Mid term Assessment, October 2021

Assessment on "Improving lives of Rohingya refugees and host community members in Bangladesh through sexual and reproductive healthcare integrated with gender-based violence prevention and response" project funded by German Federal Foreing Office

[Quantitative and Qualitative Analysis of Current Status of SRH, MHM and GBV]

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KEY FINDINGS

Indicator 1: %of targeted refugee and host community report an improved environment for women and girls following the implementation of SRH and GBV prevention measures

i. 93% respondents have good and very good understanding on available SRH service
ii. Proportion of women who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care. 17% of interviewed women can make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.
iii. 32% of interviewed female from both host community and refugee community received both Anti-natal Care (ANC) and Post Natal Care (PNC).

So, we can say that, **47%** (average of result of three proxy indicator) **of targeted refugee and host community report an improved environment for women and girls following the implementation of SRH prevention measures.**

iv. **49% of women and girls reporting feeling safe** following the implementation of GBV prevention measures
v. 63% respondents (male 21`% and female 42%) go to community leaders for seeking help when they face any form of violence both in their home and also outside of their home

Here, **"56% of targeted refugee and host community report an improved environment for women and girls following the implementation of GBV prevention"**

Considering the average result of above GBV and SRH indicators, we can say that, **51.5% of targeted refugee and host community reported an improved environment for women and girls on SRH and GBV prevention measures at the baseline of the project.**

Indicator 2: # of people (m/f) accessing services and information on SRH services and GBV prevention and response

Indicator 3: % of refugees and host population who report satisfaction with GBV and SRH assistance

i. 70% respondents from refugee and host community reported full satisfaction with GBV assistance
ii. 87% female and 65% male from refugee and host community reported full satisfaction with SRH assistance. (Among them 67% female from refugee and 20% female from host community, 45% male from refugee community and 20% male from host community)

Indicator 4: % of staff members with improved knowledge on SHR and GBV

Inicator 5: 45% of men and boys who report rejecting intimate partner violence and domestic violence

80% of staff members with improved knowledge on SHR and GBV

Indicator 5: # of women and adolescent girls having received MHM kit

i. Most of the respondents (85%) use reusable clothes
ii. 90% respondents wash and use the cloth again

CHAPTER 1
INTRODUCTION

1.1 Background

In response to the health and protection needs of the Rohingya refugees and the host communities in Cox´s Bazar, CARE is implementing the project "Improving lives of Rohingya refugees and host community members in Bangladesh through sexual and reproductive healthcare integrated with gender-based violence prevention and response" with funding support by German Federal Foreign Office. This is a two year project targeting Rohingya refuges of camp 11, 12, 15 and 16 and vulnerable host communities of Jaliapalong union for GBV and SRH services .

To achieve the impact, this project works across **three outcomes**. Firstly **general and sexual and reproductive (SRH) health services will be provided through decetralised health centers** which will rove around the target areas to provide services to people at their doorsteps**. Improved Menstrual Hygiene management (MHM)** is the second outcome of this project. There is an absence of space for washing and drying menstrual hyiene materials, leading women and girls to risk their health by drying their materials indoors. Through this project, therefore, two MHM spaces will be constructed next to CARE's existing women and girls' safe spaces (WGSS) in camps 12 and 16. The construction will be accompanied with training to ensure that the spaces are used appropriate. The third project outcome focuses on **prevention of and response to gender-based violence**. Services include psychosocial counselling, referral of GBV survivors, life-skills training, information and awareness-raising and recreational activities. These activities are complemented by community outreach activities, conducted through Rohingya volunteers, to ensure that the communities know about and can access the WGSS, and challenging harmful social norms associated with GBV. Community outreach will take place in camps 12 and 16 amongst refugee populations.

The intended impact of the project is **improved living conditions for women and girls in Rohingya refugee camps and host communities in Cox's Bazar**.

1.2 Outcome Statement:

Improved sexual and reproductive health, GBV survivor support and protection from GBV of Rohingya Refugees and host community members in Cox´s Bazar Bangladesh

1.3 Output Statement:

- ✓ SRH: General sexual and reproductive health services are provided through decentralised health centres
- ✓ MHM: Improved Menstrual Hygiene Management (MHM)
- ✓ GBV: Provision of GBV prevention actions, identification, support and referral of GBV survivors is improved through health centers and women and girls' safe spaces (WGSS)

CHAPTER 2
APPROACH AND METHODOLOGY

This was an internal assessment conducted by a team of CARE staff composed of MEAL team with the support of program team.

2.1. Purpose and scope of assessment

This study indents to draw current value for the following project outcome indicators:

- % of targeted refugee and host community report an improved environment for women and girls following the implementation of SRH and GBV prevention measures
- # of people (m/f) accessing services and information on SRH services and GBV prevention and response
- % of refugees and host population who report satisfaction with GBV and SRH assistance
- % of staff members with improved knowledge on SHR and GBV
- % of men and boys who report rejecting intimate partner violence and domestic violence

Since the indicators carry quite wider sense, they were broken down by some relevant proxy indicators to understand overall prevailing situation at the mid phase of the project.

2.2. Data collection- method and tools:

In order to gather data for key project indicators, the study applied a mixed method combining both quantitative and qualitative survey techniques to provide a more credible picture of the current status.

This study methods included a household survey to collect quantitative data. This helped comprehensively measure the current status of access to different services and views of the participants to enhance the validity of interpretations and transferability of the inferences.

Based on the review of available secondary documents and baseline study report, developed a semi-structured questionnaire for the HH survey combining key issues related to GBV and SRHR relevant to baseline study. The HH survey was conducted using KoBotoolbox with 7 enumerators (5 female and 2 male) collecting data for five days in the field.

2.3 Determining sample size

Simple random sampling method was followed to sample individuals from camps 11, 12, 15, 16 and host community (adjacent to camps) for the HH Survey with men, women, adolescent boys and adolescent girls. The study brings to sample size of 228 (172 women and girls, 56 men and boys – 50% adolescent and 50% adult), considering 95% confidence level and 5% margin of error. The sample size was equally splited between the 4 camps and one union of adjuscent host community. The study covered the complete target area proposed by the project, considering the unique nature of each community and the homogeneity and heterogeneity of the respondents/target population

2.5 Data collection and data entry

The enumerator collected quantitative data from the field through face to face interviews with the sampled respondents. They interviewed a total 228 respondents in 4 camps and one union of host community. Each field enumerator was supplied with a tablet in which Kobo software was uploaded.

This helped the field enumerator to ensure entry of data in the tablet was consistent and uploaded instantly.

2.6 Data cleaning and analysis

The MEAL team checked the data in the Kobo software and transferred the data into excel for further checking. Later, the team prepared separate data sheet for each specific sector and sent them to Baseline Study Coordinator who further cleaned the data.

The quantitative data analysis was done using excel. Data triangulation with the qualitative data collected in FGDs was the principal means used to ensure validity and reliability of data. The analysis also helped check the consistency with the findings of quantitative data and supported drawing a credible inference.

2.7 Limitations and challenges

There were two key challenges faced in collecting data for this survey:

- With the limited space in the camp it is not easy to get private space to conduct confidential interviews.
- It was difficult to collect data at lock down situation for Covid 19 outbreak.
- At the initial stage of taking interview, the female respondents felt shy to provide information around sexual relationships.

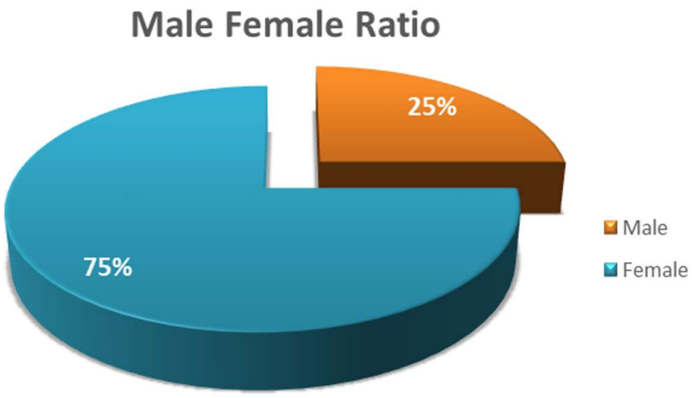
CHAPTER 3
DEMOGRAPHIC PROFILE

This section presents the basic profile of respondents, including the number, gender, male – female ratio, age group, age category by sex, persons with disability, pregnant and lactating women.

3.1 Age and gender of the respondents

A total 228 individual were interviewed in 4 camps and one union of host community, 75% (172) of them female and 25% (56) male.

The majority of the respondents were female and male adults (aged between 18 and 49), followed by female and male adolescents (aged between 12 and 17), with a very small proportion of female and male respondents over the age of 50.



3.2 Marital Status of Respondents

The main objective of the study was to assess overall environment in regard to GBV and SRH in camp and adjacent host community. Understanding marital status of respondents are thus important for the baseline. According to the survey data 99% of respondents were married and only 1% were unmarried.

3.3 People with Disability

Among the respondents, 6% female and 1% male respondents were identified as persons with disability –in terms of having difficulty walking, difficulty hearing and difficulty using usual language or communicating.

CHAPTER 4
STUDY FINDINGS

4.1 Improved environment for women and girls

Indicator 1: % of targeted refugee and host community report an improved environment for women and girls following the implementation of SRH and GBV prevention measures

In the following sections the impact of SHR and GBV prevention measures will be analysed separately.

4.1.1. Improved environment for women and girls on SHR services Sexual Reproductive Health (SRH) is an essential component of humanitarian response for Rohingya refugees. Women and girls living in humanitarian settings often face high maternal mortality and are vulnerable to unwanted pregnancy, unsafe abortion and sexual violence. To understand the improved environment for women and girls on SHR services, the study explored against three proxy indicators i.e. the level of understanding of respondents on SRH services, decision making authority regarding SRH issues in the HH, and child delivery facilities in four camps and one union of host community in Ukiya Upazila of Cox's Bazar.

4.1.1.1 Understanding of respondents on SRH services

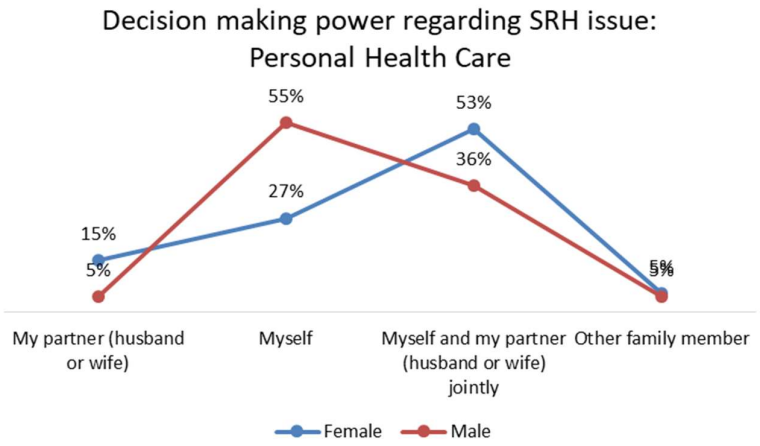
The respondents were asked about their level of understanding on SRH service which are offered to them and available in their camp. As per the below table, 70% and 23% of respondents respectively said that they have good and very good understanding on SRH services which are offered to them and are available in their community (both host and refugee). Among the rests, 6% responded that they have medium level and 1% responded that they have poor understanding.

Understanding level of respondents on SRH services which are offered to them and available in community	Percentage
Good	70%
Medium	6%
Poor	1%
very good	23%
Grand Total	**100.00%**

4.1.1.2. Decision making authority regarding SRH issue:

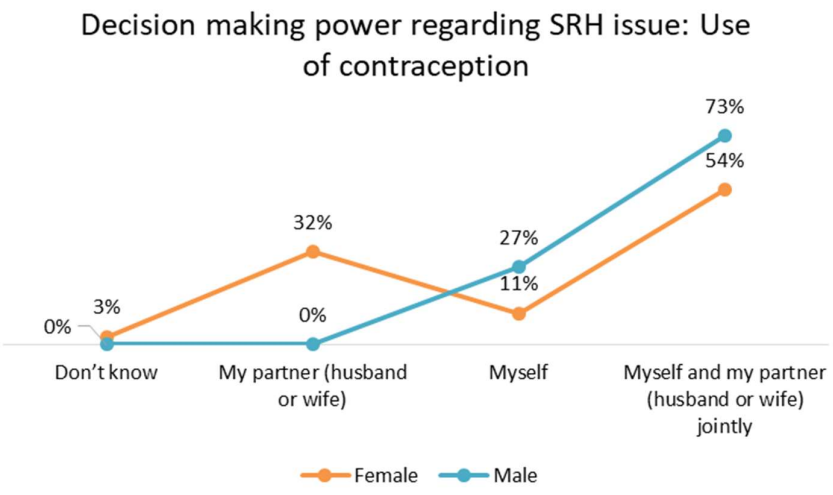
Decision Making on Personal Health Care

When it comes to decision-making on personal healthcare, analysis of survey data shows that among the female respondents from both host and refugee community only 27% can take decision by themselves, for 15% of female respondents' decisions are taken by their partners and for 53% female respondents decisions are taken jointly with their husband. On the other hand, among the male respondents, 55% said that they make own decision about personal healthcare. Only 5% of them depend on their partner to make decisions and 36% make joint decision with their partner (wife).

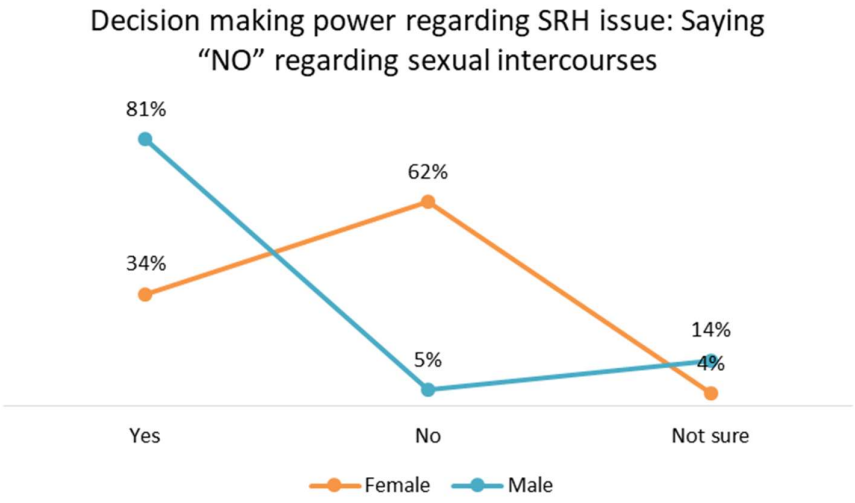


Decision Making on Use of Contraception

When it comes to decision-making on use of contraception, analysis of the results shows that 32% of female respondents depend on the decision of their partners while 11% can make their own decisions, 54% take joint-decision with their husbands and 3% of respondents reported that they don't know. For male respondents a much higher proportion take joint decision (73%) and another proportion report they take their own decision (27%). The discrepancy between male and female perceptions around joint decision-making is interesting since men appear to perceive a higher level of joint-decision making compared to women.



Decision making on Saying "NO" regarding sexual intercourses



This graph represents the power/authority to express willingness or unwillingness to have sexual intercourse with the partner. Analysis of the results shows that 62% female respondents do not believe they have the authority/ right to say "NO" to their partner on having sexual intercourse while 81% male respondents believed that they have the authority/right to say "NO" to their partner during sexual intercourse.

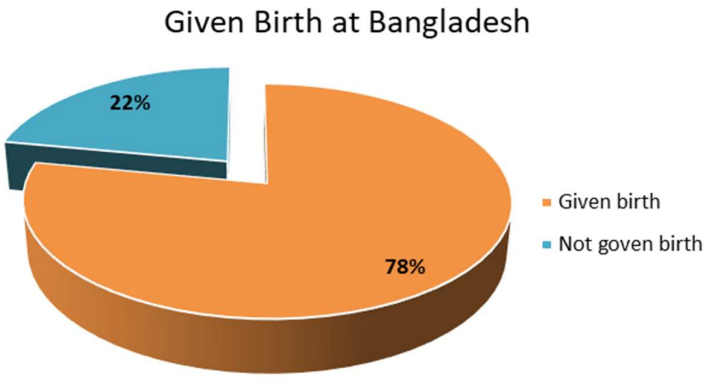
The outcome level indicator "**% of targeted refugee and host community report an improved environment for women and girls following the implementation of SRH prevention measures**" is thuse assessed through following three questions:

- Proportion of women who make their own informed decision regarding sexual relations
- Proportion of women who make their own informed decision regarding contraceptive use and
- Proportion of women who make their own informed decision regarding reproductive health care

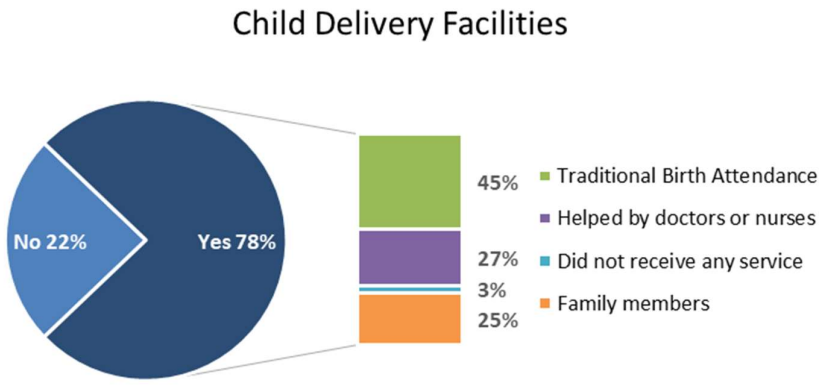
Only women who responded positively to all 3 above questions are considered as making their own informed decisions. This means that respondents must report making their own decisions on healthcare and use of contraception, and report being able to say "NO" to sexual intercourse. The results show that only 29 married female respondents among 172, answered positively to all three questions. Therefore the baseline result for this indicator is: **17% of women make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care**

4.1.1.3. Child Delivery Facilities

The married refugee female were asked if they they have given birth to any child since they arrived in Bangladesh. 78% of them responded affirmative that they have given birth since arriving in Bangladesh. Of those women, 45% gave birth with the help of traditional birth attendant, 25% gave birth with the help of family members, 27% were helped by



doctors or nurses in health centers or HH visits, and the remaining 3% did not receive help during the child birth. Most common medium is traditional birth attendant. At the very beginning of influx, the situation was quite dire to provide intensive maternal health care service to the affected people. Traditional birth attendents were the only option to get help from during that time. In the recent days, they give birth with the help of trained nurses. CARE Bangladesh is also providing training to traditional birth attendants so that they also can provide quality services.



Receiving Maternal Health Facility during last pregnancy	Percentage
No	6%
Yes ,post-natal care	2%
Yes, ante natal care	60%
Yes, both	32%
Grand Total	**100.00%**

In response to the question on whether they have received maternal health services or not during last pregnancy, very less respondents responded negatively (6%). Only 2% said they only received PNC services, 62% said only ANC services and 32% said they received both ANC and PNC services.

"%of targeted refugee and host community report an improved environment for women and girls following the implementation of SRH prevention measures":

- 93% respondents have good and very good understanding on available SRH service
- Proportion of women who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care. 17% of interviewed women can make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.
- 32% of interviewed female from both host community and refugee community received both Anti-natal Care (ANC) and Post Natal Care (PNC).

So, we can say that, **47%** (average of result of three proxy indicator) **of targeted refugee and host community report an improved environment for women and girls following the implementation of SRH prevention measures.**

4.1.2. Improved environment for women and girls on GBV

The improved environment for women and girls following the implementation of GBV prevention measures, was assessed though proxy indicators like feeling of safety by and most significant safety and security concern for women and girls in the community.

4.1.2.1 Women and girls reported feeling safe

People living in the camp have lost protective mechanisms such as social and economic support system and family and community structure, and are therefore more vulnerable. Some people, especially women and girls are more vulnerable to GBV than others. There are several situation at camp level where the effected people can feel safe, unsafe, very safe or very unsafe.

According to the survey data, the 30% of female respondents reported feeling unsafe while going to a distribution (in-kind) point alone, whereas non of the interviewed men reported feeling unsafe to go to distribution (in-kind) point alone.

The other places female respondents also reported feeling unsafe or very unsafe include inside their home at night (10%), going to the market alone (39%) and undertaking a job outside of the household (20%).

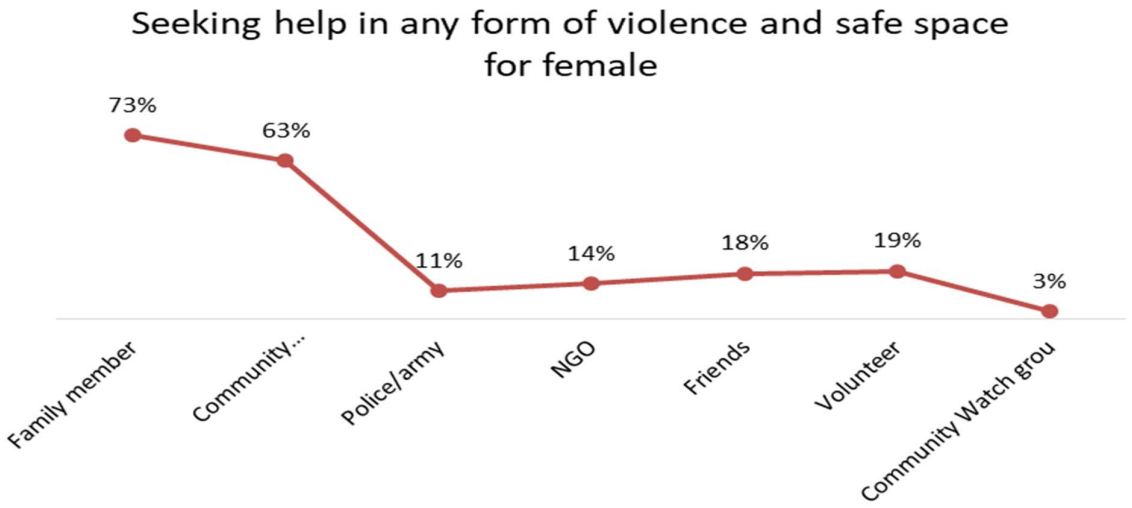
Interestingly 10% of men reported feeling unsafe at home at night. This seems to suggest that perceived threats come from outside the home but this is not supported by the results on accessing WASH facilities at night alone – 10% of female respondents and 9% of male respondents report feeling unsafe or very unsafe – which suggest that more people feel safe outside their homes at night than feel safe inside.

	How safe do you feel to go to the market alone?		How safe do you feel within your household?		How safe do you feel to undertake a job outside the household?		How safe do you feel to go to any distribution (in kind) alone?		How safe do you feel accessing WaSH facilities at night alone?		How safe do you feel outside your home at night?		How safe do you feel inside your home at night?	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Very safe	47%	10%	52%	19%	45%	19%	45%	10%	23%	11%	30%	17%	45%	17%
Safe	49%	45%	48%	80%	55%	57%	55%	59%	67%	76%	70%	73%	55%	80%
Unsafe	2%	39%	0%	1%	0%	20%	0%	30%	9%	10%	10%	10%	0%	3%
Very unsafe	0%	0%	0%	0%	0%	4%	0%	1%	0%	3%	0%	0%	0%	0%
Other	2%	6%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

"% of women and girls reporting feeling safe following the implementation of GBV prevention measures" is measured through the first 3 questions around safety. This means that respondents must report feeling "safe" to all 3 scenarios i.e. going to the market, in their household and undertaking a job outside the household to count as "feeling safe". The results show that 84 female respondents among 172 female responded positively to all three questions. Therefore the baseline result for this indicator is: **49% of women and girls reporting feeling safe** [following the implementation of GBV prevention measures].

4.1.2.2 Seeking help in any form of violence and safe space for female

About 63% of the respondents go to to their community leaders/majhi/religious leaders for seeking help whenever they face any form of violence both in their home and also outside their home.



Therefore, the status at the baseline of three proxy indicators are as below which will used to measure progress of the indicator "**% of targeted refugee and host community report an improved environment for women and girls following the implementation of GBV prevention" is accessed as following:**

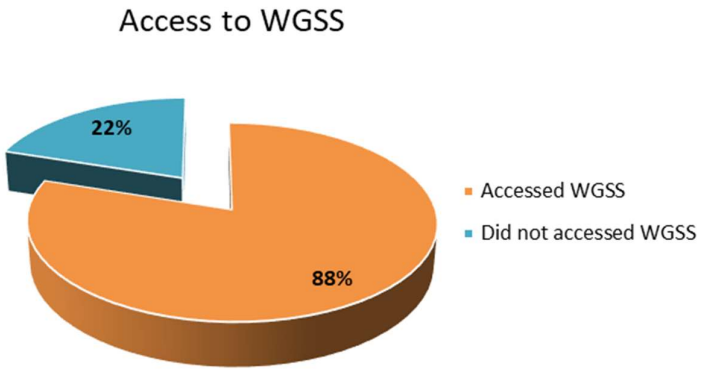
i. **49% of women and girls reporting feeling safe** following the implementation of GBV prevention measures
ii. 63% respondents (male 21`% and female 42%) go to community leaders for seeking help when they face any form of violence both in their home and also outside of their home

"56**% of targeted refugee and host community report an improved environment for women and girls following the implementation of GBV prevention"**

4.3. Satisfaction of population with GBV and SRH assistance

% of refugees and host population who report satisfaction with GBV and SRH assistance

To measure the satisfaction level on the GBV assistance, the resondents were asked if they have accessed WGSS.



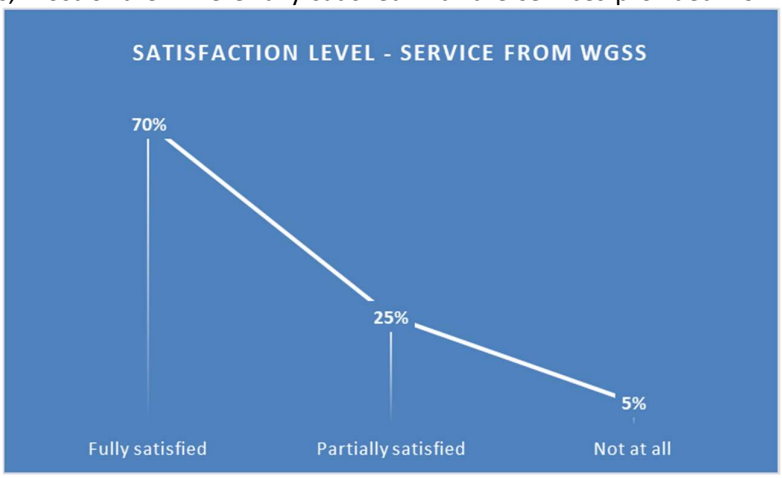
The figure shows that, among the female respondents more than 88% female accessed CARE's WGSS and 22% of the respondents did not have access to WGSS. Reasons of not accessing the facilities from WGSS were lack of and poor quality of sufficient facilities in WGSSS, no permission to access their services by their father/husband/other male HH member and community leader, not safe to travel to the service sites,

and the locations and time of services are not convenient. But main reason was, due to outbeak of Covid 19, there was restriction on movement.

How safe do you feel to go to WGSS (women and Girls Safe Spaces)?	Percentage
Safe	57%
Unsafe	1%
Very safe	42%
Very Unsafe	0%
Grand Total	**100.00%**

57% of women who accessed the WGSS felt safe in the WGSS, 1% felt unsafe due to some security concerns in camps. For example, adolescents highlighted that they face teasing in the road. That's why they are not comfortable to come to WGSS.

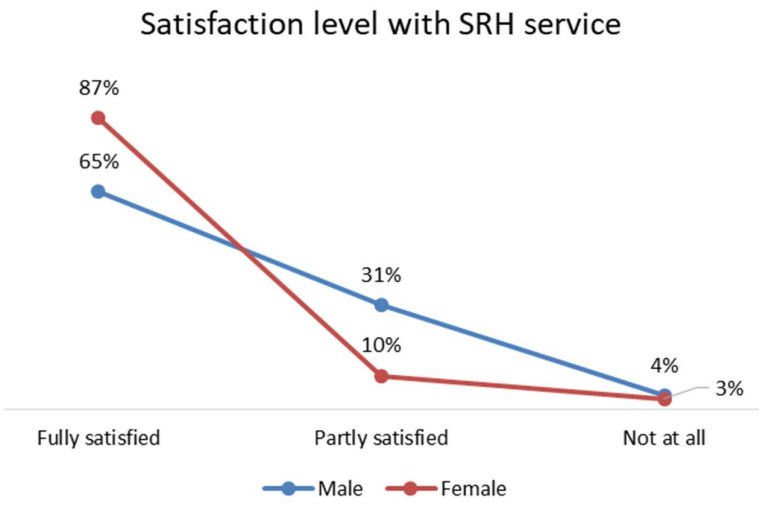
Among the female respondents, most of them were fully satisfied with the services provided from WGSS. About 70% respondents said they were fully satisfied and 25% said they were partly satisfied with the services. 5% of the respondents said they were 'not at all' satisfied. The respondents also provided some suggestions towards smooth and better service delivery. Most of the respondent suggested that need more awareness raising at household level as well as among the community leaders. Below table has further details on this:



Suggestions for Improvement	Percentage of respondents
Free movement	61%
Changing the time	19%
More life skill materials	54%
More awareness raising of HH	78%
Awareness raising of leaders	31%

- 25% respondents from refugee and host community reported partially satisfaction with GBV assistance
- 70% respondents from refugee and host community reported fully satisfaction with GBV assistance

Among the female respondents who used SRH services, 87% said they were fully satisfied with the service while 10% were partially and 3% were not at all satisfied. Among the male respondents, 65% said they were fully satisfied, 31% partially and 3% not at all satisfied.



- 87% female and 65% male from refugee and host community reported full satisfaction with SRH assistance. (Among them 67% female from refugee and 20% female from host community, 45% male from refugee community and 20% male from host community)
- 10% female and 31% male from refugee and host community reported partial satisfaction with SRH assistance (Here, 8% female from refugee and 2% female from host community, 23% male from refugee community and 8% male from host community)

4.4 Knowledge of staff members

95 % of staff members with improved knowledge on SHR and GBV

4.5 General sexual and reproductive health services are provided through decentralised health centres (Output 1)

Indicator 2: # of services provided by static health posts

Indicator 3: # of women aged 15-49 using sexual and reproductive health services

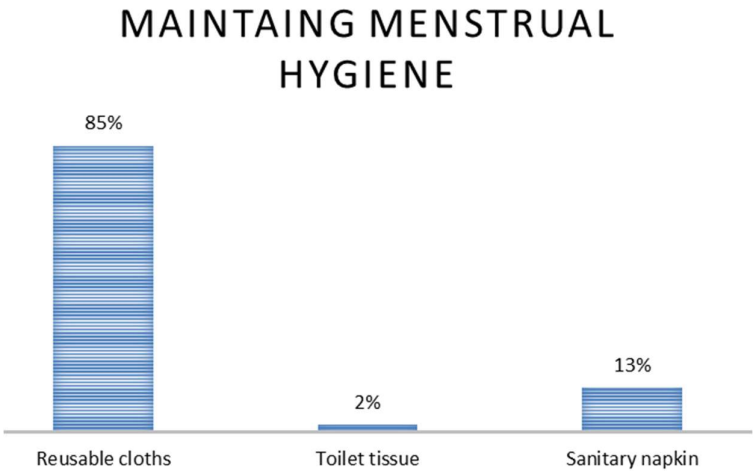
Indicator 4:# of long-acting reversible contraceptive (LARC) services provided

Indicator 5: # of provided different types of contraception for women aged between 15 – 49

4.6 Practice on improved MHM knowledge (Output 2)

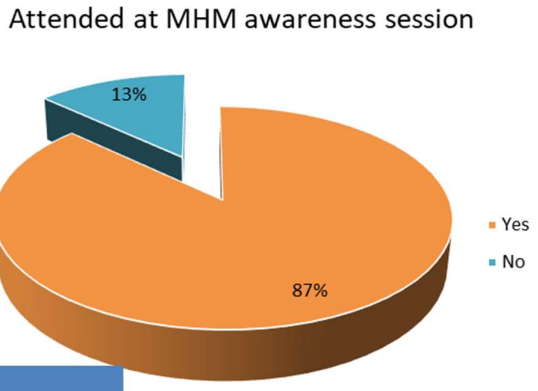
Indicator 1: # of refugee women use properly cleaned menstruation material

The vast majority (86%) of interviewed women responded that they use reusable cloths, 2% uses toilet tissue, only 13% uses sanitary napkin which means that majority of the respondents don't have access to use improved MHM kits like sanitary napkin. . From further discussion, it has found that the respondents who use reusable cloths are facing different problems to manage the cloths such as lack of sun drying facilities, washing of cloths and storing for next use.

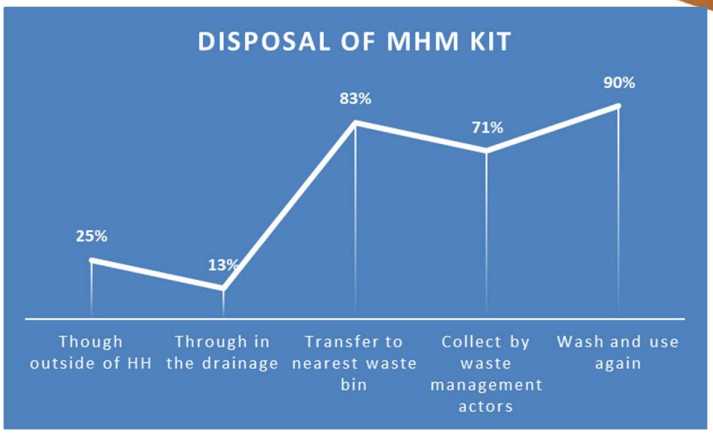


Indicator 2: # of women received and apply knowledge and information on improved MHM

The female respondents from both host community and refugee community were asked, if they have ever attended in any Menstrual Hygiene Management awareness raising session. Among them, 87% said that they joined at least one awareness raising session on MHM arranged by CARE Bangladesh. 13% of them responded that they have not joined in any session.



Respondents were also asked on the ways of disposal of menstrual hygiene kits. 90% of respondent said that they wash the cloth and use it again, 83% said they transfer to nearest waste bin, 71% said their MHM kit collected by waste management actors, 25% said they throw it outside of their house.



When they reuse the cloth most of them wash it with soap and sundry it.

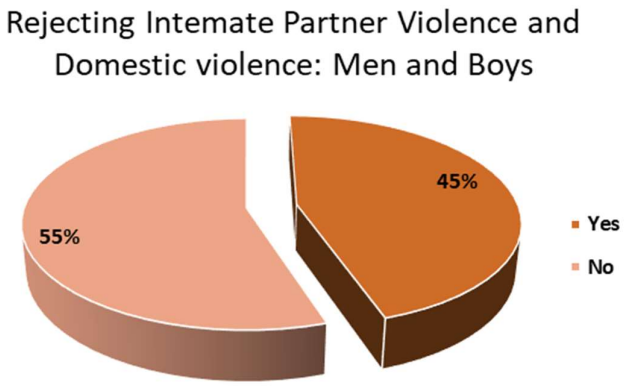
- 85% of respondents use reusable cloths during their menstrual period
- 90% of respondents wash and use the cloth again

Indicator 3: # of women and adolescent girls having received MHM kit

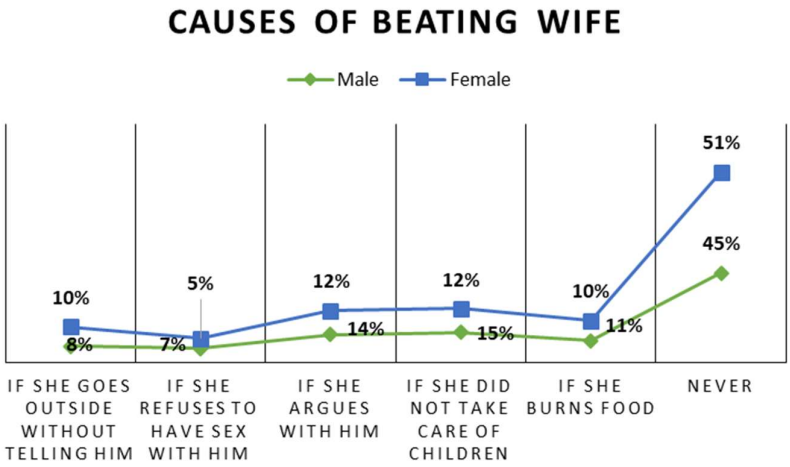
4.7 Provision of GBV prevention actions, identification, support and referral of GBV survivors is improved through health centers and women and girls' safe spaces (WGSS) (Output 3)

Indicator 1: # of women with and without disability with access to safe space

Indicator 2: % of men and boys who report rejecting intimate partner violence and domestic violence



From the study, about 68% respondents thought that every husband has right to beat his wife for different reasons. Here, among this 68% there were 55% was male who thought male person has right to beat his wife/paertner for any reason. And other **45% male (men and boys),** said nobody should beat his wife or partner for any reason. They identified that husbands can beat his wife if she goes outside without his permission, if she argues with him, if she neglects her children, if she burns the food or if she refuses to have sex with him.



Indicator 3: % # of women aged 15-49 receiving psychosocial support and counselling (group and individual)

Indicator 4 % of women aged 15-49 who used services they were referred to

RECOMMENDATIONS

Sexual Reproductive Health

1.1 There is need for intensive campaign on sexual reproductive health.

The findings suggest that the community's level of awareness is limited within only 2-3 issues such as services during pregnancy, delivery and post delivery period. Creating awareness on SRH issues like family planning issues among the adolescent girls is crucial for proper management of SRH and their development.

1.2 There is need to increase peoples knowledge about availability of SRH services

People's knowledge about availability of services for particular heath centers on particular problem is crucial for shaping their health seeking behaviors. The findings indicate that only 15% female and 12% male has awareness on SRH health services.

1.3 There is need to promote awareness of modern family planning methods.

The study reveals low level of awareness among the people on modern family planning method; it shows that Male – Female ratio of using family planning method is 32:68. So, it is needed to increase awareness within the people especially among male groups so that they can take more family planning method.

1.4 Awareness raising of female in sexual relation and increase the male engagement

The study findings suggest that taking decision of female respondents on "Taking/Not taking Contraception" mostly depends on their partners, about 58% female depends on the decision of their partners regarding taking or not taking any contraception while 9% respondents took decision themselves for making decision on "Taking or Not taking Contraception". In both cases, joint decision is lower than taking decision themselves or depends on the decision of partners. In this study, it showed that 27.25% female respondents have no power/capability to say "NO" to their partner during sexual intercourse while 19.66% male respondents have the capability to say "NO" to their partner during sexual intercourse.

Gender Based Violence

1.5 Create the provision of security inside the camp, water point and latrines.

In the camp, there are different situation where the people can feel safe/unsafe.

1.6 Increase awareness of women on GBV issues

Menstrual Hygiene Management

1.7 Need more awareness raising on MHM
1.8 More supply of MHM kit