

Ipas, is 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. In 2017, Ipas Bangladesh initiated an emergency response program in Cox's Bazar, Bangladesh, to address the SRH needs of over 940,000 forcibly displaced Myanmar nationals. Ipas Bangladesh collaborated with the government, UN agencies, and NGOs to provide Menstrual Regulation, Post-Abortion Care, and Family Planning services. Subsequently, Ipas conducted a needs assessment and raised funds to integrate these services into this dire humanitarian condition. Initially, Ipas introduced their services in eight (8) government health facilities around the camps which gradually expanded to fifty-one (51) different health facilities with in camp through different projects. To document the role of “Ipas Bangladesh’s Humanitarian Response Program” an evaluation was conducted by the Maternal and Child Health Division (MCHD), icddr,b.

EVALUATION

Ipas Bangladesh’s Humanitarian Response Programs

OBJECTIVE

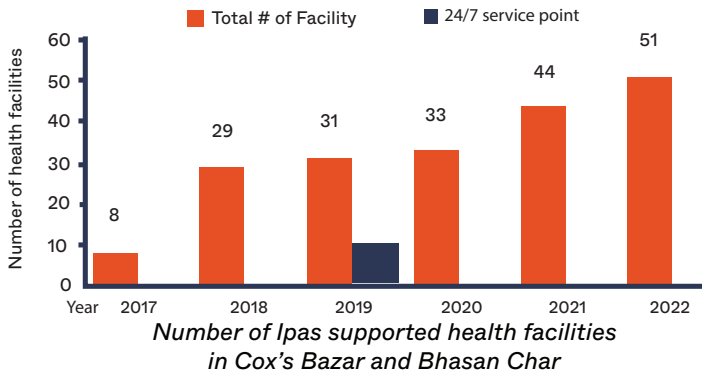
Overall objective is to document the function of Ipas Bangladesh humanitarian response program along with its success and challenges in the effective delivery of MR, PAC, contraceptive services and trauma/survival centered care to the Rohingya people living in the refugee camps in Cox's Bazar, Bangladesh. Specific objectives are 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; assess the facility readiness (infrastructure, equipment, supplies, staffing etc.) for effective MR, PAC, and contraceptive service delivery; explore the capacity of service providers to deliver MR, PAC, contraceptive services and trauma/survival centered care among the Rohingya women and girls; identify and document the key challenges and barriers faced during implementing the humanitarian response program; explore the scope of sustainability and scale-up of Ipas's MR, PAC, contraceptive services and trauma/survival centered care in a humanitarian setting.

METHODOLOGY

Evaluation method includes desk review; health facility observation and assessment; Client exit interviews; in-depth interviews (IDIs) with service providers; key informant interviews (KIIs) with collaborating and implementing partners and facility managers; focus group discussion (FGD) with program managers; and Stakeholder consultation workshop. The ethical clearance has been obtained from the institutional review board (IRB) of icddr,b. The evaluation was carried out between August 1 and December 31, 2022.

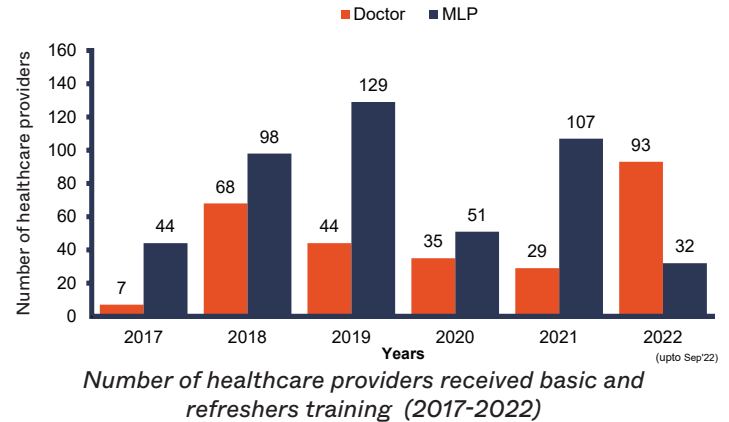
KEY FINDINGS

Facility Readiness: Ipas initially conducted an assessment at the health facilities in the camps to understand the current status of SRH service provision delivery, particularly FP, MR and PAC services. In 2017 Ipas initiated their program in eight facilities and gradually increased FP, MR and PAC service provision in 51 health facilities including field hospitals, primary healthcare centers and health posts in 23 refugee camps in Cox's Bazar and Bhasanchar. To ensure quality FP, MR and PAC services Ipas provided support for minor renovations, maintaining auditory and visual privacy, improving the lavatories, placement of logistics, equipment and waste disposal.



Capacity Building: Ipas emphasize strengthening the capacity of the service providers through structured and comprehensive training with continued onsite support, mentoring and refresher training. The training model ensures that women seeking FP, MR and PAC services receive the highest quality of care. There are comprehensive FP, MR, and PAC training of six days for doctors and fourteen days for nurses, midwives and Family Welfare Visitors (FWVs). Simulation practice, role play scenarios and clinical practical sessions with real patients are ensured under the support and supervision of clinical trainers. Trainees are assessed by the structured checklist for competency and confidence in their clinical skills. Ipas also provides values clarification and attitude transformation (VCAT) focusing on SRHR to promote a supportive and stigma-free environment for FP, MR and PAC services. During 2017 to 2022, 737 trainings were provided (276 doctors and 461 midlevel

providers). In addition, Ipas provided training on counseling and awareness raising to the service providers of all cadres, including community health workers (CHW) and volunteers.



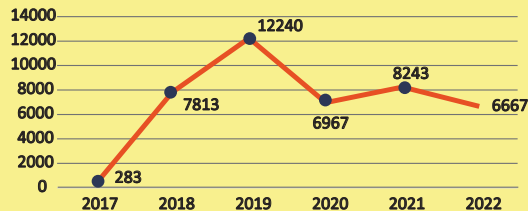
Community Engagement: Community mobilization is crucial to build and strengthen referral linkages between communities and facilities. To ensure community engagement Social and Behavior Change Communication (SBCC) initiatives the SBCC team of Ipas is working within the camp. They coordinate and orient the other NOG's Community Health Workers (CHWs), local leaders, and related NGO actors to disseminate the messages on FP, MR and PAC to the doorstep of the Rohingya communities. Community leaders and gatekeepers (Majhis) are also included in the target group as they play an important role to engage the male community.

Quality : Ipas

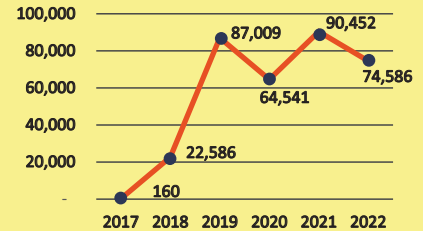
maintained consistent high-quality service provision by ensuring skill providers and following national standards and guidelines with uninterrupted logistic supply.

Mentoring and routine monitoring with Service Progression Review (SPR) also conducted to minimise the gaps and challenges to support high-quality care. Provision of clinical mentoring, coaching, and routine follow-up support to enhance confidence and competence of the providers.

To evaluate the interventions and understand the service recipients' satisfaction status, client exit interviews among the beneficiaries also conducted. More than 90% of the respondents reported that they have chosen their required services being provided with informed written consent. All the clients expressed their full satisfaction with the quality of the services.

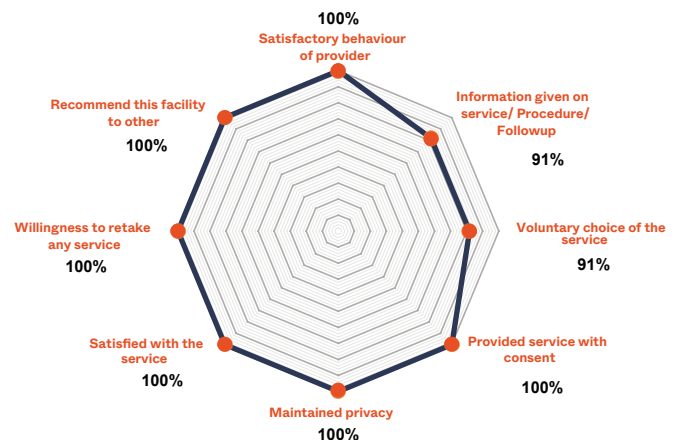


MR/PAC service receiver in health facilities



FP service receiver in health facilities

Quality Service delivery : At the beginning of 2018, Ipas provided only MR and PAC services, and after extensive advocacy with the government, expanded the services including the provision of short-acting and Long Active Reversible Contraceptive (LARC) methods to the Rohingya community. Gradually Ipas included GVB counseling in their service provision to identify the GBV cases and referral to the nearby facilities for trauma/survival centered care, clinical management of rape, psychological support and legal supports. During 2017 to 2022, a total of **339,334 FP services and 42,213 MR and PAC services performed from 51 facilities.**



Findings from the client satisfaction survey

Advocacy , collaboration and coordination: Ipas’s proactive approach for advocacy, coordination and policy level communication has also been a key mediator for establishing MR, PAC, and contraceptive services. Ipas provided technical support to develop “Family Planning Strategy for Forcibly Displaced Myanmar National (FDMN) Humanitarian Crisis 2022-2025” with the leadership of the government and development partners through SRH working group; through effective advocacy and coordination Ipas successfully introduce the provision of LARC including imprest fund; collaborate with Islamic Foundation for engaging the religious leader (Imam) to reduce the religious barrier related to FP, MR and PAC services.

CHALLENGES AND BARRIERS	Systematic approach toward the obstacles
Language barrier	Developed IEC materials in Rohingya language, and recruited providers who speaks/understands the native language
Stigma and religious taboo around family planning services	Though SBCC activities of Ipas is slowly reducing the stigma and taboo
Inadequate number of health facilities and providers	Ipas is providing their support only in 51 facilities located in 23 camps among more than 200 health facilities located in 34 camps but further development is required
Quality of care	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	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	Sustainability is a major component in Ipas’s strategy

Ipas can excel their advocacy to the government to increase the funding for mainstreaming FP, MR&PAC service in their existing programs through 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) which is essential to sustain the program.

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, which will help to identify the camps with higher need and to scale up the program on a priority basis.

Develop comprehensive social behavior change communication (SBCC) strategy prioritizing key messages on FP, MR & PAC services utilization supported with easily understandable pictorial SBCC materials. Also emphasize to increase the community engagement effort of Ipas through different SBCC activities, that will uphold service utilization and help the program to sustain longer.

Recommendation

Continue strengthening the capacity of the service providers of all the facilities in the camps through competency-based skills training and refresher training and develop a group of master trainers to sustain the program.

Explore opportunities to develop partnerships with new organizations, in addition to the existing partners and encourage them to commit for sharing costs for MR, PAC, and FP service provision.

Conduct advocacy and motivate the government of Bangladesh, and donor organizations to mobilize and use their available resources to support FP, MR & PAC services in the camp.