

Final Report
on
Provision of Quality Comprehensive Primary Health Care Services for Displaced
Population in Cox's Bazar, Bangladesh

Submitted to:
Japan Platform

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List of Abbreviations

BCG (tuberculosis)	Bacillus Calmette–Guérin Vaccine
CHW	Community Health Workers
CIC	Camp in Charge
CNV	Community Nutrition Volunteers
CPR	Cardiopulmonary resuscitation
EPI	Expanded Program on Immunization
FDMN	Forcibly Displaced Myanmar Nationals
GBV	Gender based violence
IMCI	Integrated Management of Childhood Illness
IOM	International Organization for Migration
IYCF	Infant and Young Child Feeding
JPF	Japan Platform
JRP	Joint Response Plan
LC	Learning Center
MBBS	Bachelor of Medicine, Bachelor of Surgery
MHM	Menstrual Hygiene Management
MHPSS	Mental Health and Psychosocial Support
MOHFW	Ministry of Health and Family Welfare
MR	Measles and Rubella
MSF	Medecins Sans Frontieres
OPV (polio)	Oral poliovirus vaccines
PCV (pneumococcus)	Pneumococcal conjugate vaccine
PHC	Primary Health Care
PHCC	Primary Health Care Centre
PLW	Pregnant and Lactating Women
SCJ	Save the Children Japan
STI	Sexually Transmitted Infection
TPM	Third Party Monitoring
UN	United Nations
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WFS	Women Friendly Space
WHO	World Health Organization
WRA	Women of Reproductive Age

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Executive Summary

Introduction

The Japan Platform (hereinafter referred to as "JPF") is an international emergency humanitarian aid organization which offers the most effective and prompt emergency aid in response to humanitarian needs, focusing on issues of refugees and natural disasters. JPF conducts such aid through a tripartite cooperation system where NGOs, business communities, and the government of Japan work in close cooperation, based on equal partnership, and making the most of the respective sectors' characteristics and resources.

JPF serves as an intermediary support organization providing various types of assistance to member NGOs in Japan to deliver quick and comprehensive aid on their own. JPF has supported aid activities of 44 member NGOs, each with its own set of diverse strengths. It has delivered humanitarian assistance to 55 nations and regions about 1,500 projects, with a total financial contribution of 60 billion yen. JPF has built a strong reputation based on trust by promoting cooperation among private sectors and NGOs and by accurately reporting all its activities. . There are 07 (seven) projects which are being funded by JPF and implemented by member NGOs in Cox's Bazar as of March 2021. Among them 04 (four) projects were selected for the TPM exercise. Provision of quality comprehensive primary health care services for displaced population in Cox's Bazar, Bangladesh is one of the four projects funded by JPF. The project is being implemented by Save the Children Japan (SCJ).

To this end, JPF has appointed Org-Quest Research Limited (hereinafter referred to as "OrQuest") as a Third-Party Monitor (TPM) entity to provide evaluation services for the Provision of comprehensive health services for people fleeing Myanmar in Cox's Bazar District, Bangladesh.

Overview of the Project

The ***Provision of quality comprehensive primary health care services for displaced population in Cox's Bazar, Bangladesh*** project aims to enable displaced Rohingya people to have equitable access to quality health, nutrition, and psychosocial support services in targeted one camp (Camp 15/Jamtoli). The implementing organization was providing a package of primary health care (PHC) services to 24,217 Rohingya people in health post and 50,624 Rohingya people in outreach (cumulative) during the project through an integrated approach (with Nutrition, WASH, Community Health and MHPSS components) from one (1) Health Post as well as community health activities to ensure that children and families survive and remain healthy. Health services included preventive and curative services for communicable diseases (e.g. diarrhea, acute respiratory tract infection) including case management and surveillance/reporting; non-communicable diseases with treatment and or referral; neonatal and child health utilizing integrated management of neonatal and childhood illness protocols; reproductive health following the minimum service provision in Health Sector's Minimum Package of Essential Health Services for primary health care facilities in the Forcibly Displaced Myanmar Nationals (FDMNs) developed based on MOHFW's Essential Service Package including adolescent sexual reproductive health care, antenatal/normal vaginal delivery/postnatal care and syndromic management of STIs; MHPSS focusing on psychological first aid and referral of cases required clinical mental health services; promotion of optimal infant young child feeding practices at facility and community level, together with WASH messaging for caregivers of young children,

their families and influential persons; screening/referral of children with severe acute malnutrition etc. In addition to facility based services, health program will support a cadre of community health workers (CHWs) and Community Nutrition Volunteers (CNVs) to promote key reproductive, maternal neonatal child adolescent health and nutrition practices, to identify pregnant women with a special focus on teenagers, at risk and sick children and their families, conduct disease surveillance, identification of malnourished PLW and children under five, and refer them to nearby health and nutrition facilities. Health Program will also use trained community mental health workers to identify and refer MHPSS cases from camps.

The project is also expected to strengthen community participation and effective community feedback and information-sharing mechanisms.

Evaluation Design

This study applied both quantitative and qualitative approaches to data collection. Quantitative survey data will be collected from individuals through structured questionnaires using Computer Assisted Personal Interview (CAPI) technique. Qualitative data was collected through IDI and KII.

Once the project was awarded to OrQuest, JPF organized a kick-off meeting with OrQuest to finalize the methodology, discuss the development of study tools, and preparation of inception report. Based on the documents received from JPF, OrQuest prepared study tools and inception report for the evaluation and shared with JPF. After that, JPF organized an inception meeting with OrQuest and the project implementing NGO to discuss the details of the evaluation objectives, scope, targets, data processing and analyzing, allocated team, and reporting. Due to the outbreak of COVID-19 worldwide, most of the discussions were undertaken online. Based on the discussion in the inception meeting, the study methodology and sample size were revised from the project. To limit the physical movement inside the camps and in the host community locations, to reduce interaction with beneficiaries and other stakeholders, the sample size of the project was reduced.

Geographical coverage:

The project was being implemented in camp 15 (Jamtoli) of Ukhia upazila in Cox's Bazar district. Hence, the study was conducted at camp 15 only.

Sample size:

OrQuest recommended having a common questionnaire and the survey needed to conduct among community people. OrQuest tried to ensure sufficient sample for each component or respondent type was achieved. Hence, 120 female respondents were proposed without segregation of respondent types, ensuring sufficient respondent for each type. The male respondents were covered through IDI.

Based on the revised plan, following sample size was proposed.

Table 1: Sample size for beneficiaries

	Quantitative CAPI				Qualitative IDI
	Children Under 5 years	Adolescents	Women of Reproductive Age (WRA)	PLW	Community people (male)
Component I Provision of health and medical support	31	31	32	33	5 Male community people
Component II Provision of nutrition support					-
Component III Provision of mental health/ psychosocial support					5 Male community people
Total	127 CAPI				5
	Qualitative IDI				
Respondent type and Component	5 females (one women qualified for multiple respondent type and component)				6

Additional Qualitative sample size includes;

Table 2: Sample size for Project Staff and other key stakeholder

Survey Name	Target
Majhi	1
CIC	1
Local Opinion Leader	1
Health service providers	5
Leaders of mothers Support Groups	2
SC staff members	3
Total	13

Study Findings

Demographic profile of the respondents

In the survey, a total of 127 female respondents were surveyed. Among them 35 (25%) respondents were between the age range of 12 to 18 years and 92 (75%) respondents were between the age range of 19 to 35 years from the Rohingya community of Camp 15 (Jamtoli) in Ukhia Upazila, Cox's Bazar, Bangladesh. Among the respondents, the majority (73.2%) were housewives, 1.6% of the respondents were Working; 7.1% were Unemployed, and only 2.4% of the respondents were students who were studying during the survey period. Above half of the respondents with an age range between 12-18 years mentioned that they were working with household chores (54.3%). It was also found that 11.4% (n=4) of respondents with an age range between 12-18 years were housewives, which reflects the chance of early marriage.

In the survey, most of the respondents (71.7%) were married, 24.4% respondents were single, 3.1% widow, and .8% were separated. It was also found that all the separated and widowed respondents were from the age range of 19 to 35 years. Moreover, child marriage is a common phenomenon among the Rohingya community. About 11.4% (n=4) women with age were married, among them, one of the respondents was 17 years old.

In the survey, most (94.8%) of the respondents had children whereas only 5.2% had no child. Out of four respondents with an age less than 19 years, three of the respondents had children during the survey.

Primary Health Care Services

Among the respondents, the majority (92.9%) mentioned that they had visited a health facility in the past year for their own treatment or the treatment of their family members regarding physical health concerns, the remaining 7.1% of respondents took their family members to the health post. It was found that 80% of the respondents from the age range 12 to 18 years; and 97.8% from the age range 19 to 45 years had visited a health facility in the past one year, while 20% of respondents with age less than 18 years did not visit the health post for physical health concern in last one year of the survey.

During the survey, it was also identified that all the respondents (100%) from the categories of "Parents Mother of Children U5" and "PLW" had visited the health facility in the past year for their own treatment or the treatment of their family member regarding physical health concerns. Moreover, most of the respondents from the categories of "Women of Reproductive Age" (93.8%) and "Adolescents" (77.4%) had visited the health facility in the past year, while 22.6% of adolescents did not visit the health post.

A question was asked the respondents to understand the types of services for which last time they visited a health facility. Most (72.2%) of the respondents mentioned that they visited for general diseases, which was found as the main reason for visiting health facilities. Apart from general diseases 15.7% of respondents visited for diarrhea, followed by 6.1% family planning and the rest of the respondents visited the health facility for different other types of service. Moreover, it was also found that the younger people (84.6%), aged between 12 to 18 years, had visited for general diseases more frequently than the adult people (68.5%), aged between 19 to 45 years. It was also interesting that 19.1% of adults visited health care facilities for Diarrhea, which was only 3.8% (n=1) among adolescents.

The majority (71.79%) of the respondents mentioned that they had not visited a health facility in the past year of the survey for their own treatment or the treatment of their family members regarding mental health concerns. It was found that 31.4% of the respondents from the age range 12 to 18 years; and 27.2% from the age range 19 to 45 years had visited a health facility in the past year. So, it can be depicted that adolescents had slightly more mental health concerns than adult people.

Again, during the survey, it was also identified that 34.4% Women of Reproductive Age, 31.4% adolescent, 25.8% Mother of Children U5, and 24.2% pregnant and lactating women had visited the health facility in the past year for their own treatment or the treatment of their family member regarding mental health concerns.

During the survey, respondents were asked about the places where they went regarding their mental health concerns. Most of the respondents (91.7%) mentioned that they went to health posts for their mental health concerns. Besides health posts, the respondents also visited Women Friendly Space (WFS)/Shantikhana (8.3%) followed by Primary Health Centre (5.6%), and Community health volunteer (5.6%). It was revealed in the survey that adult people aged between 19 to 45 years had visited the health post more frequently than the younger people aged between 12 to 18 years. On the other hand, it was also identified that only the younger people tended to visit Field hospital for their mental health concerns. Moreover, the number of women who visited WFS was 18.2% among adolescents, which was only 4% among adults.

A question was asked the respondents to understand the types of mental services that they received from the health post last time. A majority (78.8%) of the respondents mentioned that they received psychological counseling from the health post last time whereas 12.1% received a prescription of medication and psychological first aid (PFA) respectively. Again, it was also found that the adult people (83.3%), aged between 19 to 45 years had visited the health post for psychological counseling more frequently than the younger people (66.7%), aged between 12 to 18 years. Few adults received multiple types of services.

In the survey, it was identified that most (72.7%) of the respondents had visited a health post last time due to anxiety whereas 15.2% mentioned insomnia and 12.1% mentioned decreased appetite.

Childcare and nutrition for children less than 5 years old

The majority of the respondents (58.7%) mentioned that the children usually took green vegetables followed by fish/ meat/ egg (51.2%). Furthermore, the mothers also provide milk (32.6%); fruits (26.1%); pulse (39.1%), and fruits (26.1%) to their children to ensure nutrition for them.

During the survey, it was revealed that almost all (98.6%) of the respondents visited health posts for the health concerns of their children under five years, whereas only 2.7% visited primary health centers and field hospitals respectively. Moreover, 1.4% of respondents visited the traditional healer for the treatment of their children under five years old.

Among the respondents, the majority (69.4%) of the mothers mentioned that they visited for general diseases were for their children under 5 years old. Additionally, 19.4% of mothers visited for diarrhea, followed by pneumonia (18.1%); vaccine (9.7%), and the rest of the respondents visited the health facility for different other types of service of their children. In the survey respondents were asked about the availability of pediatricians available in the health post. Almost all the respondents (98.6%) mentioned

that in the health was pediatricians were available, while 1.4% of respondents mentioned that pediatricians were not available.

In the survey, it was found that almost all the respondents (98.6%) mentioned that they had vaccinated their children. There was one respondent who did not vaccinate her child, did not feel it necessary. In the survey, it was found that the majority of the respondents (69.4%) mentioned that they gave OPV (Polio) vaccine to their children. Besides OPV, 30.6% of respondents mentioned MR (measles and rubella), 20.8% mentioned PCV (pneumococcus) and DPT respectively; BCG (tuberculosis) 18.1%; and Pentavalent vaccine (diphtheria, pertussis, tetanus, hepatitis B, and Hib infection) 12.5% which had been given to their child. Moreover, 23.6% couldn't remember the name of the vaccine. During the survey, it was revealed that most (87.5%) of the respondents visited health posts for their children's vaccination. Again, 23.6% visited the field hospitals, while 13.9% visited community health volunteers and 8.3% visited the primary health center.

In the survey, the respondents were asked to understand the level of satisfaction with the services provided by health posts for their child. Among the respondents, 80.6% mentioned that they were completely satisfied with the service provided by the health post for their child, whereas 19.4% mentioned that they were satisfied.

Sexual Reproductive Health (SRH)

The women of reproductive age respondents (aged between 19 to 45 years) were asked about different family planning methods they are aware of. Most of the respondents (71.9%) mentioned oral contraceptive pills, closely followed by injectables (68.8%). Whereas 9.4% were not aware of family planning. On the other hand, 6.3% mentioned male condoms, followed by IUD 3.1%; rhythm/periodic abstinence (3.1%), and standard days method respectively.

The women of reproductive age were further asked whether they or their husbands had tried any of the family planning methods ever, and more than half of the respondents (55.6%) mentioned that they or their husbands had tried a method to delay or avoid getting pregnant. Overall, 46.7% respondents mentioned that they were using oral contraceptive pill, while same percentage of respondents mentioned that they were using injectables. Among the respondents 6.7% mentioned that they or their spouse didn't use any method. Most of the respondents (65.6%) discussed about family planning methods or side effects of family planning methods with others. The women of reproductive age who discussed the family planning methods or side effects of family planning methods with others, majority of the respondents (66.7%) mentioned that they had a discussion with NGO workers in most recent time. Apart from NGO workers, the discussion with others on the topic was rare. Most of the respondents (87.5%) mentioned that they visited health posts if they had any queries or concerns related to family planning. Less than 10% (9.4%) mentioned community health workers, and 3.1% consulted with neighbors on the topic, while more than 6% mentioned that they didn't visit anywhere.

Maternal Health Knowledge and Sources of Health Information

During the survey, the pregnant respondents were asked whether they visited a health facility for a check-up. Almost all of them (95%) mentioned that they visited a health facility for a check-up while 5% of pregnant women did not visit the health facility for a checkup.

The pregnant and lactating women (PLW) respondents were asked about the signs and symptoms that indicated a pregnancy may be in danger to verify their current knowledge. Most of the respondents (75%) mentioned severe headaches. Moreover, half of the respondents (50%) mentioned severe pain in the abdomen, followed by Loss of consciousness (37.5%) and swollen hands & feet respectively (37.5%). Additionally, 25% mentioned high fever, 18.8% mentioned severe weakness, and 12.5% respondents mentioned severe vaginal bleeding and exceptionally long labor respectively. However, 6.3% mentioned that they didn't know about signs and symptoms that indicated a pregnancy may be in danger.

One-third of the respondents (31.3) mentioned exceptionally long labor; abnormal positioning of the child; seizures/convulsions; and severe pain in the abdomen respectively. Moreover, 18.8% mentioned severe vaginal bleeding and loss of consciousness, respectively. One-third of the respondents (31.3) mentioned exceptionally long labor; abnormal positioning of the child; seizures/convulsions; and severe pain in the abdomen respectively. Moreover, 18.8% mentioned severe vaginal bleeding and loss of consciousness respectively as danger signs soon after birth would require attention in a health facility. There are some of the most serious problems that can occur during the first 48 hours after birth that could endanger the life of a newborn, for which the babies need to be taken to a health care facility. To verify the knowledge of the Pregnant and Lactating Women (PLW) a relevant question was asked to the respondents. More than half (56.3%) of the respondents mentioned the difficulty breathing of the baby; followed by too cold or trembles Baby (37.5%); the too small size of the baby (31.3%) and baby did not cry (25%). Just below one-fifth of the respondents (18.8%) could not tell any of the symptoms.

Among the Pregnant and Lactating Women (PLW) respondents, majority (56.3%) of the respondents mentioned midwives as the main source of pregnancy information (such as antenatal care, delivery or postnatal care) in the past 6 months of the survey. Besides midwives, medical assistants (25%), doctors (18.8%), friends / relatives (12.5%) were the other sources of information. On the other hand, 12.5% respondents did not get health related information from anyone.

Antenatal Care Behavior

The pregnant and lactating women (PLW) respondents were asked whether they visited any health service provider for antenatal care during their pregnancy. Among the respondents, almost all the respondents (94.1%) mentioned that they had visited health service provider for the antenatal care during the respondents' pregnancy period. The respondent who did not visited any health service provider, they considered these as unnecessary.

Overall, 43.4% of respondents made their first visit to a health service provider for antenatal care when they were 4 or less than 4 months pregnant. On the other hand, one-fourth (25%) cases visited the health service provider during 7 or 8 months of pregnancy, which was a remarkably close time of their delivery. The PLW respondents those visited health care professionals, majority (68.8%) of the respondents mentioned that they had visited midwives. While verifying the responses from the enumerators, we found that by midwives they referred to health service providers at the health post. There were 18.8%

respondent who mentioned that they visited NGO workers followed by qualified doctor 12.5% for their antenatal care.

All the respondents (100%) mentioned that they visited health posts to receive antenatal care for the pregnancy, while some of the respondents visited other places also. Among them, 12.5% mentioned NGO static clinic; followed by field hospital (6.3%); and community health volunteer (6.3%) respectively from which they received antenatal care.

During antenatal care, the majority (87.5%) of the respondents mentioned weight checked up, and blood pressure checkups respectively as the activities, which were performed. Followed by this, the study also reveals that 81.3% conducted abdominal check-ups, 68.8% conducted urine sample checkup, 56.3% conducted height measurements and 31.3% conducted blood sample tests.

During the survey, the Pregnant and Lactating Women (PLW) respondents, 02 were from the age range between 12 to 18 years and 15 were from the age range between 19 to 45 years, were asked whether they were given an injection in the arm to prevent the baby from getting tetanus (convulsions after birth). Majority of them (64.7%) mentioned that they had given the injection in the arm to prevent the baby from getting tetanus. It was also found that all the younger respondents had given but 60% of the adults had given the injection.

It was a worrying fact that the majority (82.4%) of the respondents mentioned that their last child was born at home. This is a worrying fact because as mentioned above, half of all maternal deaths in the camps happen at home. On the other hand, only 11.8% of respondents mentioned that their last child was delivered at an NGO clinic, followed by a field hospital (5.9%). As a health post, there was no facility for child delivery at the health post. Sometimes it creates discomfort among the beneficiaries.

Of the mothers who did not take their children to any health facility, 42.9% of them did not manage time or prepare themselves to take the patient to the hospital, while 14.3% mentioned that there was no one to accompany the patients. In 21.4% of cases, the mother herself did not consider the delivery at the health facility as necessary, while in other 21.4% cases the family members did not consider it necessary, in 7.1% cases, husbands of the patient did not consider taking them to a health facility as necessary. On the other hand, in 7.1% of cases, the respondents complained about inconvenient times.

Postnatal care behavior

There were 11.8% cases the respondents did not conduct any health checkup after the delivery, while only 11.8% of respondents received a health checkup after one day of delivery. Only 23.8% of respondents conducted any health checkup within one week of delivery, while 5.9% of respondents conducted any health checkup after 40 days of delivery. In most of the cases, both the mother and child (80%) were checked up after delivery, while 13.3% cases only child and 6.7% cases the only mother was checked up. After delivery, there might be cases where both mother and child can remain in a critical situation. Hence, it is always recommended that both mother and newborn baby go through a formal checkup.

Of the respondents who conducted health check-up for themselves or their children, the majority of them (73.3%) mentioned that they got health checkups from the health post. One-fifth of the respondents (20%)

mentioned that they got a health checkup from the NGO STATIC CLINIC and followed by Primary Health Center (6.7%).

During the survey, it was identified most (60%) of the Pregnant and Lactating Women (PLW) respondents were checked up by a midwife (service provider other than doctors) after their delivery. Over one-fourth 26.7% of cases there were checked up by doctors, followed by medical assistants (6.7%). Moreover, 6.7% could not say the person by whom they were checked up.

Nutrition and child health

In our survey, it was found that in 41.2% of cases the baby was put to the breast immediately after birth, while in another 47.1% of cases it was done within less than one hour. There were 5.9% cases children were put to the breast within a day, while another 5.9% of cases it was done within 2-3 days.

As we mentioned, breastfeeding within the first hour is important. Colostrum, or the first milk, is the product of the first milking following calving. Ruminants have a unique, thicker placenta that does not allow antibodies to cross into the fetus. Due to this anatomical difference, calves must consume colostrum from the dam to receive an initial protective immunity. Removal of calves from the dam (less than 6 hours) requires feeding of colostrum as soon as possible. In addition to feeding colostrum quickly, it is also important for producers to provide good quality colostrum (greater than 50 mg/mL). In the study, it was found that (82.4%) of the Pregnant and Lactating Women (PLW) respondents gave their last child colostrum after the delivery.

During the survey, it was found that 82.4% respondents mentioned that their child was not given anything to drink other than breast milk, but close to one-fifth of the respondents mentioned that they had given something other than breast milk to their children, which included milk (other than breast milk) and honey.

World Health Organization (WHO) always puts emphasis on exclusive breastfeeding for up to 6 months. In our survey, it was found that most of the mothers (82.4%) thought that they should give mother's milk to their babies in the first 6 months, while 64.7% of respondents thought about mother's milk only. Apart from mother's milk, the surveyed mothers also mentioned mashed foods like khichuri, banana, boiled vegetables (23.5%); other liquids (powder milk, cow/goat milk, gripe water) (17.6%); and water (5.9%). On the other hand, 5.9% of respondents could not recommend anything that they should provide to their children.

As per WHO guidelines, around the age of 6 months, an infant's need for energy and nutrients starts to exceed what is provided by breast milk, and complementary foods are necessary to meet those needs. An infant of this age is also developmentally ready for other foods. If complementary foods are not introduced around the age of 6 months, or if they are given inappropriately, an infant's growth may falter. In the survey, it was found that in 18.2% of cases, the respondents started giving them soft food at the age of 4 months, while 45.5% of cases they provided soft food when the age of the children was 6 months. On the other hand, in 36.4% of cases the mothers give soft food to their children at the age of 7 months.

During Puberty

The project has created some awareness sessions on menstruation and family planning among teenagers. Hence, a question was asked among the adolescent regarding their knowledge about the changes before their pubertal experiences. Most of the respondents (71%) mentioned that they had knowledge about the changes.

The study reveals that family was the main source of information about the changes before their pubertal experiences. More than one-third of the respondents mentioned that mothers were the main source of information, followed by sister (18.2%) and health post (18.2%). Moreover, 9.10% of adolescents got the information from WFS.

When the adolescents were asked about the topics they had learned, they mentioned both physical changes and some social norms. The majority of the respondents (68.2%) mentioned that they had learned about menstruation. On the other hand, 18.2% of respondents mentioned wearing orna (scarf), and 9.1% of respondents mentioned menstrual hygiene management. The rest of the respondents mentioned different types of knowledge like not to go outside and seat everywhere (4.5%), feeling tiredness (4.5%), changes in the body (4.5%), and changing voice (4.5%).

Overall evaluation on health post

A question was asked the respondents to understand the level of comfortableness during the visit to the health post. Among the respondents, 86.3% mentioned affirmatively that their visit to the health post was extremely comfortable whereas only 1.7% mentioned negatively that it was somewhat uncomfortable. Moreover, 11.1% of respondents mentioned that it was somewhat comfortable; and 0.9% mentioned that it was neither comfortable nor uncomfortable. It was noted that adolescent girls were more uncomfortable than adults.

The satisfaction about service provider was also recorded on a 5-point scale where 5 means the respondents completely satisfied with the services provided by health post while 1 means they were not satisfied with the services provided by health post at all. Among the respondents, 76.1% mentioned completely satisfied whereas 22.2% mentioned satisfied and only 1.7% mentioned neither satisfied, nor dissatisfied. It is also found that all the adolescents, aged between 12 to 18 years (100%) were completely or somewhat satisfied with the services provided by health posts, which was 97.8% among the adult respondents.

There were two major reasons for the satisfaction of the service providers, and other reasons were minor. The study revealed that most (70.9%) of the respondents thought that the service providers at the health facility were friendly and 47% mentioned the sincerity of the service providers. Moreover, among others, 7.7% marked service providers as knowledgeable; 3.4% as realistic; and 2.6% as efficient. The adolescent respondents liked the friendliness of the service providers, where the adult respondents liked the sincerity.

During the survey, it was revealed that close to half (47%) of the respondents mentioned that disease diagnostic facilities should be available in a health facility. Moreover, 28% mentioned the high-quality medicine and an adequate number of fans as their expectation. Close to half of the adolescents wanted an increased number of fans (46%) inside the health post. Furthermore, 19% of respondents wanted free

medicine from the health post. One-fourth of the adolescents wanted an adequate seating facility inside the health post.

Researchers found that people recommend something if someone is happy, or someone needs something. However, no one would recommend anything for which they are not happy. The study found that most (92.3%) of the respondents had suggested others to receive services from health posts. Moreover, it was also found that more adult respondents had suggested using the facility than the adolescents.

Evaluation based on CHS.

CHS1: Communities and people affected by crisis receive assistance appropriate to their needs.

In camp 15, there is a health post, which is being operated by Save the Children, provides public healthcare facility which is very much essential for the Rohingya community if someone becomes sick or injured. Moreover, some survivors who need mental health/psychosocial support are often referred to the facility. As per the project proposal, the health post accepted over 22,000 outpatients in 2018, demonstrating an extremely high demand. It was also found that the health post at Camp 15 funded JPF greatly outnumbered seven other health posts that Save the Children runs by attending a number of patients in need of treatment. Also, to avoid duplication of health support by different organizations in the health sector in Cox's Bazar and make effective use of limited campsites, an opportunity was provided where the Bangladesh government, UN agencies, and NGOs could determine which health posts should continue to be operated from the standpoint of visitor numbers and geography. As a result, the continuation of the health post in Camp 15 that Save the Children operates was recommended by the Bangladesh government's Refugee Relief and Repatriation Commission (RRRC). The above statements prove the relevance of the project for the refugees living in Camp 15.

The health post was run six days a week, and medical care service was provided six hours a day. The staff of the project provides comprehensive support on nutrition, maternal and child health, SRH, treatment for infectious and non-infectious diseases, mental health/psychosocial support, etc. They also provided information on menstruation and family planning. The health post had a dedicated room for maternal health care where they provide antenatal checkups for the patients. Moreover, they provide counseling on family planning.

There was a room for the outdoor patients, where the health post provided treatment to all kinds of patients. If required, the project provides free medicine to the beneficiaries from the project budget. However, sometimes the supply of medicine was short if the number of patients increases. The health post also provided free masks to the beneficiaries during the COVID-19 pandemic.

The health post provides utmost importance to the children since this was a project implemented by Save the Children. For the children, the project organized a vaccination program that was run three days a week. Till December 2020, the project provided vaccines to 1877 children against the target of 450 children.

Some mother support groups were formed where mothers could talk to each other about maternal and child nutrition. For each group, there were leaders who received training on nutrition. Through the groups, cooking demonstrations are given to mothers mainly with children six to 23 months to teach the cooking methods for complementary foods.

The project also conducted awareness activities through outreach activities, which included awareness-raising activities about health, the importance of vaccinations, and identify cases that required medical intervention through home visits.

Moreover, the health post also provided psychosocial support to the people who required it. This project targets mostly refugees with anxiety and sleep disorders. Under the project, there were some mental health/psychosocial support workers who conducted yard meetings. The project identified people who needed mental health/psychosocial support for early intervention to address individual needs and referred them to WFS and the health post. The health post mainly provided counseling services. If anybody exhibited severe symptoms, it was referred to another organizations for professional treatment including prescription of medication.

CHS 2: Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.

The project was in a very timely manner. As mentioned above, health care facility needs continuous support. The project started its activities in 2017 when the influx occurred. At the very beginning, the overall environment was not organized. During the period some of the organizations were providing health care facilities from the temporary establishment near the roads. Camp 15 in Jamtoli was a remote area. Save the Children wanted to reach the remote areas and constructed 8 health posts. The health post at Camp 15 was one of them.

Due to some restrictions inside the camp, all the facilities could not be provided on time. The health post was operated for six days a week and runs from 9 am to 3 pm due to regulations inside the camp. Sometimes some of the patients were told to visit another day due to limited time for the service delivery. Moreover, the health post provides only primary health care services including immediate and emergency response. Secondary health care service was not provided from the facility, but they were referred to other facilities for the treatment they required.

All the services were delivered without any delay, however since the health post was closed after 3 pm due to the regulations inside the camp, the patients did not get any service at night in case of emergency. Moreover, the health post did not have the child delivery, hence the mother had to visit other health care facilities during their delivery period. However, still due to primary health care facilities and different awareness sessions, the child delivery at health care facilities increased, and maternal mortality or child mortality had been reduced drastically.

There were some dissatisfactions among beneficiaries were noticed. In the majority of cases, they were happy with the awareness session, the behavior, and the sincerity of the service providers, but they claimed that they did not get enough medicine. Also, they got basic medicine only but did not get the medicines for advanced treatment. Also, they expressed dissatisfaction about the limited facility at the health post. They considered that the health post should have the diagnostic facility. Else, there will be an unnecessary delay to diagonalize any disease and get proper treatment.

The service providers responded to the COVID-19 pandemic immediately without any delay. Even the service providers did not wait for PPE to arrive, rather used the equipment they had and continued the service. At the health post, there was a corona corner set up to handle the COVID-19 patient.

CHS 3: Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.

The project has the provision of training, which includes training among doctors, paramedics, midwives, maternal and child health promoters, and assistants. There was a provision of training for regional health workers. The survey found that the project staff received different pieces of training from both save the children project staff and outside the organization. They have used their learning and were able to deliver better service to the beneficiaries. As a result, the risk of the beneficiaries also reduced.

The knowledge among beneficiaries has been increased on different health and nutrition-related topics due to awareness activities. When the project was implemented, at the very beginning the people inside the camp were very conservative. The project conducted some outreach programs to create awareness among the target beneficiaries and created different subgroups and communicated with the Majhis and other community leaders. There was a rapid change noticed among the beneficiaries.

CHS4: Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.

From the study it was found that the beneficiaries were very much aware of their right and they are free to share their feedback. Some of the feedbacks were addressed, where some of the feedback could not be addressed. In some cases, the project staff were considering their feedback. Major feedback the project staff received were as below.

- Need more fans, lights, water filter at the facility.
- Increase service point at the facility.
- Construction of breast-feeding corner.
- Shortage of medicine
- Introduction of diagnostic services or installation of diagnostic equipment
- Increase the number of doctors.
- Introduction of child delivery
- Increase the operating hour.

To provide good quality services to the project staff went through training on the protection and rights of refugees. In the training, the project staff received detailed guidelines, including the UN's guide. Save the Children organized the training during recruitment of the resources. Moreover, before joining the program, each of the staff had to go through child safeguarding and PSEA training to ensure the rights of the Rohingya people. Moreover, at the health post, an interpreter was recruited to ease the communication between the parties.

CHS5: Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.

The project welcomes and accepts complaints raised by the Rohingya community. There was a toll-free number that was posted outside the health post. however, the beneficiaries were more comfortable sharing their complaint through face-to-face discussion. They shared their complaint regarding the shortage of medicine or unavailability of some essential drugs. They expressed their dissatisfaction

regarding the operating hours of the health post, which was not sufficient for the community people. There was no service available at night. Moreover, there was no emergency support at the facility. They repeatedly complained about the unavailability of the labor room inside the health post. They had to go to other health facilities for the delivery of their children, which were away from their residence. There was no diagnostic facility at the health post, hence for any diagnostic test, patients are either referred to Medecins Sans Frontieres (MSF) or Cox's Bazar

There were some issues, which could be addressed very quickly, while some of the issues require strategic decisions. In some cases, it requires improvement in the process to enable the health post to provide better service. Some of the feedback could not be addressed at all due to regulations inside the camp.

CHS6: Communities and people affected by crisis receive coordinated, complementary assistance.

In a camp, there were multiple organizations working on similar goals. Hence for better coordination, there was a camp focal agency at the camp level, who was a dedicated officer who coordinates all health-related projects. The implementation agencies had a monthly meeting. The agencies who had health facilities, a representative from each NGO attends the meeting and discusses different health-related issues. They discuss different patient types and opportunities for a referral. Moreover, different challenges faced by the NGOs are identified in the meeting and discussed possible solutions to those challenges.

The project had a provision of referral service as and when required. Since the project includes only primary health care services, if any patient is required any secondary or advanced treatment facility, the project referred them to other facilities. Moreover, for diagnostic services, the health post refers the service seekers to relevant health facilities.

The agencies also must collaborate with other agencies to exchange training facilities. The staff of the project received some training from WHO. Moreover, the staff at the health post received training on breastfeeding and how to prepare complementary foods and conducted awareness sessions as per Infant and Young Child Feeding (IYCF) guidelines. The IYCF counselor ensured the counseling for lactating women, also provided training to the health post staff. On the other hand, Save the Children provided training to IYCF on different clinical topics.

The project also worked with the government on the EPI program for vaccination. Generally, the vaccines arrived at the Upazila health complex at Ukhiya, and the project team had to collect the vaccine from the health complex. The health post also needs to share regular reports with the government.

CHS7: Communities and people affected by crisis can expect delivery of improved assistance as organizations learn from experience and reflection.

The current project was launched by Save the Children in 2017 and since then the project is under operation. Most of the project staff have been working on the project since the very beginning and have gained enormous experience from the project itself. It helped the project staff to make necessary improvements in their skill, enhance their competency and deliver better service to the Rohingya people. The culture of the host community people and Rohingya community people were not the same. Rohingya people were more conservative. Once the Rohingya girls reached puberty, they were not allowed to go outside. The females were very much reluctant to participate in different awareness activities. Also, they were not ready to adopt family planning methods. The pregnant women were not interested to go to any health facility for the delivery of their child. Save the Children project staff had identified the challenges by talking to the people in the Rohingya community. They conducted some door-to-door sessions and involved the community leader. The situation gradually changed. Adolescents started participating in awareness sessions, the adoption of the family planning method also increased. As per the project staff, the child delivery rate was reached 60% which was the result of the awareness session.

CHS 8: Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.

Since the project included health care facilities, the project staff and volunteers must have minimum criteria to get involved in the project. The project management and the medical officer had minimum MBBS degrees, while the medical assistant was a paramedic who had to complete four years of medical training course. All the project staff had to go through a formal recruitment process. The project staff was very much familiar with the norms of the Rohingya community. The volunteers were recruited from the Rohingya community who understood the needs of the beneficiaries very well and helped to design the program accordingly. All the volunteers went through the internal and external training program mentioned in CHS 7.

The project management and the front-line staff were working at the facility since the very beginning of the project. They had working experience in different health facilities in different camps and at different health posts. The medical officer, who was a qualified MBBS doctor had been working with Save the Children from the beginning. The medical assistants also had worked in different camps in the Rohingya community. They had been providing training for three and a half years and also received training at different times from different organizations.

Moreover, to ensure the competency and skill of the staff, Save the Children Maintained a checklist and the management team regularly supervised the checklist and the change in score achieved by the project staff. There was also an indicator in the log frame to ensure the quality of the staff and it was found that 100% of staff have achieved a better scores in the evaluation.

CHS 9: Communities and people affected by crisis can expect that the organizations assisting them are managing resources effectively, efficiently, and ethically.

As an implementation agency Save the Children was always accountable to the donor agency regarding spending the budget. The spending of the fund can be evaluated from two different perspectives. The first perspective was the percentage of the budget spent. Due to the spread of the COVID-19 pandemic, the project could not use 100% of their fund as per plan. The project had some plans and budgets for construction, which could not be accomplished. However, the amount spent on the project was invested wisely as per project requirements of the project and as per the need of the beneficiaries. The project spent its budget on the development of resources, managing the awareness program, and providing a health care facility. On the other hand, due to the COVID-19 pandemic, some of the activities did not get approval, for which the budget could not be used.

1. Introduction

1.1 Project Background

The Japan Platform (hereinafter referred to as "JPF") is an international emergency humanitarian aid organization which offers the most effective and prompt emergency aid in response to humanitarian needs, focusing on issues of refugees and natural disasters. JPF conducts such aid through a tripartite cooperation system where NGOs, business communities, and the government of Japan work in close cooperation, based on equal partnership, and making the most of the respective sectors' characteristics and resources.

JPF serves as an intermediary support organization providing various types of assistance to member NGOs in Japan to deliver quick and comprehensive aid on their own. JPF has supported aid activities of 44 member NGOs, each with its own set of diverse strengths. It has delivered humanitarian assistance to 55 nations and regions about 1,500 projects, with a total financial contribution of 60 billion yen. JPF has built a strong reputation based on trust by promoting cooperation among private sectors and NGOs and by accurately reporting all its activities. There are 07 (seven) projects which are being funded by JPF and implemented by member NGOs in Cox's Bazar as of March 2021. Among them 04 (four) projects were selected for the TPM exercise. Provision of quality comprehensive primary health care services for displaced population in Cox's Bazar, Bangladesh is one of the four projects funded by JPF. The project is being implemented by Save the Children Japan (SCJ).

To this end, JPF has appointed Org-Quest Research Limited (hereinafter referred to as "OrQuest") as a Third-Party Monitor (TPM) entity to provide evaluation services for the Provision of comprehensive health services for people fleeing Myanmar in Cox's Bazar District, Bangladesh.

1.2 Overview of the Project

The ***Provision of quality comprehensive primary health care services for displaced population in Cox's Bazar, Bangladesh*** project aims to enable displaced Rohingya people to have equitable access to quality health, nutrition, and psychosocial support services in targeted one camp (Camp 15/Jamtoli). The implementing organization was providing a package of primary health care (PHC) services to 24,217 Rohingya people in health post and 50,624 Rohingya people in outreach (cumulative) during the project through an integrated approach (with Nutrition, WASH, Community Health and MHPSS components) from one (1) Health Post as well as community health activities to ensure that children and families survive and remain healthy. Health services included preventive and curative services for communicable diseases (e.g. diarrhea, acute respiratory tract infection) including case management and surveillance/reporting; non-communicable diseases with treatment and or referral; neonatal and child health utilizing integrated management of neonatal and childhood illness protocols; reproductive health following the minimum service provision in Health Sector's Minimum Package of Essential Health Services for primary health care facilities in the Forcibly Displaced Myanmar Nationals (FDMNs) developed based on MOHFW's Essential Service Package including adolescent sexual reproductive health care, antenatal/normal vaginal delivery/postnatal care and syndromic management of STIs; MHPSS focusing on psychological first aid and

referral of cases required clinical mental health services; promotion of optimal infant young child feeding practices at facility and community level, together with WASH messaging for caregivers of young children, their families and influential persons; screening/referral of children with severe acute malnutrition etc. In addition to facility based services, health program will support a cadre of community health workers (CHWs) and Community Nutrition Volunteers (CNVs) to promote key reproductive, maternal neonatal child adolescent health and nutrition practices, to identify pregnant women with a special focus on teenagers, at risk and sick children and their families, conduct disease surveillance, identification of malnourished PLW and children under five, and refer them to nearby health and nutrition facilities. Health Program will also use trained community mental health workers to identify and refer MHPSS cases from camps.

The project is also expected to strengthen community participation and effective community feedback and information-sharing mechanisms.

1.3 Project Objectives

The objective of the project is to enhancing primary healthcare services for people fleeing Myanmar residing in Camp 15 located in Ukhia Upazila in Cox's Bazar District is expected to contribute to improving the health condition of a total of 49,400 people.

1.4 Objective of evaluation

The broad objective of the evaluation is to capture information, verify activities and analyze data on this project activities. JPF will use the outcome of this evaluation to improve the current and future projects and programme. The evaluation reports would be made available to public as a part of JPF's activity to ensure accountability to the donor and public.

The specific objectives of evaluation are:

- To verify actual outputs and if possible, outcomes of the project with the available data
- To verify that the humanitarian principles and standards including Core Humanitarian Standards (CHS) are respected.
- To understand the beneficiary satisfaction
- To provide feedback and recommendations to the future projects and programme improvement for both JPF and member NGOs
- To provide contextual information on the target sec.

2. Evaluation Overview.

This study applied both quantitative and qualitative approaches to data collection. Quantitative survey data will be collected from individuals through structured questionnaires using Computer Assisted Personal Interview (CAPI) technique. Qualitative data was collected through IDI and KII.

Once the project was awarded to OrQuest, JPF organized a kick-off meeting with OrQuest to finalize the methodology, discuss the development of study tools, and preparation of inception report. Based on the documents received from JPF, OrQuest prepared study tools and inception report for the evaluation and shared with JPF. After that, JPF organized an inception meeting with OrQuest and the project implementing NGO to discuss the details of the evaluation objectives, scope, targets, data processing and analyzing, allocated team, and reporting. Due to the outbreak of COVID-19 worldwide, most of the discussions were undertaken online. Based on the discussion in the inception meeting, the study methodology and sample size were revised from the project. To limit the physical movement inside the camps and in the host community locations, to reduce interaction with beneficiaries and other stakeholders, the sample size of the project was reduced.

2.1 Geographical coverage:

The project was being implemented in camp 15 (Jamtoli) of Ukhia upazila in Cox's Bazar district. Hence, the study was conducted at camp 15 only.

2.2 Method of data collection

The performance evaluation study of the project was conducted using both primary and secondary research. Primary data collection included quantitative and qualitative approaches. A quantitative approach was used where population size is large enough (100+) to quantify the results. If population size was small or in-depth information was required, a qualitative approach was adopted.

While the quantitative study was carried out by using face-to-face interview technique with the help of structured questionnaires using Computer Assisted Personal Interview (CAPI) technique, while the qualitative study was conducted through IDI and KII.

Secondary data collection would include a review of all project documents including project proposal, amendment documents, copies of project progress reports and past M&E evaluations, and project checklist for progress monitoring activities. Considering the Covid 19 situation, all necessary safeguarding protocols were taken to ensure the safety of researchers, enumerators, and respondents.

2.3 Our Approach to TPM

Defining units of analysis and framework for synthesis of information to be collected based on the RFP objectives in the table below. The framework will be used to evaluate all four projects.

- Communities and people affected by crisis receive assistance appropriate and relevant to their needs.
- **Quality Criterion: Humanitarian response is appropriate and relevant.**
- Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.
- **Quality Criterion: Humanitarian response is effective and timely.**
- Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.
- **Quality Criterion: Humanitarian response strengthens local capacities and avoids negative effects.**
- Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.
- **Quality Criterion: Humanitarian response is based on communication, participation and feedback.**
- Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.
- **Quality Criterion: Complaints are welcomed and addressed.**
- Communities and people affected by crisis receive coordinated, complementary assistance.
- **Quality Criterion: Humanitarian response is coordinated and complementary.**
- Communities and people affected by crisis can expect delivery of improved assistance as organizations learn from experience and reflection.
- **Quality Criterion: Humanitarian actors continuously learn and improve.**
- Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.
- **Quality Criterion: Staff are supported to do their job effectively and are treated fairly and equitably.**
- Communities and people affected by crisis can expect that the organizations assisting them are managing resources effectively, efficiently and ethically.
- **Quality Criterion: Resources are managed and used responsibly for their intended purpose.**

2.4 Survey population:

49,400 children under five years of age, adolescents, women of reproductive age group (15-49 years), pregnant and lactating women. Distribution of the population by beneficiary groups is given below in table 1:

Table 3: Beneficiary groups with population sizes

Beneficiaries		Population size
Direct beneficiary	Children U5	5,450
	Adolescents	5,928
	Women of Reproductive Age (WRA)	7,262
	PLW	2,777
	Other family members	12,850
Total direct beneficiaries		34,266
In-direct beneficiaries		15,134
Total beneficiaries		49,400

2.5 Sample size:

In the inception meeting, it was recommended to include separate sample size for all three components. However, as per SCJ communication the following factors were discussed and agreed.

Component I Provision of health and medical support: The beneficiaries under this component include all the community members not only the Children Under 5 years, Adolescents, WRA and PLW groups. Therefore, SCJ did not recommend segregating the sample and proposed 50 quantitative sample, to be selected from all beneficiary types not limit to above groups. Additionally, 2-3 KII for mothers of children under 5 years old who got vaccination at HP are proposed.

Component II Provision of nutrition support: Adolescents and WRA are not targeted under this component. Children under 5 years old are provided nutrition support, and KII for their mothers are already planned as “KII for mothers support groups”, therefore, quantitative survey for this group is not proposed. No quantitative survey for this group was recommended. SCJ proposed that the qualitative data will be obtained from KII for leaders of mother’s support groups.

Component III Provision of mental health/psychosocial support: The beneficiaries under this component also include other community members such as male adults. Therefore, SCJ did not recommend segregating the sample. SCJ recommended 30 sample, to be selected from all beneficiary types not limit to above groups.

However, for a statistical analysis, the quantitative sample size should be at least 30. Therefore, we recommend having a common questionnaire and the survey needed to conduct among beneficiaries from the community people. We tried to ensure sufficient sample for each component or respondent type was achieved. Hence, we proposed 120 female respondents without segregation of respondent types, ensuring sufficient respondent for each type. The male respondents were covered through IDI.

Leaders of mothers Support Groups: Mothers support groups are formed among refugees to organize a system where mothers can talk to each other about maternal and child nutrition. A mother’s support group is made up of 10 to 15 members, one of whom becomes the leader who leads the group’s activities. We proposed to include 2 IDIs of the leaders of mother’s support group.

Service Provider: Service providers of the survey included Doctor, paramedic, midwife, maternal and child health promoter, and assistant. There was training for staff engaged in activities at the health post daily is provided by staff of Save the Children to operate the health post. Specifically, training in child health and sexual reproductive health (SRH) is provided for doctors, paramedics and midwives to enable them to provide appropriate support, especially for children and women in a vulnerable state. 5 KIIs were proposed for the service providers.

Local Opinion leader: Local opinion leaders are not the part of the project, but they often play an important role to influence the project. We propose to interview the CIC, one Majhi and other opinion leaders inside the camp.

Based on the revised plan, following sample size was proposed.

Table 4: Sample size for beneficiaries

	Quantitative CAPI				Qualitative IDI
	Children Under 5 years	Adolescents	Women of Reproductive Age (WRA)	PLW	Community people (male)
Component I Provision of health and medical support	31	31	32	33	5 Male community people
Component II Provision of nutrition support					-
Component III Provision of mental health/ psychosocial support					5 Male community people
Total	127 PI				
	Qualitative IDI				
Respondent type and Component	5 females (one women qualified for multiple respondent type and component)				5 Male

Additional Qualitative sample size includes;

Table 5: Sample size for Project staff and other key stakeholders

Survey Name	Target
Majhi	1
CIC	1
Local Opinion Leader	1
Health service providers	5
Leaders of mothers Support Groups	2
SC staff members	3
Total	13

2.6 Selection of respondents for quantitative survey:

Since the core objective of the project is to enhancing primary healthcare services for people fleeing Myanmar residing in Camp 15 located in Ukhia Upazila in Cox's Bazar District is expected to contribute to improving the health condition, it is expected that the Rohingya people living in this camp and availing services from the health post were our target respondents. Hence, OrQuest proposed to conduct the exit interview from the health post. It also helped to capture the immediate response of the respondents.

2.7 Selection of respondents for qualitative survey:

KII & IDI respondents were selected judgmentally based on the respondent type. Direct beneficiaries who availed health care services from the health post were selected from the health post. The NGO officials were selected in consultation with the key focal person of the project. The following steps were taken for conducting KIIs and IDIs:

- The direct beneficiaries will be selected at the health post. The NGO officials and other respondent types, which include Majhi, CIC, Local Opinion Leader, Health service providers and Leaders of mothers Support Groups were selected in consultation with the key focal person of the project. The NGO officials who were responsible for the camp and could provide relevant information on the project were selected for the interview. In qualitative research, it was of utmost importance that the sample was recruited carefully as the sample size was relatively small. Only those participants who fulfill all eligibility criteria would be selected to participate in the qualitative study.
- The moderator explained the nature of the IDI and KII to ensure that candidates are fully aware of what took place and what is expected of them. Participants were briefed properly to make to explain that their cooperation is voluntary.
- KIIs and IDIs were recorded electronically through digital recorder.

2.8 Development of data collection instruments:

OrQuest was responsible for the development of the tools. Draft data collection tools were prepared by Org Quest Research Limited for quantitative survey and IDIs, KIs based on the project proposal and other secondary documents. The draft tools were submitted to JPF for feedback. Once developed, the draft questionnaires and guides were translated by OrQuest into Bangla. The draft questionnaires for quantitative survey with feedback from JPF and SCJ were pretested in the field. Questionnaires were revised and finalized as necessary based on the pilot survey.

Scripting procedure: The quantitative questionnaire was programmed for the CAPI survey by using SurveyCTO, a licensed software, utilizing our own resources. All scripts will be written in Bengali and in English. CAPI programming rendered questionnaire into a sequence of input prompts that will apply questionnaire logic, entry constraints and repeating sub-structures (if required). If necessary, the programming will also take care of random rotation of questions and options. Grids, if any, will be broken down into a sequence of input prompts to fit into the tablet screen and minimize data input error. Checklist, radio button, drop-down menu and basic formatting will be used as applicable. Survey programming will be done in close partnership with JPF and will embed skips and logic checks to ensure quality and consistency of the data.

2.9 Limitations

- First, due to COVID 19 pandemic, the representative sample could not be proposed. To minimize physical interaction, minimum number of samples has been proposed in the survey.
- Due to COVID 19 there was a long delay to receive permission for access to camp. Hence, the survey could not be started as per schedule. Moreover, the approval was granted for only limited period. As a result, the survey had to be completed within minimum possible time.
- Due to COVID 19 the project staff and the service providers were heavily occupied. Hence, it took longer time to set an appointment than we anticipated during the survey.
- Due to restriction on movement inside the camp, the enumerators and moderators were able to conduct interview among project beneficiaries and project staff only. Thus, the overall change occurred based on the implementation could not be measured.
- The survey tools were developed based on reviewing project documents only. Due to time constraint, it was not possible to review all the project documents, which eventually resulted in some confusion to develop the project tools.
- The inception meeting was conducted for a noticeably short period of time. Hence, the evaluation team could not obtain complete project brief from the implementation team.
- Since the project beneficiaries did not have access to mobile network, remote interview during COVID 19 could not be conducted. For the same reason, the data collected from the interview could not be back checked over phone and validated. However, some of the information in the host community was validated over phone when required.
- The enumerators and the supervisors were recruited from the host community. However, due to language barrier, the project management team from the evaluator agency could not validate the response collected by the enumerators.

3. Workplan

The timeline activity/deliverable for this assignment is tabulated below:

Table 6: Timeline for the study

Activities	Dec-20	Jan-21				Feb-21				Mar-21				Apr-21			
	Week 4	Week 1	2	3	4	Week 1	2	3	4	Week 1	2	3	4	Week 1	2	3	4
Development of draft questionnaires/IDI guide																	
Submission of draft inception report		4-Jan															
Submission of draft English questionnaires/IDI Guide to SCJ and JPF		6-Jan															
Inception Meeting with SCJ and JPF			12-Jan														
Feedback on draft questionnaires/IDI Guide and inception report from implementing NGOs and JPF			14-Jan														
Amendment of questionnaires/IDI Guide																	
Scripting of quantitative questionnaires																	
Apply for approval from RRRC and CiC																	
Approval from RRRC and CiC							15-Feb										
Finalization of inception report draft questionnaires/IDI Guide							10-Feb										
Pretest of survey instruments for quant								18-Feb									
Submission of feedback from pretest to JPF								20-Feb									
Incorporating necessary changes based on agreed pretest feedback									22-Feb								
Training of field personnel									24-Feb								
Fieldwork for quantitative and qualitative data collection									25-Feb to 29-Mar								
Data cleaning													15-Mar				
Data processing and output generation													20-Mar				
Complete data analysis and draft report writing																28-Apr	

4. Evaluation Results

The project as three components as shown below.

- Component I Provision of health and medical support.
- Component II Provision of nutrition support
- Component III Provision of mental health/psychosocial support

Component I Provision of health and medical support.

Under this Component, health support was provided for people fleeing Myanmar¹ living in Camp 15. Specifically, the operation of a health post in Camp 15, the cultivation of regional health workers, and outreach activities in the Camp are conducted. The health post that Save the Children operates in Camp 15 accepted over 22,000 outpatients in 2018, where patients in need of treatment greatly outnumbered seven other health posts that Save the Children runs. The activities under component I included.

- a. Training for medical staff at the health post
- b. Provision of primary healthcare service at the health post
- c. Vaccination for Children
- d. Outreach activities by regional health workers
- e. Repair and maintenance of the health post
- f. Monitoring to guarantee quality.

Component II Provision of nutrition support

Under Component II, nutrition support was provided in Camp 15. In addition to the support provided at the health post, activities in the community are conducted so that services are delivered to mothers and children in a more vulnerable state. The activities under component II included.

- a. Training in nutrition support for nutrition support staff and medical staff at the health post
- b. Training for regional health workers, regional nutrition volunteers, and regional mental health/psychosocial support workers
- c. Provision of nutrition support for malnourished children and expectant and nursing mothers
- d. Support for activities of mother's support groups

Component III Provision of mental health/psychosocial support

In this Component, psychosocial support was provided at the health post and in the community. A person in charge of psychosocial support is assigned to each health post, and this person will take the lead in providing psychosocial support. This project targets mostly refugees with anxiety and sleep disorders and had referred them to professional mental health support provided by Medecins Sans Frontieres (MSF) and the International Organization for Migration (IOM) if they exhibited severe symptoms, such as self-harming or suicidal ideation, or if they required professional treatment including prescription of medication.

¹ The residential population is 49,400 in Camp 15 as of September 2019. (UNHCR, "ROHINGYA REFUGEE RESPONSE BANGLADESH Population factsheet", p.2)

4.1 Study findings

4.1.1 Demographic profile of the respondents

During the survey it was found that some of the components were overlapping and the respondent types were common at overall level. Hence, the survey result was interpreted at overall level.

Occupation of the Respondents

In the survey, a total of 127 female respondents were surveyed. Among them 35 (25%) respondents were between the age range of 12 to 18 years and 92 (75%) respondents were between the age range of 19 to 35 years from the Rohingya community of Camp 15 (Jamtoli) in Ukhia Upazila, Cox’s Bazar, Bangladesh. Among the respondents, the majority (73.2%) were housewives, 1.6% of the respondents were Working; 7.1% were Unemployed, and only 2.4% of the respondents were students who were studying during the survey period. Above half of the respondents with an age range between 12-18 years mentioned that they were working with household chores (54.3%). It was also found that 11.4% (n=4) of respondents with an age range between 12-18 years were housewives, which reflects the chance of early marriage.

Table 7: Occupation of the Respondents

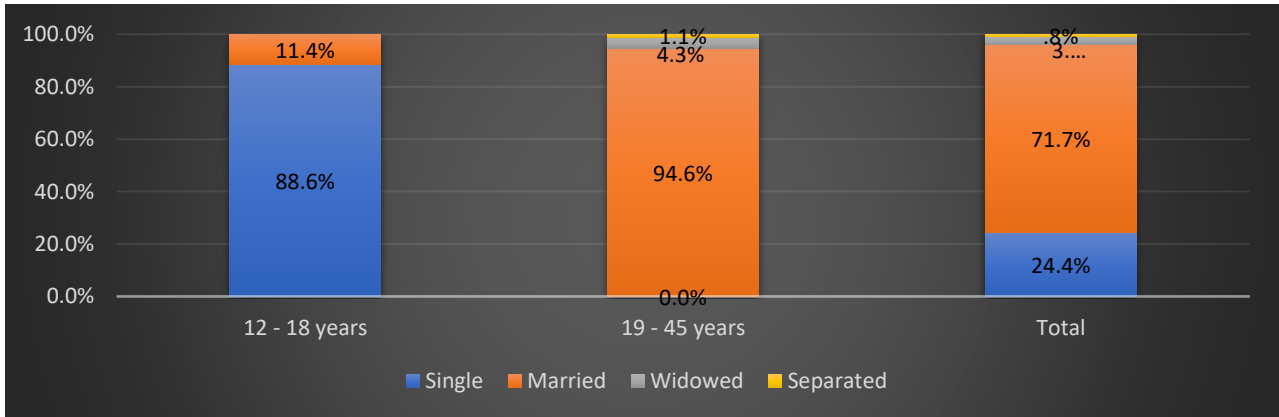
Occupation	Age		Total
	12 - 18 years	19 - 45 years	
Housewife	11.4%	96.7%	73.2%
Working	0.0	2.2%	1.6
Working with household chores	54.3%	0.0	15.0
Unemployed	25.7%	0.0%	7.1%
Studying	8.6%	0.0%	2.4%
Receiving vocational training	0.0%	1.1%	.8%
Base-All Respondents	35	92	127

Ref: D.3 What are you doing now?

Marital Status of the Respondents

In the survey, most of the respondents (71.7%) were married, 24.4% respondents were single, 3.1% widow, and .8% were separated. It was also found that all the separated and widowed respondents were from the age range of 19 to 35 years. Moreover, child marriage is a common phenomenon among the Rohingya community. About 11.4% (n=4) women with age less than 19 were married, among them, one of the respondents was 17 years old.

Figure 1: Marital Status of the Respondents

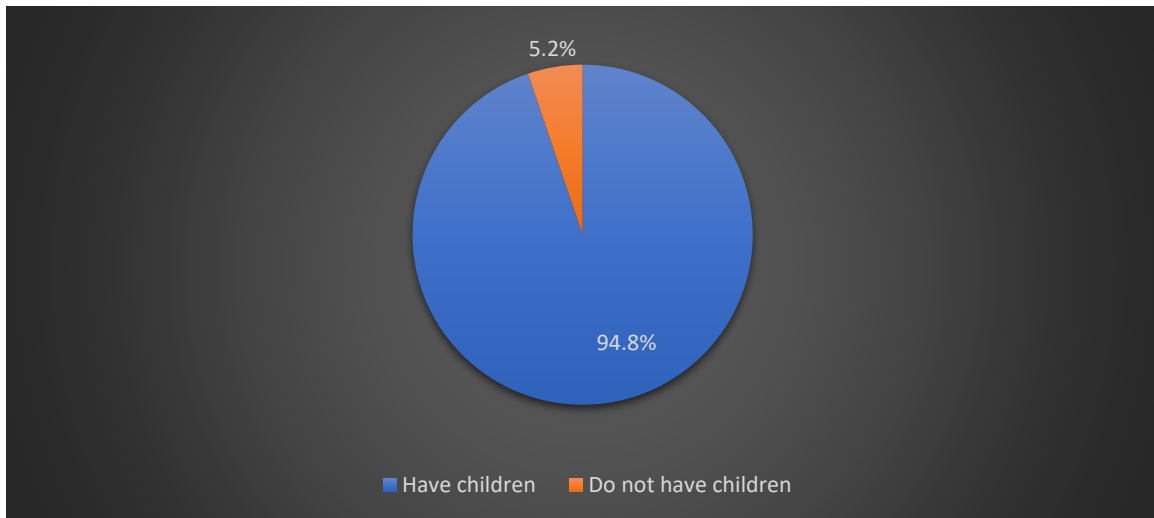


Ref: D.4 What is your marital status now: are you married; living with a partner, not married; widowed; divorced; or separated?

Incidence of having any children

In the survey, most (94.8%) of the respondents had children whereas only 5.2% had no child. Out of four respondents with an age less than 19 years, three of the respondents had children during the survey.

Figure 2: Incidence of having any children



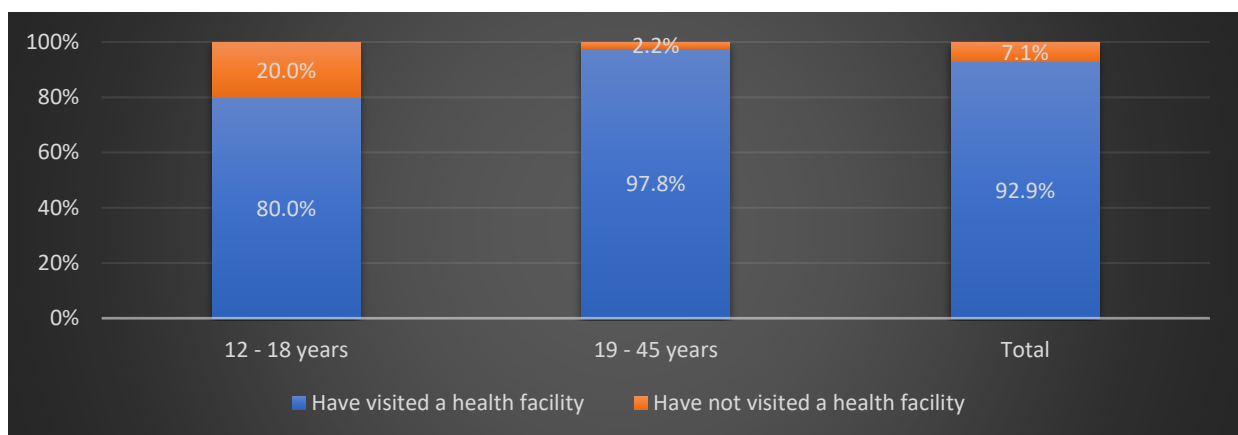
Ref: D.9 Do you have any children?

4.1.2 Primary Health Care Services

Incidence of visiting a health facility psychological health concerns

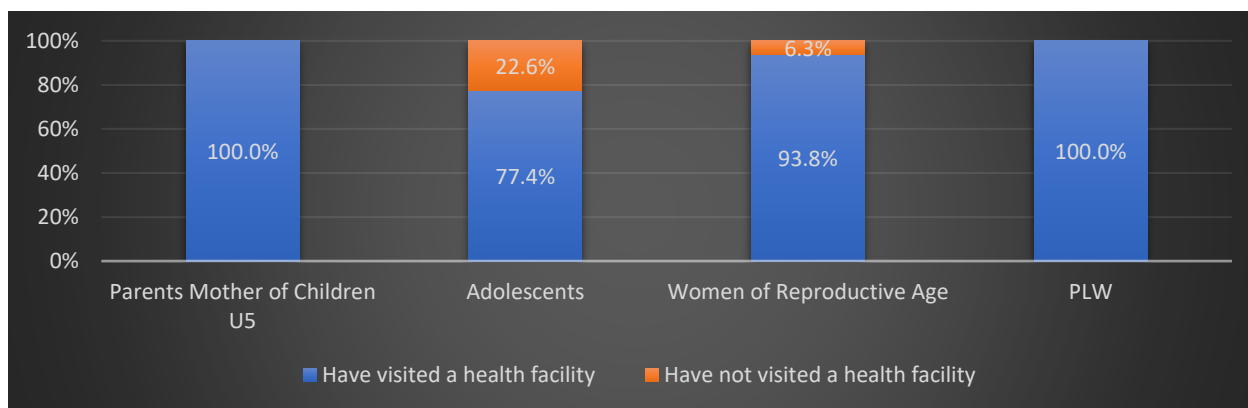
Among the respondents, the majority (92.9%) mentioned that they had visited a health facility in the past year for their own treatment or the treatment of their family members regarding physical health concerns, the remaining 7.1% of respondents took their family members to the health post. It was found that 80% of the respondents from the age range 12 to 18 years; and 97.8% from the age range 19 to 45 years had visited a health facility in the past one year, while 20% of respondents with age less than 18 years did not visit the health post for physical health concern in last one year of the survey.

Figure 3: Incidence of visiting a health facility by age



During the survey, it was also identified that all the respondents (100%) from the categories of “Parents Mother of Children U5” and “PLW” had visited the health facility in the past year for their own treatment or the treatment of their family member regarding physical health concerns. Moreover, most of the respondents from the categories of “Women of Reproductive Age” (93.8%) and “Adolescents” (77.4%) had visited the health facility in the past year, while 22.6% of adolescents did not visit the health post.

Figure 4: Incidence of visiting a health facility by respondent type

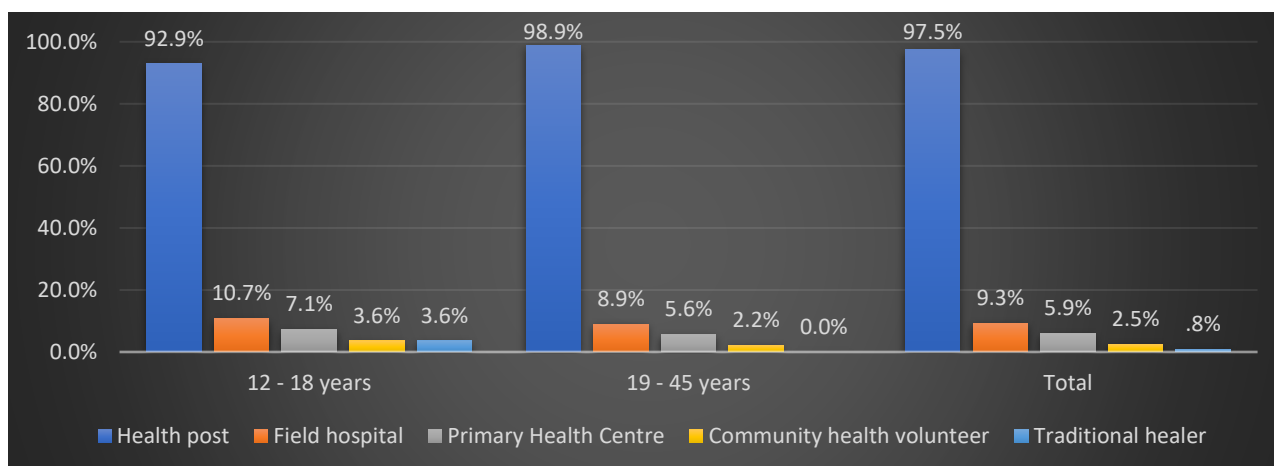


Ref: SQ1. Have you visited a health facility in the past one year for your own treatment or for the treatment of your family member regarding physical health concerns?

Type of health facility visited regarding psychological health concerns.

In the survey, respondents were asked about the places where they went regarding their physical health concerns. Almost all the respondents (97.5%) mentioned that they went to health posts for their physical health concerns. Few respondents also visitors field hospital (9.3%), Primary Health Centre (5.9%), and visit Community health volunteers (2.5%) for their treatments. It was revealed in the survey that adult people aged between 19 to 45 years (98.9%) had visited the health post more than the younger people aged between 12 to 18 years (92.9%). Visiting multiple health care facilities was also higher among adult respondents. It was also identified that only the younger people tended to visit Traditional Healers for their physical health concerns.

Figure 5: Type of health facility visited regarding psychological health concerns..



Ref: SQ2. Where did you go when you had physical health concerns?

Types of services for which the respondents visited a health facility last time.

A question was asked the respondents to understand the types of services for which last time they visited a health facility. Most (72.2%) of the respondents mentioned that they visited for general diseases, which was found as the main reason for visiting health facilities. Apart from general diseases 15.7% of respondents visited for diarrhea, followed by 6.1% family planning and the rest of the respondents visited the health facility for different other types of service. Moreover, it was also found that the younger people (84.6%), aged between 12 to 18 years, had visited for general diseases more frequently than the adult people (68.5%), aged between 19 to 45 years. It was also interesting that 19.1% of adults visited health care facilities for Diarrhea, which was only 3.8% (n=1) among adolescents.

Table 8: Types of services for which the respondents visited a health facility last time.

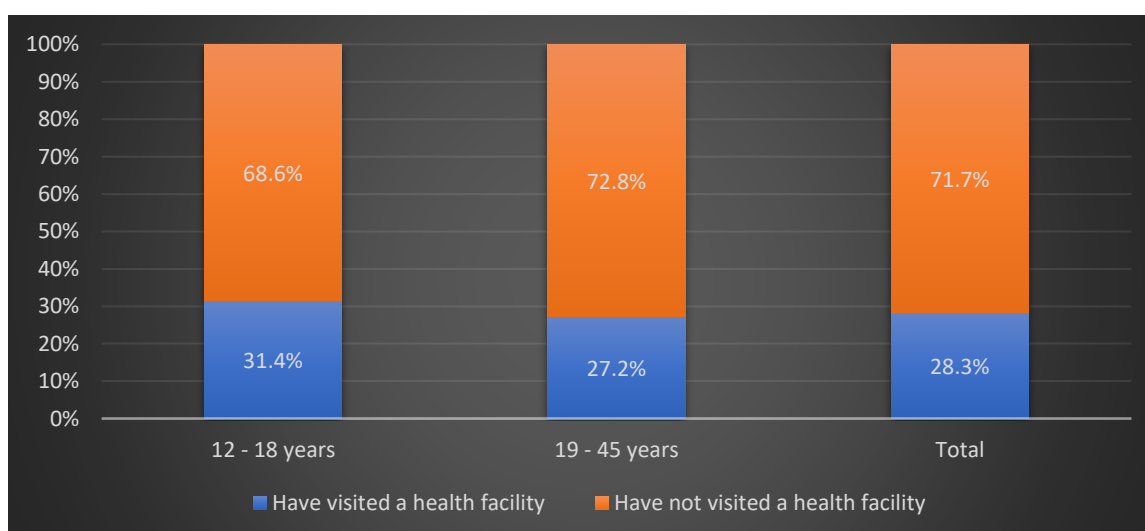
Types of Services	Age		Total
	12 - 18 years	19 - 45 years	
General Diseases	84.6%	68.5%	72.2%
Diarrhea	3.80%	19.10%	15.70%
Family Planning	0.00%	7.90%	6.10%
Vaccine	0.00%	5.60%	4.30%
Antenatal Care	0.00%	5.60%	4.30%
Kala-a-Zar	3.80%	3.40%	3.50%
Vitamin- A capsule	0.00%	2.20%	1.70%
Adolescent Health Care	7.70%	0.00%	1.70%
Post-natal care	0.00%	2.20%	1.70%
Pneumonia	0.00%	1.10%	0.90%
Hepatitis B	0.00%	1.10%	0.90%
Base-	26	89	115

Ref: Q1. For what services last time did you visit a health facility?

Incidence of visiting a health facility regarding psychological health concerns.

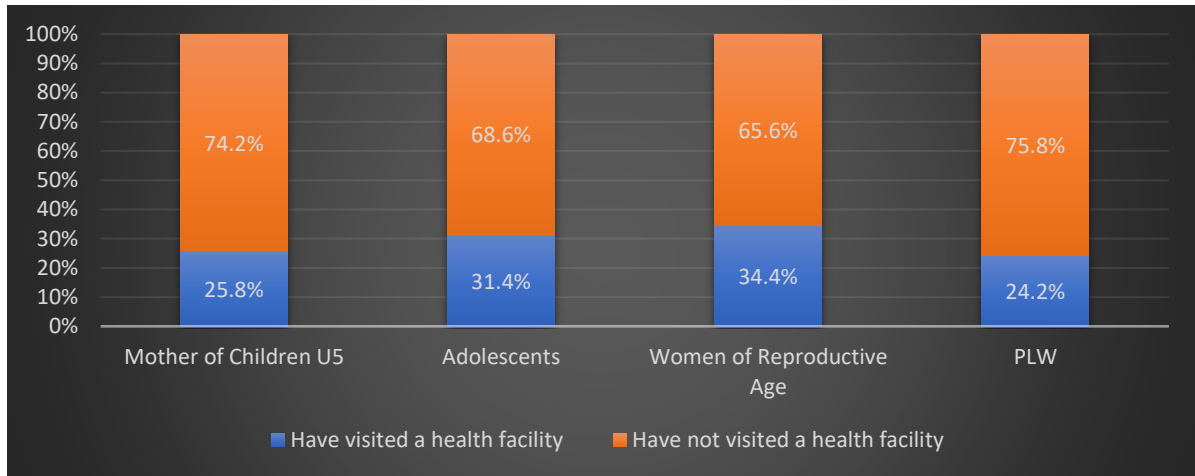
The majority (71.79%) of the respondents mentioned that they had not visited a health facility in the past year of the survey for their own treatment or the treatment of their family members regarding mental health concerns. It was found that 31.4% of the respondents from the age range 12 to 18 years; and 27.2% from the age range 19 to 45 years had visited a health facility in the past year. So, it can be depicted that adolescents had slightly more mental health concerns than adult people.

Figure 6: Incidence of visiting a health facility regarding psychological health concerns by age



Again, during the survey, it was also identified that 34.4% Women of Reproductive Age, 31.4% adolescent, 25.8% Mother of Children U5, and 24.2% pregnant and lactating women had visited the health facility in the past year for their own treatment or the treatment of their family member regarding mental health concerns.

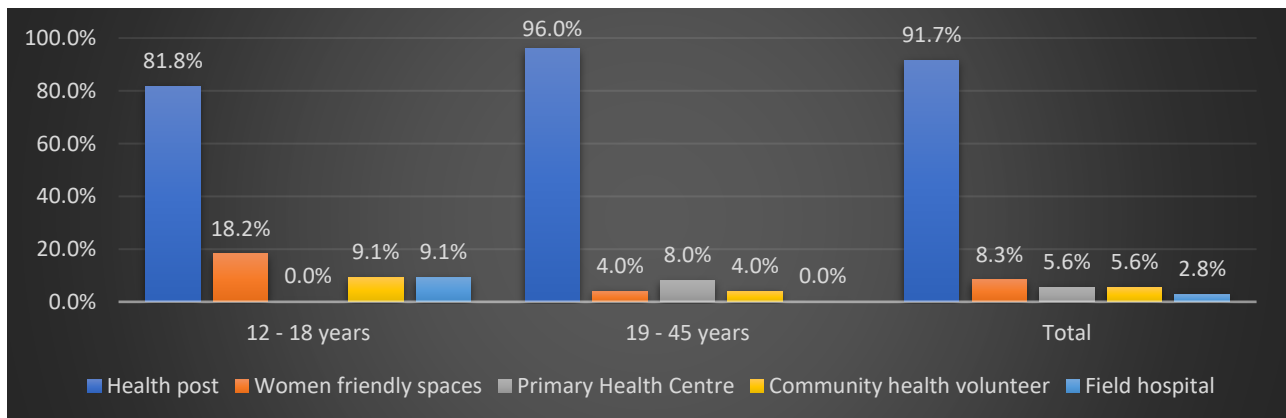
Figure 7: Incidence of visiting a health facility regarding psychological health concerns by age



Place where the respondents went if they had mental health concerns.

During the survey, respondents were asked about the places where they went regarding their mental health concerns. Most of the respondents (91.7%) mentioned that they went to health posts for their mental health concerns. Besides health posts, the respondents also visited Women Friendly Space (WFS)/Shantikhana (8.3%) followed by Primary Health Centre (5.6%), and Community health volunteer (5.6%). It was revealed in the survey that adult people aged between 19 to 45 years had visited the health post more frequently than the younger people aged between 12 to 18 years. On the other hand, it was also identified that only the younger people tended to visit Field hospital for their mental health concerns. Moreover, the number of women who visited WFS was 18.2% among adolescents, which was only 4% among adults.

Figure 8: Place where the respondents went if they had mental health concerns.

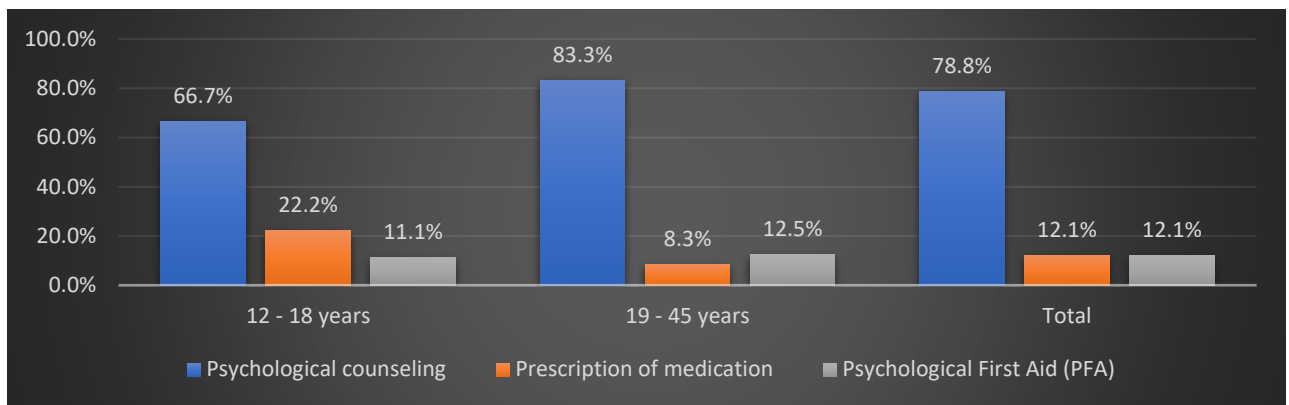


Ref: SQ4. Where did you go or what did you do if you had any mental health concerns?

Types of mental services that the respondents received from the health post last time.

A question was asked the respondents to understand about the types of mental services that they received from the health post last time. Majority (78.8%) of the respondents mentioned that they received psychological counseling from the health post last time whereas 12.1% received prescription of medication and psychological first aid (PFA) respectively. Again, it was also found that the adult people (83.3%), aged between 19 to 45 years had visited the health post for psychological counseling more frequently than the younger people (66.7%), aged between 12 to 18 years. There were few adults who received multiple type of services.

Figure 9: Types of mental services that the respondents received from the health post last time.

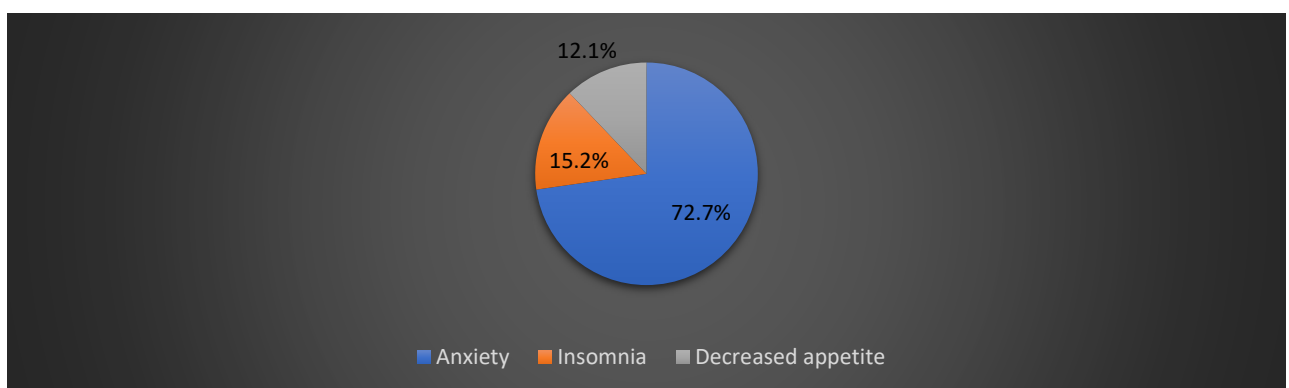


Ref: Q3. For what mental services did you receive from the health post last time?

Types of mental concern for which the respondents visited a health post last time.

In the survey, it was identified that most (72.7%) of the respondents had visited a health post last time due to anxiety whereas 15.2% mentioned insomnia and 12.1% mentioned decreased appetite.

Figure 10: Types of mental concern for which the respondents visited a health post last time.



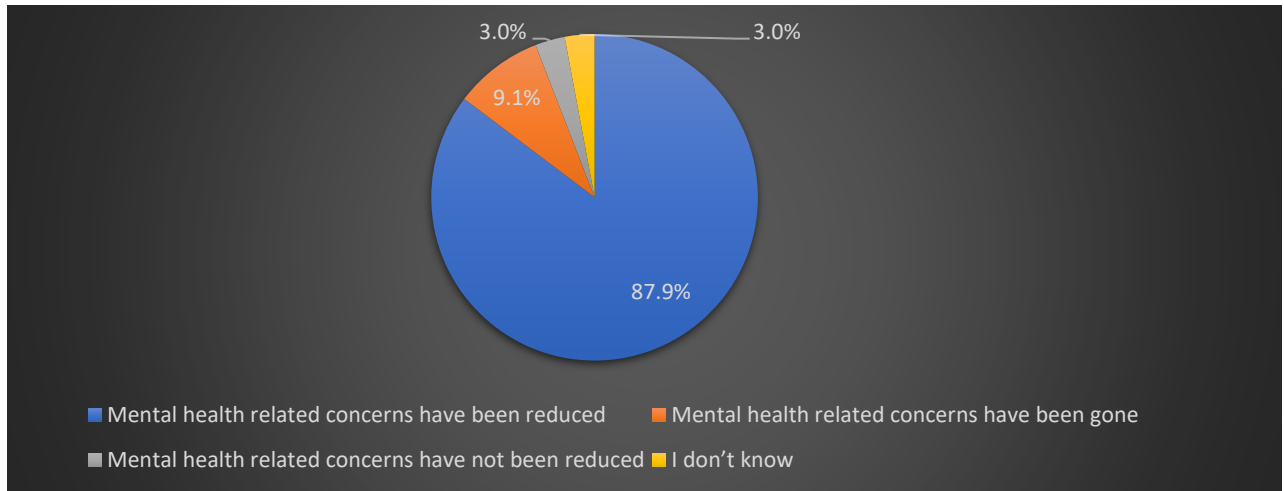
Ref: Q2. For what mental concern did you visit a health post last time?

*“The Rohingya people who have arrived had gone through lots of issues in Myanmar. Therefore, they are often depressed or traumatized. The females face more psychological issues than the males. To take history, we often found that she had one or more than one child, who died in the Myanmar conflict or lost. When they remember the incidences, they feel depressed. We tried to provide them psychological counseling. We often seen the psychological concerns among adolescent females than other women.”
.....Project Staff*

Types of changes in the mental health

During the survey, respondents were asked about the types of changes noticed by the respondents regarding mental health related concern after their received the support in the health post. Most of the respondents (87.9%) mentioned that their mental health related concerns had been reduced, whereas 9.1% mentioned that mental health related concerns had been reduced. There was one respondent who mentioned that her mental condition remained unchanged.

Figure 11: Types of changes in the mental health



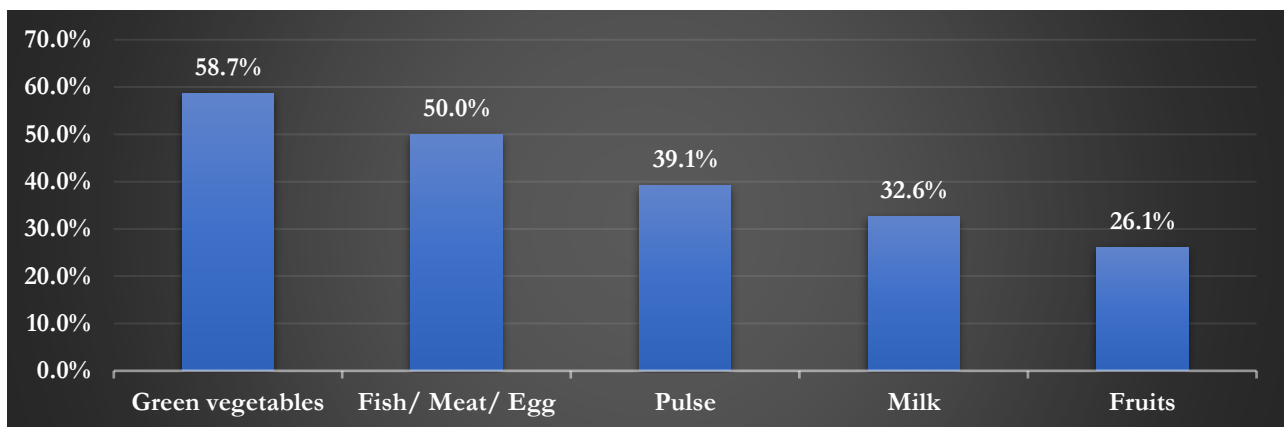
Ref: Q3_2. What changes have you noticed regarding mental health related concern after you received the support in the health post?

4.1.3 Childcare and nutrition for children less than 5 years old

Types of nutritious food that the children usually take.

The majority of the respondents (58.7%) mentioned that the children usually took green vegetables followed by fish/ meat/ egg (51.2%). Furthermore, the mothers also provide milk (32.6%); fruits (26.1%); pulse (39.1%), and fruits (26.1%) to their children to ensure nutrition for them.

Figure 12: Types of nutritious food that the children usually take.

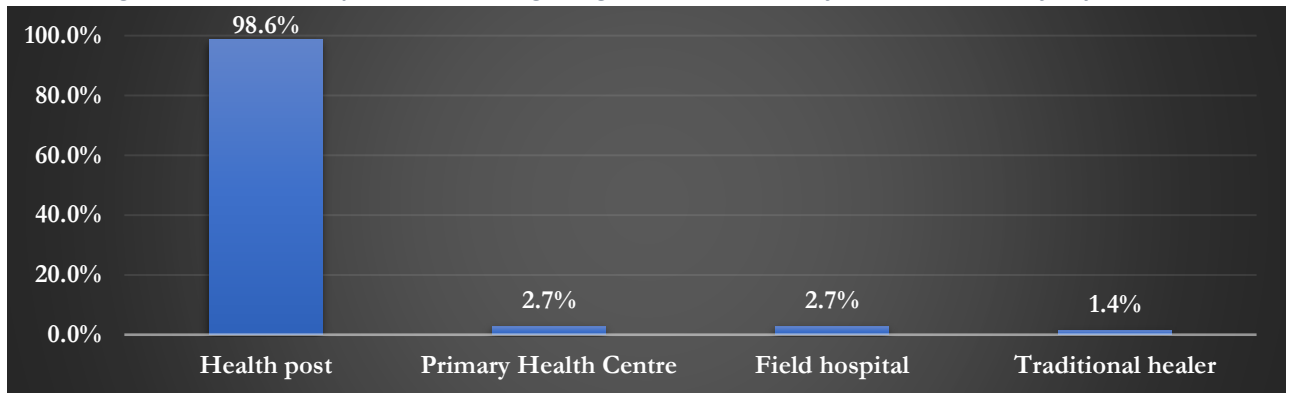


Ref: Q9. What nutritious food do the children of your family usually take?

Places the respondents visited regarding the health concerns of their children under five years.

During the survey, it was revealed that almost all (98.6%) of the respondents visited health posts for the health concerns of their children under five years, whereas only 2.7% visited primary health centers and field hospitals respectively. Moreover, 1.4% of respondents visited the traditional healer for the treatment of their children under five years old.

Figure 13: Places the respondents visited regarding the health concerns of their children under five years.

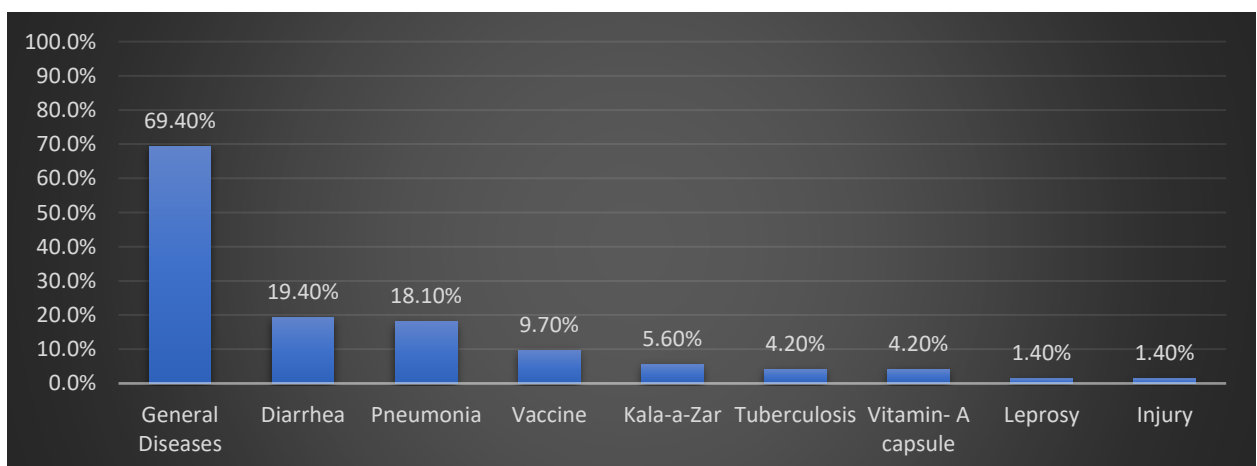


Ref: Q10. Where do you go when you have any health concerns for children under five years in your family?

Reason for visiting the health facility last time for their child.

Among the respondents, the majority (69.4%) of the mothers mentioned that they visited for general diseases were for their children under 5 years old. Additionally, 19.4% of mothers visited for diarrhea, followed by pneumonia (18.1%); vaccine (9.7%), and the rest of the respondents visited the health facility for different other types of service of their children.

Figure 14: Reason for visiting the health facility last time for their child.

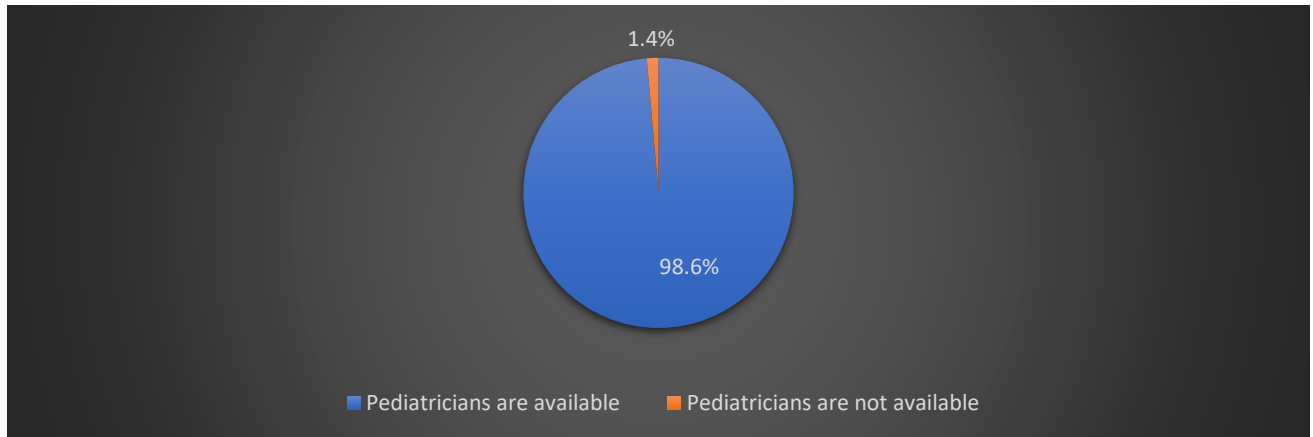


Ref: Q11. For what services last time did you visit a health facility for your child?

Availability pediatricians in the health post

In the survey respondents were asked about the availability of pediatricians available in the health post. Almost all the respondents (98.6%) mentioned that in the health was pediatricians were available, while 1.4% of respondents mentioned that pediatricians were not available.

Figure 15: Availability pediatricians in the health post

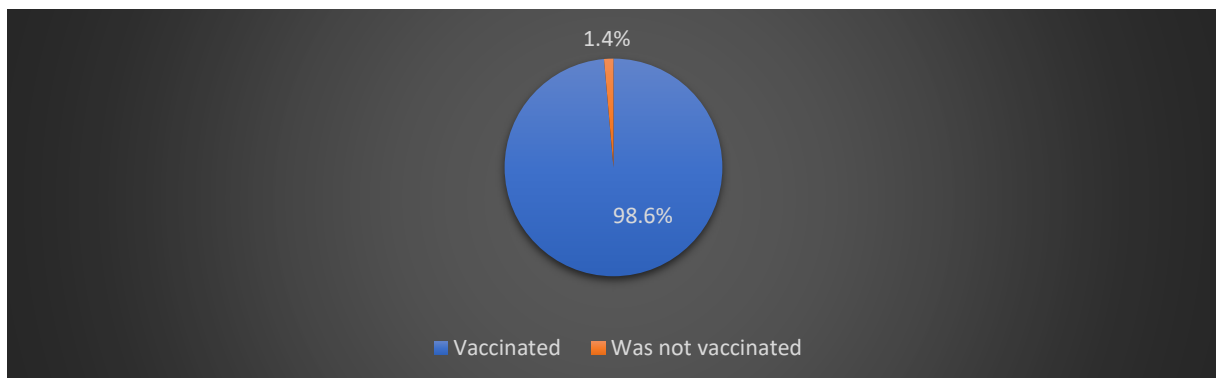


Ref: Q12. Is there any pediatrician available in the health post?

Status of vaccination of the respondents' children

As the Camp is densely populated, the risk of the spread of infectious diseases is high, and it was essential to ensure that all residents were vaccinated. Save the Children conducted the vaccinations in cooperation with the Ministry of Health and Family Welfare (MOHFW). Vaccinations were conducted three times a week at the health post. Various vaccinations for preventing diseases such as BCG (tuberculosis), OPV (polio), Pentavalent vaccine (diphtheria, pertussis, tetanus, hepatitis B and Hib infection), PCV (pneumococcus), and MR (measles and rubella) was provided to children under two years of age, following the procedures of the Expanded Programme on Immunization (EPI) specified by the Bangladesh Government. In the survey, it was found that almost all the respondents (98.6%) mentioned that they had vaccinated their children. There was one respondent who did not vaccinate her child, did not feel it necessary.

Figure 16: Status of vaccination of the respondents' children

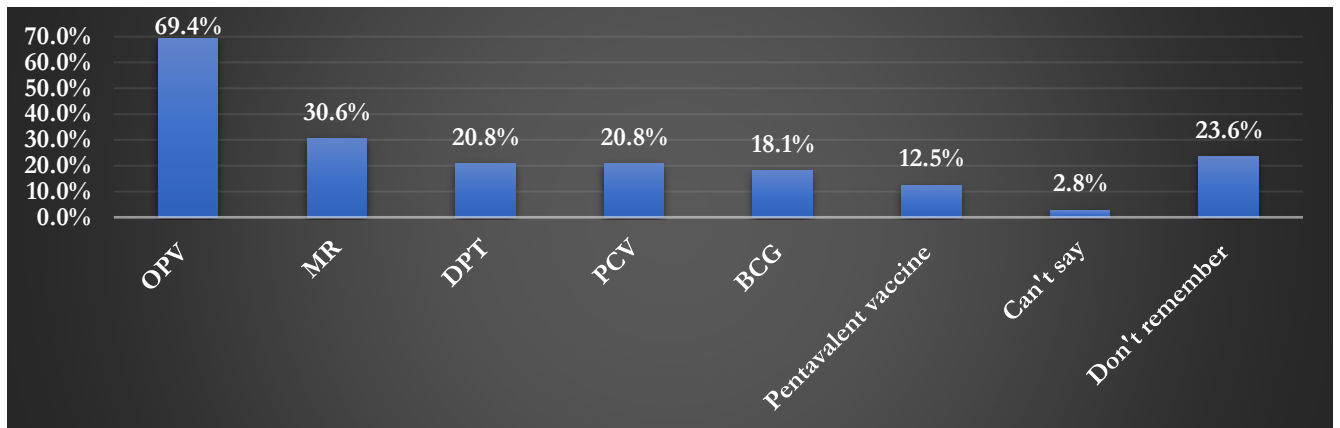


Ref: Q14. Have the children of your family been vaccinated?

Types of vaccines given to the children.

In the survey, it was found that the majority of the respondents (69.4%) mentioned that they gave OPV (Polio) vaccine to their children. Besides OPV, 30.6% of respondents mentioned MR (measles and rubella), 20.8% mentioned PCV (pneumococcus) and DPT respectively; BCG (tuberculosis) 18.1%; and Pentavalent vaccine (diphtheria, pertussis, tetanus, hepatitis B, and Hib infection) 12.5% which had been given to their child. Moreover, 23.6% couldn't remember the name of the vaccine.

Figure 17: Types of vaccines given to the children.

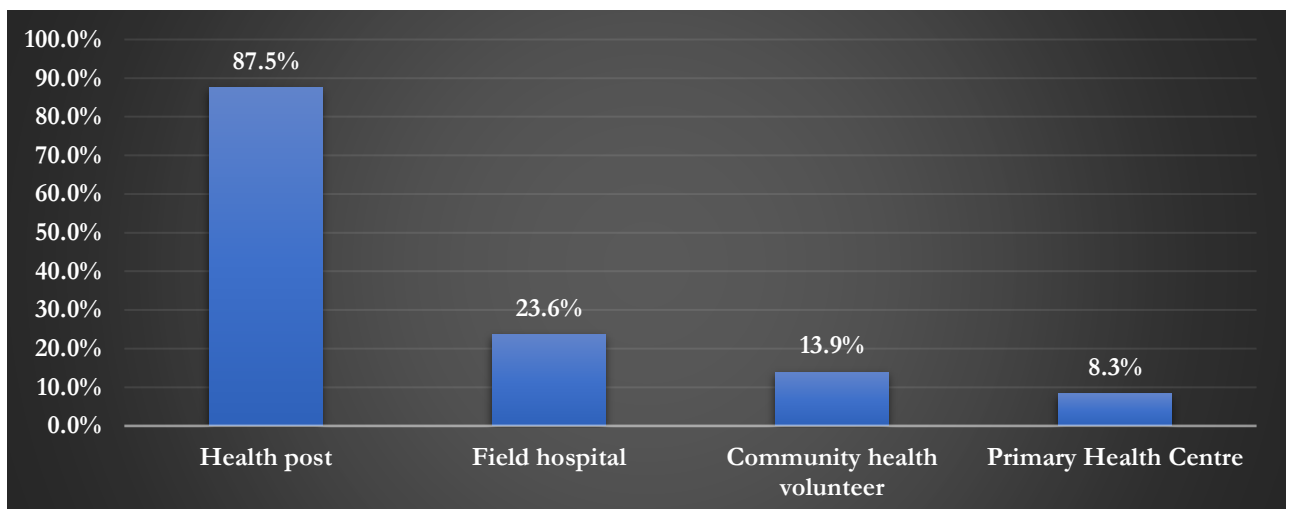


Ref: Q15. What Vaccines were given to the children of your family?

Places of the children vaccination

During the survey, it was revealed that most (87.5%) of the respondents visited health posts for their children's vaccination. Again, 23.6% visited the field hospitals, while 13.9% visited community health volunteers and 8.3% visited the primary health center.

Figure 18: Places of the children vaccination

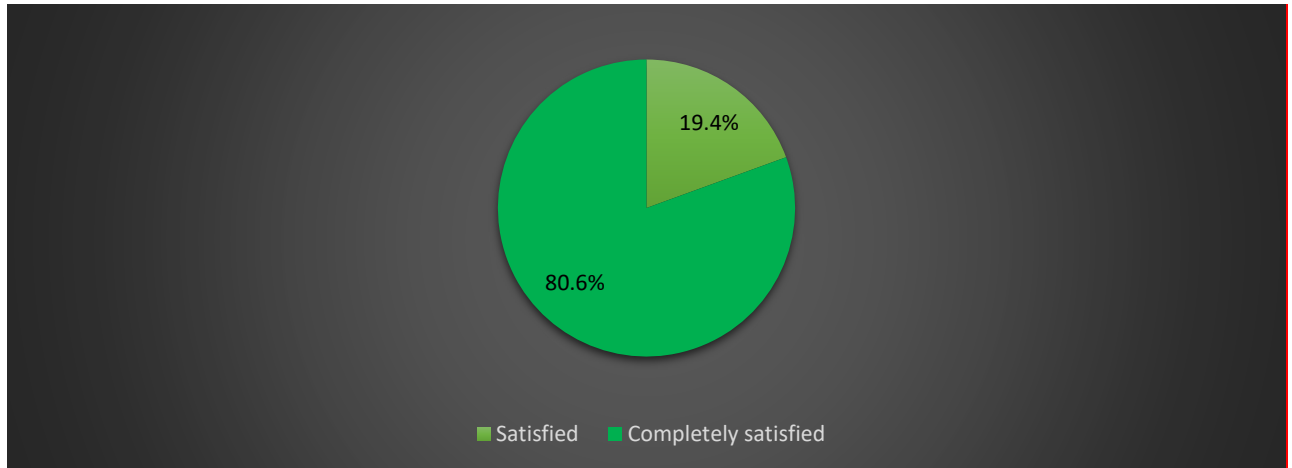


Ref: Q16. Where have the children of your family taken for vaccination?

Level of satisfaction with the services provided by health post for their child.

In the survey, the respondents were asked to understand the level of satisfaction with the services provided by health posts for their child. It was recorded on a 5-point scale where 5 means the respondents completely satisfied with the services provided by the health post while 1 means they were not satisfied with the services provided by the health post at all. Among the respondents, 80.6% mentioned that they were completely satisfied with the service provided by the health post for their child, whereas 19.4% mentioned that they were satisfied.

Figure 19: Level of satisfaction with the services provided by health post for their child.



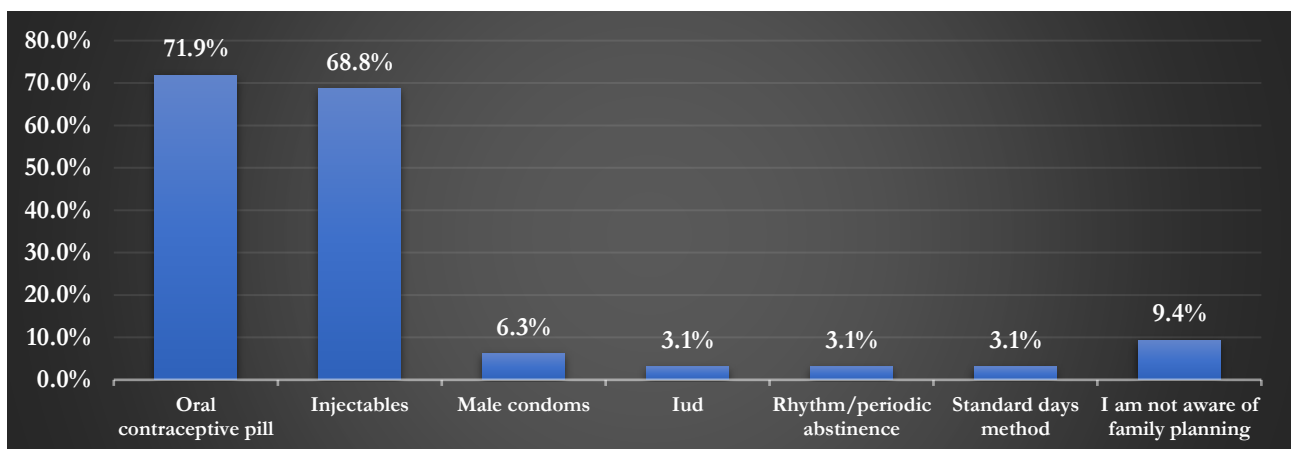
Ref: Q13. How satisfied are you about the services provided by health post for your child?

4.1.4 Sexual Reproductive Health (SRH)

Awareness on different family planning methods

The women of reproductive age respondents (aged between 19 to 45 years) were asked about different family planning methods they are aware of. Most of the respondents (71.9%) mentioned oral contraceptive pills, closely followed by injectables (68.8%). Whereas 9.4% were not aware of family planning. On the other hand, 6.3% mentioned male condoms, followed by IUD 3.1%; rhythm/periodic abstinence (3.1%), and standard days method respectively.

Figure 20: Awareness on different family planning methods

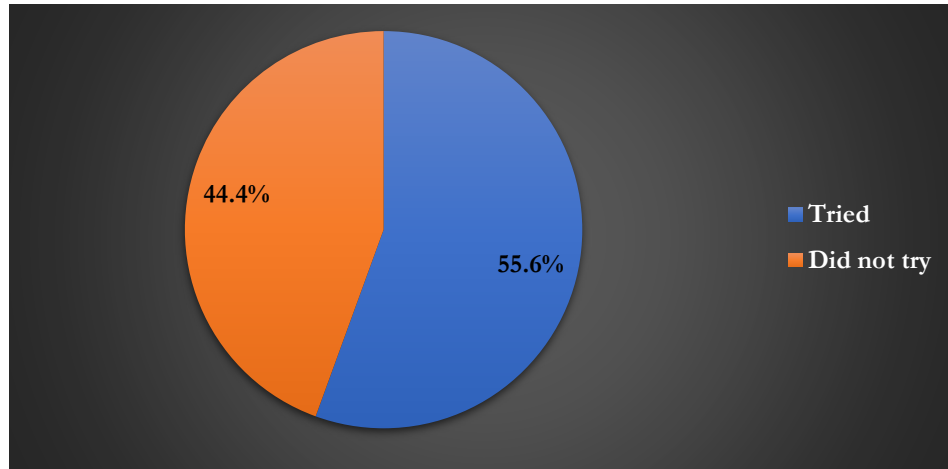


Ref: Q20. Which ways or methods have you heard about to delay or avoid a pregnancy?

Incidence of using family planning methods.

The women of reproductive age were further asked whether they or their husbands had tried any of the family planning methods ever, and more than half of the respondents (55.6%) mentioned that they or their husbands had tried a method to delay or avoid getting pregnant.

Figure 21: Incidence of using family planning methods.

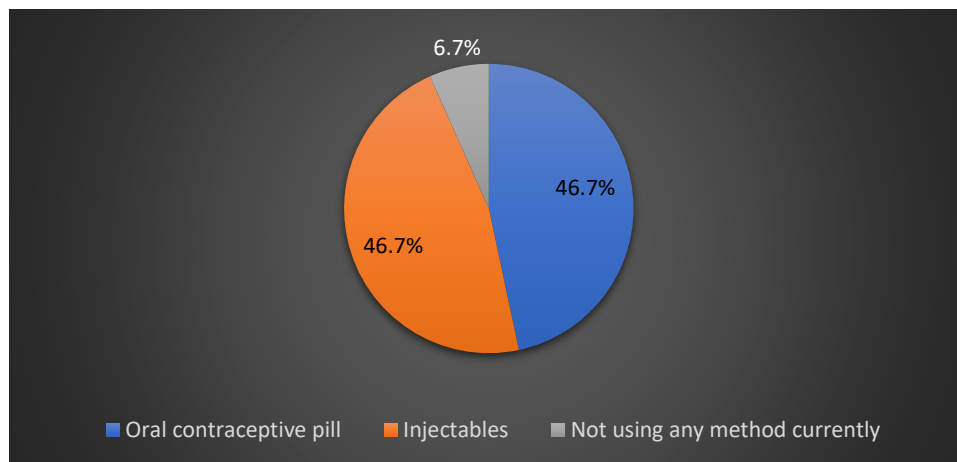


Ref: Q21. Have you or your husband ever used anything or tried in any way to delay or avoid getting pregnant?

Types of family planning method used

The usage pattern matched with the family planning methods they were aware of. Overall, 46.7% of respondents mentioned that they were using the oral contraceptive pill, while the same percentage of respondents mentioned that they were using injectables. Among the respondents, 6.7% mentioned that they or their spouse didn't use any method.

Figure 22: Types of family planning method used

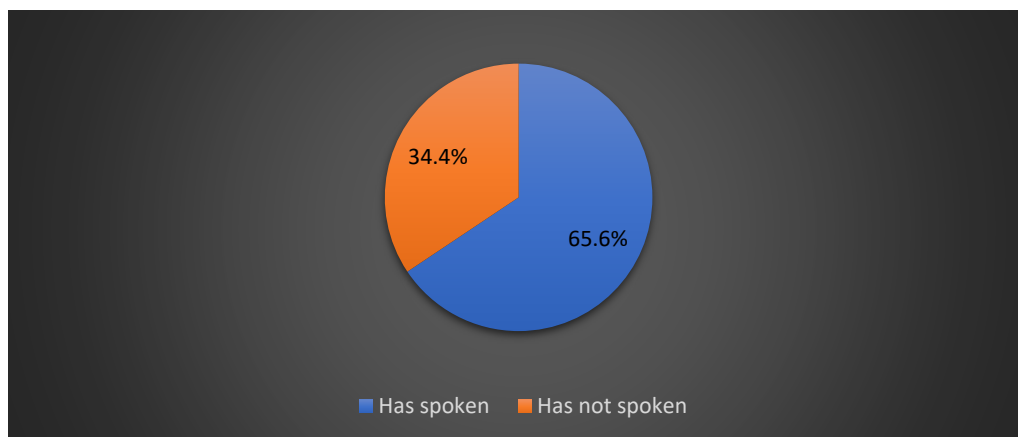


Ref: Q22. Are you or your husband/wife currently doing something or using any method to delay or avoid getting pregnant?

Discussion about the family planning methods with others.

In the past, it was observed that while adopting any family planning methods, the users talk to some peers or take expert opinions. Sometimes they talk to health care professionals proactively, sometimes the health care professionals visit their houses. In this survey, it was found that most of the respondents (65.6%) discussed family planning methods or side effects of family planning methods with others.

Figure 23: Discussion about the family planning methods with others.

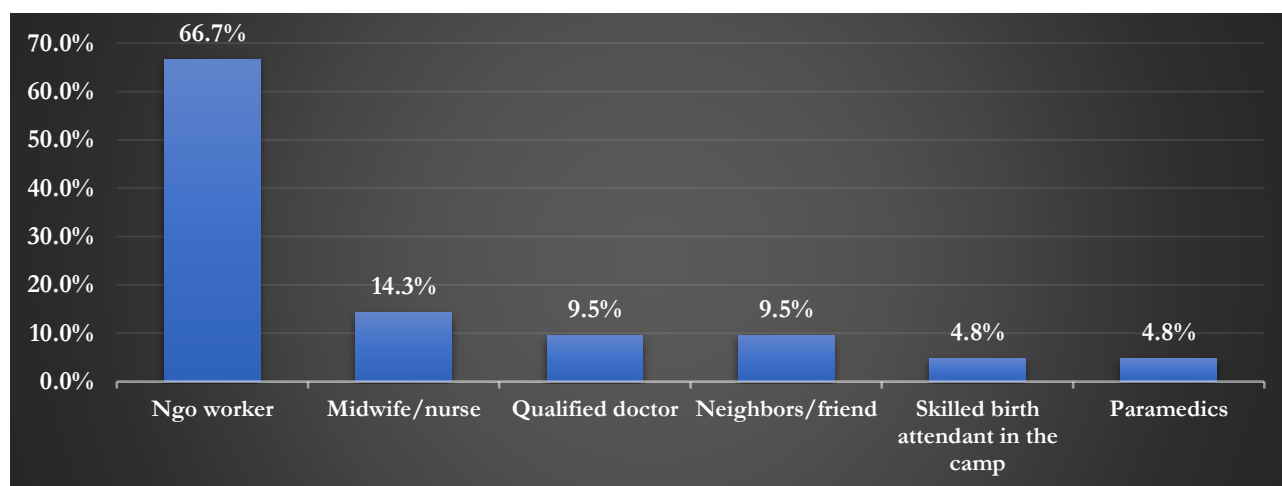


Ref: Q23. Has anyone spoken to you about the family planning methods or side effects of family planning methods?

The person whom the respondents talked to regarding family planning methods.

The women of reproductive age who discussed the family planning methods or side effects of family planning methods with others, majority of the respondents (66.7%) mentioned that they had a discussion with NGO workers in most recent time. Apart from NGO workers, the discussion with others on the topic was rare. There were 14.3% respondents mentioned midwife/ nurse followed by qualified doctor (9.5%) and neighbor/ friend (9.5%) respectively. Moreover, 4.8% of respondents mentioned skilled birth attendants in the camp and paramedics respectively with whom they had discussed the topic.

Figure 24: The person whom the respondents talked to regarding family planning methods.

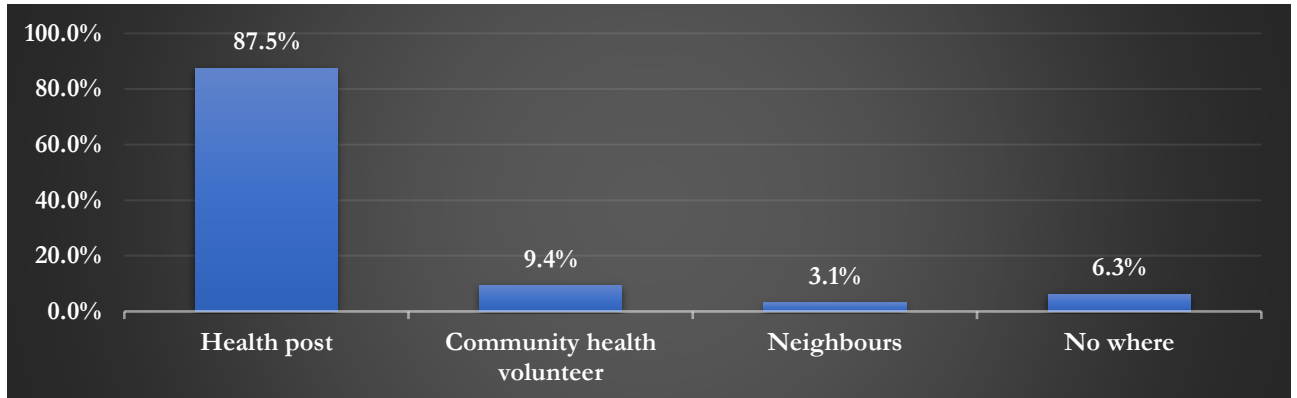


Ref: Q24. Who spoke to you about the family planning methods or the side effects of FP methods the most recent time?

Types of places the respondents visited to discuss about family planning.

Under component I of the project, there was a provision where information on menstruation and family planning is provided, especially for teenagers. During the survey among women of reproductive age, respondents were asked about the types of places the respondents visited if they had any queries or concerns related to family planning. Most of the respondents (87.5%) mentioned that they visited health posts. Less than 10% (9.4%) mentioned community health workers, and 3.1% consulted with neighbors on the topic, while more than 6% mentioned that they didn't visit anywhere.

Figure 25: Types of places the respondents visited to discuss about family planning.



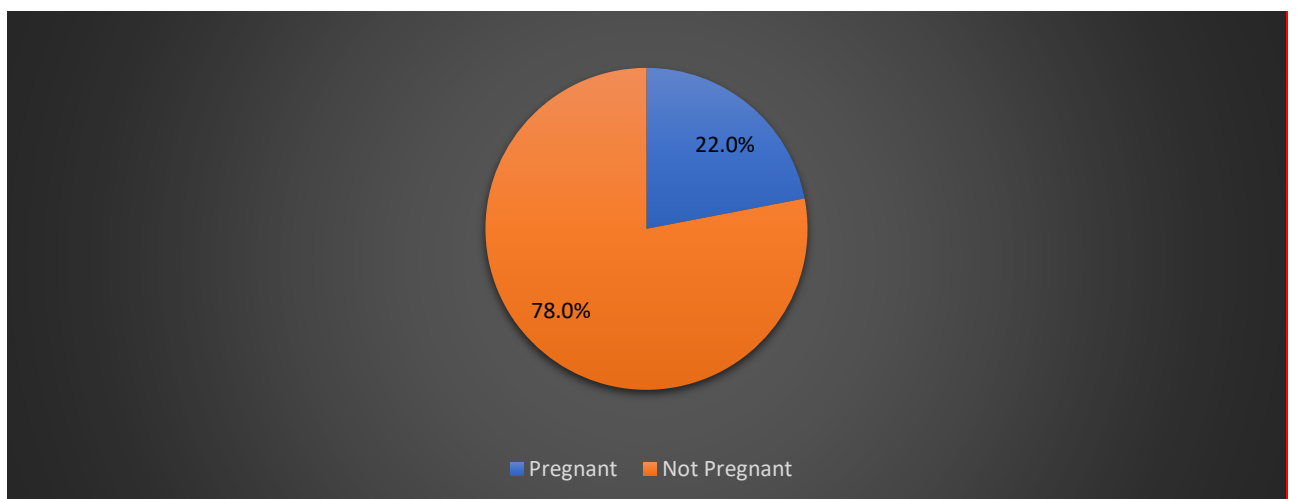
Ref: Q25. Where do you go if you have any queries or concerns related to family planning?

4.1.5 Maternal Health Knowledge and Sources of Health Information

Status of Pregnancy of the Respondents

Among the married respondents a question was asked to understand whether the respondent was pregnant. Among the surveyed respondents, over one-fifth (22%) of the respondents mentioned that they were pregnant.

Figure 26: Status of Pregnancy of the Respondents

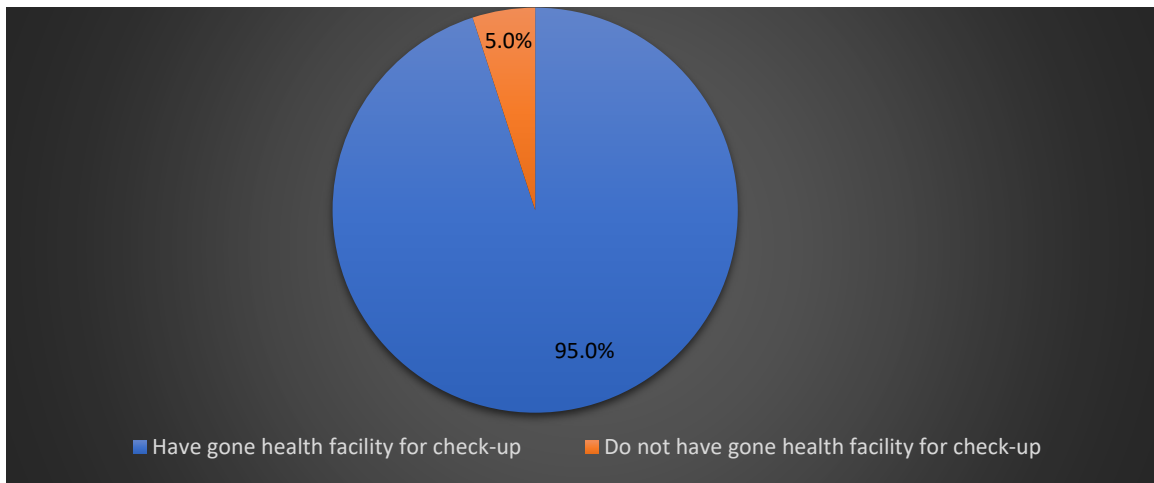


Ref: D.5 Are you pregnant?

Whether the Respondents Visited to Health Facility for a Check-up

During the survey, the pregnant respondents were asked whether they visited a health facility for a check-up. Almost all of them (95%) mentioned that they visited a health facility for a check-up while 5% of pregnant women did not visit the health facility for a checkup.

Figure 27: Whether the Respondents Visited to Health Facility for a Check-up

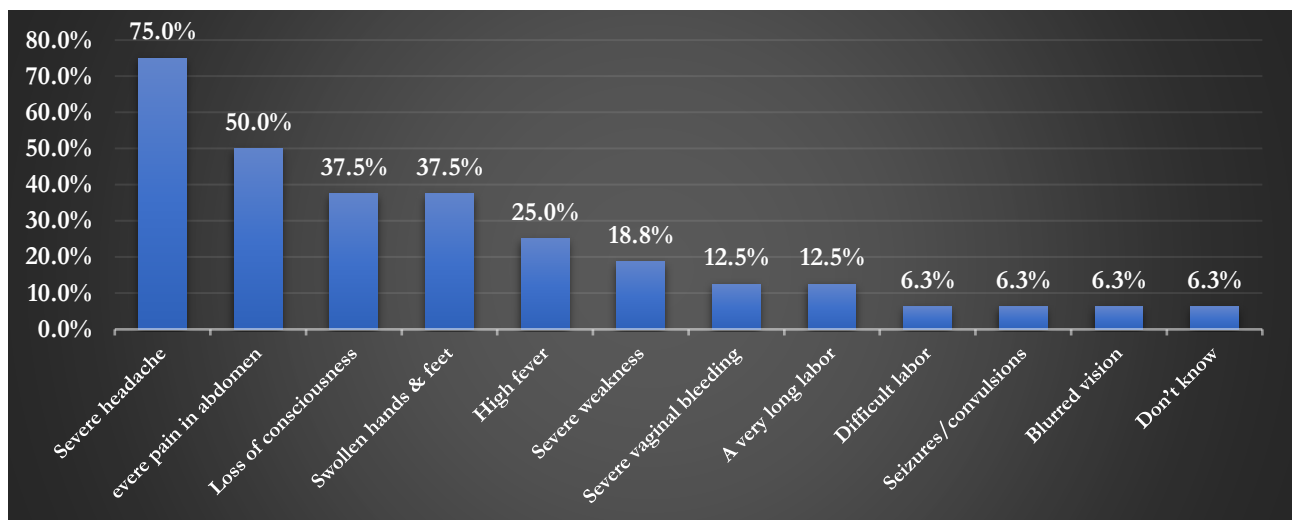


Ref: D.6 Have you been to a health facility for a check-up?

The danger signs and symptoms during pregnancy.

The pregnant and lactating women (PLW) respondents were asked about the signs and symptoms that indicated a pregnancy may be in danger to verify their current knowledge. Most of the respondents (75%) mentioned severe headaches. Moreover, half of the respondents (50%) mentioned severe pain in the abdomen, followed by Loss of consciousness (37.5%) and swollen hands & feet respectively (37.5%). Additionally, 25% mentioned high fever, 18.8% mentioned severe weakness, and 12.5% respondents mentioned severe vaginal bleeding and exceptionally long labor respectively. However, 6.3% mentioned that they didn't know about signs and symptoms that indicated a pregnancy may be in danger.

Figure 28: The danger signs and symptoms during pregnancy.



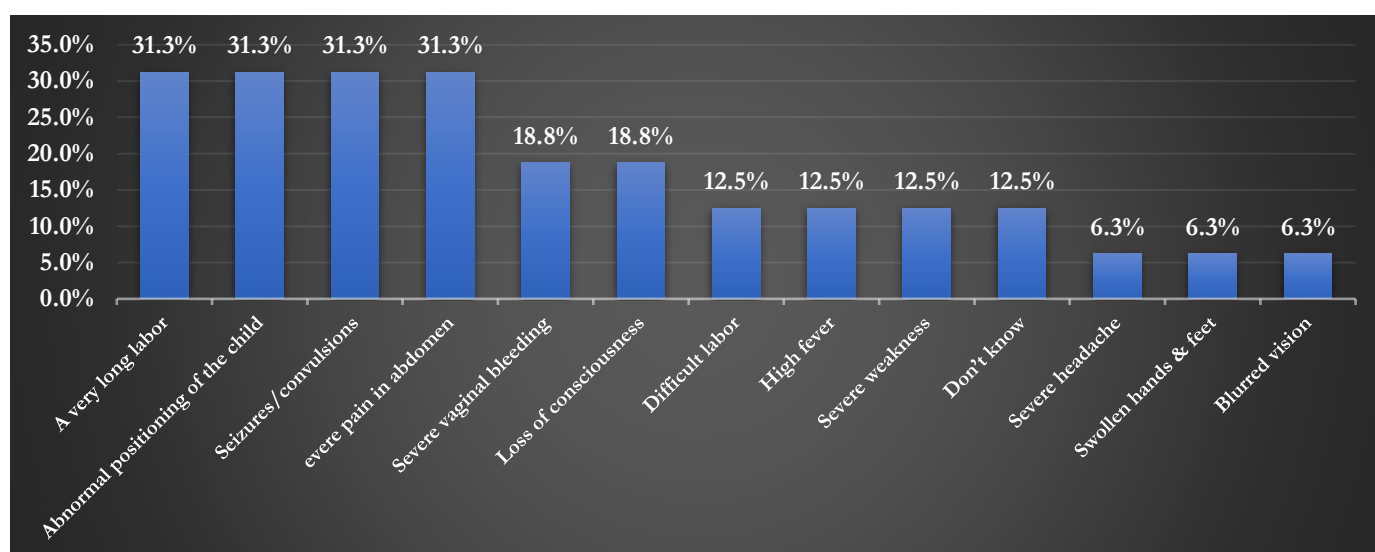
Ref: Q26. What are some of the signs and symptoms that indicate that a pregnancy may be in danger?

The danger signs soon after birth would require attention in a health facility.

From a study conducted by reliefweb, 3 in 4 Rohingya refugee babies are born in unsanitary bamboo shelters. As per the study, based on the data from Save the Children's Primary Health Care Centre (PHCC), for every 100,000 live births, 179 mothers die from preventable causes related to pregnancy and childbirth. Half of all maternal deaths in the camps happen at home. This means they were not aware of the danger signs or other alarms soon after birth would require attention in a health facility.

One-third of the respondents (31.3) mentioned exceptionally long labor; abnormal positioning of the child; seizures/convulsions; and severe pain in the abdomen respectively. Moreover, 18.8% mentioned severe vaginal bleeding and loss of consciousness respectively as danger signs soon after birth would require attention in a health facility.

Figure 29: The danger signs soon after birth would require attention in a health facility.

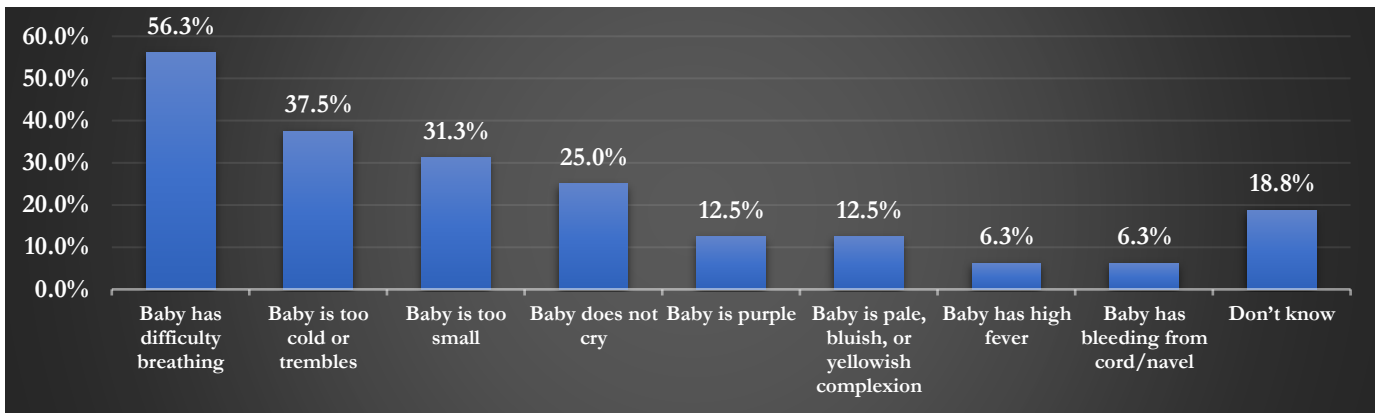


Ref: Q27. Can you tell me what danger signs or other alarms soon after birth would require attention in a health facility?

The most serious problems during the first 48 hours after birth

There are some of the most serious problems that can occur during the first 48 hours after birth that could endanger the life of a newborn, for which the babies need to be taken to a health care facility. To verify the knowledge of the Pregnant and Lactating Women (PLW) a relevant question was asked to the respondents. More than half (56.3%) of the respondents mentioned the difficulty breathing of the baby; followed by too cold or trembles Baby (37.5%); the too small size of the baby (31.3%) and baby did not cry (25%). Just below one-fifth of the respondents (18.8%) could not tell any of the symptoms.

Figure 30: The most serious problems during the first 48 hours after birth

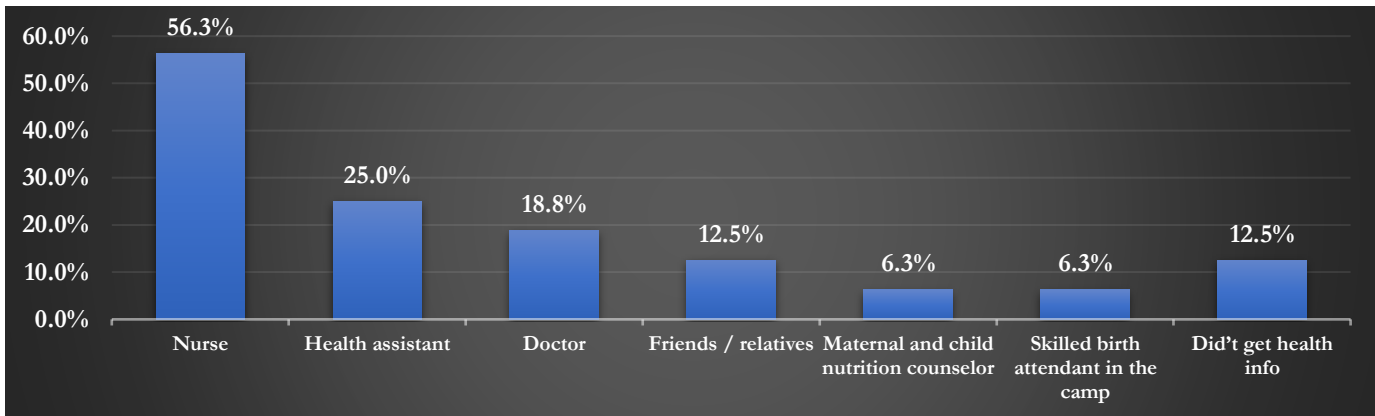


Ref: Q28. In your opinion, what are some of the most serious problems that can occur during the first 48 hours after birth that could endanger the life of a newborn?

The source for pregnancy related information

Among the Pregnant and Lactating Women (PLW) respondents, majority (56.3%) of the respondents mentioned midwives as the main source of pregnancy information (such as antenatal care, delivery or postnatal care) in the past 6 months of the survey. Besides midwives, medical assistants (25%), doctors (18.8%), friends / relatives (12.5%) were the other sources of information. On the other hand, 12.5% respondents did not get health related information from anyone.

Figure 31: The source for pregnancy related information



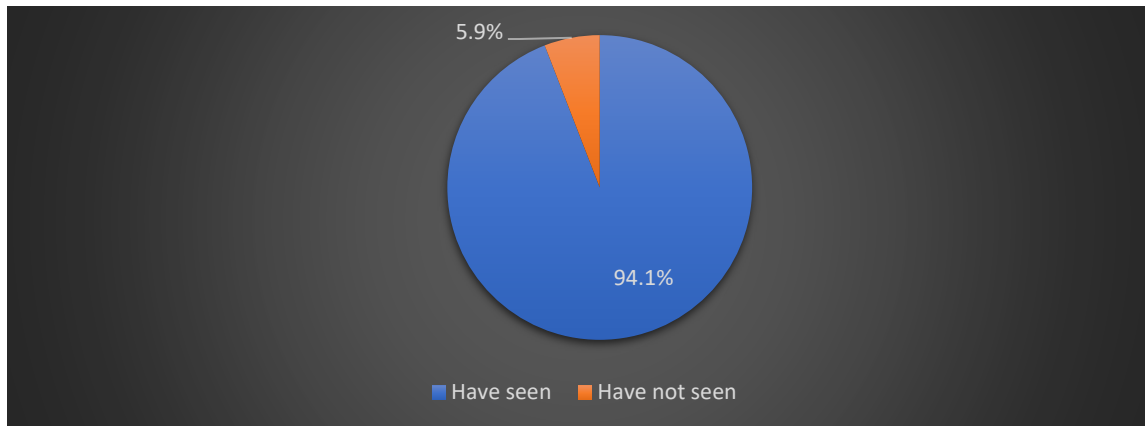
Ref: Q29. What were your sources for pregnancy information (such as antenatal care, delivery or postnatal care) in the past 6 months?

4.1.6 Antenatal Care Behavior

Experience of seeing the antenatal care during the respondents' pregnancy period.

The pregnant and lactating women (PLW) respondents were asked whether they visited any health service provider for antenatal care during their pregnancy. Among the respondents, almost all the respondents (94.1%) mentioned that they had visited health service provider for the antenatal care during the respondents' pregnancy period. The respondent who did not visited any health service provider, they considered these as unnecessary.

Figure 32: Experience of seeing the antenatal care during the respondents' pregnancy period.

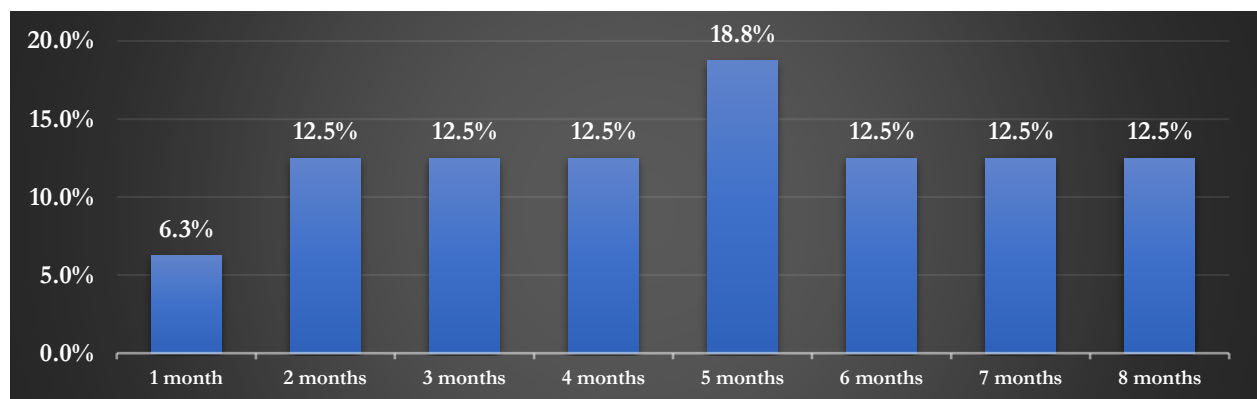


Ref: Q30. Did you see anyone for antenatal care during your pregnancy period?

First antenatal care visit.

Overall, 43.4% of respondents made their first visit to a health service provider for antenatal care when they were 4 or less than 4 months pregnant. On the other hand, one-fourth (25%) cases visited the health service provider during 7 or 8 months of pregnancy, which was a remarkably close time of their delivery.

Figure 33: First antenatal care visit.

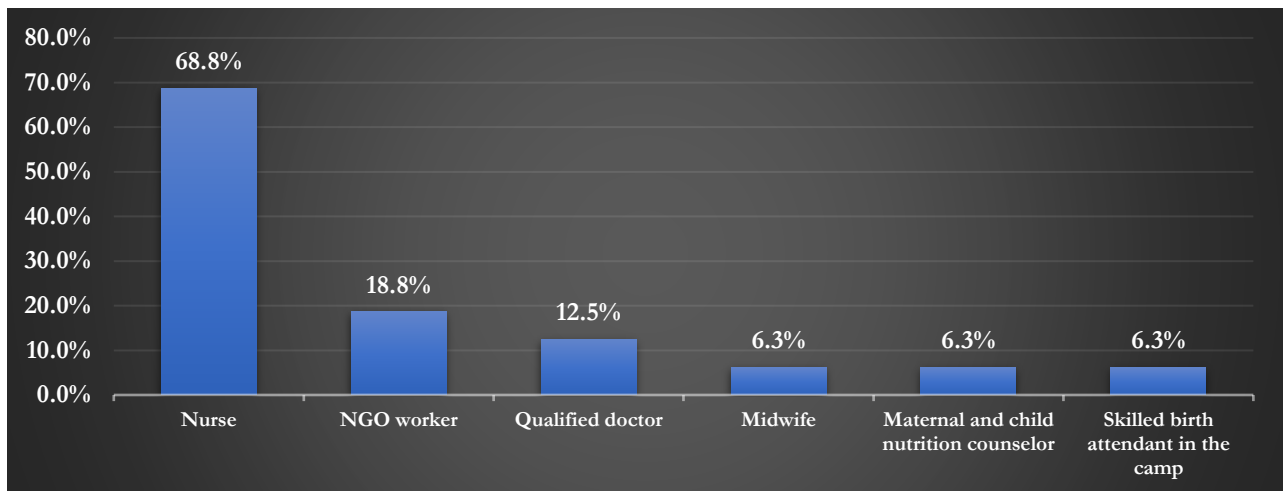


Ref: Q32_months: How many months were you pregnant before you went for your first antenatal care visit?

Person met at their first antenatal care visit.

The PLW respondents those visited health care professionals, majority (68.8%) of the respondents mentioned that they had visited midwives. While verifying the responses from the enumerators, we found that by midwives they referred to health service providers at the health post. There were 18.8% respondent who mentioned that they visited NGO workers followed by qualified doctor 12.5% for their antenatal care.

Figure 34: Person met at their first antenatal care visit.

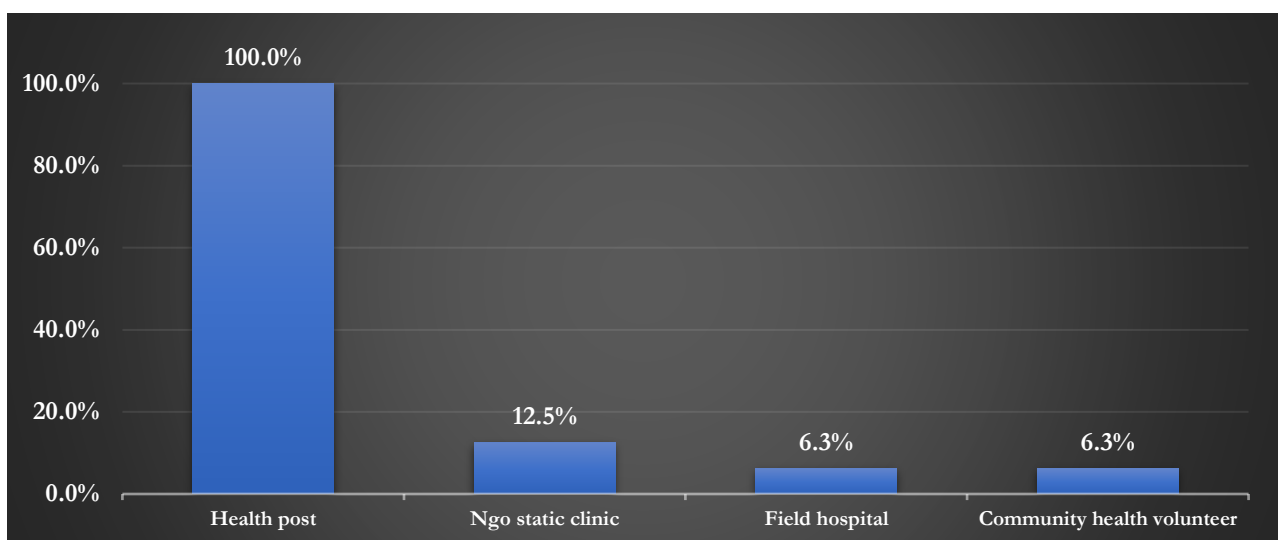


Ref: Q33. Whom did you see for your first antenatal care visit?

Place of receiving antenatal care for the pregnancy.

All the respondents (100%) mentioned that they visited health posts to receive antenatal care for the pregnancy, while some of the respondents visited other places also. Among them, 12.5% mentioned NGO static clinic; followed by field hospital (6.3%); and community health volunteer (6.3%) respectively from which they received antenatal care.

Figure 35: Place of receiving antenatal care for the pregnancy.

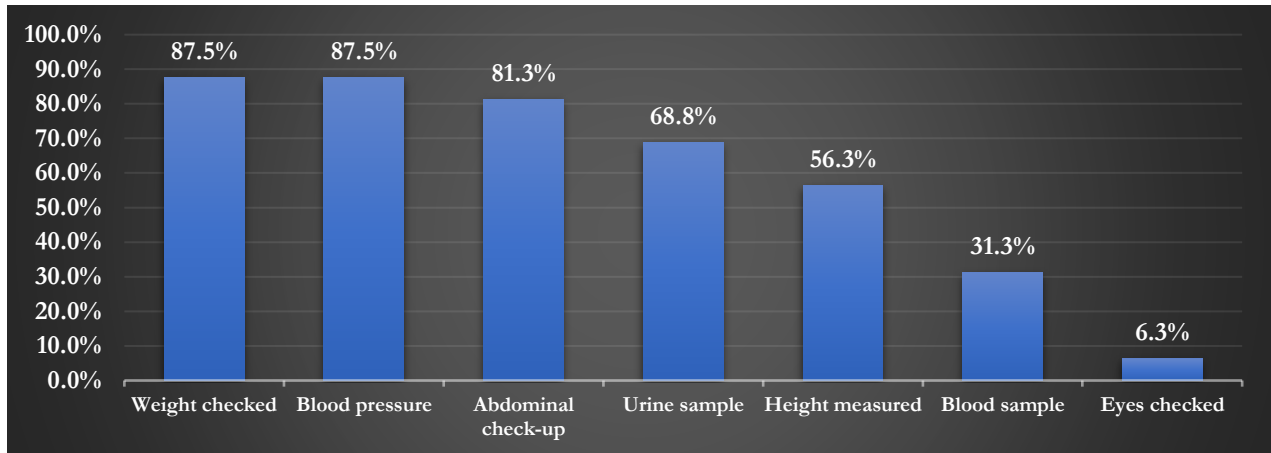


Ref: Q34. Where did you go to receive antenatal care for this pregnancy?

Types of checkup conducted

During antenatal care, the majority (87.5%) of the respondents mentioned weight checked up, and blood pressure checkups respectively as the activities, which were performed. Followed by this, the study also reveals that 81.3% conducted abdominal check-ups, 68.8% conducted urine sample checkup, 56.3% conducted height measurements and 31.3% conducted blood sample tests.

Figure 36: Types of checkup conducted

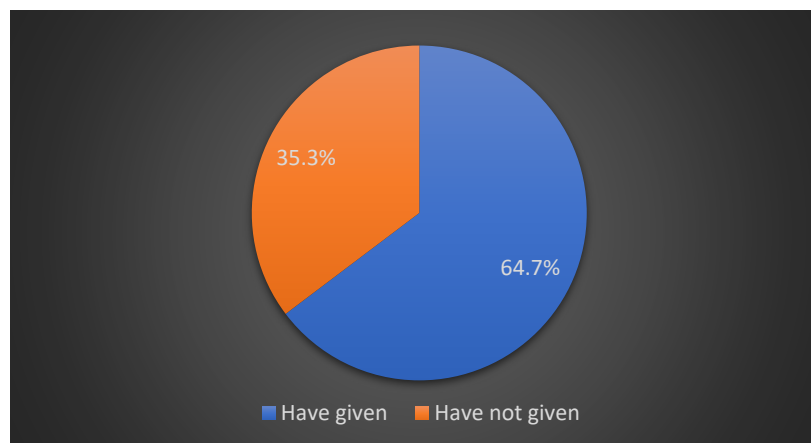


Ref: Q35. During this pregnancy, as part of your antenatal care during this pregnancy were any of the following done at least once.

Whether injection was given

During the survey, the Pregnant and Lactating Women (PLW) respondents, 02 were from the age range between 12 to 18 years and 15 were from the age range between 19 to 45 years, were asked whether they were given an injection in the arm to prevent the baby from getting tetanus (convulsions after birth). Majority of them (64.7%) mentioned that they had given the injection in the arm to prevent the baby from getting tetanus. It was also found that all the younger respondents had given but 60% of the adults had given the injection.

Figure 37: Whether injection was given



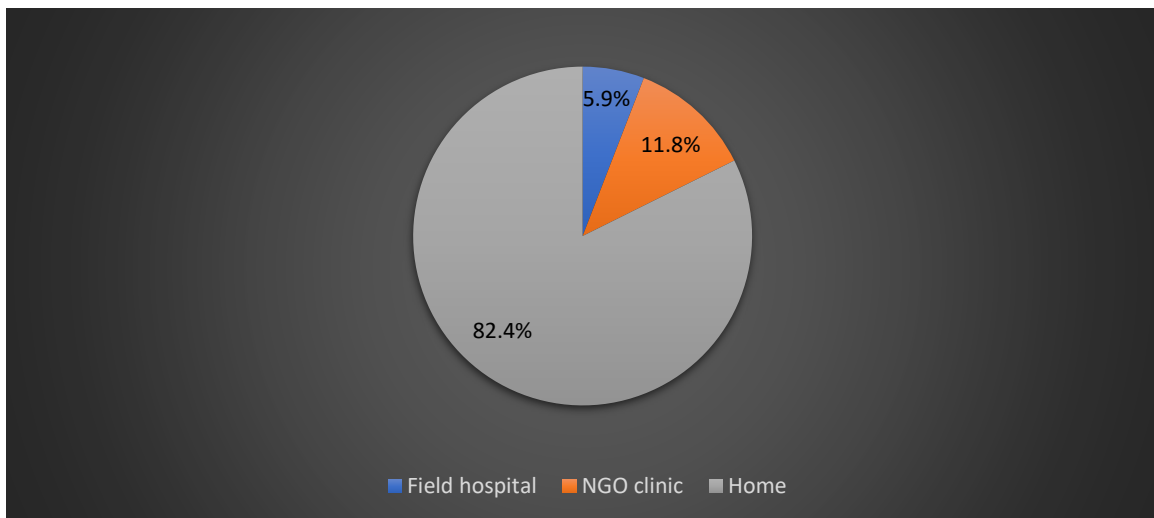
Ref: Q36. Has anyone given you an injection in the arm to prevent the baby from getting tetanus, that is, (convulsions after birth)?

Birthplace of the respondents' last child

It was a worrying fact that the majority (82.4%) of the respondents mentioned that their last child was born at home. This is a worrying fact because as mentioned above, half of all maternal deaths in the camps happen at home. On the other hand, only 11.8% of respondents mentioned that their last child was delivered at an NGO clinic, followed by a field hospital (5.9%). As due to the limitation of health post regulation it cannot be provided child delivery facility at the health post which creates discomfort among the beneficiaries. Hence, there was no facility for child delivery at the health post. Sometimes it creates discomfort among the beneficiaries.

“There is no delivery facility at the health post. The pregnant women are visiting me, and I am giving the treatment, regular follow up etc. Hence, they become dependent on me. However, since there is no delivery facility at the health post, they are less interested to visit a new place or health care facility. Sometimes they deliver at home. If the same person involves in follow up and delivery, it would be more comfortable for the patients.”Project Staff

Figure 38: Birthplace of the respondents' last child

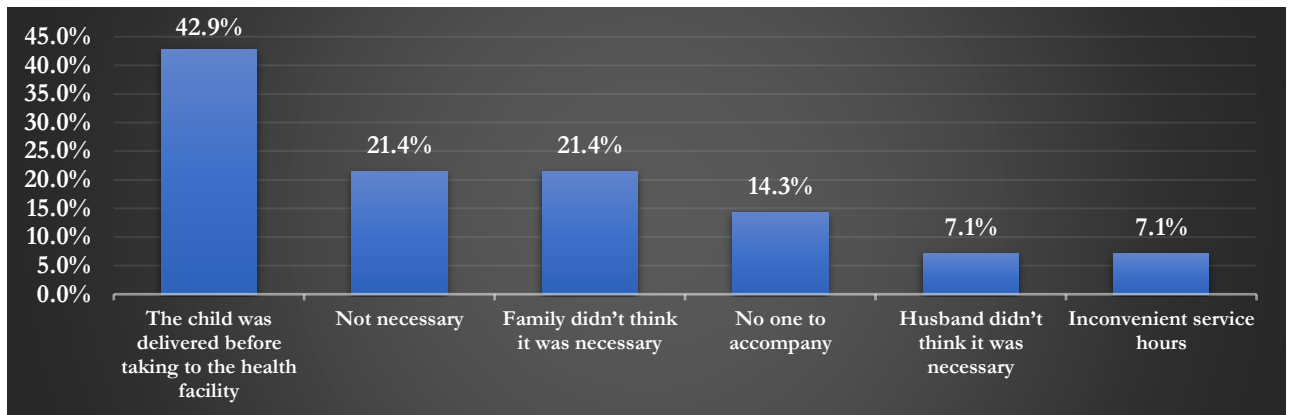


Ref: Q37. Where was your last child born?

Reasons behind not to deliver in a health facility.

Of the mothers who did not take their children to any health facility, 42.9% of them did not manage time or prepare themselves to take the patient to the hospital, while 14.3% mentioned that there was no one to accompany the patients. In 21.4% of cases, the mother herself did not consider the delivery at the health facility as necessary, while in other 21.4% cases the family members (e.g. mother in laws, sister in laws etc.) did not consider it necessary, in 7.1% cases, husbands of the patient did not consider taking them to a health facility as necessary. On the other hand, in 7.1% of cases, the respondents complained about inconvenient times.

Figure 39: Reasons behind not to deliver in a health facility.



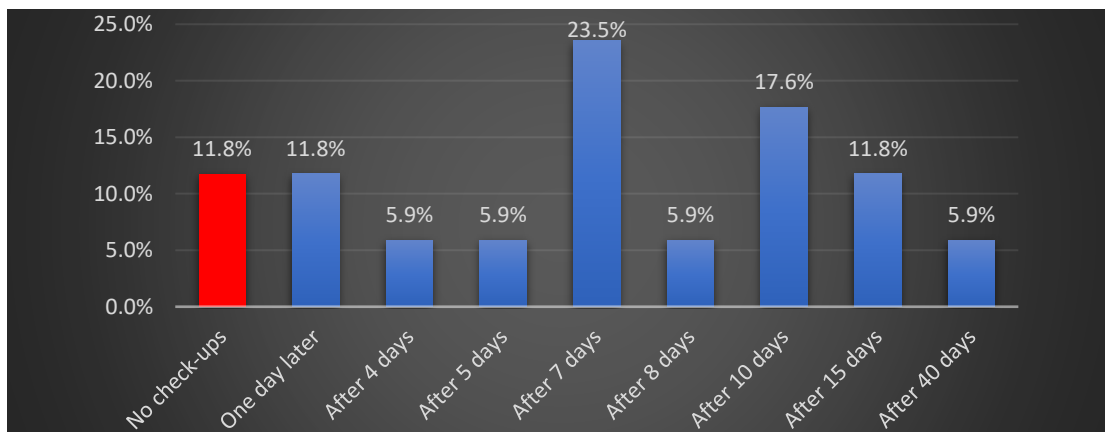
Ref: Q38. Why didn't you deliver in a health facility?

4.1.7 Postnatal care behavior

Receiving first check ups

There were 11.8% cases the respondents did not conduct any health checkup after the delivery, while only 11.8% of respondents received a health checkup after one day of delivery. Only 23.8% of respondents conducted any health checkup within one week of delivery, while 5.9% of respondents conducted any health checkup after 40 days of delivery.

Figure 40: Receiving first check ups

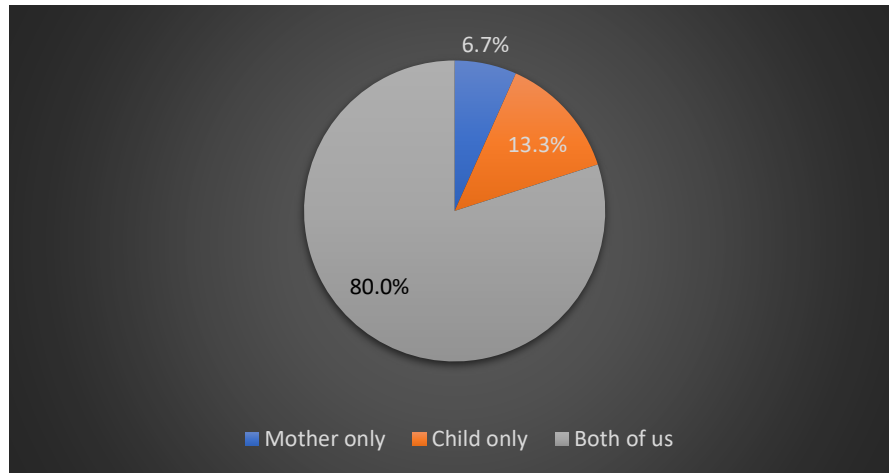


Ref: Q39. WHEN: How many days after delivery did you receive your check up?

The person who was checked, mother, child, or both after the delivery.

In most of the cases, both the mother and child (80%) were checked up after delivery, while 13.3% cases only child and 6.7% cases the only mother was checked up. After delivery, there might be cases where both mother and child can remain in a critical situation. Hence, it is always recommended that both mother and newborn baby go through a formal checkup.

Figure 41: The person who was checked, mother, child, or both after the delivery.

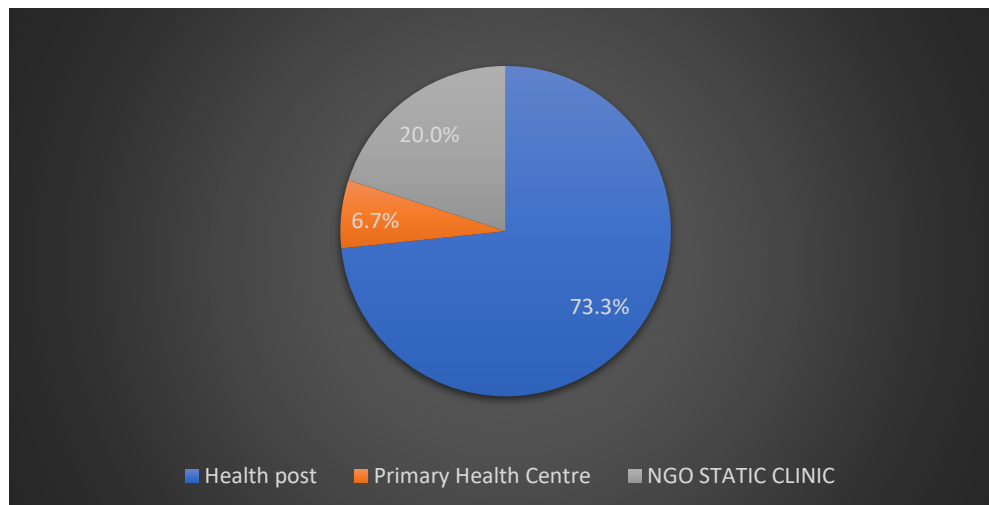


Ref: Q40. Who was checked, mother, child or both?

The place of health checkup

Of the respondents who conducted health check-up for themselves or their children, the majority of them (73.3%) mentioned that they got health checkups from the health post. One-fifth of the respondents (20%) mentioned that they got a health checkup from the NGO STATIC CLINIC and followed by Primary Health Center (6.7%).

Figure 42: The place of health checkup

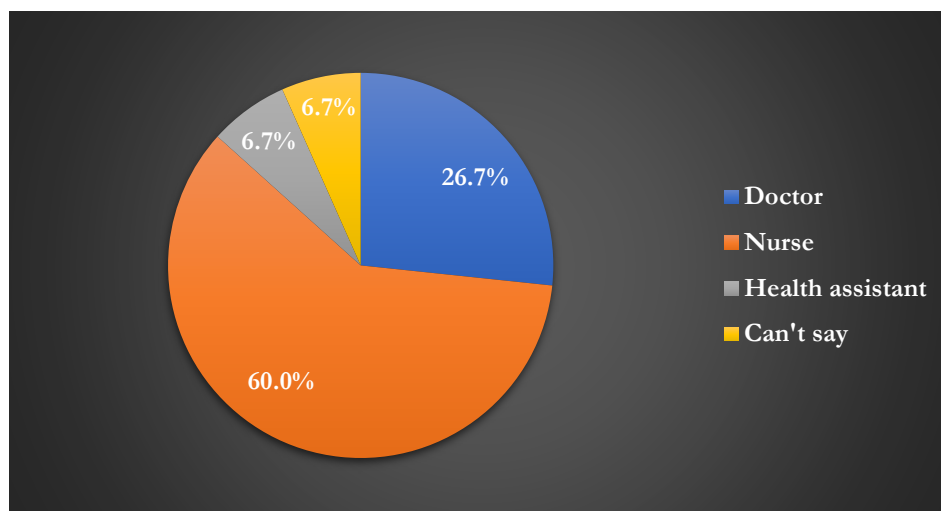


Ref: Q41. Where did you get your health checked?

The person by whom the respondents was checked their health.

During the survey, it was identified most (60%) of the respondents were checked up by a nurse (service provider other than doctors) after their delivery. Over one-fourth 26.7% of cases there were checked up by doctors, followed by health assistants (6.7%). Moreover, 6.7% could not say the person by whom they were checked up.

Figure 43: The person by whom the respondents was checked their health.



Ref: Q42. Who checked on your health?

4.1.8 Nutrition and child health

The first breast feeding time after the birth of their last child.

Breastfeeding within the first hour or so after birth is important because: It makes the mother more confident that she can breastfeed. The baby starts to receive the immunological effects of colostrum (the first breastmilk, which provides protection against infection and disease). Breastfeeding within the first hour ensures the baby's digestion and bowels are stimulated².

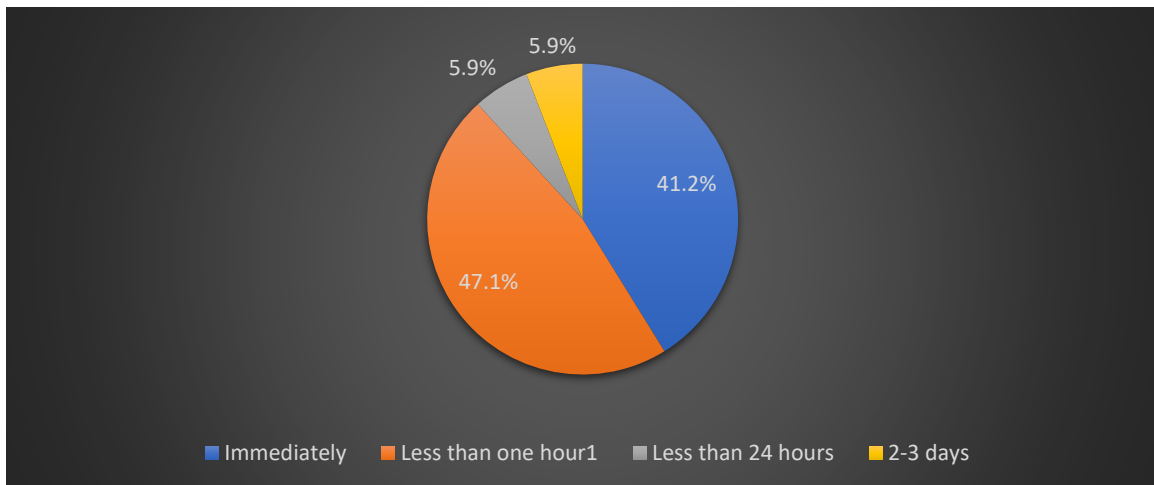
Exclusive breastfeeding for 6 months has many benefits for the infant and mother. Chief among these is protection against gastrointestinal infections which is observed not only in developing but also industrialized countries. Early initiation of breastfeeding, within 1 hour of birth, protects the newborn from acquiring infections and reduces newborn mortality. The risk of mortality due to diarrhea and other infections can increase in infants who are either partially breastfed or not breastfed at all³.

² <https://www.betterhealth.vic.gov.au/health/HealthyLiving/breastfeeding-when-to-start>

³ <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>

In our survey, it was found that in 41.2% of cases the baby was put to the breast immediately after birth, while in another 47.1% of cases it was done within less than one hour. There were 5.9% cases children were put to the breast within a day, while another 5.9% of cases it was done within 2-3 days.

Figure 44: The first breast feeding time after the birth of their last child.

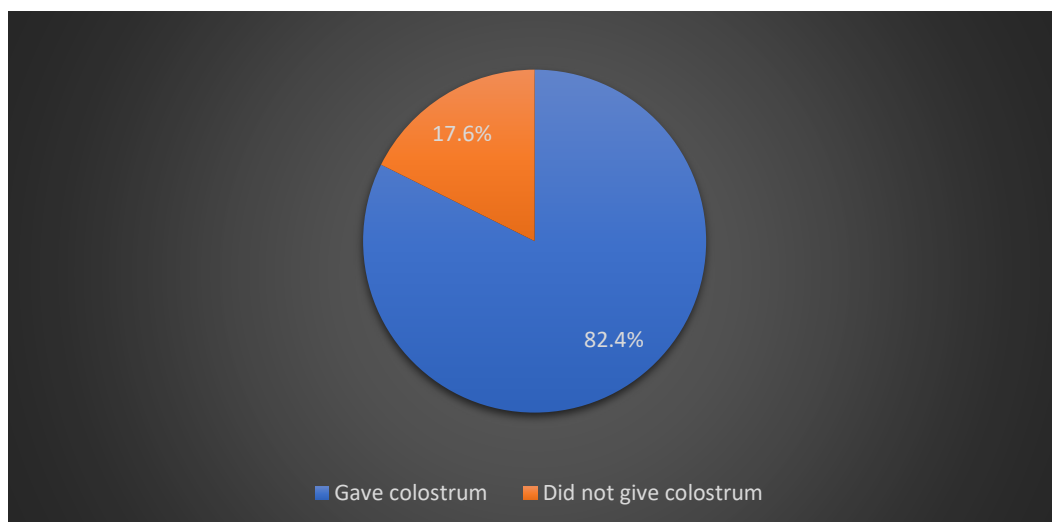


Ref: Q43. How long after birth did you first put your last child to the breast?

Incidence of giving their last child colostrum after the delivery.

As we mentioned, the importance of breastfeeding within the first hour. Colostrum, or the first milk, is the product of the first milking following calving. Ruminants have a unique, thicker placenta that does not allow antibodies to cross into the fetus. Due to this anatomical difference, calves must consume colostrum from the dam to receive an initial protective immunity. Removal of calves from the dam (less than 6 hours) requires feeding of colostrum as soon as possible. In addition to feeding colostrum quickly, it is also important for producers to provide good quality colostrum (greater than 50 mg/mL)⁴. In the study it was found that (82.4%) of the Pregnant and Lactating Women (PLW) respondents gave their last child colostrum after the delivery.

Figure 45: Incidence of giving their last child colostrum after the delivery.



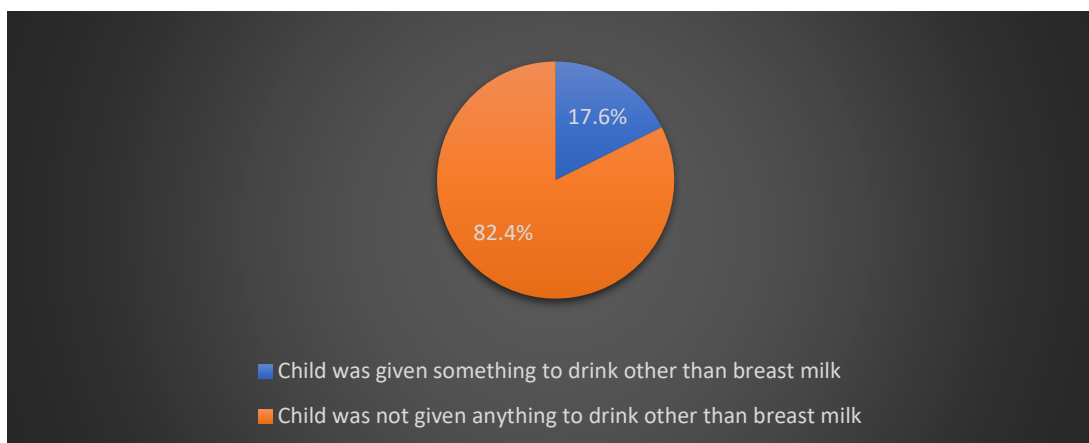
Ref: Q44. After delivery, did you give your last child colostrum (thick yellowish milk that mothers produce during the first few days after delivery)?

⁴ <https://extension.tennessee.edu/publications/Documents/W660-A.pdf>

Whether the last child was given anything to drink other than breast milk

A newborn baby must not be given any food or drinks other than breast milk unless it is medically indicated. For any breastfeeding babies being given food or drink other than breastmilk there should be acceptable medical reasons⁵. During the survey, it was found that 82.4% respondents mentioned that their child was not given anything to drink other than breast milk, but close to one-fifth of the respondents mentioned that they had given something other than breast milk to their children, which included milk (other than breast milk) and honey.

Figure 46: Whether the last child was given anything to drink other than breast milk

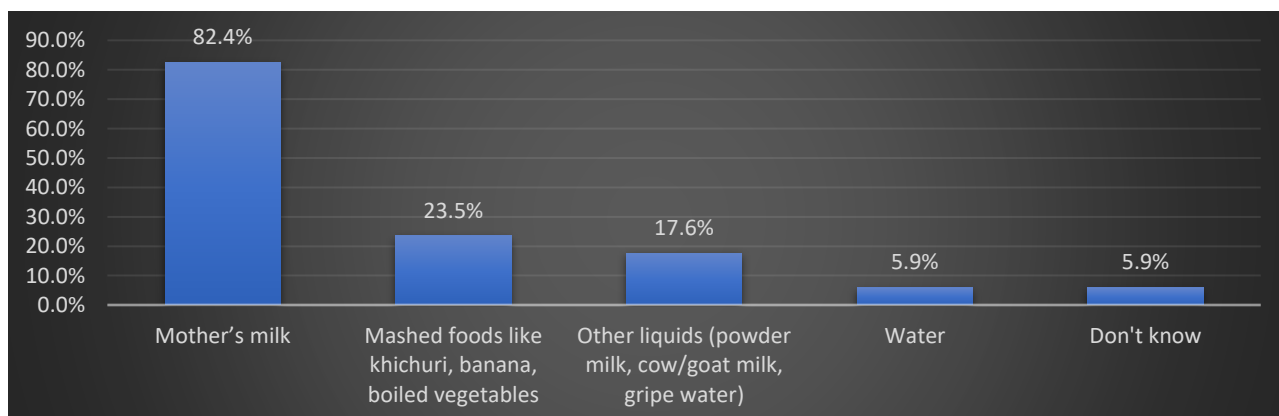


Ref: Q45. In the first three days after delivery, was your last child given anything to drink other than breast milk?

Food that a mother should feed her baby for the first six months after being born.

World Health Organization (WHO) always puts emphasis on exclusive breastfeeding for up to 6 months. In our survey, it was found that most of the mothers (82.4%) thought that they should give mother's milk to their babies in the first 6 months, while 64.7% of respondents thought about mother's milk only. Apart from mother's milk, the surveyed mothers also mentioned mashed foods like khichuri, banana, boiled vegetables (23.5%); other liquids (powder milk, cow/goat milk, gripe water) (17.6%); and water (5.9%). On the other hand, 5.9% of respondents could not recommend anything that they should provide to their children.

Figure 47: Food that a mother should feed her baby for the first six months after being born.



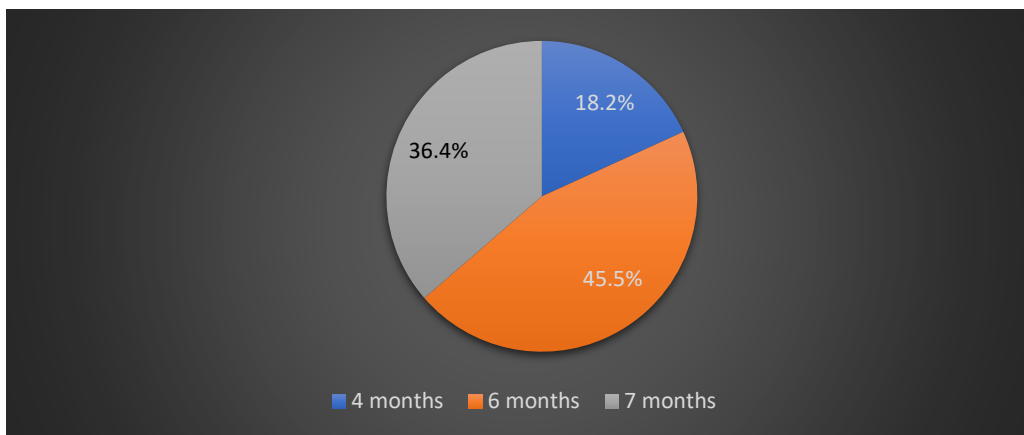
Ref: Q47. In your opinion, what should a mother feed her baby for the first six months after being born?

⁵ <http://www.tensteps.org/step-6-successful-breastfeeding.shtml>

Age of child when the respondents first started giving him/her soft food.

As per WHO guidelines, around the age of 6 months, an infant’s need for energy and nutrients starts to exceed what is provided by breast milk, and complementary foods are necessary to meet those needs. An infant of this age is also developmentally ready for other foods. If complementary foods are not introduced around the age of 6 months, or if they are given inappropriately, an infant’s growth may falter. In the survey, it was found that in 18.2% of cases, the respondents started giving them soft food at the age of 4 months, while 45.5% of cases they provided soft food when the age of the children was 6 months. On the other hand, in 36.4% of cases the mothers give soft food to their children at the age of 7 months.

Figure 48: Age of child when the respondents first started giving him/her soft food.

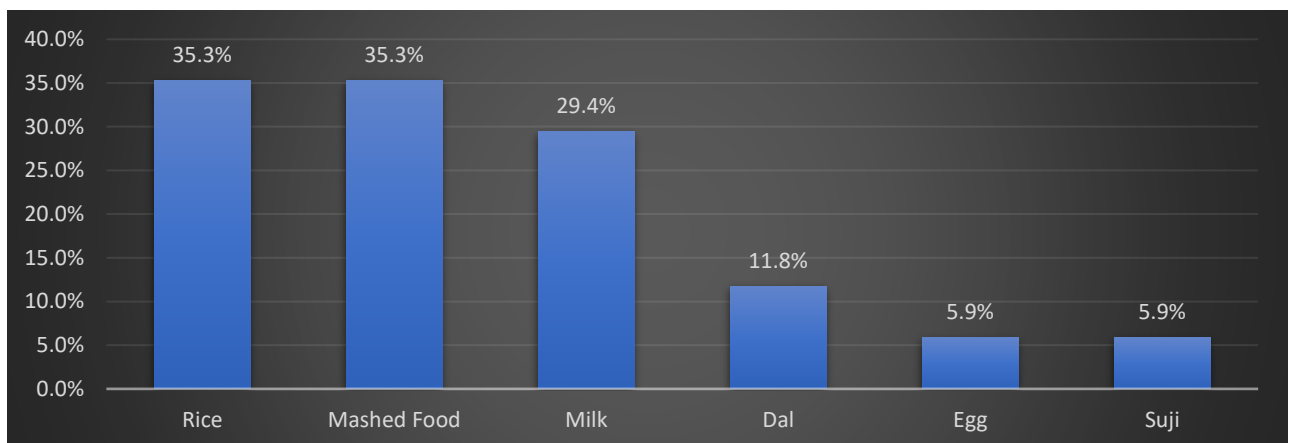


Ref: Q49. How old was your last child when you first started giving him/her soft food?

The soft/alternative food that the respondents given during the day or at night

For those who provided food to their children, above one-third (35.3%) of the respondents provided ‘rice’, and the same percentage of the respondents provided ‘mashed food’. Moreover, 29.4% of respondents mentioned milk as an alternative to breast milk they provided. Additionally, 11.8% of respondents mentioned dal, and 5.9% of respondents mentioned egg and Suji respectively.

Figure 49: The soft/alternative food that the respondents given during the day or at night



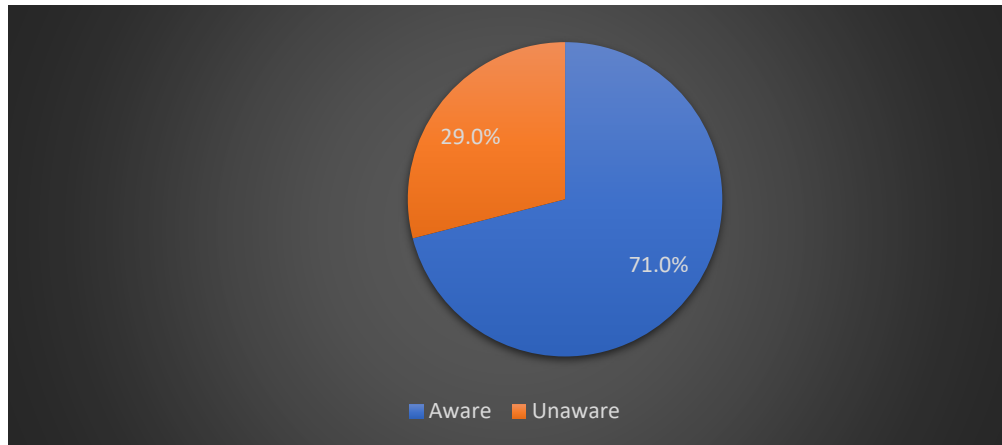
Ref: Q50. What soft/alternative food did you give to (NAME) during the day or at night?

4.1.9 During Puberty

Knowledge about the changes before their pubertal experiences

The project has created some awareness sessions on menstruation and family planning among teenagers. Hence, a question was asked among the adolescent regarding their knowledge about the changes before their pubertal experiences. Most of the respondents (71%) mentioned that they had knowledge about the changes.

Figure 50: Knowledge about the changes before their pubertal experiences

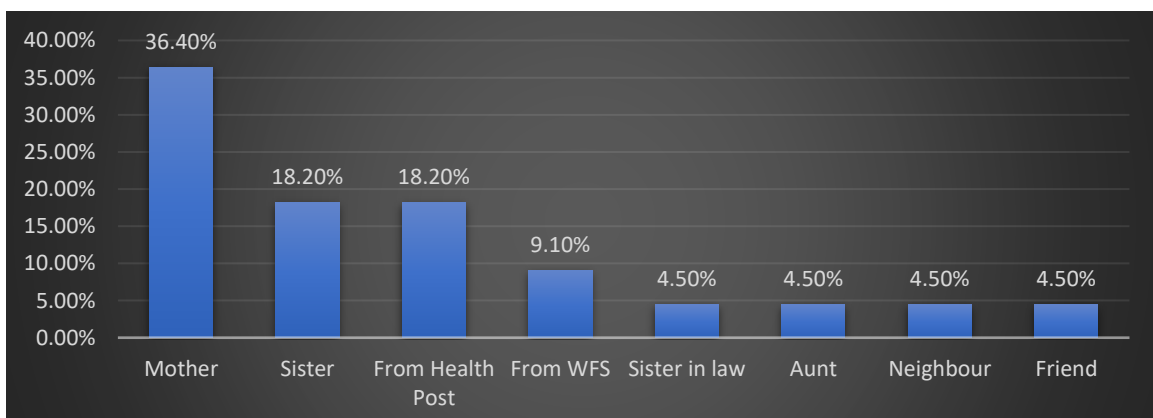


Ref: Q18. During puberty, boys and girls experience certain physical and mental changes. In your case, did you know about the changes before your pubertal experiences?

Source of information on pubertal experiences.

The study reveals that family was the main source of information about the changes before their pubertal experiences. More than one-third of the respondents mentioned that mothers were the main source of information, followed by sister (18.2%) and health post (18.2%). Moreover, 9.10% of adolescents got the information from WFS.

Figure 51: Source of information on pubertal experiences.

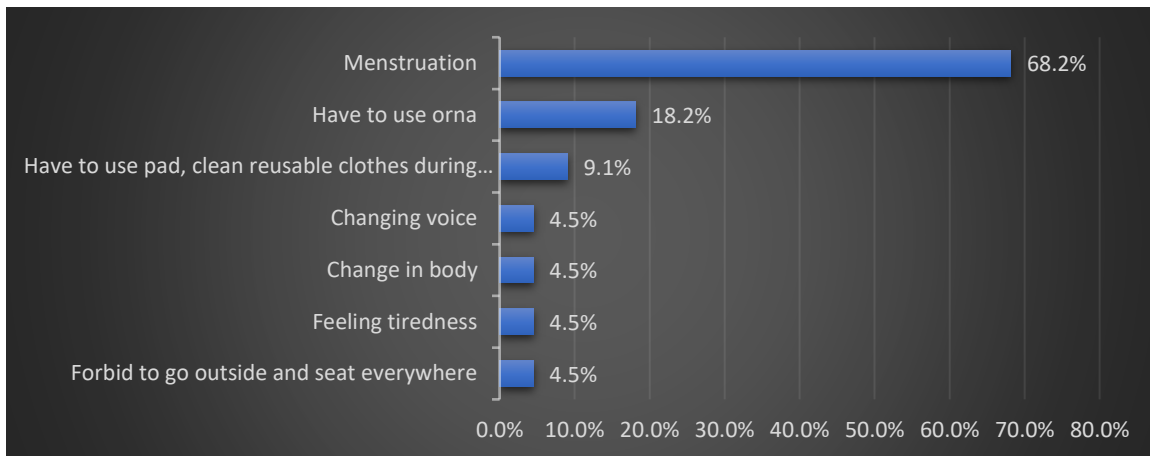


Ref: Q19 Source. If knew about the changes before your pubertal experiences, whom did you heard first?

Types of knowledge the respondents got about pubertal experiences.

When the adolescents were asked about the topics they had learned, they mentioned both physical changes and some social norms. The majority of the respondents (68.2%) mentioned that they had learned about menstruation. On the other hand, 18.2% of respondents mentioned wearing orna (scarf), and 9.1% of respondents mentioned menstrual hygiene management. The rest of the respondents mentioned different types of knowledge like not to go outside and seat everywhere (4.5%), feeling tiredness (4.5%), changes in the body (4.5%), and changing voice (4.5%).

Figure 52: Types of knowledge the respondents got about pubertal experiences.



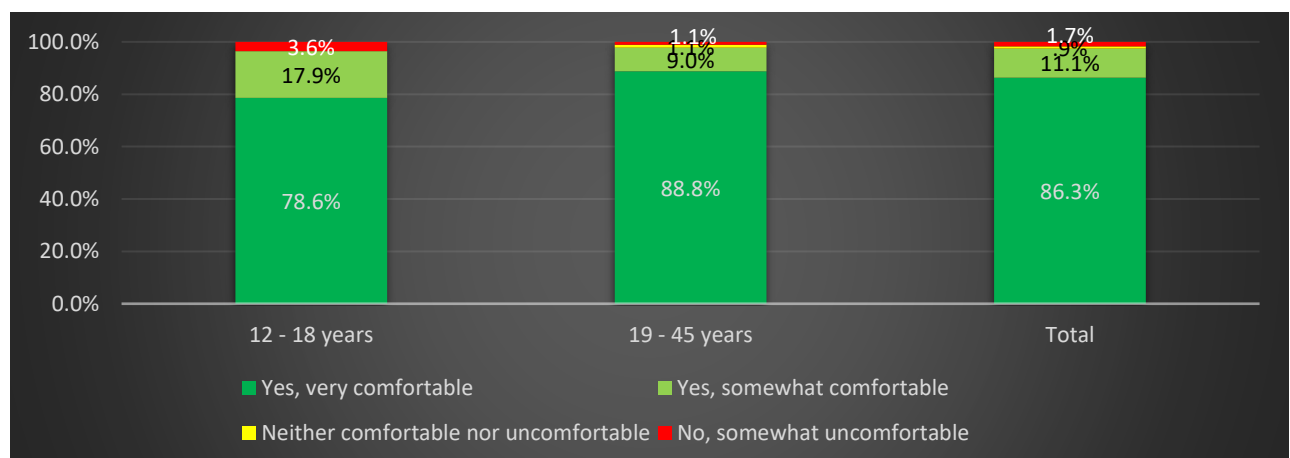
Ref: Q19 Source. If knew about the changes before your pubertal experiences, what did you heard first?

4.1.10 Overall evaluation on health post

Level of comfortableness during the visited to the health post.

A question was asked the respondents to understand the level of comfortableness during the visit to the health post. It was recorded on a 5-point scale where 5 means the respondents extremely comfortable when they visited the health post while 1 means they were not comfortable at all during the visit to the health post. Among the respondents, 86.3% mentioned affirmatively that their visit to the health post was extremely comfortable whereas only 1.7% mentioned negatively that it was somewhat uncomfortable. Moreover, 11.1% of respondents mentioned that it was somewhat comfortable; and 0.9% mentioned that it was neither comfortable nor uncomfortable. It was noted that adolescent girls were more uncomfortable than adults.

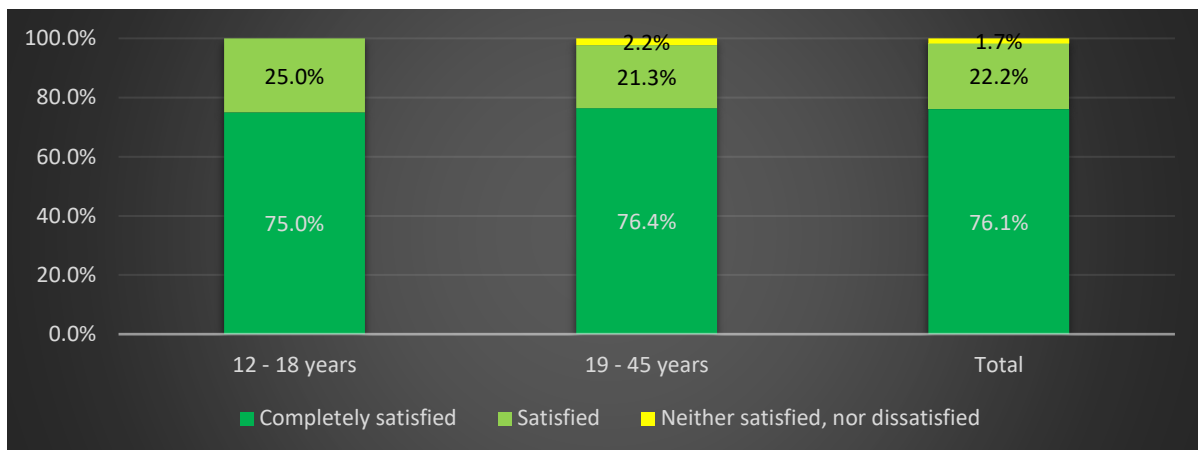
Figure 53: Level of comfortableness during the visited to the health post.



Level of satisfaction with the services provided by health post.

The satisfaction about service provider was also recorded on a 5-point scale where 5 means the respondents completely satisfied with the services provided by health post while 1 means they were not satisfied with the services provided by health post at all. Among the respondents, 76.1% mentioned completely satisfied whereas 22.2% mentioned satisfied and only 1.7% mentioned neither satisfied, nor dissatisfied. It is also found that all the adolescents, aged between 12 to 18 years (100%) were completely or somewhat satisfied with the services provided by health posts, which was 97.8% among the adult respondents.

Figure 54: Level of satisfaction with the services provided by health post.

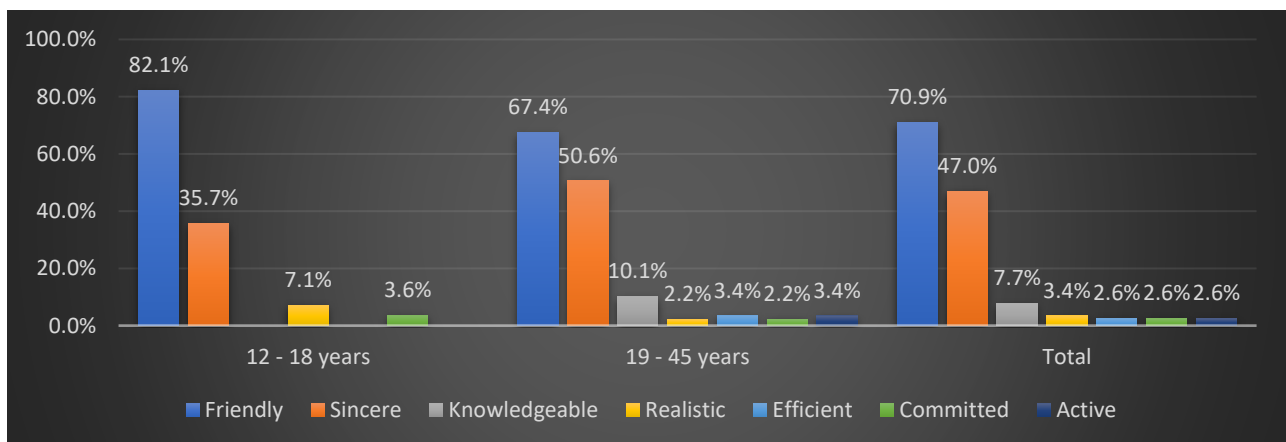


Ref: Q6. How satisfied are you about the services provided by health post?

Reasons behind the satisfaction

There were two major reasons for the satisfaction of the service providers, and other reasons were minor. The study revealed that most (70.9%) of the respondents thought that the service providers at the health facility were friendly and 47% mentioned the sincerity of the service providers. Moreover, among others, 7.7% marked service providers as knowledgeable; 3.4% as realistic; and 2.6% as efficient. The adolescent respondents liked the friendliness of the service providers, where the adult respondents liked the sincerity.

Figure 55: Reasons behind the satisfaction

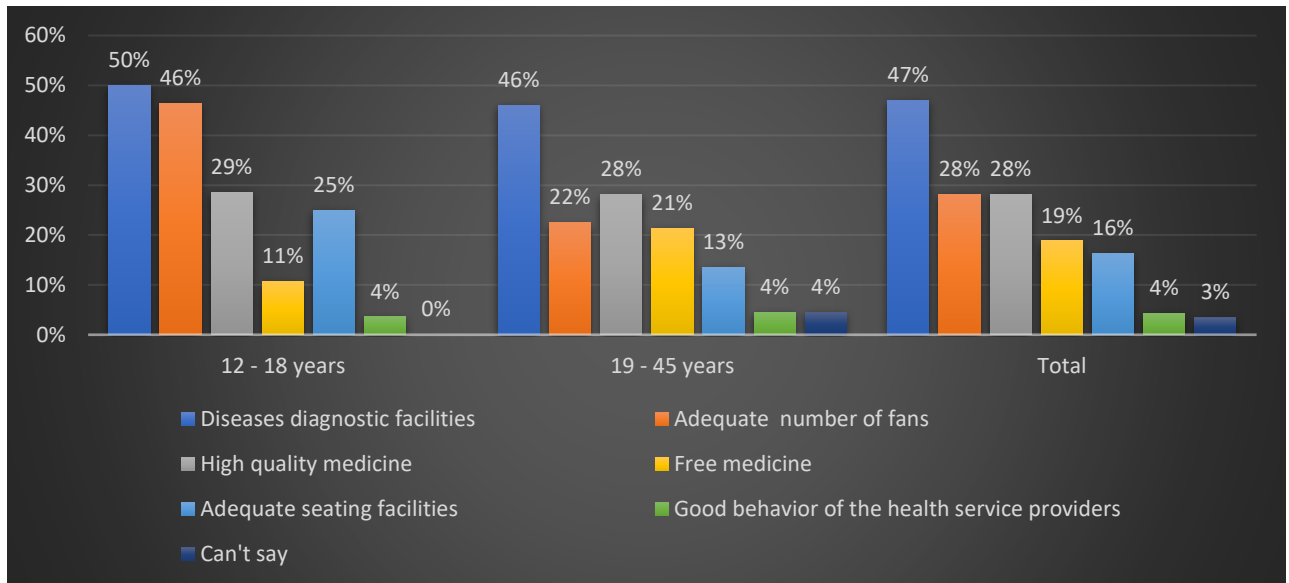


Ref: Q7. Why do you think so?

The respondents' expectations regarding the development in a health facility

During the survey, it was revealed that close to half (47%) of the respondents mentioned that disease diagnostic facilities should be available in a health facility. Moreover, 28% mentioned the high-quality medicine and an adequate number of fans as their expectation. Close to half of the adolescents wanted an increased number of fans (46%) inside the health post. Furthermore, 19% of respondents wanted free medicine from the health post. One-fourth of the adolescents wanted an adequate seating facility inside the health post.

Figure 56: The respondents' expectations regarding the development in a health facility

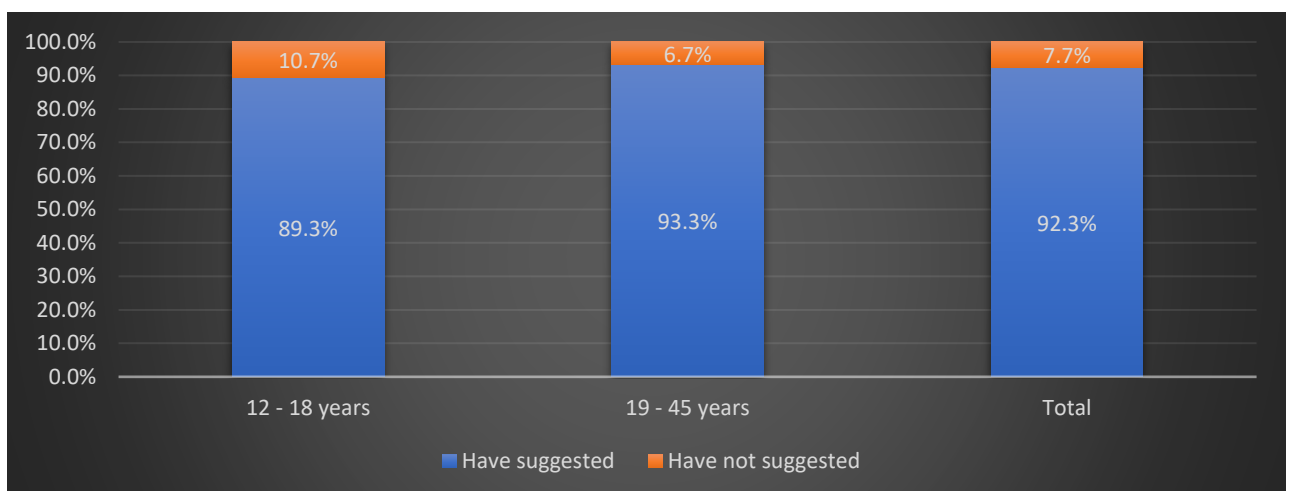


Ref: Q5. What would you like to see to fulfill your expectations in a health facility?

Recommendation to receive services from health post

Researchers found that people recommend something if someone is happy, or someone needs something. However, no one would recommend anything for which they are not happy. The study found that most (92.3%) of the respondents had suggested others to receive services from health posts. Moreover, it was also found that more adult respondents had suggested using the facility than the adolescents.

Figure 57: Recommendation to receive services from health post



Ref: Q8. Have you ever suggested others to receive services from health post?

5. Achievement of project outputs and outcomes against indicators in the log frame.

Target level	
Activity Indicators for Health	
1.1 Number of beneficiaries attended the HPs (34,266 persons)	24,217/34,266 persons, which was 70.67% of the target During the survey it was identified that the people among the Rohingya community were afraid of the new virus COVID 19. There was restriction imposed on the movement of Rohingya people even inside the camp. Hence, Rohingya people reduced their movement inside the camp and also did not visit the health post unless there was a case of emergency. As a result, the project target could not be achieved.
1.2 Number of review meetings conducted based on the monitoring results by clinical supervisors using checklists of medical services and prescriptions	(12/10 times- Once a month), which was 120% of the target
1.3 Percentage of spot checks in which the clinical supervisors could verify that patient's complaints, medical services and prescriptions were matched. (100% -Spot check should be done 10 times)	100%
1.4 Number of beneficiaries who are satisfied with the services at health posts (80%)	98.3%
1.5 % of adolescent boys and girls who attend SRH corners with increased knowledge of SRH; (Target: 60%)	100%
1.6# of U5 children who have received vaccination (1,877/450 children)	2740 children and 609% of the target
2.% of staff and Community Health Workers, Community Nutrition Volunteers and Community Mental Health Workers who participated in IYCF-E training demonstrating improved knowledge (Target: 80%)	100% at the end of the project
Activity Indicator for MHPSS	
3. % of staff/volunteers who received MHPSS training demonstrating improved knowledge (Target: 80%)	100% (Pretest and Posttest was taken the average score raised from 10.6 to 17.3).

Note: The result was produced based on the information provided by the concern authority till March 2021.

6. Evaluation based on CHS.

The Core Humanitarian Standard on Quality and Accountability (CHS) sets out Nine Commitments that organizations and individuals involved in humanitarian response can use to improve the quality and effectiveness of the assistance they provide. The CHS places communities and people affected by crisis at the center of humanitarian action. As a core standard, the CHS describes the essential elements of principled, accountable and high-quality humanitarian aid. It is a voluntary and measurable standard. The CHS is the result of a global consultation process. It draws together key elements of existing humanitarian standards and commitments⁶.

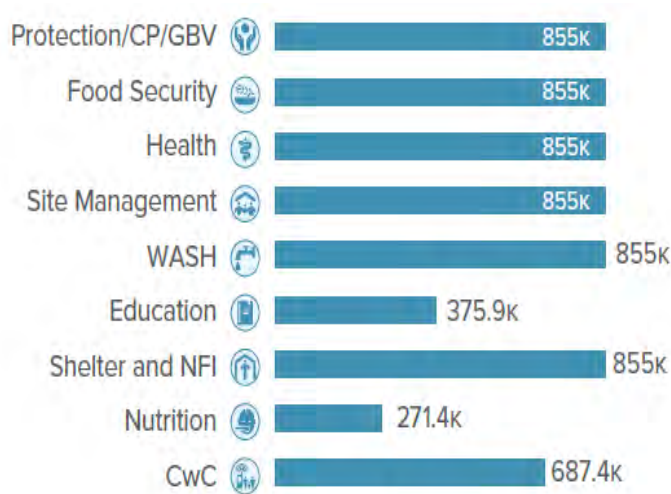
CHS1: Communities and people affected by crisis receive assistance appropriate to their needs.

CHS1 requires that the project is committed to providing assistance based on the needs and capacities of communities and people affected by crisis. The needs of the affected people can be assessed by conducting need assessment or by utilizing learning from the past. The project target should be set considering the diversified needs of the wider community including disadvantaged or marginalized people. Also, the project should be designed in a way that it does not harm anyone both physically and mentally.

Need of the Communities and people affected by crisis in light of JRP.

The project aims to ensure that the Rohingya population have equitable access to quality comprehensive primary health care, nutrition and mental health and mental health and psychosocial support services through an integrated approach. As per joint response plan (JRP) 2020, all the Rohingya community people were targeted for protection, food security, health, site management, WASH and Shelter & NFI.

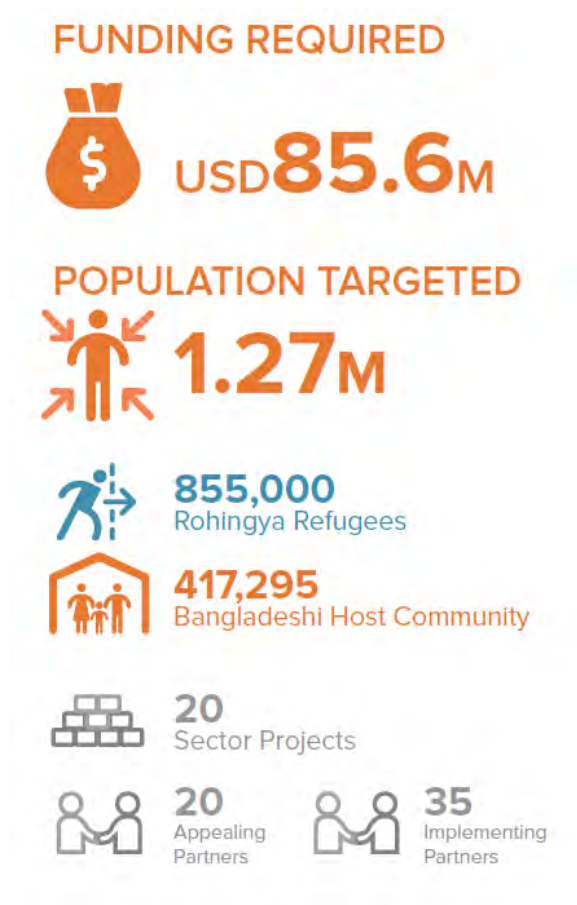
Figure 58: People targeted by sector.



⁶ <https://corehumanitarianstandard.org/>

The health targeted all the Rohingya refugees inside the camp, along with 4.17 million host community population. Total funding requirement was USD85.6 million. There were 20 sector projects, 20 appealing partners and 35 implementing partners under health sector. The strategic objective of health and nutrition sector is that Rohingya refugees will have continued access to critical health and nutrition facilities covering the entire population. Family planning services will be provided, with the promotion of a rights-based approach for women of reproductive age. All camp health facilities offer **free treatment** to Bangladeshi citizens and Rohingya refugees alike. Health partners align with agreed standards for healthcare services among the Rohingya, in line with international standards, with the Government standards for host community⁷.

Figure 59: Funding required for health sector



⁷ Joint Response Plan, Rohingya Humanitarian Crisis, 2020

Needs of Rohingya Refugees Related to Health

Considering the population density of the camp, the number of cases a health facility has to deal with is immense. Hence it is often difficult to ensure the quality and minimum standards for services in health facilities. As per the Joint Response Plan, several gaps in health services include comprehensive emergency obstetric care; newborn care, family planning provision, availability and timely access to 24/7 comprehensive clinical management of rape/intimate partner violence services; and first-line support for gender-based violence survivors.⁸

Though there was a substantial improvement noticed in the case of women accessing facility-based deliveries, the overall percentage was deficient, which was also identified from this survey. Many women and their family members did not consider child delivery at the health facility as necessary. Considering the living condition of the camp, communicable diseases persist among the Rohingya refugees. Immunization coverage among children was another challenge inside the camp. Immunization coverage among children under one year old has improved from 67 percent at the start of 2019 to 78 percent by the end of September. However, substantive improvements to achieve more than 95 percent coverage still needs to be addressed⁹. Capacities for non-Communicable disease management, laboratory diagnostics; mental health and psychosocial support services, including inpatient/psychiatric care; and specialized services (such as eye-care, geriatric care, oral healthcare and services for people with disabilities and palliative needs, etc.) are not adequate to the needs.

Moreover, there was limited health care waste management solution inside the camp. Rational use of medicine was identified as another priority. Overall, 55 percent of Rohingya refugee households are reportedly taking on debt to cover health care costs¹⁰. During the current study, it was identified that Rohingya refugee households are selling their foods to purchase medicine or bear the expense of diagnostic tests. Referrals for emergency medical and obstetric cases, surgery, trauma, and complications for Non-Communicable Diseases and chronic conditions remain challenging and costly. Even sometimes transportation from one facility to another was also found as expensive considering lack of employment opportunity among Rohingya refugees.

Needs addressed by SC

Treatment is one of the basic needs and rights of the human being. For any community, healthcare services are required on a continuous basis. If we consider the environment of a camp where the access to the host community is limited, the refugees have no or limited access to local health care facilities, people living in a congested environment, the refugees who are traumatized based on previous experience in their own country, provision of health, nutrition and psychosocial support is essential. Also, joint response plan, several gaps in health and nutrition sector was identified. It was difficult for a single agency to meet all the needs, rather it required a collaborative approach, which is allocated by the health focal agencies. This project provided a package of primary health care services to Rohingya people through an integrated approach (with Nutrition, Community Health and MHPSS components) from one Health Post as well as community health activities to ensure that children and families survive, and remain healthy. As per JRP, there were 32 PHCs and 129 Health Posts un the camp¹¹. In camp 15, there is a health post, which is being operated by Save the Children, provides public healthcare facility which is very much essential for the Rohingya community if someone becomes sick or injured. Moreover, some survivors who need mental health/psychosocial support are often referred to the facility. As per the project proposal, the health post accepted over 22,000 outpatients in 2018, demonstrating an extremely

⁸ In 2019, 70 percent of Primary Health Care facilities had no systems in place to inform community and stakeholders of the available GBV health services, and staff were not adequately trained to identify signs and symptoms of sexual and intimate partner violence. (GBV Service Quality assessment 2019).

⁹ Joint Response Plan, Rohingya Humanitarian Crisis, 2020

¹⁰ Joint Multi Sector Needs Assessment, ISCG, September 2019.

¹¹ Health sector monitoring report

high demand. It was also found that the health post at Camp 15 funded JPF greatly outnumbered seven other health posts that Save the Children runs by attending a number of patients in need of treatment. Also, to avoid duplication of health support by different organizations in the health sector in Cox's Bazar and make effective use of limited campsites, an opportunity was provided where the Bangladesh government, UN agencies, and NGOs could determine which health posts should continue to be operated from the standpoint of visitor numbers and geography. As a result, the continuation of the health post in Camp 15 that Save the Children operates was recommended by the Bangladesh government's Refugee Relief and Repatriation Commission (RRRC). The above statements prove the relevance of the project for the refugees living in Camp 15.

The health post was run six days a week, and medical care service was provided six hours a day. The staff of the project provides comprehensive support on nutrition, maternal and child health, SRH, treatment for infectious and non-infectious diseases, mental health/psychosocial support, etc. They also provided information on menstruation and family planning. The health post had a dedicated room for maternal health care where they provide antenatal checkups for the patients. Moreover, they provide counseling on family planning. At the camp, nutrition support was provided mainly by regional health workers and regional nutrition volunteers both in the community level or at the health post. There was a space to which mothers and children had free access for breastfeeding or individual consultation.

The project also conducted some sessions on Sexual Reproductive Health (SRH) among beneficiaries, though the number of sessions was less than expected due to the impact of the COVID-19 pandemic in the camp. There were volunteers to conduct the sessions. The sessions were conducted among two types of beneficiaries: adolescents and adults. The sessions provided information on the biological change of an adolescent and the preventive measures required to be taken when they would-be mothers in the future. Also, the demerits of early marriage were communicated in the sessions.

There was a room for the outdoor patients, where they provide treatment to all kinds of patients. If required, the project provides free medicine to the beneficiaries from the project budget. However, sometimes the supply of medicine was short if the number of patients increases. Hence, it was recommended to increase the supply of medicine. The health post also provided free masks to the beneficiaries during the COVID-19 pandemic.

The health post provides utmost importance to the children since this was a project implemented by Save the Children. For the children, the project organized a vaccination program that was run three days a week. The program was implemented with the collaboration of the EPI program of Upazila Health Complex run by the government. The vaccination program included vaccinations for preventing diseases such as BCG (tuberculosis), OPV (polio), quintuple vaccine (diphtheria, pertussis, tetanus, hepatitis B and Hib infection), PCV (pneumococcus), and MR (measles and rubella). Till March 2021, the project provided vaccines to 2740 children against the target of 450 children.

Moreover, the regional health workers and regional nutrition volunteers screen the nutritional status of infants and toddlers to detect acute malnutrition. If any such issue was found, it was referred to a relevant group working inside the camp. Under the nutrition program, the project team provided advice to the lactating mothers about the correct posture for breastfeeding, the time of complimentary food, and how to prepare complementary foods. There was a counselor from Infant and Young Child Feeding (IYCF) who provided such training among the beneficiaries. Moreover, there was a maternal and child health promoter whose main responsibility was to create awareness among the beneficiaries and provide the required information. They provided information among pregnant women about the danger sign during pregnancy or immediately after delivery.

Some mother support groups were formed where mothers could talk to each other about maternal and child nutrition. For each group, there were leaders who received training on nutrition. Through the

groups, cooking demonstrations are given to mothers mainly with children six to 23 months to teach the cooking methods for complementary foods.

The project also conducted awareness activities through outreach activities, which included awareness-raising activities about health, the importance of vaccinations, and identify cases that required medical intervention through home visits.

Moreover, the health post also provided psychosocial support to the people who required it. This project targets mostly refugees with anxiety and sleep disorders. Under the project, there were some mental health/psychosocial support workers who conducted yard meetings. The project identified people who needed mental health/psychosocial support for early intervention to address individual needs and referred them to WFS and the health post. The health post mainly provided counseling services. If anybody exhibited severe symptoms, it was referred to another organizations for professional treatment including prescription of medication.

Though the project was relevant, it often failed to meet the requirements of the Rohingya community. The survey reveals several expectations from the beneficiaries, out of which some of the issues could not be addressed due to regulations inside the camp.

- The operating hours of the health post was not sufficient for the community people.
- There was no emergency support, and the project failed to meet the need if there was an emergency requirement after the operating hour.
- The supply of medicine was not sufficient for the number of beneficiaries.
- There was no delivery service at the health post for the pregnant women and the patients had to visit another health facility for their delivery. The patients often did not feel comfortable changing the health facility or getting treatment under a different service provider or doctor. Health posts level only offer outpatients department, reproductive health (antenatal checkup, post natal checkup, family planning method, counselling), nutrition screening, adolescent sexual reproductive health services, mental health psychosocial support, antenatal care and post natal care. However, health post cannot provide birthplace in health post because of the limitation of health post regulation.
- There was no diagnostic facility at the health post, hence for any diagnostic test, patients are either referred to Medecins Sans Frontieres (MSF) or Cox's bazar

“Save the Children conducted need assessment to understand the health needs of the beneficiaries of this camp. There is a Monitoring Evaluation Analysis Team to conduct the need assessment. The community people also feel free to share their opinion. However, it is not possible to meet all their demand. Sometimes we get less amount of medicine that required. The health post is a temporary structure; hence all the facility cannot be provided from the facility. Moreover, there is a restriction that the outsiders cannot stay at camp after a specific period of the day. Hence emergency service cannot be introduced.” Project Staff.

“There was an outbreak of chicken pox in the camp. The maternal and child health promoter conducted awareness sessions and provided advice on protecting mother and child from the chicken pox” Project Staff.

“We have run the EPI Immunization Program with the Government's Upazila Health Complex from our facility. In that case we collected vaccines from the government every morning as part of the routine immunization of EPI and conducted the immunization program at our facility”.

“The doctors are not always available at the health post. Sometimes in the afternoon, there was no doctors at all. We had to return to home without getting the treatment” Community people.

“I went to the health post and waited for 2 hours. Then the doctor came. In the meantime, there was a long queue for the patients” Community people.

“We do not get our desired medicine from the facility. They provided paracetamol for fever and iron supplement for pregnant women. Apart from these medicines we did not get any other medicines. Moreover, if I get medicine once, second time I will not get the medicine even if it is required” Community people.

“There are lots of people staying inside the camp. People can get injured anytime or emergency can arise anytime of the day. There is not emergency service at the camp. We need 24 hours emergency service for the camp” Community people.

“Health posts often failed to meet our needs. Medicines for only common ailments are available, specialist doctors are not available, health posts are not open at night. The health post should be kept open at night, specialist doctors should be appointed, and it would be better to arrange various pathological tests.” Leaders of mother’s support group

“Malnutrition is a common factor in our camp. We are not getting sufficient food to meet our demand. None of the families are getting nutritious food. Number of malnourished children are high in our camp. The food we receive from World Food Program (WFP) is not sufficient. There is different type of patients in our camp, which include heart patient, for which better treatment is essential. Often, they had to visit a different health facility for improved treatment facility. To purchase medicine or bear the treatment expenditure the people are often selling their foods they received from WFP. Hence, they are not getting nutrition as they require. Moreover, many women are suffering from psychological disorder. They needed advance treatment and medication, which was not available at the health post” Majhi inside the camp

After the spread of the COVID-19 pandemic, it became exceedingly difficult to continue the service delivery as per plan. However, the service delivery from the health facility did not stop. Also, it was essential to deliver service as per quality and requirements. During the COVID-19 pandemic, the number of footfalls at the health post reduced drastically. People among the Rohingya refugees were afraid of the new virus COVID 19. There was restriction imposed on the movement of Rohingya people even inside the camp. Hence, Rohingya people reduced their movement inside the camp and did not visit the health post unless there was a case of emergency. However, still the project ensured the presence of doctors and medical assistants at the facility. The proper precaution was taken by all the front-line health service providers to protect themselves from the deadly virus. Also, it was ensured that the beneficiaries stay safe from the virus by following COVID-19 hygiene practices. To ensure the safety of the beneficiaries and service providers some preventive measures were taken which included maintaining distance, wearing masks, washing hands, using sanitizers.

In the project plan, awareness activities on the COVID-19 pandemic were not included, however, to fight against coronavirus, the project included awareness activities and distributed masks among the beneficiaries.

“When we got the news of COVID-19 first, we got really worried. We were worried about the consequences of COVID-19 patients were identified at the camp. We were worried whether we would be able to control the spread of corona virus. However, we did not stop our services. At the initial stage, we did not have PPE. We used gloves, protection glasses and our regular gowns.” Project Staff

“Even during COVID-19, the delivery of health services continued. However, we need to follow some COVID-19 hygiene practices, like, washing hands before entering the facility, wear masks, maintaining a minimum distance among the patients” Majhi

“We received information on COVID-19 hygiene practices. To protect us from corona virus, we need to follow some practices which included washing hands with soap, keeping clean, wearing masks, washing hands before and after meals, maintaining social distance, etc.”community people.

“We attended different awareness program on COVID-19. It was helpful for us. There were no COVID-19 cases reported in our camp. However, I recommend improving the services, increase number of doctors and make availability of medicines at the camp” ...community people.

CHS 2: Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.

Under CHS2, the programs need to be designed in a way that can address constraints so that the proposed action is realistic and safe for communities. The humanitarian response should be in a timely manner, making decisions and acting without unnecessary delay. Also, the program should meet relevant technical standards and good practice should be employed to plan and assess programs. Moreover, the project should have timely decision-making with resources allocated accordingly.

The project was in a very timely manner. As mentioned above, health care facility needs continuous support. The project started its activities in 2017 when the influx occurred. At the very beginning, the overall environment was not organized. During the period some of the organizations were providing health care facilities from the temporary establishment near the roads. Camp 15 in Jamtoli was a remote area. Save the Children wanted to reach the remote areas and constructed 8 health posts. The health post at Camp 15 was one of them.

“Our response started in August 2017 when Influx is on. Our plan was to reach very remote areas. Jamtoli was one of those locations. It took 20 to 25 minutes to walk to reach here. We targeted those people who cannot reach the roads or could not travel a lot. I must say, it was a very timely response to save lots of lives.”Project staff.

Due to some restrictions inside the camp, all the facilities could not be provided on time. The health post was operated for six days a week and runs from 9 am to 3 pm due to regulations inside the camp. Sometimes some of the patients were told to visit another day due to limited time for the service delivery. Moreover, the health post provides only primary health care services including immediate and emergency response. To attend to emergency patients, the health post arranged an oxygen cylinder to provide Cardiopulmonary resuscitation (CPR) support, but secondary health care service was not provided from the facility. The patients required advanced treatment, were referred to other facilities for the treatment they required. When a patient arrived at the health post, the team leader or the second doctor conducted a quick triage to identify any serious emergency patients. If any emergency patient is identified, the patient is quickly stabilized and referred as soon as possible without any delay. If there is any patient is identified with infectious diseases, then the patient was removed from the queue, isolated, and managed. During the activities, one of the doctors assists the volunteers with the first proper triage of the day, utilizing the “urgency color card system”. Depending on the capacity of the volunteers the team leader decided if additional triage by a doctor was required. Based on the result, the next steps were taken to provide health and psychological support was delivered.

“Though we do not provide secondary health care services, but we provide emergency support service. For example, if there is any injured patient, we provide dressing services. We also kept oxygen cylinder to provide CPR.”Project Staff

“Sometimes we waited for too long the and we were told to visit the next day since the service delivery time was over” Community people.

“The behavior of the doctors and other staff was incredibly good, but often they could not meet the needs of the people in the wider community. We do not get our service at night, even if this is very urgent. Sometimes we do not get required medicines that we need. There is no diagnostic facilities and we had to go to other place which requires addition time and money. We sometimes cannot afford the test. Moreover, sometimes patients are sent to other places which delays the treatment for the patient”.
Community people

All the services were delivered without any delay, however since the health post was closed after 3 pm due to the regulations inside the camp, the patients did not get any service at night in case of emergency. In the quantitative study, it was found that 82.4% of cases the childbirth took place at the home of the mothers, and among them, 42.9% of cases the mother could not seek support from the health post. Moreover, the health post did not have the child delivery, hence the mother had to visit other health care facilities during their delivery period. However, still due to primary health care facilities and different awareness sessions, the child delivery at health care facilities increased, and maternal mortality or child mortality had been reduced drastically.

There were some dissatisfactions among beneficiaries were noticed. In the majority of cases, they were happy with the awareness session, the behavior, and the sincerity of the service providers, but they claimed that they did not get enough medicine. Also, they got basic medicine only but did not get the medicines for advanced treatment. Also, they expressed dissatisfaction about the limited facility at the health post. They considered that the health post should have the diagnostic facility. Else, there will be an unnecessary delay to diagonalize any disease and get proper treatment.

*“During the introduction of the project, no one used to go to health facilities for the delivery of children, while 60¹²% of the deliveries were taken place at the health facility. Maternal mortality and infant mortality rates are much lower than before.”**Project Staff*

*“I consider the project was implemented at the right time. People are participating in different types of awareness session and learning different topics. We have also received information on extra (alternative) food we need to give to our child, but in this project, we learned how to cook such food. It would help me to remember to cooking method”**Leader of mother support group.*

*“Out of 100 patients, 90 patients get their desired service, while the remaining 10% do not. The medicines were not available all the time. Sometimes only basic medicines are available and those who needed advanced treatments, were referred to other facilities, which unnecessarily waste of time. Moreover, there is no diagnostic facility at the health post. sometimes patients had to even go to Cox’s bazar for the test. There were few people died just because the health post did not have specialized doctors. To provide psychological support, they only share some good words, which was good for some people, but some people needed advanced support. But the facility did not have expert or equipment to provide psychological support to these patients.”**Majhi*

*“Sometimes we run out of medicine. We provide requisition for the medicine, but the process needs some time. Hence overall supply gets delayed.”**Project staff.*

The service providers responded to the COVID-19 pandemic immediately without any delay. At the very beginning of the spread of COVID-19, there were some confusions, but the service providers cope up with the situation and continued to deliver the services without any delay. Even the service providers did not wait for PPE to arrive, rather used the equipment they had and continued the service. At the health post, there was a corona corner set up to handle the COVID-19 patient. After the spread of the pandemic, the project made some changes in the triage procedure. The beneficiaries or patients who entered the

¹² There was a gap between survey result and the value stated by project staff. However, our sample was not representative, and we did not see any evidence to verify their claim

health post were screened on the Covid 19 syndromes. There was a volunteer who was trained, who measured the temperature. If the COVID syndromes were seen among any of the visitors, they were removed from the queue, took them to corona corner, and treated separately. Access to the corona corner was strictly prohibited for the general people. The doctors or medical assistants examine the patient and take necessary action accordingly.

“We made some additional arrangement to support the COVID-19 patients. The corona corner that was prepared was not included in our proposal. Moreover, we arranged additional oxygen cylinder to support them. We provided training to our staff how to attend a COVID – 19 patients.” Project staff.

As per the monthly report for March 2021, total 24,217 Rohingya people visited the health post and 50,624 Rohingya people were reached through outreach (cumulative) during the project. Total 12 review meetings conducted against the plan of 10 meetings based on the monitoring results by clinical supervisors using checklists of medical services and prescriptions. There were 100% of spot checks in which the clinical supervisors could verify that patient’s complaints, medical services and prescriptions were matched. Among the respondents, 80.6% mentioned that they were completely satisfied with the service provided by the health post for their child, whereas 19.4% mentioned that they were satisfied. All the adolescent boys and girls who attend SRH corners with increased knowledge of SRH. 2740 children under 2 years were vaccinated under the project. All the staff and Community Health Workers, Community Nutrition Volunteers and Community Mental Health Workers who participated in IYCF-E training demonstrating improved knowledge (100%). Moreover, all the staff/volunteers who received MHPSS training demonstrating improved knowledge.

CHS 3: Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.

CHS 3 ensures that the program is built on local capacities and it ensures improving the resilience of communities and people affected by the crisis. It also helps to enable local leadership, which eventually makes the project sustainable in the long run. It also prevents programs from having any negative effects, such as exploitation, abuse, or discrimination by staff against communities and people affected by the crisis.

Though the project had three different components, the project can be divided into three different activities: providing health and psychological service, providing training to the project staff and service providers, and creating awareness sessions. In the survey, it was found that the Rohingya community people have better access to health and psychological support. The child delivery rate at health facilities increased and people were visiting more to avail post-natal care.

“The child delivery rate has been increased to 60%. Now many women are encouraged to have their child delivery at health care facilities, but sometimes they did not get support from their family members” Project staff.

“Now a day more mothers come to take post-natal care services. We conduct the regular check up of the children as well as the mothers. We provide some advice to the new mothers. They used to give honey to their newly born child and did not want to provide colostrum. When they visit the health facilities, we give them the advice and they try to follow it” Project staff.

“I wanted to deliver my child to the health post, but the health post did not have delivery service. If I go to another health care facility, I would have to talk to a new doctor and I do not feel very comfortable” community people.

The project has the provision of training, which includes training among doctors, paramedics, midwives, maternal and child health promoters, and assistants. There was a provision of training for regional health workers. The survey found that the project staff received different pieces of training from both save the children project staff and outside the organization. They have used their learning and were able to deliver better service to the beneficiaries. As a result, the risk of the beneficiaries also reduced.

“We received training on focus entry level care, SRH, GBV and many more. Focus entry level care training is how to take care of a pregnant woman, at which date we need to conduct the follow up check, which check we need to conduct etc. We communicated with them the danger signs during or after delivery. It helped to reduce the child and mother mortality rate inside the camp”Project staff.

“The mortality rate among both pregnant women and newborn babies have been reduced. The project staff are highly skilled, and they can provide good suggestion. The problem is, they do not have any advanced treatment facility at the health post”Majhi.

“When I visited the health post, they conducted some health checkup and provided me some advice. I feel comfortable since I know what to do” community people.

The knowledge among beneficiaries has been increased on different health and nutrition-related topics due to awareness activities. When the project was implemented, at the very beginning the people inside the camp were very conservative. They did not want to talk to others about sexual and reproductive health or family planning-related issues. The adolescent girls were not allowed to go out of the home. They were not comfortable discussing menstrual hygiene with others. The project conducted some outreach programs to create awareness among the target beneficiaries. From the project, the staff created different subgroups and communicated with the Majhis and other community leaders. They also discussed the topics with the community leaders and involved some religious leaders. There was a rapid change noticed among the beneficiaries. In the beginning, the volunteers had to call the beneficiaries, but now the beneficiaries attend the awareness sessions themselves. They are also sharing their knowledge with others. Thus, it enhanced their overall capability in terms of nutrition, sexual reproductive health, management of menstrual hygiene, care of the newly born babies, etc.

“When we talked to sexual reproductive health related issues, the adolescents and newly married women used to feel shy. The newly married women wanted to adopt family planning methods, but their family members discouraged themselves to adopt it. Then we talked to the religious leaders and conducted session among them. The religious leaders also participated in awareness raising activities. Now people have started adopting family planning methods.” Project staff

“I participated in a session and learned how to cook food for the infants. I discussed this with other group members, and they also learned the cooking method. They often try to cook these foods and fed their children” leader of mother support group.

Financial insolvency is a major issue to become beneficiaries more resilient. If they had to purchase medicine or avail a diagnostic test, they could not afford it. Sometimes they had to sell the food they received as a relief, to purchase medicine for their treatment.

“The food we receive from World Food Program (WFP) is not sufficient. There is different type of patients in our camp, which include heart patient, for which better treatment is essential. Often, they had to visit a different health facility for improved treatment facility. To purchase medicine or bear the treatment expenditure the people are often selling their foods they received from WFP. Hence, they are not getting nutrition as they require.” Majhi inside the camp

“The doctor suggested me to take medicine three times a day, but I take only once. Else my medicine will finish and I won't be able to purchase medicine for me” community people.

CHS4: Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.

CHS 4 includes providing information to communities and people affected by crisis know about the organization, the principles it adheres to, how it expects its staff to behave, the programs it is implementing, and what they intend to deliver. The communication languages, formats, and media should be easy to understand, and the communications should be respectful and culturally appropriate for different members of the community, especially vulnerable and marginalized groups. It also requires ensuring representation is inclusive, involving the participation and engagement of communities and people affected by crisis at all stages of the work.

From the study it was found that the beneficiaries were very much aware of their right and they are free to share their feedback. Some of the feedbacks were addressed, where some of the feedback could not be addressed. In some cases, they project staff were considering their feedback. Major feedback the project staff received were as below.

- Need more fans, lights, water filter at the facility.
- Increase service point at the facility.
- Construction of breast-feeding corner.
- Shortage of medicine
- Introduction of diagnostic services or installation of diagnostic equipment
- Increase the number of doctors.
- Introduction of child delivery
- Increase the operating hour.

“We have increased the number of fans and lights after receiving their feedback. We are also considering to increase number of doctors of the project budget is increased”Project staff.

“We received feedback from the beneficiaries and introduced breast feeding corner, which was not included in our project plan”Project staff.

To provide good quality services the project staff went through training on the protection and rights of refugees. In the training, the project staff received detailed guidelines, including the UN's guide. Save the Children organized the training during recruitment of the resources. Moreover, before joining the program, each of the staff had to go through child safeguarding and PSEA training to ensure the rights of

the Rohingya people. Moreover, at the health post, an interpreter was recruited to ease the communication between the parties.

“I have received training on the protection and rights of refugees. Got everything, including the UN’s guide. I received the training on refugees from Save the Children.” Project staff.

CH55: Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.

This standard requires to have a formal and informal mechanism for complaint. The project should welcome and accept complaints and need to address these complaints in a timely, fair and appropriate manner.

The project welcomes and accepts complaints raised by the Rohingya community. There was a toll-free number that was posted outside the health post. However, the beneficiaries were more comfortable sharing their complaint through face-to-face discussion. They shared their complaint regarding the shortage of medicine or unavailability of some essential drugs. They expressed their dissatisfaction regarding the operating hours of the health post, which was not sufficient for the community people. There was no service available at night. Moreover, there was no emergency support at the facility. They repeatedly complained about the unavailability of the labor room inside the health post. They had to go to other health facilities for the delivery of their children, which were away from their residence. There was no diagnostic facility at the health post, hence for any diagnostic test, patients are either referred to Medecins Sans Frontieres (MSF) or Cox’s Bazar

There were some issues, which could be addressed very quickly, while some of the issues require strategic decisions. In some cases, it requires improvement in the process to enable the health post to provide better service. some of the feedback could not be addressed at all due to regulations inside the camp.

There is a toll-free number from Save the Children to get feedback. We remind them every morning during counseling that you can call the number you see on a signboard and tell us your complaints or needs. After receiving their feedback, we provided fans, lights, water, filters and handwashing device. A lot of times they give feedback. Increase doctors, increase your people.Project staff.

“When I meet the volunteers, I share my opinion to increase the number of staff, increase the number of doctors, bring variety of medicine as per need. They shared the feedback with the management” Leader of mother support group.

CHS6: Communities and people affected by crisis receive coordinated, complementary assistance.

While implementing a project involving different stakeholders with different roles. The project goal can be achieved if all the stakeholders perform their own responsibility. CHS 6 requires identifying the roles, responsibilities, capacities, and interests of different stakeholders under the project. It also requires ensuring humanitarian response complements that of national and local authorities and other humanitarian organizations. It is essential to share necessary information with partners, coordination groups, and other relevant actors through appropriate communication channels.

In a camp, there were multiple organizations working on similar goals. Hence for better coordination, there was a camp focal agency at the camp level, who was a dedicated officer who coordinates all health-related projects. The implementation agencies had a monthly meeting. The agencies who had health facilities, a representative from each NGO attends the meeting and discusses different health-related issues. They discuss different patient types and opportunities for a referral. Moreover, different challenges faced by the NGOs are identified in the meeting and discussed possible solutions to those challenges.

The project had a provision of referral service as and when required. Since the project includes only primary health care services, if any patient is required any secondary or advanced treatment facility, the project referred them to other facilities. Moreover, for diagnostic services, the health post authorities refer the service seekers to relevant health facilities.

The agencies also must collaborate with other agencies to exchange training facilities. The staff of the project received some training from WHO. Moreover, the staff at the health post received training on breastfeeding and how to prepare complementary foods and conducted awareness sessions as per Infant and Young Child Feeding (IYCF) guidelines. The IYCF counselor ensured the counseling for lactating women, also provided training to the health post staff. On the other hand, Save the Children provided training to IYCF on different clinical topics.

The project also worked with the government on the EPI program for vaccination. Generally, the vaccines arrived at the Upazila health complex at Ukhiya, and the project team had to collect the vaccine from the health complex. The health post also needs to share regular reports with the government.

CHS7: Communities and people affected by crisis can expect delivery of improved assistance as organizations learn from experience and reflection.

Every organization has their own specialization or expertise, and it is expected that the organization will utilize their experience and learning to deliver improved assistance to the communities and people affected by crisis.

The first project was launched in 2017 and after that several projects have been under operation and since then the project is under operation. Most of the project staff have been working on the project since the very beginning and have gained enormous experience from the project itself. It helped the project staff to make necessary improvements in their skill, enhance their competency and deliver better service to the Rohingya people. The culture of the host community people and Rohingya community people were not the same. Rohingya people were more conservative. Once the Rohingya girls reached puberty, they were not allowed to go outside. The females were very much reluctant to participate in different awareness activities. Also, they were not ready to adopt family planning methods. The pregnant women were not interested to go to any health facility for the delivery of their child. Save the Children project staff had identified the challenges by talking to the people in the Rohingya community. They conducted some door-to-door sessions and involved the community leader. The situation gradually changed. Adolescents started participating in awareness sessions, the adoption of the family planning method also increased. As per the project staff, the child delivery rate at the health facilities was reached 60% which was the result of the awareness session.

“When we started the project, we had to go through very tough environment. No vehicles could reach to the health post. The project team had to take a walk for 20 to 25 minutes. It was not easy to carry the inventory. The overall environment was not favorable to us. The adolescent girls, after reaching puberty were not allowed to go out of their houses. The women did not want to participate in the awareness sessions. We must reach door to door to conduct the sessions. Based on our experience we found that the people are religiously superstitious. Hence, we involved some religious leaders in the project and got an exceptionally good result. Now the adolescent and women are taking part in the awareness session, married couples are adopting family planning methods, trying to ensure the antenatal and post-natal care and the delivery at the health facility has been increased.”Project Staff.

“At the beginning of our project, the parents did not bring their children to the camp. We received training on EPI, and we built a team of field investigators. We have the list of children who are eligible for vaccine. We share the list with the field team and the field team visits door to door to give reminder to their mothers.”Project staff

To ensure continuous improvement of the skill and competency of the project staff, the project had provision of training, which include training among doctors, paramedic, midwife, maternal and child health promoter, and assistant. The staff of the project received trainings from WHO. The trainings the project staff received included.

- Training on mental health
- Training on MUAC scale
- EPI training
- MCI training
- Minimum health package
- Psychological first aid
- Emergency health care service
- Infant and Young Child Feeding
- Focus ante natal care.

Through the training the support staff had enhanced their capabilities and skill and provided improved services to the community people.

“There are some doctors and medical assistants who have been working for three and a half years and have received training at different times. We have received training from the sector, and we organize internal trainings. Those of us who have relevant expertise, provided training to others. We also have monitoring system where we evaluate the performance based on score they achieved in comparison to previous score.” Project staff.

“Maybe there was a gap in my knowledge before the trainings, some things I didn't know. I can learn that after training. That is when we provide services patients by focusing on the aspects that we have learned in the training” Project staff.

“The staff of Save the Children has trained us very well as they have given details about maternal health, newborn baby, and proper cooking methods for complementary foods etc. Those who took part in the training now know a lot. Trainers can understand the participants' problems better and give them proper solution. I should say, my skills about maternal health, newborns and proper cooking methods have improved a lot. I don't feed my children the way I used to. Hence my children is healthier now”leader of mother's support group.

CHS 8: Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.

CHS 8 required that people affected by crisis receive assistance from the skilled staff and resources. Also, it is essential that the staff work according to the mandate and values of the organization and to agreed objectives and performance standards. It is also required that the staff adhere to the policies that are relevant to them.

Since the project included health care facilities, the project staff and volunteers must have minimum criteria to get involved in the project. The project management and the medical officer had minimum MBBS degrees, while the medical assistant was a paramedic who had to complete four years of medical training course. All the project staff had to go through a formal recruitment process. The project staff was very much familiar with the norms of the Rohingya community. The volunteers were recruited from the Rohingya community who understood the needs of the beneficiaries very well and helped to design the program accordingly. All the volunteers went through the internal and external training program mentioned in CHS 7.

The project management and the front-line staff were working at the facility since the very beginning of the project. They had working experience in different health facilities in different camps and at different health posts. The medical officer, who was a qualified MBBS doctor had been working with Save the Children from the beginning. The medical assistants also had worked in different camps in the Rohingya community. They had been providing training for three and a half years and also received training at different times from different organizations.

Moreover, to ensure the competency and skill of the staff, Save the Children Maintained a checklist and the management team regularly supervised the checklist and the change in score achieved by the project staff. There was also an indicator in the log frame to ensure the quality of the staff and it was found that 100% of staff have achieved a better scores in the evaluation.

CHS 9: Communities and people affected by crisis can expect that the organizations assisting them are managing resources effectively, efficiently, and ethically.

The projects that are being implemented to assist the people affected by the crisis are mostly the aid received from the donor agencies, which were allocated to support the vulnerable and marginalized people. Hence, it is essential that the organizations assisting them are managing resources effectively, efficiently, and ethically. As per the requirement of CHS 9 the programs and implement processes needs to be designed in a way that ensures the efficient use of resources, balancing quality, cost, and timeliness at each phase of the response. Also, it is important to manage and use resources to achieve their intended purpose, minimizing waste.

As an implementation agency Save the Children was always accountable to the donor agency regarding spending the budget. The spending of the fund can be evaluated from two different perspectives. The first perspective was the percentage of the budget spent. Due to the spread of the COVID-19 pandemic, the project could not use 100% of their fund as per plan. The project had some plans and budgets for construction, which could not be accomplished. However, the amount spent on the project was invested wisely as per project requirements of the project and as per the need of the beneficiaries. The project spent its budget on the development of resources, managing the awareness program, and providing a health care facility. On the other hand, due to the COVID-19 pandemic, some of the activities such as the training of medical staff had to change its modality from face-to-face to online training modality, which affected budget consumption rate to some extent.

7. Recommendations

7.1 Recommendations to the NGO member

During the survey, it was found that the respondents and local community leaders expressed some dissatisfaction regarding the lack of facility at the health post. They expressed their dissatisfaction regarding the operating hours of the health post, which was not sufficient for the community people. However, as per regulations inside the camp, people outside the Rohingya community could not stay at the camp after 4 pm. Therefore, service at the health facility needs to be closed at 3 pm. Hence, it is needed to be communicated with the service seekers about the regulations of the camp, so that they were aware of the reasons for the time limits. Moreover, they would also be able to plan their schedule accordingly. The project team can evaluate the seasonal impact and the changes in the footfall of service seekers so that they can increase or reduce their resources accordingly. However, to meet the needs of the Rohingya people, it is strongly recommended to negotiate with the camp administrative authority to make the service available for 24 hours and seven days.

If due to regulatory issues, 24/7 service cannot be implemented, the project can form an emergency response team. The team can have volunteers recruited from the Rohingya community people. There should be multiple volunteers in each sub-block based on geographical dispersion and population density. There should be an emergency transport facility which is convenient inside the camp. The volunteers would receive training on first aid. In case of emergency, the community people should be able to call the volunteers and the emergency patient can be taken to the nearest available health facility.

The community people wanted some advanced facility from the health post, which included diagnostic equipment, specialized doctors, or labor room for the delivery. It was clearly understood that the beneficiaries could not differentiate between health posts and primary health care center. Due to the location of the health facility, the number of outpatients at the health post was high, which outnumbers the other 8 health posts of Save the Children. Therefore, it is recommended to update the facility from health post to primary health care center with some advanced facility.

There were few cases, where a shortage of medicine was found. The requisition of medicine took time due to processing complexity. The health post management can set a threshold point and if the medicine reached the threshold point, the process of requisition should be started.

In the survey, it was identified that when a patient is referred to a place for advanced treatment or medical test, the beneficiaries fall into trouble regarding the transport facilities. It is often expensive for them to manage the transport cost considering their lack of income opportunity. Therefore, it is recommended to arrange some transport facility, it would be more convenient for the beneficiaries. If the project does not have a sufficient budget for the transport facility, they can use tomtom as a mode of transport.

There were some cases the beneficiaries were not happy with the number of medicines they were receiving. There were some cases the respondents claimed that they had to sell their food or relief to available medicine for their treatment or avail a medical test. It is recommended to increase the budget for free distribution of medicine and also subsidies for medical tests.

There were few cases where the pregnant women could not go to any health facility during the delivery of their child since they did not have anybody to accompany them or could not manage time to go to the health facility (may be at night). A database can be prepared for pregnant women with the expected date of delivery. The field team or volunteer can regularly visit the women and conduct regular follow up, so that during delivery the mother can be taken to the nearest health care facilities.

The survey identified that after participating in the awareness sessions, females were very interested to adopt family planning methods, but their husbands did not accept it. Some cases they considered family planning as a sinful activity. Hence, if the males are also included in the awareness session, they would also be motivated to adopt family planning methods.

There were some mothers who received training on cooking food for their babies, but they did not practice it at home. Save the Children volunteers can visit the houses and monitor the supplementary food the mothers are cooking or providing their children. They would also motivate their mothers to cook supplementary foods as per the training they had received.

7.2 Recommendations to JPF

It was clearly identified that the camp and where the health post is located, there is an urgent need for primary health care center. The people around the health post needs facility that includes diagnostic center, labor room with proper equipment, specialized doctors etc. Therefore, it is recommended that JPF negotiates or help Save the Children to negotiate with the local administrative authorities to upgrade the health post to primary health care centers.

The survey identified that the Rohingya people cannot purchase medicine for their treatment. They are often taking less medicine than it was prescribed or selling their belongings to purchase medicine or bear the treatment expenditure. Hence it is recommended to allocate more budget for medicine and provide some subsidies to the extreme poor Rohingya people on the treatment expenditure.

JFP can allocate some fund for transport facility for the patient at the health post. The project staff can identify the vulnerable people from Rohingya community who has been referred for advance treatment or medical support can be transported through the facility at free of cost.

Appendix

Appendix 1: TOR

The Japan Platform (hereinafter referred to as "JPF") is an international emergency humanitarian aid organization which offers the most effective and prompt emergency aid in response to humanitarian needs, focusing on issues of refugees and natural disasters. JPF conducts such aid through a tripartite cooperation system where NGOs, business communities, and the government of Japan work in close cooperation, based on equal partnership, and making the most of the respective sectors' characteristics and resources. JPF serves as an intermediary support organization providing various types of assistance to member NGOs in Japan to deliver quick and comprehensive aid on their own. JPF has supported aid activities of 44 member NGOs, each with its own set of diverse strengths. It has delivered humanitarian assistance to 55 nations and regions about 1,500 projects, with a total financial contribution of 60 billion yen. JPF has built a strong reputation based on trust by promoting cooperation among private sectors and NGOs and by accurately reporting all of its activities.

The purpose of this request for proposals (RFP) is to solicit competitive offers for the provision of Third-party project evaluation services for ongoing 4 JPF projects which are being funded by JPF and implemented by member NGOs in Cox's Bazar, Bangladesh. JPF seeks to contract a TPM entity to accurately capture information, verify activities and analyze data on these project activities. JPF will use the outcome of this evaluation to improve the current and future projects and programme. The evaluation reports will be made available to public as a part of JPF's activity to ensure accountability to the donor and public.

The main objectives of evaluation is;

- To verify actual outputs and if possible, outcomes of the project with the available data
- To verify that the humanitarian principles and standards including Core Humanitarian Standards (CHS) are respected.
- To understand the beneficiary satisfaction
- To provide feedback and recommendations to the future projects and programme improvement for both JPF and member NGOs
- To provide contextual information on the target sectors
- The criteria of value used for this evaluation is CHS and therefore it is essential that the selected contractor possesses a good understanding of this standard and past experience in conducting evaluation using CHS. Moreover, the selected contractor, and in particular the assigned team, is expected to be competent on conducting evaluation activities below.
- Desk review of the implementing partner's project documents; including but not limited to approved project proposal, project log frame, needs assessments, beneficiary selection criteria, latest project progress report and any other relevant document.
- Sample selection methodologies
- Beneficiary surveys to measure project outcomes, through tools such as Post Distribution Satisfaction and household visits.

A – INSTRUCTIONS TO BIDDERS

In submitting a tender, the bidder accepts in full and without restriction the special and general conditions governing this contract as the sole basis of this tendering procedure, whatever his own conditions of sale may be, which hereby waives.

Bidders are expected to examine carefully and comply with all instructions, forms, provisions and specifications contained in this tender dossier. Failure to submit a tender containing all the required information and documentation within the deadline specified will lead to the rejection of the tender.

No account can be taken of any reservation in the tender as regards the tender dossier; any reservation will result in the immediate rejection of the tender without further evaluation.

Tender procedures will be conducted by authorized Japan Platform personnel and the decision will be given by the tender committee. If requested, representatives from the back door or partner organizations can attend to the tender committee as an observer.

1. Preamble:

The Japan Platform (hereinafter referred to as "JPF") is an international emergency humanitarian aid organization which offers the most effective and prompt emergency aid in response to humanitarian needs, focusing on issues of refugees and natural disasters. JPF conducts such aid through a tripartite cooperation system where NGOs, business communities, and the government of Japan work in close cooperation, based on equal partnership, and making the most of the respective sectors' characteristics and resources.

JPF serves as an intermediary support organization providing various types of assistance to member NGOs in Japan to deliver quick and comprehensive aid on their own. JPF has supported aid activities of 44 member NGOs, each with its own set of diverse strengths. It has delivered humanitarian assistance to 55 nations and regions about 1,500 projects, with a total financial contribution of 60 billion yen. JPF has built a strong reputation based on trust by promoting cooperation among private sectors and NGOs and by accurately reporting all its activities. Please find attached JPF Information Leaflet as Annex 1. More information on JPF can be found at <http://www.japanplatform.org/E/>.

2. Purpose of the Request for Proposals

The purpose of this request for proposals (RFP) is to solicit competitive offers for the provision of Third-party project evaluation services for ongoing 4 JPF projects which are being funded by JPF and implemented by member NGOs in Cox's Bazar, Bangladesh.

JPF seeks to contract a TPM entity to accurately capture information, verify activities and analyze data on these project activities. JPF will use the outcome of this evaluation to improve the current and future projects and programme. The evaluation reports will be made available to public as a part of JPF's activity to ensure accountability to the donor and public.

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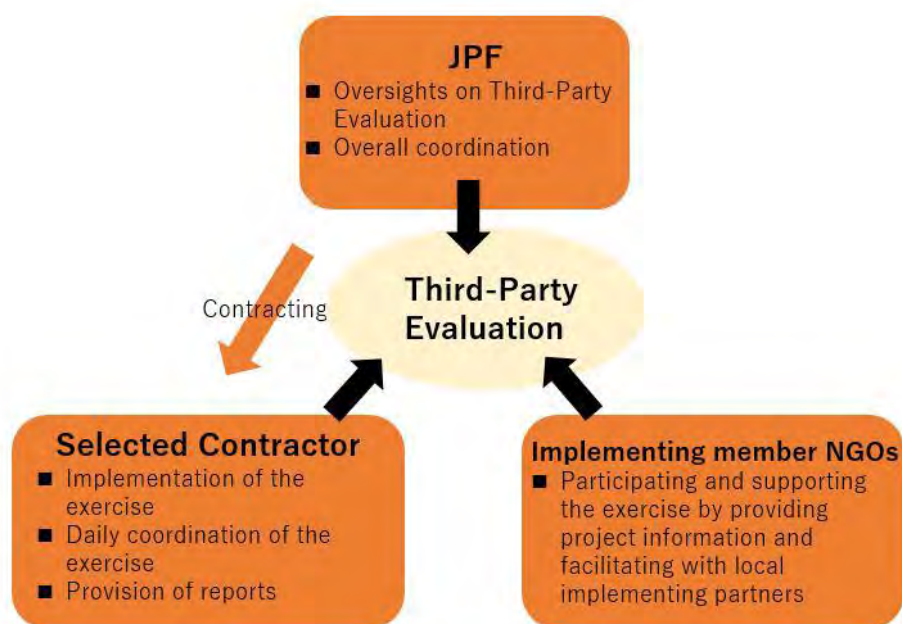
3. Scope of Services

This RFP encompasses the evaluation of ongoing 4 projects as part of JPF accountability and learning initiatives for quality improvement. Prior to the start of data collection for evaluation activities, the selected contractor will closely collaborate with JPF to develop tools, field visit protocols, data presentation and reporting formats. JPF will provide the contractor with relevant documentation, including projects proposals and approved amendments. The member NGOs will provide more project specific documents pertaining to the evaluation exercise. Key project documents are in English, however, inherently some of documents are in Japanese and the selected contractor are expected to use google translation and triangulation technique to confirm contents. All documentation shared with the contractor is considered confidential and a data protection protocol will be signed as part of the agreement.

The project brief information and project specific evaluation scope can be found as an Annex 2 – Project Summary 1 to 4 to this document. The field data collection for evaluation are expected to be conducted during the month of January and February 2021.

All four projects above are implemented inside Myanmar refugee camps in Cox’s Bazar, besides, two out of four projects also have activities in host communities. Due to the outbreak of COVID-19 in Bangladesh including the refugee camps where the access from the outside is restricted, the methodology and procedure of this evaluation activity is in conformity with COVID-19 preventive measures imposed by the government of Bangladesh and authorities concerned. The successful contractor is expected to undertake evaluation activities respecting do-no-harm principles and where possible, to adapt alternative means of factual identification such as telephonic interviews. The detailed methodology and tools shall be discussed with each member NGO at the inception meetings and the contractor is expected to adjust the work plan accordingly.

Implementing Structure of the Third-party Evaluation



The criteria of value used for this evaluation is CHS and therefore it is essential that the selected contractor possesses a good understanding of this standard and past experience in conducting evaluation using CHS. Moreover, the selected contractor, and in particular the assigned team, is typically expected to be competent on conducting evaluation activities below.

Desk review of the implementing partner's project documents; including but not limited to approved project proposal, project log frame, needs assessments, beneficiary selection criteria, latest project progress report and any other relevant document.

Sample selection methodologies

Beneficiary surveys to measure project outcomes, through tools such as Post Distribution Satisfaction and household visits.
Project Site visits and verification of project activities
Individual Observations of the surveyor
Key Informant Interview
Focus Group Discussions

Country and sector context analysis

In order to assess the competency and consideration of the individuals and institutions submitting proposals with regards to COVID-19 preventive measures, this RFP is requiring a submission of one to two-page plan of free format stating organization policy toward preventive measure against COVID-19 together with other required documents. The plan should inform the approach to the data collection and any other information deemed necessary to demonstrate the ability to conduct data collection with much consideration on COVID-19 outbreak in general.

4. Expected Activities and Deliverables

For all tasks, specific tools and templates will be developed and agreed to between JPF and the contractor following signing of the contract. It is expected that the reports provided by the contractor will adhere to the agreed upon templates. For all remaining tasks, general approaches will be developed and agreed to between JPF and the contractor, upon signing of the contract.

It is expected for the selected contractor to perform below activities.

To organize 4 separate inception meetings with JPF and project implementing NGOs to discuss the details of the evaluation objectives, scope, targets, data processing and analyzing, allocated team and reporting.

To provide a draft inception report specific per project with a detailed work plan including data collection tools and methodology, proposed schedule of site visits and sample beneficiary and key informant selection strategy and list of data to be collected.

To develop data collection tools and methodology specific for each project to implement the work plan;

To submit periodic updates with reference to agreed work plan.

To submit final evaluation reports, separate for each project including raw-data and visuals collected per project as well as a bridge report with cross-cutting finding across programme and recommendations for JPF as per the agreed format;

To organize 4 separate debriefing meetings and present details, findings and recommendations of the exercise to JPF, member NGOs and project implementation NGOs. (The debriefing meetings should be conducted by 20th March 2021)

In the face of outbreak of COVID-19 worldwide, all discussions will be undertaken online.

5. Call for Tenders Schedule

	DATE	TIME*
Tender publication date	18 November 2020	
Deadline for request for any clarifications from JPF	27 November 2020	17:00
Last date on which clarifications are issued by JPF	30 November 2020	17:00
Deadline for submission of tenders (receiving date, not sending date)	6 December 2020	17:00
Notification of award to the successful tenderer	20 December 2020	
Signature of the contract	25 December 2020	

* All times are in the local time of Tokyo, Japan.

6. Questions and Clarifications

If JPF, either on its own initiative or in response to a request from a prospective bidder, provides additional information on the tender dossier, such information will be communicated simultaneously in writing to all the bidders.

Bidders may submit questions in writing to the following address by email before the deadline for request for any clarifications, specifying the tender reference number.

Contact Person:

Name / Surname	Title	E-Mail Address
-	Procurement Department	procurement@japanplatform.org

Any explanation or amendment to be made regarding the tender dossier shall also be shared with all applicants simultaneously. Bilateral negotiations will not be held with the institutions applying during the tender.

7. Meeting with the Institutions / Company Visits

No clarification or bilateral meeting will be held with the entities applying during the tender. Company visits will not be conducted. However, a meeting will be held with the winning entity prior to the signing of the agreement.

8. Eligibility Documents Required for the Bidders

Participation in tendering is open on equal terms to all natural and legal persons or companies or firms that can provide the required documents by this tender. If the required document is in another language than English, then an English translated copy should be provided along with the original.

8.1. Organizational Profile Document providing detailed information on the capacity of the organization and services provided (such as previous and ongoing works, relevant experiences, registration details, establishment year, number of offices, number of full/part time staff, experts, surveyors and etc.)

8.2. Valid company registration documents including licenses obtained from the relevant governmental institution.

8.3. Submission of the most recent original and valid tax documents

8.4. Providing address declaration for notifications (phone and e-mail address information). Please indicate if you have an office in Bangladesh.

8.5. Signature declaration or list of authorized signatures indicating that they are authorized to submit bids.

8.6. Please provide detailed list of any ongoing or past activities of your organization in Bangladesh, especially in Cox's Bazar along with organization and contact person for reference check. (Demonstrating past experience in conducting evaluation using CHS is strong assert. As a reference, the past reports of JPF project evaluation using CHS in another programme can be found below).

https://www.japanplatform.org/programs/pdf/JPF_afghanistan2018_report1_SVA.pdf

https://www.japanplatform.org/programs/pdf/JPF_afghanistan2018_report3_CWS.pdf

https://www.japanplatform.org/programs/pdf/JPF_afghanistan2018_report4_PWJ.pdf

8.7. Written commitment to not carry any of the "reasons for exclusion from the tender" under clause 21 of the tender dossier.

8.8. Technical Proposals should include.

8.8.1. Evaluation design and methodology

8.8.2. Monitoring and Evaluation targets for field visits, household surveys, focus group discussions and key informant interviews should be indicated separately for each project.

8.8.3. Evaluation Implementation Work and Time Plan

8.8.4. Provide information on your network and access to the target locations.

8.8.5. Safety, Security and Covid19 related policy and procedures that will be applied.

8.8.6. Confidentiality and Data Protection Policy and Procedures that will be applied.

8.8.7. Information on the data collection tool and methodology of how the data analyzed.

8.8.8. Provide the list of personnel who will be assigned to contract, detailing the tasks of each and provide CVs for listed key personnel. At least 50 percent of field monitors must be female and in the evaluation of bids gender equality in the project team will be recognized.

8.8.9. Sample questionnaire and report

8.8.10. Indicating the deliverables

8.8.11. Provide an alternative methodology and activities if the proposed activities cannot be conducted due to COVID-19 limitations and restrictions.

8.10. Financial Proposal should include.

8.10.1. All the tax and costs

8.10.2. The cost of each project and the final total of 4 projects

8.10.3. Payment conditions

9. Bidding format and content

Bid proposal should consist of separate sub-folders as administrative documents, technical and financial proposals.

Bidding Documents should be in the same sequence as listed in clause 8. All the documents should be scanned and submitted via e-mail or a link should be provided to be downloaded. The bidder must be aware of the followings.

Indicating that the tender dossier is fully read and accepted,

The price quoted must be clearly written in accordance with the numbers and the written text, There shall not be any scratches, erosion or correction on the documents.

If the bidder is a real person, the name and surname of the bidder, if a legal entity, then the trade name must be fully written and shall be signed by the authorized persons.

The tender reference number JPF-BGD-20-008 must be specified on the e-mail and on the file names.

Bidders who bid as a joint venture must sign bids by all partners or by persons authorized to bid.

In the tender letters who will bid as a consortium, the price that the consortium partners offer for the parts of the business that require their expertise will be written separately. The sum of the prices that the consortium partners offer shall constitute the consortium's total bid price.

All the bid letters submitted by the joint venture must be signed by all partners or by the representatives of the partners.

Proposals which are not in conformity with any of them or which have scrapes, erosions or corrections on them shall be rejected and shall not be considered as submitted at all.

10. Submission of Proposals

Interested Consultants/Companies/Organizations shall provide a proposal along with the information and documents listed under Clause 8, until **17:00 (pm), 6th of December 2020**. The documents shall be in PDF format and signed by the authorized person. All the documents shall be in a zipped file and shall be send to the following e-mail address.

	Name / Surname	Department	E-Mail Address
1.	-	Procurement Department	procurement@japanplatform.org

11. Period of validity

The validity period of the tenders shall be at least 60 calendar days from the date of procurement. The bids which have shorter period of validity will not be taken into account.

In case of need, the Contracting Authority will make a request for extension of the validity period of the bid for a maximum of 30 days. The tenderer may accept or reject this request of the Contracting Authority. Requests and answers in this regard shall be made in writing.

Successful bidder must ensure the validity of the bid for the following 60 days from being notified of the entitlement to the contract. Regardless of the date of notification, 60 days are added to the first 60 days.

12. Currency of tenders

The amounts quoted in the offers given by the companies are required to be written in American Dollar - USD.

13. Language of offers and procedure.

The proposals and all other related documents shall be the scanned version of the original document and shall be written in English. If the original document language is other than English, then the translation of the document will be accepted along with the original.

14. Alteration or withdrawal of tenders

Bidders may not alter or withdraw their tenders after submission.

15. Costs of preparing tenders.

Tender dossier is free. All costs incurred during the preparation and submission of the tender offer shall be borne by the bidder. No reimbursement will be made for any charges regardless of the result.

16. Evaluation - Location, Date and Hour of the Tender Opening and Examination: JPF will evaluate incoming bids on the following conditions.

The conformity of the required documents
Quality of technical proposal – weights 60%
Financial Offer –weights 40%

17. Notification award and contract signature

The successful bidder is informed in writing and the contract is signed within 10 (ten) calendar days. A meeting will be conducted prior to the signing of the contract. Firms that are not selected as the result of the evaluation are informed in writing within 15 (fifteen) working days. If the successful bidder does not sign the contract, the second-best bidder is informed in writing by the tender committee and a contract is signed within 10 (ten) calendar days.

18. Ownership of tenders

JPF is obliged to keep the procurement proposals collected as a result of this tender for future audits.

19. Type of Contract

The contract will be drafted to include bid proposal specifications and tender requirements.

20. Cancellation of the tender procedure

In the event of a tender procedure's cancellation, bidders will be notified by JPF.

Cancellation may occur where:

1. The tender procedure has been unsuccessful, namely where not qualitatively or financially worthwhile tender has been received or there has been no response at all;
2. The economic or technical parameters of the project have been fundamentally altered.
3. Exceptional circumstances or force majeure render normal performance of the TPM impossible.
4. All technically compliant tenders exceed the financial resources available.
5. There have been irregularities in the procedure, in particular where these have prevented fair competition.

Under no circumstances JPF will be liable for damages, whatever their nature (in particular damages for loss of profits) or relation with the cancellation of a tender. The publication of a procurement notice does not commit JPF to implement the announced programme or project.

21. Reasons for disqualification from the tender

Tenderers in the following cases shall be excluded from the tender if they are found to be:

- 21.1. Those who are bankrupt, in liquidation, whose work is carried out by the court, declare concordat, suspend their business or are in a similar situation according to the legislative provisions in their home country,
- 21.2. Proven by the employer that there were activities in violation of business or professional ethics during the course of business with the organizations within five (5) years prior to the date of procurement.
- 21.3. As of the date of the procurement, if the bidder's membership/license is cancelled from the chamber which the bidder had to registered in accordance with the legislation.
- 21.4. Bidders that have failed to provide the documents, or gives incomplete or misleading information and/or falsified documents that are requested by this tender dossier.

22. Prohibited Acts or Behaviors

The following acts or actions are prohibited during the tender.

- 22.1. To commit or attempt to commit mischief, fraud, promises, threats, to influence, to exploit for one's interest, to make deal, extortion, bribery or other means of breach.
- 22.2. Acts to influence other bidder's willingness to attend tender, prevent their participation to tender, make or offer deals to other bidders and to engage in acts to influence fair competition or tender decision.
- 22.3. To arrange, use or attempt to falsify documents or fraudulent collateral.
- 22.4. To give more than one proposal, either directly or indirectly, in person or by proxy, on behalf of himself or other

23. Ethical Considerations

- 23.1. The monitoring and evaluation activities should not contradict ethical principles. The selected TPM entity should take all reasonable steps to ensure that the M&E activities are designed and conducted within the framework of Do no Harm principle to respect and protect the safety, rights and welfare of the people.
- 23.2. Consent should be taken from all participants of M&E data collection activities and all data gathered should be kept confidential. Ownership of all data, information, and findings gathered through different M&E activities lies with the contracting authority (JPF).
- 23.3. The TPM entity should adhere to principles and policies of the member NGOs, a special attention should be given to Child Protection principles, gender policy and Preventing Sexual Exploitation, Abuse and Harassment (PSEAH) policy.

Appendix 2: Tools have been used.

Questionnaire for Female Households in Rohingya Community

Org-Quest Research Limited

DH Tower, Level-7 (Suit-701)

6 Panthapath, Dhaka-1215

Phone: 55013481-84

Questionnaire for Households in Rohingya Community

Project	Provision of comprehensive health services for people fleeing Myanmar in Cox's Bazar District, Bangladesh								
Name of Interviewer		Code		Date of Interview		Sign.			
Check Details	Name of FC:			Name of FS:			Other Official:		
	Code	Sign	Date	Code	Sign	Date	Code	Sign	Date
Accompany Call	1			1			1		
Back Check	2			2			2		
Spot Check	3			3			3		
Address Check	4			4			4		
Scrutiny	5			5			5		
Upazila উপজেলা	Ukhia উখিয়া								
Name of Respondent উত্তরদাতার নাম									
Father's/Husband's Name উত্তরদাতার পিতা/স্বামীর নাম									
Camp's Number ক্যাম্পের নম্বর	15		Block ব্লক			Sub-block সাব-ব্লক			
						Interview Time			
GPRS						Start		End	

Salam / Adaab, my name is _____. I have come from “Org-Quest Research Limited”, a social and market research firm headquartered in Dhaka. We conduct research on different products and services. Currently we are conducting a survey on health and nutrition among Rohingya communities in Cox's Bazar. All information provided by you will be treated as confidential and will be used for the purpose of research only. Please note that no remuneration or incentive will be provided for taking part in this survey.

সালাম / আদাব, আমার নাম _____। আমি ঢাকায় অবস্থিত “ওআরজি-কোয়েস্ট রিসার্চ লিমিটেড” নামক একটি সামাজিক ও বাজার গবেষণা সংস্থা থেকে এসেছি। আমরা বিভিন্ন পণ্য ও সেবা নিয়ে গবেষণা জরিপ পরিচালনা করে থাকি। বর্তমানে আমরা কক্সবাজার জেলায় রোহিঙ্গা শরণার্থীদের মাঝে স্বাস্থ্য ও পুষ্টি এর সাথে সম্পর্কিত একটি গবেষণা জরিপ পরিচালনা করছি। আপনার দেয়া সমস্ত তথ্যের গোপনীয়তা রক্ষা করা হবে এবং শুধুমাত্র গবেষণার কাজে ব্যবহার হবে। এই জরিপে অংশগ্রহণ করার জন্য আপনাকে কোনো পারিশ্রমিক (টাকা বা অন্য কোনো কিছু) দেওয়া হবে না।

Section 1: Demographic Profile সেকশন ১: ডেমোগ্রাফিক প্রোফাইল

D1. What is your age? আপনার বয়স কত?

_____ Years. বছর।

D.2. What best describes your employment status: (Single answer) আপনার বর্তমান পেশা কোনটি? (একটি উত্তর দিন)

NGO worker/volunteer এনজিও কর্মী/স্বেচ্ছাসেবক	1	
Work in a restaurant or tea shop হোটেল বা চায়ের দোকানে কাজ করি	2	
Work in a small shop/vendor ছোট দোকানে/ব্যবসা প্রতিষ্ঠানে কাজ করি	3	
Driving a rickshaw/tomtom রিক্সা/টমটম চালাই	4	
Day labor দিনমজুরের কাজ করি	5	
Porter কুলির কাজ করি/মালপত্র আনা-নেয়ার কাজ করি	6	
Working কাজ করি	7	
Studying পড়াশোনা করি	8	
Receiving vocational training কারিগরী প্রশিক্ষণ নিই	9	
Unemployed বেকার	10	
Housewife গৃহিনী	11	
Other (pleasespecify) অন্যান্য (উল্লেখ করুন)		

D.3. What is your marital status now: are you married; living with a partner, not married; widowed; divorced; or separated? আপনার বর্তমান বৈবাহিক অবস্থা কী: অবিবাহিত, বিবাহিত, বিধবা, তালাকপ্রাপ্ত বা আলাদা থাকেন?

Single অবিবাহিত	1
Married বিবাহিত	2
Divorced তালাকপ্রাপ্ত/তালাকপ্রাপ্তা	3
Widowed বিধবা/ বিপত্নীক	4
Separated আলাদা থাকি	5

D4 Ask if respondent is married, i.e., 2 in D4] Are you pregnant? [যদি উত্তরদাতা বিবাহিত হন, D4 এ ২ কোড হয় তাহলে জিজ্ঞাসা করুন] আপনি কি গর্ভবতী?

Yes হ্যাঁ	1	Continue সাক্ষাৎকার চালিয়ে যান
No না	2	Go to D9 D9 এ যান

D5. [Ask if yes in D4] Have you been to a health facility for a check-up? [যদি D4 তে হ্যাঁ হয় তাহলে জিজ্ঞাসা করুন] আপনি কি চেক-আপের জন্য কোনো স্বাস্থ্য কেন্দ্রে গিয়েছিলেন?

Yes হ্যাঁ	1
No না	2

D6. [Ask if respondent has ever been married, i.e., if coded 2, 3, 4 or 5 in D3] Do you have any children? [যদি উত্তরদাতা কখনো বিয়ে করে থাকেন, অর্থাৎ D3 এ ২ বা ৩ বা ৪ বা ৫ কোড হয় তাহলে জিজ্ঞাসা করুন] আপনার কি কোনো সন্তান আছে?

Yes হ্যাঁ	1	Continue সাক্ষাৎকার চালিয়ে যান
No না	2	Go to Q1 Q1 এ যান

D7. [Ask if yes in D6] How many children do you have? (Record age and gender of children from oldest to youngest.) [যদি D6 তে হ্যাঁ হয় তাহলে জিজ্ঞাসা করুন, আপনার কতজন সন্তান আছে? তাদের কার বয়স কত? বড় থেকে ছোট হিসেবে লিস্ট করুন লিঙ্গসহ

No. Of children সন্তানের সংখ্যা: _____

SN	Age বয়স	Gender লিঙ্গ			
1		Boy ছেলে	1	Girls মেয়ে	2
2					
3					
4					
5					

D8. [Ask female respondents if has children less than two years] Are you breastfeeding your child with age less than two years? [যদি উত্তরদাতা মহিলা এবং ২ বৎসরের কম বয়সী সন্তান থাকে, অর্থাৎ D10. এর বয়স ঘরে ১ কোড হয় তাহলে জিজ্ঞাসা করুন] আপনার ২ বৎসরের কম বয়সী সন্তানকে বুকের দুধ পান করাচ্ছেন/ খাওয়াচ্ছেন কি?

Yes হ্যাঁ	1
No না	2

Section 2: Selection Quota সেকশন 2: মূল প্রশ্নপত্র

SQ1. Have you visited a health facility in the past one year for your own treatment or for the treatment of your family member regarding physical health concerns? [Auto code if respondent answered in D6 or D8] আপনি কি গত ১ বছরে আপনার নিজের অথবা পরিবারের কোন সদস্যের শারীরিক সমস্যার চিকিৎসার জন্য কোনো স্বাস্থ্য কেন্দ্রে গিয়েছেন?

Yes হ্যাঁ	1	Continue সাক্ষাৎকার চালিয়ে যান
No না	2	Go to SQ3.

SQ2. Where did you go when you had physical health concerns? (Do not read out options) (Can choose multiple responses) আপনার যখন কোনো শারীরিক সমস্যা হয়েছিল তখন আপনি চিকিৎসার জন্য কোথায় গিয়েছিলেন? (উত্তর পড়ে শোনাবেন না) (একাধিক উত্তর নেয়া যাবে)

Health post হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র)	1
Primary Health Centre প্রাথমিক স্বাস্থ্যসেবা কেন্দ্র	2
Field hospital ফিল্ড হাসপাতাল	3
Community health volunteer কমিউনিটি স্বাস্থ্য স্বেচ্ছাসেবক/হেলথ ভলান্টিয়ার	4
Traditional healer সনাতন চিকিৎসক, যেমন: কবিরাজ, ওঝা ইত্যাদি	5
Other (please specify) অন্যান্য (উল্লেখ করুন)	

SQ3. Have you visited a health facility in the past one year for your own treatment or for the treatment of your family member regarding mental health concerns? [Auto code if respondent answered in D6 or D8] আপনি কি গত ১ বছরে আপনার নিজের অথবা পরিবারের কোন সদস্যের মানসিক স্বাস্থ্যজনিত সমস্যার চিকিৎসার জন্য কোনো স্বাস্থ্য কেন্দ্রে গিয়েছেন?

Yes হ্যাঁ	1	Continue সাক্ষাৎকার চালিয়ে যান
No না	2	Go to Quota Section

SQ4. Where did you go or what did you do if you had any mental health concerns? (Do not read out options) (Can choose multiple responses) আপনার যদি কোনো মানসিক স্বাস্থ্যজনিত সমস্যা হয়েছিল তখন আপনি কোথায় গিয়েছিলেন বা কী করেছিলেন? (উত্তর পড়ে শোনাবেন না) (একাধিক উত্তর নেয়া যাবে)

Health post হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র)	1	
Primary Health Centre প্রাথমিক স্বাস্থ্যসেবা কেন্দ্র	2	
Field hospital ফিল্ড হাসপাতাল	3	
Community health volunteer কমিউনিটি স্বাস্থ্য স্বেচ্ছাসেবক/হেলথ ভলান্টিয়ার	4	
Traditional healer সনাতন চিকিৎসক, যেমন: কবিরাজ, ওঝা ইত্যাদি	5	
Mosque/religious leader মসজিদ/ধর্মীয় নেতা	6	
Talk to family/friends পরিবারের সদস্য/বন্ধুদের সাথে কথা বলবো	7	
Women friendly spaces (WFS) নারীবান্ধব কেন্দ্র (WFS)	8	
Child friendly spaces (CFS) শিশুবান্ধব কেন্দ্র (CFS)	9	
Other (please specify) অন্যান্য (উল্লেখ করুন)		

Check the Selection Quota of the respondents

Mother of Children U5 ৫ বৎসরের কম বয়সী শিশুর মাতা	1	
Adolescents কিশোর/কিশোরী	2	
Women of Reproductive Age (WRA) প্রজনন সক্ষম বয়সী মহিলা	3	
Pregnant women গর্ভবতি মহিলা	4	
Lactating women সন্তানকে স্তন্যদানকারী মহিলা	5	

Section 3: Main questionnaire সেকশন 3: মূল প্রশ্নপত্র

Q1. [Ask if the respondent went to health post in the past one year for physical concern, coded 1 in SQ2] For what services last time did you visit a health facility? [যদি উত্তরদাতা গত ১ বছরে শারীরিক সমস্যার জন্য হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) এ চিকিৎসা সেবা নিয়ে থাকেন, অর্থাৎ SQ2 তে 1 কোড হয় তাহলে জিজ্ঞাসা করুন। কোন ধরনের শারীরিক সমস্যার জন্য আপনি সর্বশেষবার হেলথ পোস্টে গিয়েছিলেন?

General Diseases সাধারণ রোগ	01
Tuberculosis যক্ষ্মা	02
Malaria ম্যালেরিয়া	03
Leprosy কুষ্ঠরোগ	04
Kala-a-Zar কালাজ্বর	05
Primary Eye Care প্রাথমিক চোখের যত্ন	06
Diarrhea ডায়রিয়া	07
Pneumonia নিউমোনিয়া	08
Vitamin- A capsule ভিটামিন- এ ক্যাপসুল	09
Adolescent Health Care কৈশোরের স্বাস্থ্যসেবা	10
Vaccine টিকা	11
Antenatal Care প্রসবপূর্ব যত্ন	12
Delivery সন্তান প্রসব	13
Post natal care প্রসব পরবর্তী যত্ন	14
HIV/AIDS এইচআইভি / এইডস	15
Family Planning পরিবার পরিকল্পনা	16
Other (please specify) অন্যান্য (উল্লেখ করুন)	

Q2. [Ask if the respondent went to health post in the past one year for psychological concern, coded 1 in SQ4] For what mental concern did you visit a health post last time? [যদি উত্তরদাতা গত ১ বছরে মানসিক স্বাস্থ্যজনিত সমস্যার জন্য হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) এ চিকিৎসা সেবা নিয়ে থাকেন, অর্থাৎ SQ4 এ 1 কোড হয় তাহলে জিজ্ঞাসা করুন। কোন ধরনের মানসিক স্বাস্থ্যজনিত সমস্যার জন্য আপনি সর্বশেষবার হেলথ পোস্টে গিয়েছিলেন?

Anxiety উদ্বেগ/দুশ্চিন্তা	01
Insomnia নিদ্রাহীনতা	02
Decreased appetite ক্ষুধামন্দা	03
Self-harming or suicidal ideation নিজের ক্ষতি বা আত্মহত্যার প্রবণতা	03
Other (please specify) অন্যান্য (উল্লেখ করুন)	

Q3. [Ask if the respondent went to health post in the past one year for psychological concern, coded 1 in SQ4, else go to Q4] For what mental services did you receive from the health post last time? যদি উত্তরদাতা গত ১ বছরে মানসিক স্বাস্থ্যজনিত সমস্যার জন্য হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) এ চিকিৎসা সেবা নিয়ে থাকেন, অর্থাৎ SQ4 এ 1 কোড হয় তাহলে জিজ্ঞাসা করুন, অন্যথায় Q4 এ যান। আপনি সর্বশেষবার হেলথ পোস্টে কোন ধরনের মানসিক স্বাস্থ্যসেবা নিয়েছিলেন?

Psychological counseling মানসিক পরামর্শ	01
Professional mental health support পেশাদার মানসিক স্বাস্থ্য সহায়তা	02
Prescription of medication ওষুধের প্রেসক্রিপশন	03
Psychological First Aid (PFA)/ মানসিক প্রাথমিক প্রতিবিধান	04
Other (please specify) অন্যান্য (উল্লেখ করুন)	

Q3.2 What changes have you noticed regarding mental health related concern after you received the support in the health post? স্বাস্থ্য পোস্ট প্রতিষ্ঠিত হওয়ার পরে আপনি মনস্তাত্ত্বিক স্বাস্থ্য সম্পর্কিত সেবা পাবার পরে এ সম্পর্কিত উদ্বেগ নিয়ে কোন পরিবর্তন লক্ষ্য করেছেন?

My mental health related concerns have been gone/ আমার মানসিক স্বাস্থ্য সম্পর্কিত উদ্বেগ চলে গেছে	01
My mental health related concerns have been reduced আমার মানসিক স্বাস্থ্য সম্পর্কিত উদ্বেগ কমে গেছে	02
My mental health related concerns have not been reduced আমার মানসিক স্বাস্থ্য সম্পর্কিত উদ্বেগ কমেনি	03
My mental health related concerns have been increased আমার মানসিক স্বাস্থ্য সম্পর্কিত উদ্বেগ বেড়ে গেছে	04
I don't know/আমি জানি না	05
Other (please specify) অন্যান্য (উল্লেখ করুন)	

Q4. [Ask if the respondent went to health post in the past, coded 1 in SQ2 or SQ4] I would like to know, did you find it comfortable when you visited the health post? In this regard I am going to read out some response options. Please let me know which response option suits you best/is most appropriate. (Read out options) [যদি SQ2 অথবা SQ4 এ 1 কোড হয় তাহলে জিজ্ঞাসা করুন] এখন আমি জানতে চাই, আপনি যখন হেলথ পোস্ট এ গিয়েছিলেন তখন কি স্বাচ্ছন্দ্য বোধ করেছিলেন? এই ব্যাপারে আমি আপনাকে কয়েকটি উত্তর পড়ে শোনাচ্ছি, দয়া করে বলুন এর মধ্যে কোন উত্তরটি আপনার জন্য সবচেয়ে বেশি প্রযোজ্য/সঠিক। (উত্তর পড়ে শোনান) 0

Yes, very comfortable হ্যাঁ, খুবই স্বাচ্ছন্দ্যবোধ করেছি	1
Yes, somewhat comfortable হ্যাঁ, মোটামুটি স্বাচ্ছন্দ্যবোধ করেছি	2
Neither comfortable nor uncomfortable স্বাচ্ছন্দ্যবোধও করিনি আবার অস্বাচ্ছন্দ্যবোধও করিনি	3
No, somewhat uncomfortable না, কিছুটা অস্বাচ্ছন্দ্যবোধ করেছি	4
No, very uncomfortable না, খুবই অস্বাচ্ছন্দ্যবোধ করেছি	5

Q5. [Ask if the respondent went to health post in the past, coded 1 in SQ2 or SQ4] What would you like to see to fulfill your expectations in a health facility? [যদি SQ2 অথবা SQ4 এ 1 কোড হয় তাহলে জিজ্ঞাসা করুন] আপনার প্রত্যাশা পূরণ করতে স্বাস্থ্য কেন্দ্রে কী কী সুযোগ-সুবিধা থাকা উচিত বলে আপনি মনে করেন?

Diseases diagnostic facilities রোগ নির্ণয়ের সুবিধা/পরীক্ষা-নিরীক্ষার সুবিধা	1
Adequate number of fans পর্যাপ্ত ফ্যানের সুবিধা	2
Adequate seating facilities পর্যাপ্ত বসার সুবিধা	3
Free medicine ফ্রি ঔষধ	4
High quality medicine উন্নতমানের ঔষধ	5
Good behavior of the health service providers স্বাস্থ্য সেবা প্রদানকারীদের ভালো আচরণ	6
Other (please specify) অন্যান্য (উল্লেখ করুন)	

Q6. How satisfied are you about the services provided by health post? Please rate in 5 point scale where 5 means completely satisfied and 1 means completely dissatisfied. you can choose any number between 1 to 5. হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) যারা সেবা দেন তাদেরকে সেবা সম্পর্কে আপনি কেমন সন্তুষ্ট? দয়া করে 5 পয়েন্ট স্কেলে রেট করুন যেখানে 5 এর অর্থ সম্পূর্ণ সন্তুষ্ট এবং 1 এর অর্থ সম্পূর্ণ অসন্তুষ্ট আপনি 1 থেকে 5 এর মধ্যে যে কোনও সংখ্যা পছন্দ করতে পারেন।

Completely satisfied পুরোপুরি সন্তুষ্ট	5
Satisfied সন্তুষ্ট	4
Neither satisfied, nor dissatisfied সন্তুষ্টও না আবার অসন্তুষ্টও না	3
Dissatisfied অসন্তুষ্ট	2
Completely dissatisfied পুরোপুরি অসন্তুষ্ট	1

Q7. Why do you think so? Anything else? (Probe appropriately do not prompt). আপনার কাছে কেন তা মনে হয়? আর কিছু? আর কিছু? (ভাল করে Probe করুন, Prompt করবেন না)।

Friendly বন্ধুসুলভ	01
Realistic বাস্তব সম্মত	02
Efficient দক্ষ	03
Knowledgeable জ্ঞান সম্পন্ন	04
Sincere দায়িত্ববান	05
Committed প্রতিশ্রুতিশীল	06
Active সক্রিয়	07
Other (please specify) অন্যান্য (উল্লেখ করুন)	

Q8. Have you ever suggested others to receive services from health post? আপনি কখনো অন্যদেরকে হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) গিয়ে চিকিৎসা সেবা নিতে পরামর্শ দিয়েছেন কি?

Yes হ্যাঁ	1
No না	2

Child care and nutrition for children under five years

Ask Q9-Q20 to those who have children under five years (check D10)

Q9. What nutritious food do the children of your family usually take? (Multiple answer possible) আপনাদের পরিবারের শিশুরা সাধারণতঃ কী কী পুষ্টিকর খাবার খায়? (একাধিক উত্তর হতে পারে)।

Green vegetables সবুজ শাকসব্জী	01
Fish/ Meat/ Egg মাছ/ মাংস/ ডিম	02
Milk দুধ	03
Fruits ফলমূল	04
Pulse ডাল	05
Other (please specify) অন্যান্য (উল্লেখ করুন)	

Q10. Where do you go when you have any health concerns for children under five years in your family? (Do not read out options) (Can choose multiple responses) যখন আপনার পরিবারের ৫ বছরের কম বয়সী শিশুর যদি কোনো শারীরিক সমস্যা হয় তাহলে আপনি কোথায় যান? (উত্তর পড়ে শোনাবেন না) (একাধিক উত্তর নেয়া যাবে)

Health post হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র)	1	Continue সাক্ষাৎকার চালিয়ে যান Go to Q14 Q14 তে যান
Primary Health Centre প্রাথমিক স্বাস্থ্যসেবা কেন্দ্র	2	
Field hospital ফিল্ড হাসপাতাল	3	
Community health volunteer কমিউনিটি স্বাস্থ্য স্বেচ্ছাসেবক/হেলথ ভলান্টিয়ার	4	
Traditional healer সনাতন চিকিৎসক, যেমন: কবিরাজ, ওঝা ইত্যাদি	5	
Other (please specify) অন্যান্য (উল্লেখ করুন)		

Q11. For what services last time did you visit a health facility for your child? সর্বশেষবার আপনার শিশুর শারীরিক সমস্যার জন্য স্বাস্থ্যসেবা কেন্দ্র থেকে কোন ধরনের স্বাস্থ্যসেবা নিয়েছিলেন?

General Diseases সাধারণ রোগ	01	
Tuberculosis যক্ষ্মা	02	
Malaria ম্যালেরিয়া	03	
Leprosy কুষ্ঠরোগ	04	
Kala-a-Zar কালাজ্বর	05	
Primary Eye Care প্রাথমিক চোখের যত্ন	06	
Diarrhea ডায়রিয়া	07	
Pneumonia নিউমোনিয়া	08	
Vitamin- A capsule ভিটামিন- এ ক্যাপসুল	09	
Vaccine টিকা	10	
Post natal care প্রসব পরবর্তী যত্ন	11	
Other (please specify) অন্যান্য (উল্লেখ করুন)		

Q12. Is there any paditrianist available in the health post? হেলথ পোস্টে (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) কোনো শিশু রোগের চিকিৎসক কি সবসময় পাওয়া যায়?

Yes হ্যাঁ	1	
No না	2	

Q13. How satisfied are you about the services provided by health post for your child? Please rate in 5 point scale where 5 means completely satisfied and 1 means completely dissatisfied. you can choose any number between 1 to 5. হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) যারা আপনার শিশুকে সেবা দেন তাদেরকে সেবা সম্পর্কে আপনি কেমন সন্তুষ্ট? দয়া করে 5 পয়েন্ট স্কেলে রেট করুন যেখানে 5 এর অর্থ সম্পূর্ণ সন্তুষ্ট এবং 1 এর অর্থ সম্পূর্ণ অসন্তুষ্ট। আপনি 1 থেকে 5 এর মধ্যে যে কোনও সংখ্যা পছন্দ করতে পারেন।

Completely satisfied পুরোপুরি সন্তুষ্ট	5
Satisfied সন্তুষ্ট	4
Neither satisfied, nor dissatisfied সন্তুষ্টও না আবার অসন্তুষ্টও না	3
Dissatisfied অসন্তুষ্ট	2
Completely dissatisfied পুরোপুরি অসন্তুষ্ট	1

Q14. Have the children of your family been vaccinated? আপনার পরিবারের শিশুদের কি টিকা দেওয়া হয়েছে?

Yes হ্যাঁ	1	Continue সাক্ষাৎকার চালিয়ে যান
No না	2	Go to Q17 Q17 তে যান

Q15. What Vaccines were given to the children of your family? (Multiple answer possible).
আপনাদের পরিবারের শিশুদের কোন্ কোন্ টিকা/ ভ্যাকসিন দিয়েছেন? (একাধিক উত্তর হতে পারে)।

BCG (tuberculosis) বিসিজি (যক্ষ্মা)	01
DPT ডিপিটি (ডিপথেরিয়া, পেরটুসিস, টিটেনাস)	02
OPV (Polio) ওপিভি (পোলিও)	03
Quintuple vaccine (diphtheria, pertussis, tetanus, hepatitis B and Hib infection) কুইনটুপল ভ্যাকসিন (ডিপথেরিয়া, পেরটুসিস, টিটেনাস, হেপাটাইটিস বি এবং এইচআইবি সংক্রমণ)	04
PCV (pneumococcus) পিসিভি (নিউমোনিয়া)	05
MR (measles and rubella) এমআর (হাম এবং রুবেলা)	06
Other (please specify) অন্যান্য (উল্লেখ করুন)	

Q16. Where the children of your family have taken for vaccination? (Multiple answer possible).
আপনাদের পরিবারের শিশুদের টিকা/ ভ্যাকসিন নেয়ার জন্য কোথায় কোথায় গিয়েছিলেন? (একাধিক উত্তর হতে পারে)।

Health post হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র)	1
Primary Health Centre প্রাথমিক স্বাস্থ্যসেবা কেন্দ্র	2
Field hospital ফিল্ড হাসপাতাল	3
Community health volunteer কমিউনিটি স্বাস্থ্য স্বেচ্ছাসেবক/হেলথ ভলান্টিয়ার	4
Traditional healer সনাতন চিকিৎসক, যেমন: কবিরাজ, ওঝা ইত্যাদি	5
Other (please specify) অন্যান্য (উল্লেখ করুন)	

Q17. [Ask if coded 2 in Q14] Why the children of your family have not been immunized? [যদি Q14 তে 2 কোড হয় তাহলে জিজ্ঞাসা করুন] কোনো টিকা/ ভ্যাকসিন দেয়া হয়নি কেন?

DURING PUBARTY বয়:সন্ধিকালীন সময়

Ask Q19-Q20 to adolescent respondents only প্রশ্ন 21 এবং 22 শুধুমাত্র কিশোর

কিশোরী উত্তরদাতাদের জিজ্ঞাসা করুন

Q18. During puberty, boys and girls experience certain physical and mental changes. In your case, did you know about the changes before your pubertal experiences? বয়:সন্ধিকালীন সময়ে ছেলে-মেয়েরা কিছু শারীরিক ও মানসিক পরিবর্তন অনুভব করে। আপনার ক্ষেত্রে জানতে চাচ্ছি, আপনি কি আপনার বয়:সন্ধিকালীন সময়ের অভিজ্ঞতার আগে পরিবর্তনগুলি সম্পর্কে জানতেন?

Yes হ্যাঁ	1	Continue সাক্ষাৎকার চালিয়ে যান
No না	2	Go to next section পরবর্তী সেকশনে যান

Q19. If knew, whom and what did you heard first? যদি জানতেন, আপনি প্রথম কার থেকে এবং কী কী শুনেছেন?

Source	Information

Family Planning পরিবার পরিকল্পনা

Ask Q23-Q29 to Women of Reproductive Age (WRA) প্রশ্ন 23 থেকে 29 শুধুমাত্র প্রজনন

সক্ষম বয়সী মহিলা উত্তরদাতাদের জিজ্ঞাসা করুন

Q20. Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? [Do not read] এখন আমি পরিবার পরিকল্পনা নিয়ে কথা বলতে চাই- একটি দম্পতি দেরীতে সন্তান নেয়া অথবা গর্ভধারণ এড়াতে বিভিন্ন উপায় বা পদ্ধতি ব্যবহার করতে পারে। আপনি এমন কোন কোন উপায় বা পদ্ধতি সম্পর্কে শুনেছেন? [পড়ে শোনাবেন না]

Female sterilization নারীবন্ধ্যাকরণ	01
Male sterilization পুরুষবন্ধ্যাকরণ	02
Oral contraceptive pill খাওয়ারবডি	03
Injectables ইনজেকশন	04
Male condoms কনডম	05
Iud আইইউডি/কপার-টি	06
Implants ইমপ্ল্যান্ট/কাঠি	07
Breastfeeding (lam) সন্তানকে বুকের দুধ খাওয়ানো	08
Rhythm/periodic abstinence নিরাপদ কাল বা দিনকাল মেনে চলা	09
Withdrawal আজল/প্রত্যাহার	10
Standard days method কোনো কিছু/পুঁতির সাহায্যে ক্যালেন্ডার মেনে চলা	11
I am not aware of family planning আমি পরিবার পরিকল্পনা সম্পর্কে জানিনা	12
OTHER (SPECIFY) অন্যান্য উল্লেখ করুন	

Q21. [Ask this question to married respondent only, else to to Q27] Have you or your husband/wife ever used anything or tried in any way to delay or avoid getting pregnant? (প্রশ্ন 24 থেকে 26 শুধুমাত্র বিবাহিতা উত্তরদাতাদের জিজ্ঞাসা করুন অন্যথায় Q27 যান) দেৱীতে সন্তান নেয়া অথবা গৰ্ভধারণ এড়াতে আপনি বা আপনার স্বামী/স্ত্রী কি কখনো কোনো পদ্ধতি ব্যবহার করেছেন?

Yes হ্যাঁ	1	Continue সাক্ষাৎকার চালিয়ে যান
No না	2	Go to Q23 Q23 এ যান

Q22. Are you or your husband/wife currently doing something or using any method to delay or avoid getting pregnant? আপনি বা আপনার স্বামী/স্ত্রী বর্তমানে কোনো পদ্ধতি ব্যবহার করছেন কি? যদি করে থাকেন, তাহলে কোন পদ্ধতি ব্যবহার করছেন?

		Current method বর্তমান পদ্ধতি
Female sterilization নারীবন্ধ্যাকরণ		01
Male sterilization পুরুষবন্ধ্যাকরণ		02
Oral contraceptive pill খাওয়ারবড়ি		03
Injectables ইনজেকশন		04
Male condoms কনডম		05
Iud আইইউডি/কপার-টি		06
Implants ইমপ্লান্ট/কাঠি		07
Breastfeeding (lam) সন্তানকে বুকের দুধ খাওয়ানো		08
Rhythm/periodic abstinence নিরাপদ কাল বা দিনকাল মেনে চলা		09
Withdrawal আজল/প্রত্যাহার		10
Don't know/ No answer জানি না/উত্তর নেই		11
Not using any method currently বর্তমানে কোনো পদ্ধতি ব্যবহার করছি না		12
OTHER (SPECIFY) অন্যান্য (উল্লেখ করুন)		

Q23. Has anyone spoken to you about the family planning methods or side effects of family planning methods? কেউ কি আপনাকে পরিবার পরিকল্পনা পদ্ধতি বা পরিকল্পনা পদ্ধতিগুলোর পার্শ্ব প্রতিক্রিয়া সম্পর্কে বলেছেন?

Yes হ্যাঁ	1	Continue সাক্ষাৎকার চালিয়ে যান
No না	2	Go to Q25 Q25 এ যান

Q24. Who spoke to you about the family planning methods or the side effects of FP methods the most recent time? পরিবার পরিকল্পনা পদ্ধতি বা পরিবার পরিকল্পনা পদ্ধতিগুলোর পার্শ্ব প্রতিক্রিয়া সম্পর্কে অতি সম্প্রতি আপনাকে কে কে বলেছেন?

Qualified doctor এমবিবিএস ডাক্তার	01
Midwife/nurse ধাত্রী বা দাই/নার্স	02
Skilled birth attendant in the camp ক্যাম্পের দক্ষ দাই	03
Paramedics প্যারামেডিক	04
Ngo worker এনজিও কর্মী	05
Relative আত্মীয়	06
Neighbors/friend প্রতিবেশী/বন্ধু	07
Husband/wife স্বামী/ স্ত্রী	08
Other family member পরিবারের অন্য সদস্য	09
Members of mothers support group মাতৃ সহায়তা গ্রুপের সদস্য	10
OTHER (SPECIFY) অন্যান্য (উল্লেখ করুন)	

Q25. Where do you go if you have any queries or concerns related to family planning? (Do not read out options) (Can choose multiple responses) পরিবার পরিকল্পনা সম্পর্কিত আপনার যদি কোনও প্রশ্ন বা উদ্বেগ থাকে তবে আপনি কোথায় যান? (উত্তর পড়ে শোনাবেন না) (একাধিক উত্তর নেয়া যাবে)

Health post হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র)	1
Primary Health Centre প্রাথমিক স্বাস্থ্যসেবা কেন্দ্র	2
Field hospital ফিল্ড হাসপাতাল	3
Community health volunteer কমিউনিটি স্বাস্থ্য স্বেচ্ছাসেবক/হেলথ ভলান্টিয়ার	4
Traditional healer সনাতন চিকিৎসক, যেমন: কবিরাজ, ওঝা ইত্যাদি	5
Other (please specify) অন্যান্য (উল্লেখ করুন)	

Maternal health knowledge and sources of health information

মাতৃস্বাস্থ্যের জ্ঞান এবং স্বাস্থ্য সম্পর্কিত তথ্যের উৎস

[Ask Q30-Q53 to pregnant and lactating women, else end the interview by thanking respondent] (প্রশ্ন 30 থেকে 53 শুধুমাত্র গর্ভবতী এবং সন্তানকে স্তন্যদানকারী মহিলা

উত্তরদাতাদের জিজ্ঞাসা করুন অন্যথায় উত্তরদাতাকে ধন্যবাদ জানিয়ে সাক্ষাত্কারটি শেষ করুন)

Q26. What are some of the signs and symptoms that indicate that a pregnancy may be in danger? গর্ভকালীন সময়ে একজন মহিলার কি কি জটিলতা বা বিপদ চিহ্ন দেখা দিতে পারে?

PROBE: Any other signs or symptoms? প্রোব করুন: আর কোন জটিলতা বা বিপদ চিহ্ন?

Q27. Can you tell me what danger signs or other alarms soon after birth would require attention in a health facility? আপনার মতে, সন্তান জন্মের পর পরই কি কি জটিলতা বা বিপদ চিহ্ন দেখা দিলে একজন মহিলাকে হাসপাতাল বা ক্লিনিকে নেয়ার প্রয়োজন হবে?

	Symptoms	Danger sign
Severe vaginal bleeding যোনি থেকে মারাত্মক রক্তক্ষরণ	01	01
Loss of consciousness অজ্ঞান হয়ে যাওয়া	02	02
A very long labor দীর্ঘ সময় প্রসববেদনা	03	03
Difficult labor অধিক যন্ত্রনাদায়ক প্রসববেদনা	04	04
Abnormal positioning of the child শিশুর অস্বাভাবিক অবস্থান	05	05
High fever মাত্রাতিরিক্ত জ্বর	06	06
Severe headache তীব্র মাথাব্যথা	07	07
Swollen hands & feet হাত-পা ফুলে যাওয়া	08	08
Seizures/convulsions হৃদরোগ/খিঁচুনি	09	09
Severe pain in abdomen পেটে তীব্র ব্যথা	10	10
Severe weakness মারাত্মক দুর্বলতা	11	11
Blurred vision চোখে ঝাপসা দেখা	12	12
Don't know জানি না	13	13
Other (specify) অন্যান্য (উল্লেখ করুন)		

Q28. In your opinion, what are some of the most serious problems that can occur **during the first 48 hours after birth** that could endanger the life of a newborn? আপনার মতে, জন্মের প্রথম 48 ঘন্টার মধ্যে নবজাতকের কি কি মারাত্মক সমস্যা হতে পারে যাতে তার জীবন নিয়ে সংশয় পর্যন্ত হতে পারে?

Baby has difficulty breathing শিশুর শ্বাসকষ্ট হতে পারে	01
Baby is too small শিশুটি খুবই ছোট হতে পারে	02
Baby is too cold or trembles শিশুর শরীর খুবই ঠান্ডা এবং শিশুটি কেঁপে কেঁপে উঠতে পারে	03
Baby is purple শিশু দেখতে লালচে বর্ণ হতে পারে	04
Baby is pale, bluish, or yellowish complexion শিশু দেখতে ফ্যাকাশে, নীলচে, বা হলদে বর্ণ হতে পারে	05
Baby does not want to nurse/difficulty sucking শিশু দুধ পান করতে চাইবে না/দুধ চুষতে অসুবিধা হতে পারে	06
Baby does not cry শিশু কাঁদবে না	07
Baby has high fever শিশুর মাত্রারিক্ত জ্বর হতে পারে	08
Baby has bleeding from cord/navel শিশুর নাড়ি/নাভি থেকে রক্তক্ষরণ হতে পারে	09
Don't know জানি না	10
Other (specify) অন্যান্য (উল্লেখ করুন)	

Q29. What were your **sources** for pregnancy information (such as antenatal care, delivery or postnatal care) in the past 6 months? গতছয় মাসে গর্ভকালীন প্রয়োজনীয় তথ্য (যেমন: গর্ভকালীন সেবা, সন্তান প্রসব বা প্রসব পরবর্তী সেবা) আপনি কোথা থেকে বা কার কাছ থেকে জেনেছেন?

Maternal and child nutrition counselor	01
Doctor ডাক্তার	02
Nurse নার্স	03
Midwife ধাত্রী বা দাই	04
Skilled birth attendant in the camp ক্যাম্প এর দক্ষ দাই	05
Health assistant (ha) স্বাস্থ্য সহকারী	06
Mosque মসজিদ	07
Radio রেডিও	08
Television টেলিভিশন	09
Friends / relatives বন্ধু/আত্মীয়	10
Community volunteer কমিউনিটি স্বেচ্ছাসেবক	11
Maternal and child health promoter	12
Members of mothers support group	13
Don't get health info স্বাস্থ্য সম্পর্কিত তথ্য পাই না	14
Other (specify) অন্যান্য (উল্লেখ করুন)	

ANTENATAL CARE BEHAVIOR

Q30. Did you see anyone for **antenatal** care during your pregnancy period? _____ (সব ছোট সন্তানের নাম বলুন)----- যখন আপনার গর্ভে ছিল তখন কি আপনি গর্ভকালীন সেবার জন্য কাউকে দেখিয়েছিলেন?

Yes হ্যাঁ	1	Go to Q32. Q32এ যান
No না	2	Ask Q.31 then go to Q.36 Q31 জিজ্ঞাসা করে Q36 এ যান

Q31. [IF NO, ask] Why didn't you visit anyone for antenatal care during your pregnancy period? [যদি কাউকে না দেখিয়ে থাকেন তাহলে জিজ্ঞাসা করুন] এই গর্ভাবস্থায় গর্ভকালীন সেবার জন্য আপনি কাউকে দেখাননি কেন?

[DO NOT READ RESPONSE. MULTIPLE RESPONSES ARE POSSIBLE.] উত্তর পড়ে শোনাবেন না। একাধিক উত্তর হতে পারে।

Costs too much অনেক বেশি খরচ	01
No facility হাসপাতাল/ক্লিনিক নাই	02
Don't trust health post/poor quality service হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) এর সেবার উপর বিশ্বাস নাই/সেবার মান খারাপ	03
No female provider at health post হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) এ নারী সেবা প্রদানকারী নাই	04
Not necessary দরকার মনে করি নাই	05
Husband didn't think it was necessary স্বামী দরকার মনে করেননি	06
Family didn't think it was necessary পরিবার দরকার মনে করেনি	07
Husban/family did not allow স্বামী/পরিবার যেতে দেয়নি	08
Not customary গর্ভকালীন সেবা নেয়ার প্রচলন নাই	09
Did not know where to go কোথায় যেতে হবে জানতাম না	10
No one to accompany সাথে যাওয়ার মতো কেউ ছিল না	11
Inconvenient service hours যে সময় সেবা দেওয়া হয় সেটা সুবিধাজনক সময় নয়	12
Afraid to go স্বাস্থ্যকেন্দ্রে যেতে বা স্বাস্থ্যসেবা নিতে ভয় লাগে	13
Long waiting time দীর্ঘ সময় অপেক্ষা করতে হয়	14
Other (specify) অন্যান্য (উল্লেখ করুন)	

Q32. How many weeks/months were you pregnant before you went for your first **antenatal** care visit? আপনি যখন প্রথমবার গর্ভকালীন চেক-আপের জন্য যান তখন কত সপ্তাহের/মাসের গর্ভবতী ছিলেন?

PLEASE RECORD IN EITHER WEEKS OR MONTHS উত্তর সপ্তাহ বা মাসে রেকর্ড করুন।

WEEKS সপ্তাহ
MONTHS মাস

Q33. Whom did you see? Anyone else?কাকে দেখিয়েছিলেন? আর কাকে?
[DO NOT READ RESPONSE. PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.] [উত্তর পড়ে শোনাবেন না। কী ধরনের ব্যক্তিকে দেখিয়েছেন তা জানার জন্য প্রোব করুন এবং যাকে যাকে দেখানোর কথা বলেন সবগুলো রেকর্ড করুন।]

Qualified doctorএমবিবিএস ডাক্তার	01
Paramedic প্যারামেডিক	02
Nurse নার্স	03
Midwifeধাত্রী বা দাই	04
Maternal and child nutrition counselor	05
Skilled birth attendant in the camp ক্যাম্পে দক্ষ দাই	06
Health assistant স্বাস্থ্য সহকারী	07
Ngo workerএনজিও কর্মী	08
Trained tbaপ্রশিক্ষণপ্রাপ্ত সনাতন দাই	09
Untrained tbaপ্রশিক্ষণবিহীন সনাতন দাই	10
Unqualified doctorএমবিবিএস ডাক্তার ছাড়া অন্যান্য ডাক্তার	11
Maternal and child health promoter	12
Members of mothers support group	13
Otherঅন্যান্য (উল্লেখ করুন)	

Q34. Where did you go to receive antenatal care for this pregnancy? Anywhere else?আপনি গর্ভকালীন সেবা নেয়ার জন্য কোথায় কোথায় গিয়েছিলেন? আর কোথায়?
[DO NOT READ RESPONSE. MULTIPLE RESPONSES ARE POSSIBLE.] [উত্তর পড়ে শোনাবেন না। একাধিক উত্তর হতে পারে।]

Health post হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র)	01
Primary Health Centre প্রাথমিক স্বাস্থ্যসেবা কেন্দ্র	02
Field hospital ফিল্ড হাসপাতাল	03
Community health volunteer কমিউনিটি স্বাস্থ্য স্বেচ্ছাসেবক/হেলথ ভলান্টিয়ার	04
Traditional healer সনাতন চিকিৎসক, যেমন: কবিরাজ, ওঝা ইত্যাদি	05
Homeবাড়িতে	06
Ngo static clinicএনজিও স্ট্যাটিক ক্লিনিক	07
Private hospital/clinicবেসরকারী হাসপাতাল/ক্লিনিক	08
Qualified doctorএমবিবিএস ডাক্তার	09
Other (please specify) অন্যান্য (উল্লেখ করুন)	

Q35. During this pregnancy, as part of your antenatal care during this pregnancy were any of the following done at least once? এখন আমি আপনাকে কয়েকটি গর্ভকালীন সেবার কথা বলবো। আপনার গর্ভকালীন সেবার অংশ হিসাবে এগুলোর কোনোটি কি একবারও করা হয়েছিল?

[readout responses. RECORD ALL MENTIONED. [উত্তর পড়ে শোনান. উল্লেখিত সবগুলো রেকর্ড করুন।]

Weight checked ওজনমাপা	01
Abdominal check-up পেটের পরীক্ষা	02
Height measured উচ্চতামাপা	03
Blood pressure রক্তচাপ	04
Urine sample মূত্রের নমুন	05
Blood sample রক্তের নমুনা	06
Eyes checked চোখ পরীক্ষা	07

[Ask Q36-Q50 to lactating women, else end the interview by thanking respondent] (প্রশ্ন 39 থেকে 53 শুধুমাত্র সন্তানকে স্তন্যদানকারী মহিলা উত্তরদাতাদের জিজ্ঞাসা করুন অন্যথায় উত্তরদাতাকে ধন্যবাদ জানিয়ে সাক্ষাত্কারটি শেষ করুন)

Q36. Has anyone given you an injection in the arm to prevent the baby from getting tetanus, that is, (convulsions after birth)? শিশুকে টিটেনাস, অর্থাৎ জন্মের পর খিঁচুনি থেকে রক্ষা করতে কেউ কি আপনার হাতে ইনজেকশন দিয়েছিলেন?

Yes হ্যাঁ	1
No না	2
Don't know / don't remember জানি না/মনে নাই	3

DELIVERY BEHAVIOR

Q37. Where was your last living child born? _____ (সব ছোট সন্তানের নাম বলুন) কোথায় জন্মগ্রহণ করেছিল?

Health post হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র)	01	Go to Q39 Q39এ যান
Primary Health Centre প্রাথমিক স্বাস্থ্যসেবা কেন্দ্র	02	
Field hospital ফিল্ড হাসপাতাল	03	
Community health volunteer কমিউনিটি স্বাস্থ্য স্বেচ্ছাসেবক/হেলথ ভলান্টিয়ার	04	
NGO clinic এনজিও ক্লিনিক	05	
Private hospital/clinic বেসরকারী হাসপাতাল/ক্লিনিক	06	Continue সাক্ষাৎকার চালিয়ে যান
Home বাড়িতে	07	
Other (please specify) অন্যান্য (উল্লেখ করুন)		

IF DID NOT DELIVER AT A HEALTH FACILITY যদি হাসপাতাল বা ক্লিনিকে সন্তান প্রসব না করে থাকেন তাহলে জিজ্ঞাসা করুন।

Q38. Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED. আপনি কেন হাসপাতাল বা ক্লিনিকে সন্তান প্রসব করেননি? প্রোব করুন: আর কোনো কারণ? উল্লেখিত সবগুলো কারণ রেকর্ড করুন।

Costs too much অনেক বেশি খরচ	01
No facility হাসপাতাল/ক্লিনিক নাই	02
Don't trust health post/poor quality service হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) এর সেবার উপর বিশ্বাস নাই/সেবার মান খারাপ	03
No female provider at health post হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) এ নারী সেবা প্রদানকারী নাই	04
Not necessary দরকার মনে করি নাই	05
Husband didn't think it was necessary স্বামী দরকার মনে করেননি	06
Family didn't think it was necessary পরিবার দরকার মনে করেনি	07
Husband/family did not allow স্বামী/পরিবার যেতে দেয়নি	08
Not customary গর্ভকালীন সেবা নেয়ার প্রচলন নাই	09
Did not know where to go কোথায় যেতে হবে জানতাম না	10
No one to accompany সাথে যাওয়ার মতো কেউ ছিল না	11
Inconvenient service hours যে সময় সেবা দেওয়া হয় সেটা সুবিধাজনক সময় নয়	12
Afraid to go স্বাস্থ্যকেন্দ্রে যেতে বা স্বাস্থ্যসেবা নিতে ভয় লাগে	13
Long waiting time দীর্ঘ সময় অপেক্ষা করতে হয়	14
Other (specify) অন্যান্য (উল্লেখ করুন)	

POSTNATAL CARE (PNC) BEHAVIOR

Now I am going to ask you about visits or care you received after your delivery. সন্তান প্রসবের পর আপনি কোথায় সেবা নিতে গিয়েছেন এবং কি কি সেবা নিয়েছেন এখন আমি সে সম্পর্কে জানতে চাইবো।

Q39. WHEN: How many days after delivery did you receive your check up? কখন: সন্তান প্রসবের কয়দিন পর আপনি পরীক্ষা (চেক-আপ) করিয়েছিলেন?

_____ days/দিন

[IF NO CHECK-UPS ENTER 0 যদি পরীক্ষা (চেক-আপ) না করিয়ে থাকেন তাহলে 0 লিখুন]

Q40 [Ask IF Q39 is more than 0] (Q39 এ 10 বারের বেশী বলেন তাহলে Q40 জিজ্ঞাসা করুন অন্যথায় Q41 এ যান

Who was checked, mother, child or both? কাকে পরীক্ষা (চেক-আপ) করা হয়েছিল, মা, সন্তান নাকি দুজনকে?

Myself only শুধুমাত্র আমাকে	1
Child only শুধুমাত্র সন্তানকে	2
Both of us আমাদের দুজনকে	3

Q41. Where did you get your health checked? কোথায় আপনার স্বাস্থ্য পরীক্ষা করা হয়েছিল?

Health post হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র)	01
Primary Health Centre প্রাথমিক স্বাস্থ্যসেবা কেন্দ্র	02
Field hospital ফিল্ড হাসপাতাল	03
Community health volunteer কমিউনিটি স্বাস্থ্য স্বেচ্ছাসেবক/হেলথ ভলান্টিয়ার	04
HOME বাড়িতে	05
NGO STATIC CLINIC এনজিও স্ট্যাটিক ক্লিনিক	06
PRIVATE HOSPITAL/CLINIC বেসরকারী হাসপাতাল/ক্লিনিক	07
Other (please specify) অন্যান্য (উল্লেখ করুন)	

Q42. Who checked on your health? কে আপনার স্বাস্থ্য পরীক্ষা করেছিলেন?

Maternal and child nutrition counselor	01
Doctor ডাক্তার	02
Nurse নার্স	03
Health assistant স্বাস্থ্য সহকারী	04
Paramedic প্যারামেডিক	05
Maternal and child health promoter মাতৃ এবং শিশু স্বাস্থ্যের প্রমোটার	06
Other (please specify) অন্যান্য (উল্লেখ করুন)	

NUTRITION AND CHILD HEALTH

Q43. How long after birth did you first put your last child to the breast? জন্মের কতক্ষণ পর আপনি (সব ছোট সন্তানের নাম বলুন) কে প্রথম বুকের দুধ খাইয়েছেন?

Immediately জন্মের সঙ্গে সঙ্গে/তখনই	01
Less than one hour 1 ঘন্টার কম সময়ের মধ্যে	02
Less than 24 hours 24 ঘন্টার কম সময়ের মধ্যে	03
2-3 days 2-3 দিনের মধ্যে	04
4-7 days 4-7 দিনের মধ্যে	05
More than one week 1 সপ্তাহের বেশি সময় পরে	06
More than one month 1 মাসের বেশি সময় পরে	07
Never breastfed (name) কখনো বুকের দুধ খাওয়াইনি	08

Q44. After delivery, did you give your last child colostrum (thick yellowish milk that mothers produce during the first few days after delivery)? প্রসবের পর, আপনি কি সব ছোট সন্তানের নাম বলুন জীবিত কে শালদুধ (প্রসবের পর প্রথম কয়েকদিনের মধ্যে মায়ের বুকে উৎপন্ন হওয়া ঘন ঈষৎ হলুদ রংয়ের দুধ) দিয়েছিলেন?

Yes হ্যাঁ	1
No না	2
DON'T KNOW / DON'T REMEMBER জানি না/মনে নাই	3

Q45. In the first three days after delivery, was your last child given anything to drink other than breast milk? প্রসবের পর প্রথম 3 দিন, সব ছোট সন্তানের নাম বলুন) কেবুকের দুধ ছাড়া অন্য কিছু খাইয়েছিলেন কি?

Yes হ্যাঁ	1	Continue সাক্ষাৎকার চালিয়ে যান
No না	2	Go to Q47 Q47এ যান
DON'T KNOW / DON'T REMEMBER জানি না/মনে নাই	3	

Q46. What was your last child given to drink? Anything else? সব ছোট সন্তানের নাম বলুন) কে কি কি খাইয়েছিলেন? আর কিছ?

[DO NOT READ. RECORD ALL LIQUIDS MENTIONED]। পড়ে শোনাবেন না। যতগুলো তরল জিনিস পান করানোর কথা বলবেন সবগুলো রেকর্ড করবেন।

Milk (other than breast milk) বুকের দুধ ছাড়া অন্য দুধ	01
Plain water সাদা পানি	02
Sugar or glucose water চিনি বা গ্লুকোজের পানি	03
Gripe water গ্রাইপ ওয়াটার	04
Sugar-salt-water solution চিনি-লবন-পানির মিশ্রন	05
Fruit juice ফলের রস	06
Infant formula শিশু খাদ্য	07
Tea/infusions চা/লাল চা	08
Honey মধু	09
Water sweetened with dates খেজুর দিয়ে মিষ্ট করা পানি	10
Other (specify) অন্যান্য (উল্লেখ করুন)	

Q47 In your opinion, what should a mother feed her baby for the first six months after being born? DO NOT PROMPT. PROBE IF MENTION MOTHER'S MILK: Anything else with it? RECORD ALL MENTIONED আপনার মতে, জন্মের পর প্রথম ছয় মাস একজন মা তার সন্তানকে কী খাওয়ানো উচিত? উত্তর বলে দিবেন না (প্রস্পট করবেন না)। যদি মায়ের দুধের কথা বলেন তাহলে প্রোব করুন: এর সাথে আর কিছু? উল্লেখিত সবগুলো উত্তর রেকর্ড করুন।

Mother's milk মায়ের দুধ	01
Water পানি	02
Other liquids (powder milk, cow/goat milk, gripe water) অন্যান্য তরল (গুড়ো দুধ, গরু/ছাগলের দুধ, গ্রাইপ ওয়াটার)	03
Baby foods (like cerelac) শিশু খাদ্য (যেমন: সেরেল্যাক)	04
Mashed foods like khichuri, banana, boiled vegetables চটকানো খাবার, যেমন: খিচুড়ি, কলা, সিদ্ধ সবজি	05
Don't know জানি না	06
Other (specify) অন্যান্য (উল্লেখ করুন)	

Q48. When should a baby be first fed food? একটি শিশুকে কত মাস বয়সে প্রথম বাড়তি খাবার খাওয়ানো উচিত?

Months মাস _____

Don't know জানি না

Q49. How old was your last child when you first started giving him/her soft food? কত মাস বয়স থেকে সব ছোট সন্তানের নাম বলুন কে প্রথম নরম খাবার দেওয়া শুরু করেছিলেন?

IF OLDER THAN ONE MONTH, ENTER AGE IN MONTHS.

[NOTE: 6 MONTHS SHOULD INDICATE COMPLETE 6 MONTHS I.E. 180 DAYS] যদি বয়স এক মাসের বেশি হয় তাহলে মাসে লিখুন | নোট: 6 মাস মানে পূর্ণ 6 মাস, অর্থাৎ 180 দিন।

_____ MONTH মাস

WRITE days FOR LESS THAN ONE MONTH এক মাসের কম বয়স হলে দিন লিখুন

HAS NOT YET RECEIVED FOOD এখনও খাবার গ্রহণ করেনি

[Ask if started giving him/her soft/alternative food]

Q50. **[Ask if started giving him/her soft/alternative food]** Now I would like to ask about other foods that (NAME) may have had yesterday during the day or at night. Please tell me what soft/alternative food did you give to (NAME) during the day or at night? এখন আমি আপনার কাছ থেকে অন্যান্য খাবারের কথা জানতে চাইবো যেগুলো _____ (সব ছোট সন্তানের নাম বলুন) কে গতকাল দিনে বা রাতে খাওয়াতে পারেন।

End the interview by thanking respondent for his/her valuable time and responses.

মূল্যবান সময় এবং মতামত দেয়ার জন্য উত্তরদাতাকে ধন্যবাদ দিয়ে সাক্ষাৎকার শেষ করুন।

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IDI Guide for Female community people

Note to the Moderator মডারেটরের জন্য নোট

- Please be more than humble with the person you are interviewing আপনি যে ব্যক্তির সাক্ষাত্কার নিচ্ছেন তার সাথে দয়া করে নম্র আচরণ করবেন।
- Make sure any of your behavior or question doesn't offend him/her or put him/her in a uncomfortable situation খেয়াল রাখবেন যে আপনার কোনো আচরণ বা প্রশ্ন তাকে আঘাত না করে বা অস্বস্তিকর পরিস্থিতিতে না ফেলে।
- Give time to make the person comfortable and ask if he needs more time before starting the discussion উত্তরদাতাকে সহজ হওয়ার জন্য সময় দিন এবং আলোচনা শুরু করার আগে তার আরও সময় প্রয়োজন কিনা তা জিজ্ঞাসা করুন।
- Please frame your questions depending on the type of skill the person has দয়া করে উত্তরদাতার দক্ষতার ধরন অনুযায়ী প্রশ্ন করুন।

Introduction ভূমিকা/পরিচিতি

Assalamu Alaikum. My name is _____. I have come from a research firm named Org-Quest Research Limited. We conduct research on various social and business related topics as well as on different products and services. Currently we are conducting a survey on health and nutrition among Rohingya communities in Cox's Bazar.

First of all, I would like to thank you for agreeing to be interviewed. We would like to ask you a few questions about health and nutrituin condition in your camp in light of health post where you are currently working.

Your comments and opinions will remain confidential and will only be used for this research, not for any other purpose. Our conversation should take about 30 minutes to complete. With your permission I want to record our conversation on tape. Do you have any questions before we begin?

আসসালামুয়ালাইকুম, আমার নাম _____. আমি ঢাকায় অবস্থিত “ওআরজি-কোয়েস্ট রিসার্চ লিমিটেড” নামক একটি গবেষণা সংস্থা থেকে এসেছি। আমরা বিভিন্ন সামাজিক ও ব্যবসা সম্পর্কিত বিষয়ে এবং পণ্য ও সেবা নিয়ে গবেষণা জরিপ পরিচালনা করে থাকি। বর্তমানে আমরা কক্সবাজার জেলায় রোহিঙ্গা শরণার্থীদের মাঝে স্বাস্থ্য ও পুষ্টি এর সাথে সম্পর্কিত একটি গবেষণা জরিপ পরিচালনা করছি।

প্রথমেই, সাক্ষাৎকার দিতে রাজী হওয়ার জন্য আমি আপনাকে ধন্যবাদ জানাতে চাই। আপনাদের ক্যাম্প এর হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) এর আলোকে স্বাস্থ্য ও পুষ্টি সম্পর্কে আমি আপনার কাছ থেকে জানতে চাইবো।

আপনার দেয়া সমস্ত মন্তব্য এবং মতামতের গোপনীয়তা রক্ষা করা হবে এবং শুধুমাত্র গবেষণার কাজে ব্যবহার করা হবে, অন্য কোনো উদ্দেশ্যে ব্যবহার করা হবে না। আমাদের এই আলোচনাটি শেষ করতে আনুমানিক ৩০ মিনিট সময় লাগবে। আপনার অনুমতি নিয়ে আমাদের আলোচনাটি রেকর্ড করতে চাই। শুরু করার আগে আপনি কি আমার কাছ থেকে আর কিছু জানতে চান?

Record the profile of the respondent উত্তরদাতার প্রোফাইল রেকর্ড করুন

Name of the respondent উত্তরদাতার নাম _____

Could I start interview? আমি কি সাক্ষাৎকার শুরু করতে পারি?

Now we are moving to our main questions এখন আমরা আমাদের মূল প্রশ্ন শুরু করি

1. Where do women in your community go if they have any physical health concerns? Is this different for males and females? Generally, what purposes people go there? আপনার আশেপাশের মহিলারা যদি শারীরিক স্বাস্থ্যের কোনও সমস্যা থাকে তবে কোথায় যায়? এটি কি পুরুষ এবং স্ত্রীদের জন্য আলাদা? সাধারণত লোকেরা সেখানে কী উদ্দেশ্যে যায়?
2. Have you visited a health facility in the past one year for your own treatment or for the treatment of your family member regarding physical health concerns? Where did you go when you had physical health concerns? For what services did you visit a health facility? আপনি কি গত ১ বছরে আপনার নিজের অথবা পরিবারের কোন সদস্যের শারীরিক সমস্যার চিকিৎসার জন্য কোনো স্বাস্থ্য কেন্দ্রে গিয়েছেন? আপনার যখন কোনো শারীরিক সমস্যা হয়েছিল তখন আপনি চিকিৎসার জন্য কোথায় গিয়েছিলেন? কোন ধরনের শারীরিক সমস্যার জন্য আপনি হেলথ পোস্টে গিয়েছিলেন?
3. Where do women in your community go if they have any mental health concerns? Generally, what type of mental concerns people go there? আপনার আশেপাশের মহিলারা যদি তাদের মানসিক স্বাস্থ্যের কোনও উদ্বেগ থাকে তবে কোথায় যান? সাধারণত লোকেরা সেখানে কোন ধরনের মানসিক উদ্বেগ নিয়ে যায়?
4. Have you visited a health facility in the past one year for your own treatment or for the treatment of your family member regarding mental health concerns? Where did you go or what did you do if you had any mental health concerns? For what mental concern did you visit a health post last time? What changes have you noticed regarding mental health related concern after you received the support in the health post? আপনি কি গত ১ বছরে আপনার নিজের অথবা পরিবারের কোন সদস্যের মানসিক স্বাস্থ্যজনিত সমস্যার চিকিৎসার জন্য কোনো স্বাস্থ্য কেন্দ্রে গিয়েছেন?

- আপনার যদি কোনো মানসিক স্বাস্থ্যজনিত সমস্যা হয়েছিল তখন আপনি কোথায় গিয়েছিলেন বা কী করেছিলেন? কোন ধরনের মানসিক স্বাস্থ্যজনিত সমস্যার জন্য আপনি সর্বশেষবার হেলথ পোস্টে গিয়েছিলেন? স্বাস্থ্য পোস্ট প্রতিষ্ঠিত হওয়ার পরে আপনি মনস্তাত্ত্বিক স্বাস্থ্য সম্পর্কিত সেবা পাবার পরে এ সম্পর্কিত উদ্বেগ নিয়ে কোন পরিবর্তন লক্ষ্য করেছেন?
5. Did you get your desired service from the health facility? Why do you think so? Does the health facility have all the facilities you need? If no, what facilities do you require? আপনি স্বাস্থ্য কেন্দ্র থেকে আপনার কাঙ্ক্ষিত সেবা পেয়েছিলেন কি? কেন আপনি এমনটা মনে করেন? স্বাস্থ্য কেন্দ্রতে আপনার প্রয়োজনীয় সমস্ত সুবিধা আছে? যদি না হয় তবে আপনার কোন সুযোগসুবিধা দরকার?
 6. Does the health facility have all the diagnostic services available? Did you ever require any diagnostic test? What did you do when you needed a diagnostic test? স্বাস্থ্য কেন্দ্রে কি সমস্ত ডায়াগনস্টিক সেবা পাওয়া যায়? আপনার কি কখনও ডায়াগনস্টিক পরীক্ষা প্রয়োজন? আপনার যখন ডায়াগনস্টিক টেস্টের দরকার হয়েছিল তখন আপনি কী করেছিলেন?

Child care and nutrition for caregiver of children under five years

7. Where do you go when you have any health concerns for children under five years in your family? For what services did you visit a health facility for your child? Is there any paditriantist available in the health post? Are you satisfied about the services provided by health post for your child? Why do you think so? যখন আপনার পরিবারের ৫ বছরের কম বয়সী শিশুর যদি কোনো শারীরিক সমস্যা হয় তাহলে আপনি কোথায় যান? আপনার শিশুর শারীরিক সমস্যার জন্য স্বাস্থ্যসেবা কেন্দ্র থেকে কোন ধরনের স্বাস্থ্যসেবা নিয়েছিলেন? হেলথ পোস্টে (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) কোনো শিশু রোগের চিকিৎসক কি সবসময় পাওয়া যায়? যারা আপনার শিশুকে সেবা দেন তাদেরকে সেবা সম্পর্কে আপনি কেমন সন্তুষ্ট? কেন আপনি এমনটা মনে করেন?
8. What type of food do you provide to your children? Did you receive any information regarding the type of foods that need to be given to the children? Where did you get the information from? Did you receive any information regarding how to cook food for the children? Can you use the information you received? Why or why not? আপনি আপনার বাচ্চাদের কী ধরনের খাবার খেতে দেন? বাচ্চাদের কী ধরনের খাবার দেওয়া দরকার সে সম্পর্কে আপনি কি কোনও তথ্য পেয়েছেন? আপনি কোথা থেকে তথ্য পেয়েছেন? আপনি কীভাবে বাচ্চাদের খাবার রান্না করবেন সে সম্পর্কে কোনও তথ্য পেয়েছেন? আপনি প্রাপ্ত তথ্য ব্যবহার করতে পারেন? কেন অথবা কেন নয়?
9. Have the children of your family been vaccinated? If not, why? What Vaccines were given to the children of your family? Where the children of your family have taken for vaccination? Are you satisfied about the vaccination for your child? Why do you think so? আপনার পরিবারের শিশুদের কি টিকা দেওয়া হয়েছে? কোনো টিকা/ ভ্যাকসিন দেয়া হয়নি কেন? আপনাদের পরিবারের শিশুদের কোন্ কোন্ টিকা/ ভ্যাকসিন দিয়েছেন? আপনাদের পরিবারের শিশুদের টিকা/ ভ্যাকসিন নেয়ার জন্য কোথায় কোথায় গিয়েছিলেন? শিশুকে টিকা/ ভ্যাকসিন দেয়া সম্পর্কে

আপনি কেমন সন্তুষ্ট? কেন আপনি এমনটা মনে করেন?

Ask to adolescent respondents only শুধুমাত্র কিশোরী উত্তরদাতাদের জিজ্ঞাসা করুন

10. Are you aware of the physical and mental changes that girls experience during puberty? From whom and what did you heard first? Are you aware of menstruation? Where did you get the information about menstruation from? Have you ever visited the health post in your camp to collect information related to menstruation? For what type of information did you visit the health post? বয়ঃসন্ধিকালীন সময়ে ছেলে-মেয়েরা কিছু শারীরিক ও মানসিক পরিবর্তন অনুভব করে। আপনার ক্ষেত্রে জানতে চাচ্ছি, আপনি কি আপনার বয়ঃসন্ধিকালীন সময়ের অভিজ্ঞতার আগে পরিবর্তনগুলি সম্পর্কে জানতেন? যদি জানতেন, আপনি প্রথম কার থেকে এবং কী কী শুনেছেন? আপনি কি পূর্বে কখনও মাসিক/ঋতুস্রাব শব্দটি শুনেছেন? আপনার জীবনে কি মাসিক/ঋতুস্রাব শুরু হয়েছে? আপনার যখন প্রথম মাসিক/ঋতুস্রাব হয়, তার আগে কি আপনি এর সম্পর্কে জানতেন? আপনি মাসিক/ঋতুস্রাব সম্পর্কে কোথা থেকে জানতে পেরেছিলেন? আপনি কি কখনও মাসিক/ঋতুস্রাব সম্পর্কিত তথ্য সংগ্রহের জন্য আপনার ক্যাম্পের হেলথ পোস্টে (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) তে গিয়েছিলেন? কোন ধরণের তথ্যের জন্য আপনি হেলথ পোস্টে গিয়েছিলেন?

Ask to Women of Reproductive Age (WRA) শুধুমাত্র প্রজনন সক্ষম বয়সী মহিলা উত্তরদাতাদের জিজ্ঞাসা করুন

11. There are various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? Where did you get the information about family planning from? Have you ever visited the health post in your camp to collect information related to family planning? Why or why not? একটি দম্পতি দেরীতে সন্তান নেয়া অথবা গর্ভধারণ এড়াতে বিভিন্ন উপায় বা পদ্ধতি ব্যবহার করতে পারে। আপনি এমন কোন কোন উপায় বা পদ্ধতি সম্পর্কে শুনেছেন? আপনি পরিবার পরিকল্পনা সম্পর্কে কোথা থেকে জানতে পেরেছিলেন? আপনি কি কখনও পরিবার পরিকল্পনা সম্পর্কিত তথ্য সংগ্রহের জন্য আপনার ক্যাম্পের হেলথ পোস্টে (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) তে গিয়েছিলেন? কেন বা কেন নয়?

Ask to Married Women শুধুমাত্র বিবাহিত মহিলা উত্তরদাতাদের জিজ্ঞাসা করুন

12. Have you or your husband ever used anything or tried in any way to delay or avoid getting pregnant? Why or why not? Which method have you or your husband used? Has anyone spoken to you about the family planning methods or side effects of family planning methods? What did they say about family planning methods? দেরীতে সন্তান নেয়া অথবা গর্ভধারণ এড়াতে আপনি বা আপনার স্বামী কি কখনো কোনো পদ্ধতি ব্যবহার করেছেন? কেন বা কেন নয়? আপনি বা আপনার স্বামী কোন পদ্ধতি ব্যবহার করেছেন? কেউ কি আপনাকে পরিবার পরিকল্পনা পদ্ধতি বা পরিবার পরিকল্পনা পদ্ধতিগুলোর পার্শ্ব প্রতিক্রিয়া সম্পর্কে বলেছেন? পরিবার পরিকল্পনা পদ্ধতি সম্পর্কে তারা কী বলেছেন?

Ask to pregnant and lactating women শুধুমাত্র গর্ভবতী এবং সন্তানকে স্তন্যদানকারী মহিলা উত্তরদাতাদের জিজ্ঞাসা করুন

13. Have you received sufficient information regarding pregnancy during your pregnancy period? From where did you receive such information? What type of information did you receive? At what stage did you receive the information? What type of treatment did you receive regarding pregnancy during your pregnancy period? Are you happy with the information or treatment you received on pregnancy during your pregnancy period? Why or why not? আপনি কি আপনার গর্ভাবস্থায় গর্ভাবস্থা সম্পর্কিত পর্যাপ্ত তথ্য পেয়েছেন? আপনি কোথা থেকে এই জাতীয় তথ্য পেয়েছেন? আপনি কোন ধরনের তথ্য পেয়েছেন? আপনি কোন পর্যায়ে এ ধরনের তথ্য পেয়েছেন? আপনার গর্ভাবস্থায় আপনি গর্ভকালীন কোন ধরনের চিকিত্সা পেয়েছিলেন? আপনার গর্ভাবস্থায় আপনি যে তথ্য বা চিকিত্সা পেয়েছিলেন তাতে কি আপনি সন্তুষ্ট? কেন অথবা কেন নয়?
14. What were your sources for pregnancy information (such as antenatal care, delivery or postnatal care) গর্ভকালীন প্রয়োজনীয় তথ্য (যেমন: গর্ভকালীন সেবা, সন্তান প্রসব বা প্রসব পরবর্তী সেবা) আপনি কোথা থেকে বা কার কাছ থেকে জেনেছেন?
15. Have you received sufficient information regarding the care of new born baby? From where did you receive such information? What type of information did you receive? Was the information useful for you? আপনি কি নবজাতকের যত্ন সম্পর্কিত পর্যাপ্ত তথ্য পেয়েছেন? আপনি কোথা থেকে এই জাতীয় তথ্য পেয়েছেন? আপনি কোন ধরনের তথ্য পেয়েছেন? আপনি যে তথ্য পেয়েছেন, তা কি আপনার কাজে লেগেছে?

Ask to lactating women শুধুমাত্র সন্তানকে স্তন্যদানকারী মহিলা উত্তরদাতাদের জিজ্ঞাসা করুন

16. At what stage did you receive information on new born children? What type of treatment or service did you receive regarding the care of new born children? Are you happy with the information or treatment you received on pregnancy during your pregnancy period? Why or why not? আপনি কি আপনার গর্ভাবস্থায় গর্ভাবস্থা সম্পর্কিত পর্যাপ্ত তথ্য পেয়েছেন? আপনি কোথা থেকে এই জাতীয় তথ্য পেয়েছেন? আপনি কোন ধরনের তথ্য পেয়েছেন? আপনি কোন পর্যায়ে এ ধরনের তথ্য পেয়েছেন? আপনার গর্ভাবস্থায় আপনি গর্ভকালীন কোন ধরনের চিকিত্সা পেয়েছিলেন? আপনার গর্ভাবস্থায় আপনি যে তথ্য বা চিকিত্সা পেয়েছিলেন তাতে কি আপনি সন্তুষ্ট? কেন অথবা কেন নয়?
17. Where was your last child born? [please probe for the place and try to understand the detail reason for it] আপনার শেষ সন্তান কোথায় জন্মগ্রহণ করেছিল? [দয়া করে জায়গাটি সম্পর্কে বিস্তারিত জানার চেষ্টা করুন]
18. Are you aware of colostrum? What is this? Did you give your last child colostrum? আপনি কি শালদুধ সম্পর্কে জানেন? এটা কি? আপনি কি আপনার শেষ সন্তানকে শালদুধ দিয়েছিলেন?
19. In the first three days after delivery, was your last child given anything to drink other than breast milk? What was given to drink? How long did you breastfeed your children? are you breastfeeding your child with an age of less than two years? Did

you receive any information related to breast feeding? Where did you receive the information from? প্রসবের পর প্রথম ৩ দিন, কেবুকের দুধ ছাড়া অন্য কিছু খাইয়েছিলেন কি? কি কি খাইয়েছিলেন? আর কিছু? আপনি কত বছর পর্যন্ত আপনার বাচ্চাদের বুকের দুধ পান করিয়েছেন? আপনি কি দুই বছরের কম বয়সের শিশুকে বুকের দুধ খাওয়াচ্ছেন? আপনি কি স্তন্যপান সম্পর্কিত কোনও তথ্য পেয়েছেন? আপনি কোথা থেকে তথ্য পেয়েছেন?

20. When should a baby be first fed food? How old was your children when you first started giving him/her soft food? Do you know what type of food a baby be first fed? Do you know what type of food a child under 5 years be fed? What nutritious food do the children of your family usually take? Do you know how to prepare this food? where did you learn about it? Please tell me in details. একটি শিশুকে কত মাস বয়সে প্রথম বাড়তি খাবার খাওয়ানো উচিত? কত মাস বয়স থেকে আপনার সন্তানকে প্রথম নরম খাবার দেওয়া শুরু করেছিলেন? আপনি কি জানেন যে কোন শিশুকে প্রথমে কোন ধরনের খাবার খাওয়ানো হয়? আপনি কি জানেন যে ৫ বছরের নিচে কোনও শিশুকে কী ধরনের খাবার খাওয়ানো হয়? আপনার পরিবারের বাচ্চারা সাধারণত কি কি পুষ্টিকর খাবার গ্রহণ করে? আপনি কি জানেন যে এই খাবারটি কীভাবে প্রস্তুত করতে হয়? আপনি এটি সম্পর্কে কোথায় শিখলেন? আমাকে বিস্তারিত বলুন।

(CHS_1) IS HUMANITARIAN RESPONSE APPROPRIATE AND RELEVANT?

মানবিক সাড়া কি যথাযথ এবং প্রাসঙ্গিক?

- Did the health post address your needs in a consistent manner? Did you get your desired service from the health post when required? If not, what should have been done instead? হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) কি সবসময় আপনার প্রয়োজনগুলি মেটাতে পেরেছিল? আপনার যখন প্রয়োজন তখন কি আপনি হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) থেকে আপনার কাঙ্ক্ষিত সেবা পেয়েছেন? যদি না পেয়ে থাকেন, এর বদলে কী করা উচিত ছিল?
- Have you received any service or information on Covid 19? Did the health post make any change to ensure the safety of the patients or visitors during the Covid 19? What changes have you noticed that was made to ensure the safety of the patients or visitors? Do you think the measures were taken to address the Covid 19 situation was sufficient? Please give some example আপনি কি কোভিড ১৯ সম্পর্কিত কোনও সেবা বা তথ্য পেয়েছিলেন? কোভিড ১৯-এর সময় রোগীদের বা সেবা গ্রহণকারীর সুরক্ষা নিশ্চিত করতে স্বাস্থ্য পোস্ট কি কোনও পরিবর্তন করেছিল? রোগীদের বা সেবা গ্রহণকারীদের সুরক্ষা নিশ্চিত করার জন্য আপনি কি কি পরিবর্তন লক্ষ্য করেছেন? আপনি কি মনে করেন কোভিড ১৯ পরিস্থিতির জন্য পর্যাপ্ত ব্যবস্থা নেওয়া হয়েছিল? আমাকে কিছু উদাহরণ দিতে পারেন কি?
- Till now do you think the project was relevant to needs of people like you. Why do you think so? What could have been done to design the project more relevant to the needs of people like you? এখন পর্যন্ত আপনার কি মনে হয় প্রকল্পটি আপনার মতো লোকের প্রয়োজন মেটাতে পারে? কেন আপনি এমনটা মনে করছেন? আপনার মতো মানুষের প্রয়োজনের সাথে প্রজেক্টটি আরও প্রাসঙ্গিক করার জন্য কী করা যেত?

- How appropriate and useful was the health post in the camp considering the health need of the people like you? Was the capacity of the health post sufficient considering the population of the camp? আপনার মতো মানুষের স্বাস্থ্যের প্রয়োজন বিবেচনা করে শিবিরের স্বাস্থ্য পোস্টটি কতটা উপযুক্ত এবং কার্যকর ছিল? শিবিরের জনসংখ্যাকে বিবেচনা করে স্বাস্থ্য পোস্টের ক্ষমতা কি যথেষ্ট ছিল?
- How relevant was the information you received was on the food you need to provide to the children at your household? Can you avail the items you need to prepare nutritious food for the children? Why or why not? The cooking information you received, was it relevant and useful for you? আপনার পরিবারের বাচ্চাদের কি ধরণের প্রয়োজনীয় খাবার দেয়া উচিত এই সম্পর্কে আপনি যে তথ্য পেয়েছেন, তা আপনার জন্য কতটা প্রাসঙ্গিক ছিল? বাচ্চাদের পুষ্টিকর খাবার প্রস্তুত করার জন্য আপনার প্রয়োজনীয় দ্রব্যাদি আপনি কি পর্যাপ্ত পরিমাণে পান? কেন অথবা কেন নয়? কিভাবে রান্না করতে হয় এই ব্যাপারে যে তথ্য আপনি পেয়েছেন, এটি কি আপনার জন্য প্রাসঙ্গিক এবং দরকারী ছিল?

(CHS_2) IS HUMANITARIAN RESPONSE EFFECTIVE AND TIMELY? মানবিক সাড়া কার্যকর এবং সময়োপযোগীভাবে মেটানো?

- Do you think the health post can meet the need by gender, age, and type? Do you or people like you get the services you need in a timely manner? আপনি কি মনে করেন যে হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) নারী, পুরুষ, বিভিন্ন বয়স এবং ধরণের মানুষের চাহিদা পূরণ করতে পারে? আপনি বা আপনার মত লোকজন কি সময়মতো প্রয়োজনীয় সেবা পান?

(CHS_3) IS HUMANITARIAN RESPONSE STRENGTHENING LOCAL CAPACITIES AND AVOIDING NEGATIVE EFFECTS? মানবিক সাড়া কি স্থানীয় সক্ষমতা (ক্যাপাসিটি) শক্তিশালী করছে এবং নেতিবাচক প্রভাব থেকে মুক্তি দিচ্ছে?

- Do you think, the capacity of the health post is improving to serve the people better? Why do you think so? What the health post is doing to provide better service to the service receiver? আপনার কি মনে হয়, হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) আরও উন্নত সেবা প্রদান করতে এর সক্ষমতা বৃদ্ধি করছে? কেন আপনি এমনটা মনে করছেন? সেবা গ্রহণকারীকে আরও ভাল সেবা প্রদানে করতে হেলথ পোস্ট কী করছে?

(CHS_4) IS HUMANITARIAN RESPONSE BASED ON COMMUNICATION, PARTICIPATION AND FEEDBACK?

মানবিক প্রতিক্রিয়া কি যোগাযোগ, অংশগ্রহণ এবং প্রতিক্রিয়া ভিত্তিক?

- Are you happy with the overall environment (e.g. cleanliness, decoration) of the health post? Are you able to provide feedback about the environment of the health post? How do you provide your feedback on the environment? হেলথ পোস্টের সামগ্রিক পরিবেশ (যেমন পরিষ্কার পরিচ্ছন্নতা, সাজানো গোছান) নিয়ে আপনি কি খুশি? আপনি কি হেলথ পোস্টের পরিবেশ সম্পর্কে আপনার মতামত জানাতে পারেন? আপনি পরিবেশ সম্পর্কে আপনার মতামত কীভাবে জানান?

- Can you provide feedback on the services of the health camp? How do you share feedback on the services? আপনি কি হেলথ পোস্টের সেবা সম্পর্কে আপনার মতামত জানাতে পারেন? আপনি সেবা সম্পর্কে আপনার মতামত কীভাবে জানান?

(CHS_5) ARE COMPLAINTS WELCOME AND ADDRESSED? অভিযোগ কি নেয়া হয় এবং সমাধান করা হয়?

- Do you know how to share a complaint on the health post if you have any? Did you share any complaints or observation on the health post? What are those complaints or observations? Can you give some example? Were the complaints or observations addressed properly? How was those addressed or why those were not addressed? আপনি কি জানেন এই হেলথ পোস্ট এর জন্য কোনও অভিযোগ কীভাবে করতে হয়? হেলথ পোস্ট সম্পর্কে আপনার কোনো অভিযোগ বা পর্যবেক্ষণ ছিল কি? অভিযোগ বা পর্যবেক্ষণগুলো কী ছিল? আপনি কি কয়েকটির কথা বলতে পারেন? অভিযোগ বা পর্যবেক্ষণ কি সঠিকভাবে সমাধান করা হয়েছিল? সেগুলো কীভাবে সমাধান করা হয়েছিল বা সেগুলো কেন সমাধান করা হয়নি?
- Do you know how to share a complaint on outreach activity related to health service if you have any? Did you share any complaints or observation on outreach activity? What are those complaints or observations? Can you give some example? Were the complaints or observations addressed properly? How was those addressed or why those were not addressed? আপনি কি জানেন স্বাস্থ্য সম্পর্কিত কোন প্রচার এর জন্য কোনও অভিযোগ কীভাবে করতে হয়? স্বাস্থ্য সম্পর্কিত কোন প্রচার সম্পর্কে আপনার কোনো অভিযোগ বা পর্যবেক্ষণ ছিল কি? অভিযোগ বা পর্যবেক্ষণগুলো কী ছিল? আপনি কি কয়েকটির কথা বলতে পারেন? অভিযোগ বা পর্যবেক্ষণ কি সঠিকভাবে সমাধান করা হয়েছিল? সেগুলো কীভাবে সমাধান করা হয়েছিল বা সেগুলো কেন সমাধান করা হয়নি?

(CHS 6). IS HUMANITARIAN RESPONSE COORDINATED AND COMPLEMENTARY? মানবিক প্রতিক্রিয়া কি সমন্বিত এবং সম্পূর্ণ?

- Is there any other place from which you can get health services or health-related advice? Who is the main authority for that health institute? How both the projects are complementing each other? হেলথ পোস্ট ছাড়া এমন আর কোনও জায়গা রয়েছে যেখান থেকে আপনি স্বাস্থ্যসেবা বা স্বাস্থ্য সম্পর্কিত পরামর্শ পেতে পারেন? স্বাস্থ্য ইনস্টিটিউটের মূল কর্তৃপক্ষ কে? প্রকল্প দুটি কীভাবে একে অপরের পরিপূরক হয়ে কাজ করছে?

(CHS_7) ARE HUMANITARIAN ACTORS CONTINUOUSLY LEARNING AND IMPROVING? যারা মানবিক কাজ করছে তারা কি ধারাবাহিকভাবে শিখছে এবং উন্নতি করছে?

- How would you evaluate the quality of the service providers of the health post? Can they understand your problems or provide the right advice to you? হেলথ পোস্ট এর সেবা প্রদানকারীদের মান কেমন বলে মনে হয়? তারা কি আপনার সমস্যাগুলি বুঝতে পারে বা আপনাকে সঠিক পরামর্শ দিতে পারে?
- There are different types of service providers in the health post. Do they all have sufficient

skill or expertise to give you the right treatment or advice? How do you understand this? হেলথ পোস্টে বিভিন্ন ধরনের সেবা প্রদানকারী রয়েছে। আপনাকে সঠিক চিকিত্সা বা পরামর্শ দেওয়ার জন্য কি তাদের সবার কি পর্যাপ্ত দক্ষতা বা দক্ষতা আছে? এটা আপনি কীভাবে বুঝতে পারেন?

End the interview by thanking respondent for his/her valuable time and responses.
মূল্যবান সময় এবং মতামত দেয়ার জন্য উত্তরদাতাকে ধন্যবাদ দিয়ে সাক্ষাৎকার শেষ করুন।

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IDI Guide for Male community people

Note to the Moderator মডারেটরের জন্য নোট

- Please be more than humble with the person you are interviewing আপনি যে ব্যক্তির সাক্ষাত্কার নিচ্ছেন তার সাথে দয়া করে নম্র আচরণ করবেন।
- Make sure any of your behavior or question doesn't offend him/her or put him/her in a uncomfortable situation খেয়াল রাখবেন যে আপনার কোনো আচরণ বা প্রশ্ন তাকে আঘাত না করে বা অস্বস্তিকর পরিস্থিতিতে না ফেলে।
- Give time to make the person comfortable and ask if he needs more time before starting the discussion উত্তরদাতাকে সহজ হওয়ার জন্য সময় দিন এবং আলোচনা শুরু করার আগে তার আরও সময় প্রয়োজন কিনা তা জিজ্ঞাসা করুন।
- Please frame your questions depending on the type of skill the person has দয়া করে উত্তরদাতার দক্ষতার ধরন অনুযায়ী প্রশ্ন করুন।

Introduction ভূমিকা/পরিচিতি

Assalamu Alaikum. My name is _____. I have come from a research firm named Org-Quest Research Limited. We conduct research on various social and business related topics as well as on different products and services. Currently we are conducting a survey on health and nutrition among Rohingya communities in Cox's Bazar.

First of all, I would like to thank you for agreeing to be interviewed. We would like to ask you a few questions about health and nutrituin condition in your camp in light of health post where your are currently working.

Your comments and opinions will remain confidential and will only be used for this research, not for any other purpose. Our conversation should take about 30 minutes to complete. With your permission I want to record our conversation on tape. Do you have any questions before we begin?

আসসালামুয়ালাইকুম, আমার নাম _____। আমি ঢাকায় অবস্থিত “ওআরজি-কোয়েস্ট রিসার্চ লিমিটেড” নামক একটি গবেষণা সংস্থা থেকে এসেছি। আমরা বিভিন্ন সামাজিক ও ব্যবসা সম্পর্কিত বিষয়ে এবং পণ্য ও সেবা নিয়ে গবেষণা জরিপ পরিচালনা করে থাকি।

বর্তমানে আমরা কক্সবাজার জেলায় রোহিঙ্গা শরণার্থীদের মাঝে স্বাস্থ্য ও পুষ্টি এর সাথে সম্পর্কিত একটি গবেষণা জরিপ পরিচালনা করছি।

প্রথমেই, সাক্ষাৎকার দিতে রাজী হওয়ার জন্য আমি আপনাকে ধন্যবাদ জানাতে চাই। আপনাদের ক্যাম্প এর হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) এর আলোকে স্বাস্থ্য ও পুষ্টি সম্পর্কে আমি আপনার কাছ থেকে জানতে চাইবো।

আপনার দেয়া সমস্ত মন্তব্য এবং মতামতের গোপনীয়তা রক্ষা করা হবে এবং শুধুমাত্র গবেষণার কাজে ব্যবহার করা হবে, অন্য কোনো উদ্দেশ্যে ব্যবহার করা হবে না। আমাদের এই আলোচনাটি শেষ করতে আনুমানিক ৩০ মিনিট সময় লাগবে। আপনার অনুমতি নিয়ে আমাদের আলোচনাটি রেকর্ড করতে চাই। শুরু করার আগে আপনি কি আমার কাছ থেকে আর কিছু জানতে চান?

Record the profile of the respondent উত্তরদাতার প্রোফাইল রেকর্ড করুন

Name of the respondent উত্তরদাতার নাম _____

Could I start interview? আমি কি সাক্ষাৎকার শুরু করতে পারি?

Now we are moving to our main questions এখন আমরা আমাদের মূল প্রশ্ন শুরু করি

1. Where do men in your community go if they have any physical health concerns? Is this different for males and females? Generally, what purposes people go there? আপনার আশেপাশের লোকদের যদি শারীরিক স্বাস্থ্যের কোনও সমস্যা থাকে তবে কোথায় যায়? এটি কি পুরুষ এবং স্ত্রীদের জন্য আলাদা? সাধারণত লোকেরা সেখানে কী উদ্দেশ্যে যায়?
2. Have you visited a health facility in the past one year for your own treatment or for the treatment of your family member regarding physical health concerns? Where did you go when you had physical health concerns? For what services did you visit a health facility? আপনি কি গত ১ বছরে আপনার নিজের অথবা পরিবারের কোন সদস্যের শারীরিক সমস্যার চিকিৎসার জন্য কোনো স্বাস্থ্য কেন্দ্রে গিয়েছেন? আপনার যখন কোনো শারীরিক সমস্যা হয়েছিল তখন আপনি চিকিৎসার জন্য কোথায় গিয়েছিলেন? কোন ধরনের শারীরিক সমস্যার জন্য আপনি হেলথ পোস্টে গিয়েছিলেন?
3. Where do men in your community go if they have any mental health concerns? Generally, what type of mental concerns people go there? আপনার আশেপাশের লোকদের যদি তাদের মানসিক স্বাস্থ্যের কোনও উদ্বেগ থাকে তবে কোথায় যান? সাধারণত লোকেরা সেখানে কোন ধরনের মানসিক উদ্বেগ নিয়ে যায়?
4. Have you visited a health facility in the past one year for your own treatment or for the treatment of your family member regarding mental health concerns? Where did you go or what did you do if you had any mental health concerns? For what mental concern did you visit a health post last time? What changes have you noticed regarding mental health related concern after you received the support in the health

- post? আপনি কি গত ১ বছরে আপনার নিজের অথবা পরিবারের কোন সদস্যের মানসিক স্বাস্থ্যজনিত সমস্যার চিকিৎসার জন্য কোনো স্বাস্থ্য কেন্দ্রে গিয়েছেন? আপনার যদি কোনো মানসিক স্বাস্থ্যজনিত সমস্যা হয়েছিল তখন আপনি কোথায় গিয়েছিলেন বা কী করেছিলেন? কোন ধরনের মানসিক স্বাস্থ্যজনিত সমস্যার জন্য আপনি সর্বশেষবার হেলথ পোস্টে গিয়েছিলেন? স্বাস্থ্য পোস্ট প্রতিষ্ঠিত হওয়ার পরে আপনি মনস্তাত্ত্বিক স্বাস্থ্য সম্পর্কিত সেবা পাবার পরে এ সম্পর্কিত উদ্বেগ নিয়ে কোন পরিবর্তন লক্ষ্য করেছেন?
5. Did you get your desired service from the health facility? Why do you think so? Does the health facility have all the facilities you need? If no, what facilities do you require? আপনি স্বাস্থ্য কেন্দ্র থেকে আপনার কাঙ্ক্ষিত সেবা পেয়েছিলেন কি? কেন আপনি এমনটা মনে করেন? স্বাস্থ্য কেন্দ্রতে আপনার প্রয়োজনীয় সমস্ত সুবিধা আছে? যদি না হয় তবে আপনার কোন সুযোগসুবিধা দরকার?
 6. Does the health facility have all the diagnostic services available? Did you ever require any diagnostic test? What did you do when you needed a diagnostic test? স্বাস্থ্য কেন্দ্রে কি সমস্ত ডায়াগনস্টিক সেবা পাওয়া যায়? আপনার কি কখনও ডায়াগনস্টিক পরীক্ষা প্রয়োজন? আপনার যখন ডায়াগনস্টিক টেস্টের দরকার হয়েছিল তখন আপনি কী করেছিলেন?

(CHS_1) IS HUMANITARIAN RESPONSE APPROPRIATE AND RELEVANT?

মানবিক সাড়া কি যথাযথ এবং প্রাসঙ্গিক?

- Did the health post address your needs in a consistent manner? Did you get your desired service from the health post when required? If not, what should have been done instead? হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) কি সবসময় আপনার প্রয়োজনগুলি মেটাতে পেরেছিল? আপনার যখন প্রয়োজন তখন কি আপনি হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) থেকে আপনার কাঙ্ক্ষিত সেবা পেয়েছেন? যদি না পেয়ে থাকেন, এর বদলে কী করা উচিত ছিল?
- Have you received any service or information on Covid 19? Did the health post make any change to ensure the safety of the patients or visitors during the Covid 19? What changes have you noticed that was made to ensure the safety of the patients or visitors? Do you think the measures were taken to address the Covid 19 situation was sufficient? Please give some example আপনি কি কোভিড ১৯ সম্পর্কিত কোনও সেবা বা তথ্য পেয়েছিলেন? কোভিড ১৯-এর সময় রোগীদের বা সেবা গ্রহণকারীর সুরক্ষা নিশ্চিত করতে স্বাস্থ্য পোস্ট কি কোনও পরিবর্তন করেছিল? রোগীদের বা সেবা গ্রহণকারীদের সুরক্ষা নিশ্চিত করার জন্য আপনি কি কি পরিবর্তন লক্ষ্য করেছেন? আপনি কি মনে করেন কোভিড ১৯ পরিস্থিতির জন্য পর্যাপ্ত ব্যবস্থা নেওয়া হয়েছিল? আমাকে কিছু উদাহরণ দিতে পারেন কি?
- Till now do you think the project was relevant to needs of people like you. Why do you think so? What could have been done to design the project more relevant to the needs of people like you? এখন পর্যন্ত আপনার কি মনে হয় প্রকল্পটি আপনার মতো লোকের প্রয়োজন মেটাতে পারে? কেন আপনি এমনটা মনে করছেন? আপনার মতো মানুষের প্রয়োজনের সাথে প্রজেক্টটি আরও প্রাসঙ্গিক করার জন্য কী করা যেত?

- How appropriate and useful was the health post in the camp considering the health need of the people like you? Was the capacity of the health post sufficient considering the population of the camp? আপনার মতো মানুষের স্বাস্থ্যের প্রয়োজন বিবেচনা করে শিবিরের স্বাস্থ্য পোস্টটি কতটা উপযুক্ত এবং কার্যকর ছিল? শিবিরের জনসংখ্যাকে বিবেচনা করে স্বাস্থ্য পোস্টের ক্ষমতা কি যথেষ্ট ছিল?

(CHS_2) IS HUMANITARIAN RESPONSE EFFECTIVE AND TIMELY? মানবিক সাড়া কার্যকর এবং সময়োপযোগীভাবে মেটানো?

- Do you think the health post can meet the need by gender, age, and type? Do you or people like you get the services you need in a timely manner? আপনি কি মনে করেন যে হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) নারী, পুরুষ, বিভিন্ন বয়স এবং ধরণের মানুষের চাহিদা পূরণ করতে পারে? আপনি বা আপনার মত লোকজন কি সময়মতো প্রয়োজনীয় সেবা পান?

(CHS_3) IS HUMANITARIAN RESPONSE STRENGTHENING LOCAL CAPACITIES AND AVOIDING NEGATIVE EFFECTS? মানবিক সাড়া কি স্থানীয় সক্ষমতা (ক্যাপাসিটি) শক্তিশালী করছে এবং নেতিবাচক প্রভাব থেকে মুক্তি দিচ্ছে?

- Do you think, the capacity of the health post is improving to serve the people better? Why do you think so? What the health post is doing to provide better service to the service receiver? আপনার কি মনে হয়, হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) আরও উন্নত সেবা প্রদান করতে এর সক্ষমতা বৃদ্ধি করছে? কেন আপনি এমনটা মনে করছেন? সেবা গ্রহণকারীকে আরও ভাল সেবা প্রদানে করতে হেলথ পোস্ট কী করছে?

(CHS_4) IS HUMANITARIAN RESPONSE BASED ON COMMUNICATION, PARTICIPATION AND FEEDBACK?

মানবিক প্রতিক্রিয়া কি যোগাযোগ, অংশগ্রহণ এবং প্রতিক্রিয়া ভিত্তিক?

- Are you happy with the overall environment (e.g. cleanliness, decoration) of the health post? Are you able to provide feedback about the environment of the health post? How do you provide your feedback on the environment? হেলথ পোস্টের সামগ্রিক পরিবেশ (যেমন পরিষ্কার পরিচ্ছন্নতা, সাজানো গোছান) নিয়ে আপনি কি খুশি? আপনি কি হেলথ পোস্টের পরিবেশ সম্পর্কে আপনার মতামত জানাতে পারেন? আপনি পরিবেশ সম্পর্কে আপনার মতামত কীভাবে জানান?
- Can you provide feedback on the services of the health camp? How do you share feedback on the services? আপনি কি হেলথ পোস্টের সেবা সম্পর্কে আপনার মতামত জানাতে পারেন? আপনি সেবা সম্পর্কে আপনার মতামত কীভাবে জানান?

(CHS_5) ARE COMPLAINTS WELCOME AND ADDRESSED? অভিযোগ কি নেয়া হয় এবং সমাধান করা হয়?

- Do you know how to share a complaint on the health post if you have any? Did you share any complaints or observation on the health post? What are those complaints or observations? Can you give some example? Were the complaints or observations addressed

properly? How was those addressed or why those were not addressed? আপনি কি জানেন এই হেলথ পোস্ট এর জন্য কোনও অভিযোগ কীভাবে করতে হয়? হেলথ পোস্টে সম্পর্কে আপনার কোনো অভিযোগ বা পর্যবেক্ষণ ছিল কি? অভিযোগ বা পর্যবেক্ষণগুলো কী ছিল? আপনি কি কয়েকটির কথা বলতে পারেন? অভিযোগ বা পর্যবেক্ষণ কি সঠিকভাবে সমাধান করা হয়েছিল? সেগুলো কীভাবে সমাধান করা হয়েছিল বা সেগুলো কেন সমাধান করা হয়নি?

(CHS 6). IS HUMANITARIAN RESPONSE COORDINATED AND COMPLEMENTARY? মানবিক প্রতিক্রিয়া কি সমন্বিত এবং সম্পূর্ণ?

- Is there any other place from which you can get health services or health-related advice? Who is the main authority for that health institute? How both the projects are complementing each other? হেলথ পোস্ট ছাড়া এমন আর কোনও জায়গা রয়েছে যেখান থেকে আপনি স্বাস্থ্যসেবা বা স্বাস্থ্য সম্পর্কিত পরামর্শ পেতে পারেন? স্বাস্থ্য ইনস্টিটিউটের মূল কর্তৃপক্ষ কে? প্রকল্প দুটি কীভাবে একে অপরের পরিপূরক হয়ে কাজ করছে?

(CHS_7) ARE HUMANITARIAN ACTORS CONTINUOUSLY LEARNING AND IMPROVING? যারা মানবিক কাজ করছে তারা কি ধারাবাহিকভাবে শিখছে এবং উন্নতি করছে?

- How would you evaluate the quality of the service providers of the health post? Can they understand your problems or provide the right advice to you? হেলথ পোস্ট এর সেবা প্রদানকারীদের মান কেমন বলে মনে হয়? তারা কি আপনার সমস্যাগুলি বুঝতে পারে বা আপনাকে সঠিক পরামর্শ দিতে পারে?
- There are different types of service providers in the health post. Do they all have sufficient skill or expertise to give you the right treatment or advice? How do you understand this? হেলথ পোস্টে বিভিন্ন ধরনের সেবা প্রদানকারী রয়েছে। আপনাকে সঠিক চিকিত্সা বা পরামর্শ দেওয়ার জন্য কি তাদের সবার কি পর্যাপ্ত দক্ষতা বা দক্ষতা আছে? এটা আপনি কীভাবে বুঝতে পারেন?

End the interview by thanking respondent for his/her valuable time and responses.

মূল্যবান সময় এবং মতামত দেয়ার জন্য উত্তরদাতাকে ধন্যবাদ দিয়ে সাক্ষাৎকার শেষ করুন।

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Key Stakeholder Interview (KII) Guide for NGO Officials

Introduction ভূমিকা/পরিচিতি

Salam/adab. My name is _____. I have come from a research firm named Org-Quest Research Limited. We conduct research on various social and business related topics as well as on different products and services. Currently we are conducting a survey on comprehensive health services for people fleeing Myanmar in Cox's Bazar District.

First of all, I would like to thank you for agreeing to be interviewed. We would like to ask you a few questions about comprehensive health services for people in your camp.

Your comments and opinions will remain confidential and will only be used for this research, not for any other purpose. Our conversation should take about 60 minutes to complete. With your permission I want to record our conversation on tape. Do you have any questions before we begin?

আসসালামুয়ালাইকুম, আমার নাম _____। আমি ঢাকায় অবস্থিত “ওআরজি-কোয়েস্ট রিসার্চ লিমিটেড” নামক একটি গবেষণা সংস্থা থেকে এসেছি। আমরা বিভিন্ন সামাজিক ও ব্যবসা সম্পর্কিত বিষয়ে এবং পণ্য ও সেবা নিয়ে গবেষণা জরিপ পরিচালনা করে থাকি।

বর্তমানে আমরা কক্সবাজার জেলায় রোহিঙ্গা শরণার্থীদের জন্য স্বাস্থ্য সেবা সম্পর্কিত একটি গবেষণা জরিপ পরিচালনা করছি।

প্রথমেই, সাক্ষাৎকার দিতে রাজী হওয়ার জন্য আমি আপনাকে ধন্যবাদ জানাতে চাই। আপনাদের ক্যাম্প এর সামগ্রিক স্বাস্থ্য সেবা সম্পর্কে আমি আপনার কাছ থেকে জানতে চাইবো।

আপনার দেয়া সমস্ত মন্তব্য এবং মতামতের গোপনীয়তা রক্ষা করা হবে এবং শুধুমাত্র গবেষণার কাজে ব্যবহার করা হবে, অন্য কোনো উদ্দেশ্যে ব্যবহার করা হবে না। আমাদের এই আলোচনাটি শেষ করতে আনুমানিক ৬০ মিনিট সময় লাগবে। আপনার অনুমতি নিয়ে আমাদের আলোচনাটি রেকর্ড করতে চাই। শুরু করার আগে আপনি কি আমার কাছ থেকে আর কিছু জানতে চান?

Note to the Moderator মডারেটরের জন্য নোট

- Please probe for details where required যেখানে প্রয়োজন, বিস্তারিত বোঝার জন্য প্রোব করুন।
- Please frame your questions depending on the type of activities the project has দয়া করে প্রজেক্ট এর কার্যক্রম অনুযায়ী প্রশ্ন করুন।

General Questions

- Can you let us know the current status of the implementation? (How many months have passed since the launch? Which major activities were carried out?) আপনি কি আমাকে এই প্রজেক্ট বাস্তবায়নের বর্তমান অবস্থা জানাতে পারেন? (শুরু করার পর থেকে কত মাস পার হয়েছে? কোন কোন প্রধান কার্যক্রম বাস্তবায়িত হয়েছে?)
 - When was the health post constructed in this camp? Before the construction of the health post, where did the community people in this camp visit to take medical support and service? এই ক্যাম্পে হেলথ পোস্টটি কবে নির্মিত হয়? হেলথ পোস্টটি নির্মাণের আগে এই ক্যাম্প এর লোকেরা চিকিত্সা সহায়তা এবং সেবা নিতে কোথায় যেত?
 - What type of patients generally visit the health post? How many patients visit the health post in a normal day? Is there any seasonal impact on the number of patient or service seeker visit the health post? Please explain in detail. হেলথ পোস্ট কোন ধরণের রোগী বেশি আসে? একটি সাধারণ দিনে কতজন রোগী হেলথ পোস্ট এ আসে? রোগীর সংখ্যা নিয়ে কি কোনও সিজন অনুযায়ী (মৌসুমভেদে) পরিবর্তন হয়? বিস্তারিত ব্যাখ্যা করুন।
 - Can you tell us what is going well in the project? Does the health post have sufficient facility to provide the basic health services to the people in the camp? Does the health post have required equipment and technician for diagnostic service? If diagnostic service is not available, where do the people from the camp go? আপনি কি আমাকে বলতে পারেন এই প্রজেক্টের কী কী ঠিকমতো চলছে? ক্যাম্প এর লোকদের প্রাথমিক স্বাস্থ্যসেবা দেওয়ার জন্য হেলথ পোস্টের কি পর্যাপ্ত সুবিধা রয়েছে? হেলথ পোস্টে রোগ নির্ণয় এর জন্য প্রয়োজনীয় যন্ত্রপাতি এবং দক্ষ লোকবল আছে কি? যদি কোনও রোগ নির্ণয় প্রয়োজন হয় তবে ক্যাম্প এর লোকেরা কোথায় যায়?
 - What type of resources are there at the health post? Do the service providers have sufficient skill required to attend the patients and service seekers? What type of training have you provided to the resources of the health post? Do you think the training was sufficient for them? Why do you think so? স্বাস্থ্য পোস্টে কী ধরণের লোকবল রয়েছে? রোগীদের এবং সেবা গ্রহণকারীদের সেবা প্রদানের জন্য সেবা প্রদানকারীদের পর্যাপ্ত দক্ষতা রয়েছে কি? হেলথ পোস্টে কর্মরতদের আপনারা কোন ধরণের প্রশিক্ষণ প্রদান করেছেন? আপনার কি মনে হয় প্রশিক্ষণগুলো তাদের জন্য যথেষ্ট ছিল? কেন আপনি এমনটা মনে করেন?
- Can you tell us if there is anything which are not going well? আপনি কি আমাকে বলতে পারেন, যদি এই প্রজেক্টের এমন কিছু আছে যেটা ঠিকমতো চলছে না?
- Are there any possible recommendations or ideas for JPF or the management team of your organization for improving the current project situation? প্রজেক্টের বর্তমান অবস্থার উন্নতি করার জন্য JPF অথবা আপনার সংস্থার ম্যানেজমেন্ট টিমের জন্য কোনো সম্ভাব্য সুপারিশ/ ধারণা আছে কি?

IS HUMANITARIAN RESPONSE APPROPRIATE AND RELEVANT?

মানবিক সাড়া কি যথাযথ এবং প্রাসঙ্গিক?

- How the target was set for the project? Did you conduct any need assessment to understand the needs of different types of beneficiaries in the camp to understand their health related concerns and needs? How was the need assessment conducted? Do you think the project addressed the

needs of the beneficiaries in a consistent manner? Do you think the services provided from the health post was sufficient to reach the majority of the target beneficiaries in your camp? If not, what should have been done instead? প্রকল্পের জন্য কীভাবে লক্ষ্য নির্ধারণ করা হয়েছিল? এই ক্যাম্পের সুবিধাভোগীদের স্বাস্থ্য সম্পর্কিত চাহিদা বোঝার জন্য আপনারা কি কোনো প্রয়োজনের মূল্যায়ন (নিড অ্যাসেসমেন্ট) করেছিলেন? প্রয়োজনের মূল্যায়ন (নিড অ্যাসেসমেন্ট) কীভাবে করা হয়েছিল? আপনার কি মনে হয় এ প্রকল্পটি সামঞ্জস্যপূর্ণভাবে প্রকল্পের সুবিধাভোগীদের প্রয়োজন মেটাতে পেরেছে? আপনি কি মনে করেন যে ধরণের স্বাস্থ্য সেবা এই হেলথ পোস্ট থেকে দেয়া হয় তা আপনার ক্যাম্পের অধিকাংশ সুবিধাভোগীদের প্রয়োজন অনুযায়ী যথেষ্ট ছিল? যদি না হয়, তাহলে এর পরিবর্তে কী করা উচিত ছিল?

- Till now do you think the project was relevant to needs of the project beneficiaries? Why do you think so? What could have been done to design the project more relevant to the needs of the project beneficiaries? এখনো আপনি কি মনে করেন যে প্রকল্পটি প্রকল্পের সুবিধাভোগীদের প্রয়োজনের সাথে সম্পর্কিত ছিল? আপনি কেন এমনটি মনে করছেন? প্রকল্পটি প্রকল্পের সুবিধাভোগীদের প্রয়োজন মেটানোর জন্য আর কী করা যেত?
- As per the project document, the health post provide service for Child health, sexual reproductive health, maternal health or other basic health services. Do you think the services are sufficient for the people of the camp? প্রকল্পের নথি অনুসারে, হেলথ পোস্ট থেকে শিশুদের স্বাস্থ্য, যৌন ও প্রজনন স্বাস্থ্য, মাতৃস্বাস্থ্য বা অন্যান্য প্রাথমিক স্বাস্থ্যসেবা সরবরাহ করে। আপনি কি মনে করেন যে পরিষেবাগুলি শিবিরের মানুষের জন্য যথেষ্ট?
- Does the health post provide medicines for the patient. If yes, who bear the cost for the medicines? Is the supply of medicine sufficient considering the number of patient visit the health post? Do you receive sufficient medical supplies (e.g. vaccine, test kit) for the camp on a timely manner? হেলথ পোস্ট রোগীর জন্য ওষুধ সরবরাহ করে কি? যদি হ্যাঁ, তবে ওষুধের ব্যয় কে বহন করে? স্বাস্থ্য পোস্টে রোগীর সংখ্যা বিবেচনা করে কি ওষুধের সরবরাহ যথেষ্ট? আপনি কি সময়মতো ক্যাম্পের জন্য পর্যাপ্ত চিকিত্সা সরবরাহ (যেমন: ভ্যাকসিন, টেস্ট কিট) পান?
- What type of psychological supports are being provided from this health post? Do you think, the psychological supports are being provided, is appropriate for them? Why do you think so? এই হেলথ পোস্ট থেকে কোন ধরণের মানসিক স্বাস্থ্য সেবা বা সহায়তা দেয়া হচ্ছে? আপনি কি মনে করেন, যে ধরণের মানসিক স্বাস্থ্য সেবা বা দেয়া হচ্ছে, তাদের জন্য উপযুক্ত? কেন আপনি এমন মনে করেন?
- Was there any change made in the project plan during the implementation of the project? Why the changes were necessary? Was there any change made due to the COVID-19 outbreak? What were the changes? How did it impact on the overall project? Was it easy to operate the health post during COVID-19 outbreak maintaining social distance? Did you continue providing health service to the beneficiaries post COVID-19 outbreak? প্রকল্পটি বাস্তবায়নের সময় কি প্রকল্পের পরিকল্পনায় কোনো পরিবর্তন আনা হয়েছিল? কেন পরিবর্তন করার প্রয়োজন হয়েছিল? কোভিড-19 বা করোনাভাইরাসের প্রাদুর্ভাবের কারণে কি কোনো পরিবর্তন করা হয়েছিল? কী কী পরিবর্তন করা হয়েছিল? এটি সামগ্রিক প্রকল্পে কীভাবে প্রভাব ফেলেছিল? COVID-19 প্রাদুর্ভাবের সময় সামাজিক দূরত্ব বজায় রেখে স্বাস্থ্য সেবা প্রদান করা কি সহজ ছিল? আপনি কি COVID-19 প্রাদুর্ভাব এর পরে সুবিধাভোগীদের প্রয়োজন অনুযায়ী স্বাস্থ্য সেবা কার্যক্রম চালিয়ে গেছেন?

IS HUMANITARIAN RESPONSE EFFECTIVE AND TIMELY?

মানবিক সাড়া কার্যকর এবং সময়োপযোগী?

- Do you think the objective of the project has been achieved as per project target? What will happen to the health post once the project is completed? আপনি কি মনে করেন আপনি কি মনে করেন প্রকল্পের উদ্দেশ্য অনুযায়ী প্রকল্পের লক্ষ্য অর্জন হয়েছে? প্রকল্পটি শেষ হয়ে গেলে হেলথ পোস্টটির কী হবে?
- Have you noticed any visible changes in terms of awareness on different health related topics among the beneficiaries or any improvement on overall health facility in the camp? Do you think the mortality rate of mother and child, complexity during or after delivery has reduced due to the implementation of the project? Please explain in details. স্বাস্থ্য সম্পর্কিত সচেতনতা তৈরি বা স্বাস্থ্য সেবার উন্নতির ক্ষেত্রে আপনি কি কোনও দৃশ্যমান পরিবর্তন লক্ষ্য করেছেন? আপনি কী মনে করেন প্রকল্পটি বাস্তবায়নের ফলে নারী ও শিশু মৃত্যুর হার বা গর্ভকালীন, প্রসবকালীন ও প্রসব পরবর্তী জটিলতা আগের থেকে হ্রাস পেয়েছে? বিস্তারিত ব্যাখ্যা করুন।
- What were the major factors influencing the achievement or non-achievement of the objectives? উদ্দেশ্যগুলি অর্জন করা বা অর্জন না করাকে প্রভাবিত করার প্রধান কারণগুলি কী ছিল?

IS HUMANITARIAN RESPONSE STRENGTHENING LOCAL CAPACITIES AND AVOIDING NEGATIVE EFFECTS?

মানবিক সাড়া কি স্থানীয় সক্ষমতা (ক্যাপাসিটি) বৃদ্ধি করছে এবং নেতিবাচক প্রভাব থেকে মুক্তি দিচ্ছে?

- Has the project been able to strengthen communities' and local capacities and ownership? Do you think similar service from the health post will be provided even after the project is closed? If not, what could be the possible solution to address the issue? প্রকল্পটি কি ক্যাম্পের ভেতরে স্থানীয় মানুষদের সক্ষমতা এবং অধিকার রক্ষায় সচেতনতা বৃদ্ধি করতে সক্ষম হয়েছে? আপনি কি মনে করেন যে প্রকল্পটি বন্ধ হওয়ার পরেও এই হেলথ পোস্ট থেকে স্বাস্থ্য সেবা দেয়া অব্যাহত থাকবে? যদি তা না হয় তবে এই সমস্যার সম্ভাব্য সমাধান কী হতে পারে?
- To what extent have long-term and inter-connected problems been considered when carrying out short-term activities? স্বল্প-মেয়াদী কার্যকলাপ চালানোর সময় দীর্ঘমেয়াদী এবং আন্তঃসম্পর্কিত সমস্যাগুলি কতটা বিবেচিত হয়েছে?
- To what extent, and how, were negative impacts, including in all sectors from above, systematically anticipated, identified, and mitigated? উপরের সমস্ত সেক্টরে পদ্ধতিগতভাবে প্রত্যাশিত, চিহ্নিত এবং প্রশমিতকরণ সহ কী পরিমাণ এবং কীভাবে নেতিবাচক প্রভাবগ ছিল?
- What were the main barriers to involving local actors in the provision of assistance? সহায়তা পাওয়ার জন্য স্থানীয় নেতৃত্বপ্রদানকারীদের জড়িত করার প্রধান বাধাগুলি কী ছিল?
- Did the project have any unforeseen positive and/or negative impacts (including on social, political, environmental and economic factors) which have influenced you or prompted changes in ways of working etc.? প্রকল্পটির কোনও অপ্রত্যাশিত ইতিবাচক এবং / বা নেতিবাচক প্রভাব রয়েছে (যার মধ্যে সামাজিক, রাজনৈতিক, পরিবেশগত এবং অর্থনৈতিক বিষয়গুলি অন্তর্ভুক্ত) যা আপনাকে প্রভাবিত করেছে বা কাজের পদ্ধতিতে দ্রুত পরিবর্তনকে উৎসাহিত করেছে ইত্যাদি?

IS HUMANITARIAN RESPONSE BASED ON COMMUNICATION, PARTICIPATION AND FEEDBACK?

মানবিক প্রতিক্রিয়া কি যোগাযোগ, অংশগ্রহণ এবং প্রতিক্রিয়া ভিত্তিক?

- Were the beneficiaries able to provide feedback throughout the different stages of program? Were you be able to customize the health services based on the need of the beneficiaries? সুবিধাভোগীরা কি কর্মসূচির বিভিন্ন পর্যায়ে প্রতিক্রিয়া জানাতে পেরেছিল? আপনি কি সুবিধাভোগীদের প্রয়োজনের ভিত্তিতে স্বাস্থ্য সেবাগুলি সুবিধাভোগীর প্রয়োজন অনুযায়ী আলাদাভাবে করতে সক্ষম হয়েছিলেন?

ARE COMPLAINTS WELCOME AND ADDRESSED?

অভিযোগ কি নেয়া হয় এবং সমাধান করা হয়?

- Did targeted beneficiaries and the wider community feel safe and trusted the confidentiality when communicating with the health service providers? স্বাস্থ্য সেবা প্রদানকারীর সাথে যোগাযোগ করার সময় নির্বাচিত সুবিধাভোগী এবং রোহিঙ্গা জনগোষ্ঠী কী নিরাপদ বোধ করে এবং গোপনীয়তায় বিশ্বাস করে?
- Did they share any complaints or observation during the implementation of the project? What are those complaints or observations? Can you give some example? Was the complaints or observations addressed properly? How was those addressed or why those were not addressed? প্রকল্পটি বাস্তবায়নের সময় সুবিধাভোগীদের কোনো অভিযোগ বা পর্যবেক্ষণ ছিল কি? কী ধরনের অভিযোগ বা পর্যবেক্ষণ ছিল? আপনি কি কিছু অভিযোগ বা পর্যবেক্ষণ এর কথা বলতে পারেন? অভিযোগ বা পর্যবেক্ষণ কি সঠিকভাবে সমাধান করা হয়েছিল? সেগুলো কীভাবে সমাধান করা হয়েছিল বা সেগুলো কেন সমাধান করা হয়নি?

IS HUMANITARIAN RESPONSE COORDINATED AND COMPLEMENTARY?

মানবিক সাড়া কি সমন্বিত এবং পরিপূরক?

- How were you engaged with the Majhis and CiCs in the camp? Did you have to keep in touch with other local government authorities while implementing the project? Did the Majhis, CiCs and/or local government authorities provided their feedback on the project? How was the feedback addressed? আপনারা ক্যাম্পে কীভাবে মাঝি ও সিআইসদের সাথে জড়িত করেছিলেন? প্রকল্পটি বাস্তবায়নের সময় আপনাদের কি অন্যান্য স্থানীয় সরকার কর্তৃপক্ষের সাথে যোগাযোগ রাখতে হয়েছিল? মাঝি, সিআইসি এবং / বা স্থানীয় সরকার কর্তৃপক্ষ কি প্রকল্পটি সম্পর্কে তাদের ফিডব্যাক বা মতামত দিয়েছিল? তাদের দেওয়া ফিডব্যাক কীভাবে কাজে লাগানো হয়েছিল?
- Has the project complemented and been compatible with government approach? প্রকল্পটি কি সরকারী পদ্ধতির সাথে পরিপূরক এবং সামঞ্জস্যপূর্ণ হয়েছে?
- Is there any other NGOs implementing similar project in your project area (camp)? If yes, how did you coordinate and complement its interventions with others? আপনাদের প্রকল্প এলাকায় (ক্যাম্প) কি অন্য কোনো এনজিও একই রকম প্রকল্প বাস্তবায়ন করছে? যদি হ্যাঁ

হয়, তাহলে আপনারা কীভাবে অন্যদের সাথে এটার সমন্বয় এবং পরিপূরক করেছিলেন?

**ARE HUMANITARIAN ACTORS CONTINUOUSLY LEARNING AND IMPROVING?
যারা মানবিক কাজ করছে তারা কি ধারাবাহিকভাবে শিখছে এবং উন্নতি করছে?**

- Since the beginning of the project, have you made any modifications because of monitoring, feedback, or complaint-handling? If yes, could you please explain how the changes made had positive / negative effects to the achievement of the outputs & outcomes? প্রকল্পের শুরু থেকে, আপনারা কী সুবিধাভোগীদের পর্যবেক্ষণ বা মতামত, অথবা অভিযোগ এর ভিত্তিতে এই প্রকল্পে কোন পরিবর্তন করেছেন? যদি হ্যাঁ হয়, তাহলে আপনি কি দয়া করে বলতে পারেন, পরিবর্তনগুলো যেভাবে করা হয়েছিল তাতে আউটপুট এবং ফলাফল অর্জনে ইতিবাচক বা নেতিবাচক প্রভাব ফেলেছিল?

ARE STAFF SUPPORTED TO DO THEIR JOB EFFECTIVELY, AND ARE THEY TREATED FAIRLY AND EQUITABLY?

স্টাফরা কি তাদের কাজ সাফল্যের সাথে করতে পারে এবং তাদের সাথে কি নিরপেক্ষভাবে এবং ন্যায়সঙ্গভাবে আচরণ করা হয়?

- How much happy are you with the expertise and competencies of your project staff to implement the project? Did they have sufficient knowledge of the context, refugee rights and protection issues? প্রকল্পটি বাস্তবায়নে আপনাদের প্রকল্প কর্মীদের অভিজ্ঞতা এবং দক্ষতা নিয়ে আপনি কতটা খুশি? তাদের কি কনটেক্সট, শরণার্থী অধিকার এবং সুরক্ষা সম্পর্কিত বিষয়ে যথেষ্ট জ্ঞান আছে?

ARE RESOURCES MANAGED AND USED RESPONSIBLY FOR THEIR INTENDED PURPOSE?

তাদের অন্তর্নিহিত উদ্দেশ্যের জন্য কি রিসোর্স পরিচালনা করা হয় এবং প্রতিক্রিয়া ব্যবহার করা হয়?

- How much happy are you with the budget spent against plan পরিকল্পনার জন্য ব্যয় করা বাজেটে আপনি কতটা খুশি?
- How the most recent audit recommendations have been addressed সর্বশেষ অডিটে সুপারিশগুলোকে কীভাবে অ্যাড্রেস করা হয়েছে?
- How Value for Money was achieved through effective procurement and contracting কার্যকর কেনাকাটা এবং চুক্তির মাধ্যমে কীভাবে টাকা উসুল হয়েছিল?
- How well were the inputs (funds, people, materials, and time) used to produce results? সুফল পেতে ইনপুটগুলো (তহবিল, লোক, উপকরণ এবং সময়) কতটা ভালোভাবে ব্যবহার করা হয়েছিল?

**End the interview by thanking respondent for his/her valuable time and responses.
মূল্যবান সময় এবং মতামত দেয়ার জন্য উত্তরদাতাকে ধন্যবাদ দিয়ে সাক্ষাৎকার শেষ করুন।**

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Service Provider KII Guide

Note to the Moderator মডারেটরের জন্য নোট

- Please be more than humble with the person you are interviewing আপনি যে ব্যক্তির সাক্ষাত্কার নিচ্ছেন তার সাথে দয়া করে নম্র আচরণ করবেন।
- Make sure any of your behavior or question doesn't offend him/her or put him/her in a uncomfortable situation খেয়াল রাখবেন যে আপনার কোনো আচরণ বা প্রশ্ন তাকে আঘাত না করে বা অস্বস্তিকর পরিস্থিতিতে না ফেলে।
- Give time to make the person comfortable and ask if he needs more time before starting the discussion উত্তরদাতাকে সহজ হওয়ার জন্য সময় দিন এবং আলোচনা শুরু করার আগে তার আরও সময় প্রয়োজন কিনা তা জিজ্ঞাসা করুন।
- Please frame your questions depending on the type of skill the person has দয়া করে উত্তরদাতার দক্ষতার ধরন অনুযায়ী প্রশ্ন করুন।

Introduction ভূমিকা/পরিচিতি

Assalamu Alaikum. My name is _____. I have come from a research firm named Org-Quest Research Limited. We conduct research on various social and business related topics as well as on different products and services. Currently we are conducting a survey on health and nutrition among Rohingya communities in Cox's Bazar.

First of all, I would like to thank you for agreeing to be interviewed. We would like to ask you a few questions about health and nutrituin condition in your camp in light of health post where your are currently working.

Your comments and opinions will remain confidential and will only be used for this research, not for any other purpose. Our conversation should take about 45 minutes to complete. With your permission I want to record our conversation on tape. Do you have any questions before we begin?

আসসালামুয়ালাইকুম, আমার নাম _____. আমি ঢাকায় অবস্থিত “ওআরজি-কোয়েস্ট রিসার্চ লিমিটেড” নামক একটি গবেষণা সংস্থা থেকে এসেছি। আমরা বিভিন্ন সামাজিক ও ব্যবসা সম্পর্কিত বিষয়ে এবং পণ্য ও সেবা নিয়ে গবেষণা জরিপ পরিচালনা করে থাকি।

বর্তমানে আমরা কক্সবাজার জেলায় রোহিঙ্গা শরণার্থীদের মাঝে স্বাস্থ্য ও পুষ্টি এর সাথে সম্পর্কিত একটি গবেষণা জরিপ পরিচালনা করছি।

প্রথমেই, সাক্ষাৎকার দিতে রাজী হওয়ার জন্য আমি আপনাকে ধন্যবাদ জানাতে চাই। আপনাদের ক্যাম্প এর হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) এর আলোকে স্বাস্থ্য ও পুষ্টি সম্পর্কে আমি আপনার কাছ থেকে জানতে চাইবো।

আপনার দেয়া সমস্ত মন্তব্য এবং মতামতের গোপনীয়তা রক্ষা করা হবে এবং শুধুমাত্র গবেষণার কাজে ব্যবহার করা হবে, অন্য কোনো উদ্দেশ্যে ব্যবহার করা হবে না। আমাদের এই আলোচনাটি শেষ করতে আনুমানিক ৪৫ মিনিট সময় লাগবে। আপনার অনুমতি নিয়ে আমাদের আলোচনাটি রেকর্ড করতে চাই। শুরু করার আগে আপনি কি আমার কাছ থেকে আর কিছু জানতে চান?

Record the profile of the respondent উত্তরদাতার প্রোফাইল রেকর্ড করুন

Name of the respondent উত্তরদাতার নাম _____

Type of Respondent উত্তরদাতার ধরণ

Doctor ডাক্তার	
Paramedic প্যারামেডিক	
Midwife ধাত্রী/ দাই	
Maternal and child health promoter মাতৃ এবং শিশু স্বাস্থ্য প্রমোটার	
Maternal and child health assistant মাতৃ এবং শিশু স্বাস্থ্য সহকারী	
Regional health workers আঞ্চলিক স্বাস্থ্যকর্মী	
Maternal and child nutrition counselor মাতৃ এবং শিশু স্বাস্থ্য কাউন্সেলর	
Person in charge of psychosocial support মনোসামাজিক সহায়তার দায়িত্বে থাকা ব্যক্তি	
Medical staff চিকিৎসা কর্মী	

Could I start interview? আমি কি সাক্ষাৎকার শুরু করতে পারি?

Yes হ্যাঁ----1 (Continue সাক্ষাৎকার চালিয়ে যান)
সাক্ষাৎকার বন্ধ করুন)

No না-----2 (Stop Interview

- Please let me know lasted educational qualification দয়া করে আপনার সর্বশেষ শিক্ষাগত যোগ্যতা কি সেটা বলুন
- How long you are working in this facility? আপনি কত দিন এই সেবা ব্যবস্থায় কাজ করছেন?

Now we are moving to our main questions এখন আমরা আমাদের মূল প্রশ্ন শুরু করি

1. What type of patients do you have to attend at the facility? How many patients do you have to attend in a normal day? Is there any seasonal change on the number of patients you have to attend in a day? Please explain in detail. আপনাকে এই কেন্দ্রে কোন ধরনের রোগীদের চিকৎসা করতে হয়? একটি সাধারণ দিনে আপনাকে কতজন রোগীর চিকৎসা করতে হয়? আপনার একদিনে চিকৎসা করতে হয় এমন রোগীর সংখ্যা নিয়ে কি কোনও সিজন অনুযায়ী (মৌসুমভেদে) পরিবর্তন আছে কী? বিস্তারিত ব্যাখ্যা করুন।
2. Did you receive any training under the project? What type of trainings did you receive? Did you receive any training on Minimum Package of Essential Health Services? What topics were covered under the training? What changes have you noticed after the training? আপনি এই প্রকল্পের অধীনে কোন প্রশিক্ষণ পেয়েছেন? আপনি কোন ধরনের প্রশিক্ষণ পেয়েছেন? আপনি প্রয়োজনীয় স্বাস্থ্যসেবার ন্যূনতম প্যাকেজ সম্পর্কে কোনও প্রশিক্ষণ পেয়েছেন? প্রশিক্ষণের অধীনে কোন বিষয়গুলি অন্তর্ভুক্ত ছিল? প্রশিক্ষণের পরে আপনি কী কী পরিবর্তন লক্ষ্য করেছেন? Have you received any training on child health? What topics were covered under the training? What type child diseases do you have to attend in the camp? Is it different from other community? Does the health post have sufficient facility to provide treatment for the children under 5 years? How do you deal when some children with serious illness visit your health post? If the health post is unable to deal with the children with serious illness, where do you refer the patient to? Are you following up those cases after the referral? Have you had any referral cases so far? আপনি কি শিশু স্বাস্থ্যের বিষয়ে কোনও প্রশিক্ষণ পেয়েছেন? প্রশিক্ষণের অধীনে কোন কোন বিষয়গুলি অন্তর্ভুক্ত ছিল? ক্যাম্পে আপনাকে কী ধরনের শিশু রোগের চিকৎসা করতে হয়? এই ধরনের শিশু রোগ কি অন্য সম্প্রদায়ের থেকে আলাদা? 5 বছরের কম বয়সী শিশুদের চিকিত্সা দেওয়ার জন্য হেলথ পোস্টে কি পর্যাপ্ত সুবিধা রয়েছে? যখন গুরুতর অসুস্থ কোনো শিশু আপনার হেলথ পোস্টে আসে, আপনি তখন কীভাবে তাদের চিকিৎসা প্রদান করেন? যদি হেলথ পোস্টে গুরুতর অসুস্থ শিশুদের চিকিৎসা প্রদান করা সম্ভব না হয় তবে আপনি রোগীকে কোথায় পাঠিয়ে থাকেন? আপনি কি পাঠানোর পরে সেই রোগীদের পরে খোঁজ নিয়েছেন? এখন পর্যন্ত আপনার কোনও এমন কোন রোগী ছিল যাদের উন্নত চিকিত্সার জন্য অন্য কোথাও পাঠানো হয়েছিলো?
3. Do the parents vaccinate their children as per schedule? What type of vaccine do you provide? Do you think the goals on vaccination achieved so far is satisfactory? Why do you think so? নির্ধারিত সময়সূচি অনুসারে বাবা-মা রা কি তাদের বাচ্চাদের টিকা দিতে নিয়ে আসেন? আপনি কোন ধরনের টিকা/ভ্যাকসিন দিয়ে থাকেন? আপনি কি মনে করেন যে টার্গেট অনুযায়ী এখনও পর্যন্ত টিকা দেওয়ার হার সন্তোষজনক? কেন আপনি এমনটা মনে করেন?
4. Do the adolescents visit this health post for their own treatment? For what type of problems do the adolescents come to the health post? What is the ratio between male and female? Do the female adolescents visit the health post to receive information on menstrual regulations? Does the feel comfortable to discuss on the topic? What advice do you provide to them? কিশোর-কিশোরীরা কি তাদের নিজস্ব চিকিত্সার জন্য এই হেলথ

পোস্টে আসে? কি কি ধরনের সমস্যার জন্য কিশোর-কিশোরীরা হেলথ পোস্টে আসে? এই হেলথ পোস্টে আসা কিশোর ও কিশোরীদের অনুপাত কত? কিশোরীরা কি মাসিক ঋতুস্রাব সম্পর্কিত তথ্য পেতে হেলথ পোস্টে আসে? বিষয়টিতে আলোচনা করতে কি তারা স্বাচ্ছন্দ্য বোধ করে? আপনি তাদের কি কি পরামর্শ দিয়ে থাকেন?

5. Among the adolescents, what percentage are married and what percentage are unmarried (please tell me disaggregated by gender)? How percentage of adolescents are pregnant? কিশোর-কিশোরীদের মধ্যে কত শতাংশ বিবাহিত এবং কত শতাংশটি অবিবাহিত (দয়া করে আমাকে কিশোর এবং কিশোরীদের হিসাব আলাদা করে বলুন)? কিশোরীদের কত শতাংশ গর্ভবতী?
6. Have you received any training on sexual reproductive health? For what type of problems do the visitors visit the health post? আপনি যৌন এবং প্রজনন স্বাস্থ্যের উপর কোন প্রশিক্ষণ পেয়েছেন কী? সুবিধাভোগীরা কোন ধরনের যৌন এবং প্রজনন স্বাস্থ্য সমস্যার জন্য স্বাস্থ্য পোস্টে যান?
7. What are the messages do you provide to a newly married couple? Is family planning service available in this health post? How comfortable are the women to discuss about the family planning related issues? নববিবাহিত দম্পতিদের আপনি কী কী বার্তা সরবরাহ করেন? পরিবার পরিকল্পনা সেবা এই হেলথ পোস্টে পাওয়া যায় কী? পরিবার পরিকল্পনা সম্পর্কিত সমস্যাগুলি নিয়ে আলোচনা করতে মহিলারা কতটা স্বাচ্ছন্দ্যবোধ করেন?
8. Have you received any training on maternal health? What services and information do you provide for pregnant mothers? Please share information separately for Antenatal Care, Delivery Care, Neonatal Care and Postnatal Care. What information and services do you provide to prevent pregnancy complications? Does the facility have the facility to deal with critically ill pregnant women? আপনি কি মাতৃস্বাস্থ্যের উপরে কোন প্রশিক্ষণ পেয়েছেন? আপনি গর্ভবতী মায়েদের জন্য কোন কোন সেবা এবং তথ্য সরবরাহ করেন? দয়া করে গর্ভকালীন যত্ন, প্রসবকালীন যত্ন, নবজাতক যত্ন এবং প্রসবোত্তর যত্নের জন্য আলাদাভাবে বলুন। গর্ভাবস্থার জটিলতা রোধ করতে আপনি কোন কোন তথ্য এবং সেবা সরবরাহ করেন? এই হেলথ পোস্টে গুরুতর অসুস্থ গর্ভবতী মহিলাদের সামলানোর ব্যবস্থা আছে কী?
9. Have you received training on newborn baby? Does the facility have the facility to provide treatment and medicine for newborn baby? What information do you provide to a mother of newborn baby (please probe for breast-feeding, vaccination and complementary foods)? আপনি কি নবজাতক শিশুর উপর প্রশিক্ষণ পেয়েছেন? এই হেলথ পোস্টে নবজাতক শিশুর জন্য চিকিৎসা ও ওষুধ সরবরাহ করার ব্যবস্থা আছে কী? নবজাতক শিশুর মাকে আপনি কী কী তথ্য সরবরাহ করেন (দয়া করে স্তন্যপান করানো, টিকা দেওয়ার এবং পরিপূরক খাবারের জন্য প্রোব করুন)?
10. Does the health post have required equipment and technician for diagnostic service? If diagnostic service is not available, where do the people from the camp go? হেলথ পোস্টে রোগ নির্ণয় এর জন্য প্রয়োজনীয় যন্ত্রপাতি এবং দক্ষ লোকবল আছে কি?? যদি কোনও রোগ নির্ণয় প্রয়োজন হয় তবে ক্যাম্প এর লোকেরা কোথায় যায়?
11. Do you provide any mental health/psychosocial support to the beneficiaries of the camp? Have you received any training on mental health/psychosocial support? What type of

disorders do the people in this have suffer from? (try to obtain information disaggregated by gender and age). Do you provide mental health/psychosocial support to pregnant women or mother of newborn baby? What type of mental health/psychosocial support do you provide? আপনি কি ক্যাম্পের সুবিধাভোগীদের কোনও মানসিক স্বাস্থ্য / মনস্তাত্ত্বিক সহায়তা প্রদান করেন? আপনি কি মানসিক স্বাস্থ্য / মনস্তাত্ত্বিক সহায়তা সম্পর্কে কোন প্রশিক্ষণ পেয়েছেন? এখানকার লোকেরা কী ধরনের ব্যাধিতে ভুগছেন? (লিঙ্গ এবং বয়স দ্বারা পৃথক পৃথক তথ্য নেওয়ার চেষ্টা করুন)। আপনি কি গর্ভবতী মহিলাদের বা নবজাত শিশুর মাকে মানসিক স্বাস্থ্য / মনস্তাত্ত্বিক সহায়তা প্রদান করেন? আপনি কোন ধরনের মানসিক স্বাস্থ্য / মনোসামাজিক সহায়তা প্রদান করেন?

IS HUMANITARIAN RESPONSE APPROPRIATE AND RELEVANT?

মানবিক সাড়া কি যথাযথ এবং প্রাসঙ্গিক?

- Did you conduct any need assessment to understand the needs of different types of beneficiaries in the camp to understand their health related concerns and needs? How was the need assessment conducted? Do you think you can address the needs of the beneficiaries in a consistent manner? Do you think the services provided from the health post was sufficient to reach the majority of the target beneficiaries in your camp? If not, what should have been done instead? এই ক্যাম্পের সুবিধাভোগীদের স্বাস্থ্য সম্পর্কিত চাহিদা বোঝার জন্য আপনারা কি কোনো নিড অ্যাসেসমেন্ট করেছিলেন? নিড অ্যাসেসমেন্ট কীভাবে করা হয়েছিল? আপনার কি মনে হয় আপনারা সামঞ্জস্যপূর্ণভাবে প্রকল্পের সুবিধাভোগীদের প্রয়োজন মেটাতে পেরেছেন? আপনি কি মনে করেন যে ধরনের স্বাস্থ্য সেবা এই হেলথ পোস্ট থেকে দেয়া হয় তা আপনার ক্যাম্পের অধিকাংশ সুবিধাভোগীদের প্রয়োজন অনুযায়ী যথেষ্ট ছিল? যদি না হয়, তাহলে এর পরিবর্তে কী করা উচিত ছিল?
- Does the health post provide medicines for the patient. If yes, who bear the cost for the medicines? Is the supply of medicine sufficient considering the number of patient visit the health post? Do you receive sufficient medical supplies (e.g. vaccine, test kit) for the camp on a timely manner? হেলথ পোস্ট রোগীর জন্য ওষুধ সরবরাহ করে কি? যদি হ্যাঁ, তবে ওষুধের ব্যয় কে বহন করে? স্বাস্থ্য পোস্টে রোগীর সংখ্যা বিবেচনা করে কি ওষুধের সরবরাহ যথেষ্ট? আপনি কি সময়মতো ক্যাম্পের জন্য পর্যাপ্ত চিকিত্সা সরবরাহ (যেমন: ভ্যাকসিন, টেস্ট কিট) পান?
- What type of psychological supports are being provided from this health post? Do you think, the psychological supports are being provided, is appropriate for them? Why do you think so? এই হেলথ পোস্ট থেকে কোন ধরনের মানসিক স্বাস্থ্য সেবা বা সহায়তা দেয়া হচ্ছে? আপনি কি মনে করেন, যে ধরনের মানসিক স্বাস্থ্য সেবা বা দেয়া হচ্ছে, তাদের জন্য উপযুক্ত? কেন আপনি এমন মনে করেন?
- Was there any change made in the project plan during the implementation of the project? Why the changes were necessary? Was the service delivery from the health post interrupted due to COVID-19 outbreak? Was there any change made due to the COVID-19 outbreak? What were the changes? How did it impact on the overall project? Was it easy to operate the health post during COVID-19 outbreak maintaining social distancing? Did you continue providing health service to the beneficiaries post COVID-19 outbreak? প্রকল্পটি বাস্তবায়নের সময় কি প্রকল্পের পরিকল্পনায় কোনো পরিবর্তন আনা হয়েছিল? কেন পরিবর্তন করার প্রয়োজন হয়েছিল? কোভিড-19 বা করোনাভাইরাসের প্রাদুর্ভাবের কারণে হেলথ পোস্ট থেকে সেবা প্রদান ব্যাহত হয়েছিল কি? কোভিড-19 বা করোনাভাইরাসের প্রাদুর্ভাবের কারণে কি কোনো পরিবর্তন করা হয়েছিল? কী কী পরিবর্তন করা হয়েছিল? এটি সামগ্রিক প্রকল্পে কীভাবে প্রভাব ফেলেছিল? COVID-19 প্রাদুর্ভাবের

সময় সামাজিক দূরত্ব বজায় রেখে স্বাস্থ্য সেবা প্রদান করা কি সহজ ছিল? আপনি কি COVID-19 প্রাদুর্ভাব এর পরে সুবিধাভোগীদের প্রয়োজন অনুযায়ী স্বাস্থ্য সেবা কার্যক্রম চালিয়ে গেছেন?

IS HUMANITARIAN RESPONSE EFFECTIVE AND TIMELY?

মানবিক সাড়া কার্যকর এবং সময়োপযোগী?

- Have you noticed any visible changes in terms of awareness on different health related topics among the beneficiaries or any improvement on overall health facility in the camp? Do you think the mortality rate of mother and child, complexity during or after delivery has reduced due to the implementation of the project? Please explain in details. স্বাস্থ্য সম্পর্কিত সচেতনতা তৈরি বা স্বাস্থ্য সেবার উন্নতির ক্ষেত্রে আপনি কি কোনও দৃশ্যমান পরিবর্তন লক্ষ্য করেছেন? আপনি কী মনে করেন প্রকল্পটি বাস্তবায়নের ফলে নারী ও শিশু মৃত্যুর হার বা গর্ভকালীন, প্রসবকালীন ও প্রসব পরবর্তী জটিলতা আগের থেকে হ্রাস পেয়েছে? বিস্তারিত ব্যাখ্যা করুন।
- What were the major factors influencing the achievement or non-achievement of the objectives? উদ্দেশ্যগুলি অর্জন করা বা অর্জন না করাকে প্রভাবিত করার প্রধান কারণগুলি কী ছিল?

IS HUMANITARIAN RESPONSE STRENGTHENING LOCAL CAPACITIES AND AVOIDING NEGATIVE EFFECTS?

মানবিক সাড়া কি স্থানীয় সক্ষমতা (ক্যাপাসিটি) বৃদ্ধি করছে এবং নেতিবাচক প্রভাব থেকে মুক্তি দিচ্ছে?

- Do you think, this health facility or service providers like you has developed your capacity to strengthen communities' and local capacities and ownership? Do you think similar service from the health post will be provided even after the project is closed? If not, what could be the possible solution to address the issue? আপনি কি মনে করেন হেলথ পোস্ট এবং এর সেবা প্রদানকারীগণ তাদের সক্ষমতা বৃদ্ধি করতে সক্ষম হয়েছে? আপনি কি মনে করেন যে প্রকল্পটি বন্ধ হওয়ার পরেও এই হেলথ পোস্ট থেকে স্বাস্থ্য সেবা দেয়া অব্যাহত থাকবে? যদি তা না হয় তবে এই সমস্যার সম্ভাব্য সমাধান কী হতে পারে?

IS HUMANITARIAN RESPONSE BASED ON COMMUNICATION, PARTICIPATION AND FEEDBACK?

মানবিক প্রতিক্রিয়া কি যোগাযোগ, অংশগ্রহণ এবং প্রতিক্রিয়া ভিত্তিক?

- Were the beneficiaries able to provide feedback throughout the different stages of program? Were you be able to customize the health services based on the need of the beneficiaries? সুবিধাভোগীরা কি কর্মসূচির বিভিন্ন পর্যায়ে প্রতিক্রিয়া জানাতে পেরেছিল? আপনি কি সুবিধাভোগীদের প্রয়োজনের ভিত্তিতে স্বাস্থ্য সেবাগুলি সুবিধাভোগীর প্রয়োজন অনুযায়ী আলাদাভাবে করতে সক্ষম হয়েছিলেন?

ARE COMPLAINTS WELCOME AND ADDRESSED?

অভিযোগ কি নেয়া হয় এবং সমাধান করা হয়?

- Do the beneficiaries feel comfortable to discuss on sensitive topics like sexual and reproductive health, mental health etc. Did targeted beneficiaries and the wider community feel safe and trusted the confidentiality when communicating with the health service providers? সুবিধাভোগীরা কি যৌন এবং প্রজনন স্বাস্থ্য, মানসিক স্বাস্থ্য ইত্যাদি সংবেদনশীল বিষয়ে আলোচনা করতে স্বাচ্ছন্দ্য বোধ করেন? স্বাস্থ্য সেবা প্রদানকারীর সাথে যোগাযোগ

করার সময় নির্বাচিত সুবিধাভোগী এবং রোহিঙ্গা জনগোষ্ঠী কী নিরাপদ বোধ করে এবং গোপনীয়তায় বিশ্বাস করে?

- Did targeted beneficiaries and the wider community share any complaints or observation during the implementation of the project? What are those complaints or observations? Can you give some example? Was the complaints or observations addressed properly? How was those addressed or why those were not addressed? প্রকল্পটি বাস্তবায়নের সময় সুবিধাভোগী এবং রোহিঙ্গা জনগোষ্ঠী কোনো অভিযোগ বা পর্যবেক্ষণ ছিল কি? কী ধরনের অভিযোগ বা পর্যবেক্ষণ ছিল? আপনি কি কিছু অভিযোগ বা পর্যবেক্ষণ এর কথা বলতে পারেন? অভিযোগ বা পর্যবেক্ষণ কি সঠিকভাবে সমাধান করা হয়েছিল? সেগুলো কীভাবে সমাধান করা হয়েছিল বা সেগুলো কেন সমাধান করা হয়নি?

IS HUMANITARIAN RESPONSE COORDINATED AND COMPLEMENTARY? মানবিক সাড়া কি সমন্বিত এবং পরিপূরক?

- Is there any other NGOs implementing similar project in your project area (camp)? If yes, how did you coordinate and complement its interventions with others? আপনাদের প্রকল্প এলাকায় (ক্যাম্প) কি অন্য কোনো এনজিও একই রকম প্রকল্প বাস্তবায়ন করছে? যদি হ্যাঁ হয়, তাহলে আপনারা কীভাবে অন্যদের সাথে এটার সমন্বয় এবং পরিপূরক করেছিলেন?

ARE HUMANITARIAN ACTORS CONTINUOUSLY LEARNING AND IMPROVING? যারা মানবিক কাজ করছে তারা কি ধারাবাহিকভাবে শিখছে এবং উন্নতি করছে?

- What practice do you follow to improve your skill? How do you know about new treatment facilities or medicines or information about new diseases? Do you fill the training you receive is sufficient for you? আপনার দক্ষতার উন্নয়নে আপনি সাধারণত কি করেন? নতুন চিকিত্সার সুবিধা বা ওষুধ বা নতুন রোগ সম্পর্কিত তথ্য সম্পর্কে আপনি কীভাবে জানতে পারেন? আপনি যে প্রশিক্ষণ পান তা কি আপনার পক্ষে যথেষ্ট?

ARE STAFF SUPPORTED TO DO THEIR JOB EFFECTIVELY, AND ARE THEY TREATED FAIRLY AND EQUITABLY?

স্টাফরা কি তাদের কাজ সাফল্যের সাথে করতে পারে এবং তাদের সাথে কি নিরপেক্ষভাবে এবং ন্যায়সঙ্গভাবে আচরণ করা হয়?

- Are you aware of the refugee rights and protection issues? Have you received any training on the issues? How to do implement your learning in your daily activities? আপনি কি শরণার্থী অধিকার এবং সুরক্ষা সম্পর্কিত বিষয়ে সচেতন? আপনি কি এই বিষয়ে কোন প্রশিক্ষণ পেয়েছেন? আপনার প্রতিদিনের ক্রিয়াকলাপগুলিতে কীভাবে আপনার শেখার বাস্তবায়ন করবেন?

12. Do you have any suggestions that can improve the implementation of the project? Please tell me in details. আপনার কি এমন কোনও পরামর্শ রয়েছে যা প্রকল্পটির বাস্তবায়নকে আরও উন্নত করতে পারে? দয়া করে আমাকে বিস্তারিত বলুন।

End the interview by thanking respondent for his/her valuable time and responses.

মূল্যবান সময় এবং মতামত দেয়ার জন্য উত্তরদাতাকে ধন্যবাদ দিয়ে সাক্ষাৎকার শেষ করুন।

KII Guide for Leader of Mother Support Group

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IDI Guide for Leader of Mother Support Group

Note to the Moderator মডারেটরের জন্য নোট

- Please be more than humble with the person you are interviewing আপনি যে ব্যক্তির সাক্ষাত্কার নিচ্ছেন তার সাথে দয়া করে নম্র আচরণ করবেন।
- Make sure any of your behavior or question doesn't offend him/her or put him/her in a uncomfortable situation খেয়াল রাখবেন যে আপনার কোনো আচরণ বা প্রশ্ন তাকে আঘাত না করে বা অস্বস্তিকর পরিস্থিতিতে না ফেলে।
- Give time to make the person comfortable and ask if he needs more time before starting the discussion উত্তরদাতাকে সহজ হওয়ার জন্য সময় দিন এবং আলোচনা শুরু করার আগে তার আরও সময় প্রয়োজন কিনা তা জিজ্ঞাসা করুন।
- Please frame your questions depending on the type of skill the person has দয়া করে উত্তরদাতার দক্ষতার ধরন অনুযায়ী প্রশ্ন করুন।

Introduction ভূমিকা/পরিচিতি

Assalamu Alaikum. My name is _____. I have come from a research firm named Org-Quest Research Limited. We conduct research on various social and business related topics as well as on different products and services. Currently we are conducting a survey on health and nutrition among Rohingya communities in Cox's Bazar.

First of all, I would like to thank you for agreeing to be interviewed. We would like to ask you a few questions about health and nutrituin condition in your camp in light of health post where your are currently working.

Your comments and opinions will remain confidential and will only be used for this research, not for any other purpose. Our conversation should take about 30 minutes to complete. With your permission I want to record our conversation on tape. Do you have any questions before we begin?

আসসালামুয়ালাইকুম, আমার নাম _____। আমি ঢাকায় অবস্থিত “ওআরজি-কোয়েস্ট রিসার্চ লিমিটেড” নামক একটি গবেষণা সংস্থা থেকে এসেছি। আমরা বিভিন্ন সামাজিক ও ব্যবসা সম্পর্কিত বিষয়ে এবং পণ্য ও সেবা নিয়ে গবেষণা জরিপ পরিচালনা করে থাকি। বর্তমানে আমরা কক্সবাজার জেলায় রোহিঙ্গা শরণার্থীদের মাঝে স্বাস্থ্য ও পুষ্টি এর সাথে সম্পর্কিত একটি গবেষণা জরিপ পরিচালনা করছি। প্রথমেই, সাক্ষাৎকার দিতে রাজী হওয়ার জন্য আমি আপনাকে ধন্যবাদ জানাতে চাই। আপনাদের ক্যাম্প এর হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) এর আলোকে স্বাস্থ্য ও পুষ্টি সম্পর্কে আমি আপনার কাছ থেকে জানতে চাইবো।

আপনার দেয়া সমস্ত মন্তব্য এবং মতামতের গোপনীয়তা রক্ষা করা হবে এবং শুধুমাত্র গবেষণার কাজে ব্যবহার করা হবে, অন্য কোনো উদ্দেশ্যে ব্যবহার করা হবে না। আমাদের এই আলোচনাটি শেষ করতে আনুমানিক ৩০ মিনিট সময় লাগবে। আপনার অনুমতি নিয়ে আমাদের আলোচনাটি রেকর্ড করতে চাই। শুরু করার আগে আপনি কি আমার কাছ থেকে আর কিছু জানতে চান?

Record the profile of the respondent উত্তরদাতার প্রোফাইল রেকর্ড করুন

Name of the respondent উত্তরদাতার নাম _____

Could I start interview? আমি কি সাক্ষাৎকার শুরু করতে পারি?

Now we are moving to our main questions এখন আমরা আমাদের মূল প্রশ্ন শুরু করি

1. How did you join this group? Who formed the group? How the other members were selected in this group? How did you become the leader of the group? Have you ever faced any difficulties performing as a leader of the group? If yes, what was that? Please tell me in detail. আপনি কীভাবে এই গ্রুপে যোগ দিয়েছিলেন? গ্রুপটি কে গঠন করেছিলেন? এই গ্রুপের অন্যান্য সদস্যদের কীভাবে নির্বাচিত করা হয়েছিল? আপনি কীভাবে এই গ্রুপের নেতা নির্বাচিত হলেন? আপনি কি কখনও দলের নেতা হিসাবে কাজ করতে কোন অসুবিধার মুখোমুখি হয়েছেন? যদি হ্যাঁ, তা কি ছিল? আমাকে বিস্তারিত বলুন।
2. How many similar groups are there in this camp? Do you keep touch with other group members? How do you communicate with them? On what topic do you discuss with other group member? Which topics are your group members interested in the most? Please tell me in detail. এই ক্যাম্পে কয়টি এই ধরনের গ্রুপ রয়েছে? আপনি কি অন্য দলের সদস্যদের সাথে যোগাযোগ রাখেন? আপনি কীভাবে তাদের সাথে যোগাযোগ করেন? গ্রুপের অন্য সদস্যদের সাথে আপনি কোন কোন বিষয়ে আলোচনা করেন? আপনার গ্রুপ সদস্যরা কোন বিষয়গুলিতে সবচেয়ে বেশী আগ্রহী? আমাকে বিস্তারিত বলুন।
3. What type of people do you have to deal in this group? How many mother do you have to attend in a normal day? আপনাকে এই গ্রুপে কোন ধরনের লোকদের সাথে কথা বলতে হয়? একটি সাধারণ দিনে আপনি কতজন মায়ের সাথে কথা বলেন?
4. Did you receive any training under the project? What type of trainings did you receive? Were the topics covered by each training appropriate and sufficient in terms of performing as a group leader? Are there any other topics you would like to learn? Was the facilitation provided by Save the Children staff sufficient and appropriate? আপনি এই প্রকল্পের অধীনে কোন প্রশিক্ষণ পেয়েছেন? আপনি কোন কোন ধরনের প্রশিক্ষণ পেয়েছেন? প্রশিক্ষণ এর বিষয়গুলি কি দলীয় নেতা হিসাবে কাজ করার জন্য উপযুক্ত এবং পর্যাপ্ত ছিল? আপনি আরও শিখতে চান এমন কোন বিষয় আছে কি? সেভ দি চিলড্রেন এর কর্মীরা আপনাকে যেই সুবিধাগুলি প্রদান করেছে তা কি আপনার জন্য পর্যাপ্ত এবং উপযুক্ত ছিল?
5. Have you received any training on child health? What topics were covered under the training? What type child related issues do you have to attend in the camp? How do you deal when mother of children with serious illness talk to you? আপনি কি শিশু স্বাস্থ্যের বিষয়ে কোনও প্রশিক্ষণ পেয়েছেন? প্রশিক্ষণের অধীনে কোন কোন বিষয়গুলি অন্তর্ভুক্ত ছিল? ক্যাম্পে আপনাকে শিশুরা কী ধরনের সমস্যা নিয়ে আপনার কাছে আসে? যখন গুরুতর অসুস্থ কোনো শিশুর মা আপনার কাছে আসে, আপনি তখন কি করেন?

6. Do the parents vaccinate their children as per schedule? What recommendation do you provide to the mother of children regarding the vaccination? Do you keep any record of children who needs vaccine? Do you think the goals on vaccination achieved so far is satisfactory? Why do you think so? নির্ধারিত সময়সূচি অনুসারে বাবা-মা রা কি তাদের বাচ্চাদের টিকা দেয়? আপনি টিকা/ভ্যাকসিন সম্পর্কে কি ধরণের পরামর্শ দিয়ে থাকেন? কোন বাচ্চাদের কখন টিকা দিতে হবে সে সম্পর্কে আপনি কি কোন রেকর্ড রাখেন? আপনি কি মনে করেন যে টার্গেট অনুযায়ী এখনও পর্যন্ত টিকা দেওয়ার হার সন্তোষজনক? কেন আপনি এমনটা মনে করেন?
7. Have you received any training on maternal health? What information do you provide for pregnant mothers? Please share information separately for Antenatal Care, Delivery Care, Neonatal Care and Postnatal Care. What information do you provide to prevent pregnancy complications? আপনি কি মাতৃস্বাস্থ্যের উপরে কোন প্রশিক্ষণ পেয়েছেন? আপনি গর্ভবতী মায়াদের জন্য কি ধরণের তথ্য প্রদান করেন? দয়া করে গর্ভকালীন যত্ন, প্রসবকালীন যত্ন, নবজাতক যত্ন এবং প্রসবোত্তর যত্নের জন্য আলাদাভাবে বলুন। গর্ভাবস্থার জটিলতা রোধ করতে আপনি কোন কোন তথ্য প্রদান করেন?
8. Have you received training on newborn baby? What information do you provide to a mother of newborn baby (please probe for breast-feeding, vaccination and complementary foods)? Have you received any training on hygiene during breast-feeding and complementary foods? What information do you provide on hygiene during breast-feeding and complementary foods? Can the mothers follow your instruction and maintain proper hygiene during breast-feeding and complementary foods? আপনি কি নবজাতক শিশুর উপর প্রশিক্ষণ পেয়েছেন? নবজাতক শিশুর মাকে আপনি কী কী তথ্য প্রদান করেন (দয়া করে স্তন্যপান করানো, টিকা দেওয়ার এবং পরিপূরক খাবারের জন্য প্রোব করুন)? স্তন্যপান করানো এবং পরিপূরক খাবার খাওয়ানোর সময়ের স্বাস্থ্যবিধি সম্পর্কে আপনি কোনও প্রশিক্ষণ পেয়েছেন কি? আপনি বুকের দুধ খাওয়ানো এবং পরিপূরক খাবারের স্বাস্থ্যবিধি বা পরিচ্ছন্নতা সম্পর্কে কি ধরণের তথ্য সরবরাহ করেন? মায়েরা কী আপনার বুকের দুধ খাওয়ানোর এবং পরিপূরক খাবারের ব্যাপারে পরামর্শ সঠিক ভাবে অনুসরণ করতে পারেন?
9. Have you received any training on proper cooking methods for complementary foods? Do you arrange cooking demonstrations to mothers of children? What type of mothers attend the demonstration session? (probe for the age of the children). Can they follow the cookig methods for complementary foods? Do you know if the participants of the session currently practicing the knowledge gained through the session in their daily life? আপনার জানা মতে সেশনের অংশগ্রহণকারীরা বর্তমানে তাদের দৈনন্দিন জীবনে সেশনটির মাধ্যমে জানা জ্ঞানটি কাজে লাগাতে পারছে বলে মনে করেন? / আপনি কি পরিপূরক খাবারের জন্য সঠিক রান্না পদ্ধতি সম্পর্কে কোনও প্রশিক্ষণ পেয়েছেন? আপনি কি কিভাবে পরিপূরক খাবার রান্না করতে হয় তা বাচ্চাদের মায়াদের দেখানোর জন্য প্রদর্শনী এর ব্যবস্থা করেন? কোন ধরণের মায়েরা প্রদর্শনীতে যোগ দেন? (শিশুদের বয়সের জন্য অনুসন্ধান)। মায়েরা কী পরে পরিপূরক খাবারের রান্নার পদ্ধতি সঠিক ভাবে অনুসরণ করতে পারেন?

(CHS_1) IS HUMANITARIAN RESPONSE APPROPRIATE AND RELEVANT?

মানবিক সাড়া কি যথাযথ এবং প্রাসঙ্গিক?

- Did the health post address your needs in a consistent manner? Did you get your desired service from the health post when required? If not, what should have been done instead? হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) কি সবসময় আপনার প্রয়োজনগুলি মেটাতে পেরেছিল? আপনার যখন প্রয়োজন তখন কি আপনি হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) থেকে আপনার

কাঙ্ক্ষিত সেবা পেয়েছেন? যদি না পেয়ে থাকেন, এর বদলে কী করা উচিত ছিল?

- Have you received any service or information on Covid 19? Did the health post make any change to ensure the safety of the patients or visitors during the Covid 19? What changes have you noticed that was made to ensure the safety of the patients or visitors? Do you think the measures were taken to address the Covid 19 situation was sufficient? Please give some example আপনি কি কোভিড ১৯ সম্পর্কিত কোনও সেবা বা তথ্য পেয়েছিলেন? কোভিড ১৯-এর সময় রোগীদের বা সেবা গ্রহণকারীর সুরক্ষা নিশ্চিত করতে স্বাস্থ্য পোস্ট কি কোনও পরিবর্তন করেছিল? রোগীদের বা সেবা গ্রহণকারীদের সুরক্ষা নিশ্চিত করার জন্য আপনি কি কি পরিবর্তন লক্ষ্য করেছেন? আপনি কি মনে করেন কোভিড ১৯ পরিস্থিতির জন্য পর্যাপ্ত ব্যবস্থা নেওয়া হয়েছিল? আমাকে কিছু উদাহরণ দিতে পারেন কি?
- You receive training on maternal health, newborn baby, and proper cooking methods for complementary foods (please read the training she has received). How useful and relevant was the training for your or other mothers in the camp? Why do you think so?

(CHS_2) IS HUMANITARIAN RESPONSE EFFECTIVE AND TIMELY? মানবিক সাড়া কার্যকর এবং সময়োপযোগীভাবে মেটানো?

- Do you think the health post can meet the need by gender, age, and type? Do you or people like you get the services you need in a timely manner? আপনি কি মনে করেন যে হেলথ পোস্ট (ক্যাম্পের স্বাস্থ্যসেবা কেন্দ্র) নারী, পুরুষ, বিভিন্ন বয়স এবং ধরনের মানুষের চাহিদা পূরণ করতে পারে? আপনি বা আপনার মত লোকজন কি সময়মতো প্রয়োজনীয় সেবা পান?

(CHS_3) IS HUMANITARIAN RESPONSE STRENGTHENING LOCAL CAPACITIES AND AVOIDING NEGATIVE EFFECTS? মানবিক সাড়া কি স্থানীয় সক্ষমতা (ক্যাপাসিটি) শক্তিশালী করেছে এবং নেতিবাচক প্রভাব থেকে মুক্তি দিচ্ছে?

- Do you think, the training you have received helped you to improve your skill? Will you be able to disseminate the information you received even after the project is closed? Why do you think so? আপনি কি মনে করেন, আপনি যে প্রশিক্ষণ পেয়েছেন তা আপনার দক্ষতা উন্নত করতে সহায়তা করেছে? প্রকল্পটি বন্ধ হয়ে যাওয়ার পরেও আপনি যে তথ্য পেয়েছেন তা প্রচার করতে সক্ষম হবেন? কেন আপনি এমনটা মনে করছেন?

(CHS_4) IS HUMANITARIAN RESPONSE BASED ON COMMUNICATION, PARTICIPATION AND FEEDBACK? মানবিক প্রতিক্রিয়া কি যোগাযোগ, অংশগ্রহণ এবং প্রতিক্রিয়া ভিত্তিক?

- Can you provide feedback on the traing you have received? How do you share your feedback? আপনি কি হেলথ পোস্টের সেবা সম্পর্কে আপনার মতামত জানাতে পারেন? আপনি সেবা সম্পর্কে আপনার মতামত কীভাবে জানান?
- Do other mothers share any feedback with you? What type of feedback do you receive? How do you address those feedback from the mothers? অন্যান্য মায়েরা কি আপনার সাথে কোনও মতামত শেয়ার করে? আপনি কোন ধরনের মতামত পান? আপনি কিভাবে মায়ের কাছ থেকে এই মতামত এর উপর সিদ্ধান্ত নেন বা এর সামাধান করেন?

(CHS_5) ARE COMPLAINTS WELCOME AND ADDRESSED? অভিযোগ কি নেয়া হয় এবং সমাধান করা হয়?

- Can the mothers share a complaint on if they have any? What are those complaints or observations? Can you give some example? Were the complaints or observations addressed properly? How was those addressed or why those were not addressed? মায়েরা কি কোনও অভিযোগ কীভাবে করতে হয় জানে? তারা কি আপনার কাছে কোনো অভিযোগ করেছিল? অভিযোগ বা পর্যবেক্ষণগুলো কী

ছিল? আপনি কি কয়েকটির কথা বলতে পারেন? অভিযোগ বা পর্যবেক্ষণ কি সঠিকভাবে সমাধান করা হয়েছিল? সেগুলো কীভাবে সমাধান করা হয়েছিল বা সেগুলো কেন সমাধান করা হয়নি?

**(CHS_7) ARE HUMANITARIAN ACTORS CONTINUOUSLY LEARNING AND IMPROVING?
যারা মানবিক কাজ করছে তারা কি ধারাবাহিকভাবে শিখছে এবং উন্নতি করছে?**

- How would you evaluate the quality of the trainer who provided training to you? Can they understand your problems or provide the right training to you? আপনাদের যারা প্রশিক্ষণ দিয়েছেন, তাদের মান কেমন বলে মনে হয়? তারা কি আপনার সমস্যাগুলি বুঝতে পারে বা আপনাকে সঠিক প্রশিক্ষণ দিতে পারে?
- How do you evaluate your skill on maternal health, newborn baby, and proper cooking methods? Is it improving day by day? Do you need more training on the mentioned topics? What type of training do you need? আপনি মাতৃস্বাস্থ্য, নবজাতক শিশু এবং সঠিক রান্নার পদ্ধতি সম্পর্কে আপনার দক্ষতাকে কীভাবে মূল্যায়ন করবেন? এটি কি দিন দিন উন্নতি হচ্ছে? আপনার কি উল্লিখিত বিষয়গুলি সম্পর্কে আরও প্রশিক্ষণের প্রয়োজন? আপনার কোন ধরনের প্রশিক্ষণের দরকার?

Do you have any suggestions that can improve the implementation of the project? Please tell me in details. আপনার কি এমন কোনও পরামর্শ রয়েছে যা প্রকল্পটির বাস্তবায়নকে আরও উন্নত করতে পারে? দয়া করে আমাকে বিস্তারিত বলুন।

End the interview by thanking respondent for his/her valuable time and responses.

মূল্যবান সময় এবং মতামত দেয়ার জন্য উত্তরদাতাকে ধন্যবাদ দিয়ে সাক্ষাৎকার শেষ করুন।

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KII Guide for Majhi

Note to the Moderator মডারেটরের জন্য নোট

- Please be more than humble with the person you are interviewing আপনি যে ব্যক্তির সাক্ষাত্কার নিচ্ছেন তার সাথে দয়া করে নম্র আচরণ করবেন।
- Make sure any of your behavior or question doesn't offend him/her or put him/her in a uncomfortable situation খেয়াল রাখবেন যে আপনার কোনো আচরণ বা প্রশ্ন তাকে আঘাত না করে বা অস্বস্তিকর পরিস্থিতিতে না ফেলে।
- Give time to make the person comfortable and ask if he needs more time before starting the discussion উত্তরদাতাকে সহজ হওয়ার জন্য সময় দিন এবং আলোচনা শুরু করার আগে তার আরও সময় প্রয়োজন কিনা তা জিজ্ঞাসা করুন।
- Please frame your questions depending on the type of skill the person has দয়া করে উত্তরদাতার দক্ষতার ধরন অনুযায়ী প্রশ্ন করুন।

Introduction ভূমিকা/পরিচিতি

Assalamu Alaikum. My name is _____. I have come from a research firm named Org-Quest Research Limited. We conduct research on various social and business related topics as well as on different products and services. Currently we are conducting a survey on protective environment for women and children among Rohingya communities in Cox's Bazar.

First of all, I would like to thank you for agreeing to be interviewed. We would like to ask you a few questions about protective environment for women and children in your camp.

Your comments and opinions will remain confidential and will only be used for this research, not for any other purpose. Our conversation should take about 60 minutes to complete. With your permission I want to record our conversation on tape. Do you have any questions before we begin?

আসসালামুয়ালাইকুম, আমার নাম _____. আমি ঢাকায় অবস্থিত “ওআরজি-কোয়েস্ট রিসার্চ লিমিটেড” নামক একটি গবেষণা সংস্থা থেকে এসেছি। আমরা বিভিন্ন সামাজিক ও ব্যবসা সম্পর্কিত বিষয়ে এবং পণ্য ও সেবা নিয়ে গবেষণা জরিপ পরিচালনা করে থাকি। বর্তমানে আমরা কক্সবাজার জেলায় রোহিঙ্গা শরণার্থীদের মাঝে মহিলা এবং শিশুদের জন্য সুরক্ষামূলক পরিবেশ সম্পর্কিত একটি গবেষণা জরিপ পরিচালনা করছি।

প্রথমেই, সাক্ষাত্কার দিতে রাজী হওয়ার জন্য আমি আপনাকে ধন্যবাদ জানাতে চাই। আপনাদের ক্যাম্প এর মহিলা এবং শিশুদের জন্য সুরক্ষামূলক পরিবেশ সম্পর্কে আমি আপনার কাছ থেকে জানতে চাইবো।

আপনার দেয়া সমস্ত মন্তব্য এবং মতামতের গোপনীয়তা রক্ষা করা হবে এবং শুধুমাত্র গবেষণার কাজে ব্যবহার করা হবে, অন্য কোনো উদ্দেশ্যে ব্যবহার করা হবে না। আমাদের এই আলোচনাটি শেষ করতে আনুমানিক ৬০ মিনিট সময় লাগবে। আপনার অনুমতি নিয়ে আমাদের আলোচনাটি রেকর্ড করতে চাই। শুরু করার আগে আপনি কি আমার কাছ থেকে আর কিছু জানতে চান?

- As a majhi what are your responsibilities regarding health and nutrition related activities or program? Please tell the details. একজন মাঝি হিসাবে আপনাকে স্বাস্থ্য ও পুষ্টি সম্পর্কিত কার্যক্রম বা প্রকল্পের ক্ষেত্রে আপনাকে কী কী দায়িত্ব পালন করতে হয়? দয়া করে বিস্তারিত বলুন।
- There is a health post implemented by Save the Children in your camp, please tell us more about the project. আপনার ক্যাম্পে সেভ দি চিলড্রেন দ্বারা একটি হেলথ পোস্ট পরিচালিত হচ্ছে, প্রকল্পটির ব্যাপারে বিস্তারিত বলবেন কি।
- What are the common problems for the residents of this camp related to health and nutrition? What are the mental health problems do you see among the residents of the camp? How the health post is addressing the problems Please tell the details. আপনার জানা মতে এই ক্যাম্পের অধিবাসীদের স্বাস্থ্য ও পুষ্টি সম্পর্কিত সাধারণত কী কী সমস্যা দেখা যায়? ক্যাম্পের অধিবাসীদের মধ্যে আপনি কী মানসিক স্বাস্থ্য সমস্যাগুলি দেখতে পাচ্ছেন? দয়া করে বিস্তারিত বলুন।
- When was the health post constructed in this camp? Before the construction of the health post, where did the community people in this camp visit to take medical support and service? এই ক্যাম্পে হেলথ পোস্টটি কবে নির্মিত হয়? হেলথ পোস্টটি নির্মাণের আগে এই ক্যাম্প এর লোকেরা চিকিত্সা সহায়তা এবং সেবা নিতে কোথায় যেত?
- Does the health post have sufficient facility to provide the basic health services to the people in the camp? Does the health post have required equipment and technician for diagnostic service? If diagnostic service is not available, where do the people from the camp go? ক্যাম্প এর লোকদের প্রাথমিক স্বাস্থ্যসেবা দেওয়ার জন্য হেলথ পোস্টের কি পর্যাপ্ত সুবিধা রয়েছে? হেলথ পোস্টে রোগ নির্ণয় এর জন্য প্রয়োজনীয় যন্ত্রপাতি এবং দক্ষ লোকবল আছে কি?? যদি কোনও রোগ নির্ণয় প্রয়োজন হয় তবে ক্যাম্প এর লোকেরা কোথায় যায়?

IS HUMANITARIAN RESPONSE APPROPRIATE AND RELEVANT?

মানবিক সাড়া কি যথাযথ এবং প্রাসঙ্গিক?

- Do you think the project was relevant to needs of the project beneficiaries? Why do you think so? What could have been done to design the project more relevant to the needs of the project beneficiaries? আপনি কি মনে করেন যে প্রকল্পটি প্রকল্পের সুবিধাভোগীদের প্রয়োজনের সাথে সম্পর্কিত ছিল? আপনি কেন এমনটি মনে করছেন? প্রকল্পটি প্রকল্পের সুবিধাভোগীদের প্রয়োজন মেটানোর জন্য আর কী করা যেত?
- As per the project document, the health post provide service for Child health, sexual reproductive health, maternal health or other basic health services. Do you think the services are sufficient for the people of your community? প্রকল্পের নথি অনুসারে, হেলথ পোস্ট থেকে শিশুদের স্বাস্থ্য, যৌন ও প্রজনন স্বাস্থ্য, মাতৃস্বাস্থ্য বা অন্যান্য প্রাথমিক স্বাস্থ্যসেবা সরবরাহ করে। আপনি কি মনে করেন যে পরিষেবাগুলি আপনার এলাকার মানুষের জন্য যথেষ্ট?
- Does the health post provide medicines for the patient. If yes, who bear the cost for the medicines? Is the supply of medicine sufficient considering the number of patient visit the health post? Do you receive sufficient medical supplies (e.g. vaccine, test kit) for the camp on a timely manner? হেলথ পোস্টে রোগীর জন্য ওষুধ সরবরাহ করে কি? যদি হ্যাঁ, তবে ওষুধের ব্যয় কে বহন

করে? স্বাস্থ্য পোস্টে রোগীর সংখ্যা বিবেচনা করে কি ওষুধের সরবরাহ যথেষ্ট? আপনারা কি সময়মতো ক্যাম্পের জন্য পর্যাপ্ত চিকিত্সা সরবরাহ (যেমন: ভ্যাকসিন, টেস্ট কিট) পান?

- What type of psychological supports are being provided from this health post? Do you think, the psychological supports are being provided, is appropriate for them? Why do you think so? এই হেলথ পোস্ট থেকে কোন ধরনের মানসিক স্বাস্থ্য সেবা বা সহায়তা দেয়া হচ্ছে? আপনি কি মনে করেন, যে ধরনের মানসিক স্বাস্থ্য সেবা বা দেয়া হচ্ছে, তাদের জন্য উপযুক্ত? কেন আপনি এমন মনে করেন?
- Was the service delivery from the health post interrupted due to COVID-19 outbreak? Was there any change made due to the COVID-19 outbreak? What were the changes? Was it easy to operate the health post during COVID-19 outbreak maintaining social distancing? Did the health post continue providing health service to the beneficiaries post COVID-19 outbreak? কোভিড-19 বা করোনাভাইরাসের প্রাদুর্ভাবের কারণে হেলথ পোস্ট থেকে সেবা প্রদান ব্যাহত হয়েছিল কি? কোভিড-19 বা করোনাভাইরাসের প্রাদুর্ভাবের কারণে কি কোনো পরিবর্তন করা হয়েছিল? কী কী পরিবর্তন করা হয়েছিল? এটি সামগ্রিক প্রকল্পে কীভাবে প্রভাব ফেলেছিল? COVID-19 প্রাদুর্ভাবের সময় সামাজিক দূরত্ব বজায় রেখে স্বাস্থ্য সেবা প্রদান করা কি সহজ ছিল? হেলথ পোস্ট কি COVID-19 প্রাদুর্ভাব এর পরে সুবিধাভোগীদের প্রয়োজন অনুযায়ী স্বাস্থ্য সেবা কার্যক্রম চালিয়ে গেছেন?

IS HUMANITARIAN RESPONSE EFFECTIVE AND TIMELY?

মানবিক সাড়া কার্যকর এবং সময়োপযোগী?

- Have you noticed any visible changes in terms of awareness on different health related topics among the beneficiaries or any improvement on overall health facility in the camp? Do you think the mortality rate of mother and child, complexity during or after delivery has reduced due to the implementation of the project? Please explain in details. স্বাস্থ্য সম্পর্কিত সচেতনতা তৈরি বা স্বাস্থ্য সেবার উন্নতির ক্ষেত্রে আপনি কি কোনও দৃশ্যমান পরিবর্তন লক্ষ্য করেছেন? আপনি কী মনে করেন প্রকল্পটি বাস্তবায়নের ফলে নারী ও শিশু মৃত্যুর হার বা গর্ভকালীন, প্রসবকালীন ও প্রসব পরবর্তী জটিলতা আগের থেকে হ্রাস পেয়েছে? বিস্তারিত ব্যাখ্যা করুন।

ARE COMPLAINTS WELCOME AND ADDRESSED?

অভিযোগ কি নেয়া হয় এবং সমাধান করা হয়?

- Did they share any complaints or observation during the implementation of the project? What are those complaints or observations? Can you give some example? Was the complaints or observations addressed properly? How was those addressed or why those were not addressed? প্রকল্পটি বাস্তবায়নের সময় সুবিধাভোগীদের কোনো অভিযোগ বা পর্যবেক্ষণ ছিল কি? কী ধরনের অভিযোগ বা পর্যবেক্ষণ ছিল? আপনি কি কিছু অভিযোগ বা পর্যবেক্ষণ এর কথা বলতে পারেন? অভিযোগ বা পর্যবেক্ষণ কি সঠিকভাবে সমাধান করা হয়েছিল? সেগুলো কীভাবে সমাধান করা হয়েছিল বা সেগুলো কেন সমাধান করা হয়নি?

IS HUMANITARIAN RESPONSE COORDINATED AND COMPLEMENTARY?
মানবিক সাড়া কি সমন্বিত এবং পরিপূরক?

- Did you provide any feedback on the project? How was the feedback addressed? আপনারা কি প্রকল্পটি সম্পর্কে বাস্তবায়নকারী প্রতিষ্ঠানকে কোন ফিডব্যাক বা মতামত দিয়েছিলেন? আপনার দেওয়া ফিডব্যাক কীভাবে কাজে লাগানো হয়েছিল?
- Is there any other NGOs implementing similar project in your project area (camp)? If yes, how did this project coordinate and complement its interventions with others? আপনাদের প্রকল্প এলাকায় (ক্যাম্প) কি অন্য কোনো এনজিও একই রকম প্রকল্প বাস্তবায়ন করছে? যদি হ্যাঁ হয়, তাহলে কীভাবে এই প্রকল্প অন্যদের সাথে এটার সমন্বয়ক এবং পরিপূরক করেছিলেন?

Do you have any suggestions that can improve the implementation of the project? Please tell me in details. আপনার কি এমন কোনও পরামর্শ রয়েছে যা প্রকল্পটির বাস্তবায়নকে আরও উন্নত করতে পারে? দয়া করে আমাকে বিস্তারিত বলুন।

End the interview by thanking respondent for his/her valuable time and responses.
মূল্যবান সময় এবং মতামত দেয়ার জন্য উত্তরদাতাকে ধন্যবাদ দিয়ে সাক্ষাৎকার শেষ করুন।

Appendix 3: Evaluation Photos



Training Session for Enumerators are in progress



Enumerators are washing their hands with soap before entering into the training venue



Enumerators are conducting the Survey



Enumerators are conducting the Survey