared and capitalised upon.[132]

Whilst learnings from the pandemic are being considered by staff and at programme level at least through informal discussion, they are not yet formally collected or shared. At the time of writing, Save the Children suggested that they expected to hold a learning workshop or event later in 2021.[133]

Feedback and Reporting Channel	Pre-pandemic	Early pandemic (April-September 2020)	Late 2020 (October 2020 onwards)
Toll Free Hotline	Y	Y	Y
Child and Youth focal (NCTF) Social Media Campaign	N	Y	N
Feedback box	Y	Partial	Y
Home Visit	Y	Partial	Y
Partner led data collection	Y	Y	Y
Volunteer led data collection	N	Y	Y
Volunteer led awareness raising sessions	N	Y	Y
Community groups	Y	Y	Y
Child-friendly face to face (including Yes No Maybe, small FGDs, H assessment)	Y	N	Y
Exit interview	Y	Y	Y
Help desk	Y	Y	Y

Table 6: *Feedback and Reporting Channels employed pre- and during COVID-19*

IN FOCUS: PANDEMIC LESSONS FROM DIFFERENT CORNERS OF SAVE THE CHILDREN

Some early reflections on learning during the Covid-19 emergency collected from Save the Children and partner staff are collected below:

"In general we learnt a lot, particularly the innovative approaches (use of technology, use of community volunteers). The rapid scale up of risk communication. Community awareness… including beneficiaries in the programme itself" [135]

"we thought that always we should go to the field and it should be always in person meeting or training, but technologically we can do it different way. So it saves time, it saves money as well." [134]

"This is definitely learning opportunity for Save the Children… Suchana from the very beginning actually widely used the remote channel… So many other programs, they relied on the work of the field person. So here the lesson is multiple channels is actually required… so that in every time, in every crisis moment, at least one channel can work perfectly." [136]

"If we think that pandemics are going to happen again in future, which is quite possible, it's important to be better prepared next time"; "[In] many ways, technology may ease the process communicating with each other, it also saves money" [137]

"We can receive feedback from remote data collection" and "before this we can't imagine that our volunteers would help a lot as we hadn't used them" [138]

Conclusions

Focus Group Discussion, Shishuder Jonno

The COVID-19 pandemic has served as a learning experience for Save the Children, and influenced its approach to the FRM. Key to this change has been a new openness to remote and online working, using technology to collect feedback and concerns, the importance of an online feedback reporting and analysis system, and the key role of volunteers.

During the early months of the pandemic period, government lockdowns, restrictions on movement and continuance of only 'critical' programmes significantly limited the range of feedback and reporting channels employed by Save the Children to engage with children and their families. Save the Children retained 'low-risk' remote feedback channels such as the hotline and phone communications. Continuing critical programmes retained limited face-to-face feedback channels, primarily exit interviews or surveys and help desks. However, the limited feedback channels available significantly impacted the ability of Save the Children to receive feedback from children and their families. In this respect, particularly in the Rohingya Response, increased working with community volunteers became an important way for Save the Children to communicate with and hear from these groups. Volunteers

were able to visit households in place of staff, collect phone contact numbers and conduct accountability activities under the direction of Save the Children staff where staff were unable to go into the field. If working with volunteers continues to form such an important feedback channel for Save the Children, it is suggested that resource is invested in the training of volunteers, and that feedback received via volunteers is systematically recorded.

Another shift in Save the Children's approach to feedback and reporting channels brought about by the pandemic context, noted by a number of both Save the Children and partner staff, is how feedback channels had become more proactive in nature. Field staff noted that they had become more accustomed and skilled at using proactive feedback channels such as one-to-one telephone interviews, whilst managers had become better at reaching out to community leaders, peer group leaders and volunteers in their pursuit of feedback. Save the Children could consider delivering learning sessions building on experience of pandemic, and training for both internal staff and partner staff, in areas such as one-to-one telephone interviews and reaching out to community leaders, peer group leaders and volunteers for feedback and to cascade messages.

Save the Children's decision-making and approach to feedback channels, particularly during the early months of the pandemic period, was largely informed by guidance from Save the Children International, and Save the Children MEAL and PDQ staff. Unfortunately, partner organisations were consulted only after adaptations were identified, and only in the Rohingya response was some consultations with community leaders carried out. Whilst Save the Children's adaptation demonstrated a pragmatic approach to a rapidly changing context, some opportunities for collecting children's opinions on feedback channels were missed.

The COVID-19 context did not appear to significantly influence the resources dedicated by Save the Children to the FRM, aside for an increase in recruitment of volunteers. The move to online working and restrictions on movement made the orientation of new partner staff and volunteers challenging, particularly given the significant increase in recruitment of volunteers during the pandemic period. There does appear to be a disjuncture between Save the Children staff as to responsibility for the FRM. This relates to a pre-pandemic change in approach by Save the Children, which aims to reduce the number of MEAL staff and emphasise that responsibility for the FRM is shared out among all programme staff. Although most appear to accept this change and the positive impact on programme quality, this might be a useful topic to cover in future staff training sessions.

The pandemic context and limitations on feedback and reporting channels impacted the effectiveness of Save the Children's collection of feedback from children and communities Save the Children's approach to the risks of engaging children in feedback channels during the early months of the pandemic period was explicit, and direct contact between Save the Children and partner staff and children was ruled out. Feedback from children of both genders unsurprisingly decreased. Women and young girls were also excluded from engaging with the majority male-led volunteers. In this respect, it is important that limited child-friendly and face-to-face feedback channels have resumed. Respondents also felt that persons with disabilities and the elderly were also disempowered from providing feedback when their options were reduced to remote channels. However, without disaggregated data supplied by the Area Office, it is not possible to know to what extent this occurred. It is suggested that further disaggregation of accountability data, to focus on vulnerable groups such as the elderly and those with disabilities, and also those living in remote locations who may have more limited access to telephone communications, would help assess the impact of adaptations to feedback and reporting channels on these groups.

This research revealed that Save the Children is using feedback to inform programme adaptation and organisational learning. All staff interviewed and surveyed were conscious of the need to record or document feedback and could elaborate on the current systems in place in their programmes for doing so, although until the roll-out of the online FRM system for recording and resolving feedback, these in many cases were considered time consuming and cumbersome. In the Development programmes, suggestions were made to systematise and train partners' approaches to feedback collection further. Considering the reliance on partner-led and volunteer data collection in the pandemic context, now would be a particularly important time to recognise this contribution and to provide orientation sessions and practical sessions for both partner staff and volunteers. Partner staff could also be trained and provided access to frontline data for submitting feedback. The Country Office MEAL team is currently piloting an online FRM system to be shared across the organisation. Move to an online FRM system is positive in facilitating quicker decision-making and action in response to feedback.

Recommendations

Meeting with Community, Shishuder Jonno

Invest in community and volunteer-based feedback and reporting channels

The experience of the pandemic is that Save the Children should consider recognising the very significant contribution of community volunteers and the continued benefit of their input once the pandemic has ended. This might include consulting volunteers more readily about changes to feedback and reporting channels, training in feedback-collection and safeguarding, and giving thought to a more systematic approach to their recruitment and role in future Covid-19 waves or other crises. At present, volunteers are primarily male-led, and a more inclusive approach to recruitment – to include a larger proportion of female volunteers – would be an important means of engaging with women and young girls who are at present often excluded from feedback and reporting channels to a greater extent than their male counterparts.

Document informal feedback, including that collected by community volunteers

Save the Children should capture valuable feedback from the community by introducing a formalised system for documenting informal and volunteer-collected feedback as a discrete feedback and reporting channel.

Focus on building skills for proactive feedback channels

The value of proactive channels was accentuated by the Covid-19 pandemic, across all programmes and organisations. It is recommended that Save the Children include learning sessions building on experience of pandemic, and training for both internal staff and partner staff, in areas such as one-to-one telephone interviews and reaching out to community leaders, peer group leaders and volunteers for feedback and to cascade messages.

Engage children through peer-to-peer feedback channels

With so few feedback and reporting channels for children's feedback up and running in the pandemic (exemplified by the lack of children's voices in this remote study), it is vital that Save the Children find a way to better engage children during future crises. Many of the tools and knowledge already exist and experience is strongest in Child Protection, Education and Child Rights Governance. The peer-to-peer sessions which took place in the Cox's Bazaar Rohingya camps during the

pandemic period, conducted remotely by the Child Protection and Education Sectors, are a good example of this. These peer-led teaching sessions – run by trained community volunteers who were themselves adolescents – were an important way to facilitate children's learning despite the restrictions in place. The NCTF social media initiative piloted by Child Protection and Children's Governance in the Development programmes is also an example of virus-safe, remote engagement with children, facilitating virtual meet ups and the continuation of child-led advocacy during the pandemic period, through which children disconnected from online services could provide feedback through their better-resourced peers. These examples show that peer-to-peer methods in particular could be adapted and expanded as opportunities to collect feedback in a way that is shown to facilitate safe, open and honest sharing of opinions.

Consider the use of technology for collecting, recording and resolving feedback

Learning from the experience of remote working in the pandemic, good practice and new suggestions for technological innovation can be identified – many are tentatively listed in this report. These include the use of online and social media channels of feedback collection from children and their families, offering cash-based programming where this wasn't previously offered, by using the remote tool of mobile money, and the rollout of Save the Children's online FRM system. At the same time, it is important to consider the limitations of remote communication and online technology. For example, telephone and remote training of volunteers was considered by many staff to be unsatisfactory. Access to technology and communications is a continual challenge in the Rohingya Response due to limitations on internet and telephone access in the camps. Women and young girls, vulnerable groups and those with disabilities in particular, often face particular challenges accessing technology, so online and remote channels must be designed in a way which does not exclude these groups.

Staff suggestions to address lack of access to technology include provision of smartphones for volunteers to enable feedback data entry. Other suggestions include radio communications coupled with community-based centres or hubs where volunteers and other feedback and reporting channels could be accessed. Save the Children could also consider extending working hours in order to reach women via phone. Equally, Save the Children could consider providing mobile phones to women, women's leaders or groups so they are less reliant on men for phone access. Staff also suggested that voice recording on tablets would could be a valuable channel for feedback from adolescent girls, enabling them to record feedback in absolute privacy. Communities living in rural areas may also have limited access to phones and

technologies, which should be borne in mind when coupling the use of technological channels with more traditional feedback channels.

Save the Children's roll out of its online FRM system is also an important technological development in the recording and analysis of feedback. Save the Children could consider whether partner staff should also be trained and provided access to frontline data for the purpose of submitting feedback, and whether it is appropriate for partner staff to contribute to the management and analysis of feedback. This would help ensure that feedback can be analysed with a closer to real-time efficiency.

Include vulnerabilities and disability in feedback recording, data analysis and reporting

Drawing on the experience of the Covid-19 emergency, which highlighted how easily highly vulnerable groups can be lost to Save the Children's FRM, it would be advisable to ensure that feedback and reporting channels are designed in a way which is most accessible to vulnerable groups, and introduce more detailed data disaggregation in accountability analysis and reporting. For example, there is scope for collecting more data about vulnerable groups and those with disabilities in the feedback reporting forms used by Save the Children (whilst ensuring staff who collect such data have been trained on how to do so in a respectful and sensitive manner). When considering the design of feedback channels and the use of technology for feedback, as noted above it is also important to be aware of the limitations certain groups may have in accessing such technology as compared to more traditional feedback and reporting channels.

Document adaption in response to feedback to encourage organisational learning

Collecting examples of adaption in a formal way, perhaps by introducing mini case-studies into the monthly or quarterly reporting already produced, opens up the possibility that staff see more opportunities for action in response to feedback and 'closing the feedback loop' in future.

Endnotes

1   See commitments outlined in Save the Children, 'Upholding our Values – Accountability and Transparency Report 2017'.

2   Formulated and structured based on Save the Children guidance and documents related to the FRM, the Bangladesh Country Office and Covid-19 adaptation. Including: Save the Children International, Feedback and Reporting Mechanism Guidance, Module 1-3, June 2020; Save the Children International, Companion Piece – COVID-19 Program Adaptations: Risk mitigation for the duration of the global pandemic, 2020; Save the Children, Accountability Assessment Report, 2019, Bangladesh.

3   Save the Children, Accountability Report – Bangladesh, Quarter 3, July to September 2020 and Save the Children, Accountability Report – Bangladesh, Quarter 4, October to December 2020.

4   Save the Children, Rohingya Crisis Bangladesh Revised Response Strategy 2017 – 2020 (June 2018).

5   Bulletin, Rohingya, Feedback and Relationships. Ground Truth Solutions. December 2018.

6   Save the Children, Danish Red Cross, Plan International, UNHCR and World Concern, Joint Participatory Child Protection Assessment with Rohingya Adolescents, January 2019.

7   Save the Children, Suchana (nd), available at: https://bangladesh. savethechildren.net/sites/bangladesh.savethechildren.net/files/library/ Suchana.pdf

8   Save the Children, Annual Report 2020 Bangladesh (2020), 30-32, available at: https://bangladesh.savethechildren.net/sites/bangladesh.savethechildren.net/ files/library/Annual%20Report%202020_SCiBD.pdf

9   Interview with Programme Manager, MSS.

10   Interview with Programme Coordinator, FIVDB.

11   For more information, please see https://rdrsbangladesh.org/.

12   Barakat, Chard, Jacoby & Lume 'The composite approach: research design in the context of war and armed conflict' in *Third World Quarterly*. 23:5, 2002.

13   Ibid at 992

14   Save the Children International, Feedback and Reporting Mechanism Guidance, Module 1-3, June 2020. Please see a full list of documents reviewed in Annex.

15   In 2019, for example, the CO MEAL Team produced an Accountability Assessment to interrogate the status quo in three areas relevant to accountability: information sharing, children and community participation, and the functioning of the complaints and feedback mechanisms (MEAL Team, Bangladesh Country Office, Report: Accountability Assessment, January 2019). A 2018-19 report by the Rohingya Response MEAL Team looks in detail at the piloting of 'child-friendly' FRMs and provides lessons that remain relevant post-Covid-19 (Rohingya Response MEAL Team, Report on piloting Child-friendly Complaints Feedback & Response Mechanisms (CFRMs) Sept 2018 – March 2019).

16   Save the Children, FRM Operational Guidelines & Tools, May 2020 (Bangladesh) and Save the Children, Accountability Framework Guidance and Tools, May 2020 (Bangladesh).

17   Save the Children, Accountability Framework Guidance and Tools, May 2020 (Bangladesh).

18   Save the Children, Covid-19 State of Emergency: Feedback Response and Reporting Mechanism, Bangladesh Country Office.

19   In particular: Save the Children International, Save the Children's Covid-19 Program Framework and Guidance, Version 2.0, March 2020; Save the Children International, COVID-19 Program Adaptations: Risk Mitigation for the Duration of the Global Pandemic; Save the Children International, Tipsheet: Feedback and Reporting Mechanisms & Covid-19; Save the Children International, Covid-19: Collecting data from Children Top Tips; Save the Children International, Feedback & Reporting Mechanism and Covid-19 Decision Tree; Save the Children International, Applying the nine basic requirements for meaningful and ethical child participation during Covid-19, April 2020; Save the Children International, Working with Partners During Covid-19.

20   For example, the Area Director in Cox's Bazar explained that Save the Children was the first agency in the Rohingya response to establish a functioning hotline number at the beginning of the emergency in 2017.

21   Survey respondents all responded that FRMs were either "very important" or "important" (Online Save the Children staff survey [data held by author of this report]).

22   Interview with Area Director, Cox's Bazar, Save the Children.

23   Save the Children International, Feedback and Reporting Mechanism Guidance, Module 1, June 2020; Save the Children, Accountability Framework Guidance and Tools, May 2020 (Bangladesh).

24   Save the Children, Covid-19 State of Emergency: Feedback Response and Reporting Mechanism, Bangladesh Country Office; Interview with Director, Evidence and Learning, Save the Children.

25   Interviews with Director Evidence and Learning, Save the Children; Programme Officer – MEAL, Sponsorship Project, MSS; Field Staff 1, Suchana Project, RDRS and Field Staff 2, Suchana Project, RDRS.

26   Interviews with Director, Evidence and Learning, Save the Children and Manager – MEAL, Child Protection, Rohingya Response, Save the Children.

27   Save the Children, Child Rights Governance & Child Protection, Child Perception Survey, Covid-19: Impact on Children.

28   Interview with Director of Evidence and Learning, Save the Children.

29   Figures drawn from Save the Children, Accountability Reports – Bangladesh, Quarter 4 2019 – Quarter 4 2020.

30   Whole numbers are estimated from Save the Children's percentage data.

31   Figures drawn from Save the Children, Accountability Reports – Bangladesh, Quarter 4 2019 – Quarter 4 2020.

32   Figures drawn from Save the Children, Accountability Reports – Bangladesh, Quarter 4 2019 – Quarter 4 2020.

33   Figures drawn from Save the Children Rohingya Response, Accountability Snapshots Quarter 4 2019 – Quarter 4 2020.. Data for Quarter 4 2019 and Quarter 1 2020 are not fully representative of feedback, due to adjustments in feedback reporting of Save the Children's Food Security and Livelihood program during this period.

34   Figures drawn from Save the Children, Rohingya Response, Accountability Snapshots Quarter 4 2019 – Quarter 4 2020. Data for Quarter 4 2019 and Quarter 1 2020 are not fully representative of feedback, due to adjustments in feedback reporting of Save the Children's Food Security and Livelihood program during this period.

35   Figures drawn from Save the Children, Rohingya Response, Accountability Snapshots Quarter 4 2019 – Quarter 4 2020. Data for Quarter 4 2019 and Quarter 1 2020 are not fully representative of feedback, due to adjustments in feedback reporting of Save the Children's Food Security and Livelihood program during this period.

36   Interviews with Programme Coordinator, Suchana Project, FIVDB and anonymous Save the Children respondent.

37   Save the Children, Covid-19 State of Emergency, Feedback Response and Reporting Mechanism, Bangladesh Country Office.

38   Interview with Programme Manager, Sponsorship Programme, MSS.

39   Interviews with Programme Manager, Sponsorship Project, MSS; Programme Officer – MEAL, Sponsorship Project, MSS and Programme Coordinator, Suchana Project, FIVDB.

40   Interviews with Programme Officer – MEAL, Sponsorship Programme, MSS; Field Staff 1, Suchana Programme, RDRS; Project Officer – Child Protection, Rohingya Response, Save the Children; Senior Accountability Officer – Rohingya Response, Save the Children; HIS Officer SARI ITC and MEAL, Health, Rohingya Response, Save the Children and Manager – MEAL, Child Protection, Rohingya Response, Save the Children.

41   Interview with Senior Manager – MEAL, Sponsorship Programme, Save the Children.

42   Interviews with Programme Coordinator, Suchana Programme, FIDVB and Outlet Assistant Supervisor, FSL, Rohingya Response, Save the Children.

43   Interview with Programme Manager, Sponsorship Programme, MSS.

44   MEAL Team, Bangladesh Country Office, Report: Accountability Assessment, January 2019.

45   Rohingya Response MEAL Team, Report on piloting Child-friendly Complaints Feedback & Response Mechanisms (CFRMs) Sept 2018 – March 2019.

46   Save the Children, FRM Operational Guidelines & Tools, May 2020 (Bangladesh) and Save the Children, Accountability Framework Guidance and Tools, May 2020 (Bangladesh).

47   Save the Children, Covid-19 State of Emergency: Feedback Response and Reporting Mechanism, Bangladesh Country Office.

48   Interview with Area Director, Cox's Bazar, Save the Children.

49   Save the Children, Covid-19 State of Emergency, Feedback Response and Reporting Mechanism, Bangladesh Country Office.

50   Interviews with Deputy Manager – Accountability, Cox's Bazar Area Office, Save the Children and Senior Manager – MEAL, Cox's Bazar Area Office, Save the Children.

51   Save the Children Rohingya Response, Accountability Snapshot Quarter 3, 2020.

52   Interview with Deputy Manager – Accountability, Cox's Bazar Area Office, Save the Children.

53   Interview with Deputy Manager – Accountability, Cox's Bazar Area Office, Save the Children.

54   Interview with Senior Accountability Officer, Rohingya Response, Save the Children.

55   Interview with Area Director, Cox's Bazar Area Office, Save the Children.

56   Interviews with Area Director, Cox's Bazar Area Office, Save the Children; Project Officer – Case Management, Rohingya Response, Save the Children and Manager – MEAL, Child Protection, Rohingya Response, Save the Children.

57   Interviews with HIS Officer SARI ITC and MEAL, Health, Rohingya Response, Save the Children and anonymous Save the Children respondent.

58   Save the Children Rohingya Response, Accountability Snapshots Q2-4 2020; Interview with Manager – MEAL, Food Security and Livelihoods, Rohingya Response, Save the Children.

59   Interviews with Project Manager, Child Protection, Rohingya Response, Save the Children and anonymous Save the Children respondent.

60   Interview with Area Director, Cox's Bazar, Save the Children.
61   Interviews with Project Officer – Case Management, Child Protection, Rohingya Response, Save the Children and Senior Programme Manager, Health, Rohingya Response, Save the Children.
62   Key examples include: Olney, J. Civil society, governance and security dynamics amongst Rohingya refugees in Cox's Bazar: Briefing Paper, X-Border Local Research Network (2019); Coyle, D., Rahim, A.K., Jainul, M.A., Clan, Community, Nation: Belonging among Rohingya living in makeshift camps, IOM (2020).
63   Interview with Area Director, Cox's Bazar, Save the Children.
64   Interviews with Area Director, Cox's Bazar Area Office, Save the Children and Project Officer – Case Management, Child Protection, Rohingya Response, Save the Children.
65   Caitlin Wake and John Bryan, Capacity and complementarity in the Rohingya response in Bangladesh, ODI: 2018.
66   ISCG, Bangladesh, Rohingya Refugee Crisis Joint Response Plan, 2021.
67   Interview with Area Director, Cox's Bazar, Save the Children.
68   Interviews with Area Director, Cox's Bazar, Save the Children and Senior Manager Operations, General Food Assistance Programme, FSL, Rohingya Response, Save the Children.
69   Save the Children, Covid-19 State of Emergency: Feedback Response and Reporting Mechanism, Bangladesh Country Office.
70   See Table 3.
71   Figures drawn from Save the Children, Accountability Reports – Bangladesh, Quarter 4 2019 – Quarter 4 2020 (Bangladesh).
72   Figures drawn from Save the Children, Rohingya Response, Accountability Snapshots Q2-4 2020.
73   Interviews with Project Officer – Case Management, Child Protection, Rohingya Response, Save the Children; Project Officer – Child Protection, Rohingya Response, Save the Children; Outlet Assistant Supervisor, FSL, Rohingya Response, Save the Children; Senior Accountability Officer, Rohingya Response, Save the Children; MEAL Assistant Accountability, Rohingya Response, Save the Children; Area Director, Cox's Bazar Area Office, Save the Children, Deputy Manager – Accountability, Rohingya Response, Save the Children; Project Manager – Child Protection, Rohingya Response, Save the Children; Manager – MEAL, Child Protection, Rohingya Response, Save the Children; Senior Manager – MEAL, Cox's Bazar Areas Office, Save the Children and Manager – MEAL, FSL, Rohingya Response, Save the Children and three anonymous Save the Children respondents.
74   Interview with Senior Manager – MEAL, Cox's Bazar Area Office, Save the Children.
75   Interviews with Programme Manager, Sponsorship Programme, Save the Children and Programme Officer – MEAL, Sponsorship Programme, Save the Children.
76   Interviews with Manager – MEAL, Child Protection, Child Rights and Governance, Save the Children; Programme Manager, Sponsorship Programme, Save the Children and anonymous Save the Children respondent.
77   Interviews with Deputy QA and CB, Health, Rohingya Response, Save the Children; Outlet Assistant Supervisor, FSL, Rohingya Response, Save the Children and Field Staff 1, Suchana Programme, RDRS.
78   Interview with Project Officer – Case Management, Child Protection, Rohingya Response, Save the Children.
79   Interview with Senior Accountability Office, Rohingya Response, Save the Children.
80   Interview with Programme Officer – MEAL, Sponsorship Programme, MSS.
81   Interview with Deputy Manager – Accountability, Cox's Bazar Area Office, Save the Children; Director Evidence and Learning, Save the Children and Project Manager, Child Protection, Rohingya Response, Save the Children.
82   Interview with Senior Manager – MEAL, Cox's Bazar Area Office, Save the Children.
83   This was explored in the MEAL Team, Bangladesh Country Office, Report: Accountability Assessment, January 2019 and Rohingya Response MEAL Team, Report on piloting Child-friendly Complaints Feedback & Response Mechanisms (CFRMs) Sept 2018 – March 2019.
84   Save the Children, Accountability Report, Bangladesh (Quarter 4: October to December 2020)
85   Save the Children International, Covid-19: Collecting data from Children Top Tips (nd).
86   Save the Children, FRM Operational Guidelines & Tools, May 2020 (Bangladesh).
87   Save the Children Plan for Peer-led Child Protection lessons over a six-month period, shared by Save the Children MEAL colleagues on request.
88   Interview with Senior Manager – MEAL, Co's Bazar Area Office, Save the Children.
89   Save the Children, Accountability Reports – Bangladesh, Quarter 4 2019 – Quarter 4 2020
90   Save the Children, Save the Children, Accountability Report, Bangladesh (Quarter 4: October to December 2020)
91   Interviews with Programme Coordinator, Suchana Project, FIVDB and Field Staff 1, Suchana Programme, RDRS.
92   Interview with Programme Officer – MEAL, Sponsorship Programme, MSS.
93   Interviews with Project Officer – Case Management, Child Protection, Rohingya Response, Save the Children; MEAL Assistant Accountability, Rohingya Response, Save the Children; HIS Officer SARI ITC and MEAL, Health, Rohingya Response Save the Children and Project Officer – Child Protection, Rohingya Response, Save the Children and two anonymous Save the Children respondents.

94   Interviews with Senior Accountability Officer, Rohingya Response, Save the Children; Senior Manager – MEAL, Rohingya Response, Save the Children; Manager – MEAL, FSL, Rohingya Response, Save the Children; MEAL Assistant Accountability, Rohingya Response, Save the Children and two anonymous Save the Children respondents.
95   Interview with Programme Manager, Sponsorship Programme, MSS.
96   Interviews with Programme Coordinator, Suchana Project, FIVDB and Field Staff 1, Suchana Programme, RDRS.
97   Interview with Programme Coordinator, Suchana Project, FIVDB.
98   Interviews with Senior Accountability Officer, Rohingya Response, Save the Children and Deputy Manager – Accountability, Rohingya Response, Save the Children.
99   Interview with Director Evidence and Learning, Save the Children.
100 Interview with Manager – MEAL, Child Protection, Rohingya Response, Save the Children.
101 Interviews with Manager – MEAL, Child Protection, Rohingya Response, Save the Children; Manager – MEAL, Child Protection, Child Rights and Governance and Senior Manager – MEAL, Rohingya Response, Save the Children.
102 Interviews with Programme Officer – MEAL, Sponsorship Programme, MSS; Manager – MEAL, Child Protection, Child Rights and Governance, Save the Children; Programme Manager, Sponsorship Programme, MSS and Field Staff 1, Suchana Programme, RDRS.
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129 Interviews with Senior Manager – MEAL, Sponsorship Programme, Save the Children and Programme Coordinator, Suchana Programme, FIVDB.
130 Interviews with Project Officer – Case Management, Child Protection, Rohingya Response, Save the Children; Project Manager – Child Protection, Rohingya Response, Save the Children and two anonymous Save the Children respondents.
131 Interviews with Manager – MEAL, Child Protection, Child Rights and Governance, Save the Children and anonymous Save the Children respondent.
132 Interview with Director, Evidence and Learning, Save the Children.
133 Interview with Area Director, Cox's Bazar, Save the Children.
134 Interview with Senior Manager – MEAL, Sponsorship Programme, Save the Children.
135 Interview with Area Director, Cox's Bazar, Save the Children.
136 Interview with Deputy Director, MEAL, Suchana Programme, Save the Children.
137 Interview with Programme Manager, Sponsorship Programme, MSS.
138 Interview with Deputy Manager – Accountability, Rohingya Response, Save the Children.

Annex

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This research study evaluates the impact of the COVID-19 emergency on Save the Children's use of feedback from adults and children in Bangladesh. It examines the impact of Covid-19 and the ways in which approaches to feedback inform Save the Children's decision-making at a time of particular global challenge. The report's findings are intended to serve as a useful, rapidly-realised tool for organisational learning and to support Save the Children as it continues to serve displaced populations in Bangladesh and globally.

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