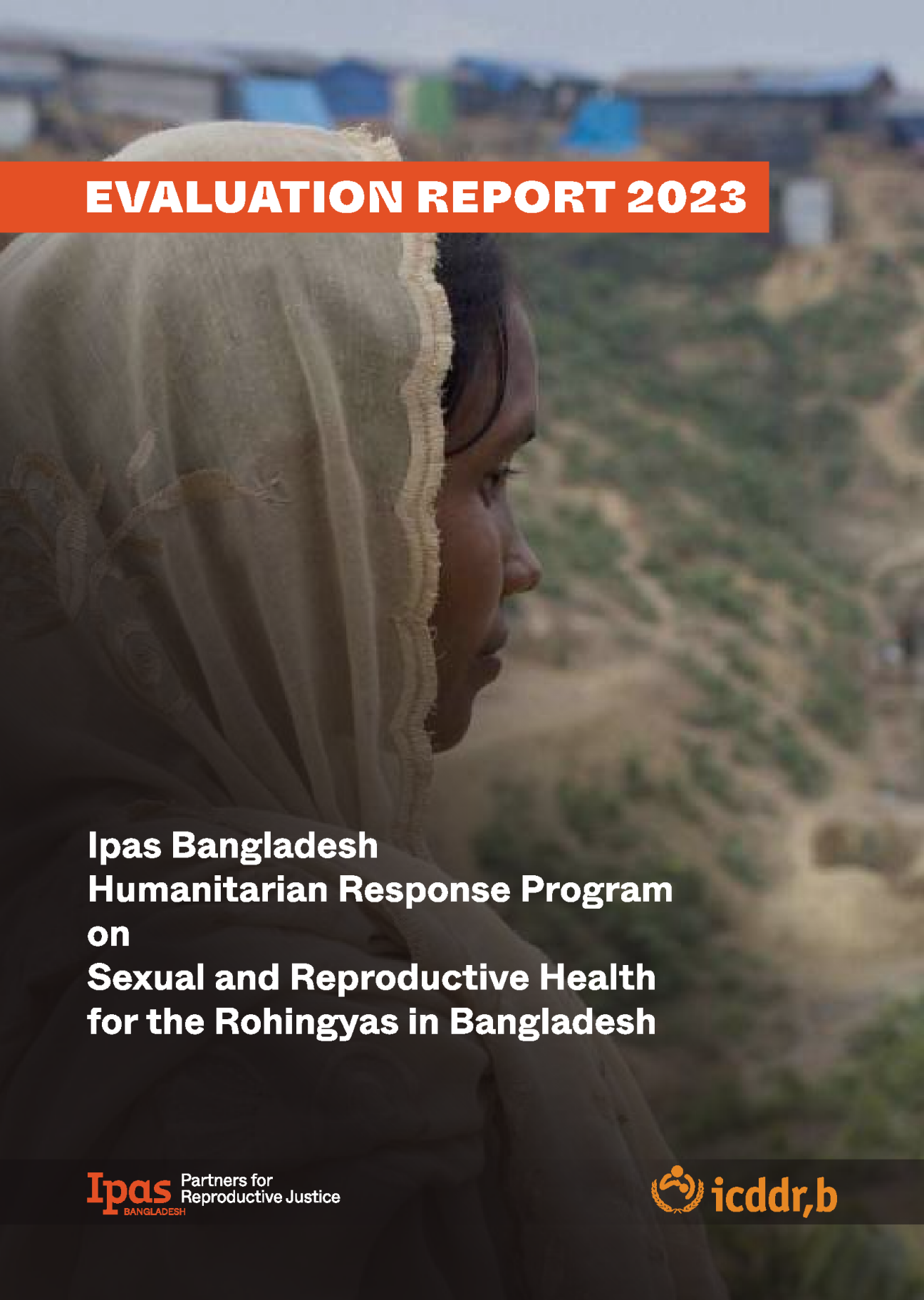


EVALUATION REPORT 2023

Ipas Bangladesh Humanitarian Response Program on Sexual and Reproductive Health for the Rohingyas in Bangladesh

Ipas BANGLADESH Partners for Reproductive Justice

icddr,b

March 2023

Evaluation of the Ipas Bangladesh Humanitarian Response Program on Sexual and Reproductive Health for the Rohingyas in Bangladesh

Maternal & Child Health Division
icddr,b
68, Shaheeh Tajuddin Ahmed Sarani
Mohakhali, Dhaka 1212, Bangladesh

Photo Credit

Cover photo: Farzana Hossen for Ipas
Inner photo: icddr,b

Disclaimer:

The photographs used in this report are for illustrative purpose only; they do not imply any particular attitudes, behaviours, or actions on the part of any person who appears in the photograph. All the photos captured after obtaining verbal consent from the participants.

PROJECT TEAM

Dr Fauzia Akhter Huda
Dr Shaki Aktar
Dr Meftah Uddin Mahmud
Dr Shakil Ahmed
Dr Sadia Fatema Kabir
Ms Tarana-E-Ferdous
Ms Tanjeena Tahrin Islam
Ms Salma Akter
Md Shathil Miah

ACKNOWLEDGMENT

The Ipas Bangladesh humanitarian response program evaluation was commissioned by the Maternal and Child Health Division (MCHD) of icddr,b (International Centre for Diarrhoeal Disease Research, Bangladesh), Dhaka, Bangladesh. The icddr,b team would like to thank Ipas Bangladesh country office colleagues for their continuous support and cooperation to conduct the evaluation within the limited timeframe.

This work would not have been possible without active participation of the stakeholders (program head, service providers, facility managers, program managers) from Ipas Bangladesh, BAPSA, UNFPA, IOM, Hope Field Hospital for Women, BDRCS Field Hospital, IOM Primary Healthcare Centre, and Friendship Maternity Hospital. We are thankful to them for providing us with necessary information and important documents relevant to the program. We are also grateful to the FDMN women and girls for participating in the study and sharing their experiences with the study team.

CONTENTS

LIST OF TABLES

LIST OF FIGURES

ACRONYMS

BAPSA	Bangladesh Association for Prevention of Septic Abortion
BCC	Behavior Change Communication
BDRCS	Bangladesh Red Crescent Society
BRAC	Bangladesh Rural Advancement Committee
CHW	Community Health Workers
CIC	Camp In-Charge
DC Office	Deputy Commissioner's Office
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DGNM	Directorate General of Nursing and Midwifery
FDMN	Forcibly Displaced Myanmar Nationals
FP	Family Planning
FWV	Family Welfare Visitors
GoB	Government of Bangladesh
icddr,b	International Centre for Diarrhoeal Disease Research, Bangladesh
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IP	Implementing Partner
IPC	Infection Prevention and Control
IRB	Institutional Review Board
IRC	International Rescue Committee
LARC	Long Acting Reversible Contraceptive
MCWC	Mother and Child Welfare Center
MEAL	Monitoring, Evaluation, Accountability and Learning
MLP	Mid-Level Provider
MOH&FW	Ministry of Health & Family Welfare
MR	Menstrual Regulation
MRM	Menstrual Regulation with Medication
MVA	Manual Vacuum Aspiration
NGO	Non-governmental Organization
PAC	Post Abortion Care
PAFP	Post Abortion Family Planning
PPFP	Post-Partum Family Planning
RHSTEP	Reproductive Health Services Training and Education Program
RRRC	Refugee Relief and Repatriation Commissioner
SBCC	Social and Behavior Change Communication
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
ToR	Terms of Reference
UH&FWC	Union Health and Family Welfare Center
UHC	Upazila Health Complex
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNO	Upazila Nirbahi Officer
WHO	World Health Organization

EXECUTIVE SUMMARY

This report summarizes the performance evaluation of the "Humanitarian Response Program" implemented in the Rohingya refugee camps in Cox's Bazar, Bangladesh by Ipas. The evaluation was conducted from August-December, 2022, by a nine-member team of icddr,b. Aim of the evaluation was to: 1) understand the development process and implementation of "Ipas Bangladesh Humanitarian Response Program"; 2) assess facility readiness and capacity of the service providers to provide comprehensive menstrual regulation (MR), post abortion care (PAC), contraceptive services and trauma /survival centered care; 3) document relevant challenges and barriers faced during program implementation; and 4) provide recommendations for the program's sustainability and future scale-up. The team reviewed key documents, performed field visits to selected refugee camps in Cox's Bazar for health facility observation and assessment, conducted client exit interviews, collected qualitative information from relevant key stakeholders, and organized a stakeholder consultation workshop.

PROJECT BACKGROUND

Unsafe abortion, one of the leading but preventable causes of maternal mortality and morbidity globally, is defined as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills, or in an environment that does not conform to minimal medical standards, or both. Globally, about 80 million of the 210 million pregnancies that take place annually are estimated to be unplanned; some of which are terminated by induced abortions, while others resulted in unwanted births. Where abortion laws are restricted, or safe abortion services are not widely accessible, or are of poor quality, women resort to unskilled providers, risking serious consequences to their health and well-being or even death.

Ipas, one of the few international Non-Governmental Organizations (iNGOs) that work globally to advance reproductive justice by expanding access to safe abortion and contraception services. Since its inception in 1973, Ipas focuses their activities on the needs and perspectives of people seeking abortion care, and works to improve and protect women's rights to bodily autonomy, and supports them in making their own decisions on their reproductive health with the aid of counselling.

Since 25 August, 2017, around 940,000 Forcibly Displaced Myanmar Nationals (FDMN), commonly known as the Rohingyas, have fled persecution in Myanmar and arrived in the refugee camps across the border in Cox's Bazar, Bangladesh. A major part of this population were women and children and many of them were sexually assaulted and in desperate need of care. This huge humanitarian crisis created an urgent necessity for sexual and reproductive health (SRH) care related services in the refugee camps in Bangladesh.

To address this dire situation, Ipas Bangladesh initiated an emergency humanitarian response program in 2017, in coordination and collaboration with relevant stakeholders from the Government of Bangladesh(GoB), such as, Directorate General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP) under the Ministry of Health and Family Welfare (MoH&FW), UN agencies (IOM, UNHCR, UNFPA), and local (Hope Foundation, Friendship, Brac, Partners in Health & Development) and international (International Rescue Committee, Care International) NGOs to provide comprehensive menstrual regulation (MR), post-abortion care (PAC) and family planning (FP) services, and trauma/survival centered care to the Rohingya community.

Initially, Ipas did a need assessment among the Rohingya community on MR, PAC and contraceptive services requirement and realized the acute necessity of SRHR services in

the Rohingya refugee camps. They also identified that due to unavailability of MR, PAC services, women with unwanted pregnancies were returned from the health facilities. Considering the situation, Ipas started working on fund raising to introduce MR, PAC and contraceptive services in the Rohingya refugee camps. As an effort to this initiative, Ipas communicated with potential donors such as Global fund, Packard foundation, Global affairs Canada, and UNFPA: the coordinator of SRHR program in the Rohingya refugee camps. Through UNFPA, Ipas advocated for integration of MR, PAC, and contraceptive services in the existing programs of the local and international NGOs serving in the camps. Ipas predominantly provided training to the service providers, such as, doctors, nurses, Family Welfare Visitors (FWV), and paramedics of the collaborating and implementing partners to strengthen their capacity on comprehensive MR, PAC, and contraceptive service provision. Initially, Ipas introduced their services in eight government health facilities within or close to the camps which gradually expanded to different local and international NGO facilities in the camps. Currently, they are working in 51 different health facilities of Teknaf, Ukhia and Bhashanchar.

To document the role of "Ipas Bangladesh's Humanitarian Response Program", understand its progress toward achieving targeted outcomes, its commitment to ensure quality service delivery, appropriate utilization of resources, and to identify the implementation bottlenecks, the program was evaluated by the Maternal and Child Health Division (MCHD), icddr,b.

EVALUATION APPROACH

This program was initiated to provide sexual and reproductive health-related services to the Rohingya women and girls during the emergency humanitarian crisis in Cox's Bazar, Bangladesh. During its commencement, no baseline assessment at individual level was conducted due to the emergency crisis situation. Therefore, the evaluation team could only do post-evaluation of the program. Following activities were carried out to evaluate the program:

a. Desk review;
b. Health facility observation and assessment;
c. Client exit interviews;
d. Qualitative interviews: in-depth interviews (IDIs) with service providers; key informant interviews (KIIs) with collaborating & implementing partners and facility managers; and focus group discussion (FGD) with program managers.
e. Stakeholder consultation workshop.

The desk review was done to understand the program activities and service utilization and was comprised of two major components: i) Review of monthly, quarterly and annual program reports of Ipas Bangladesh; ii) Review of training manuals and guidelines related to MR, PAC and contraceptive services.

The evaluation team visited four health facilities in the refugee camps to collect necessary information regarding their readiness to provide MR, PAC, contraceptive services and trauma/survival centered care (SCC). Two of the facilities were specifically designated for the Rohingya community, and the remaining two were near the camp boundary and accessible to both the Rohingyas and the Host community. The facilities were founded by the International Organization for Migration (IOM), Hope Foundation, Friendship, and Bangladesh Red Crescent Society (BDRCS) respectively. SRH services (MR, PAC and contraceptive services) was provided in these facilities by two of the local NGOs, Bangladesh Association for Prevention of Septic Abortion (BAPSA) and Reproductive Health Services Training and Education Program (RHSTEP), implementing partners of Ipas Bangladesh for the humanitarian response program. Data collection for health facility observation and assessment was done by using a structured checklist, developed by adopting the validated tool of Bangladesh Health Facility Survey 2017. Health facility records, such as, register books

and referral books, were reviewed to collect data on MR/PAC/contraceptive/SCC service utilization by the Rohingya women in the previous years.

To understand the service recipients' satisfaction status regarding the services provided by Ipas, the evaluation team conducted client exit interviews among the beneficiaries who came to the Ipas-supported health facilities either for the first time or for follow-up visit for any of the SRH (MR/PAC/contraceptive) services. Convenience sampling method was used to select the clients. Women more than 18 years of age who showed their willingness and provided informed written consent were selected for interview. In total, nine (9) respondents from four (4) different facilities were interviewed. All of them were asked about how they were treated during receiving the services, privacy maintenance, information on follow-up visit, and whether they would recommend their peers to visit that facility to receive SRH services. Data was collected using a semi-structured questionnaire pretested before the final interview.

To understand the service delivery process, pathway of providing SRH services, quality assurance, maintenance of supply chain, register books, HMIS data, pros and cons of the program, challenges, opportunities, accomplishments, and compliance with the program, in-depth interviews (IDIs) with service providers, key informant interviews (KIIs) with collaborating & implementing partners and facility managers, and focus group discussion (FGD) with program managers were conducted. Respondents for the qualitative interviews were identified through consultation with the relevant stakeholders. Separate guidelines were used to conduct IDIs, KIIs, and FGDs.

A stakeholder consultation workshop was organized with the key stakeholders relevant to Ipas Bangladesh's humanitarian response program. A total of 21 representatives from 14 different organizations including government officials from the DGHS, DGFP and RRRC, representatives from all collaborating and implementing partners of Ipas, and Ipas officials from national and local level participated in the workshop. The aim of the workshop was to validate preliminary findings from the program evaluation, and draw recommendations including a way forward of Ipas humanitarian response program through a consultative process.

The program evaluation was carried out between 01 August to 31 December, 2022.

FINDINGS

From the desk review, it was found that about 3,39,334 Rohingya women and girls received contraceptive services and 42,213 received MR and PAC services between August 2017 to September 2022, with an increase in service utilization over time. Presence of large number of service-recipients in the Ipas-supported facilities indicates the overall success of the program as well as the need, availability, and acceptability of comprehensive SRH services among the conservative Muslim and culturally tabooed Rohingya women and girls.

Findings from the health facility observation and assessment showed that almost all of the facilities were well-structured, with functioning water and power supply. Medical waste of all facilities was disposed in the designated color-coded bins and subsequently taken for incineration. Comprehensive family planning services including short- and long-acting modern contraceptive methods, along with menstrual regulation with medication (MRM) and with manual vacuum aspiration (MVA) were available in all the facilities visited. The service providers employed by the implementing partners were well trained, skilled, and provided services according to the standard operating procedure (SOP) and following proper guideline. However, the facilities were not in good condition to provide sensitive services like MR, PAC, contraceptive and trauma/survival centered care since the program's inception. Prior providing service from any facility, Ipas invested their resources on facility strengthening which included minor renovations, such as developing partitions for the MR/PAC service delivery room to

maintain auditory and visual privacy, improving the lavatories, renovation, and arranging equipment for the examination room.

More than 90% of the respondents from the client exit interviews reported that they have chosen their required services (MR/PAC/contraceptive services/survival centered care) voluntarily after being provided with informed written consent. All the clients expressed their full satisfaction with the quality of the services provided to them.

Qualitative findings revealed that to ensure the quality of services, Ipas, in collaboration with other partner organizations, regularly provided training for capacity building of the service providers on different topics such as- short and long acting contraceptive methods, MR, PAC, trauma/survival centered care, community sensitization and mobilization. So far, in collaboration with RHSTEP and BAPSA, over 700 providers including doctors, nurses, midwives, paramedics and CHWs have been trained up, while the training modules and materials were developed in association with Bangladesh government and the UN agencies as a commitment of the program. It was also explored that Ipas has initiated a robust SBCC activity to uproot taboos from community perception regarding MR, PAC and contraceptive services. Ipas used different interactive tool like V-CAT tool to reduce stigma from the Rohingya community. Ipas involved the local leaders and the Imams (religious leaders) in the training sessions to maximize community engagement.

Ipas's proactive approach for advocacy, coordination and policy level communication has also been a key mediator for establishing MR, PAC, contraceptive services, trauma/survival centered care in Rohingya camps as identified by the key informants. Ipas has strong collaboration with government authority from local and central level, UN agencies, national and international NGOs. As a result of Ipas's advocacy, short and long acting contraceptive methods were introduced in the Rohingya camps. Participants from the qualitative exploration considered the services offered by Ipas Bangladesh to be significant, relevant, and efficient in the current context, while broadly acknowledging Ipas's strength in implementing SRH programs in the humanitarian settings.

In the stakeholder consultation workshop, preliminary findings from desk review, health facility observation and assessment, client exit interviews, and qualitative interviews were presented to the participants. Evaluation team also asked for recommendations from the stakeholders on the scope of sustainability and scale-up of Ipas's program in humanitarian context. Through a group work activity, key stakeholders predominantly identified six major areas: advocacy to government, community engagement, partnership, resource mobilization, need assessment, and capacity building, where efforts can be given to make the program sustainable and to scale it up.

CHALLENGES AND BARRIERS

- ***Language barrier:*** Language challenges have played a critical role in the beginning of the programming as three quarters of the Rohingya people could not read or write and depended on oral communication. This barrier left many Rohingya women and girls without the critical and life-saving information and basic services in the camps they need. However, Ipas overcame this barrier by developing audio-visual materials, illustrated brochures, and leaflets with key messages in Rohingya language, and by recruiting providers who speaks/understands the native language.

- ***Stigma and religious taboo around family planning services:*** The family planning initiatives of Ipas were limited by the conservative culture and religious beliefs of the Rohingya community and they believed that birth control was against the tenets of their faith. Though SBCC activities of Ipas is slowly reducing the stigma and taboo, this problem still prevails in the community with significant tenacity.

- ***Inadequate number of health facilities and providers:*** Ipas provided MR, PAC and FP services in only eight facilities at the beginning. Therefore, the beneficiaries had to wait around three to four hours to get the required services. Maintaining privacy was also an issue because of limited space and providers. Currently, Ipas is providing their support only in 51 facilities located in 23 camps among more than 200 health facilities located in 34 camps. However, the service coverage has improved over time but further development is required because a large proportion of the Rohingya people are still deprived from these lifesaving services.

- ***Quality of care:*** during the program's inception, it was difficult to maintain proper quality of services in a humanitarian setting. Additionally, frequent turnover of skilled service providers, maintaining confidentiality during service provision due to space constraints continued to be a major challenge. Also, with increasing demand, it was difficult to maintain quality services due to lack of enough resources. Through effective communication, collaboration, advocacy, and training, number of facilities and skilled service providers have increased over time. However, there are still scopes to improve in this area.

- ***Funding constraints:*** Fund management has become a major challenge for Ipas to continue the humanitarian response program. Due to funding shortage, Ipas authority is facing turnover of trained staff more than ever. Ipas is in charge of distribution of the government's imprest fund, distribution of which is also a big challenge. Out of 200+ facilities, Ipas has managed to distribute the imprest fund in 56 facilities only.

- ***Sustainability:*** one of the key challenges is how much of Ipas's efforts can be sustained by the government of Bangladesh as the project transitions and phases out.

CONCLUSIONS

Considering the scarcity of resources resulted in a critical humanitarian emergency situation, management of SRH-related issues requires thoughtful and specific service delivery packages. The Evaluation team tried to identify the key elements that made Ipas Bangladesh's humanitarian response program approach successful in order to inform sustainability and scale up in other refugee camps. While final conclusions cannot be drawn with the small sample size used in this evaluation, program data indicate that despite the challenges and barriers embedded within a humanitarian setting, the activities of Ipas in response to the Rohingya crisis were promising and have achieved significant increase in utilization of MR,

PAC, contraceptive services and trauma/survival centered care among the Rohingya women and girls in the refugee camps.

The Evaluation team believes that the following efforts were essential to Ipas's success: flexible approach; stakeholder coordination and commitment; cohesive method to health systems strengthening; and community engagement. Additionally, there were several promising practices that have showed much improvements such as advocacy, coordination and policy level communication, capacity building of the service providers of the implementing and collaborating partners, and supervision of their activities jointly, both by Ipas and the partners.

RECOMMENDATIONS

The Evaluation team believes that there is enough evidence to indicate the "Ipas Bangladesh Humanitarian Response Program" as successful and that the sustainability of these efforts should be a key focus of the project. Simultaneously, the program is also ready to be scaled up in other refugee camps - a crucial phase in humanitarian response program's future strategy. The following issues need further attention in the new phases:

RECOMMENDATIONS FOR EXISTING SERVICES TO BE STRENGTHENED

- Identify the barriers and challenges of low utilization of long-acting reversible contraceptives (LARC) and promote its uptake by increasing collaboration with relevant stakeholders providing LARC services.
- Segment couples according to their family planning needs and provide them with timely and accurate information to increase utilization of LARC.
- Initiate effective advocacy with the Government of Bangladesh to introduce permanent methods of family planning among the eligible Rohingya couples in the camps.
- Arrange robust awareness campaigns on LARC and PM (permanent methods) by distributing leaflets, brochures, posters and demonstrating billboards in the camp areas to promote their uptake.
- Develop a group of master trainers for ToT (Training of Trainers) to create more competent trainers on MR, PAC, and contraceptive service provision.
- Support competency-based skills training and refresher training to maintain skills and quality of the existing staff;
- Identify and implement innovative approaches to include males in family planning service delivery, counselling, and awareness campaigns.
- Develop strategies to prevent trained staff turnover.

RECOMMENDATIONS FOR EXISTING SERVICES TO BE SCALED UP

- Conduct a comprehensive need assessment, including health facility readiness, workforce assessment, and supply of logistics in the remaining camps where Ipas program activities have not been introduced yet.
- Explore opportunities to develop partnerships with new organizations, in addition to the existing partners.
- Encourage current partner organizations to commit for sharing costs for MR, PAC, and FP service provision.
- Create community support groups (CSG) or volunteers to provide community mobilization efforts with strong linkages with the community health workers (CHW) to eliminate superstitions on contraceptive method utilization with special focus to LARC and PM.
- Develop comprehensive social behavior change communication (SBCC) strategy prioritizing key messages on contraceptive method utilization supported with easily understandable pictorial SBCC materials.
- Ensure quality of care through performance-based review of the service providers at a regular manner;
- Establish strong referral system including a trained team at the referral facility to ensure rapid management of complications.

RECOMMENDATIONS FOR FUTURE CONTINUATION OF THE PROGRAM

- Motivate donor organizations to mobilize and use their available resources to support MR, PAC, and contraceptive services. In order to sustain Ipas's endeavor, advocacy for financial support from the government of Bangladesh, foreign aid, and donor organizations should be continued.
- Due to the Rohingya community's persistently high fertility rate and limited LARC utilization, until their withdrawal, Ipas should showcase and justify to the government of Bangladesh and the donor agencies the necessity of continuing the MR, PAC, and FP service delivery program for the Rohingya community.
- Ipas is a frontrunner in providing training and strengthening capacity of the service providers in the area of MR, PAC, and family planning. Without their assistance, it would be challenging for the government (GoB) and the other partner organizations to maintain quality of MR, PAC, and family planning services in Bangladesh.

CHAPTER 1: INTRODUCTION

Unsafe abortion, one of the leading but preventable causes of maternal mortality and morbidity globally, is defined as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills, or in an environment that does not conform to minimal medical standards, or both (1, 2). Unintended pregnancies are reported to have been either unwanted (i.e. occurred when no children or no more children were desired) or mistimed (i.e. occurred earlier than desired), and usually occur when women want to limit or postpone childbearing but contraception is not used or used ineffectively, or they are forced into nonconsensual sex (3-6). Globally, about 80 million of the 210 million pregnancies that take place annually are estimated to be unplanned (7, 8); some of which are terminated by induced abortions, while others resulted in unwanted births.

Where abortion laws are restricted, or safe abortion services are not widely accessible, or are of poor quality, women resort to unskilled providers, risking serious consequences to their health and well-being or even death (5). In 2008, an estimated 22 million unsafe abortions took place, 97% of which was in the developing countries, causing the death of 47 000 women, most often due to severe infections, bleeding, or organ damage; almost 5 million survivors among them experienced long-term health consequences (6, 9).

The public health systems in the developing countries have historically prioritized obstetric care above comprehensive reproductive health care. In addition, the bulk of private health facilities and national and international non-governmental organizations (NGOs) mostly focus on providing care for pregnant women and new mothers excluding safe abortion and post-abortion care (PAC) services.

Ipas, one of the few international NGOs (iNGOs), working globally to advance reproductive justice by expanding access to safe abortion and contraception services. Since its inception in 1973, the mission of Ipas has been to build a resilient abortion and contraceptive ecosystem using a comprehensive approach across sectors, institutions and communities (10). Ipas focuses their activities on the needs and perspectives of people seeking abortion care, and works to improve and protect women's rights to bodily autonomy, and supports them in making their own decisions on their reproductive health with the aid of counselling (10).

Ipas is working across 22 different countries in Africa, Asia and America, and strategically implementing their policy into practice through collaborating with different local or national NGOs of respective countries (11). Ipas started working in Bangladesh in 2011 with the aim of reducing deaths and injuries related to unsafe abortion, by strengthening post-abortion care (treatment for complications of unsafe abortion) and menstrual regulation (MR) services.

Since 25 August, 2017, around 940,000 Forcibly Displaced Myanmar Nationals (FDMN) from the Rohingya communities, majority of whom were women and children, have fled persecution in Myanmar to escape being killed and expelled from home by the state forces, and arrived in the refugee camps across the border of Bangladesh, mostly by road and water (12). Originally, they have lived for generations in the Rakhine State in Myanmar's southwest coastal region, and are considered to be one of the most marginalized ethnic minorities in the world. Their migration has led to one of the world's fastest-growing refugee crises (13).

During this massive humanitarian crisis, many of the Rohingya women and girls were sexually assaulted and in desperate need of care (14). This created an urgent necessity of availability and accessibility of sexual and reproductive healthcare services in the refugee

camps in Bangladesh. To address this dire situation, Ipas Bangladesh initiated an emergency humanitarian response program in 2017, in coordination and collaboration with relevant stakeholders from the Government of Bangladesh(GoB), such as, Directorate General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP) under the Ministry of Health and Family Welfare (MoH&FW), UN agencies (IOM, UNHCR, UNFPA), and local (Hope Foundation, Friendship, Brac, Partners in Health & Development) and international (International Rescue Committee, Care International) NGOs to provide comprehensive menstrual regulation (MR), post-abortion care (PAC) and family planning (FP) services, and trauma/survival centered care to the Rohingya community.

Initially, Ipas did a need assessment among the Rohingya community on MR, PAC and contraceptive services requirement and realized the acute necessity of SRHR services in the Rohingya refugee camps. They also identified that due to unavailability of MR, PAC services, women with unwanted pregnancies were returned from the health facilities. Considering the situation, Ipas started working on fund raising to introduce MR, PAC and contraceptive services in the Rohingya refugee camps. As an effort to this initiative, Ipas communicated with potential donors such as Global fund, Packard foundation, Global affairs Canada, and UNFPA: the coordinator of SRHR program in the Rohingya refugee camps. Through UNFPA, Ipas advocated for integration of MR, PAC, and contraceptive services in the existing programs of the local and international NGOs serving in the camps. Ipas predominantly provided training to the service providers, such as, doctors, nurses, Family Welfare Visitors (FWV), and paramedics of the collaborating and implementing partners to strengthen their capacity on comprehensive MR, PAC, and contraceptive service provision. Initially, Ipas introduced their services in eight government health facilities within or close to the camps which gradually expanded to different local and international NGO facilities in the camps. Currently, they are working in 51 different health facilities of Teknaf, Ukhia and Bhashanchar.

Bangladesh Association for Prevention of Septic Abortion (BAPSA) and the Reproductive Health Services Training and Education Program (RHSTEP) are the two most important implementing partners of Ipas in Bangladesh.

BAPSA was founded in 1982 by a group of reputed gynecologists and obstetricians who were concerned about the alarming situation of the prevailing hazards of septic abortion resulting from unwanted pregnancies. The pivotal objectives of its formulation were to sensitize the community people on the issues of unsafe abortion, to develop human resources in reproductive health, to provide quality reproductive health care services to the disadvantaged women of the community, to establish a system for prevention of septic abortion by organizing training and services, to create a database for all MR providers in the country, to organize training, to keep them informed about the latest development in the field of MR, and finally, to develop a surveillance system for monitoring the quality of MR services in the country. BAPSA's expertise is in providing MR with manual vacuum aspiration (MVA), MR with medication (MRM), PAC, and FP services in its own clinical setting, and implementing projects for local, national, and worldwide partners (15).

Since its foundation in 1983, RHSTEP has worked to advance the sexual and reproductive health and rights (SRHR) of the general people of Bangladesh. RHSTEP is a pioneer organization that helps to enhance the SRHR-related healthcare capacities of doctors, nurses, paramedics, family welfare visitors (FWVs), and other health service providers at the government, NGO, and private levels. Through their expanded safe MR support across the nation, RHSTEP offers sexual and reproductive health services to women, adolescents, and young people, contributing to reduce maternal mortality and morbidity, particularly due to septic abortion (16).

1.1 Rationale for evaluating the humanitarian response program of Ipas Bangladesh

Since October 2017, Ipas Bangladesh has implemented an innovative and comprehensive program on MR, PAC, contraceptive services and trauma/survival centered care for the Rohingya women and girls through 51 health facilities (including two public facilities) of 23 refugee camps in Cox's Bazar, Bangladesh.

To document the role of "Ipas Bangladesh's Humanitarian Response Program" implemented for the Rohingya community residing in the refugee camps, to understand the progress toward achieving its targeted outcomes, its commitment to ensure quality service delivery, appropriate utilization of resources, and to identify the implementation bottlenecks, the Maternal and Child Health Division (MCHD), icddr,b, conducted evaluation of the program. The evaluation findings may help to justify the sustainability and scaling up of existing MR, PAC, contraceptive services and trauma/survival centered care of Ipas Bangladesh in the current humanitarian settings in Cox's Bazar.

1.2 Study objectives

General objective:

- To document the function of Ipas Bangladesh humanitarian response program along with its success and challenges in the effective delivery of MR, PAC, contraceptive services and trauma/survival centered care to the Rohingya people living in the refugee camps in Cox's Bazar, Bangladesh.

Specific objectives:

- To understand the development process and implementation of the program to provide MR, PAC, contraceptive services and trauma/survival centered care to the Rohingya women and girls during the humanitarian crisis;
- To assess the facility readiness (infrastructure, equipment, supplies, staffing etc.) for effective MR, PAC, and contraceptive service delivery;
- To explore the capacity of service providers to deliver MR, PAC, contraceptive services and trauma/survival centered care among the Rohingya women and girls;
- To identify and document the key challenges and barriers faced during implementing the humanitarian response program by Ipas;
- To explore the scope of sustainability and scale-up of Ipas's MR, PAC, contraceptive services and trauma/survival centered care in a humanitarian setting.

CHAPTER 2: METHODOLOGY

This program was initiated to provide sexual and reproductive health-related services to the Rohingya women and girls during the emergency humanitarian crisis in Cox's Bazar, Bangladesh. During its commencement, no baseline assessment at individual level was conducted due to the emergency crisis situation. Therefore, the evaluation team could only do post-evaluation of the program. Following activities were carried out to evaluate the program:

a. Desk review;
b. Health facility observation and assessment;
c. Client exit interviews;
d. Qualitative interviews: in-depth interviews (IDIs) with service providers; key informant interviews (KIIs) with collaborating & implementing partners and facility managers; and focus group discussion (FGD) with program managers.
e. Stakeholder consultation workshop.

2.1 Ethical approval

The ethical clearance to conduct the program evaluation has been obtained from the institutional review board (IRB) of icddr,b (Appendix-1).

2.2 Team structure

Under the leadership of a Project Coordinator with significant experiences in FP/MR/Abortion/PAC research and evaluation activities, a team of four medical graduates, two qualitative researchers, and one statistician were actively involved in carrying out the program evaluation. Under direct supervision of the Project Coordinator, each team member was assigned to the following activities based on their expertise and skill: desk review, health facility observation and assessment, client exit interviews, qualitative data collection, and stakeholder consultation workshop. The Statistician and the qualitative researchers performed analysis of quantitative and qualitative data and ensured data quality. Additionally, an Administrative Officer provided all necessary supports regarding logistics, field visits, organization of the stakeholder consultation workshop, and budget management.

2.3 Desk review

The desk review was done to understand the program activities and service utilization and was comprised of two major components:

a. Review of monthly, quarterly and annual program reports of Ipas Bangladesh

Ipas Bangladesh's previous five (5) years' reports on the humanitarian SRH response program were reviewed. The reports mainly comprised updates on the availability and accessibility of MR, PAC, and contraceptive services for the Rohingya women and girls in the refugee camps in Cox's Bazar, Bangladesh. In addition, the reports also focused on the lessons learnt during implementation of the program. Table 1 shows the list of Ipas Bangladesh's program reports reviewed as part of the evaluation.

Table 1: Reports reviewed as part of the program evaluation

Program Reports of Ipas Bangladesh	Reporting Period
Emergency Response for Availability and Accessibility of Quality MR, PAC Services for Rohingya Refugees in Bangladesh & Strengthening MR, PAC and FP Services through IPAS Bangladesh	Sep 2017- Jun 2022
Sexual and Reproductive Health Program for Rohingya Refugees in Bangladesh	Nov 2017- Mar 2021
Population and Reproductive Health Narrative Report	Apr 2019- Mar 2021
Sexual and Reproductive Care for Rohingya Refugees in Bangladesh	Aug 2021- May 2022
Improving Sexual and Reproductive Health and Rights of Women and Girls in Humanitarian Settings in Bangladesh	Apr 2020- Mar 2022
Emergency Response for Availability and Accessibility of Quality MR, PAC Services for Rohingya Refugees in Bangladesh (Indicator based quantitative report)	Sep 2017-Jun 2022

b. *Review of training manuals and guidelines related to MR, PAC and Contraceptive Services*

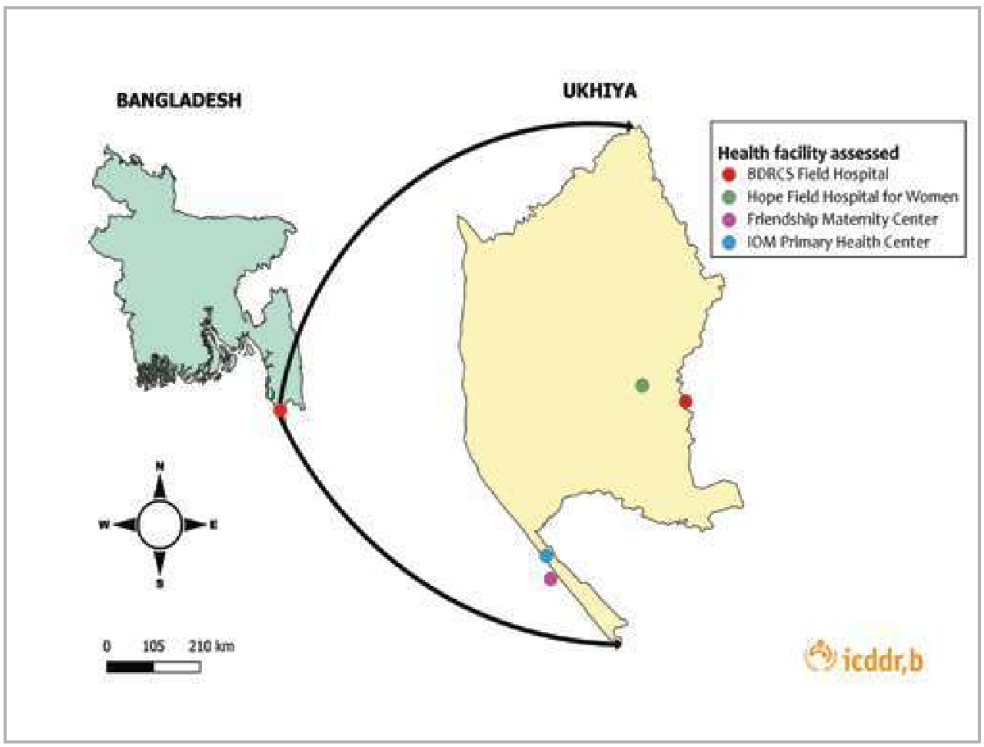
Since Ipas has been striving to ensure quality MR, PAC, and contraceptive service delivery in Bangladesh for the past decade, the evaluation team reviewed training manuals and guidelines related to MR, PAC, post-abortion and postpartum family planning (PAFP and PPFP) published by Ipas, either independently or in collaboration with partner organizations (17-23). The guidelines and manuals reviewed are shown in Figure 1.

Figure 1: Guidelines and Manuals evaluated under the 'Desk review'

2.4 Health facility observation and assessment

The evaluation team visited four health facilities in the refugee camps to collect necessary information regarding their readiness to provide MR, PAC, contraceptive services and trauma/survival centered care (SCC). Two of the facilities were specifically designated for the Rohingya community, and the remaining two were near the camp boundary and accessible to both the Rohingyas and the Host community. The facilities were founded by the International Organization for Migration (IOM), Hope Foundation, Friendship, and Bangladesh Red Crescent Society (BDRCS) respectively. SRH services (MR, PAC and contraceptive services) was provided in these facilities by two of the local NGOs, Bangladesh Association for Prevention of Septic Abortion (BAPSA) and Reproductive Health Services Training and Education Program (RHSTEP), implementing partners of Ipas Bangladesh for the humanitarian response program. The location of the health facilities assessed are shown in Figure 2.

Figure 2: Location of the health facilities assessed



Health facility observation and assessment was done considering the following areas: current status of staffing, MR/PAC/contraceptive service availability, storage capacity and quality of medicines and commodities, common utility facilities including water and power supply, lavatories facility, waste management, infection prevention and control strategies, method of sharp/blunt instrument processing, supervision & monitoring, and quality assurance.

Data collection for health facility observation and assessment was done by using a structured checklist, developed by adopting the validated tool of Bangladesh Health Facility Survey 2017 (24). Health facility records, such as, register books and referral books, were

reviewed to collect data on MR/PAC/contraceptive/SCC service utilization by the Rohingya women in the previous years.

2.5 Client exit interviews

To understand the service recipients' satisfaction status regarding the services provided by Ipas, the evaluation team conducted client exit interviews among the beneficiaries who came to the Ipas-supported health facilities either for the first time or for follow-up visit for any of the SRH (MR/PAC/contraceptive) services. Convenience sampling method was used to select the clients. Women more than 18 years of age who showed their willingness and provided informed written consent were selected for interview. In total, nine (9) respondents from four (4) different facilities were interviewed. All of them were asked about how they were treated during receiving the services, privacy maintenance, information on follow-up visit, and whether they would recommend their peers to visit that facility to receive SRH services. Data was collected using a semi-structured questionnaire pretested before the final interview.

2.6 Qualitative interviews

To understand the service delivery process, pathway of providing SRH services, quality assurance, maintenance of supply chain, register books, HMIS data, pros and cons of the program, challenges, opportunities, accomplishments, and compliance with the program, in-depth interviews (IDIs) with service providers, key informant interviews (KIIs) with collaborating & implementing partners and facility managers, and focus group discussion (FGD) with program managers were conducted. Respondents for the qualitative interviews were identified through consultation with the relevant stakeholders. Separate guidelines were used to conduct IDIs, KIIs, and FGDs.

2.7 Stakeholder consultation workshop

A stakeholder consultation workshop was organized with the key stakeholders relevant to Ipas Bangladesh's humanitarian response program. Representatives from all collaborating and implementing partners of Ipas along with the government officials from the DGHS, DGFP and RRRC, and Ipas officials from national and local level participated in the workshop. The aim of the workshop was to validate preliminary findings from the program evaluation, and draw recommendations including a way forward of Ipas humanitarian response program through a consultative process.

2.8 Data quality assurance, processing, and analysis

The evaluation team maintained an effective system to ensure data quality. A team of four members, including the Project Lead, visited the selected health facilities in the camps to independently collect in-person data. The team extensively studied and familiarized themselves with the data collection tools before visiting the health facilities in the refugee camps. The Project Lead supervised and guided other team members to ensure consistency and quality in data collection. All hard copies of collected data were preserved in a locked cabinet at Maternal and Child Health Division (MCHD) of icddr,b. Other than the evaluation team, no one will have access to the quantitative and qualitative data collected. Privacy, anonymity and confidentiality of the information provided by the respondents were strictly maintained.

Quantitative data from the health facility assessment and client exit interviews were entered into EpiData software version 3.1 and checked thoroughly for any discrepancy. Descriptive analysis was carried out for both the health facility observation and assessment and client exit interviews. All the analyses were conducted using Stata software version 15.0.

All qualitative interviews were digitally recorded after obtaining written informed consent from the respondents and then transcribed. Analysis involved synthesizing and interpreting findings to provide explanations, and comparing and contrasting findings within and between different groups of respondents. Specific statements and phrases were extracted from each transcript.

CHAPTER 3: FINDINGS

3.1 Desk review

Several International and national media and humanitarian agencies reported widespread sexual abuse of Rohingya women and girls from the beginning of the Rohingya crisis (13). A United Nations report from 2017 showed that more than half of the randomly interviewed 101 Rohingya women were victims of some form of sexual violence or exploitation at least once during the humanitarian crisis (11). Despite the unavailability of precise statistics on pregnancies resulting from sexual violence, available information was enough to understand the importance and need for menstrual regulation (MR) and post-abortion care (PAC) services for the Rohingya women and girls residing in the refugee camps in Cox's Bazar, Bangladesh. In addition, due to nationality dilemmas, Rohingya women and girls have been deprived of basic reproductive healthcare in Myanmar, resulting in the high fertility rate among the community. Likewise, religious factors play a significant role, resulting in a lack of concern for family planning among conservative Muslim Rohingya women and girls. Considering these issues, Ipas designed their humanitarian response program to achieve the following outcomes:

a. Improve access to and availability of high-quality menstrual regulation (MR), post-abortion care (PAC), contraceptive services, and trauma/survival centered care (SCC) for Rohingya women and adolescent girls in Ipas supported health facilities.

b. Improve quality of services by enhancing the healthcare providers' knowledge and attitudes on context specific comprehensive MR, PAC, contraceptive services, and trauma/survival centered care.

3.1.1 Facility readiness

In September 2017, to establish MR, PAC, and contraceptive services for the Rohingya population, Ipas, in collaboration with UNFPA, initially conducted a need assessment at the health facilities in the camps. It was identified that none of the facilities located in the refugee

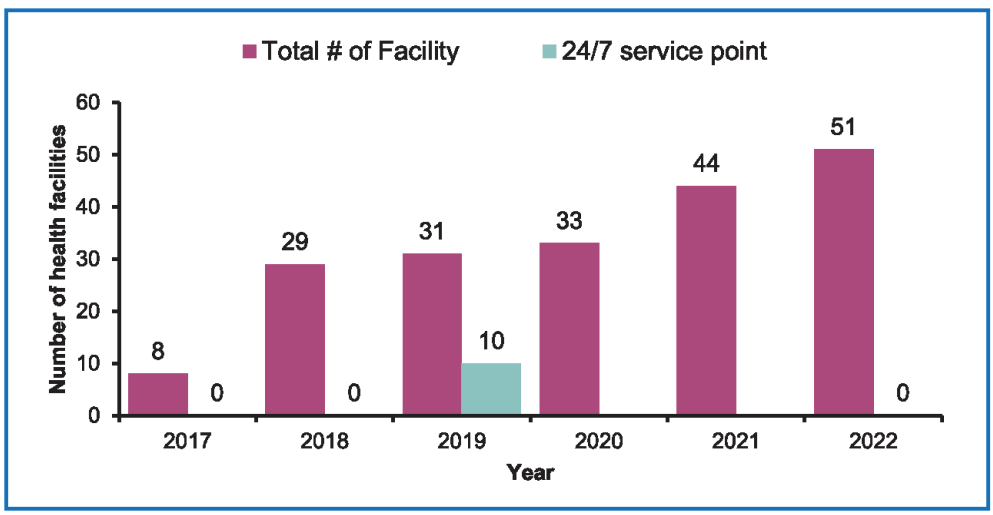
Figure 3: Collaborating partners of Ipas Bangladesh

camps provided MR, PAC, and contraceptive services. Thereafter, Ipas closely collaborated with relevant stakeholders from the government, local and international NGOs (iNGOs) (Figure 3) and initiated their program in eight of the existing government health facilities. Ipas negotiated for allocation of spaces in the government health facilities and logistics and supplies from UNFPA as well as the government of Bangladesh (GoB) to ensure their facility readiness.

Additionally, to ensure the minimum standard of quality, minor renovations, such as developing partitions in the MR/PAC service areas/rooms to maintain auditory and visual privacy, improving the lavatories, placement of logistics, equipment and waste disposal bins in the designated places were done.

By the end of 2017, Ipas managed to ensure readiness of eight government health facilities in and around the camp areas to provide MR, PAC and contraceptive services. In January 2018, they started providing the services from those facilities. Meanwhile, Ipas targeted to increase the number of facilities to 25, from where MR/PAC/contraceptive services will be provided, and by the end of 2018, a total of 29 facilities were in operation for providing the aforementioned services. Alongside, in mid-2018, Ipas took the initiative of establishing 24/7 service delivery points for providing MR and PAC services from the facilities in the camp areas. By January 2019, Ipas established the 24/7 MR and PAC service delivery points in ten (10) health facilities. Though the 24/7 service delivery of Ipas has been stopped after December 2019, however, their regular service activities were ongoing from 8 am in the morning till 3 pm in the afternoon except Friday (Figure 4).

Figure 4: Number of Ipas supported health facilities in Cox's Bazar and Bhasan Char



The evaluation team identified that currently Ipas has their service delivery points at 51 health facilities in 23 refugee camps in Cox's Bazar. Besides Cox's Bazar, Ipas has expanded its activity to Bhasan Char, being the first iNGO to work on the island.

Bhashan char is a 40 square kilometer island located in the Bay of Bengal, near Hatiya upazila (sub-district) of the Noakhali district, Bangladesh. The island is 60 kilometers from the mainland near the shore and approximately 150 kilometers from the Rohingya camps in Ukhiya, Cox's Bazar. In December 2020, the government of Bangladesh started relocating the Rohingya people in Bhashan Char. It was reported that a total of 30,079 Rohingya people were relocated to the island till 17 October, 2022 (25, 26). In Bhashan Char, seven Ipas-

supported facilities are providing MR, PAC and contraceptive services to the Rohingya women and girls since 2022.

Types of facilities and designated services by Ipas:

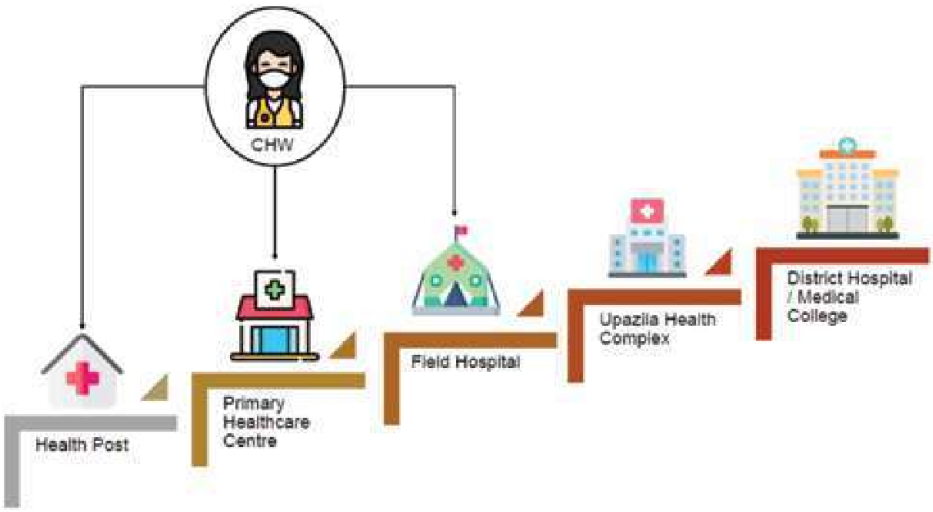
Ipas offers its services through three categories of health facilities run by different collaborating partners in the refugee camps. Among those facilities, primary healthcare centers and field hospitals provide a wide range of SRH services, whereas the health posts, the lowest tier service center, provide only non-invasive services (Table 2). Additionally, community health workers (CHWs) of different national and international NGOs motivate the Rohingya women and girls in the refugee camps to utilize sexual and reproductive health services, including MR/PAC/contraceptive services/SCC from the Ipas supported health facilities.

Ipas also provides services through government health facilities, i.e., Union Health and Family Welfare Centre (UH&FWC), Upazila Health Complex (UHC), Maternal and Child Welfare Centre (MCWC). In these facilities, Ipas predominantly provides support for training and mentoring of the service providers on MR, PAC, contraceptive services and SCC. To maximize the accessibility and availability of MR, PAC, and contraceptive services to the eligible clients, Ipas uses a unique referral pathway, illustrated in Figure 5.

Table 2: Types of health facilities and service availability by Ipas

Types of health facilities	Service availability
Health Post	• Counselling on all types of SRH services • Short-acting contraceptive methods • Post-Partum Family Planning (PPFP) methods • Post Abortion Family Planning (PAFP) methods • Menstrual Regulation with Medication (MRM) • Trauma/survival centered care (SCC) • Psychological support
Primary Healthcare Centre	• Counselling on all types of SRH services • Short and long-acting contraceptive methods • PPFP & PAFP • MRM • Manual Vacuum Aspiration (MVA) • Non-complicated PAC services • SCC • Psychological support • Clinical management of rape (CMR)
Field Hospital *(Referral point for the Health Post & Primary Healthcare Centre)*	• Counselling on all types of SRH services • Short and long-acting contraceptive methods • PPFP & PAFP • MRM • MVA • Non-complicated & complicated PAC services • SCC • Psychological support • CRM

Figure 5: Referral pathway of Ipas Bangladesh in the humanitarian settings



Reproductive Health Services Training and Education Program (RHSTEP) and Bangladesh Association for Prevention of Septic Abortion (BAPSA) are the main implementing partners of Ipas for providing MR, PAC and contraceptive services in the Rohingya refugee camps area. Ipas delivers its services through the health facilities of DGHS, DGFP, Hope Foundation, Bangladesh Red Crescent Society (BDRCS), International Rescue Committee (IRC), Friendship, and International Organization for Migration (IOM).

To develop the training modules and provide training to the service providers, Ipas closely worked in collaboration with Research, Training and Management International (RTMI), BAPSA, and the Directorate General of Nursing and Midwifery (DGNM).

However, DGHS and DGFP are the authorities to approve all healthcare-related activities in Bangladesh. Nonetheless, Deputy Commissioner's (DC) Office, Cox's Bazar and Office of the Refugee Relief and Repatriation Commissioner (RRRC) are the government bodies to provide permission for any program operations in the Rohingya refugee camps. Therefore, Ipas collaborated with all of these organizations to get administrative approval for program implementation in the refugee camps.

3.1.2 Capacity building of the healthcare providers

Ipas and it's collaborating partners always recruited female service providers to increase the compliance of the program among Muslim as well as conservative Rohingya women and girls. To ensure service quality, apart from working on facility readiness, Ipas designed training modules to improve the skills of the service providers. Since off-site training was not practical for the provider of the facilities where maternal and reproductive health services are only provided by a single provider, hence, training modules were designed keeping this circumstance in consideration. Therefore, training strategies were developed to ensure minimal disruption to service provision. This strategy included facilitating on-job training on MR with medication (MRM) and PAC services at the camp sites. Duration of the formal training was also adjusted as per the government's guideline to ensure availability of the service providers from other collaborating organizations.

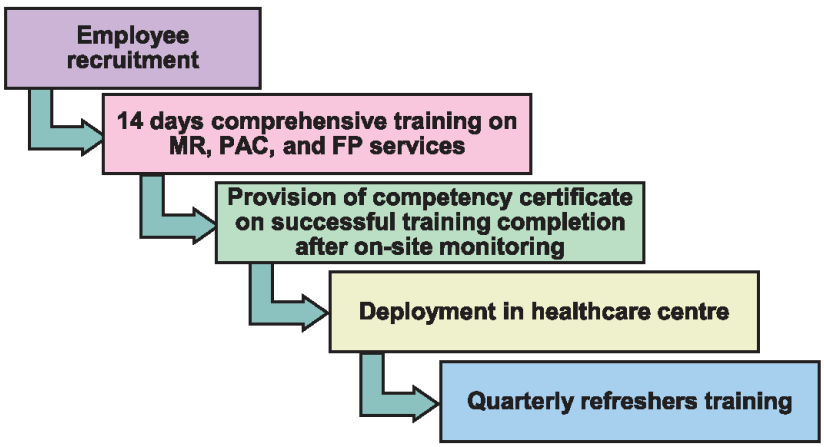
With support from Ipas, the implementing partners, RHSTEP and BAPSA, provided training on MR and PAC to the service providers, including doctors, nurses, midwives, family welfare visitors (FWV) and paramedics at their facilities. Ipas also designed the training schedule to provide refresher training to the trained service providers at regular intervals to ensure high quality services.

Training modules were prepared based on the guidelines of World Health Organization (WHO) and the Government of Bangladesh. Contextual adaptation of the guidelines was made as per requirement.

Ipas has two training packages for mid-level providers, including nurses, midwives and paramedics. The training modules covered MR, PAC, contraceptive services except for the implant service, and SCC. Service providers from the Ipas-supported facilities received a comprehensive training package of 14 days duration, while providers from the partner organizations receive a shorter training of six days duration.

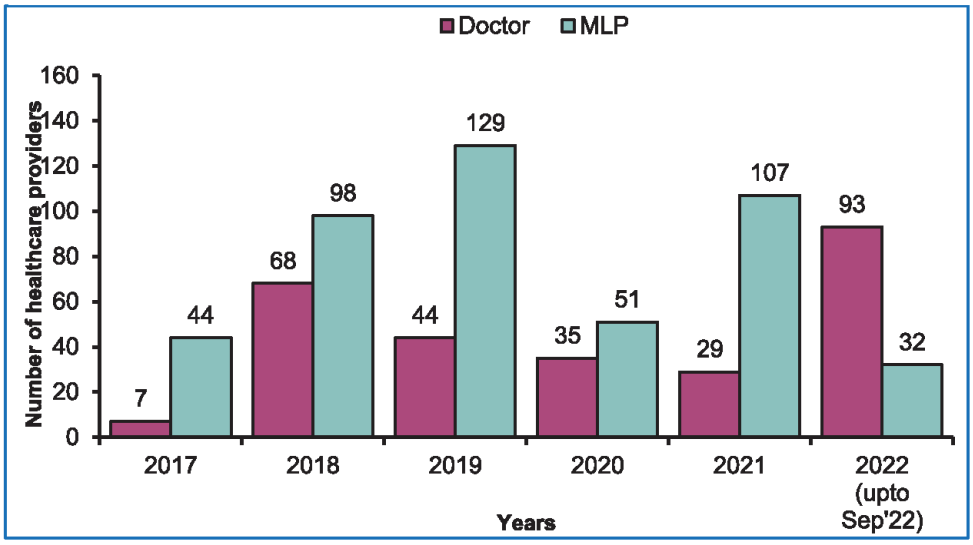
In the comprehensive training package, the training participants receive theoretical classes for eight days and practical sessions for six days. After successful completion of the training, the providers receive a competency certificate and are deployed in the respective service centers. Figure 6 shows the training package for the Ipas supported service providers.

Figure 6: Training package for the service providers from Ipas supported health facilities



Based on some preset criteria, service providers from the partner organizations were selected for training. Eligible candidates first receive four days of theoretical classes and two days of practical sessions. Later, continuous on-site monitoring is provided to the trained service providers by Ipas Mentoring Officers, who continue to follow up with the service providers till they develop enough skills to meet the standards set by Ipas. Once a service provider passes the competency test fulfilling Ipas's standard, Ipas certifies them as competent providers. These providers also participate in refresher training at three-months interval.

Figure 7: Number of healthcare providers received basic and refreshers training (2017-2022)



Source: Ipas program reports (2017-2022)

Ipas also provided six-days training to the Doctors on long-acting reversible contraceptives (LARC) such as implants and intrauterine devices (IUD). The mid-level providers are not allowed to provide implant services; hence they did not receive this training.

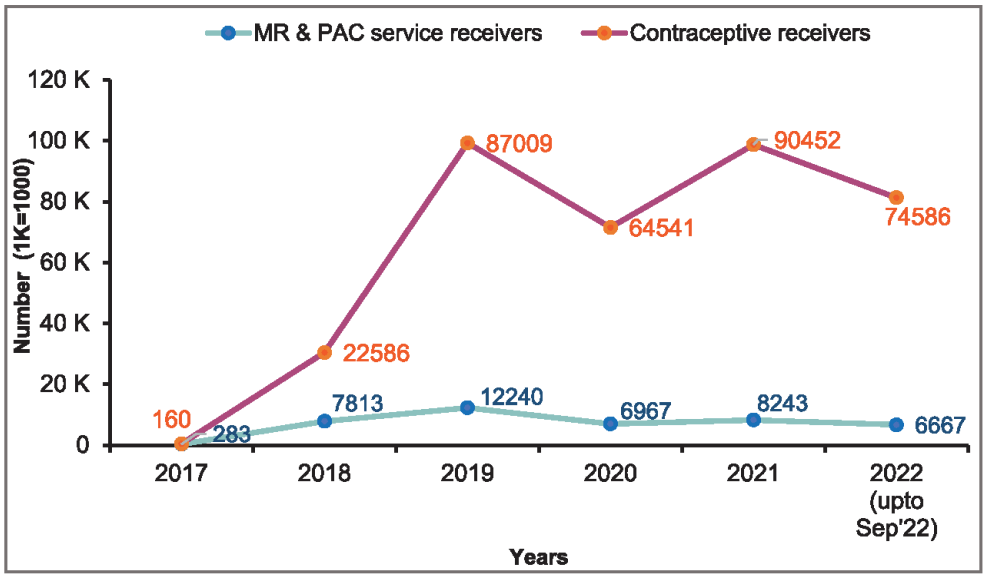
In addition, Ipas provided training on counselling and awareness raising to the service providers of all cadres, including community health workers (CHW) and volunteers. In order to introduce the emergency services immediately in 2017, Ipas first trained 51 providers only on MRM and PAC services (Figure 7). Over time, Ipas enriched their training package by adding other components, such as short and long-acting contraceptive methods, post-partum and post-abortion family planning services, and counselling & awareness raising on relevant issues. Since 2020, community mobilization through awareness raising has become a major part of Ipas's training. In 2020, Ipas trained 301 community health workers (CHWs) in awareness raising and 251 CHWs on the same topic in 2021.

3.1.3 Service delivery

Ipas-supported service delivery centers provide support to the Rohingya community as well as the host community. At the beginning of 2018, Ipas provided only MR and PAC services, and expanded their service and started distributing short-acting contraceptive methods afterwards. Simultaneously, they continued doing advocacy to the government for providing long-acting reversible contraceptive (LARC) services to the Rohingya community.

After obtaining approval for LARC service provision in October 2018, Ipas started providing this service among the Rohingya women. Ipas also provided trauma/survival centered care, clinical management of rape, psychological support, legal supports in collaboration with the GoB, UN agencies and local NGOs or iNGOs. In 2020, service utilization decreased due to the COVID-19 pandemic, which was again increased during 2021 (Figure 8).

Figure 8: Utilization of MR, PAC and contraceptive services in the camp health facilities



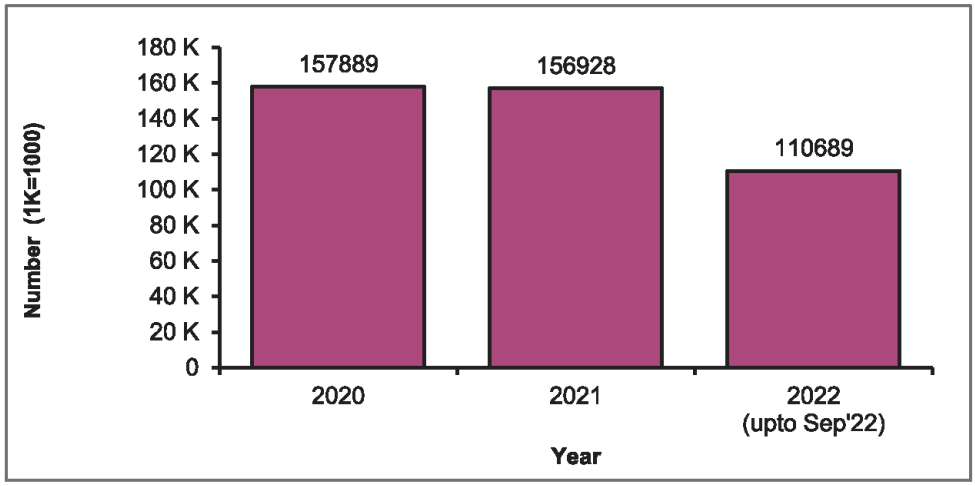
Source: Ipas program reports (2017-2022)

To increase service uptake, Ipas continuously aimed to improve community sensitization, counselling and awareness-raising activities (Figure 9). To reach clients with messages on contraceptives, Ipas deployed Social and Behavior Change Communication Officers (SBCC Officers) in each camp. The SBCC officers were responsible for sensitizing and supervising the CHWs delivering contraceptive messages and methods, ensuring the CHWs can convey those messages to the doorstep of the target population during their routine household visits.

Alongside these initiatives, Ipas also engaged community stakeholders and gatekeepers like Imams (religious leaders), Majhis (local Rohingya community leaders), husbands, and other male members of the community through their awareness raising campaigns and SBCC activities.

The Imams have a strong influence on the lifestyle of the Rohingya community. Therefore, with the help of the local Islamic Foundation, Ipas arranged training for the Rohingya Imams under the campaign "Family Planning in the Light of Islam". The Government of Bangladesh is also prioritizing FP services and patronizing Ipas to continue their activities among the Rohingya community.

Figure 9: Number of beneficiaries received counselling services and awareness session through SBCC activity in the camps arranged by Ipas



Source: Ipas program reports (2017-2022)

3.2 Health facility observation and assessment

The Evaluation team assessed the healthcare facilities focusing on areas relevant to MR, PAC, contraceptive services, and SCC. All the health facilities were found to be providing MRM and MVA services, all short- and long-acting modern contraceptive methods, such as, oral contraceptive pills, condoms, injections, IUDs, implants, emergency contraceptive pills (ECPs), and post-partum and post-abortion family planning (PPFP and PAFP) services. Except for Fridays, all of these services were available on the remaining days of the week in the Ipas supported health facilities in the refugee camps (Table 3).

Table 3: MR, PAC and FP service availability in the health facilities

Characteristics	Frequency (n=4)
Availability of short-acting contraceptive methods	
Yes	4
No	0
Availability of long-acting contraceptive methods	
Yes	4
No	0
Days of contraceptive service availability	
Every day (except holidays)	4
Specific days of the month/week	0
Availability of contraceptive guidelines/manual	
Yes	4
No	0
Availability of MR services	
Both MVA and MRM	4
Only MVA	0
Only MRM	0

Characteristics	Frequency (n=4)
Days of MR service availability	
Every day (except holidays)	4
Specific days of the month/week	0
Availability of MR guideline/manual	
Yes	4
No	0
Availability of PAC services	
Yes	4
No	0
Days of PAC service availability	
Every day (except holidays)	4
Specific days of the month/week	0

During facility observation, the evaluation team identified that all necessary commodities and medicines were sufficiently available in the health facilities and were stored in clean, well-ventilated rooms protected from sunlight and water, and free from rodents. It was observed that medicines and commodities were stored separately in an organized way according to their date of expiry. Ipas also ensured that each facility maintains 20 days' buffer stock to avoid discontinued service due to unavailability of logistics and supplies. However, in one out of the four facilities observed, medicines were not organized according to the expiry date (Table 4).

Table 4: Storage of medicines in the facilities visited

Characteristics	Frequency (n=4)
Availability of medicine storage facility	
Yes	4
No	0
Medicines were organized separately	
Yes	4
No	0
Medicines were organized following expiry date	
Yes	3
No	1

Facility observation also explored that before performing invasive procedure, like MVA, the service providers ensured using sterile instruments. Medical wastes were disposed into the designated color-coded bins and taken to the waste disposal area before two-third of the bins were full. The evaluation team also observed that properly labelled color-coded bins were present in the service delivery room. All components of the waste management system were properly functioning in three of the four facilities observed. In one of the facilities, the incinerator has been malfunctioning for the past two weeks and their wastes were sent to a nearby health center where incineration facility was available.

As mentioned in section 2.4 of this report, evaluation team conducted observation-based facility assessment to collect necessary information regarding their readiness of the facilities to provide MR, PAC, and contraceptive services. A prior developed structured questionnaire was used in this method. A descriptive quantitative finding from the observation is presented in the following section. Service related indicators were used to assess the facility readiness; thus, during data analysis, number of the services were considered as the denominator.

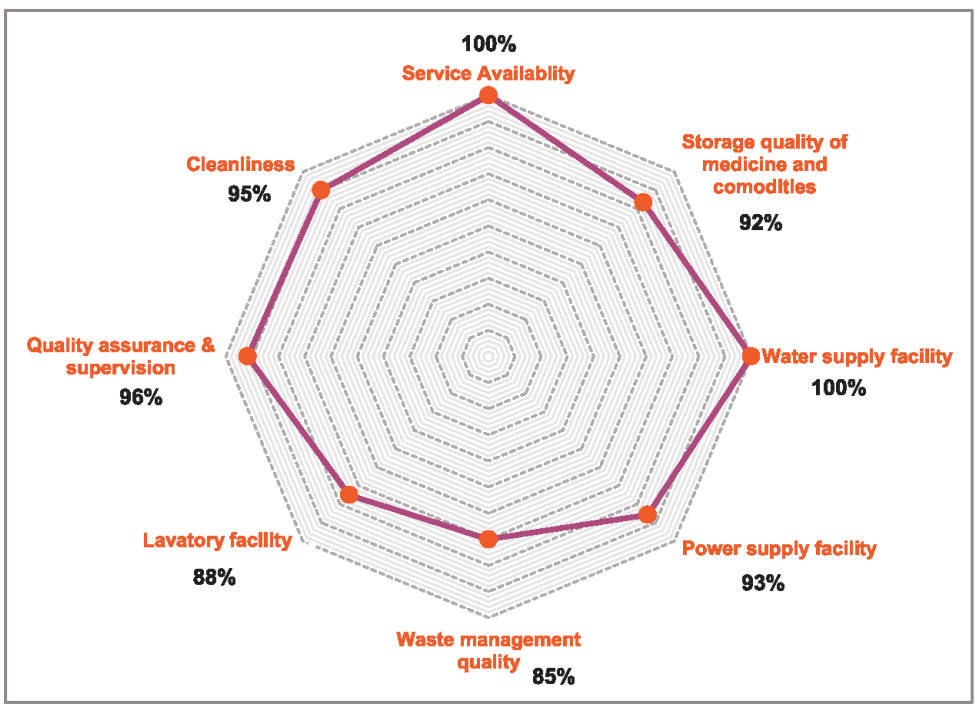
General facility-level cleanliness was satisfactory with 95% positive responses. The floors were clean, with no visible dirt or waste. The patients' waiting area was clean, and protected from sunlight and rain. No significant damage was observed on the walls, doors and ceilings of the facilities. However, few hand washing stations had visible dirt, and some did not have soaps with it (Figure 10).

On average, 88% of the lavatory facilities were appropriately placed in the service centers with privacy; functionality and cleanliness of the lavatories were properly maintained (Figure 10). Separate toilets for males and females were available in all the service centers assessed by the evaluation team.

All the facilities had adequate and clean water supply; water supply systems were properly functioning and have not gone through any severe shortage of supply in the past years. However, the power supply was observed to be interrupted several times. At the time of the visit, two facility managers reported that they have been facing more than two hours of load shedding at a stretch for the past seven days. Though, all the facilities reportedly had at least one functional generator and one assigned generator operator.

96% of all the quality assurance and supervision activities were routinely carried out across the facilities. Quality assurance and supervision activities include facility wide review of mortality, periodic audit of register books, external supervision of the facility by higher authority at least once in every 6 months, and supervision of CHWs activities by the facility staff at least once in a month (Figure 10).

Figure 10: Facility observation overview



3.3 Client exit interviews

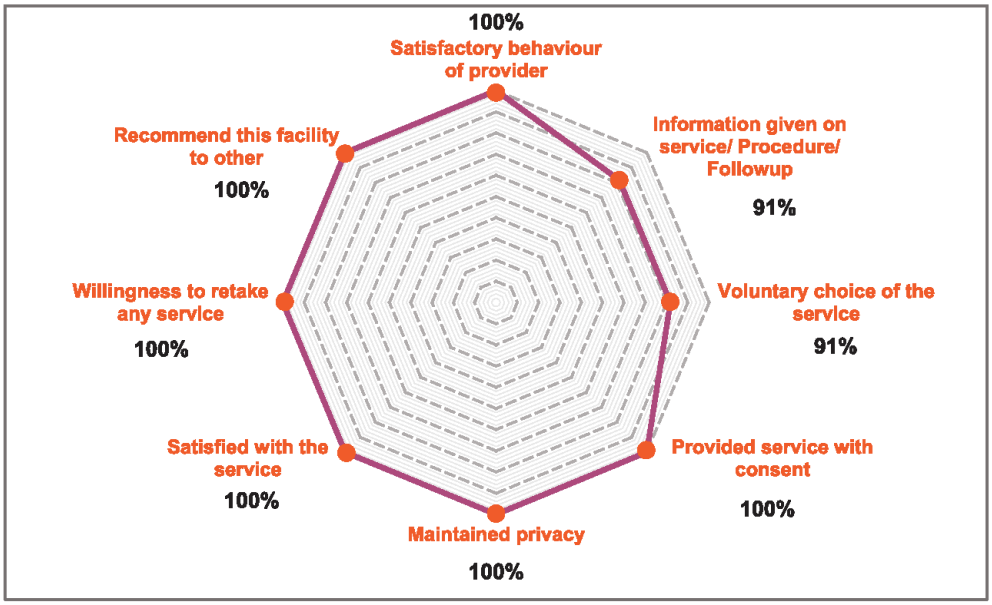
A total of 9 women participated in the client's exit interviews. Six of them came to the facility to receive contraceptive services, one came for MR & contraceptive services, one for PAC & contraceptive services, and one woman came to receive PAC services only (Figure 11). Overall, 11 services were received by 9 participants as 2 of the participants received 2 services each. Therefore, patient satisfaction survey was conducted for each of the services received by them, and was calculated considering '11' as denominator.

Table 5: Services received by exit interview participants

Participants	Contraceptive service	PAC service	MR service
Participant- 1	✓		
Participant- 2	✓		
Participant- 3	✓		
Participant- 4	✓		
Participant- 5	✓		
Participant- 6	✓		
Participant- 7		✓	
Participant- 8	✓	✓	
Participant- 9	✓		✓

The clients who came for contraceptive services mentioned that they had received detailed information on all the available methods, and had voluntarily chosen the methods on 91% occasions. In remaining 9% cases, choice of methods was guided by the providers.

Figure 11: Findings from the client satisfaction survey



Women who came for MR and PAC services stated that the service providers gave them detailed information about all the options for MR/PAC and performed the procedures after taking their consent and maintaining privacy. However, one client recommended about

more auditory privacy of one of the field hospitals. The women also mentioned that the providers had gave them information about their follow-up visits.

All of the women were satisfied with the services they received from the facilities and reported that the providers were welcoming and respectful to them. They were also satisfied with the quality of the services provided, and expressed that if required, they will come again to these facilities and recommend to their relatives and friends to visit the facilities in case of any SRH-related issues (Figure 11).

3.4 Qualitative interviews

A total of 23 respondents participated in the qualitative interviews. Five (5) service providers participated in the in-depth interviews (IDIs); twelve (12) key stakeholders, such as, facility managers and program managers from collaborating & implementing partners and government stakeholders participated in the key informant interviews (KIIs); and six (6) program managers were participated in one focus group discussion (FGD). Distribution of the respondents for qualitative interviews is shown in Figure 12.

Figure 12: Respondents participated in the qualitative interviews

3.4.1 Findings from in-depth interviews with the service providers

The evaluation team tried to understand the service delivery mechanisms, service utilization by the Rohingya women and girls, and management of resources in the facilities through in-depth interviews with the service providers. During conducting the IDIs, the team also focused on the discussion regarding the Rohingya community's perception towards MR, PAC and contraceptive services, misconceptions around these services, and care-seeking behavior for any SRH-related issues.

All the service providers mentioned that they provide a wide range of services related to MR, PAC and contraceptives to the Rohingya women and girls. One of the IDI participants stated:

> *"Basically, I work here as MR, PAC, family planning service provider. At first, I counsel my clients, talk about contraceptive methods and related side effects with them (clients) and then provide service."*

Another participant mentioned:

> ***"We work here to reduce child mortality and unsafe abortion. We provide MR and post abortion care services, and post abortion family planning services as well."***

To ensure optimum level of service quality, Ipas provided training to the providers after recruitment. Ipas also arranged refresher trainings on a regular interval to maintain the quality. One of the IDI participants who was recruited recently mentioned that:

> ***"I joined in June 2022.... prior starting my work, I received a training of 14 days from BAPSA & Ipas. They taught us the theory and then gave us practical training of MR, contraceptive and PAC.... Yes, I received a 2 days refresher training in September (2022). In the refresher training, apart from recapitulating the MR-PAC related topic, I learned about IPC (Infection Prevention and Control)."***

Majority of the IDI participants stated that most of the Rohingya women were reluctant to use contraceptive methods due to superstition, misconception, illiteracy, and their cultural practice or social customs associated with family planning services. In addition, they were more interested in taking short-acting contraceptive methods than the long acting reversible contraceptive (LARC) methods. One of the participants mentioned that when she offered Implant (one long-acting reversible contraceptive method) to a 26-year old woman, who was a mother of six children, the woman replied:

> ***"I wouldn't get a proper Muslim burial if I die with an implant inside my arm."***

To increase awareness and reduce misconceptions among clients, providers conduct health education with the clients. One of the IDI participants said:

> ***"Every morning, I go to the outdoor of the health facility and identify our family planning clients, particularly those who are comparatively younger age ... then I sit with them in a separate place and talk about different topic of MR, PAC and FP methods. Usually, I talk about short and long acting methods. .... I also talk to our CHWs (Community health workers) on weekly basis. I share the messages with them so that they can go to the community and disseminate the correct messages regarding MR, PAC, and FP methods."***

The participants also mentioned that the health facilities have functioning triage systems to sort the patients according to their needs. If a patient presented with symptoms of sexual and reproductive health (SRH) issues or wanted to receive family planning services, she was sent to the SRH service room of the triage section. One of the IDI participants explained the process accordingly:

> ***"When a woman comes into the triage and asks for any kind of FP service or complaints of bleeding or missed period, they (triage staff) send her to room number 9 (SRH-related service delivery room). Then I take her history following proper guidelines and maintaining privacy. After that, I perform her physical examination and counsel about the appropriate service following the wheel (WHO Medical Eligibility Criteria Wheel for Contraceptive Use). After taking consent, then I provide her the contraceptive method."***

The IDI participants also mentioned that the clients were given the opportunity to make informed decisions about the services they wanted. The providers only counsel them on the available and appropriate methods. In some cases, the providers discussed about the methods with the client's husband or other family members (accompanying person) to

convince them for method utilization and to choose the correct method. In addition, the service providers also informed the clients about possible side effects of the contraceptive methods and/or MR/PAC services, and advise them for follow-up visits as per the guideline. One of them mentioned:

> *"Why should I force them (clients)? ……. I explain them the options, good and bad side of different contraceptive methods ……..and then they tell me what do they want and I give them that method."*

From the IDIs, it was explored that short-acting contraceptive methods (pill, condom, injection) were provided to the clients by the assigned nurses and paramedics, and LARCs (Implant, IUD) were provided by the medical doctors. If required, nurses and paramedics referred complicated cases to the Medical Officers or Gynae Consultants in the field hospitals.

The IDI participants also discussed about maintaining the stocks of medicines, FP commodities, and other medical equipment. It was identified that the providers submit monthly requisitions to the Ipas, Cox's Bazar office as per their demand and consumption on the last working day of each month. It usually takes three to four working days to restock the commodities. One of the participants stated:

> *"Yes, yes, always available. I mean, at the end of every month I give requisition to Ipas as per consumption rate. I raise requisition when I have sufficient amount of medicine and commodities in stock (buffer stock). … sometimes they (Ipas) re-stock everything (medicine and commodities) in 3-4 days; sometimes it takes a week."*

The evaluation team also focused on identifying the challenges faced by the service providers during offering MR, PAC, contraceptive services, and SCC to the clients and the steps taken to mitigate those issues. One of the participants mentioned that:

> *"Sometimes privacy is a problem, people can hear me outside of my room…. the other thing is…. women are very afraid to take LARC. They don't take decisions (of taking LARC) without their husband's permission."*

3.4.2 Findings from key informant interviews with the collaborating & implementing partners, the facility managers, program managers, and government stakeholders

Key informant interviews were conducted with government stakeholders, and collaborating and implementing partners and the facility managers of different organizations working in the refugee camps that included UNFPA, BAPSA, IOM, Hope Foundation, Friendship, and BDRCS.

The evaluation team asked the key informants about the program's inception. One of the key informants explained in the following way about the necessity of the services at the initial stage of the crisis:

> *"We have seen that during humanitarian crisis, particularly during any conflict, human body become war field. Human body means women's body. At that time (2017) a lot of women were the victim of rape. International media reported incidence of mass raping…… …. In that situation, to reduce unsafe abortion related maternal mortality, MR service became a crying need for the Rohingya women and girls."*

Prior starting their humanitarian response program, Ipas sent representatives in the camp areas to examine the situation in early days. Following story was explained by one of the key informants:

> *"Well, it was 25 August 2017, when the influx started…… So, in September, we thought that there might be a need of SRHR services in the camps…. Ipas Representative from Dhaka office went to visit the camp facilities……and after visiting few facilities, we saw that a woman was delivering her 19th child…… actually, such a painful tragedy for a woman. …. also, many women were leaving the facility without getting any services, why? ……they had unwanted pregnancies…… the victims of rape…… they were not getting the rape management service, and were unable to meet up the need for this unwanted pregnancy…… and they don't even know where to go, whom to approach. At that time, the Ipas representative felt that the MR, PAC, contraceptive services and the trauma/survival centered care were actually urgently needed…. so, we took the first step to address this issue……. as you know we have a long history of… I mean since 2011, we are working in this field in Bangladesh and we had that motivation."*

After assessing the dire need of the MR, PAC, contraceptive and SCC services, Ipas started working with relevant stakeholders and donors before commencing their humanitarian response program. One of the key informants remembered this as follows:

> *"We found that UNFPA is leading and coordinating the SRHR component in humanitarian setting. Then we explained them (UNFPA) the need of SRHR services such as MR, PAC or Family planning in that setting. They then told us…. yes, you carry on…… you start first, maybe after some days we will fund you. So, a coordination & collaboration like this happened at the local level and with Central UNFPA unit. We started the program with support from the headquarter…… and then from October 2017, UNFPA started providing funding to us…… So, this is how we did start. I would say the good point was, we had an analysis or we had a primary assessment on the need of SRHR services……it was our in-person assessment. With that assessment, we started talking with the other donors. We have some regular donor, from the Global Fund. So, in 2018, we did receive some commitment from them. The commitment with UNFPA is still going on. …… And also, the commitment from Global Fund, that is still ongoing, in fact. We have other funders like Packard Foundation, Global Affairs Canada (GAC)…… So, this was our start."*

Along with dealing with the developing partners, Ipas always advocated for and collaborated with the Government of Bangladesh (GoB). Ipas's collaborative efforts have also been recognized by the Directorate General of Family Planning (DGFP). There were also different opinions among the key informants. Two of the key informants' statements are mentioned below:

> *"… with permission from the government, we (Ipas) started providing MR and PAC services in eight (8) government facilities run by DGFP. But we couldn't start providing family planning (FP) services immediately…… you may aware, we can't provide FP services to a citizen of another country…… for them, it's an issue of rights. But we continued coordinating with the government and advocated for FP, saying that it is a very underprivileged, less educated community. If we can't start providing them contraceptives ……at least pill (oral pill), there might be disaster……then, in January 2018, the government gave us permission to start providing short acting contraceptives only."*

> ***"Yes, we only know about IPAS, as they had been regularly communicating and coordinating with us……. We thank IPAS for that……. Other than Ipas, so far, no other NGOs or INGOs did seek our permission or assistance to provide these services in the Rohingya camps."***

However, from the statement of one of the key informants, it was also comprehendible why long acting reversible contraceptive methods were not introduced immediately in the Rohingya camps:

> ***"Everyone thought this camp setting will be temporary, they will go back soon……. So, as an immediate solution, short-acting methods were approved."***

However, getting approval for LARC was not an easy journey. A continuous advocacy effort was evident from another key informant's statement:

> ***"We continued our advocacy with DGFP for LARC services. RRRC and UNHCR combinedly conducted an assessment and reported that their (Rohingya population's) family size was increasing in such a way that this population might get doubled within a year……. That report helped in our advocacy process……and the government was finally taking the decision of providing LARC to the eligible Rohingya women. ……. But we had to justify the need of LARC among this community and it took us a long time……. I would say, RRRC and UN agencies played a big role……. UNHCR published monthly fact sheets where current population related data was reported. We took all those reports to the government, local (district level) FP and Civil Surgeon office and continued our advocacy. Then the government officials understood the need of LARC for this community and approved it."***

Representatives from local and international NGOs have been doing advocacy to introduce permanent contraceptive methods among the Rohingya people. The government stakeholders were also thinking of introducing permanent methods among this community as no visible progress towards repatriation was observed currently. Regarding this situation, one of the key informants stated:

> ***"They (Rohingya population) have been living here since last 5 years. A recent report showed that the fertility rate in camp is 6.3 or something…. And as there is no significant discussion about their repatriation, we think, permanent methods will be more appropriate for them."***

The program was developed sequentially by Ipas. They gradually introduced more services to their service package. As mentioned by a key informant:

> ***"We started our preparation in September (2017) and the program started in October (2017). Initially we provided only MRM and PAC services. Then, from January (2018), we started providing short acting contraceptive methods. We couldn't start MVA immediately as it was an invasive procedure. After establishing adequate infrastructure (renovating existing health facilities to provide MVA), arranging logistics and equipment, we started MVA service in…. I can't remember correctly, may be in June or July 2018. We had a tough journey……it took us another 6 months only to get the permission for providing long acting reversible contraceptives (LARC)……probably in August 2018, we started providing LARC services."***

In Cox's Bazar, Rohingya camps are situated adjacent to the locality of Bangladeshi community (also known as the host community). Host community clients also came to the camp facilities for care seeking. Service providers from the Ipas supported facilities didn't differentiate between the Rohingya and the host community people. One of the key informants said:

> ***"In government facilities we serve the host community…… but when the local people came in the camp facilities, we didn't deny them to provide services. The government people also asked us, how much services was provided to the host community clients? We couldn't deprive them from their rights of getting health care services. The government has given us a target…… that we will have to allocate our time to provide services to certain proportion of the host community…… So, we are reaching the target."***

Before starting MR, PAC, contraceptive services, and SCC from any facility, Ipas worked on facility readiness in a holistic way. Ipas has done a need assessment of the facilities and acted upon the assessment findings. This included capacity building, logistic supply, and sensitization of the facility staff. This holistic approach to ensure facility readiness was termed as whole site orientation (WSO). The WSO was for all level of support staff, like facility managers, physicians, nurses, midwives, family planning service providers, statisticians, and cleaners, who potentiality had to be involved at any point of the client's visit for SRH services. The objective of the orientation was to create a supportive environment to ensure SRH (MR, PAC, and FP) services and to acquaint the facility members with the project and the SRH context of the Rohingya Community. All staff had the responsibility to create a supportive environment for quality service delivery.

> ***"Basically, we (Ipas) have some guideline and standard tool on how to ensure facility readiness. We did the baseline assessment and prepared the facility based on the findings (of baseline assessment). For example, capacity building of the existing service providers, logistics management, and even sometimes we recruit providers through our implementing partners, like, BAPSA and RH-STEP. They deploy them (newly recruited service providers) in the facilities where there is no provider…. we also arrange orientation session for all staff (from top to bottom) of that facility. We called it 'Whole Site Orientation' and it played an important role in terms of facility readiness. As we were going to provide a very sensitive service, we had to convince everyone…… from facility manager to caretaker of that facility on what Ipas was going to do there? So, we had arranged this orientation session to create an enabling environment. Also, to ensure the service quality, we have our own monitoring system in place…… we did continuous monitoring using a checklist… this checklist is being maintained both at the local level and also at the central level. Also, we produced site progress report quarterly to analyze/identify needs and gaps of the facility, then we take appropriate action to minimize the gaps."***

As part of the facility readiness, Ipas always gave importance to different capacity building activities. Ipas have different training modules for different types of service providers. To address the needs, they have strategically designed the training modules following the GoB and WHO guideline. Ipas provided training on various components, such as, MR, PAC, FP, gender-based violence (GBV), PSEA (Protection from Sexual Exploitation and Abuse), community sensitization, reporting & documentation, Logistic & supply chain management, IPC etc.

> ***"Initially, the services (MR, PAC services) were provided only in eight facilities, so women had to wait three to four hours to avail the services. So, what we did was... we sent trainers from Dhaka.....they provided training to the doctors, nurses, paramedics and midwives. Thus, in this way, we increased the number of service providers."***

> ***"Ipas put a lot of effort to ensure the capacity of service providers. Our capacity building approach covers three major components: MR, PAC, and family planning. As per the government protocol, we have 14 days training package for mid-level providers and six (6) days training package for the doctors. In our new training schedule, we also have included GBV.... also, we provided IPC training to all the providers.....though IPC training is included in the 14 days module. Additionally, we have some project related training requirement, for example, training on documentation and logistics management.... Alongside, we supported other partner organizations to train up their providers of all categories (Doctor, Nurse, Midwife, Paramedics, CHW). Since 25th September 2021, we have provided training to all the midwives working under UNFPA."***

Ipas also complied with UNFPA's strategy to maximize the service availability in the situations where Ipas couldn't provide services through the implementing partners. One of the key informants mentioned:

> ***"Due to some internal changes and funding issue, we (Ipas) had to stop our 24/7 service delivery in December 2019. ..... as a result, the Ipas providers were leaving the facility at 3 pm..... So, what happened to the clients who came to the facility after 3 pm or in the evening or night? ..... UNFPA felt the necessity of 24/7 service availability..... so, they (UNFPA) invited other partner organizations (who provide 24/7 health care services except MR, PAC & FP) to capacitate their service providers on MR, PAC, FP services so that they (providers of partner organizations) can provide 24/7 SRH services..... UNFPA, as the SRHR lead, recommended Ipas to train up the providers from the partner organizations. Then, Ipas started providing training to the providers from all the partner organizations."***

Along with regular services, Ipas also established mechanism to support the victims of gender-based violence, Intimate Partner Violence (IPV), and reproductive coercion. With the funding of David and Lucile Packard Foundation, and Global Affairs Canada Ipas started providing this service, commonly known as 'trauma informed care/survival centered care' project of Ipas.

> ***"You will be surprised to know that not only by the husbands, women and girls are also being victimized by their boyfriends, neighbors, family members, and/or in-laws. But IPV (intimate partner violence) rate is higher.... when we found any survivor of GBV, for example, sexual harassment or rape who might need MR or FP or just a simple counselling, we identified those people, provided the service they needed.... if we didn't have the appropriate service that was needed, for example, we didn't provide CMR (Clinical Management of Rape) service, in that case, we referred them to specific providers who offered this service..... Suppose, IOM provided psychological support, to some extent shelter and CMR as well. So, we referred the victims to IOM. If the victims needed legal support, then we referred them to 'Ain o Salish Kendra (ASK- a legal aid and human rights organization in Bangladesh)' or 'BLAST (Bangladesh Legal Aid and Services Trust)'..... we (Ipas) are maintaining this service since 2018."***

Ipas in collaboration with BAPSA, created the SBCC team. Two representatives from Ipas- SBCC Coordinator and SBCC Associate were responsible to lead the team. From BAPSA, one Manager, one Deputy Manager, and five SBCC Monitoring Officer were working in the team. Seven SBCC Officers worked under each SBCC Monitoring Officer. The SBCC team was working across 25 camps on community sensitization and engagement, stigma reduction, CHW orientation, FP message dissemination, etc. In collaboration with RRRC and CHW working group in Rohingya camps, the SBCC team started training program for the CHWs broadly focusing on FP messages so that the CHWs can disseminate the messages properly during their regular household visits. The SBCC team developed handy pictorial SBCC materials and distributed those materials among the CHWs. The SBCC officers were responsible to orient the CHW's regarding FP messages on a regular basis. The SBCC officers also visited the households and attended court yard meetings with the CHWs. One of the key respondents mentioned that:

> ***"We have our SBCC Officers, working in 25 camps. They (SBCC officers) trained up and oriented the CHWs of all organizations…… they also distributed SBCC materials, flip charts, pictorial materials among the CHWs. The SBCC officers also visit the health facilities and conduct sessions with clients in the patient waiting area."***

Alongside regular SBCC activities, Ipas also have taken different strategies to reduce stigma within the Rohingya community. Ipas identified that without male involvement, particularly without involving the imams (Muslim religious leader), community sensitization will not be effective as women were being detained by their male partners from SRH care seeking. The males were also being detained by the religious leaders. To address this problem, Ipas involved local Islamic Foundation in their program and provided training to the local Imams (from the host community) and the local Imams (Bangladeshi Imams) trained up the Rohingya imams. By this way, Ipas fostered the peer learning process in the community. Rohingya imams were very influential in their community and after being sensitized, they disseminated the messages in their community. Ipas also introduced an interactive tool with pictures and messages related to MR, PAC and family planning, known as the 'VCAT (Values clarification and attitude transformation) tool'. The VCAT is a participatory tool aimed to provide accurate information about abortion and family planning and space to engage in critical self-reflection, provoked dialogue on beliefs, values and professional ethics and responsibilities around providing abortion and contraceptive care, and provided a deeper understanding of the range of circumstances in which women seek abortion and avail contraceptives.

> ***"You can reduce individual level stigma through one on one counselling. But you know, it's not a good idea (one on one counselling) for changing the community perception…… We found that the Rohingya imams are very powerful in their community. So, we involved Cox's bazar Islamic Foundation and with their help, initially, we trained the Bangladeshi imams. Then, the Bangladeshi imams provided training to the Rohingya imams. Now, Rohingya imams are spreading the FP and MR, PAC related messages…. you might also know about our V-CAT tool, we regularly arranged workshop where the V-CAT tool was used to sensitize people towards positive thinking."***

Logistic supply and stock maintenance were one of the prerequisites to ensure uninterrupted service provision. Ipas have their own mechanism to collect and procure logistics from different sources. FP commodities were being supplied both by the UNFPA and the GoB. Ipas procured MR service-related kits and logistics. UNFPA have 4 different warehouses to stock logistics. Ipas was maintaining one of the warehouses on behalf of UNFPA.

> ***"We receive most of our logistics from UNFPA and the government. UNFPA is supporting us in two ways…… they are supplying commodities directly to us, and we are also purchasing logistics that they are giving to us. We basically purchase MR-PAC related logistics…… also, we are maintaining one of the four warehouses of UNFPA…. there is an e-stock maintaining system. Ipas have a dedicated staff for stock management and warehouse maintenance…. As you know, training is major component of our programming, we procure all the logistics necessary for the training."***

All of the key informants considered the services offered by Ipas Bangladesh to be highly significant, relevant, and efficient in the context of the humanitarian crisis. Most of them broadly recognized Ipas's strength in implementing sexual and reproductive health programs in the humanitarian setting. One of the key informants stated three critical points in this regard:

> ***"So, number one, Ipas is in a good relationship with the government, which has been a great advantage to us. ……..***
>
> ***Two, Ipas works very fast. If I want X [Named an Ipas employee] now, I just pick up the phone even when we are talking here and tell her what we want …… before the day ends, we would have already reached to a consensus or an agreement on what we would want to do. This aspect of good communication between them (Ipas) and ourselves always made the processes easier for us, especially to mitigate any challenge we face.***
>
> ***Then the third thing is that the Ipas people are very 'professional'…… they are always ready to support us. They do a lot of work in the area of family planning and reproductive health. They also give lots of feedback, and the kind of feedback they provide is so practical……I mean…. those have some justifying factors…… So, in a nutshell, it is good communication, professional work, and good relationship with the government, RRRC, Civil Surgeon and all the partners here, including the CIC's in the camps … …… Ipas is one of the IPs (Implementing Partners) who never gave us any hard time."***

The facility managers from several organizations were interviewed as part of the KII. The discussion points mostly focused on the insight of the key informants about the importance, quality, and sustainability of the SRH humanitarian response program of Ipas Bangladesh carrying out at their health facilities. The degree of liaison between Ipas and the health facilities was also discussed with the facility managers.

All of the health facility mangers recognized that Ipas Bangladesh's involvement in the refugee settlements has met the need of the Rohingya women's family planning crisis during the emergency situation. Since the instigation of the SRH program initiated by Ipas Bangladesh, the Rohingya women and girls access to family planning services has been improved significantly. They also reported that the family planning service delivery rate has increased substantially in all of the Ipas supported health facilities, both inside and around the camps. One of the key informants explained this situation in the following way:

> ***"…. previously we had received supply of contraceptives straight from WHO…… but at that time, we did not focus directly on SRH…… …. when Ipas came to our facility, our SRH clients have increased more than three times…"***

A few of the collaborating health facilities have created distinct service delivery shelters considering both the Rohingya community's culture and the family planning activities of Ipas

Bangladesh. These shelters provided improved service delivery while ensuring privacy and security for the Rohingya women and girls. One of the key informants stated that:

> *"…. due to high demand, we have set up a separate room for family planning services, …… which is much better and safer than any other available health facilities in Ukhiya… … … we also provide all necessary supports for quality service provision … ."*

In addition, the activities of Ipas Bangladesh have played an important role in reducing the stigma regarding utilization of contraceptive methods among the Rohingya community noticeably. It was mentioned by most of the facility managers that they have observed a significant increase in interest and acceptance of family planning services among the Rohingya community. One key informant specified in this regard –

> *"….at the beginning of the Rohingya influx, we faced extreme challenges in introducing family planning methods in this community due to their religious stigma. However, due to the (family planning) activities of Ipas, now, it is my observation that the Rohingya community's participation in family planning methods has increased significantly…"*

From the beginning, Ipas has encountered numbers of challenges to provide MR, PAC and FP services in the Rohingya camps. One of the key informants elaborately talked about the challenges they faced over time:

> *"Challenge… well, the first challenge was the language… … … … then the stigma and religious taboo around MR, PAC services. They (Rohingya) were very reluctant about these services. They believed that they won't get a proper Muslim burial if they die with an implant or IUD inserted within their body. So, community awareness was a big problem. We have done so much in this regard but we are still working on this issue. We have involved community and religious leaders to sensitize the Rohingya community… …Currently, managing fund has become a major challenge, due to funding shortage, we are facing skilled staff turnover more than ever."*

Currently, Ipas is going through numbers of challenges, and the 'Imprest fund' is one of them. The 'Imprest fund' is the government fund through which providers and clients get incentives for providing certain services. Ipas was assigned by the government and UNFPA to implement this fund in all the facilities across the camps. However, so far only one fourth of all the facilities have been included under this fund. Alongside the Imprest fund, some other challenges were also highlighted by one of the key informants:

> *"I would say, currently, distributing imprest fund among the partners is a big challenge… … … …. we started this fund on July 2020, but so far, out of more than 200 facilities, we only have managed to include 56 facilities under this fund. Different NGO partners were unable to take this fund due to their organizational policy…. several INGO partners have some objection about this. So, there are some challenges around imprest fund and we are trying to solve this… … …*
>
> *If I talk about challenges at the community level then…. well, male involvement is still a big challenge despite our numerous activities. Then, we couldn't reduce reproductive coercion, this is also a huge problem. And finally, though everybody is working on family planning, still, I cannot say confidently that we have fully convinced them (Rohingya community) about family planning. So, we still have a lot of scopes in the family planning sector."*

Regardless of the challenges mentioned earlier, Ipas have achieved significant successes that can be showcased. One of the key informants quoted as following-

> ***"Sensitizing this community (Rohingya) and the stakeholders about SRHR component is one of the biggest success of Ipas. Then establishing family planning, especially long acting methods……another great achievement. To some extent, we also have managed to remove stigma…… then we convinced and involved the government to the full extent. …….. Then, we have developed the family planning strategy document. So, these are the successes of Ipas."***

According to some of the key informants, the professionalism and energetic approach of Ipas Bangladesh helped them to run the family planning services smoothly in their health facilities. Regular monitoring, supervision and frequent visits from the higher officials of Ipas Bangladesh to ensure quality was mentioned by most of the key informants. The coordination of Ipas Bangladesh in arranging training for the service providers, timely supply of the family planning commodities, and meeting with the collaborating partners were well appreciated by all key informants. They also suggested initiating Ipas Bangladesh's SRH services in the remaining camps where the services are currently not available. One of the key informants stated:

> ***"Ipas should start working in all of the Rohingya refugee camps to provide MR, PAC, and FP services…… and the target should be the primary healthcare centers…."***

Key informants also talked about sustainability and scale up opportunity of the program.

> ***"it is (sustainability) very difficult in humanitarian setting. Without donor's commitment, we cannot even think of sustainability of this program. So far, we (Ipas) have developed our strategic plan considering government OP (operational plan) which will be applicable up to 2025. After 2025, there might be a scope to negotiate with the government. But, right now, we have the opportunity of scaling up …… yet, there are no FP services in some camps. So, we can work on increasing the camp coverage. We are providing services in 23 camps, we still have scope to work in 11 camps…… but to do so, we need fund. So, without fund, addressing SRHR need of this huge population would be very difficult"***

Another key informant also thought that this is the appropriate time to redistribute the workforce on need basis along with scale up the program in the camp areas.

> ***"In some camps, there are excess facilities and service providers…… but in few camps, they have insufficient number of facilities and providers. This is a huge gap. And this is happening due to lack of proper coordination…… I think, the NGOs and the iNGOs need to think about scaling up Ipas's services."***

Overall, the necessity and continuation of the Ipas humanitarian response program was mentioned by majority of the key stakeholders during their interviews. One of them mentioned:

> ***"For this community, this service is very necessary, they are getting benefit from this. Almost every woman has 8 to 10 children, which is a burden for the mothers' health. The husbands are so dominating here that the women are not able to do anything independently. We can control population growth here by providing the services, which in the long run will led us to the betterment of the camps' environment, maternal health, and society. Ipas is doing a great job patronizing these services across the camps."***

3.4.3 Findings from focus group discussion with the program managers

A focus group discussion was conducted to explore the magnitude of the program, coordination and collaboration with the partners and community mobilization.

Ipas started the program in 2017 at a small scale and currently they were working in a number of camps in Cox's Bazar and Bhashan Char. One of the FGD participants mentioned that:

> *"In 2017, this program started at a small scale. Probably we started with eight facilities…. then since 2018, our program started to expand…… currently, we are working in 44 facilities in Cox's Bazar. Additionally, we have started working in Bhashan Char…. as the first international NGO to work in the Island……we are working in seven facilities there (Bhashan Char)."*

Ipas didn't have their own facility. They provided their services through effective collaboration with government and other non-governmental organizations. As stated by an FGD participant:

> *"You know that we don't have our own facility (health center). So, if you talk about the collaboration, then, you can see that we work through another partner's facility; ……. that can be a health post or primary health care center or field hospital or even a government facility like UH&FWC or UHC or MCWC. ……So, we took a separate room in those facilities and set up our service point. BAPSA & RHSTEP are our implementing partners. ……. Additionally, we work with inter sectoral coordination group, IRC, RTMI, IOM, Friendship, Hope foundation and others."*

Ipas provided a unique service in the camp settings as mentioned by one the FGD participants:

> *"Family planning service is provided by lots of organizations but the difference with Ipas is that we provide MR, and PAC services along with FP services. ……. ……no organization except Ipas provided this type of integrated services."*

To ensure the service quality, Ipas continuously provided training to the service providers. Along with that Ipas also supplied necessary logistics and equipment for service delivery.

> *"Our main components are providing logistics, equipment including technical supports to partner organizations to provide quality MR, PAC services…… Training is a major component of our program. Since 2020, we have trained almost 700 service providers of different categories from different organizations. We have provided trainings on comprehensive MR, PAC and FP methods. Then, we trained our providers on Implant, IUD, and complication management…."*

In addition to training, Ipas monitored and supervised the providers trained by them through numbers of clinical mentors who are working in the field relentlessly.

> *"Initially we provided a 14 days comprehensive training to our providers, then we on boarded them (the service providers) and deployed in the service centers. We also arranged refresher trainings in every quarter…… Also, every week our mentoring officers visited them at the facility and helped them to fine tune their skills through onsite mentoring."*

Ipas is implementing robust SBCC activities in the Rohingya camps to change community perspective and eradicate superstition related to MR, PAC and FP services. Under these activities, Ipas has been working on community mobilization to increase awareness through health education sessions. To sensitize the Rohingya community, Ipas have taken different strategies including effective communication with relevant stakeholders.

> ***"Rohingya people are very religious and we have designed our SBCC activities considering their religious values ……. the Rohingya Imams (religious leaders) are very influential in their community…. So, we started a training project named "Family planning in the Light of Islam" and through that project initially we trained up local (Bangladeshi) Imams. …… Then local imams provided training to the Rohingya Imams and Majhis. Thus, we involved male Rohingya community in our program. Now, Imam and Majhis are spreading FP messages to the Rohingya people."***

As part of effective communication, Ipas has successfully managed to involve government officials in their program. This information can be supported by one of the FGD respondents from the qualitative component of the evaluation:

> ***"In the Rohingya context, family planning is one of the highest priorities of the Bangladesh Government…… At the camp level, CICs (Camp in Charge, a high government official) are very helpful and take the lead on our behalf…… CICs are trying to persuade other stakeholders so that they can support us."***

3.5 Stakeholder consultation workshop

A total of 21 key stakeholders (15 male and 6 female participants) from 14 organizations including three government organizations, two UN agencies, three INGOs including Ipas Bangladesh, and six national/local NGOs have participated in the workshop (Table 6). The objective of this workshop was to share the preliminary findings of the evaluation with the key stakeholders and sought recommendation including way forward for scaling-up and sustainability of 'Ipas humanitarian response program'

Table 6: Participants attended the stakeholder consultation workshop

Organization's type	Number of organizations	Number of participants
Government organizations	3	3
UN agencies	2	4
INGOs	3	7
NGOs	6	7
Total	**14**	**21**

At first, the evaluation team shared the preliminary findings from the program evaluation with the key stakeholders through a PowerPoint presentation. After that, the participants were divided into two groups to conduct a group work session, Group-A and Group-B, keeping at least one representative from each type of organization (government, UN agencies, iNGOs, and NGOs) in each group. In addition, balance in gender was maintained between the groups. Therefore, in Group-A, out of the 10 participants, three were female and seven were male, and in Group-B, out of 11, three were female and eight were male.

In the group work session, both groups were asked to discuss the following two questions among themselves: i) What steps can be taken to sustain the humanitarian response program of Ipas Bangladesh? and ii) How to scale-up the program?

The evaluation team members volunteered in facilitating the group discussion; duration of the group work was one hour. After the group work session, two volunteers from each group presented key findings from their discussion consecutively. Through the group work, key stakeholders predominantly identified six major areas: advocacy to government, community engagement, partnership, resource mobilization, need assessment, and capacity building, where efforts can be given to make the program sustainable and to scale it up. Findings from the stakeholder's consultation workshop is elaborated below.

3.5.1 Discussions on sustainability

- **Advocacy to government:** support from the donors is getting reduced day by day, therefore, the stakeholders believed that, sustainability cannot be achieved without participation of the government. It was suggested that, Ipas can excel their advocacy to the government of Bangladesh to increase the funding. Along with that, advocacy on mainstreaming the MR, PAC and FP related awareness raising activities in the existing programs of the government is necessary. Effective inter-ministerial coordination, such as, coordination between the Ministry of Health & Family Welfare (MoH&FW), Ministry of Disaster Management & Relief (MoDMR), Ministry of Religious Affairs (MoRA) is also essential to sustain the program.

  Stakeholders also suggested that Ipas can start advocacy to the government to add Implant (one of the LARCs) service provision in the mid-level providers (MLPs) job description, as in many countries across the world, implant service is given by the MLPs. In the same note, it was mentioned that, hiring MLPs is less expensive than hiring the doctors. Therefore, in the context of acute funding shortage, providing Implant service through MLPs can afford more financial stability which in turn can help the program to sustain.

- **Community engagement:** stakeholders have emphasized to increase the community engagement effort of Ipas through SBCC activities. They also mentioned that improved community engagement will uphold service utilization, and the donors will provide funding for the program if service utilization is increased, eventually help the program to sustain longer.

- **Partnership:** funding crisis a big challenge in the recent days, therefore, the stakeholders suggested that Ipas can consider advocating to the partner organization for their commitment to cost sharing for MR, PAC and FP services. Moreover, apart from their existing partners, Ipas can explore expanding their partnership with other organizations.

- **Resource mobilization:** stakeholders recommended to mobilize and distribute the existing resources to provide MR, PAC and FP services. Moreover, advocacy for financial support from the GoB, Foreign aid, and donor agencies is required to sustain Ipas's endeavor.

3.5.2 Discussions on scaling up

- **Need assessment and evaluation study:** stakeholders proposed that Ipas should conduct need assessment in the camps where MR, PAC and FP services are not available. Based on the findings of the need assessment, they can identify the camps with higher need and scale up the program in those camps on a priority basis. In addition, research and evaluation studies on different interventions in the humanitarian settings need to be done more frequently to identify the bottlenecks of the program.

- **Community engagement:** priority should be given to explore the health seeking behavior of the community through need assessment. Gaps in knowledge of the community can be identified through the assessment and proper SBCC activities can

be initiated considering those findings. This will ultimately lead to increase in service utilization.

Stakeholders also suggested to expand the existing SBCC activities of Ipas by creating Community Champions. The Champions will be selected from the community who will act as the focal person to deliver relevant information and messages to the community. In addition, Ipas's "Family Planning in the Light of Islam" activity can be scaled up including adolescents along with Imams and Majhis.

The stakeholders proposed that Ipas can work with the community health workers (CHWs) from all the partner organizations to ensure the antenatal care (ANC) and postnatal care (PNC) services. Disseminating family planning messages during ANC and PNC can be a key mediator to increase contraceptive method utilization. The stakeholders also suggested to incentivize the clients who will receive long acting reversible contraceptives (LARC) during postpartum period.

- **Capacity building:** Stakeholders also discussed on scaling-up Ipas's capacity building activity. With technical support from Ipas, strengthening the capacity of the service providers from other partner organizations can be done by extending the capacity building program in all the camps. Though good numbers of providers are involved in providing counselling service, however, counselling skill of the providers yet to be developed. Ipas should focus on developing counselling skill of the providers.

  Ipas have introduced the VCAT tool to reduce stigma among the Rohingya population. However, the stakeholders believed that to some extent, stigma is prevailed among the providers and the managers as well. Therefore, to reduce the stigma, it was suggested to introduce the VCAT training for all the managers and the service providers related to SRH.

- **Partnership:** Ipas has always been working and implementing their program in collaboration with different partner organizations. It was suggested in the workshop to further increase the number of partner organizations of Ipas. For future collaboration, two types of partner organizations can be considered: i) partners, who do not provide the service but will allow to provide the service in their facility; and ii) partners, who are eager to provide the service but do not have the capacity.

  It was also proposed that Ipas should work on increasing the number of referral sites and the functionality of the referral network in the camp settings.

- **Advocacy to government:** the stakeholders also discussed that involving government body in the community sensitization activity can bring up better result. Ipas can start advocacy to the government to fund and participate in the awareness raising and community mobilization activity.

- **Resource mobilization:** the stakeholders acknowledged that currently, funding scarcity is a major problem for the Rohingya response. The government of Bangladesh has recently introduced imprest fund for the Rohingya response programs. Therefore, the providers and clients will get incentives for providing and receiving LARC services respectively. Ipas has been assigned by the government and UNFPA to mobilize this fund in all the facilities across the camps. The workshop participants suggested Ipas to take the initiative to incentivize the community health workers (CHWs) under imprest fund for referring patients in the facilities.

CHAPTER 4: CHALLENGES AND BARRIERS

- **Language barrier:** at the initial stage of the humanitarian response program of Ipas, language challenges played a critical role. In addition, low literacy levels made the situation more complex; because three quarters of the Rohingya people could not read or write and depended on oral communication. This barrier left many Rohingya women and girls without the critical and life-saving information and basic services in the camps they needed.

  To mitigate this, translation of important terminology into Rohingya language, development of audio-visual materials, illustrated brochures, and leaflets with key messages was done. At the same time, Ipas recruited service providers from the host community (Cox's Bazar's local population) who could speak the same language as the Rohingyas. However, with time, Ipas overcame the language barrier and majority of the Rohingya women and girls can understand Bangla now.

- **Stigma and religious taboo around MR, PAC, and FP services:** the Rohingya community places great value in religion, which serves as a core component of their identity. The family planning initiatives was also limited by their conservative culture and religious beliefs and they believed that birth control was against the tenets of their faith.

  To mitigate this, community awareness activities and engagement of community and religious leaders to sensitize the Rohingya people was initiated.

  Reproductive coercion is prevalent among the Rohingya people. However, male involvement is still a big challenge, and without their involvement, reduction of stigma and reproductive coercion and improvement in contraceptive coverage cannot be achieved.

- **Inadequate number of health facilities and providers:** initially, Ipas provided MR, PAC and contraceptive services in only eight facilities. Therefore, the women had to wait longer time (around three to four hours) to get the required services. Maintaining privacy was also an issue because of limited space and providers.

  To mitigate this issue, trainers were sent from Dhaka to provide on-spot training to the doctors, nurses, paramedics and midwives. Simultaneously, number of facilities and providers was also increased.

  Among more than 200 health facilities located in 34 camps, Ipas is providing their support only to 51 facilities located in 23 camps. Though service coverage has improved over time, but a large part of the Rohingya people are still deprived from these lifesaving services.

- **Quality of care:** during the program's inception, it was difficult to maintain proper quality of services in a humanitarian setting. Additionally, frequent turnover of skilled service providers, maintaining confidentiality during service provision due to space constraints continued to be a major challenge. Also, with increasing demand, it was difficult to maintain quality services due to lack of enough resources.

Through effective communication, collaboration, advocacy, and training, number of facilities and skilled service providers have increased over time which in turn improved quality of care. However, there are still scopes for improving in this area.

- **Funding constraints:** Fund management has become a major challenge for Ipas to continue the humanitarian response program. Due to funding shortage, Ipas authority is facing turnover of trained staff more than ever. Ipas is in charge of distribution of the government's imprest fund, distribution of which is also a big challenge. Out of 200+ facilities, Ipas has managed to distribute the imprest fund in 56 facilities only.

- **Sustainability:** One of the key challenges is how much of Ipas's efforts can be sustained by the government of Bangladesh as the project transitions and phases out.

CHAPTER 5: CONCLUSIONS

Sexual abuse and violence against women are more common in emergency crises, and a similar scenario has been notified among the Rohingya community residing in the camps in Cox's Bazar, Bangladesh. Since the influx of the Rohingyas, several national and international media have been regularly broadcasting the news about sexual assault of the Rohingya women and girls. The essential and emergency obstetric care services for individuals living in the refugee camps and humanitarian settlements is a top priority for the government of the host country, national and international NGOs, and UN organizations.

Family planning is considered a lifesaving intervention for women of childbearing age and can save women's lives by reducing unintended and high-risk pregnancies and unsafe abortions. Ipas Bangladesh is the first organization that introduced lifesaving comprehensive MR, PAC and contraceptive services for the Rohingya women and girls since their arrival in Bangladesh. After the Rohingya influx in 2017, the initiatives taken by Ipas in preparing the health facilities, strengthening the capacity of the providers, and delivering SRH services in the refugee camps were undeniably promising.

Findings from the current evaluation indicate that Ipas has made significant contributions to ensure that the Rohingya women and girls get access to quality MR, PAC, and contraceptive services at the healthcare centers located inside and around the camps. Despite all the challenges and hardships of the refugee camps, Ipas has been widening their service provisions by increasing the number of service centers both in Cox's Bazar and Bhasan Char. This was possible due to some intriguing factors, such as, their rapid and timely initiative, professional indulgence, and the nature of their collaborating partners and stakeholders. Ipas has been very successful in engaging and gaining commitment from many stakeholders, including the government of Bangladesh (DGHS and DGFP at all levels), UN bodies, local and international NGOs, district health managers and providers, and the Rohingya community to support MR, PAC, and FP services in the camps.

The health facilities assessed in this evaluation, had satisfactory service availability, well-organized storage management, and cleanliness, implying that Ipas has an efficient system in place for regular monitoring & supervision, and quality assurance. Another factor for successfully implementing this program is the provider-specific approach of Ipas which includes regular communication for the service delivery updates, arranging scheduled and refresher trainings, and on-site mentoring of the service providers. This approach from Ipas sensitized the service providers to obtain informed consent from the clients, provide quality services, and strictly follow the respective guidelines while delivering the services. Ipas also

trained the service providers to counsel Rohingya women to utilize contraceptive services, by changing their perceptions and behavior that led to earlier misconception, customs, and superstitions against contraceptive services. According to the client exit interviews, the SRH program operation of Ipas in the humanitarian setting is a success and has earned nearly perfect gratification in every aspect of the clients' satisfaction criterion.

Ipas Bangladesh has initiated some new approaches in the refugee camps, for example, providing 24/7 MR, PAC, and contraceptive services by providing support to local and international NGOs, and developing a proper referral system. Within the last five years, Ipas has made great achievement in initiating, and improving the functionality of the existing health systems in the refugee camps, as evidenced by increased service utilization and project support from their government counterparts. Ipas has also expanded their program to Bhashan Char. However, more information and time was required to fully understand the effectiveness of these efforts.

CHAPTER 6: RECOMMENDATIONS

The Evaluation team believes that there is enough evidence to indicate the "Ipas Bangladesh Humanitarian Response Program" as successful and that the sustainability of these efforts should be a key focus of the project. Simultaneously, the program is also ready to be scaled up in other refugee camps - a crucial phase in humanitarian response program's future strategy. The following issues need further attention in the new phases:

RECOMMENDATIONS FOR EXISTING SERVICES TO BE STRENGTHENED

- Identify the barriers and challenges of low utilization of long-acting reversible contraceptives (LARC) and promote its uptake by increasing collaboration with relevant stakeholders providing LARC services.
- Segment couples according to their family planning needs and provide them with timely and accurate information to increase utilization of LARC.
- Initiate effective advocacy with the Government of Bangladesh to introduce permanent methods of family planning among the eligible Rohingya couples in the camps.
- Arrange robust awareness campaigns on LARC and PM (permanent methods) by distributing leaflets, brochures, posters and demonstrating billboards in the camp areas to promote their uptake.
- Develop a group of master trainers for ToT (Training of Trainers) to create more competent trainers on MR, PAC, and contraceptive service provision.
- Support competency-based skills training and refresher training to maintain skills and quality of the existing staff;
- Identify and implement innovative approaches to include males in family planning service delivery, counselling, and awareness campaigns.
- Develop strategies to prevent trained staff turnover.

RECOMMENDATIONS FOR EXISTING SERVICES TO BE SCALED UP

- Conduct a comprehensive need assessment, including health facility readiness, workforce assessment, and supply of logistics in the remaining camps where Ipas program activities have not been introduced yet.
- Explore opportunities to develop partnerships with new organizations, in addition to the existing partners.
- Encourage current partner organizations to commit for sharing costs for MR, PAC, and FP service provision.
- Create community support groups (CSG) or volunteers to provide community mobilization efforts with strong linkages with the community health workers (CHW) to eliminate superstitions on contraceptive method utilization with special focus to LARC and PM.
- Develop comprehensive social behavior change communication (SBCC) strategy prioritizing key messages on contraceptive method utilization supported with easily understandable pictorial SBCC materials.
- Ensure quality of care through performance-based review of the service providers at a regular manner;
- Establish strong referral system including a trained team at the referral facility to ensure rapid management of complications.

RECOMMENDATIONS FOR FUTURE CONTINUATION OF THE PROGRAM

- Motivate donor organizations to mobilize and use their available resources to support MR, PAC, and contraceptive services. In order to sustain Ipas's endeavor, advocacy for financial support from the government of Bangladesh, foreign aid, and donor organizations should be continued.
- Due to the Rohingya community's persistently high fertility rate and limited LARC utilization, until their withdrawal, Ipas should showcase and justify to the government of Bangladesh and the donor agencies the necessity of continuing the MR, PAC, and FP service delivery program for the Rohingya community.
- Ipas is a frontrunner in providing training and strengthening capacity of the service providers in the area of MR, PAC, and family planning. Without their assistance, it would be challenging for the government (GoB) and the other partner organizations to maintain quality of MR, PAC, and family planning services in Bangladesh.

CHAPTER 7: REFERENCES

1. World Health Organization. Abortion | Fact Sheets | WHO Newsroom 2021 [Available from: https://www.who.int/news-room/fact-sheets/detail/abortion.
2. Ganatra B, Gerdts C, Rossier C, Johnson BR, Tunçalp Ö, Assifi A, et al. Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model. The Lancet. 2017;390(10110):2372-81.
3. Santelli J, Rochat R, Hatfield-Timajchy K, Gilbert BC, Curtis K, Cabral R, et al. The measurement and meaning of unintended pregnancy. Perspectives on sexual and reproductive health. 2003:94-101.
4. Medecins Sans Frontiers. Unsafe abortion: A forgotten emergency 2019 [Available from: https://www.doctorswithoutborders.org/latest/unsafe-abortion-forgotten-emergency.
5. World Health Organization. Safe and unsafe induced abortion: global and regional levels in 2008, and trends during 1995-2008. World Health Organization; 2012.
6. World Health Organization. Unsafe Abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008. Geneva: WHO. 2011.
7. World Health Organization. Safe abortion: technical and policy guidance for health systems: legal and policy considerations. World Health Organization; 2015.
8. Singh S, Wulf D, Hussain R, Bankole A, Sedgh G. Abortion worldwide: a decade of uneven progress. Guttmacher Institute; 2009.
9. Haddad LB, Nour NM. Unsafe abortion: unnecessary maternal mortality. Reviews in obstetrics and gynecology. 2009;2(2):122.
10. Ipas. About Ipas 2022 [Available from: https://www.ipas.org/about-us/.
11. Ipas Bangladesh. Bangladesh 2022 [Available from: https://www.ipas.org/where-we-work/asia/bangladesh/.
12. UNHCR. Rohingya Emergency 2022 [Available from: https://www.unhcr.org/rohingya-emergency.html.
13. IOM Bangladesh. Needs and Population Monitoring (NPM) Site Assessment: Round 8. Bangladesh: IOM; 2018 11 March 2018.
14. United Nations Human Rights | OHCHR. Mission report of OHCHR rapid response mission to Cox's Bazar, Bangladesh. 2017.
15. BAPSA. About BAPSA 2022 [Available from: http://bapsa-bd.org/VisionAndMission.aspx.
16. RHSTEP. About RHSTEP 2022 [Available from: http://rhstep.org/old/about.php.
17. Ipas. Abortion Attitude Transformation: A values clarification toolkit for humanitarian audience 2018.
18. Ipas Bangladesh. Menstrual Regulation with Medication Study Guide. 2017.
19. Ipas Bangladesh. Clinical Protocol on Menstrual Regulation (MR) Postabortion Care (PAC) Postabortion & Postpartum Family Planning (PAFP & PPFP). 2018.
20. MCH Services Unit | Directorate General of Family Planning. Bangladesh National Comprehensive Menstrual Regulation (MR) and Post-Abortion Care (PAC) Services Guidelines. Bangladesh: Directorate General of Family Planning; 2021.
21. Ministry of Health and Family Welfare | Government of the People's Republic of Bangladesh. Woman-Centered Menstrual Regulation and Post-abortion Care Services Trainer's Manual. 2021.
22. Ministry of Health and Family Welfare | Government of the People's Republic of Bangladesh. Woman-Centered Menstrual Regulation and Post-abortion Care Services Reference Manual. 2021.
23. Ipas. Medical Abortion Reference Guide: Induced abortion at or after 13 weeks gestational age (second trimester). 2017.
24. https://dhsprogram.com/pubs/pdf/SPA28/SPA28.pdf
25. Wikipedia. Bhasan Char 2022 [Available from: https://en.wikipedia.org/wiki/Bhasan_Char.
26. UNB (Noakhali). 963 more Rohingyas relocated to Bhasan Char. The Daily Star,. 2022 17 October, 2022.

CHAPTER 8: ANNEX

ANNEX 1: Ethical review committee (ERC) approval letter

icddr,b

Ethical Review Committee
Approval letter

Memorandum

5 January 2023

To: Dr Fauzia Akhter Huda
Principal Investigator of research activity No. PR-22172
Project Coordinator
Maternal and Child Health Division (MCHD)
Icddr,b

From: Professor Ahmed Abu Saleh
Chairperson
Ethical Review Committee (ERC)

Sub: Approval of Research Activity No. PR-22172 waiving IRB review process

Thank you for your memo dated December 19, 2022 requesting for ERC approval of your research activity No. PR-22172, entitled "Evaluation of the Ipas Bangladesh humanitarian response programme" for publication in the peer-reviewed journals. I have the pleasure to **approve** your above research activity waiving ERC review process since the research activity does not involve any human participation and will not collect any human data under this activity, rather will conduct only the desk review of the programme related documents and facility assessment. You will be required to observe the following terms and conditions in implementing the research activity:

Terms of approval:

1. Copy of the published article should be submitted to the Ethical Review Committee.
2. If any significant and/or new finding(s) is identified in future should be communicated to the ERC.
3. This approval is only valid whilst you hold a position at icddr,b; and in the event of your departure from the Centre, a new Principal Investigator will be designated for the research activity.

I wish you all the success in conducting the research activity.

Thank you.

Cc: Senior Director, MCHD.

Ethical Review Committee, IRB Secretariat, Research Administration, CMH
International Centre for Diarrhoeal Disease Research, Bangladesh
68, Shaheed Tajuddin Ahmed Sarani, Mohakhali, Dhaka 1212, Bangladesh
Mail: icddr,b, GPO Box 128, Dhaka 1000, Bangladesh
Phone: 880-2-9827084, Web: http://www.icddrb.org

ANNEX 2: Health facility observation and assessment checklist

ACT- 01339	Version 2.0	Date: 26-Sep-2022

Activity Title: Evaluation of the Ipas Bangladesh humanitarian response program on sexual and reproductive health for the Rohingyas in Bangladesh
Principal Investigator's name: Dr. Fauzia Akhter Huda
Organization: International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)

SECTION A: DETAILS OF THE HEALTH FACILITY

SL	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
A1	Name of the health facility	....	
A2	Location of the health facility	....	
A3	Type of the health facility	Health post..... 01 PHC ..... 02 Field hospital 03	
A4	Date of observation	☐☐ / ☐☐ / ☐☐☐☐ D D M M Y Y Y Y	
A5	Time of observation	☐☐ : ☐☐ H H M M	

SL	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	SECTION 1: CONTRACEPTIVE/MR/PAC SERVICE AVAILABILITY		
101	What are the contraceptive services available in this facility?	IUD ..... A INJECTABLES..... B IMPLANTS..... C PILLS..... D CONDOM.....E EMERGENCY CONTRACEPTIVE PILLS.....F LACTATIONAL AMENORRHEA METHOD ..... G SAFE PERIOD ..... H WITHDRAWAL.....I OTHER MODERN METHOD (SPECIFY)_____..... X OTHER TRADITIONAL METHOD (SPECIFY)_____..... Y	
102	What are the MR services available in this facility?	MVA ..... 01 MRM..... 02	

SL	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
103	Do you provide any PAC services in this facility?	YES ..... 01 NO 02	
	SECTION 2: PROCESSING INSTRUMENTS		
201	What type(s) of decontamination do/es your facility use?	STERILIZATION ..... 01 DISINFECTION ..... 02 NONE ..... 03 → 203	
202	Is sterilization/disinfection done in this facility, outside this facility, or both?	ONLY IN THIS FACILITY ..... 01 BOTH IN THIS FACILITY AND OUTSIDE ..... 02 ONLY AT AN OUTSIDE FACILITY 03 → 301	
203	Why don't you use any decontamination in this facility?	USE ONLY DISPOSABLE INSTRUMENT ..... 01 STERILIZATION IS DONE OUTSIDE ..... 02 DISINFECTION IS DONE OUTSIDE 03	
	SECTION 3: STORAGE OF MEDICINE, CONTRACEPTIVES & MR EQUIPMENTS		
301	Does this facility store or keep any medicines?	YES ..... 01 NO ..... 02 → 303	
302	What types of medicines does this facility stock?	ANTIBIOTICS ..... A ANALGESICS ..... B ANTI-ULCER DRUGS ..... C OTHERS (SPECIFY)_____ X	
303	Does this facility store or keep any contraceptive commodities?	YES ..... 01 NO ..... 02 → 305	
304	What types of contraceptive commodities does this facility stock?	IUD ..... A INJECTABLES ..... B IMPLANTS ..... C PILLS ..... D CONDOM ..... E EMERGENCY CONTRACEPTIVE PILLS ..... F LACTATIONAL AMENORRHEA METHOD ..... G SAFE PERIOD ..... H WITHDRAWAL ..... I OTHER MODERN METHOD (SPECIFY)_____ ..... X OTHER TRADITIONAL METHOD (SPECIFY)_____ ..... Y	
305	Does this facility store or keep any MR medicines and equipment?	YES ..... 01 NO ..... 02 → 307	

SL	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306	What types of MR medicines & equipment does this facility stock?	MISOPROSTOL..... A MIFEPRISTONE..... B MISO-MIFE COMBINATION ..... C MVA EQUIPMENT..... D OTHERS (SPECIFY)_____ . X	
307	Are contraceptive commodities generally stored in the contraceptive service area, or in a common area with other medicines?	STORED IN CONTRACEPTIVE SERVICE AREA..... 01 STORED WITH OTHER MEDICINES..... 02 CONTRACEPTIVE COMMODITIES NOT STOCKED..... 03	
308	Are MR medicines & equipment generally stored in the contraceptive service area, or in a common area with other medicines?	STORED IN CONTRACEPTIVE SERVICE AREA..... 01 STORED WITH OTHER MEDICINES..... 02 CONTRACEPTIVE COMMODITIES NOT STOCKED..... 03	
	SECTION 4: CONTRACEPTIVE/ CONTRACEPTIVE SERVICES		
401	How many days in a month are contraceptive services offered at this facility?	[ ][ ] Days	
402	Do you have the contraceptive guidelines/manual available at this service area today?	YES..... 01 NO..... 02	
403	Are individual records or cards (e.g., IUCD card, IMPLANT card, etc.,) maintained at this service site for contraceptive clients?	YES..... 01 NO..... 02 ⟶	501
403A	Are there any contraceptive commodities available in the facility today?	YES..... 01 No..... 02	
404	Which contraceptive commodities available in the facility/location today?	IUD ..... A INJECTABLES..... B IMPLANTS..... C PILLS..... D CONDOM.....E EMERGENCY CONTRACEPTIVE PILLS.....F LACTATIONAL AMENORRHEA METHOD ..... G SAFE PERIOD ..... H WITHDRAWAL.....I OTHER MODERN METHOD (SPECIFY)_____..... X OTHER TRADITIONAL METHOD (SPECIFY)_____..... Y	

SL	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	SECTION 5A: MR SERVICES		
501	How many days in a month are MR services offered at this facility?	☐☐ Days	
502	Do you have the MR guidelines/manual available at this service area today?	YES ..... 01 NO 02	
503	Are individual records or cards (e.g., MR card, etc.,) maintained at this service site for MR clients?	YES ..... 01 NO 02	
503A	Is there any MR commodities/equipment available in the facility today?	YES ..... 01 No 02	→505
504	Which MR commodities/equipment available in the facility/location today?	MVA ..... A MRM ..... B NONE 02	
	SECTION 5B: PAC SERVICES		
505	How many days in a month is PAC services offered at this facility?	☐☐ Days	
506	Do you have the PAC guidelines/manual available at this service area today?	YES ..... 01 NO 02	
507	Are individual records or cards (e.g., PAC card, etc.,) maintained at this service site for PAC clients?	YES ..... 01 NO 02	
508	Are there any PAC commodities/equipments available in the facility today?	YES ..... 01 No 02	→601
509	Which PAC commodities/equipments available in the facility/location today?	MVA ..... A MRM ..... B NONE 02	

SL	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	SECTION 6: STORAGE OF CONTRACEPTIVE/MR/PAC COMMODITIES		
601	Do you observe the following things in the storage of contraceptive commodities?		

SL	CONDITION	YES	NO
a.	Are the commodities off the floor?	01	02
b.	Are the commodities protected from water?	01	02
c.	Are the commodities protected from the sun?	01	02
d.	Is the room clean of evidence of rodents (bats, rats) or pests (roaches, etc)?	01	02
e.	Is the storage room well ventilated?	01	02
f.	Are the contraceptive commodities organized according to date of expiration ("first expire, first out")?	01	02

602	Do you observe the following things in the storage of MR commodities?		

SL	CONDITION	YES	NO
a.	Are the commodities off the floor?	01	02
b.	Are the commodities protected from water?	01	02
c.	Are the commodities protected from the sun?	01	02
d.	Is the room clean of evidence of rodents (bats, rats) or pests (roaches, etc)?	01	02
e.	Is the storage room well ventilated?	01	02
f.	Are the MR commodities organized according to date of expiration ("first expire, first out")?	01	02

SL	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	SECTION 7: SOURCE OF WATER		
701	What is the most commonly used source of water for the facility at this time?	PIPED INTO FACILITY ..... A PIPED ONTO FACILITY GROUND ..... B PUBLIC TAP/STANDPIPE ..... C TUBEWELL/BOREHOLE..... D RAINWATER.....E BOTTLED .....F CART W/SMALL TANK/ ..... G TANKER TRUCK..... H SURFACE WATER (RIVER/DAM/LAKE/POND).....I OTHER (SPECIFY) .....J DON'T KNOW ..... K NO WATER SOURCE .....L OTHER (SPECIFY)_____..... X	
702	Is water outlet from this source available onsite, within 500 meters of the facility, or beyond 500M of facility?	ONSITE ..... A WITHIN 500M OF FACILITY ..... B BEYOND 500M OF FACILITY C	
703	Is there routinely a time of year when the facility has a severe shortage or lack of water?	YES ..... 01 NO..... 02	→801
704	What is the alternative source of water in case of shortage?	PIPED INTO FACILITY ..... A PIPED ONTO FACILITY GROUND ..... B PUBLIC TAP/STANDPIPE ..... C TUBEWELL/BOREHOLE..... D RAINWATER.....E BOTTLED .....F CART W/SMALL TANK/ ..... G TANKER TRUCK..... H SURFACE WATER (RIVER/DAM/LAKE/POND).....I OTHER (SPECIFY) _____..... X	
705	How do you ensure the transportation of the water at your facility at that time	BOTTLED .....F CART W/SMALL TANK/ ..... G TANKER TRUCK..... H SURFACE WATER (RIVER/DAM/LAKE/POND).....I OTHER (SPECIFY) _____..... X	
	SECTION 8: POWER SUPPLY		
801	Is this facility connected to the national electricity grid, including polli biddut?	YES ..... 01 NO..... 02	
802	During the past 7 days, was electricity (excluding any back-up generator) available during the times when the	ALWAYS AVAILABLE..... A SOMETIMES INTERRUPTED ..... B	

SL	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	facility was open for services, or was it ever interrupted for more than 2 hours at a time?		
803	Does this facility have other sources of electricity?	YES ..... 01 NO ..... 02 →	901
804	What are the other sources of electricity?	FUEL-OPERATED GENERATOR ..... A BATTERY-OPERATED GENERATOR ..... B SOLAR SYSTEM ..... C OTHER (SPECIFY)_____ X	
805	Is the generator functional?	YES ..... 01 NO 02	
806	Does this facility have a program for routine maintenance of the generator?	YES ..... 01 NO 02	
807	Does this facility have assigned person responsible for operating the generator?	YES ..... 01 NO 02	
	SECTION 9: HMIS		
901	Does this facility have a system in place to regularly collect health/family planning services data?	YES ..... 01 NO ..... 02 →	1001
902	How frequently are reports compiled?	WEEKLY ..... A BI-WEEKLY ..... B MONTHLY ..... C QUARTERLY ..... D HALF YEARLY ..... E YEARLY ..... F OTHERS (SPECIFY) _____ X	
	SECTION 10: HEALTH CARE WASTE MANAGEMENT AND CLIENT LATRINE		
1001	Does this facility dispose any sharp waste?	YES ..... 01 NO ..... 02 →	1003
1002	How does this facility finally dispose of sharp wastes (e.g., filled sharp boxes)?	**BURN IN INCINETOR** 2-CHAMBER (800-1000+ °C) ..... A 1-CHAMBER DRUM/BRICK ..... B **OPEN BURNING** FLAT GROUND-NO PROTECTION ..... C PIT OR PROTECTED	

SL	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		GROUND ..... D **DUMP WITHOUT BURNING** FLAT GROUND-NO PROTECTION.....E COVERED PIT OR PIT LATRINE .....F OPEN PIT-NO PROTECTION ..... G PROTECTED GROUND OR PIT..... H **REMOVE OFFSITE** STORED IN COVERED CONTAINER ..... I STORED IN OTHER PROTECTED ENVIRONMENT .....J STORED UNPROTECTED ..... K OTHER (SPECIFY)_____..... X	
1003	Other than sharp waste, does this facility dispose any medical waste?	YES ..... 01 NO..... 02	→1101
1004	How does this facility finally dispose of medical waste other than sharp boxes?	**BURN IN INCINETOR** 2-CHAMBER (800-1000+ °C) ..... A 1-CHAMBER DRUM/BRICK ..... B **OPEN BURNING** FLAT GROUND-NO PROTECTION..... C PIT OR PROTECTED GROUND ..... D **DUMP WITHOUT BURNING** FLAT GROUND-NO PROTECTION.....E COVERED PIT OR PIT LATRINE .....F OPEN PIT-NO PROTECTION ..... G PROTECTED GROUND OR PIT..... H **REMOVE OFFSITE** STORED IN COVERED CONTAINER ..... I STORED IN OTHER PROTECTED ENVIRONMENT .....J STORED UNPROTECTED ..... K OTHER (SPECIFY)_____..... X	

SL	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	SECTION 11. CLIENT LATRINE		
1101	Is there any toilet (latrine) available for general outpatient client use?	YES ..... 01 NO ..... 02 → 1104	
1102	Is the toilet (latrine) in functioning status for general outpatient client use?	YES ..... 01 NO ..... 02 → 1104	
1103	Functional Status	**PRIVACY** UNLOCKED DOOR WHEN NOT IN USE ..... A CAN BE LOCKED FROM INSIDE WHEN USE ..... B TOILET STALL HAVE WALLS WITHOUT MAJOR HOLES ..... C **FUNCTION** WATER AVAILABLE ..... A SOAP AVAILABLE ..... B NO CRACK OR LEAK IN THE TOILET STRUCTURE ..... C HOLE OR PIT IS NOT BLOCKED ..... D **CLEANLINESS** DRY ..... A MINIMAL ODOR ..... B CLEAN APPEARANCE ..... C CLEANING PRODUCTS VISIBLE ..... D	
1104	Is there a separate sanitary toilet/latrine facility for the use of female clients?	YES ..... 01 NO 02	
	SECTION 12: CLIENT WAITING AREA		
1201	Is there a waiting area for clients where they are protected from the sun and rain?	YES ..... 01 NO ..... 02 → 1301	
1202	Is there any sitting arrangement at the waiting area?	YES ..... 01 NO ..... 02 → 1301	
1203	Is the sitting arrangement adequate?	YES ..... 01 NO 02	
	SECTION 13: COMMUNICATION		
1301	Does this facility have a cellular phone that is available to call outside for patient referral at the time of service delivery?	YES ..... 01 NO ..... 02 → 1401	

SL	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1302	Is it functioning?	YES ..... 01 NO 02	
1303	Does this cellular phone paid/ reimbursed by the facility or higher authority?	YES ..... 01 NO 02	
	SECTION 14: TRANSPORT FOR EMERGENCIES		
1401	Does this facility have an ambulance or other vehicle for emergency transportation for clients?	YES ..... 01 NO 02	→ 1501
1402	Is it functioning?	YES ..... 01 NO 02	
1403	Where does this ambulance/vehicle stationed?	WITHIN THIS FACILITY ..... 01 OUTSIDE OF THIS FACILITY 02	
	15. QUALITY ASSURANCE		
1501	Does this facility routinely carry out quality assurance activities (for example, facility-wide review of mortality, or periodic audit of registers)?	YES ..... 01 NO 02	→ 1601
1502	When was the last time any quality assurance activities did carry out?	WITHIN THE PAST 6 MONTHS ..... 01 MORE THAN 6 MONTHS AGO 02	
	16. EXTERNAL SUPERVISION		
1601	Does this facility follow any supervision mechanism from any upper level facility/higher authority?	YES ..... 01 NO 02	→ 1603
1602	When was the last time an external supervisor (from any upper level office) come here for a visit?	WITHIN THE PAST 6 MONTHS ..... 01 MORE THAN 6 MONTHS AGO 02	
1603	Do staff from this facility supervise activities of Community Health Workers (CHW)?	YES ..... 01 NO 02	→ 1701
1604	Is there any monthly schedule for the CHWs activities' supervision?	YES ..... 01 NO 02	
	SECTION 17: GENERAL FACILITY LEVEL CLEANLINESS		
1701	Floor: swept, no obvious dirt or waste	YES ..... 01 NO 02	

SL	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1702	Counters/tables/chairs: wiped cleaned obvious dust or waste	YES ..... 01 NO 02	
1703	Needles, sharps outside sharps box	YES ..... 01 NO 02	
1704	Sharps box overflowing or torn/pierced	YES ..... 01 NO 02	
1705	Bandages/infectious waste lying uncovered	YES ..... 01 NO 02	
1706	Walls: significant damage	YES ..... 01 NO 02	
1707	Doors: significant damage	YES ..... 01 NO 02	
1708	Ceiling: water stains or damage	YES ..... 01 NO 02	
1709	Hand washing facilities available (soap, water)	YES ..... 01 NO 02	
1710	Hand wash basin and other fixtures clean	YES ..... 01 NO 02	
1711	Did the staff put on basic IPC materials?	YES ..... 01 NO 02	→ 1713
1712	Staff put on basic IPC materials?	MASK ..... A GLOVES ..... B SANITIZER C	
1713	Waste segregated according to color bin at the source of waste generation?	YES ..... 01 NO 02	

ANNEX 3: Informed consent form for client exit interview

Activity No. ACT-01339	Version No. 1.0	Date: 26-Sep-2022

Activity Title: Evaluation of the Ipas Bangladesh humanitarian response program on sexual and reproductive health for the Rohingyas in Bangladesh

Principal Investigator's name: Dr. Fauzia Akhter Huda

Organization: International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)

Purpose of the research

Background

Assalamualaikum/adab. I *[name]* have come from icddr,b in Mohakhali, Dhaka. We are a group of researchers from icddr,b, conducting the evaluation activity for the humanitarian response program by Ipas Bangladesh. Since 2011, Ipas Bangladesh has been working in collaboration with Ministry of Health & Family Welfare (MoH&FW) to reduce deaths and injuries related to unsafe abortion by strengthening post-abortion care (PAC) and menstrual regulation (MR) services. After Rohingya influx in August 2017, Ipas Bangladesh is supporting a comprehensive family planning, MR, and PAC program in the refugee camps. Monitoring and evaluation is a key prerequisite to realize the success of a program implemented, its accomplishments, and to identify the bottlenecks of its activities. In addition, while working on the evaluation of the program, it is important to know if the commitment of the program to ensure and demonstrate the highest transparency, quality service delivery and appropriate utilization of resources was adequately maintained. The overall goal for this evaluation activity is to support the program as the findings may be able to justify and recommend on sustainability and scale-up of existing services in the current humanitarian settings. We would like to invite you to take part in an interview about the service delivery, facility readiness, reporting, challenges, and way forwards about the humanitarian response program by Ipas Bangladesh.

Why invited to participate in the study?

We invite to you participate in this study because you are a client on the humanitarian response program by Ipas Bangladesh and you can give us an in-depth view on the service you have taken from here.

Methods and procedures

If you agree to take part in this study, we will ask you a set of structured questionnaires. The interview will be conducted in a private space. The interview may take about half an hour.

Risk and benefits

There is minimal risk involved in your taking part in this study. All information you give us will be kept confidential. You will not benefit personally from participating in this study. However, you will be able to share your knowledge with us and so broaden our understanding about the overall service of this program.

Privacy, anonymity and confidentiality

We assure that the privacy, anonymity and confidentiality of data/information identifying you will be strictly maintained. All data will be collected and stored anonymously using unique identifiers. Interview forms will not contain names. None other than the investigators of this study, the Ethical Review Committee (ERC) of icddr,b, and any law enforcing agency in the event of necessity would have an access to the information. Any personal identifiable information will be held and processed under secured conditions, with access limited to pre-identified researchers of that organization under the aforementioned research team. The questionnaire will be stored securely, for possible checking or further analysis, for a maximum period of 10 years. Study information may be reviewed by the Ethics Committee, and independent monitors, to check that the study procedures were done correctly and the information is correct. Your information will remain confidential. Reports about the study and results

that may be published in scientific journals will not include any information which allows you to be identified.

Future use of information

Results from the study will be presented to people working in the sexual and reproductive health

program as presentations and publications in medical journals. In all these presentations and reports, it will not be possible to identify people who took part. When the study is finished, we will make available information from the study to be shared with other researchers. This will only be done after all the information which identifies people who took part has been removed, so the identities of the people who took part will remain confidential.

Right not to participate and withdraw

Your participation in the study is voluntary, and you have the sole authority to decide for or against your participation. You can withdraw your participation any time during the study, without showing any cause. Refusal to take part in or withdrawal from the study will involve no penalty or loss of care, benefits or attention. Even if you do not participate in the study, or withdraw from at a later time, you will not be affected in any way.

Principle of compensation

As already mentioned, your participation will be completely voluntary. Hence, you will not be paid for your participation in this study.

Informed consent form for client exit interview

Activity No. ACT-01339	Version No. 1.0	Date: 26-Sep-2022

Activity Title: Evaluation of the Ipas Bangladesh humanitarian response program on sexual and reproductive health for the Rohingyas in Bangladesh

Principal Investigator's name: Dr. Fauzia Akhter Huda

Organization: International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)

If you agree to our proposal to participate in our study, please put √ mark on appropriate box(es) of the following and finally sign on the specified place for you:

- I have read the participant's information sheet version 1.0 dated 26 September 2022, have had the opportunity to ask question, discuss the study, and received satisfactory answers. Yes ☐ No ☐
- I understand that I am free to leave the study without giving any reason. Yes ☐ No ☐
- I understand that the information I give is confidential. Yes ☐ No ☐
- I agree to my identifiable data being used for future ethically approved studies. Yes ☐ No ☐
- I agree to being contacted in the future for studies related to this research. Yes ☐ No ☐
- I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the sponsor and by regulatory authorities, where it is relevant to my taking part in this research. I give my permission for those individuals to have access to my records. Yes ☐ No ☐
- I give my consent to take part in the study. Yes ☐ No ☐

_____ _____

Signature/ thumb print of the participant Date

_____ _____

Signature/ thumb print of the witness Date

_____ _____

Signature of the PI or his/her representative Date

Communication:
If you have any question you can ask me right now or at any time later to the below mentioned personnel:

Purpose of contact	Name and address	Address for communication
For any question related to the study, or any problem	Dr. Fauzia Akhter Huda	Address: Maternal and Child Health Division, icddr,b, Mohakhali, Dhaka-1212 Mobile: 01713368172 (9:00 am to 5:00 pm)
To know the rights or benefits or to log any complain or dissatisfaction	M A Salam Khan (IRB Coordinator)	IRB Secretariat, Research Administration, icddr,b, Mohakhali, Dhaka-1212 Phone: (+88-02) 9827084 or Mobile: 01711428989

Thank you for your cooperation.

ANNEX 4: Questionnaires for client exit interview

Evaluation of the Ipas Bangladesh humanitarian response program on sexual and reproductive health for the Rohingyas in Bangladesh

Questionnaires for client exit interview		
Interviewer's name: Name of client: Age: Name of the facility: Date/month of receiving service:		
Date and time of interview: I__I__I - I__I__I - I__I__I__I__I I__I__I:I__I__I am/pm		
Section A: Type of service received		
A1	আপনি এই সেবাকেন্দ্রে কি কি সেবা গ্রহন করেছেন ? What services have you received from this facility?	Contraceptive service (জন্ম নিয়ন্ত্রন সেবা) =B MR service (এম আর সেবা) =C PAC service (প্যাক সেবা) =D
Section B: Contraceptive service		
B1	যখন আপনি সেবা নিতে এসেছেন সেবা প্রদানকারী কি আপনাকে স্বাগত জানিয়েছেন? Did the service providers greet you when you arrived at the facility to take service?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
B2	সেবা প্রদানকারী কি আপনার এখানে আসার উদ্দেশ্য সম্পর্কে জানতে চেয়েছিলেন ? Did the service provider want to know the specific purpose of your visit to this facility?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
B3	সেবা প্রদানকারী কি আপনাকে জন্ম নিয়ন্ত্রন সংক্রান্ত সবগুলো পদ্ধতি সম্পর্কে জানিয়েছেন? Has the service provider told you about all the contraceptive methods?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
B4	সেবা প্রদানকারী আপনাকে জন্মনিয়ন্ত্রনের কয়টি পদ্ধতি সম্পর্কে জানিয়েছেন? How many contraceptive methods the service provider has told you about?	One (একটি)=1 Two (দুটি)=2 Three (তিন)=3 Four (চার)=4 Other(অন্যান্য) (specify)_____ =X
B5	সেবা প্রদানকারী জন্মনিয়ন্ত্রনের কোন কোন পদ্ধতি সম্পর্কে জানিয়েছেন? What contraceptive methods did the service provider provide?	IUD(আই ইউ ডি)=A Injectables(ইনজেক্টেবলস)=B Implants (ইমপ্ল্যান্টস)=C Pills (পিলস)=D Condom (কনডম)=E Emergency contraceptive pills (ইমারজেন্সি কনট্রাসেপটিভ পিলস)=F

		Lactational amenorrhea method (ল্যাক্টেশনাল এমেনোরিয়া মেথোড)=G Safe period (সেইফ পিরিয়ড)= H Withdrawal (উইথড্রল)=I Other modern method (specify) (অন্যান্য আধুনিক পদ্ধতি) _____ = X Other traditional method(অন্যান্য প্রচলিত পদ্ধতি) (specify) _____=Y Don't know/remember (জানিনা/ মনে নেই) =3
B6	জন্ম নিয়ন্ত্রনের যে পদ্ধতি আপনি নিয়েছেন সেটা কি আপনি স্বেচ্ছায় সে পদ্ধতি সম্পর্কে জেনে বুঝে তারপর নিয়েছেন? Did you take the method of contraception voluntarily after knowing and understanding all the pros and cons of it?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
B7	জন্ম নিয়ন্ত্রন পদ্ধতি নেয়ার ব্যাপারে কি সেবা প্রদানকারী আপনাকে কোন নির্দিষ্ট পদ্ধতি নিতে পরামর্শ দিয়েছেন? Has the service provider advised you to take any specific contraceptive method?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
B8	জন্ম নিয়ন্ত্রন পদ্ধতি প্রদানের পূর্বে সেবা প্রদানকারী কি আপনার অনুমতি নিয়েছেন? Did service providers ask for your consent prior to providing the method?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
B9	পদ্ধতি প্রদানের পূর্বে সেবা প্রদানকারী কি পদ্ধতিটি সম্পর্কে ব্যাখ্যা/বর্ণনা করেছেন? Did service providers acknowledge/explain the method/procedure before providing it?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
B10	সেবা প্রদানকারী কি যথাযথ গোপনীয়তার সাথে আপনাকে সেবা প্রদান করেছে? যদি হ্যাঁ হয় তাহলে গোপনীয়তা রক্ষায় কি দেওয়া হয়েছিল? When staff served you, did they provide privacy? If YES: What was used to provide privacy?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3 1. Ward screen (ওয়ার্ড পর্দা) = A 2. Cloths/drapes to cover body (শরীর ঢেকে রাখার জন্য কাপড়) = B 3. Other (অন্যান্য, উল্লেখ করুন):_____ X
B11	সেবা প্রদানকালে সেবা প্রদানকারী কি আপনার সাথে সদয়ভাবে কথা বলেছেন? Did the service provider speak kindly to you while providing the contraceptive service?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3

B12	জন্ম নিয়ন্ত্রন সেবা সংক্রান্ত সেবা প্রদানের পর আপনাকে কি ফলো-আপ এর জন্য আসতে বলা হয়েছে? Have you been asked to come for a follow-up after providing contraceptive service?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
B13	জন্ম নিয়ন্ত্রন সংক্রান্ত আপনাকে যে সেবা দেওয়া হয়েছে তাতে কি আপনি সন্তুষ্ট? Are you satisfied with the contraceptive services you have received?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
B14	আপনার অভিজ্ঞতার আলোকে প্রয়োজন হলে আপনি কি আবারও এই সেবা কেন্দ্রে জন্ম নিয়ন্ত্রন সংক্রান্ত সেবা গ্রহণ করতে আসবেন? Thinking about your experience, how likely are you to take contraceptive service at this same facility again?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
B15	আপনার অভিজ্ঞতার আলোকে আপনি কি এই সেবা কেন্দ্রে জন্ম নিয়ন্ত্রন সেবা নিতে আপনার পরিবারের কাউকে বা বন্ধু-বান্ধবকে সুপারিশ করেন? Thinking about your experience, how likely are you to recommend this facility for contraceptive service to your family or friends?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
Section C: MR service		
C1	যখন আপনি সেবা নিতে এসেছেন সেবা প্রদানকারী কি আপনাকে স্বাগত জানিয়েছেন? Did service providers greet you when you arrived at the facility to take service?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
C2	সেবা প্রদানকারী কি আপনার এখানে আসার উদ্দেশ্য সম্পর্কে জানতে চেয়েছিলেন ? Did the service provider want to know the specific purpose of your visit to this facility?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
C3	সেবা প্রদানকারী কি আপনাকে এম আর সংক্রান্ত সবগুলো পদ্ধতি সম্পর্কে জানিয়েছেন? Has the service provider said you about all the methods of MR?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
C4	সেবা প্রদানকারী আপনাকে এম আর সংক্রান্ত কয়টি পদ্ধতি সম্পর্কে জানিয়েছেন? The service provider has told how many methods of the MR?	One (একটি)=1 Two (দুটি)=2 Don't know/remember (জানিনা/ মনে নেই) =3
C5	সেবা প্রদানকারী এম আর সংক্রান্ত কোন কোন পদ্ধতি সম্পর্কে জানিয়েছেন? What methods of MR did the service provider inform you?	MVA (এম ভি এ)=1 MRM (এম আর এম)=2 Both (উভয়) =4 Don't know/remember (জানিনা/ মনে নেই) =3

C6	এম আর এর যে পদ্ধতি আপনি বেছে নিয়েছেন সেটা কি আপনি স্বেচ্ছায় পদ্ধতি সম্পর্কে জেনে বুঝে তারপর নিয়েছেন? Did you take the method of MR voluntarily after knowing and understanding all the pros and cons of it?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
C7	এম আর এর পদ্ধতি বেছে নেয়ার ব্যাপারে কি সেবা প্রদানপকারী আপনাকে কোন নির্দিষ্ট পদ্ধতি নিতে পরামর্শ দিয়েছেন? Has the service provider advised you to take any specific method of MR?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
C8	সেবা প্রদানের পূর্বে সেবা প্রদানকারী কি এম আর এর পদ্ধতিটি সম্পর্কে ব্যাখ্যা/বর্ণনা করেছেন? Did service providers acknowledge/explain the procedure before examining you or conducting any procedure?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
C9	পদ্ধতি প্রদানের পূর্বে সেবা প্রদানকারী কি আপনার অনুমতি নিয়েছেন? Did service providers ask for your consent prior to the procedures?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
C10	সেবা প্রদানকারী কি যথাযথ গোপনীয়তার সাথে আপনাকে সেবা প্রদান করেছে? যদি হ্যাঁ হয় তাহলে গোপনীয়তা রক্ষায় কি দেওয়া হয়েছিল? When staff served you, did they provide privacy? If YES: What was used to provide privacy?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3 1. Ward screen (ওয়ার্ড পর্দা) = A 2. Cloths/drapes to cover body (শরীর ঢেকে রাখার জন্য কাপড়) = B 3. Other (অন্যান্য, উল্লেখ করুন):_____ X_____ X
C11	যখন আপনার ব্যাথা ছিল, তখন সেবা প্রদানকারী কি আপনার ব্যাথা উপশমের জন্য কোন ওষুধ দিয়েছিলেন? When you were in pain, did staff provide you with any medicine to make yourself more comfortable?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
C12	সেবা প্রদানকালে সেবা প্রদানকারী কি আপনার সাথে সদয়ভাবে কথা বলেছেন? Did the service provider speak kindly to you while providing the MR service?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
C13	এম-আর সেবা প্রদানের পর আপনাকে কি ফলো-আপ এর জন্য আসতে বলা হয়েছে? Have you been asked to come for a follow-up after providing MR service?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
C14	এম আর সংক্রান্ত আপনাকে যে সেবা দেওয়া হয়েছে তাতে কি আপনি সন্তুষ্ট?	Yes (হ্যাঁ) =1 No (না) =2

	Are you satisfied with the MR service you have received?	Don't know/remember (জানিনা/ মনে নেই) =3
C15	আপনার অভিজ্ঞতার আলোকে প্রয়োজন হলে আপনি কি আবারও এই সেবা কেন্দ্রে এম আর সংক্রান্ত সেবা গ্রহণ করতে আসবেন? Thinking about your experience, how likely are you to take MR service at this same facility again?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
C16	আপনার অভিজ্ঞতার আলোকে আপনি কি এই সেবা কেন্দ্রে এম আর সংক্রান্ত সেবা নিতে আপনার পরিবারের কাউকে বা বন্ধু-বান্ধবকে সুপারিশ করেন? Thinking about your experience, how likely are you to recommend this facility for MR service to your family or friends?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
Section D: PAC service		
D1	যখন আপনি সেবা নিতে এসেছেন সেবা প্রদানকারী কি আপনাকে স্বাগত জানিয়েছেন? Did service providers greet you when you arrived at the facility to take service?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
D2	সেবা প্রদানকারী কি আপনার এখানে আসার উদ্দেশ্য সম্পর্কে জানতে চেয়েছিলেন ? Did the service provider want to know the specific purpose of your visit to this facility?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
D3	সেবা প্রদানের পূর্বে সেবা প্রদানকারী কি গর্ভপাত পরবর্তী সেবা সম্পর্কে ব্যাখ্যা/বর্ণনা করেছেন? Did service providers acknowledge/explain the PAC service before examining you or conducting any procedure?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
D4	গর্ভপাত পরবর্তী সেবা প্রদানের পূর্বে সেবা প্রদানকারী কি আপনার অনুমতি নিয়েছেন? Did service providers ask for your consent prior to the procedures?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
D5	সেবা প্রদানকারী কি যথাযথ গোপনীয়তার সাথে আপনাকে সেবা প্রদান করেছে? যদি হ্যাঁ হয় তাহলে গোপনীয়তা রক্ষায় কি দেওয়া হয়েছিল? When staff served you, did they provide privacy? If YES: What was used to provide privacy?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3 1. Ward screen (ওয়ার্ড পর্দা) = A 2. Cloths/drapes to cover body (শরীর ঢেকে রাখার জন্য কাপড়) = B 3. Other (অন্যান্য, উল্লেখ করুন):_____ X
D6	যখন আপনার ব্যাথা ছিল, তখন সেবা প্রদানকারী কি আপনার ব্যাথা উপশমের জন্য কোন ওষুধ দিয়েছিলেন?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3

	When you were in pain, did staff provide you with any medicine to make yourself more comfortable?	
D7	গর্ভপাত পরবর্তী সেবা প্রদানকালে সেবা প্রদানকারী কি আপনার সাথে সদয়ভাবে কথা বলেছেন? Did the service provider speak kindly to you while providing the PAC service?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
D8	গর্ভপাত পরবর্তী সেবা প্রদানের পর আপনাকে কি ফলো-আপ এর জন্য আসতে বলা হয়েছে? Have you been asked to come for a follow-up after providing PAC service?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
D9	গর্ভপাত পরবর্তী সেবা সংক্রান্ত আপনাকে যে সেবা দেওয়া হয়েছে তাতে কি আপনি সন্তুষ্ট? Are you satisfied with the PAC service you have received?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
D10	আপনার অভিজ্ঞতার আলোকে প্রয়োজন হলে আপনি কি আবারও এই সেবা কেন্দ্রে গর্ভপাত পরবর্তী সেবা গ্রহণ করতে আসবেন? Thinking about your experience, how likely are you to take PAC service at this same facility again?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
D11	আপনার অভিজ্ঞতার আলোকে আপনি কি এই সেবা কেন্দ্রে গর্ভপাত পরবর্তী সেবা নিতে আপনার পরিবারের কাউকে বা বন্ধু-বান্ধবকে সুপারিশ করেন? Thinking about your experience, how likely are you to recommend this facility for PAC service to your family or friends?	Yes (হ্যাঁ) =1 No (না) =2 Don't know/remember (জানিনা/ মনে নেই) =3
Section E: Suggestions/ Recommendations		
E1	এখানে জন্ম নিয়ন্ত্রন পরবর্তী সেবা উন্নত করার ব্যাপারে আপনার কোন মতামত আছে? Do you have any suggestions for improving MR/PAC/contraceptive services at this facility?	
আমার সাথে কথা বলার জন্য আপনাকে ধন্যবাদ। Thank you for taking the time to speak to us today.		

ANNEX 5: Informed consent form for in-depth interview with service provider

Activity No. ACT-01339	Version No. 1.0	Date: 26-Sep-2022

Activity Title: Evaluation of the Ipas Bangladesh humanitarian response program on sexual and reproductive health for the Rohingyas in Bangladesh

Principal Investigator's name: Dr. Fauzia Akhter Huda

Organization: International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)

Purpose of the research

Background

Assalamualaikum/adab. I *[name]* have come from icddr,b in Mohakhali, Dhaka. We are a group of researchers from icddr,b, conducting the evaluation activity for the humanitarian response program by Ipas Bangladesh. Since 2011, Ipas Bangladesh has been working in collaboration with Ministry of Health & Family Welfare (MoH&FW) to reduce deaths and injuries related to unsafe abortion by strengthening post-abortion care (PAC) and menstrual regulation (MR) services. After Rohingya influx in August 2017, Ipas Bangladesh is supporting a comprehensive family planning, MR, and PAC program in the refugee camps. Monitoring and evaluation is a key prerequisite to realize the success of a program implemented, its accomplishments, and to identify the bottlenecks of its activities. In addition, while working on the evaluation of the program, it is important to know if the commitment of the program to ensure and demonstrate the highest transparency, quality service delivery and appropriate utilization of resources was adequately maintained. The overall goal for this evaluation activity is to support the program as the findings may be able to justify and recommend on sustainability and scale-up of existing services in the current humanitarian settings. We would like to invite you to take part in an interview about the service delivery, facility readiness, reporting, challenges, and way forwards about the humanitarian response program by Ipas Bangladesh.

Why invited to participate in the study?

We Invite to you participate in this interview because you are a service provider in the humanitarian response program by Ipas Bangladesh and you can give us an in-depth view on the service delivery, facility readiness, reporting, challenges and way forwards here.

Methods and procedures

If you agree to take part in this study, we will discuss with you in-depth on series of topics that will be guided by a guideline. The interview will be conducted in a private space. To keep the conversation free flowing without missing any information, we would like to record the interview, if you give us permission. If you do not agree to recording, we will take notes which may lengthen the time of the interview, although we expect that you will let us record the conversation. After the interview, we will transcribe the conversation. The interview may take about an hour.

Risk and benefits

There is minimal risk involved in your taking part in this study. All information you give us will be kept confidential. You will not benefit personally from participating in this study. However, you will be able to share your knowledge with us and so broaden our understanding about the overall program

Privacy, anonymity and confidentiality

We assure that the privacy, anonymity and confidentiality of data/information identifying you will be strictly maintained. All data will be collected and stored anonymously using unique identifiers. Interview forms will not contain names. None other than the investigators of this study, the Ethical Review Committee (ERC) of icddr,b, and any law enforcing agency in the event of necessity would have an access to the information. If you give us permission to record the interview, the recording will be stored securely for possible checking or further analysis, for a maximum period of 10 years. Study

information may be reviewed by the Ethics Committee, and independent monitors, to check that the study procedures were done correctly and the information is correct. Your information will remain confidential. Reports about the study and results that may be published in scientific journals will not include any information which allows you to be identified.

Future use of information

Results from the study will be presented to people working in the sexual and reproductive health program as presentations and publications in medical journals. In all these presentations and reports, it will not be possible to identify people who took part. When the study is finished, we will make available information from the study to be shared with other researchers. This will only be done after all the information which identifies people who took part has been removed, so the identities of the people who took part will remain confidential.

Right not to participate and withdraw

Your participation in the study is voluntary, and you have the sole authority to decide for or against your participation. You can withdraw your participation any time during the study, without showing any cause. Refusal to take part in or withdrawal from the study will involve no penalty or loss of care, benefits or attention. Even if you do not participate in the study, or withdraw from at a later time, you will not be affected in any way.

Principle of compensation

As already mentioned, your participation will be completely voluntary. Hence, you will not be paid for your participation in this study.

Informed consent form for in-depth interview with service provider

Activity No. ACT-01339	Version No. 1.0	Date: 26-Sep-2022

Activity Title: Evaluation of the Ipas Bangladesh humanitarian response program on sexual and reproductive health for the Rohingyas in Bangladesh

Principal Investigator's name: Dr. Fauzia Akhter Huda

Organization: International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)

If you agree to our proposal to participate in our study, please put √ mark on appropriate box(es) of the following and finally sign on the specified place for you:

• I have read the participant's information sheet version 1.0 dated 26 September 2022, have had the opportunity to ask question, discuss the study, and received satisfactory answers.	Yes	☐	No	☐
• I understand that I am free to leave the study without giving any reason.	Yes	☐	No	☐
• I understand that the information I give is confidential.	Yes	☐	No	☐
• I agree to my identifiable data being used for future ethically approved studies.	Yes	☐	No	☐
• I agree to being contacted in the future for studies related to this research.	Yes	☐	No	☐
• I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the sponsor and by regulatory authorities, where it is relevant to my taking part in this research. I give my permission for those individuals to have access to my records.	Yes	☐	No	☐
• I give my consent to take part in the study.	Yes	☐	No	☐

_____ _____

Signature of the participant Date

_____ _____

Signature of the witness Date

_____ _____

Signature of the PI or his/her representative Date

Communication:
If you have any question you can ask me right now or at any time later to the below mentioned personnel:

Purpose of contact	Name and address	Address for communication
For any question related to the study, or any problem	Dr. Fauzia Akhter Huda	Address: Maternal and Child Health Division, icddr,b, Mohakhali, Dhaka-1212 Mobile: 01713368172 (9:00 am to 5:00 pm)
To know the rights or benefits or to log any complain or dissatisfaction	M A Salam Khan (IRB Coordinator)	IRB Secretariat, Research Administration, icddr,b, Mohakhali, Dhaka-1212 Phone: (+88-02) 9827084 or Mobile: 01711428989

Thank you for your cooperation.

ANNEX 6: Topic guideline for in-depth interview with service provider

Evaluation of the Ipas Bangladesh humanitarian response program on sexual and reproductive health for the Rohingyas in Bangladesh

Topic guideline for in-depth interview with service provider

Description of key informant's current work

- Your current designation.
- How long have you worked in this position?
- Please describe your role in relation to Ipas Bangladesh's program in humanitarian response in the Rohingya refugee camps in Cox's Bazar.
    - Probe: comprehensive menstrual regulation (MR)/abortion care, post abortion care (PAC), and contraception

Information related to program activity

- When did you start working in the Rohingya response particularly on MR/ PAC/ contraceptive related services?
- What services do you provide?
    - Probe: Related to MR/ PAC/ Contraception
- Did you receive any training on MR/ PAC/ Contraception prior to providing services?
- Did you receive any refresher training on MR/ PAC/ Contraception in between services?
- Do you think this facility is well equipped to provide these services?
    - Probe: Logistics and supplies.
- How do you ensure the availability of family planning commodities in your facility?
- How do you ensure infection prevention & control (IPC) and sterilization process in this setting?
- Could you please explain your service delivery mechanism in brief?
    - Probe: Counseling, consent, medical procedure, advise, follow-up
- How do you maintain all the register books?
    - Probe: MR/ PAC/ Contraceptive service registration book
- What are the challenges you face during providing services?
- Do you have any suggestions to improve the service?
- What's your opinion about necessity of these services in this community?

ANNEX 7: Informed consent form for key informant interview with the collaborating & implementing partners, the facility managers, program managers, and government stakeholders

Activity No. ACT-01339	Version No. 1.0	Date: 26-Sep-2022

Activity Title: Evaluation of the Ipas Bangladesh humanitarian response program on sexual and reproductive health for the Rohingyas in Bangladesh

Principal Investigator's name: Dr. Fauzia Akhter Huda

Organization: International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)

Purpose of the research

Background

Assalamualaikum/adab. I *[name]* have come from icddr,b in Mohakhali, Dhaka. We are a group of researchers from icddr,b, conducting the evaluation activity for the humanitarian response program by Ipas Bangladesh. Since 2011, Ipas Bangladesh has been working in collaboration with Ministry of Health & Family Welfare (MoH&FW) to reduce deaths and injuries related to unsafe abortion by strengthening post-abortion care (PAC) and menstrual regulation (MR) services. After Rohingya influx in August 2017, Ipas Bangladesh is supporting a comprehensive family planning, MR, and PAC program in the refugee camps. Monitoring and evaluation is a key prerequisite to realize the success of a program implemented, its accomplishments, and to identify the bottlenecks of its activities. In addition, while working on the evaluation of the program, it is important to know if the commitment of the program to ensure and demonstrate the highest transparency, quality service delivery and appropriate utilization of resources was adequately maintained. The overall goal for this evaluation activity is to support the program as the findings may be able to justify and recommend on sustainability and scale-up of existing services in the current humanitarian settings. We would like to invite you to take part in an interview about the program history, activities, quality control, implementation challenges and scopes about the humanitarian response program by Ipas Bangladesh.

Why invited to participate in the study?

We Invite to you participate in this interview because you are a collaborating/ implementing partner/ facility manager/ program managers/ government stakeholder of the humanitarian response program by Ipas Bangladesh and you can give us an in-depth view on the program history, activities, quality control, implementation challenges and scopes here.

Methods and procedures

If you agree to take part in this study, we will discuss with you in-depth on series of topics that will be guided by a guideline. The interview will be conducted in a private space. To keep the conversation free flowing without missing any information, we would like to record the interview, if you give us permission. If you do not agree to recording, we will take notes which may lengthen the time of the interview, although we expect that you will let us record the conversation. After the interview, we will transcribe the conversation. The interview may take about an hour. Along with this interview, we are also seeking your consent to do an assessment of the section of your facility related to MR/ PAC/ contraceptive services using a structured questionnaire.

Risk and benefits

There is minimal risk involved in your taking part in this study. All information you give us will be kept confidential. You will not benefit personally from participating in this interview. However, you will be able to share your knowledge with us and so broaden our understanding about the overall program

Privacy, anonymity and confidentiality

We assure that the privacy, anonymity and confidentiality of data/information identifying you will be strictly maintained. All data will be collected and stored anonymously using unique identifiers. Interview forms will not contain names. None other than the investigators of this study, the Ethical Review Committee (ERC) of icddr,b, and any law enforcing agency in the event of necessity would have an access to the information. If you give us permission to record the interview, the recording will be stored securely for possible checking or further analysis, for a maximum period of 10 years. Study information may be reviewed by the Ethics Committee, and independent monitors, to check that the study procedures were done correctly and the information is correct. Your information will remain confidential. Reports about the study and results that may be published in scientific journals will not include any information which allows you to be identified.

Future use of information

Results from the study will be presented to people working in the sexual and reproductive health program as presentations and publications in medical journals. In all these presentations and reports, it will not be possible to identify people who took part. When the study is finished, we will make available information from the study to be shared with other researchers. This will only be done after all the information which identifies people who took part has been removed, so the identities of the people who took part will remain confidential.

Right not to participate and withdraw

Your participation in the study is voluntary, and you have the sole authority to decide for or against your participation. You can withdraw your participation any time during the study, without showing any cause. Refusal to take part in or withdrawal from the study will involve no penalty or loss of care, benefits or attention. Even if you do not participate in the study, or withdraw from at a later time, you will not be affected in any way.

Principle of compensation

As already mentioned, your participation will be completely voluntary. Hence, you will not be paid for your participation in this study.

Informed consent form for key informant interview with the collaborating & implementing partners, the facility managers, program managers, and government stakeholders

Activity No. ACT-01339	Version No. 1.0	Date: 26-Sep-2022

Activity Title: Evaluation of the Ipas Bangladesh humanitarian response program on sexual and reproductive health for the Rohingyas in Bangladesh

Principal Investigator's name: Dr. Fauzia Akhter Huda

Organization: International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)

If you agree to our proposal to participate in our study, please put √ mark on appropriate box(es) of the following and finally sign on the specified place for you:

• I have read the participant's information sheet version 1.0 dated 26 September 2022, have had the opportunity to ask question, discuss the study, and received satisfactory answers.	Yes	☐	No	☐
• I understand that I am free to leave the study without giving any reason.	Yes	☐	No	☐
• I understand that the information I give is confidential.	Yes	☐	No	☐
• I agree to my identifiable data being used for future ethically approved studies.	Yes	☐	No	☐
• I agree to being contacted in the future for studies related to this research.	Yes	☐	No	☐
• I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the sponsor and by regulatory authorities, where it is relevant to my taking part in this research. I give my permission for those individuals to have access to my records.	Yes	☐	No	☐
• I give my consent to take part in the study.	Yes	☐	No	☐
• I give my consent to conduct the assessment of the section of the facility related to MR/ PAC/ contraceptive services.	Yes	☐	No	☐

Signature of the participant _____ Date _____

Signature of the witness _____ Date _____

Signature of the PI or his/her representative _____ Date _____

Communication:
If you have any question you can ask me right now or at any time later to the below mentioned personnel:

Purpose of contact	Name and address	Address for communication
For any question related to the study, or any problem	Dr. Fauzia Akhter Huda	Address: Maternal and Child Health Division, icddr,b, Mohakhali, Dhaka-1212 Mobile: 01713368172 (9:00 am to 5:00 pm)
To know the rights or benefits or to log any complain or dissatisfaction	M A Salam Khan (IRB Coordinator)	IRB Secretariat, Research Administration, icddr,b, Mohakhali, Dhaka-1212 Phone: (+88-02) 9827084 or Mobile: 01711428989

Thank you for your cooperation.

ANNEX 8: Topic guideline for key informant interview with the collaborating & implementing partners, the facility managers, program managers, and government stakeholders

Evaluation of the Ipas Bangladesh humanitarian response program on sexual and reproductive health for the Rohingyas in Bangladesh

Topic guideline for key informant interview with the collaborating & implementing partners, the facility managers, program managers, and government stakeholders

Description of key informant's current work

- Your current designation.
- How long have you worked in this position?
- Please describe your role in relation to Ipas Bangladesh's program that is being implemented in your facility
    - Probe: comprehensive menstrual regulation (MR)/abortion care, post abortion care (PAC), and contraception

Information related to program activity

- When did you start working in the Rohingya response particularly on MR/ PAC/ contraceptive related services?
- What services are being provided through your facility?
    - Probe: Related to MR/ PAC/ Contraception
- Did the service provider of this facility receive any training on MR/ PAC/ Contraception prior to providing services?
- Did the service provider of this facility receive any refresher training on MR/ PAC/ Contraception in between services?
- Do you think this facility is well equipped to provide these services?
    - Probe: Logistics and supplies.
- How do you ensure the availability of family planning commodities in your facility?
- How do you ensure infection prevention & control (IPC) and sterilization process in this setting?
- Could you please explain your service delivery mechanism in brief?
    - Probe: Counseling, consent, medical procedure, advise, follow-up
- How do you ensure the quality of the services (MR/ PAC/ Contraceptive) that is being provided by the service provider of this facility?
- What are the challenges you face during providing services?
- Do you have any suggestions to improve the service?
- What's your opinion about necessity of these services in this community?

ANNEX 9: Informed consent form for focus group discussion with the program managers

Activity No. ACT-01339	Version No. 1.0	Date: 26-Sep-2022

Activity Title: Evaluation of the Ipas Bangladesh humanitarian response program on sexual and reproductive health for the Rohingyas in Bangladesh

Principal Investigator's name: Dr. Fauzia Akhter Huda

Organization: International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)

Purpose of the research

Background

Assalamualaikum/adab. I *[name]* have come from icddr,b in Mohakhali, Dhaka. We are a group of researchers from icddr,b, conducting the evaluation activity for the humanitarian response program by Ipas Bangladesh. Since 2011, Ipas Bangladesh has been working in collaboration with Ministry of Health & Family Welfare (MoH&FW) to reduce deaths and injuries related to unsafe abortion by strengthening post-abortion care (PAC) and menstrual regulation (MR) services. After Rohingya influx in August 2017, Ipas Bangladesh is supporting a comprehensive family planning, MR, and PAC program in the refugee camps. Monitoring and evaluation is a key prerequisite to realize the success of a program implemented, its accomplishments, and to identify the bottlenecks of its activities. In addition, while working on the evaluation of the program, it is important to know if the commitment of the program to ensure and demonstrate the highest transparency, quality service delivery and appropriate utilization of resources was adequately maintained. The overall goal for this evaluation activity is to support the program as the findings may be able to justify and recommend on sustainability and scale-up of existing services in the current humanitarian settings. We would like to invite you to take part in an interview about the program history, activities, quality control, implementation challenges and scopes about the humanitarian response program by Ipas Bangladesh.

Why invited to participate in the study?

We Invite to you participate in this focus group discussion (FGD) because you are a program manager of the humanitarian response program by Ipas Bangladesh and you can give us an in-depth view on the program history, activities, quality control, implementation challenges and scopes here.

Methods and procedures

If you agree to take part in this study, we will discuss with you in-depth on series of topics that will be guided by a guideline. The interview will be conducted in a private space. To keep the conversation free flowing without missing any information, we would like to record the interview or workshop, if you give us permission. If you do not agree to recording, we will take notes which may lengthen the time of the interview, although we expect that you will let us record the conversation. After the interview, we will transcribe the conversation. The interview may take about an hour.

Risk and benefits

There is minimal risk involved in your taking part in this study. All information you give us will be kept confidential. You will not benefit personally from participating in this interview. However, you will be able to share your knowledge with us and so broaden our understanding about the overall program.

Privacy, anonymity and confidentiality

We assure that the privacy, anonymity and confidentiality of data/information identifying you will be strictly maintained. All data will be collected and stored anonymously using unique identifiers. Interview forms will not contain names. None other than the investigators of this study, the Ethical Review Committee (ERC) of icddr,b, and any law enforcing agency in the event of necessity would have access to the information. If you give us permission to record the interview, the recording will be

stored securely for possible checking or further analysis for a maximum period of 10 years. Study information may be reviewed by the Ethics Committee, and independent monitors, to check that the study procedures were done correctly and the information is correct. Your information will remain confidential. Reports about the study and results that may be published in scientific journals will not include any information which allows you to be identified.

Future use of information

Results from the study will be presented to people working in the sexual and reproductive health program as presentations and publications in medical journals. In all these presentations and reports, it will not be possible to identify people who took part. When the study is finished, we will make available information from the study to be shared with other researchers. This will only be done after all the information which identifies people who took part has been removed, so the identities of the people who took part will remain confidential.

Right not to participate and withdraw

Your participation in the study is voluntary, and you have the sole authority to decide for or against your participation. You can withdraw your participation any time during the study, without showing any cause. Refusal to take part in or withdrawal from the study will involve no penalty or loss of care, benefits or attention. Even if you do not participate in the study, or withdraw from it at a later time, you will not be affected in any way.

Principle of compensation

As already mentioned, your participation will be completely voluntary. Hence, you will not be paid for your participation in this study.

Informed consent form for focus group discussion with the program managers

Activity No. ACT-01339	Version No. 1.0	Date: 26-Sep-2022

Activity Title: Evaluation of the Ipas Bangladesh humanitarian response program on sexual and reproductive health for the Rohingyas in Bangladesh

Principal Investigator's name: Dr. Fauzia Akhter Huda

Organization: International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)

If you agree to our proposal to participate in our study, please put √ mark on appropriate box(es) of the following and finally sign on the specified place for you:

- I have read the participant's information sheet version 1.0 dated 25 September 2022, have had the opportunity to ask questions, discuss the study, and received satisfactory answers. Yes ☐ No ☐
- I understand that I am free to leave the study without giving any reason. Yes ☐ No ☐
- I understand that the information I give is confidential. Yes ☐ No ☐
- I agree to my identifiable data being used for future ethically approved studies. Yes ☐ No ☐
- I agree to being contacted in the future for studies related to this research. Yes ☐ No ☐
- I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the sponsor and by regulatory authorities, where it is relevant to my taking part in this research. I give my permission for those individuals to have access to my records. Yes ☐ No ☐
- I give my consent to take part in the study. Yes ☐ No ☐

_____ _____

Signature of the participant Date

_____ _____

Signature of the witness Date

_____ _____

Signature of the PI or his/her representative Date

Communication:
If you have any question you can ask me right now or at any time later to the below mentioned personnel:

Purpose of contact	Name and address	Address for communication
For any question related to the study, or any problem	Dr. Fauzia Akhter Huda	Address: Maternal and Child Health Division, icddr,b, Mohakhali, Dhaka-1212 Mobile: 01713368172 (9:00 am to 5:00 pm)
To know the rights or benefits or to log any complain or dissatisfaction	M A Salam Khan (IRB Coordinator)	IRB Secretariat, Research Administration, icddr,b, Mohakhali, Dhaka-1212 Phone: (+88-02) 9827084 or Mobile: 01711428989

Thank you for your cooperation.

ANNEX 10: Topic guideline for focus group discussion with the program managers

Evaluation of the Ipas Bangladesh humanitarian response program on sexual and reproductive health for the Rohingyas in Bangladesh

Topic guideline for focus group discussion with the program managers

Description of key informant's current work

- Your current designation.
- How long have you been in this position?
- Please describe the role of your organization in relation to Ipas Bangladesh's program in humanitarian response in the Rohingya refugee camps in Cox's Bazar.
    - Probe: comprehensive menstrual regulation (MR) care, post abortion care (PAC), family planning (FP) services etc.

Information related to program activity

- When and how RHSTEP/BAPSA/UNFPA Bangladesh did start working on Rohingya response particularly on MR/ PAC/FP related services in collaboration with Ipas Bangladesh?
- What was the concept/intention behind developing this collaboration? What are the pros and cons of this collaboration?
- How did RHSTEP/BAPSA/UNFPA Bangladesh incorporate Ipas Bangladesh's services/activities in their program?
- How this program had been designed?
    - Probe: How the facility readiness was ensured for this program? (Infrastructure, HR, capacity building, logistics, reporting etc.)
    - Probe: Design of activities and service delivery
- What steps were taken to ensure the program quality (facility readiness and service delivery)?
- What was the reporting process?
    - Probe: Reporting related to the activities conducted in collaboration with Ipas Bangladesh
- What challenges were faced while implementing this program in the acute phase of a crisis? What initiatives were taken to mitigate those challenges?
- What are the successes and opportunities of this collaboration as well as the program?
- What is your opinion regarding sustainability and scaling up of the current services and collaboration with Ipas Bangladesh in a humanitarian setting?

Health facility observation and assessment


EVEN IF YOU ARE BREASTFEEDING IT IS POSSIBLE TO BECOME PREGNANT

Client exit interviews

Qualitative interviews

Stakeholder consultation workshop