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Endline Assessment

Improving lives of Rohingya refugees and host community members in Bangladesh through sexual and reproductive healthcare integrated with gender-based violence prevention, response violence prevention and response

ACKNOWLEDGEMENT

The CARE Bangladesh Gender and Protection team express gratitude to the Consutant Mr. Golam Mehedi Hasan for conducting this endline assessment on Gender Based Violence (GBV), Sexual and Reproductive Health (SRH) in host communities and Menustrual Health Management (MHM) for the four camps 11, 12, 15, 16 at Cox's Bazar.

This Survey was led by by Dr. Golam Mehedi Hasan (Principal Investigator and Consultant), Md. Elias (Co-Investigator). Overall, the endline assessment was guided by Zakir Hossen, Program Manager GBV & Protection and Raihanul Fardaus Shahreen, Senior MEAL Officer Gender & Protection. The team would like to give acknowledge all of them for their valuable technical support.

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ACRONYMS AND ABBREVIATION

AAP	Accountability to Affected Population
ANC	Antenatal Care
CFM	Complaint and Feedback Mechanism
CiC	Camp in Charge
FGD	Focus Group Discussion
GBV	Gender Based Violence
HC	Host Community
HH	Household
KII	Key Informant Interview
MHM	Menstrual Hygiene Management
PNC	Postnatal Care
SRH	Sexual and Reproductive Health
TBA	Traditional Birth Attended
WaSH	Water, Sanitation and Hygiene
WGSS	Women and Girl Safe Space

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EXECUTIVE SUMMERY

Background of the Project

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.

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.

Purpose of the Study: This endline study has established endline values for the following project outcome indicators. This assessment has provided a comparison of baseline value and endline value of the indicators. A set of recommendations has been provided through the assessment report on project interventions.

Relevance of 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 violence prevention and response is very much relevant considering the protracted and complex humanitarian situation at Rohingya refugees camps and Host communities in Cox's bazar. from qualitative information before implementing the project intervention very few adolescents and women in the communities knew about the SRH concept and services as well as MHM issues. They had not been aware of basic menstrual hygiene practices such use of sanitary napkins. Whereas host community participants have knowledge and practice to use sanitary napkin and underwear but very minimum knowledge about the MHM systems. It was found that only 13% of female participants were using sanitary napkin as MHM materials, only 23% have improved knowledge regarding MHM kit disposal and 47% of females have improved their practices of MHM regarding the re-cycling of MHM materials. Altogether, 83% of the females in camps and host communities are practicing improved knowledge of MHM. From the baseline, most of the female respondents (86%) responded that they use reusable cloths, 5% uses toilet tissue, only 9% uses sanitary napkins. The result shows that most of the respondents have no existing knowledge nor practices to use improved MHM kit like sanitary napkins. It was also found that 76% of participants have minimum knowledge on SRH where the baseline further confirmed that 70% of respondents had minimum knowledge on SRH. Therefore, the project is found to be very relevant, and CARE has received a lot of positive feedback from the beneficiaries.

Effectiveness of the Project

The project has successfully achieved activity-level tasks with satisfactory completion rates. The Project working area has been selected in consultation with the related government bodies, related actors, and the sectors based on the needs (by need assessments of camps), health sector and protection sectors

reports, demands and gaps of sexual and reproductive healthcare integrated with gender-based violence prevention and response violence prevention and response activities. From the baseline It was found that there were similar gaps and needs in the camps as well as the surrounding host communities, and though it seemed that the project has been implemented in very limited and specific areas with specific targets, it was found in the end line study that the communities, who were not direct target population, also adopted improved SRH practices. In this way one areas to other areas and one participant to more participants gain the knowledge on SRH and MHM system and applied to the daily life. It was found that 24% of respondents have a good and very good understanding of the available SRH service. Here 10% are from host community and 14% from refugee community. Among these 24% participants some play their role as change makers and disseminate the message to other participants which shows the effectiveness of this project. Application of knowledge and behavior change show the effectiveness of this project. E.g., it can be mentioned that 75% of the targeted refugee and host communities report an improved environment for women and girls following the implementation of SRH prevention measures. From the baseline, 35% of targeted refugee and host community reported an improved environment for women and girls on SRH prevention measure.

Efficiency of the Project

The project has been significantly successful in implementing the project intervention. 75% of targeted refugee and host community members report an improved environment for women and girls following the implementation of SRH prevention measures though the pre-determined target was 80% and thus we didn't achieve the target fully. In the time period, the implementation team was not able to achieve the target due to some limitations like activities hampered during Covid-19 period. Beyond that 51% of women and girls reporting feeling safe, here 21% female from host community and 30% female from refugee community [following the implementation of GBV prevention measures]. Where before the implementation of intervention 42% Women and girls reporting feeling safe following the implementation of GBV prevention measures. For satisfaction level it can be mentioned that there is efficiency. The activities of the project were implemented through experts and experienced human resources. FGDs and KIIs with community people showed that most of the targeted communities had gained the base knowledge and applied their daily lives and they changed the mind and practices to support each other's. From qualitative information most mentionable is that community people have gained knowledge on basics of GBV, Gender and Equity. Therefore, the respect and dignity towards female in the family as well as in community is being visible. Among the community people, an increasingly friendly and accepting attitude and environment was created among target groups related to the MHM, SRH and GBV issues through different education sessions and information dissemination activities. The community people share their feelings and can maintain their privacy through 'SANTIKHANA' which means "the place of peace" (WGSS) and found easy access to receive the SRH services through the WGSS

Impact of the Project:

Visible impacts have been found during the assessment. Changes in attitude and behavior change of the participants as well as better access to services are found to be impactful. Sharing the information, expressing the feelings among the participants and the near and dear one is mentionable here. The following specific impacts demonstrate the successful implementation:

- 66% of targeted refugee and host communities report an improved environment for women and girls following the implementation of GBV prevention, from baseline, 47% of targeted refugee and host communities report an improved environment for women and girls are following the implementation of GBV prevention activities.
- 83.5% of targeted refugee and host population report satisfaction with GBV assistance and from baseline, 78% female from refugee and host communities reported satisfaction with GBV assistance. 89% of refugees and host population reported satisfaction with SRH assistance. From baseline, 72% of refugees and host community reported satisfaction with SRH assistance.
- 83% female from refugee and host community are practicing improved knowledge of MHM.
- 75% of targeted refugee and host community report an improved environment for women and girls following the implementation of SRH prevention measures and from the baseline, 35% of targeted refugee and host community report an improved and positive environment for women and girls on SRH prevention measures.

Demographic Profile

A total of 334 individuals across 4 camps and one union of host communities were interviewed, 54% (180 people) of them were female and 46% (154 people) were male.

Most of the respondents were female and male adults (aged 18-49 years), followed by female and male adolescents (aged 12-17 years), with a very small proportion of female and male respondents above the age of 50 years.

According to the survey data 100% female respondents were married and among the male respondents 82% were married and 18% unmarried.

Among the respondents, 25% were identified as people with disabilities in terms of having difficulty with walking, difficulty with hearing and difficulty with using usual language or communication in general. Among female respondents, 7% were identified as persons with disability and among the male respondents 52% were persons with disability.

Study Findings

Improved Environment for Women and Girls of SRH

The outcome level indicator "**Percentage (%) of targeted refugee and host community report an improved environment for women and girls following the implementation of SRH prevention measures**" is assessed through following proxy indicators:

- **A proportion of refugees and host community people have a good understanding of SRH services:** From the data including all respondents, 24% of respondents have a very good understanding of SRH services.
- The proportion of women, who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care: Only women who responded positively to all 3 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 baseline results show that only 35 married female

respondents among 180, answered positively to all three questions. Therefore, the baseline result for this indicator is: **19% of women make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.**

- The proportion of women who received maternal health service: In response to the question on whether they have received maternal health services or not during last pregnancy (both refugee and host community female were answered), 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.

The overall target for this indicator was **80% of targeted refugee and host community report an improved environment for women and girls following the implementation of SRH prevention measures.**

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

- 24% of respondents have a good or very good understanding of the available SRH services, whereof 10% are from the host communities and 14% from the camps.
- The proportion of women who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care. 19% of interviewed women can make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care. (From the analysis, 8% female were from host community and 14% were from refugee community)
- 32% of interviewed female from both host community and refugee community received both Anti-natal Care (ANC) and Post Natal Care (PNC). (Here only 5% women from host community received ANC and PNC services)

Therefore, **75% of targeted refugee and host community report an improved environment for women and girls following the implementation of SRH prevention measures. The target was 80% refugee and host community report an improved environment for women and girls following the implementation of SRH prevention measures**

75% of targeted refugee and host communities report an improved environment for women and girls following the implementation of SRH prevention measures and from the baseline, 35% of targeted refugee and host community reported an improved environment for women and girls on SRH prevention measure

Improved Environment for Women and Girls of GBV

The improved environment, for community people 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 the community.

"Percentage (%) of women and girls reporting feeling safe following the implementation of GBV prevention measures" is measured through the above questions around safety. The result for this

indicator is **51% of women and girls were reporting feeling safe**, **here 21% female from host community and 30% female from refugee community** [following the implementation of GBV prevention measures].

From the data, the most security concern in both host and refugee community was sexual harassment (82% female responded) followed by domestic violence (77% female responded) and sexual violence (74% female responded). Here, 9% male and 15% female are said that they have no security concern in their community.

Therefore, the status at the baseline of three proxy indicators are as below which will used to measure progress of the indicator **"Percentage (%) 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. **51% of women and girls were reporting feeling safe** following the implementation of GBV prevention measures
ii. 15% female respondents (6% from host communities and 9% from refugee communities) reported they have no security concern in their community

"**66%** (sum of two proxy indicator) **of targeted refugee and host community report an improved environment for women and girls following the implementation of GBV prevention".**

The overall target for this indicator was **80% of targeted refugee and host community report an improved environment for women and girls following the implementation of GBV prevention measures.**

66% of targeted refugee and host community report an improved environment for women and girls following the implementation of GBV prevention, from baseline, 47% of targeted refugee and host community report an improved environment for women and girls are following the implementation of GBV prevention

Satisfaction level of refugee and host community with GBV assistance

Among the female respondents, most of them were fully satisfied with the services provided from WGSS. Here, 67% of respondents said they were fully satisfied and 28% said they were partly satisfied with the services. 5% of the respondents said they were "not at all" satisfied.

- 16% male (10% host and 6% refugee) and 8% female (6% host and 2% refugee) were reported partially satisfaction with GBV assistance
- 57% male (12% host community and 45% refugee) and 80% female (35% host and 45% refugee) respondents were reported fully satisfaction with GBV assistance

Here, 83.5% of refugees and host population report satisfaction with GBV assistance. Target was 90% f refugees and host population report satisfaction with GBV assistance.

83.5% of refugees and host population report satisfaction with GBV assistance and from baseline, 78% female from refugee and host community reported satisfaction with GBV assistance.

Satisfaction level of refugee and host community with SRH assistance

To measure the satisfaction level on the SRH assistance, the respondents were asked if they have accessed SRH service

Here, 82% male and 97% female from both communities reported having received SRH services. Among the female respondents, who used SRH services, 85% reported fully satisfied with the service, while 5% were partially and 10% were not at all satisfied. Among the male respondents, 68% reported that they were fully satisfied, 20% partially and 12% were not at all satisfied.

- 85% female and 68% male from refugee and host communities reported full satisfaction with the SRH assistance. (Among them 72% female respondents from refugee and 13% female respondents from host communities, 52% male respondents from refugee community and 16% male respondents from host community). The average of full satisfaction of both male and female is 76.5.
- 5% female and 20% male participants from refugee and host community reported partial satisfaction with SRH assistance (Here, 2% female from refugee and 3% female participants from host communities, 13% male participants from refugee community and 7% male participants from host community). The average of partial satisfaction of both male and female is 12.5.

In total 89% (sum of full and partial satisfaction of both male and female) of camp and host population respectively reported satisfaction with SRH assistance where target was 90% of refugees and host population reported satisfaction with SRH assistance

89% of camp and host population reported satisfaction with SRH assistance. From baseline, 72% refugee and host community reported satisfaction with SRH assistance.

Knowledge of Staff Members

To measure the knowledge level of staff members, person to person KII have been conducted with the project staff regarding the basic of GBV, SRH and MHM issues. A total of 11 staff from GBV and SRH sector participated in KII. According to the results of KII 97 % of staff members with improved knowledge on SHR and GBV issues especially for response and prevention.

Rejecting Intimate Partner Violence

From the study, about 62% respondents thought that every husband has right to beat his wife for different reasons. Here, among this 62% there were 55% was male and 70% female who thought male person has right to beat his wife/partner for any reason. Other **50% male (men and boys at Rohingya communities),** said nobody should beat his wife or partner for any reason. They identified that husbands could beat their wifes 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.

The target for this indicator was 50% of men and boys, who report rejecting intimate partner violence and domestic violence, thus the target was achieved. From the baseline, 38% of men and boys report rejected intimate partner violence and domestic violence.

Practicing improved MHM knowledge

- 13% female are using sanitary napkin as MHM materials
- 23% respondents have improved knowledge regarding MHM kit disposal
- 47% female are doing improved practice of MHM regarding re-using of MHM materials.

Here, 83% (sum of all proxy indicators) female from refugee and host community are practicing improved knowledge of MHM.

Feedback and Complaint Mechanism

The respondents were asked whether they know how to lodge a complaint or not. From the analysis, 70% male and 68% female said they now know how to file a complaint.

According to the end line survey, 69% of respondents know about the feedback and complaint mechanism.

The respondents, who lodged complaints previously were asked about their satisfaction with the response to their complaints. From the analysis, 58% said they were satisfied with the response, 24% were average satisfied, 16% were very satisfied and 2% were not satisfied. It is worth mentioning that 74% (the sum of satisfied and very satisfied) were satisfied with the feedback and complaint mechanism.

KEY FINDINGS

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

i. 24% of respondents have a good understanding of available SRH service
ii. Proportion of women who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care. 19% 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, it can be said that **75%** (sum of result of three proxy indicator) **of targeted refugee and host community report an improved environment for women and girls are following the implementation of SRH prevention measures.**

i. **51% of women and girls were reporting feeling safe** following the implementation of GBV prevention measures
ii. 15% female respondents (6% from host community and 9% from refugee community) reported they have no security concern in their community

Here, **"66% of targeted refugee and host community report an improved environment for women and girls are following the implementation of GBV prevention"**

Considering the average result of above GBV and SRH indicators, it can be said that **70.5%** (sum of result of three proxy indicator) **of targeted refugee and host community reported an improved environment for women and girls on SRH and GBV prevention measures at the endline of the project.**

Indicator 2: Percentage (%) of refugees and host population who report satisfaction with GBV and SRH assistance

i. 73% male and 88% female respondents from both refugee and host community reported satisfaction with GBV assistance. **Here 83.5% (**sum of result of three proxy indicator**) of refugees and host population who report satisfaction with GBV assistance**
ii. 90% female and 88% male from both refugee and host community reported satisfaction with SRH assistance. Here, **89% of refugees and host population report satisfaction with SRH assistance**

Indicator 3: Percentage (%) of staff members with improved knowledge of SHR, MHMSHR and GBV
97% of staff members with improved knowledge of SHR, MHMSHR and GBV

Indicator 4: Percentage (%) of men and boys who report rejecting intimate partner violence and domestic violence
50% of men and boys who report rejecting intimate partner violence and domestic violence at Rohingya and host communities

Indicator 5: Percentage (%) of refugees and host community are practicing improved MHM knowledge.

75% of refugees and host community are practicing improved MHM knowledge.

Indicator 6: Percentage (%) of beneficiaries who know/heard about the CFRM services of CARE

69% of respondents know about the feedback and complain mechanism

Indicator 7: Percentage (%) of beneficiaries satisfied with the services provided by the CFRM

74% (sum of satisfied and very satisfied) were satisfied with feedback and complain mechanism.

CHAPTER 1
INTRODUCTION

1.1 Background

Within the Rohingya refugee response, CARE Bangladesh's sector priorities in the Rohingya refugee response are gender-based violence prevention and response, sexual and reproductive health, water, sanitation & hygiene, nutrition, and site management

To achieve the impact, this project works across three outcomes. Firstly, general and sexual and reproductive (SRH) health services have been provided through 01 Health Post (camp 12) & 04 Outreach Mobile Clinics (02 is camp 12, 01 is camp 11 & another is camp 15) which will move around the target areas to provide services to people at their doorsteps.

Menstrual hygiene management (MHM) is the second output of this project. To address the gap there is an absence of space for washing and drying menstrual health materials, which compromised the hygiene during menstruation, leading women, and girls to risk their health by drying their materials indoors. Through this project therefore, two MHM spaces has been constructed next to CARE's existing women and girls' safe spaces (WGSS) in camp 12 and camp 16. The construction will be followed up with training to ensure that the spaces are used appropriately.

Finally, the third project output focuses on prevention of and response to gender-based violence. Services include psychosocial counselling, GBV case management, referral of GBV survivors, life-skills training, information and awareness-raising and recreational activities. These activities are complemented by community outreach activities, conducted through volunteers, to ensure that the community knows about and can access the WGSSs, and challenging harmful social norms associated with GBV. GBV response and prevention services implemented in host community, Jaliapalong. The GBV component has been implemented by partner OPCA from the beginning of the project. MHM component was established in camp 12 and camp 16.

Like all other CARE projects, this project also focuses on ensuring Accountability to Affected Population (AAP). Accountability means the process of using power responsibly, taking account of, and being held accountable by, different stakeholders, and primarily those who are affected by the exercise of such power. According to UNHCR AAP Guidance, "*Accountability refers to the responsible use of power (resources, decision making) by humanitarian actors, combined with effective and quality programming that recognizes the community of concern's dignity, capacity, and ability to be independent.*" On the other hand, Accountability to Affected Population (AAP) means "*A commitment to the intentional and systematic inclusion of the expressed needs, concerns, capacities, views of persons of concern in their diversity, and being answerable for our organizational decisions and staff actions, in all protection, assistance and solutions interventions and programs*."

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 Statements:

- ✓ SRH: General sexual and reproductive health services are provided through decentralized health centers
- ✓ 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)
- ✓ Accountability: Beneficiaries are aware of the complaint feedback and response mechanism (CFRM) services in the camp provided by CARE
- ✓ Beneficiaries are satisfied with the service provided by CFRM

1.4 Indicators

- Percentage (%) of targeted refugee and host community report an improved environment for women and girls following the implementation of SRH and GBV prevention measures
- Percentage (%) of targeted refugees and host community are practicing improved MHM knowledge
- Percentage (%) of refugees and host population who report satisfaction with GBV and SRH assistance
- Percentage (%) of staff members with improved knowledge on SRH, MHM and GBV
- Percentage (%) of beneficiaries who know/heard about the CFM services of CARE
- Percentage (%) of beneficiaries satisfied with the services provided by the CFM

1.5 Purpose of the Study

This end line study has established end line values for the following project outcome indicators. This assessment has provided a comparison of baseline value and end line value of the indicators. A set of recommendations has been provided through the assessment report on project interventions. As well as the gaps of the program interventions has focused on this report.

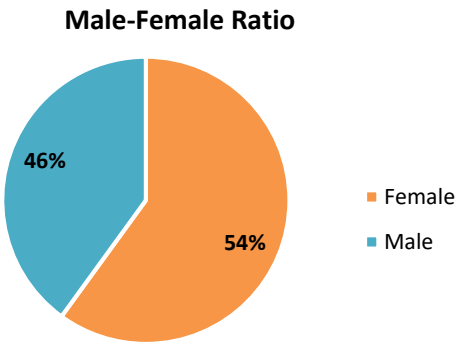
CHAPTER ❷
DEMOGRAPHIC PROFILE

This section presents the basic profile of respondents, including the number, gender, male-female ratio, age group, age category by sex, persons with disability and marital status.

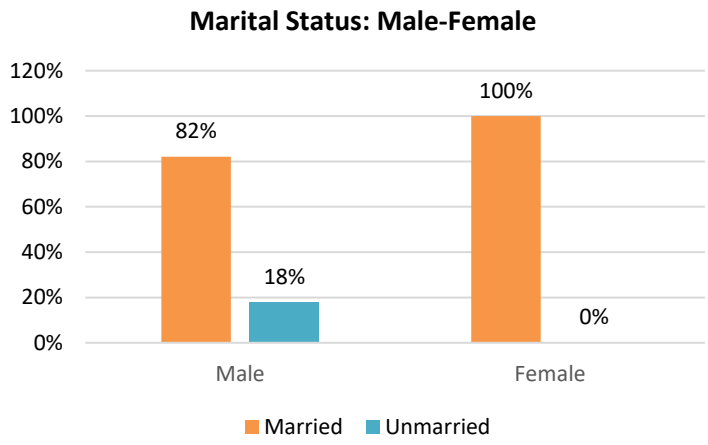
2.1 Age and Gender of the Respondents

A total 334 individual were interviewed in 4 camps and one union of host community, 54% (180) of them female and 46% (154) male.

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



2.2 Marital Status of Respondents



The main objective of the study was to assess the overall environment regarding GBV and SRH in camp and host community. Understanding marital status of respondents is thus important for measuring the end line value of some indicators. According to the survey data, 100% of female respondents were married and among the male respondents 82% were married.

2.3 People with Disability

Among the respondents, 25% were identified as people with disabilities in terms of having difficulty walking, difficulty hearing and difficulty using usual language or communicating. Among all the female respondents,7% were identified as persons with disability and among all the male respondents 18% were persons with disability.

Among the respondents, who were persons with disabilities, 13% male and 3% female have difficulty of seeing, 3% female and 5% male have difficulty of hearing, 36% male and 2% female have difficulty of walking, and 7% male have difficulty of walking.

CHAPTER 3
STUDY FINDINGS

3.1 Improved Environment for Women and Girls

Indicator 1: Percentage (%) 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 SRH and GBV prevention measures will be analyzed separately.

3.1.1 Improved Environment for Women and Girls on SRH Services

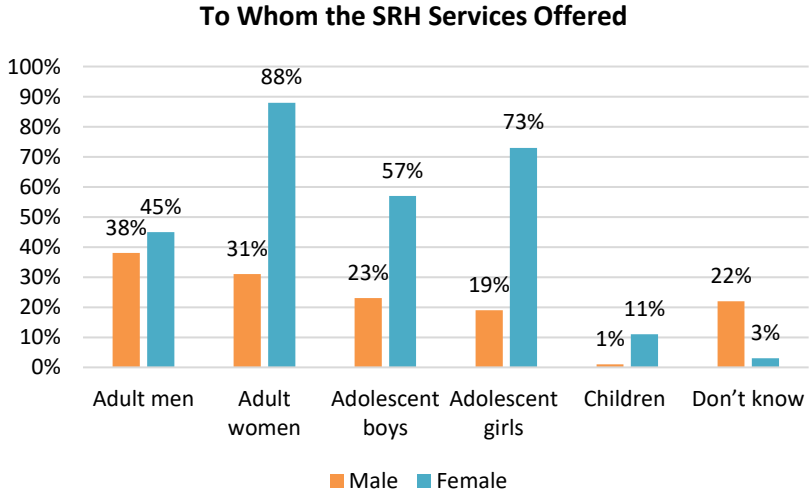
Sexual Reproductive Health (SRH) is an essential component of humanitarian response for Rohingya refugees. Women and girls living in humanitarian settings often face high maternal mortality and are vulnerable to unwanted pregnancy, unsafe abortion, lack of menstrual hygiene management and sexual violence. 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 Ukhiya Upazila of Cox's Bazar.

The outcome level indicator "**Percentage (%) of targeted refugee and host community report an improved environment for women and girls following the implementation of SRH prevention measures**" is thus assessed through following proxy indicators:

- A proportion of refugees and host community people have a good understanding of SRH
- Proportion of women make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
- Proportion of women received maternal health service

3.1.1.1 Understanding/Knowledge of Respondents on SRH Services

To understand the knowledge level of community people on SRH services provided to community, it should be asked to them some basics of SRH. In this regard, the respondents were asked to whom the SRH service are generally offered. Among the respondents, 88% of the



female participants said that the SRH service is provided to adult women, and 73% of female participants talked about adolescent girls. Here 38% male said that SRH service provided to adult male, and 31% male said about adult women. From the basics of SRH, adolescent boys and girls within the age between 12-17 years and adult men and women within the age from 17-45 years are the main targeted beneficiary of SRH sector. 24% of respondents have a very good understanding of SRH services.

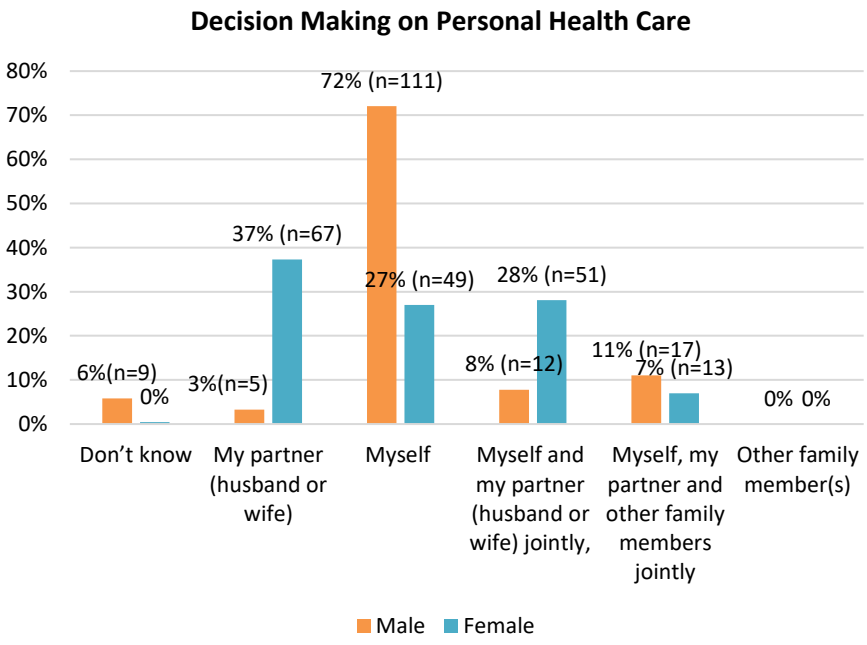
From FGD with community people, it has been found that most of the people know about general health care but have very little knowledge about SRH. They were asked about the services under SRH provided to them at the camp level. They must provide answers regarding maternal health, family planning, counselling and referral. Most of them only said about contraceptive pill, condom, injection and LARC which were under family planning service provided by SRH sector. Also, from FGD, Male group have limited/minimum knowledge on SRH services and sometimes they try to know from their partners (Wife) and sometimes their friends and near one. But they know well about CARE Bangladesh and services center. It is informed that all the participants know about CARE Bangladesh from the very beginning of this influx. The most relevant finding is that male group does not have not sound knowledge about SRH and the related services, but they have taken the decision about health care for the female members in their families.

Here, 24% of respondents have a very good understanding of SRH services

3.1.1.2 Decision Making Authority Regarding SRH Issue:

Decision Making on Personal Health Care

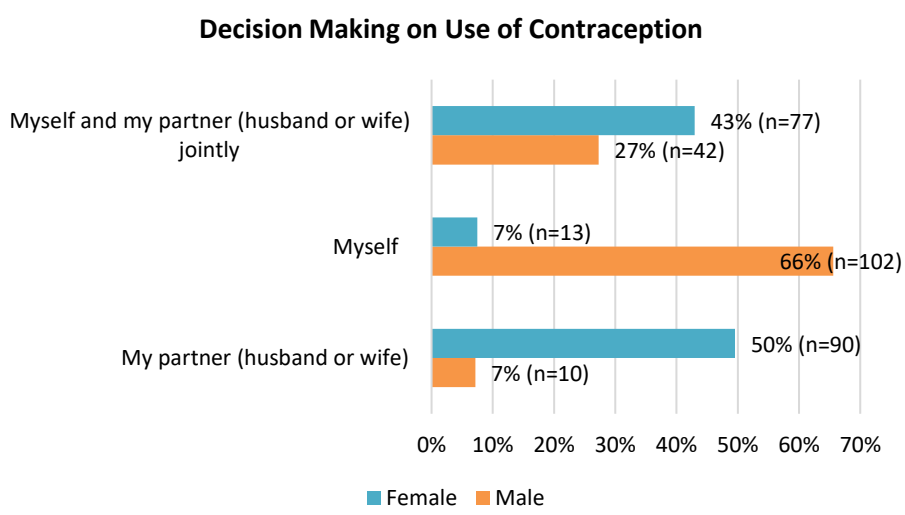
When it comes to decision-making on personal healthcare, analysis of survey data shows that among the female respondents from both host and refugee community, only 27% can take decision by themselves, for 37% of female respondents' decisions are taken by their partners and for 28% female respondent's decisions are taken jointly with their husband. On the other hand, among the male respondents, 72% said that they make own decision about personal healthcare. Only 3% of them depend on their partner to make decisions and 8% make joint decisions



with their partner (wife). Among the host community female respondents, only 10% female can take their own decision regarding their health care and 17% from the refugee community.

From Focus Group Discussion (FGD), the qualitative findings are the same as quantitative findings. Most of the female depend on the decision of their partners, the proportion of respondents in FGD, who can take their own decision regarding their personal health care, was very limited. The situation was very similar for the host communities.

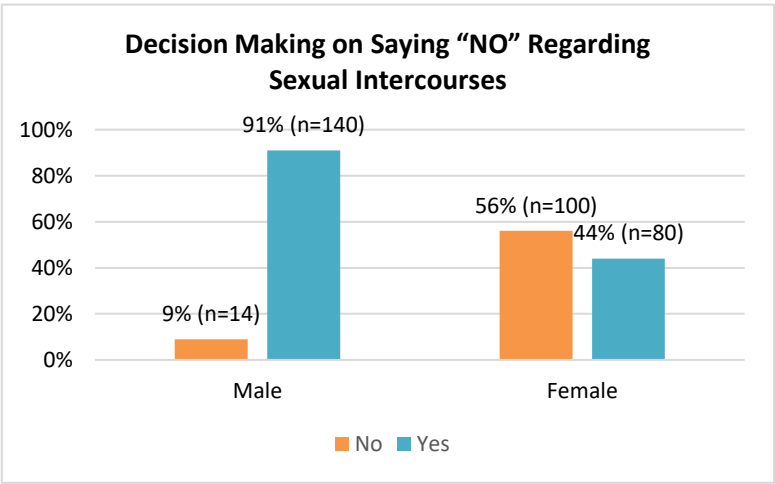
Decision Making on Use of Contraception



When it comes to decision-making on use of contraception, analysis of the results shows that 50% of female respondents depend on the decision of their partners, while 7% can make their own decisions, and 43% take joint-decision with their husbands. For male respondents a much higher proportion take taking decisions by themselves (66%) and another proportion report they take their decision jointly (27%). The discrepancy between male and female perceptions around joint decision-making is interesting since men appear to perceive a higher level of own 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 56% female respondents do not believe they have the authority/right to say "NO" to their partner on having sexual intercourse while 91% male respondents believed that they have the authority/right to say "NO" to their partner during sexual intercourse.



Among the female respondents from Host community, 27% do not believe they have the authority/right to say "NO" to their partner on having sexual intercourse and 46% male respondents believed that they have the authority/right to say "NO" to their partner during sexual

The proxy indicator "**Proportion of women make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care**" depends on the results of following indicators:

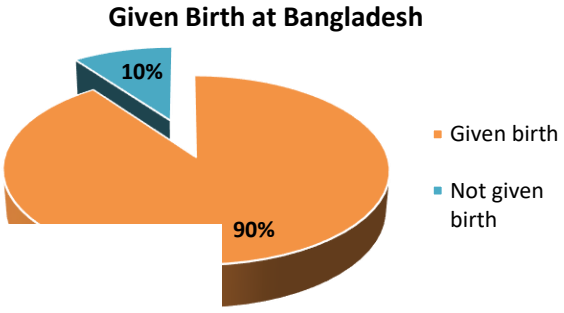
- Proportion of women who make their own informed decision regarding sexual relations
- Proportion of women who make their own informed decision regarding contraceptive use and
- Proportion of women who make their own informed decision regarding reproductive health care

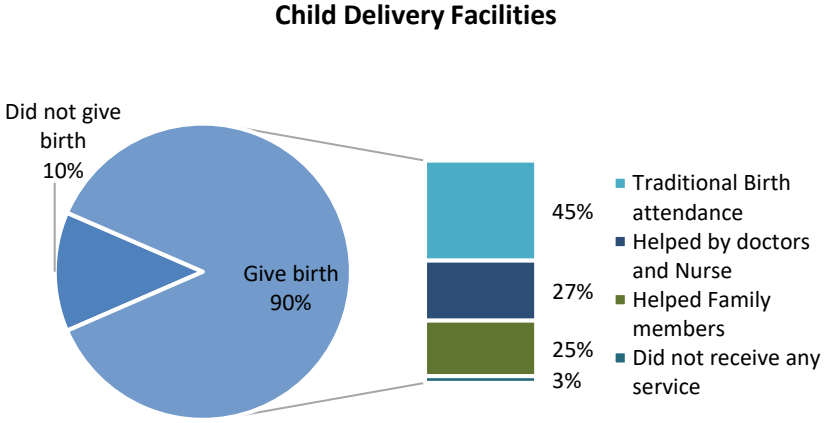
Only women who responded positively to all above 3 questions are considered as making their own informed decisions. This means that respondents must report making their own decisions on healthcare and use of contraception, and report being able to say "NO" to sexual intercourse. The results show that only 35 married female respondents among 180, answered positively to all three questions. Therefore, the endline result for this indicator is: **19% of women make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care**

From the baseline, 12% women can make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care, and from end line 19% of interviewed women can make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care. The proportion of women, who can make their own decisions regarding sexual relations, contraceptive use and reproductive health care increase within the course of the project.

3.1.1.3 Child Delivery Facilities

The married refugee females were asked if they have given birth to any child since they arrived in Bangladesh. 90% 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 childbirth. 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 Attendants (TBA) were the only option to get help from during that time. Recently, they gave birth with the help of trained nurses. CARE Bangladesh is also providing training to traditional birth attendants in order for them to 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 (both refugee and host community female were answered), 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.

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

- 24% of respondents have a good or very good understanding of# available SRH service. Here 10% are from host community and 14% from refugee community
- Proportion of women who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care. 19% of interviewed women can make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care. (From the analysis, 8% female were from host community and 14% were from refugee community)
- 32% of interviewed female from both host community and refugee community received both Anti-natal Care (ANC) and Post Natal Care (PNC). (Here only 5% women from host community received ANC and PNC services)

From FGD, the refugee community has received different SRH services from different service providers. But for the host community getting any SRH service as well as any health service is very difficult. They (the host communities) have no access to the health facilities in the camp. They must go to the Upazilla level to receive any health services. Therefore, the proportion of host communities respondents were less than refugee communities regarding knowledge level, decision making and accessing the services.

75% (sum 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.**

From baseline, 35% of targeted refugee and host communities reported an improved environment for women and girls regarding the SRH prevention measures.

3.1.2 Improved Environment for Women and Girls on GBV

The improved environment for community people 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 the community.

3.1.2.1 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 situations at camp level where the effected people can feel safe, unsafe, very safe or very unsafe. As well as in the host community there also are some protection issues.

According to the survey data, the 30% of female respondents reported feeling unsafe while going to a distribution (in-kind) point alone, whereas none 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 suggests 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%

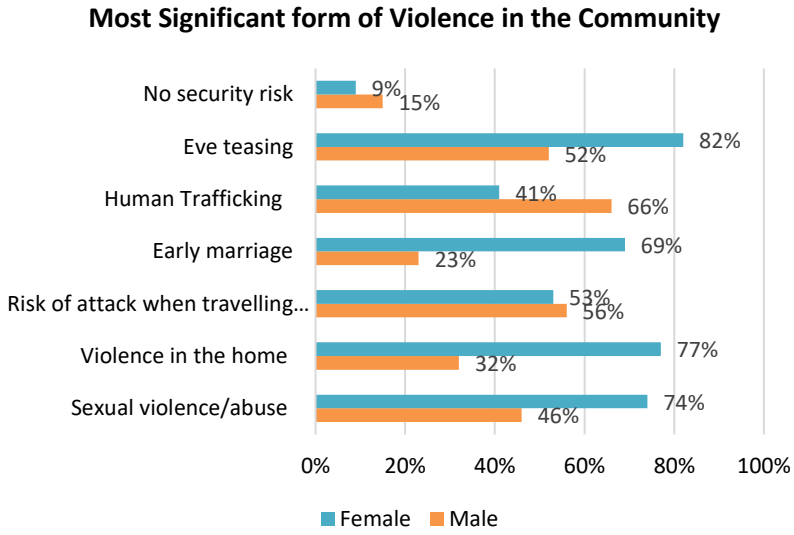
"Percentage (%) of women and girls reporting feeling safe following the implementation of GBV prevention measures" is measured through the above questions around safety. This means that female respondents must report feeling "safe" and "very safe" to all scenarios. The results show that from 180 female respondents, 91 from both host and refugee community responded positively to all questions. Therefore, the result for this indicator is: **51% of women and girls reported feeling safe**, **here 21% female from host community and 30% female from refugee community** [following the implementation of GBV prevention measures].

From the qualitative data analysis (FGD), it has been found that the host community people have more security concerns than the refugee community. They are most vulnerable to excess of WASH facilities as well as they also felt unsafe for going outside from their house and at night. They also discussed the reason behind feeling unsafe to go outside of their house at night to use the WASH facilities. They said there are many activist groups who can do harm at night. These groups are mainly active at night. The result of FGD also provides that for safety and security issues, there is a mix feeling like some have feel insecure sometimes for the lack of light and related issues and some are mentioned that as a male the feel secured to move to the WASH facility and inside and outside the house. But they feel insecure about the trafficking, Kidnapping and terrorism. For the safety and security concerns facing women and girls in the community, they have great concern to ensure the security of women and girls. And clearly mentioned that there are huge gaps to ensure the security for the lack of light, access to the WASH facility even staying inside and outside of HH

3.1.2.2 Most Significant Security Concern in the Community

When community people say they have no security issue/violence in their community then we may say there is an improved environment for the community people.

From the data, the top security concern in both host and refugee community was sexual harassment (82% female responded) followed by domestic violence (77% female responded) and sexual violence (74% female responded). Here, 9% male and 15% female said that they have no security concern in their community.



From qualitative information by FGD and KII with community people, in both refugee and host community women and girls are the most vulnerable groups. They faced different forms of violence in their home as well as in society. The most common violence in domestic violence and physical assault. Polygamy is another threat for married women in both communities. Recently in the host community it has become the most remarkable issue. From the KII with union parishad member of host community (Jalia palang), the issue of polygamy increased in host community after arising of Rohingya people.

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

iii. **51% of women and girls reporting feeling safe** following the implementation of GBV prevention measures

iv. 15% female respondents (6% from host community and 9% from refugee community) reported they have no security concern in their community

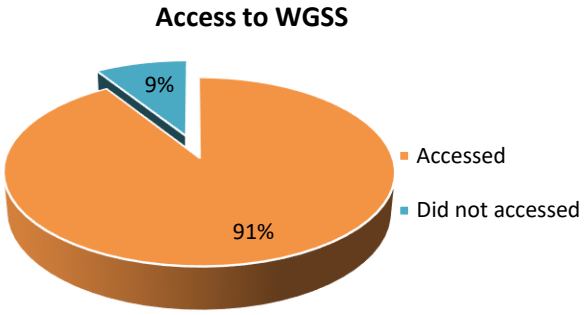
"**66% (**sum of two proxy indicator**) of targeted refugee and host community report an improved environment for women and girls following the implementation of GBV prevention".**

3.2. Satisfaction of Population with GBV and SRH Assistance

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

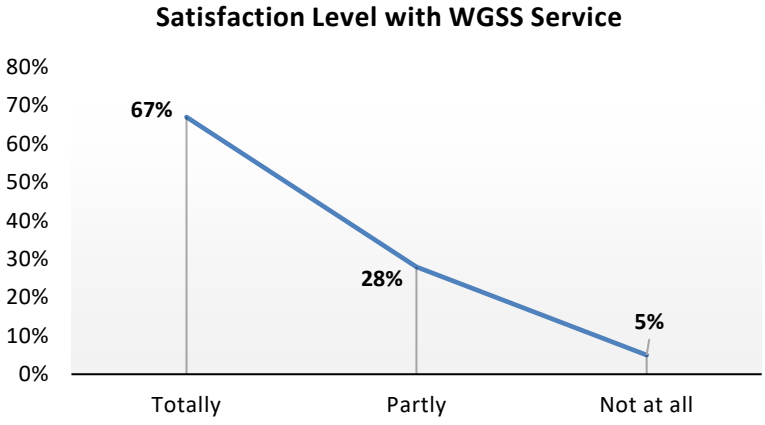
3.2.1 Satisfaction Level of Refugee and Host Community with GBV Assistance

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

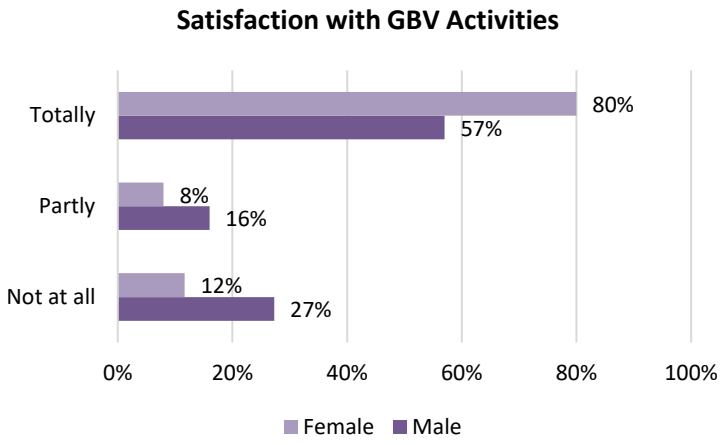


The figure shows that, among the female respondents 91% female accessed CARE's WGSS and 9% of the respondents did not have access to WGSS. From FGD, reasons of not accessing the facilities from WGSS were lack of and poor quality of sufficient facilities in WGSSS, no permission to access their services by their family members and community leader, not safe to travel to the service sites, and the locations and time of services are not convenient. But the main reason was, due to the outbreak of Covid-19, there was a restriction on movement.

Among the female respondents, most of them were fully satisfied with the services provided from WGSS. Here, 67% of respondents said they were fully satisfied and 28% said they were partly satisfied with the services. 5% of the respondents said they were 'not at all' satisfied.



There are more outreach activities of GBV with men and boys. All the respondents were asked about their satisfaction with the GBV services. Here, 80% female and 57% male were fully satisfied with the GBV activities in both host and refugee communities. The satisfaction level of 27% female and 12% male was not up to the mark. They said they are not at all satisfied with the GBV activities. Here, from host community totally satisfied female respondents were 2% and partly satisfied were 7%. About male respondents of host community, all were satisfied with the GBV activities and 12% said they are not at all satisfied.



The respondents also provided the causes of dissatisfaction and some suggestions towards smooth and better service delivery. Most of the respondents suggested that more awareness is needed at household level as well as among the community leaders. Below table has further details on this:

Causes of Dissatisfaction	**Percentage of Respondents**
Quality of service	21%
Locations of services	37%
Timing of service	55%
Behavior of staff	9%
Topics of the session were not interesting	Qualitative data (FGD)
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%

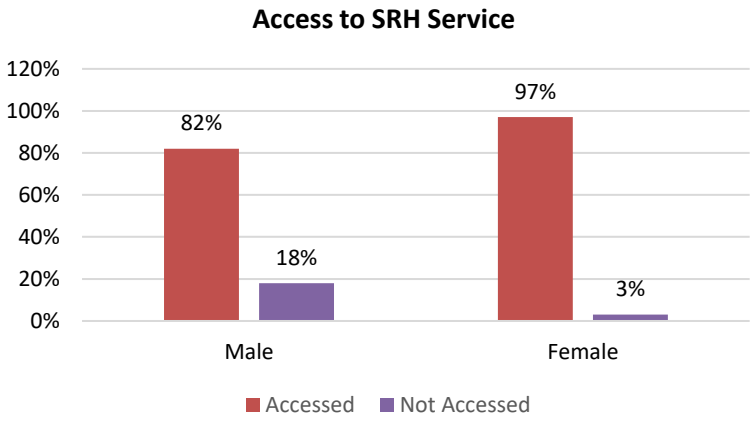
From the FGD, community people said they have participated in different awareness raising sessions of GBV, which have been very helpful for them. But the timing of the sessions, especially for female participants, were not convenient. During the allocated time, women were busy with their household chores. For male respondents, they were always busy with different activities like participating in any distribution, meeting with CiC/ACiC etc., thus it was difficult for them to participate in the GBV sessions.

- 16% male (10% host and 6% refugee) and 8% female (6% host and 2% refugee) reported partially satisfaction with GBV assistance
- 57% male (12% host community and 45% refugee) and 80% female (35% host and 45% refugee) respondents reported fully satisfaction with GBV assistance

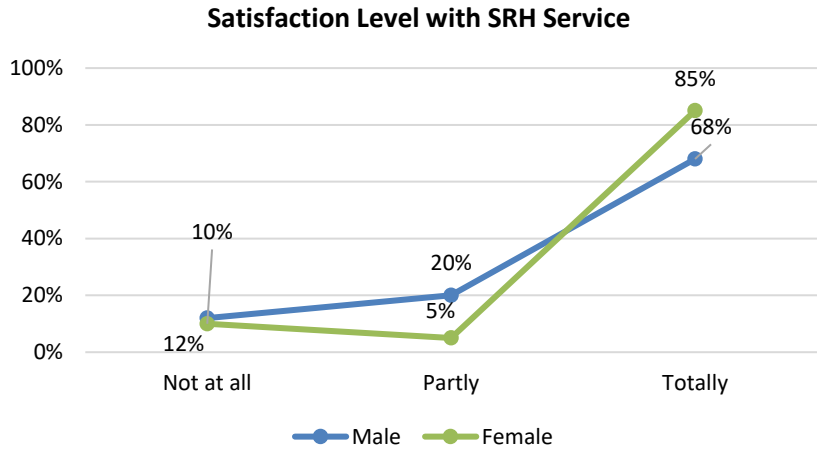
Here 83% of refugees and host population report satisfaction with GBV assistance.

3.2.2 Satisfaction Level of Refugee and Host Community with SRH Assistance

To measure the satisfaction level on the SRH assistance, the respondents were asked if they have accessed SRH service



During the interview, the respondents were asked whether they received any SRH service or not. Here 82% male and 97% female from both communities said they have received SRH service. Among the host community respondents, 7% male and 8% female respondents said they have received SRH service. From FGD with the host community people, it has found they have very limited access to health care services. No health care service provider provides them SRH service as well as general health service accept government health service. If they want to have some health care service, they must go to Upazilla health complex.



Among the female respondents, who utilized the SRH services, 85% reported that they were fully satisfied with the service, while 5% were partially and 10% were not at all satisfied. Among the male respondents, 68% said they were fully satisfied, 20% partially and 12% not at all satisfied.

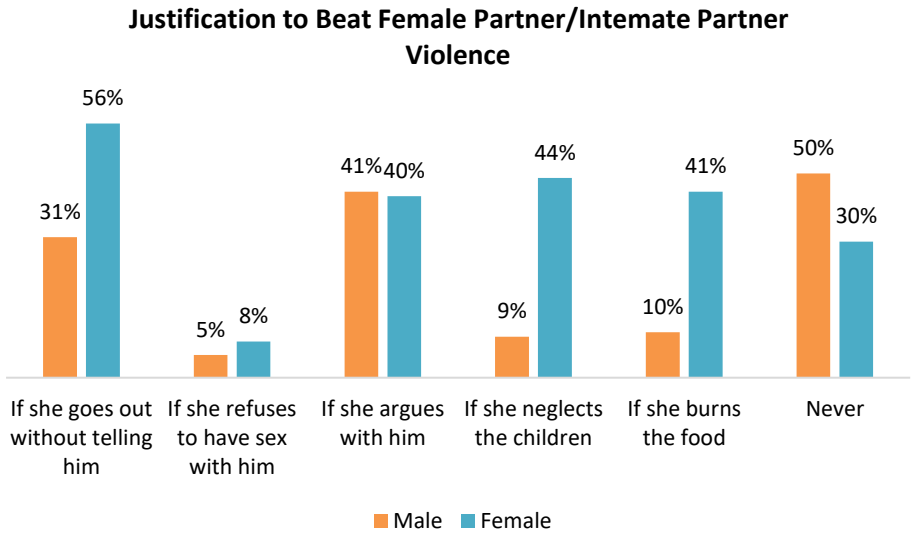
- 85% female and 68% male from refugee and host community reported full satisfaction with SRH assistance. (Among them 72% female from refugee and 13% female from host community, 52% male from refugee community and 16% male from host community)
- 5% female and 20% male from refugee and host communities reported partial satisfaction with SRH assistance (Here, 2% female from refugee and 3% female from host community, 13% male from refugee and 7% male from host communities)

3.3 Knowledge of Staff Members

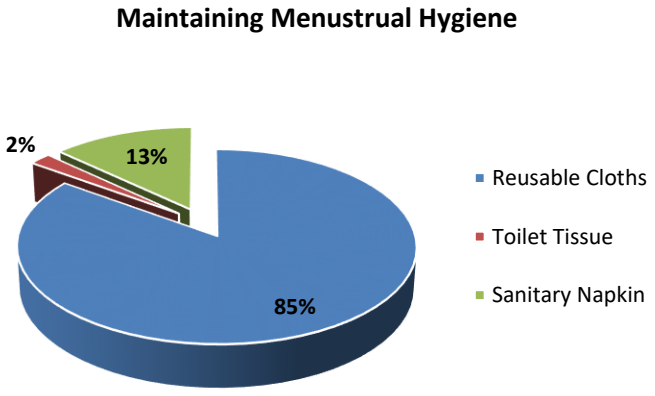
To measure the knowledge level of staff members, person to person KIIs have been conducted with the project staff regarding the basics of GBV, SRH and MHM issues. A total of 11 staff from GBV and SRH sector participated in KII. According to the results of KII 97 % of staff members with improved knowledge on GBV, SRH and MHM issues.

3.4 Percentage (%) of Men and Boys Who Report Rejecting Intimate Partner Violence and Domestic Violence

From the study, about 62% respondents thought that every husband has right to beat his wife for different reasons. Here, among this 62% there were 55% was male and 70% female who thought male person has right to beat his wife/partner for any reason. And other **50% male (men and boys) where 31% were from refugee community and 19% were from host community,** said nobody should beat his wife or partner for any reason. They identified that husbands could 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.

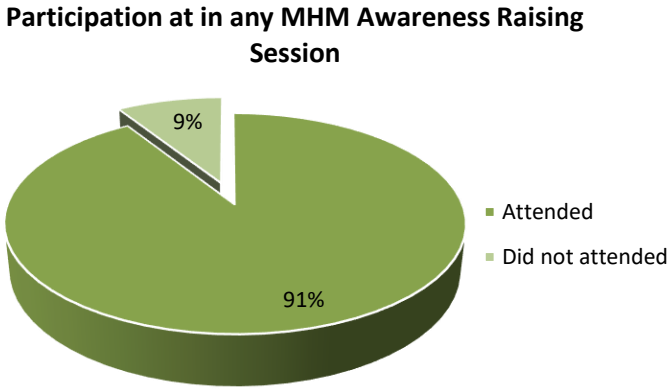


3.5 Practice on Improved MHM Knowledge Indicator: Percentage (%) of refugee women use properly cleaned menstruation material



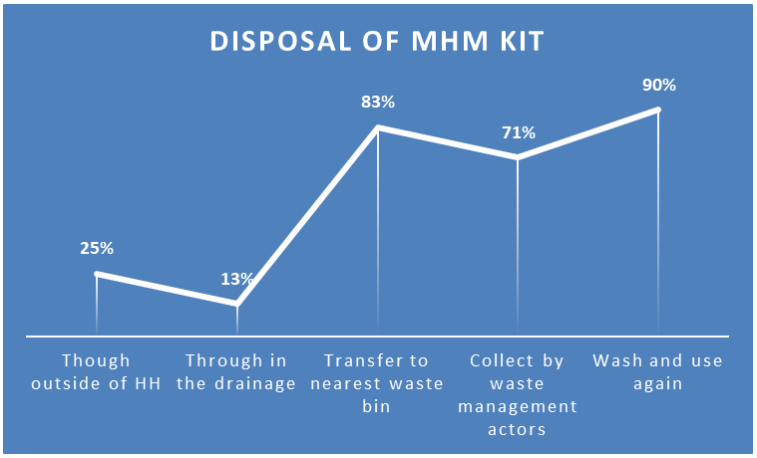
The vast majority (85%) of interviewed women responded that they use reusable cloths, 2% uses toilet tissue, only 13% uses sanitary napkin which means that majority of the respondents don't have access to use improved MHM kits like sanitary napkin. From further discussion, it has found that the respondents 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. It was also found in camps that women and girls have no option to use sanitary napkins as no organization provides any sanitary napkin as a part of their dignity kits. The proportion of respondents who said they are using sanitary napkins were from the host communities.

Indicator 2: Percentage (%) 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, 91% said that they joined at least one awareness raising session on MHM arranged by CARE Bangladesh. 09% of them responded that they have not joined in any session. Among the 91% who joined the session, 55% were from the host communities and 36% were from the camps.

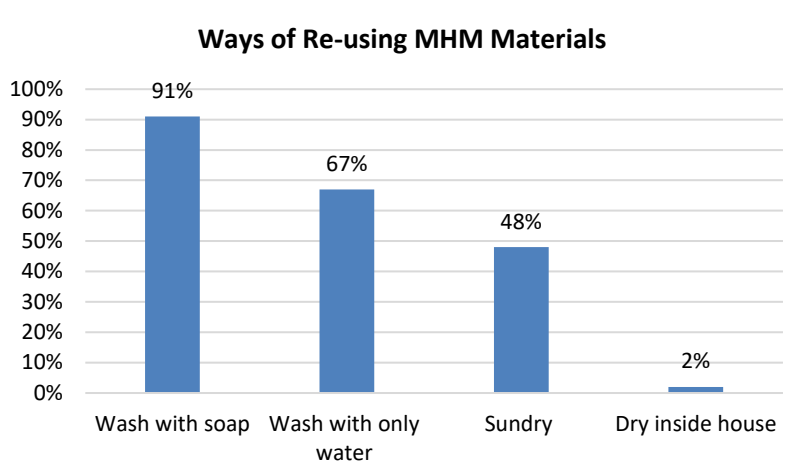
Respondents were also asked on the ways of disposal of menstrual hygiene kits. 90% of respondents said that they wash the cloth and use it again, 83% said they transfer to nearest waste bin, 71% said their MHM kit collected by waste management actors, 25% said they throw it outside of their house.



- 85% (43% from refugee and 42% from host community) of respondents use reusable cloths during their menstrual period
- 90% (50% from refugee and 40% from host community) of respondents wash and use the cloth again

To understand the improved knowledge of participants regarding disposal of MHM kit we must listen to and consider the participants, who provide negative answers to the use of the MHM kit outside the HH, through to the drainage and provide positive answer to good management regarding the disposal of MHM kit.

Among the total 180 female respondents, 42 provide the negative answer to bad management and positive answer to good management of MHM kit disposal. From the analysis, 23% of respondents have improved knowledge regarding MHM kit disposal.



The respondents were also asked how they reuse the MHM materials. Here, 91% said they wash their MHM materials with soap, 67% said they wash with only water, 48% said about sundry and 2% said they dried their MHM materials inside their house. If we want to measure the improved practice of MHM regarding re-using MHM materials, we must identify the respondents who provide positive response to wash with soap and then sundry the material. Here, 85 females provide positive answer to the washing with soap and then sundry the material. According to analysis 47% female are doing improved practice of MHM regarding re-using of MHM materials.

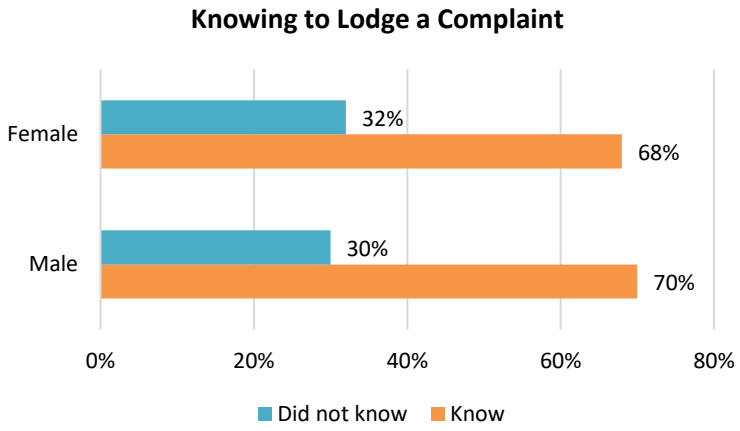
- 13% (all were from host community) female are using sanitary napkin as MHM materials
- 23% (10% from refugee and 13% host community) respondents have improved knowledge regarding MHM kit disposal
- 47% (25% from refugee and 22% from host community) female are doing improved practice of MHM regarding re-using of MHM materials.

Here, 83% (sum of all proxy indicators) female from refugee and host community are practicing improved knowledge of MHM.

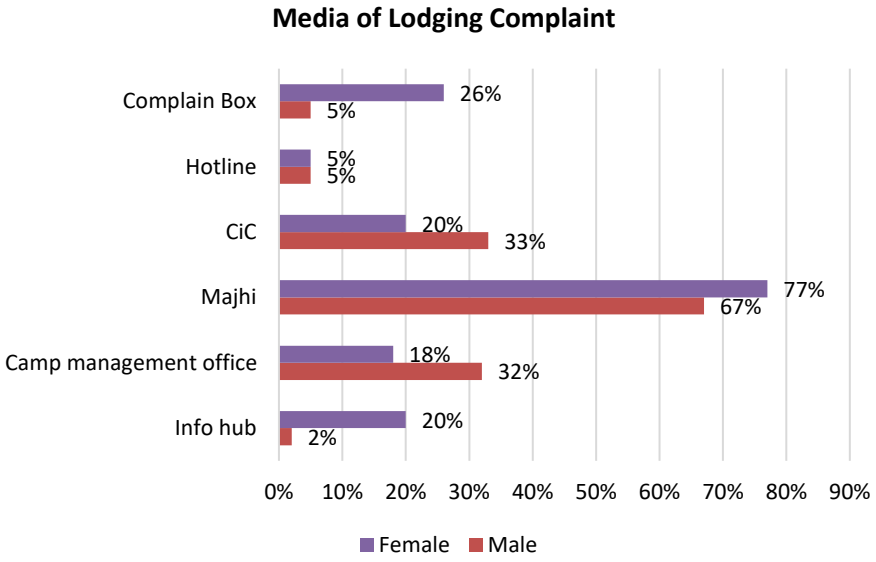
3.6 Feedback and Complain Mechanism

The respondents were asked whether they know how to lodge a complaint or not. From the analysis, 70% male and 68% female know how to lodge a complaint..

Here, 69% of respondents know about the feedback and complain mechanism.

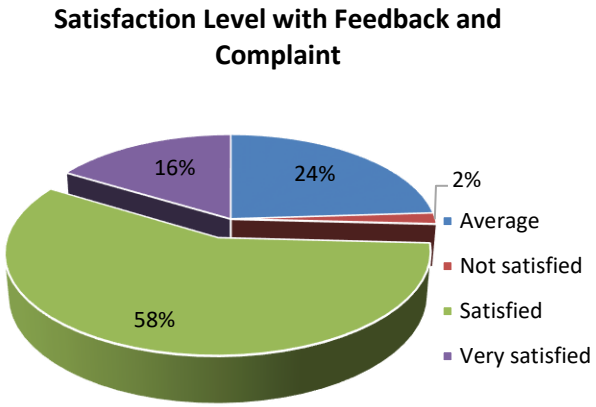


The respondents whoe responded positively that they know how to lodge a complaint and they have lodged complaint before. They were also asked in which media they were comfortable to lodge any complaint. Here, 77% female and 67% male said that they were comfortable to make any complain to Majhi and 33% male said about CiC and 32% said about camp management Office. They're very few proportions said about complaint box and hotline.



The respondents who lodged complaints previously were asked about their satisfaction with the response to their complaints. From the analysis, 58% said they were satisfied with the response, 24% were average satisfied, 16% were very satisfied and 2% were not satisfied.

So, we can say 74% (sum of satisfied and very satisfied) were satisfied with feedback and complain mechanism.



From the FGD with community people, most of them were unaware about any established feedback and complain mechanism. They only know if they face any problem/difficulty first they go to Majhi for solution.

CHAPTER 4

Comparison of Baseline and End line values

Sector	Baseline Values	End line Values	Comparative statement
Indicator 1: Percentage (%) of targeted refugee and host community report an improved environment for women and girls following the implementation of SRH and GBV prevention measures			

Sector	Baseline Values	End line Values	Comparative statement
SRH prevention measures			
Knowledge level of project participants	75% of respondents have a good understanding of SRH service	24% of respondents have a good understanding of available SRH service	As a result of temporary suspension of health education session during COVID 19 limitations the knowledge level of project participants has decreased.
Taking your own decision regarding sexual relations, contraceptive use and reproductive health care	12% women can make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	19% of interviewed women can make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	The proportion of women, who can make their own decision regarding sexual relations, contraceptive use and reproductive health care has increased by period
Maternal Health care	19% female from both host community and refugee community received Anti-Natal Care (ANC) and Post Natal Care (PNC).	32% of interviewed female from both host community and refugee community received both Anti-natal Care (ANC) and Post Natal Care (PNC).	In the project period, the maternal health care service has improved
Improved environment of SRH measures	35% of targeted refugee and host community reported an improved environment for women and girls on SRH prevention measure	75% of targeted refugee and host community report an improved environment for women and girls are following the implementation of SRH prevention measures.	There is satisfactory improvement of SRH service delivery by the project
GBV prevention measures			
Safety measure	42% of women and girls reported feeling safe	51% of women and girls were reporting feeling safe	By the end of the project period, the respondents felt more secure than in the previous period, but the proportion is not remarkable
Improved environment of GBV prevention measures	47% of targeted refugee and host community report an improved environment for women and girls are following the implementation of GBV prevention	66% of targeted refugee and host community report an improved environment for women and girls are following the implementation of GBV prevention	There is improvement of environment regarding GBV issues by implementation of GBV prevention measures
Indicator 2: Percentage (%) of refugees and host population who report satisfaction with GBV and SRH assistance			

Sector	Baseline Values	End line Values	Comparative statement
SRH assistance	89% female and 56% male from refugee and host community reported satisfaction with SRH assistance	90% female and 88% male from refugee and host community reported satisfaction with SRH assistance.	Satisfaction level of male regarding SRH services has remarkably increased than the satisfaction level of female
GBV assistance	78% female from refugee and host community reported satisfaction with GBV assistance	88% female and 73% male respondents from refugee and host community reported satisfaction with GBV assistance	At baseline, no male respondents were considered. Comparison of satisfaction level of female in baseline and end line the satisfaction level of female has decreased
Indicator 3: Percentage (%) of staff members with improved knowledge of SHR, MHMSHR and GBV			
Knowledge of staff	80% of staff members with improved knowledge of SHR and GBV	97% of staff members with improved knowledge of SHR, MHMSHR and GBV	The knowledge level of staff members has improved due to attending different training courses
Indicator 4: Percentage (%) of men and boys who report rejecting intimate partner violence and domestic violence			
Intimate partner violence	38% men and boys who report rejecting intimate partner violence and domestic violence	50% men and boys who report rejecting intimate partner violence and domestic violence	The proportion of man and boys who are rejecting intimate partner violence has increased over the time period. The qualitative information shows that the reason behind this is to more engage of man and boys in GBV activities
Improved practice of MHM knowledge	No values	75% of refugees and host community are practicing improved MHM knowledge	
Feedback and Complain mechanism	No values	69% of respondents know about the feedback and complain mechanism	
	No values	74% (sum of satisfied and very satisfied) were satisfied with feedback and complain mechanism	

CHAPTER 5
RECOMMENDATIONS and CONCLUSION

Though the achievements of the projects are visible and positive changes are found among the direct and indirect project participants, following recommendations for improvement are made in the following:

Sexual Reproductive Health:

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, lack of menstrual hygiene management and sexual violence. And this service has been provided through 01 Health Post (camp 12) and 04 Outreach Mobile clinics (02 is camp 12, 01 is camp 11 and another is camp 15) which will rove around the target areas to provide services to people at their doorsteps. In this intervention the following recommendation can be considered-

- Need to continue the SRH services though 24% have very good understanding of SRH services. But considering the context and the areas with populations, the services might continue for positives changes of the targeted population.
- Specifically, we need to more focus on Anti-natal Care (ANC) and Post Natal Care (PNC) at Host Community. As only 5% women from host community received ANC and PNC services
- Need to take the more interventions for the engagement of male member of the HH as 19% of women make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
- Need to ensure the easy access of services (locations, transportation, service providers).

Gender Based Violence

Prevention of and response to gender-based violence, Services include psychosocial counselling, GBV case management, referral of GBV survivors, life-skills training, information, and awareness-raising and recreational activities are very much needed at Host and Rohingya communities. Every day the scenario is changing, and the type of violence is also changing. Therefore, the following recommendations should be considered:

- Through WGSS, need to take marketable IGA and market linkages intervention for the economic development of Women and adolescent which will enhance their decision-making capacity
- Need more life-skills training, information and awareness-raising and recreational activities and follow up the improvement.

- Strong and effective referral mechanism might be considered as GVB is very much sensitive issues.
- Need to take specific interventions related to safety and protection measures as 51% of women and girls reporting feeling safe and 49% need the available services.
- Need to continue the GBV response and prevention measures as it is found 57% male (12% host community and 45% refugee) and 80% female (35% host and 45% refugee) respondents reported fully satisfaction with GBV assistance

Menstrual Hygiene Management:

Menstrual hygiene management (MHM) is the most important intervention to changes the practice and behavior of Adolescents and women groups which includes space for washing and drying menstrual health materials which compromised the hygiene during menstruation, leading women and girls to risk their health by drying their materials indoors. As it is related to knowledge and practices, the following recommendation ought to be considered:

- Need to continue MHM services as it is found 47% female are doing improved practice of MHM regarding re-using of MHM materials.
- Need to facilitate more awareness initiatives to improve the knowledge regarding the use of MHM materials and KIT disposal as 13% female are using sanitary napkin as MHM materials, and 23% respondents have improved knowledge regarding MHM kit disposal
- Need to establish and operate more WGSS considering the areas and populations.
- Need to construct more MHM spaces at Host communities and Rohingya communities as only 02 MHM spaces has been found

Conclusion:

The project was very relevant considering the humanitarian context to ensure the protection and dignity of beneficiaries. Some changes are very much visible like access to services, Knowledge, Practices and uses of MHM materials. Most important this is WGSS where the specific group like Adolescent girls and Women group can share their feelings, which enhances their skill and capacity. Some beneficiaries gain income generation skills through WGSS which helps them to earn something for their families. It enhances their confidence to make the decision. Access to receive the SRH services was also significant for the Rohingya and Host communities. As practices and knowledge are changing so need to follow up initiatives to see the more outcome of this project.

One most another important thing is that most of the adolescent and women were very interested to engage the income generating activities through skill development. Some of them have a good record of earning money, which shows their confidence in being involved in the decision-making process. More skill training is expected by those groups to enhance their capacity in terms of economic empowerment.

Uses of MHM materials and disposal of the materials are one of the major successes of this projects where some participants have no knowledge or minimum knowledge but after successful implementation of this project, Significant and positive changes have happened at very root level. Knowledge of SRH and related services, Access to services is very much visible and the concept was almost clear to the participants though some of the staff who have minimum knowledge about this

are not directly involved in SRH services. But among the beneficiaries the knowledge levels were great. The knowledge of gender-based violence prevention and response was mentionable among the project participants and the staff clearly knows about these issues, including referral point, which shows a great achievement of this project. Nevertheless, there is a need to more work on safety, security and protection issues as this study shows that only 30% of female feel safe where 70% were feeling unsafe and only 10% female are feeling safe at night, which shows more work is needed to address these issues.

ANNEXES

APPROACH AND METHODOLOGY

SRH and GBV support to Myanmar Refugees in Cox's Bazar Project, implementing by CARE under German MoFA funding opportunity is designed to work with the Rohingya community targeting GBV and SRH sectors along with MHM in camp 11, 12, 15, 16 and adjacent host community.

Purpose and Scope of Assessment

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

- Percentage (%) of targeted refugee and host community report an improved environment for women and girls following the implementation of SRH and GBV prevention measures
- Percentage (%) of targeted refugees and host community are practicing improved MHM knowledge
- Percentage (%) of refugees and host population, who report satisfaction with GBV and SRH assistance
- Percentage (%) of staff members with improved knowledge on SRH, MHMSHR and GBV
- Percentage (%) of beneficiaries who know/heard about the CFRM services of CARE
- Percentage (%) of beneficiaries satisfied with the services provided by the CFRM
- Percentage (%) of men and boys who report rejecting intimate partner violence and domestic violence

Since some of the indicators are quite broadly formulated, they were broken down by some relevant proxy indicators to understand overall prevailing situation at the mid-term phase of the project.

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, baseline and mid-term study report, developed a structured questionnaire for the HH survey combining key issues related to GBV and SRHR as well as MHM issues relevant to end line study. The HH survey was conducted using Kobo toolbox collecting data for five days in the field.

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 334 (180 women and girls, 154 men and boys), considering 95% confidence level and 5% margin of error. 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

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 of 334 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.

Data Cleaning and Analysis

The team checked the data in the Kobo software and transferred the data into excel for further checking. Later, the team prepared separate data sheets 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.

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.
- At the initial stage of taking interview, the female respondents felt shy to provide information around sexual relationships.

Survey Tools

HH survey tool

German MoFA _ KoboToolbox.pdf

FGD

FGD GUIDE Male.docx

FGD GUIDE Female.docx

KII

KII_Staff.docx

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