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Mid-Term Evaluation Report on Health Care Service for Rohingya and host community

Rohingya Refugee in Bangladesh.

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DISCLAIMER: The author's views expressed in this evaluation report do not necessarily reflect the views of Global Unnayan Seba Sangstha , GLOBAL MEDIC, Canada and Bangladesh Regeneration Trust UK (BRTUK).

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Abbreviations and Acronyms

BRTUK	Bangladesh Regeneration Trust UK
CC	Community Clinic
CI	Cast iron
CEO	Chief Executive Officer
CHS	Core Humanitarian Standard
CiC	Camp In Charge
CHW/Vs	Community Health Workers/Volunteers
DC	Distric Commissioner
DCGCI	Development Consultant and Global Compliance Initiative
EC	Executive Committee
EPI	Expanded Program on Immunization
ESP	Essential Service Package
FDMN	Forcibly Displaced Myanmar National
FGD	Focus Group Discussion
GM	GLOBAL MEDIC, Canada
Govt.	Government
GUSS	Global Unnayan Seba Sangstha
HP	Health Post
INGO	International Non-Government Organization
IR	Inception Report
ISCG	Inter Sector Coordination Group
JRP	Joint Response Plan
KII	Key Informant Interview
LW	Lactating Women
MoHFW	Ministry of Health and Family Welfare
MoU	Memorandum of Understanding
MMU	Mobile Medical Unit
MTE	Midterm Evaluation
NGO	Non-Government Organization
OECD DAC	Organization for Economic Co-operation and Development (OECD) DAC Development Assistance Committee
OVI	Objectively Verifiable Indicators
PLW	Pregnant and Lactating Women
PR	Public Relations
PW	Pregnant Women
ROVs	Rohingya Outreaches Volunteer's

RRRC	Rohingya Refugee Repatriation Commission
SPHERE standards	Human Charter and Minimum Standards in Humanitarian Response
SO	Specific Objectives
SDGs	Sustainable Development Goals
SWOT	Strength, Weakness, Opportunity and Threats.
ToR	Terms of Reference
TS	Tented settlements
UHFWC	Union Health and Family Welfare Centre
UN	United Nations
UNO	Upazila Nirbahi Officer
UNHCR	United Nations High Commission for Refugees
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Photo credit: S.M.Moinur Rahman and MTE team.

CHAPTER – 1

EXECUTIVE SUMMARY

Global Unnayan Seba Sangstha commissioned an external mid-term evaluation of its Health post services for Rohingya refugees and host community in Cox'sbazar with the aim to:-

- Assess the efficiency, effectiveness, relevance, partnership and cooperation, sustainability, and indications for impact of the health project.
- Review and document the implementation process, guideline and protocol of providing services, management, monitoring, and progress reporting, and gain knowledge to feed in to the project management.
- Assess the progress against the target at output level.

The findings, conclusions and recommendations put forward in this review report are based on Key Informant interviews with the stakeholders, field survey, the review of documents.

***Overall Performance*:** The Health post implementation is rated "satisfactory" as an average of the seven evaluation criteria:

Dimension	**Comments**	**Recommendations**
Relevance	The project consists of one health post (HP) that provides primary treatment and health care consultation service to the Rohingya refugees and host community focusing mother and child health care, adolescent girls and ministerial hygiene and new born babies. Basically, there is a male doctor, a female paramedic, dispenser and other technical staff who looks after individual patients for further examination and treatment. GUSS also supports the COVID 19 awareness to the patients and provides protection material like face mask, soaps and hand sanitizer by its WASH project as well as providing free medicine to the Rohingya refugees and the host community. Thus the project meets the humanitarian requirements and the priorities of the main players in the camp 1(E) through the health post and is therefore seen as being **relevant.**	GUSS should continue to liaise with the authority to MoHFW and UNHCR on a regular basis to determine where the need for HPs is especially high and to respond accordingly.
Effectiveness	The project is well on the way to reaching its objective, results, and indicators. The medical quality is high and acknowledged by other authorities. Because of this, the project	✓ As per "Minimum Package of Essential Health Services for Primary Healthcare facilities in the FDMN camps" guided by the government of Bangladesh every

	is deemed to be **effective**. GUSS ought to continue the cooperation with the support by its donors, ensuring that their respective efforts supplement and sustain one another.	health post should have at least one midwife. Though GUSS HP has a female paramedic who is supporting the male doctor for physical check-up for female patients it is agreed that a trained female midwife will be more effective to perform this job while paramedic should focus on screening the patients and maintain the records. ✓ GUSS health is not eligible to provide full course services for ANC and PNC. Therefore, the patients prefer to go to other secondary level health facilities where they can get every support of ANC check-up, vaccination, pathology, delivery and PNC, and new born care. ✓ Counselling service for adolescent girl is most essential and could be effective as they mentioned during FGD. ✓ Waiting time is long. His should be reduced because some of the respondents mention that they wait more than 2 hours most of time. And male patients are found a bit restless as they had to wait for children and female patients to be treated with priority. ✓ Ensure to provide full course medicines during follow up visit. ✓ GUSS should procure bulk amount of medicine for the month in advance. This would eradicate the shortage of stock of medicines. ✓ Inventory of medicine and supplies could be managed more systematically so that report of stock in and out of goods and supplies could be update daily basis. ✓ GUSS can create a mobile medical unit (MMU) to provide medical health service in tents. This is how the effective service can be provided to the tent.
Efficiency	The design of the project entails a certain amount of work. The team	The project coordination bears a high level of responsibility for the quality of

	works systematically and towards a specific purpose. Owing to the high long-term workload, there is often a risk of personnel dropping out and needing to be replaced. As the evaluation did not identify any significantly more efficient alternatives, the project is deemed to be **efficient**. GUSS aims to reduce the strain of the project team's work and to make it more varied.	the work, coordination with other players, accountability towards patients and local authorities, and for project staff. GUSS should reinforce the project coordination, for instance including personnel management (vacancies, applications, induction package, employee appraisals, etc.) in the qualification system. GUSS should also consider giving the project coordination greater responsibility for dealing with local legal questions correctly, sensitively and efficiently. Further recommendations can be found below: GUSS should counter the high long-term workload for the team by looking into the following options: - Deploy one lady doctor. - Introducing MMUs by ROVs engagement. - Strengthen regular and referral patient post follow up system. - Deploy one midwife. - Introducing more internal or external training and variety (e.g. health education to the ROV's and staff.) Staff job description should be delivered.
Impact	Survey respondents believe that interventions improved satisfactory lives of Rohingya refugees. The achievements confirmed in interviews, survey and case satisfactory study on program and relevant documents.	Interviewees mention the following factors for the quality of HP, including in comparison with other organizations: The GUSS teams have a good relationship with patients and are accountable to them. GUSS has qualified, motivated and professional staff. The teams are sensitive and friendly in their dealings with patients.

Coherence and coordination	GUSS is an official primary health service provider in the refugee camp and for their productive collaborative efforts are praised by the District administration of Cox's bazar, CiC and RRRC and partner organizations. Because of this, the **coherence and coordination** of the project can be seen as being positive.	GUSS should increase its accountability towards patients including their participation and feedback. To this end, medical teams could be offered various options: information about GUSS, patient surveys, technical instruments for feedback and complaints (website, text messages), incorporating volunteers, etc. This also complies with the specifications of the *Core Humanitarian Standard* (CHS), to which GUSS is committed to.
Appropriateness.	The GUSS team works very systematically and is clearly organized and transparent in its activities. However GUSS should increase the facilities by deploying one female doctor and one midwife and primary pathology test towards ANC, PNC and adolescent girl's health service and their participation, thereby improving **appropriateness**.	All in all, the project is well on the way to reaching its project goal: to improve healthcare for 6,000 refugees and host community people as stated in the log frame. The MTE observed the consultation service quality is significantly very good. RRRC and CiC has expressed their satisfaction through an investigation in August 2020. Because of this, the project is deemed to be effective. However being a national humanitarian organization GUSS ownership has been main focused to date and accountability is mainly demonstrated explicitly towards local authorities and rarely to patients. Because of this, the appropriateness of the project is limited.
Connectedness	Increased support for healthcare post and care for especially vulnerable host villages or population groups would improve the **connectedness** of the project in the midterm.	Within the given conditions, sustainability is difficult to achieve and is not a priority in all areas of activity. Owing to the support given to PHCs and to its involvement in coordination mechanisms, the connectedness of the project is seen as being positive as well.

A summarised quantitative progress report is appended below:

- 53.50% PLW have acknowledged
- 49% Antenatal check-ups conducted
- 56.33% Postnatal check-ups conducted
- 49.09% Children (aged below 18) received necessary child and reproductive health care
- 54.21% Refugees and surrounding host community members (aged between 12-59) received awareness on menstrual hygiene, nutrition, infant feeding, family planning and immunization of new born
- 42.12% Medical consultations made
- 44.20% Prescriptions (70% of total prescriptions) providing free medicines & nutrition supplements
- 48.42% Referrals (3% of total diagnosis) in case of complications
- 3,110 pieces of face mask distributed to the visitors and patients from additional measures in the HP
- 132 hand sanitizers have used for patients and staff.

CHAPTER- 2

INTRODUCTION

In the 3rd year of the Rohingya refugee crisis, an estimated 1.1 million people who were forced to flee Myanmar are now living in Bangladesh. This means that Bangladesh has, somehow accepted more refugees than any other country in the world. Since as far back as 2017, GUSS has been providing emergency relief supports to different camps in Ukhia and Teknaf upazila, Cox's bazar, where many of these FDMN people live as refugees. In connection to this, GUSS works above all by establishing a Health Post (HP) in Camp 1(E). By the health post, it helps with individual cases and undertakes cooperative measures towards patients with donor's assistance. This Midterm evaluation refers to the project established in 2019-2020 by the joint financial assistance of BRTUK and GLOBAL MEDIC, Canada.

It is a formative mid-term evaluation and it has the following functions:

1) To learn (internally) from the evaluation results and process.
2) To be accountable to the BRTUK and GLOBAL MEDIC, Canada.
3) To raise the (external) profile of GUSS.

The evaluation is conducted within the context of the WHO and MoHFW guidance – i.e. the humanitarian aid system and Essential health service packages (ESP) of Bangladesh shaped by local authorities, the UNHCR and other humanitarian players – and pursues three objectives:

- To evaluate the intervention approach in the context of humanitarian medical aid in the Rohingya refugee camp (including medical service quality).
- To review the processes for providing aid and institutional measures including the identification of strengths, weaknesses, opportunities and threats (SWOT).
- Recommendations for the remainder of the project.

The external mid-term evaluation was conducted by DCGCI with the assistance of a medical expert.

The OECD DAC criteria for evaluating humanitarian aid are used here with specific sub questions (see section objectives of the works/Terms of Reference in annex).

When focusing on these criteria, a number of points have proved to be particularly important for GUSS and a number of areas and questions have been explored in greater depth throughout the course of the evaluation. The decision on this rested with the evaluator.

This report focuses initially on procedure and methodology, followed by an overview of the project context and of the SWOT of the project. After this, the results of the evaluation and subsequent recommendations are presented.

PROJECT BACKGROUND

The violence and the discrimination in Myanmar in August 2017 pushed the Rohingya Muslim community to flee across the border to Bangladesh. At present around 1.1 million Rohingya refugees are living in the vast and teeming camps and settlements that have sprung up in Cox'sbazar District, close to the Myanmar boarder. A number of 650,000 (0.65 million) Rohingya refugees were living in the camps situated in the neighboring host communities of Teknaf and Ukhia before the new influx. The additional near to – 700,000 (0.7 million) arrived following the violence of late August 2017 and the rest had arrived using the border in previous influxes.

Currently they are under significant health risks and it has become a challenge to address their health needs. Due to the increasing number of Rohingya refugees and their congested living conditions in camps, there has been an overwhelming increase in their health risks. The inadequate supply of essential reproductive along with maternal, child and new-born health services. Furthermore, there is insufficient clinical management of family planning as well as adolescent friendly health services, especially in the provision of these services in hard-to-reach areas.

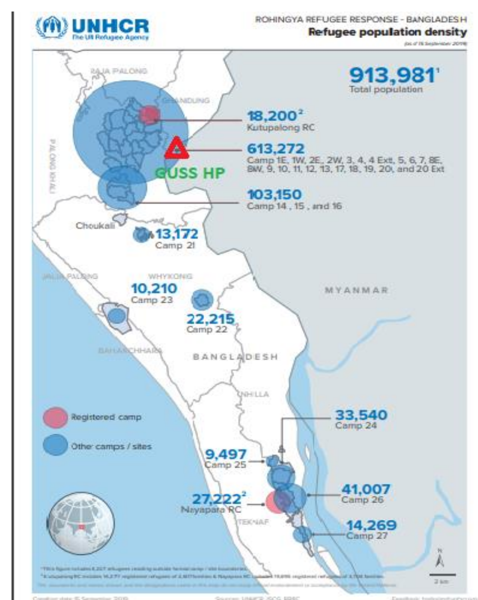

Figure 1: GUSS HP location(marked green) in Rohingya refugee, camp, source: UNHCR, RRRC

Also there is limited accessibility to inpatient as well as secondary health services which also includes referral system and quality of care and health care services implemented at the settlement lack standardization. Overcrowded settlements and the rapid influx of refugees challenge the ability of service providers to identify private and safe services for women. There is incessant new influx of refugees which leads to overburdening of the existing facilities like WASH or health facilities. The sheer size, density and unplanned nature of the make-shift settlements hosting refugees remain a major obstacle to setting up the communal infrastructures necessary to coordinate services at site level.

The vulnerability of the Rohingya refugee population is assessed to be very high because of the lack of legal protection, relying essentially on community networks and international institutions. The Rohingya refugee context in Bangladesh is a serious humanitarian crisis where the affected populations are receiving limited international aid classifying it as a protracted crisis where the provision of humanitarian assistance remains challenging. The local communities of the Cox's Bazar district are extremely vulnerable as the district is one of the least developed districts in Bangladesh with poverty rate above 50% and even higher in certain upazillas like Ukhiya and Teknaf. The low performance of the upazillas of Cox's Bazar is related to its geographical position, natural disaster prone area, scarce employment opportunities and limited access to basic services such as health, WASH, food security, and education. The humanitarian needs of the Rohingya populations and host communities are enormous and require an effective strategy that addresses the emergency needs at the community level through integrated multi-sectorial interventions.

Nevertheless, GUSS has conducted a survey of 96 Rohingya households in Ukhiya Upazila assessing the refugees' health status. The survey showed that 30% of the population are children under 5 years old and nearly 50% are women of reproductive age, with 10% pregnant. The majority of pregnant women (80%) could not access the hospital/clinic and about one fourth of them have experienced complications during pregnancy, childbirth or post-natal.

Considering the fact in May 2018 GUSS started health care service for the Rohingya refugees and the host community as part of its humanitarian works by the assistance of the British Charitable organization BRTUK and later in 2019 the Canadian Charitable organization GLOBAL MEDIC. By this HP GUSS is focusing on the pregnant and lactating women, adolescent girls and new born children considering their vulnerability.

MTE PURPOSE AND OBJECTIVES:

Broad Objectives

The broad objective is to assess and rate the success of the project's implementation and draw lessons to provide strategic direction based on the evaluation questions outlined in line with the ToR of the evaluation. To do so, the evaluation will;

- Assess the efficiency, effectiveness, relevance, partnership and cooperation, sustainability, and indications for impact of the project.
- Review and document the implementation process, guideline and protocol of providing services, management, monitoring, and progress reporting, and gain knowledge to feed in to the project management.
- Assess the progress against the target at output level.

Specific Objectives

To understand the –

- Ownership, stakeholder participation and accountability, governance and credibility of the strategic decision making and management options, coordination, influencing role, visibility, partnerships and networking, localization.
- Implementation approach (including capacity building/ institutional development approach), adaptability of project management.
- Application of project MEAL plan (i.e. theory of change, log frame, target, indicators, tools, disaggregated data collection and management, reporting, accountability, knowledge management etc.)
- Risk management based on the assumptions in the project's log frame, including unintended outcomes and external factors
- Financial planning, management, control (e.g. forecasting, disbursement, reporting, compliance etc.) including fund raising initiatives
- Feasibility (project management arrangements, capacities of hosting agency and counterparts, backstopping, partnership arrangements etc.) and cost effectiveness.

MTE SCOPE

On completion of the first year of the project, GUSS management in line with the interest of the donors a mid-term evaluation was planned to be undertaken by hiring an independent external firm. In referring of the circular given by GUSS; DCGCI found the task very much relevant to its experiences and also in line with the business profile and interest of the firm.

The mid-term evaluation was intend to serving both accountability and learning purpose through assessing the progress and evaluating strategies, identifying major achievements, niche/value addition and lessons learnt from the national funding model within the evolving humanitarian context in Bangladesh and exploring strategies to adapt with it.

Scope 1:

In continuation of the project to the completion period GUSS management seeks to explore the strategy whether the health post is doing the right things in management and operational aspect. This is set within the context of the GUSS commitment to FDMN and Agenda 2030/Sustainable Development Goals (SDGs). The results of the MTE are expected to support GUSS in identifying what adjustments are needed to the current strategy and inform the design of the next implementation strategy in the rest of the project period. The primary client for the review was the PLW, adolescent girl, new born children and outpatients. Other stakeholders include users of evaluations such as senior managers within the organization as well as other staff. These groups or clusters are discussed further in the section below on methodology.

Scope 2:

The MTE would review GUSS's health project activities against the usual criteria associated with relevance, effectiveness and efficiency. It will validate and supplement the data collected from key informant interviews, a survey of GUSS members and client stakeholders, case studies, and Strength, Weaknesses, Opportunities and Threats (SWOT) analysis. The MTE has both summative and formative elements. It will focus on the GUSS and other service providers' current status of health post services suggested by the WHO. Where possible, the MTE will also adopt a longitudinal approach, drawing comparisons with, and building upon and extending the analysis. The logic of the evaluation is to facilitate to the management to organize or reorganize the project implementation study and or to bring any positive change in the project document. So that require steps can be undertaken in the rest of the project implementation period in order to achieve the goal and purpose of the project and expected by all stakeholders.

Scope 3:

Considering the baseline survey report 2018 of GUSS the MTE adopts a summative perspective that provides an assessment of what has worked in GUSS-health post, what has not and why? The formative element looks ahead to linking the context that is currently the health post is with the MTE recommendations associated with the MTE team.

Scope 4:

In terms of scope, the MTE would also review GUSS's health project operation and management for the period from the inception (October 2019) to 2020. The MTE will capture the evolving context to which GUSS has responded to and is expect to react to in the future.

The logic of the evaluation is to facilitate to the management to organize or reorganize the project implementation study and or to bring any positive change in the project document so that required steps can be undertaken in the rest of the project implementation period in order to achieve the goal and purpose of the project and expected by all stakeholders.

CHAPTER -3

MTE APPROACH AND METHODOLOGY

The evaluation consisted of three phases: In the brief inception phase, the evaluators and the relevant staff at the GUSS headquarters initially prepared a joint understanding of the evaluation on the roles of those involved, based on the Terms of Reference. The focus for the evaluation was sharpened and the data collection during the field phase was planned. This phase included telephone and e-mail communication, a kick-off meeting in GUSS head quarter with the relevant staff members and an inception report. In the subsequent data collection phase, monitoring reports and other project documents were analyzed. Between 05 September to 08 September 2020, data were collected together with GUSS employees in the Rohingya refugee camp 1(E), Kutupalang, Ukhia, Cox's bazar District. In the third phase – analysis and reporting – the findings were triangulated (different sources, different methods) and the draft report was discussed at the GUSS headquarters. The final inception report was submitted on 30 August 2020.

Figure 2: In depth interview

A number of characteristics of the ongoing health project were addressed methodically:

The Myanmar Rohingya refugee crisis has now lasted over three years and the longer the refugees remain in Bangladesh, the more important longer-term prospects become for them. Due to among other things to growing tensions among its own population, the Bangladesh government is anxious to ensure its own healthcare system and to reduce parallel structures for refugees. This is worded in the Joint Response Plan 2020 that the protection framework includes a community-led, rights-based and participatory approach to assistance; the "do no harm" principle; accountability to affected communities through effective community participation; and the availability of information and complaints and feedback mechanisms. The protection framework seeks to leverage the capacities and skills of both Rohingya refugees and host communities."The expansion of the MoHFW network is prioritized. Meanwhile, GUSS firmly believes that there is still a need for HPs. The project has already been influenced by this development, for instance with respect to free medication for the patients and EPI vaccination to the new born baby and adolescent girls. Accordingly, interviews on this context were of particular importance for the evaluation (local authorities, WHO, other aid organizations).
The growing tensions between refugees and the host communities did not affect the evaluation trip.

Figure 3: FGD with the male patients

The DCGCI evaluation team collected data both together and individually and analyzed them separately with consultation to doctors in other health institution. The evaluator is responsible for integrating the results into this evaluation report.

GUSS would like to learn from this evaluation; because of this, the relevant GUSS employees were included in shaping the evaluation and in discussions, as far as sufficient time was available and that it was advisable from a methodological perspective. Thereby, GUSS cannot only learn from the results (in the report) but also from the process of the evaluation.

Data were collected above all from the following sources:

1) Monitoring reports, other GUSS reports and statistics.
2) Key documents on humanitarian aid in Bangladesh (WHO, ESP of MoHFW Bangladesh, Joint Response Plan 2020, etc.)
3) Observations during the evaluation trip
4) Interviews and discussions
    - In depth interview to employees of GUSS
    - In depth interview to the pregnant and lactating mother
    - FGD to Adolescent girls, PLW and Male patients
    - Camp 1(E) block supervisor (*Mazhi*)
    - WHO coordinator.
    - Other aid organizations
    - Local authorities.
    - Independent observers/experts

(See annex for an overview of people interviewed.)

The bulk of the data collection took place during the evaluation trip in the Ukhia (from 06 September to 08 September 2020) and included the following sources:

- Monitoring data and reports and further GUSS project documents.
- WHO guidelines and documents to run HP.
- Observations during the evaluation trip
- In depth interviews, FGD, semi-structured and informal discussions with employees of GUSS,refugees, local authorities, camp block supervisor, the WHO, and other aid organizations.

Figure 4: FGD with the female patients

However, the situation at the time of evaluation was not fundamentally different from that at the beginning of the project. As a fact some of the monitoring data were not collected from the beginning of the project.

A slight positive bias can be expected given the tendency among certain groups to accentuate the positive aspects of the project, e.g. refugees (out of gratitude or politeness), other humanitarian players (for collegiality reasons) and local authorities (in order to continue receiving international aid). Difficulties and improvement potential referred, among other things, to the design of the project and were brought up above all by GUSS employees. Owing to the triangulation of various

data sources and collection methods, it can be assumed that the main results of the evaluation are reliable.

PROJECT OVERVIEW

GUSS has been involved in providing various aid to Rohingya refugees in Cox's Bazar since September 2017. Among them the current health care project has the following overall objectives:

"To improve mother and child health conditions as well as the primary health care to the refugees and the quality of medical aid for FDMN refugees in tented settlements (TSs) and to reduce the burden on the local healthcare system by providing support for a primary healthcare post for Rohingya refugees (Myanmar national) and host community in Ukhia upazila, Cox's Bazar in Bangladesh".

To this end, three results have been formulated:

1. To improve mother and child health, adolescent healthcare in Ukhia, Kutupalong Rohingya refugee camp 1(E) through the ongoing use of one Health Post.
2. To provide consultation service on COVID 19 in order to bring about lasting protection in the life situation in TSs.
3. Free access to medication and special assistance for particularly vulnerable refugees and members of the local population during visits to HP.

The project is primarily scheduled to run from 2018 which is started in October 2019 to November 2020 with a volume of BDT 2.5 million. The current project implementation consists of 3 pillars:

(1) There is one Health Post which is open 9AM to 4PM for 5 days except the weekly holidays.

(2) The male doctor usually looks after all patients and dealt with the chronically ill patients by referring to other advanced hospital or clinic for further examination or treatment.

(3) The female paramedics looks after pregnant women and young mothers since October 2019 and has also undertaken health educational work in consultation to the Doctor. Usually, she works under the Doctor in the same HP irrespective of classified patients.

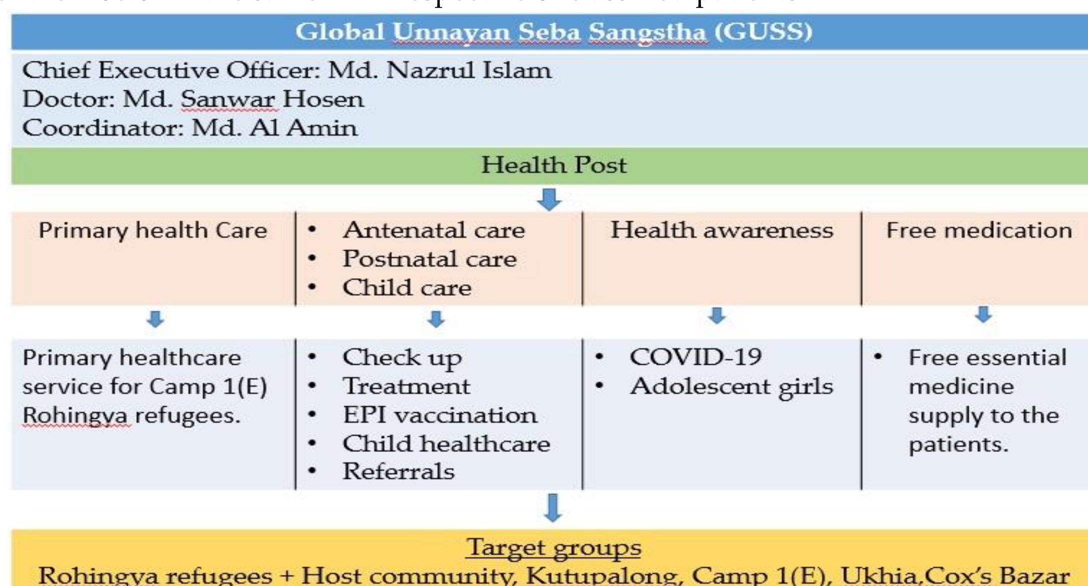

Figure 5: Project structure, source: GUSS

The local coordinator leads a team of approximately 7 Bangladeshi employees and coordinates cooperative measures with stakeholders as the HP in-charge. For legal reasons, 2 Myanmar citizens are employed on muster roll basis.

The targeted Rohingya refugees of camp 1(E) live in the project region, which can be reached quickly and easily by the main road from Cox's bazar to Teknaf.

The HP works out every day except the weekly holidays. The visitors use to come in the HP and report to the registration desk. Before registration the visitors wash their hand and checkup the body temperature as a primary diagnosis of COVID 19. The concern officer registers the patients and send to the doctor's room for treatment and consultation. The seriously ill patients use to refer to the hospital for further pathological test and advance level treatment if necessary. The patients also use to get free medicine by the dispenser as per doctor's prescription.

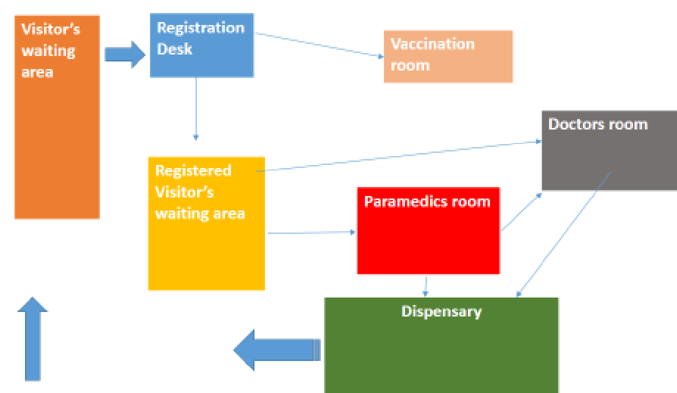

Figure 6: Reference model of GUSS Health Post

ACHIEVEMENT VS TARGET

As per the project results matrix GUSS HP management has confirmed that they have achieved the followings. And it has also been verified by the MTE team from their register books. The project started in October 2019 and by the end of September 2020 the HP has achieved the following against their target. A detailed quantitative progress report signed by the medical officer is attached in Annex-.

- 53.50% PLW have acknowledged
- 49% Antenatal check-ups conducted
- 56.33% Postnatal check-ups conducted
- 49.09% Children (aged below 18) received necessary child and reproductive health care
- 54.21% Refugees and surrounding host community members (aged between 12-59) received awareness on menstrual hygiene, nutrition, infant feeding, family planning and immunization of new born
- 42.12% Medical consultations made
- 44.20% Prescriptions (70% of total prescriptions) providing free medicines & nutrition supplements
- 48.42% Referrals (3% of total diagnosis) in case of complications

- 3,110 pieces of face mask distributed to the visitors and patients from additional measures in the HP
- 132 hand sanitizers have used for patients and staff

MTE Findings:

The midterm evaluation team (MTE) of DCGCI analysed both primary and secondary data for capturing major findings, lessons learnt, challenges and constraints and key recommendations. The MTE team looked into the physical facilities of health post, types of services provided, quality of services, clients' satisfaction, management of health post, and so on. The beneficiaries and the HP staff MTE provided some recommendationsfor further improving the facilities and services of GUSS HP. Through observation, KII, FGD, and In-depth Interview following major findings have been recorded.

Physical Facilities:

As per "Minimum Package of Essential Health Services i,e ESP for Primary Healthcare facilities in the FDMN camps" guided by the government of Bangladesh, the GUSS health post meets the criteria set for a standard health post in Rohingya refugee camp. The health post is compared with the Community Clinic of the Ministry of Health and Family Welfare(MoHFW). The GUSS HP is semi-permanent structure built with concrete, CI sheet and Bamboo. It has separate male and female toilets and proper waiting room for the both, breast feeding corner, consultation room, EPI vaccination room, fully decorated dispensary. The staff set up with technical positions, for instance, doctor, paramedic, health assistants, dispenser, support staff are in place and found competent.

Available Services:

General Health Issues: Patients mostly visit the health post for treating general health issues. The most common health complaints cover scabies, cold cough, gastritis, diabetes, respiratory tract infection, stomach upset, fever, musculoskeletal pain, headache, chest pain, ear pain, and allergy.

Child Health Care: During this MTE visit in the health post it is observed that there are good number of new born babies and children being brought by their parents for the treatment in GUSS HP.

Figure 7: New born baby being brought

ANC & PNC: As the health posts in the camp are not expected to provide full course ANC & PNC services with their limited capacity patients hardly come to GUSS HP for ANC & PNC check-up, treatment and delivery. However, the medical officer does general check-up, consultation, and provide referral services and free medicines for ANC & PNC patients when they appearwith other complaints.

Figure 8: Kid's weight measuring (Post natal care)

The ANC and PNC patients prefer to go to primary health clinic or other facilities where they can get full course of services. The patients mention that the GUSS health post does not provide all the required services especially, pathology and vaccination for ANC, delivery and PNC services. Therefore, they go to the community clinic and secondary level health centre of IOM, Ganosastho Kendra, and BRAC and like other health centres.

Adolescent Health Care and Menstrual Hygiene: Adolescents girls visit the HP with general complaints on their reproductive and menstrual health. However, during the FGD with the adolescent girls, they mentioned that they do not feel comfortable with the male doctor to share their complaints regarding their menstrual health. On the other hand, the female paramedic confirmed that she takes care of the adolescent girls when it comes for physical check-up and she does the consultation with the medical officer for treatment and medicine.

COVID-19 Pandemic: The GUSS HP provides awareness sessions for the patients visit the HP. They do screening and check-up body temperature of every visitor at the entry point. The HP has installed two hand wash facilities separately for male and female visitors. GUSS HP also distribute masks to the patients who come without this.

Figure 9: Strangers are being screening

Awareness Sessions: Rohingya refugees living in Camp-1 and the inhabitants from the surrounding host community (aged between 12-59) receive awareness on menstrual hygiene, nutrition, infant feeding, family planning and immunization of new born children. In total, very few from Bangladeshi host community are among those receiving health care service from the GUSS project – as this is the case with other HPs.

CHAPTER- 4

Results of the Evaluation

The results of this evaluation are reliable given that different sources (own personnel, refugees, other aid organizations, local authorities) and different research methods (analysis of project documents, interviews, observation) yielded identical results for the evaluator and the medical professional.

Relevance

Background:

A project is deemed to be relevant when the project work is in line with local needs and priorities. The evaluation does not include assessing the relevance of the project in global and regional terms, i.e. the degree to which humanitarian aid in Bangladesh is provided compared with the need within other countries. The evaluation should take into account the following specific questions:

How are the intervention concept and project design evaluated? Are the activities, strategies and outputs consistent with the intended impacts and effects, and the attainment of the overall goal and objectives? To what extent are the objectives still valid? Is a realistic approach taken to dealing with objectives, risks, assumptions and indicators? What contribution does GUSS make to the health cluster?

Findings:

The need and the priorities of the government and international humanitarian aid are clearly defined at national level in the JRP 2020 for Rohingya humanitarian crisis in Bangladesh. The healthcare sector is in SO2, with an estimated necessity to deliver quality, life-saving assistance to populations in need where the improvement of primary health care is the main focused area. Nevertheless, The Bangladesh health sector aims to minimize morbidity and mortality and improve the health and nutrition status and overall wellbeing of refugees. To achieve this, a standard package of services (ESP) of evidence based, essential health services ought to be delivered by health partners in an equitable manner, while ensuring accessibility and quality of care.

The package is based on the Ministry of Health and Family Welfare (MoHFW) Bangladesh Essential Package of services (ESP) following the Bangladeshi model of Community Clinic (CC) and Union Health and Family Welfare Centre (UHFWC) is adapted to the refugee setting, according UNHCR Global Health strategy and humanitarian Charter and Minimum Standards in Humanitarian response: the Sphere project 2011 standards.

The primary health facilities will provide preventive, promotion and curative services along with simple diagnostic investigations and access to referral facilities. A crucial component of the primary health care system is the community-based health workforce ensuring a solid preventative/promotion component whereby Community Health Workers/Volunteers (CHW/Vs) are tasked with ensuring continuum of care between health facilities and the community (home

visits, referral and follow up of beneficiaries) and conducting health/hygiene education and awareness on key health topics. An important focus will be on the vulnerable groups including pregnant and postnatal women, newborns, the under-fives, including those with malnutrition.

The following is the features of a **Health post** (comparable to the MOHFW Community Clinic) health facilities:

- Proposed: 1 health post per 10,000 population and within 20 minutes walking distance from patients' home.

- Deliver simple curative, maternal/child health, and immunization services with referrals to PHC facilities.

- Normally operational during the daytime only.

Currently GUSS provides the primary health care services to the Rohingya refugees following the ESP. There is one male doctor, a female paramedic, dispenser and other technical staff who looks after individual patients for further examination and treatment. GUSS also supports the COVID 19 awareness to the patients and provides protection material like face mask, soaps and hand sanitizer by its WASH project as well as providing free medicine to the Rohingya refugees and the host community.

It was clear from the in-depth interviews with the visitors that almost 100% of respondents are happy with the facilities and services of the HP. They still feel that there is a clear need for the HP particularly for the refugees. The refugees are not mobile, firstly because of the costs involved in visiting to distance clinic and advanced level hospital and secondly Rohingya refugees are not allowed to step out from the Camp. Unlike poor host community, they are afraid of being questioned at checkpoints due to restricted entry in the refugee camp.

Appraisal:

Helping to provide primary healthcare in the Ukhia Rohingya refugee camp 1(E) to the refugees to a limited extent of services – meets the humanitarian requirements. It is also in line with the priorities of the main players in the camp 1(E) the Health Post is therefore seen as being relevant. For the project period and, it is expected, for the term of the JRP 2020, this also applies explicitly to the use of HP. GUSS is visible in the humanitarian system as a relevant aid organization as well.

Recommendations:

GUSS should continue to liaise with the authority to MoHFW and UNHCR on a regular basis to determine where the need for HPs is especially high and to respond accordingly.

Effectiveness

Background:

A project is deemed effective when it achieves its purpose defined together with stakeholders and meets its stated intervention objectives. Or if results indicate that the stated outcomes can be expected. The evaluation should take into account the following specific questions:

To what extent were the objectives achieved / are likely to be achieved? What were the major factors influencing the achievement or non-achievement of the objectives? How is the quality of assistance to be assessed, particularly the medical quality from the perspective of the medical professional? How are the strategies for strengthening local structures evaluated? Which unplanned (positive and negative) results are identified?

Findings:

In every quarter, GUSS determines the extent to which the indicators for the specific objective of the project are reached. The data from the last overview show clearly that most indicators are being reached, with some figures are well in excess of the target figure those were additional support, while others are marginally lower.

Objectively verifiable Indicators (OVI) from the log frame	**Reached as on 30 September 2020 (Planned: 50%)**
Pregnant and lactating mothers have easy access to antenatal and postnatal healthcare services	321 PLW have acknowledged (53.50%)
Antenatal check-ups conducted	294 checkup took place (49%)
Postnatal check-ups conducted	169 PNC visits took place (56.33%)
Children (aged below 18) received necessary child and reproductive health care	1620 children and reproductive health care received (49.09%)
Refugees and surrounding host community members (aged between 12-59) received awareness on menstrual hygiene, nutrition, infant feeding, family planning and immunization of new born	1,789 received health awareness (54.21%)
Medical consultations are made	5,054 patients have consulted (42.12%)
Prescriptions (70% of total prescriptions) providing free medicines & nutrition supplements	3,717 patients have given free medicine (44.20%)
Referrals (3% of total diagnosis) in case of complications	92 patients have referred (48.42%)
Additional Support (Beyond Log frame) in the HP	
Face Mask Distribution	3,110 face mask has distributed
Hand Sanitizer for Patients and HP Staff	132 hand sanitizers have been used for patients and staff
Other Activities If any):	Health committee meeting and sessions on COVID 19 has conducted

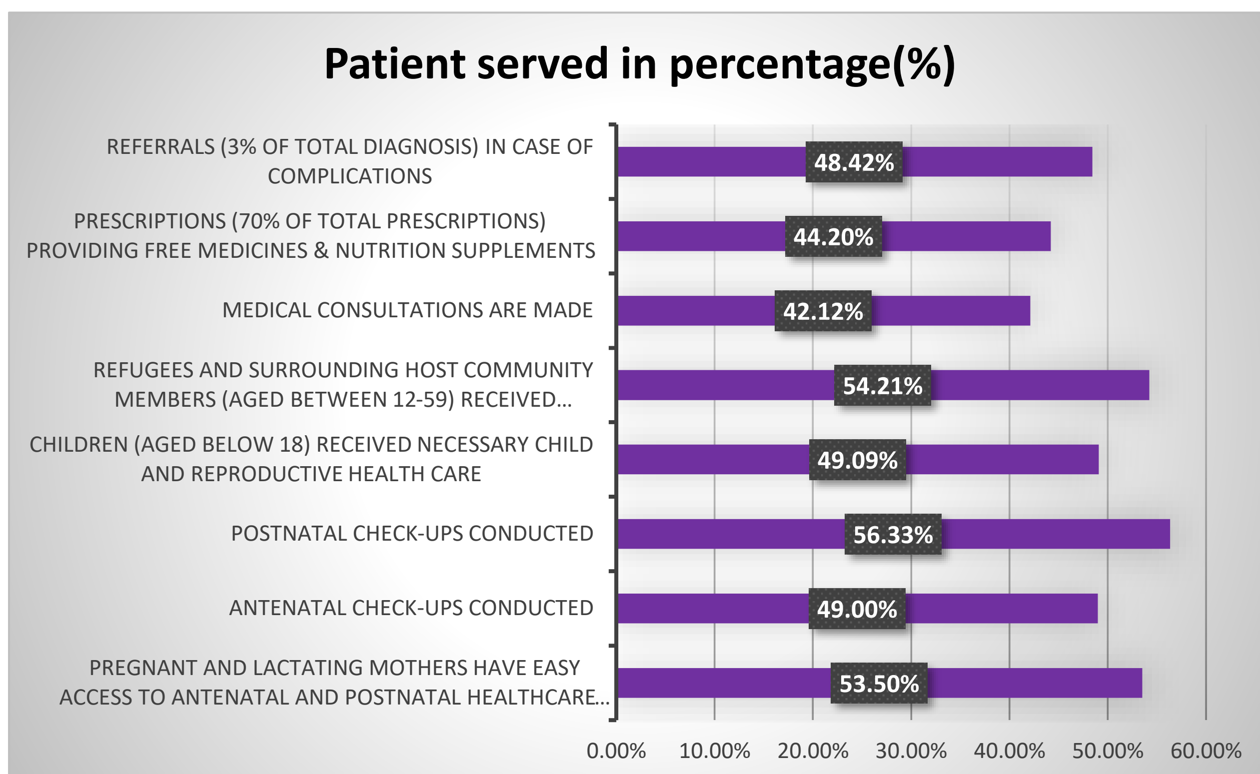

Figure 10: Patients served in percentage (%)

The respondents mentioned that they need to go to other secondary level hospital or primary healthcare centre for advance services on ANC, PNC, New born, menstrual hygiene and pathological examination. Basically the **HP** doesn't provide treatment to the ANC & PNC patients in case of acute diseases and emergency services. If necessary, they refer patients elsewhere: to specialists, for laboratory tests, vaccinations or for treating chronic diseases. As many of the men work during the day, it is above all women and children who come to the HP consulting hours.

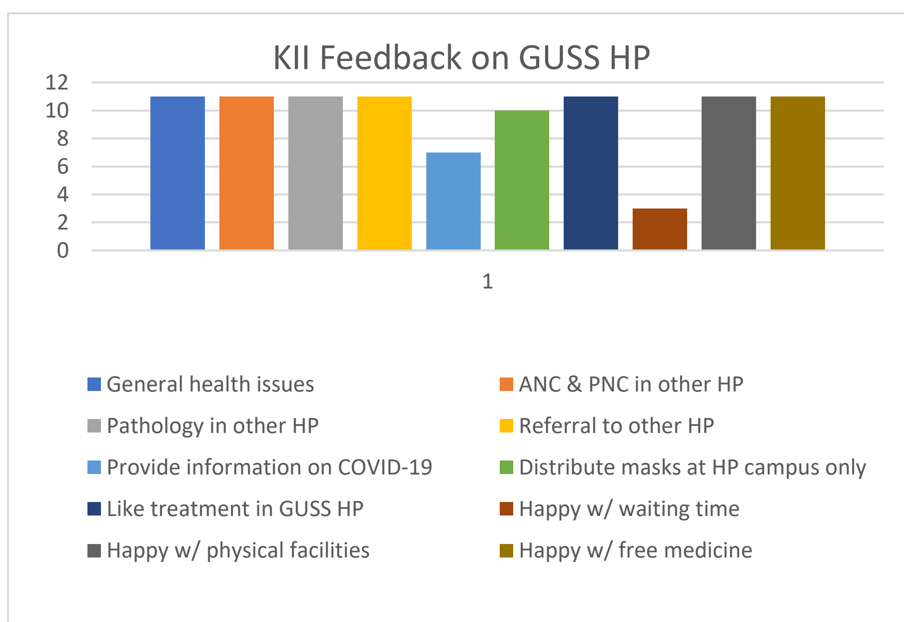

Figure 11: Patients satisfaction to GUSS services[31 August]

During the MTE visits, the team conducted a patient survey (KII and FGD) that indicated a high level of satisfaction among patients with the work of the HP.

- ✓ Almost 100% of respondents are happy with the facilities and staff behaviour.
- ✓ Everybody praised the behaviour and consultation services of the medical officer.
- ✓ Beneficiaries are quite happy with the physical facilities including

separate toilet and sitting arrangement/ waiting place for male and female, and breast-feeding corner.

This satisfaction survey was confirmed by some specific question in interviews and in talks with Block supervisor *(mazhi)* and patients. Many interviewees stressed that they preferred GUSS because of the overall management and staff behavior. Mr. Hamid Hosen, Block supervisor (*mazhi*) of Block F-2 expressed his satisfaction with an advice to GUSS through this evaluation team and asked to deploy a lady doctor and a midwife for their female population as they are religiously conservative and feel hesitate to explore their gynecology problems to male doctor. The RRRC and CiC also expressed their satisfaction in GUSS's HP work whilst their inspection at the HP early in August 2020, which is geared towards development. Also everybody is happy to receive free medicine but they expect to receive full course of medicines at the very first day of their consultation instead of coming back after 2/3 days only for medicine.

Interviewees mention the following factors for the quality of HP, including in comparison with other organizations: The GUSS teams have a good relationship with patients and are accountable to them. GUSS has qualified, motivated and professional staff. The teams are sensitive and friendly in their dealings with patients.

The consultation by a doctor also contains health education, for instance on COVID 19, hygiene, dental care, clothing and smoking. However, poor living conditions exist in many tents, leading to respiratory and contaminator diseases etc.

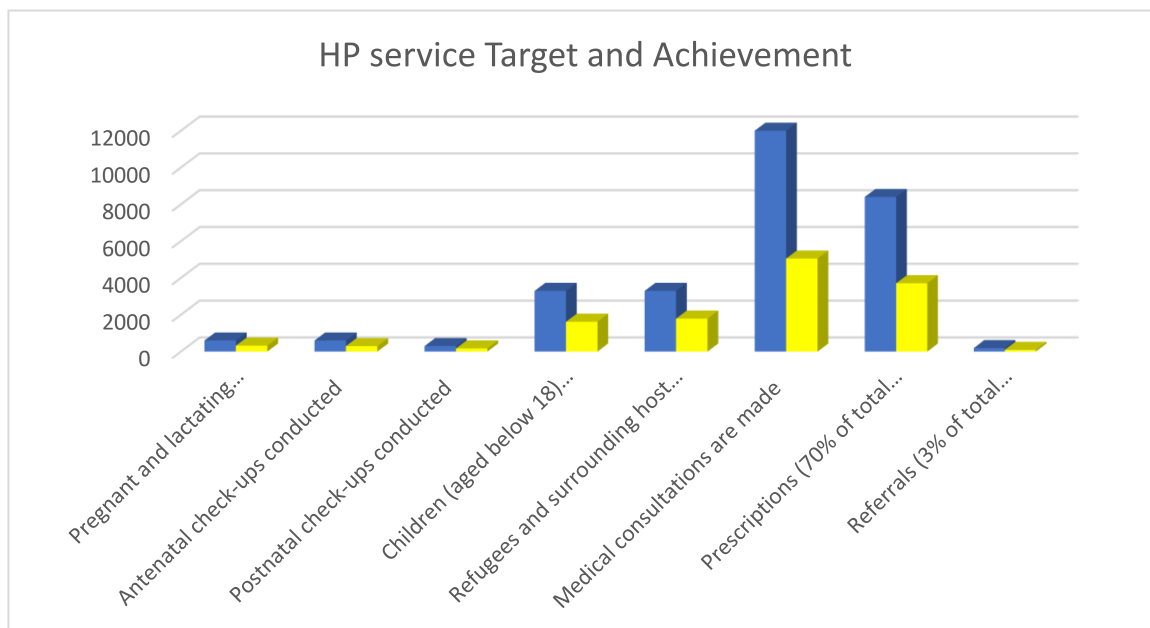

Figure 12: HP service Target and achievement

The MTE observed there is no health card has given to the patients. Even most of the patients do not brings their last visiting prescription on their next visit and GUSS does not keep patients records itself. However health service provider in the same camp – For example, "Research, Training and Management International" Nayapara/Kutupalong Refugee camp has issued "Patient Health card" that records ANC & PNC patient history as well.

Providing patients with medication via dispenseris working well. However inadequate supply of medicine is a challenge to both the parties like GUSS and patients. Better financing could made it possible to improve the supply and scope of adequate medication.

The female Paramedic providescheckup service to the ANC and PNC patients and also enjoys the trust of many women and, in addition to her antenatal and postnatal care sometimes she has an additional role to disseminate COVID 19 awareness to the patients. However to tackle the huge pressure of the patient there is a strong need of experienced midwife that could also facilitate GUSS HP in emergency delivery cases besides the regular checkups.

GUSS supplies free medication based on a list drawn up by the doctor. Some of the medication are not supplied as per requirements – for example antibiotics are given to the patients in less amount which creates antibiotic resistance into the body – could be harmful to the patients on next course.

An **unplanned effect** of its work observed by GUSS is that the overall operation hampered due to during lockdown in the pandemic COVID 19. It has somehow slow down the overall activities. Above all, it has proved relatively difficult to reach the local or host community of Bangladesh in need of aid through the work undertaken to date, which would help to curb the tensions between Bangladeshi and FDMN.

Appraisal:

All in all, the project is well on the way to reaching its project goal: to improve healthcare for 6,000 refugees and host community people as stated in the log frame. The MTE observed the consultation service quality is significantly very good. RRRC and CiC has expressed their satisfaction through an investigation in August 2020. Because of this, the project is deemed to be effective.

Recommendations:

- ✓ As per “Minimum Package of Essential Health Services for Primary Healthcare facilities in the FDMN camps” guided by the government of Bangladesh every health post should have at least one midwife. Though GUSS HP has a female paramedic who is supporting the male doctor for physical check-up for female patients it is agreed that a trained female midwife will be more effective to perform this job while paramedic should focus on screening the patients and maintain the records.
- ✓ GUSS health center is not eligible to provide full course services for ANC and PNC. Therefore, the patients prefer to go to other secondary level health facilities where they can get every support of ANC check-up, vaccination, pathology, delivery and PNC, and new born care.
- ✓ Counselling service for adolescent girl is most essential and could be effective as they mentioned during FGD.
- ✓ Waiting time is long. This should be reduced because some of the respondents mention that they wait more than 2 hours most of the time. And male patients are found a bit restless as they had to wait for children and female patients to be treated with priority.
- ✓ Ensure to provide full course medicines during follow up visit.

- ✓ GUSS should procure bulk amount of medicine for the month in advance. This would eradicate the shortage of stock of medicines.
- ✓ Inventory of medicine and supplies could be managed more systematically so that report of stock in and out of goods and supplies could be update daily basis.
- ✓ GUSS can create a mobile medical unit (MMU) to provide medical health service in tents. This is how the effective service can be provided to the tent.

GUSS should continue the health post service with introducing MMU. Synergy effects are conceivable above all with regard to training ROVs, providing joint care to chronically ill patients, health education, prenatal and postnatal care and involving ROVs in the tent settlement visits.

Given the great need for health education, the MMUs could – contrary to the specifications of the JRP 2020 – continue to provide health education insofar as this cannot be ensured by other means.

GUSS works through the HP with MMUs could investigate the extent to which teams can keep digital patient records and usage of free medicines.

In some cases, deployment of the midwives could work in tents that must be used by a family at the same time. GUSS then should ascertain whether a suitable vehicle could be used for this purpose in order to provide women with the necessary privacy basically during delivery cases. As well as this, the midwife could also be integrated gender-based violence into her work. In general speaking GUSS should train the existing staff and the other medical professionals on this topic and examine the possibility of providing this more systematically in future.

There are some negative indications found from the in depth interview with the refugee women which the MMUs could meet as a psychological need. Given the stigma that is often attached to psychological problems, creating resources for dealing with this within the medical teams would make it much easier for patients to accept such offers. In this regard ensuring at least one staff member at the health post who would manage diverse, severe mental health problems in adults and children. Though GUSS itself does not have much expertise and resources should therefore continue pursuing the desired cooperation with donors help.

Efficiency

Background:

The efficiency of a project is measured based on the ratio of outputs to inputs. Above all, it is important to determine whether the same outputs could have been achieved with other approaches requiring fewer inputs. An audit was not part of this evaluation. The evaluation should take into account the following specific questions:

Are the funds being used efficiently (including dealing with personnel, fluctuation, and registration)? Are the responsibilities in the project clearly distributed, including implementation and monitoring/reporting? Is GUSS efficient in dealing with risks and opportunities?

Findings:

The GUSS team works very systematically and is clearly organized and transparent in its activities. In the initial stage there were some problem with the staff stability which is overcome and thereby achievements are ensuring. There are also regular disputes reported about the order in which patients are seen, about the treatment administered and about refusing medication to patients who do not have a medical reason or a prescription from a doctor. Procuring medication from pharmacies (including comparative offers) is also time-consuming. The GUSS team is aware of these difficulties and attempts to keep them to a minimum.

There is a challenge to hire qualified and motivated personnel, especially female doctors due to security reason in the local area. Pronounced hierarchical structures between coordinators and doctors may be standard practice in other contexts, but they often serve little purpose. The MTE strongly believes that GUSS should maintain staff job description that will automatically reduce coordination gap in person.

The indicator for the number of patients in the HP has not yet been calculated and monitored according to SPHERE standard. The doctor ought to provide treatment and consultation to the patients on an average target figure but an upper limit that should not be exceeded continually. The upper limit is necessary for maintaining a high level of quality. As well as this, there are periods where doctor can be sick or on leave. In the MTE observation the doctor did not take leave in last three months. The quantitative target relates to a high level of quality. (It is doubtful whether it makes sense to set a target value for "all patients by one doctor".)

The role of cleaner cum security does not make sense because he has to maintain cleaning service in day and security in the night – ultimately the purpose of security is defenseless.

The project is monitored through the coordinator's reports, through monitoring trips and through contact between the administrative office and the coordinator. As well as this, GUSS has begun to introduce the *Quarterly Project Process Evaluation* instrument. The coordination between the project in Ukhia, Cox's Bazar and the head office in Dhaka seems bifilar. The responsibilities and coordination in decision making procedures in the project office and the local administrative office do not always appear to be completely clear and efficient. It has revealed that the HP has applied for the affiliation under the WHO monitoring system which could be more effective as service conntribution to the FDMN and host comminity. GUSS head office makes every effort to ensure that all legal conditions are complied with in full compliances.

Appraisal:

The design of the project entails a certain amount of work that is stated in the log frame. The team works systematically and towards a specific purpose. Owing to the high workload, there is a risk of personnel dropping out and needing to be replaced. The coordinator's effort requires more functional and put more attention to ensure reliable and systematic project work and actively ensures a high level of quality. To do so, he requires self-motivation by himself. The team is looking into possible improvements itself.

As the evaluation did not identify any significantly more efficient alternatives, the project is deemed to be efficient.

Recommendations:

The project coordination bears a high level of responsibility for the quality of the work, coordination with other players, accountability towards patients and local authorities, and for project staff. GUSS should reinforce the project coordination, for instance including personnel management (vacancies, applications, induction package, employee appraisals, etc.) in the qualification system. GUSS should also consider giving the project coordination greater responsibility for dealing with local legal questions correctly, sensitively and efficiently. Further recommendations can be found below:

GUSS should counter the high long-term workload for the team by looking into the following options:

- Deploy one lady doctor.
- Introducing MMUs by ROVs engagement.
- Strengthen regular and referral patient post follow up system.
- Deploy one midwife.
- Introducing more internal or external training and variety (e.g. health education to the ROV's and staff.)
- Staff job description should be delivered.

Coherence, Appropriateness, Coordination and Connectedness

Background:

The coherence of a project refers to the extent to which different humanitarian aid actors pursue the same goals and, in addition to humanitarian assistance, also provide humanitarian protection. A project is deemed appropriate when it is adapted to the specific requirements, strengthens local ownership of the project and demonstrates accountability towards local players. In many cases, humanitarian aid is not sustainable; however, it should take into account more long-term developments without unnecessarily complicating them – this is meant by the criterion connectedness.

The evaluation should take into account the following specific questions:

Is the project well-coordinated with other humanitarian aid actors? How is the accountability towards those receiving aid, local authorities and donors to be rated? Which connections and synergies have been established with other players? How is the quality of the cooperative measures, especially with other local organisations to be rated? Does GUSS apply the humanitarian principles coherently? To what extent are crosscutting issues (gender, age groups) taken into account? How does GUSS deal with the instructions of the Bangladesh government to reduce parallel structures to the national healthcare system and to strengthen the latter instead?

Findings:

GUSS participates regularly in the Health Coordination Meetings and the camp Interagency Meetings, which are organized on a monthly basis by the UNHCR and the Ministry of Health and Family planning and Social welfare directorate in Cox's Bazar. Insofar as possible, GUSS also takes part in the National Health Coordination Meetings in the civil surgeon office in Cox's Bazar. Since 2017, GUSS has also been a member of the *Inter Sector Coordination Group (ISCG),* which represents the common interests of international NGOs *vis-à-vis* the UN and, in some cases, *vis-à-vis* the government. The ISCG's work focuses above all on questions relating to the legal status of refugees, UNHCR registration, food, shelter, health, emergency response schooling, resettlement, targeting and cash. Furthermore there are some findings have listed below to this section:

1. GUSS is not an official JRP partner and therefore couldn't be integrated in the Bangladesh Govt government's aid system and international humanitarian aid.
2. The RRRC and CiC has praised the services of GUSS HP.
3. Overlaps with organisations were clarified, and coordination and information flow were very good. This positive impression is also confirmed by the local community and other stakeholders.
4. GUSS is actively involved in preparing best practices for HP and in training.
5. The MTE observed the reporting system is not systematically done to the local authorities, accountability towards patients is only realized implicitly by a relation of trust.

GUSS receives feedback and complaints directly from the patients and indirectly from the block supervisor *(mazhi)* and the local authorities. As regards coordination in the specific project work, a number of aspects have already been listed under the section Effectiveness.

Appraisal:

The coherence and coordination of the project can be seen as being positive. As coordination leaves much to be desired (especially on the part of the government) and the ISCG plays a leading role, GUSS's input in the coordination committees and the good ties to the cluster groups are sufficient. GUSS itself is not directly active in the area of humanitarian protection. It supports the work of other players through its membership of the ISCG as well.

Being a national humanitarian organization GUSS ownership has been main focused to date and accountability is mainly demonstrated explicitly towards local authorities and rarely to patients. Because of this, the appropriateness of the project is limited.

Within the given conditions, sustainability is difficult to achieve and is not a priority in all areas of activity. Owing to the support given to PHCs and to its involvement in coordination mechanisms, the connectedness of the project is seen as being positive as well.

Recommendations:

GUSS should increase its accountability towards patients including their participation and feedback. To this end, medical teams could be offered various options: information about GUSS, patient surveys, technical instruments for feedback and complaints (website, text messages), incorporating volunteers, etc. This also complies with the specifications of the *Core Humanitarian Standard* (CHS), to which GUSS is committed to.

Further Findings

The following observations and recommendations do not relate primarily to the quality of the project in question. Rather, these are longer-term perspectives and more general indications that play a role for GUSS in a broader context: Among other things, GUSS is committed to "the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief and the Core Humanitarian Standard".

Partnership with local Actors:

It is likely that the need for humanitarian assistance to the forcibly displaced Myanmar nationals (FDMN) in Bangladesh would last for several more years. If GUSS wishes to have a longer-term impact, this can only be achieved through effective partnerships with UNHCR and IOM. GUSS is also searching a long term partnership with BRAC the largest Bangladesh humanitarian organization. If local partners for a project are only sought out after the emergency aid phase – or, worse still, in connection with a possible withdrawal – it is rarely possible to find effective partnerships of this kind. Accordingly, in keeping with the Bangladesh led humanitarian response principle, GUSS should not only rely on Bangladeshi or local staff but should press ahead with developing an explicit policy on its understanding of partnership and its dealings with partners.

Visibility:

GUSS's patient FGD and the in depth interviews have shown that the HP and provided services are very visible or well known. Information in both English and Rakhain are in place which is very important for patients. However in question of sustainability better visibility and increased PR work (including social media) - would, given GUSS's good reputation, also help to recruit good staff.

Medium-term perspectives:

It is likely that the need for aid will last for several more years. If GUSS wishes to continue with the project after 2020, the possibility of providing increased support to CCs should be examined and steps taken at an early stage. As well as assuming costs for patients, this support could include financing equipment and personnel (e.g. midwives, training).

To this end, GUSS can build on its own experience and that of other NGOs (also with personal deployment) and seek expert advice from the MoHFW and the UNHCR for its funding. The UNHCR's aim is for each HP only to be funded by one international NGO.

The work of the HP and MMUs and support for CCs should be coordinated as closely as possible in order to generate synergy effects, both with regard to medical quality and to information and coordination work. Good information and guaranteed quality in the CC could be particularly effective in encouraging refugees in the camp to use the CC.

Several years of financing would be required for such a project to be sustainable. (e.g. transitional aid from the donor, at least two years of renewed financing would be required).

A long-term project such as this should be built on solid structures; above all, this means hiring experienced doctors, technical staff, install pathological labs, hiring Midwife, purchase vehicles, etc.

Clients' Satisfaction:

The MTE team conducted KII and FGD with male, female and adolescents and assessed their satisfaction level on GUSS HP services. Followings are some of indicators set for clients' satisfaction.

- Almost 100% of respondents are happy with the facilities and staff behaviour.
- Everybody praised the behaviour and consultation services of the medical officer.
- Beneficiaries are quite happy with the physical facilities including separate toilet and sitting arrangement/ waiting place for male and female, and breast-feeding corner.
- Waiting time is long. Some of the respondents mention that they wait more than 2 hours most of the time. And male patients are found a bit restless as they had to wait for children and female patients to be treated with priority.
- Respondents mentioned that they prefer to go to other secondary level hospital or primary healthcare centre for services on ANC, PNC, New born, menstrual hygiene and pathological examination.
- For addressing COVID-19 pandemic, beneficiaries highly praised on separate handwash corners for male and female and they are happy to receive free mask and screening of temperature at the gate of HP.
- Everybody is happy to receive free medicine but they expect to receive full course medicines at the very first day of their consultation instead of coming back after 2/3 days only for medicine.
- Male patients are happy with the male doctor and they mentioned that they will still be fine to treat with a female doctor while female patients mentioned that they feel comfortable with a female doctor.
- Awareness session on COVID-19, reproductive health, menstrual hygiene, nutrition, birth control is done in informal sharing sessions.
- Almost everyone mentioned that they like the treatment of health post most. They have received good results and quick recovery.
- The respondents put 8 out of 10 on average in grading their satisfaction on GUSS HP services.

Coordination and Cooperation:

GUSS has strong coordination with RRRC office and other government offices including District Commissioner (DC), Upazilla Nirbahi Officer (UNO), Camp In-Charge, Block Supervisor, Law enforcement agency and other local government. They also maintain liaison with INGO forum and UN agencies including WHO to take advice on technical issue in terms of improving the services, progress reporting, and coordination with other relevant parities. Recently, RRRC, Camp In-

Charge, and WHO made visits to the GUSS HP and made some recommendations for further improvement. GUSS is also maintaining close contact and regular communication with potential donors and partners to implement project together.

Management:

GUSS HP is managed by a Coordinator while the Doctor is responsible for day to day services of the health post. The Coordinator works under the direct supervision of CEO and maintains communication with the local administration and other entities for project delivery and local coordination and liaison. Likewise, the Doctor also maintains direct communication with the CEO. However, regular coordination meeting for planning and progress review is critically important which is under decision of EC.

Monitoring and Evaluation:

This MTE is a sign of tracking progress of the project by assessing timeliness and quality of deliverable. This report will thus serve the purpose of independent third-party monitoring and assessing the project. The major achievement against the target, challenges and constraints, and recommendations will help the GUSS management make effective decisions and develop action plan for further adjustment. However, regular monitoring on process and progress is the heart of the programme. As this health post is far from GUSS Head Office in Dhaka periodic field mission for physical verification is inadequate. Especially for COVID-19 pandemic mission to the project site has not been done lately. This may have affected timely delivery and ensuring good quality of services. It has been observed during the MTE mission in camp that there was a distribution of pure drinking water tank for house hold. Though the distribution was planned at least couple of weeks before it is delayed due to late approval from the RRRC office.

Progress Reporting:

The health post prepares weekly quantitative progress report for each output. However, there is no monthly or quarterly reporting system to donors or other entities. No such narrative report is in practice so far. In relation to reporting on qualitative aspect and management issues there are scopes which is important to have narrative report to keep track on major decisions and progress on follow up actions.

CHAPTER – 5

Lessons Learnt:

Following lessons learnt have been recorded from the observation and consultation meeting with key stakeholders and the direct beneficiaries.

1. Female patients do not feel comfortable to share their health issues with male doctor. This is one of the most sensitive issues in relation to the local religion and the culture. As the GUSS health post does not have female doctor or midwife is it difficult to have physical check-up by a male doctor.
2. As per "Minimum Package of Essential Health Services for Primary Healthcare facilities in the FDMN camps" guided by the government of Bangladesh every health post should have at least one midwife or birth attendant. Though GUSS HP has a female paramedic who is supporting the male doctor for physical check-up for female patients; it is agreed that a trained female midwife will be more effective to perform this job while paramedic should focus on screening the patients and maintain the records.
3. GUSS health post is not eligible to provide full course services for ANC and PNC. Therefore, the patients prefer to go to other secondary level health facilities where they can get every support of ANC check-up, vaccination, pathology, delivery and PNC, and new born care.
4. The beneficiaries have high expectations from the HP. They demand services of a full-fledged primary health centre, for instance, pathological test, ANC services, vaccination, delivery, and PNC and new born care services.
5. Patients are provided with free medicine but not for the full course at a time because the patients sell the distributed medicines in the local medicine stores. Therefore, HP provides medicine only for 2/3 days. Consequently, the patients come back after they finish medicine which creates rush of the patients who come only for the medicines.
6. As the GUSS HP places order for specific types and small quantity of medicine the renowned medicine company shows very little interest to supply to the HP. Therefore, instead of procuring directly from the company, these medicines are being purchased from the medicine stores at local market with retail price which cost higher than the whole sale price.
7. The Doctor and the dispenser informed that they face shortage of medicines mostly after the second week of the month. This is because they cannot procure bulk amount of medicine at a time.
8. Inventory of medicine and supplies could be managed more systematically so that report of stock in and out of goods and supplies could be update daily basis.

Challenges/ Major limitations and continuation of the project:

The Rohingya refugee crisis is a global issue with a lot of focus from international community as well as the government of Bangladesh. Coordination and cooperation among and between the parties are very much process oriented and time consuming. The require approval from several competent authorities is also challenging as it entails a lot of documentation. Therefore, GUSS

management and the project itself faced some challenges at this initial stage of the project. In addition, the project location and the limited access are the key constraints in operating and delivering the project.

Staff drop out: The medical doctors especially female are less interested to continue their job in the camp. Security, lack of physical facilities for accommodation, transportation and food are the main concern for the staff.

Fund constraints: The planned activities and the services to be provided by the HP require a higher budget in compare to the current approved budget.The patient flow in the health post is higher than the expected number initially targeted for the project.

Project Location: The GUSS HP is located in the Rohingya refugee camp which is located in Ukhia Upazill (Sub-district). Ukhia is 34 KM remote to the south of Cox's Bazar. Administratively, most of the approval and coordination need communication with Cox's Bazar. Required logistics and supplies also come from Cox's Bazar. As a result, project staff spend a lot of time for back and forth communication between Cox's Bazar and Ukhia.

Free medicines are sold: It is reported that the patients are provided with free medicine by GUSS HP but not for the full course at a time because the patients sell the distributed medicines in the local medicine stores.

Major issues for sustainability:

- Community volunteer deployment;
- Adequate fund flow;
- Linkage with Govt. hospitals
- GUSS can provide satellite clinic (weekly);

Scope of replication:

Its a community base project. It has potentiality and acceptance by the community. There is scope to replicate this project in the camp or other part in the country.

CHAPTER -6

Strength weakness Opportunity and Threat viewed by the different stakeholders:

A. Analysis:

Strengths:	Weakness:
1. Registered entity and legal foundation. 2. Experienced management team has competencies to work under UN system agencies, international donor agencies and regional, national and local level development organizations in the allied field. 3. Consists of a competent set of core staff and technical staff associated with international and national experts/consultants in the organization. 4. Multi sectorial and multi-dimensional working experience in Rohingya Refugee community since 2017. 5. Skill and disciplined patient management approach. 6. Well Infrastructure and facilities for HP set up. 7. Easy access to the community.	1. More like a consultation center. No especiality to provide treatment to ANC, PNC, adolescent girls, ministerial hygiene, health –nutrition awareness, counseling service and new born child health. 2. There is no in house and referral patient follow up and monitoring system by the GUSS HP. 3. There is no clear written guideline to the staff to operate the HP. 4. Lack of fund causing low salary, insufficient medicine supply etc. 5. Absent of lab for pathological test for the ANC and PNC patients and outpatients. 6. No female doctor to address the women patients. 7. No Midwife or birth attendant in the HP. 8. There is no health card issued to the clients thereby no health history is being recorded for future diagnosis.
Opportunities:	Threats:
1. The Govt policies to supplement and compliment govt. activities of the Rohingya Refugee community programs having support from Private sectors/NGOs /MFIs/ INGOs/ Donors etc. 2. Donors / clients positive attitude up on Rohingya community. 3. Institutional and personal linkage of GUSS with govt. /NGOS /MFIs /INGOs /UN bodies and private sectors etc. 4. Scope of work after and post Covid 19 pandemic situation will promote new work opportunities. 5. RRRC and CiC is monitoring the services and guiding for better service. 6. GUSS has strong connection to the local administration of Cox's bazar. 7. The participation of local leaders are very strong. The school teachers, Block	1. Ensuring quality services in light of expectation by the community patients. 2. Govt policies regarding involvement of development era of the country (Negative) 3. Community peoples willingness to depend up on male doctors. 4. There is no water supply system for drinking and sanitation. 5. Strong demand of adequate medicine supply. 6. There are no pathological test for the ANC and PNC patients. 7. There is no medical wastage management system by the HP. 8. There is no service for the adolescent girls.

supervisors and Imams (religious leaders) are visiting the HP often. 8. The HP has strong relationship to the Rohingya Community. 9. There is a separate room for the EPI vaccination program along with two international workers are appointed from the host community runs by WHO. 10. There are huge service demand in the Rohingya community. 11. GUSS authority has donor agreement to fund to run this HP.	

B. Identifying the crucial issues/activities:

1. <u>No especiality in treatment:</u>
   a. There are no treatment facilities for the ANC and PNC patients.
   b. There is no in house and referral patient follow up system by the GUSS management.
   c. There is no newborn and or antenatal health care service to the patients.
   d. There is no service for the adolescent girls.

2. <u>Infrastructure and facilities:</u>
   a) There are separate toilets for the staff and patients. Though I haven't seen any separate toilet facility for the male and female patients.
   b) Children are disturbing their parents due to long waiting time. There is no children corner or time passing facilities thereby boring to them.
   c) Electricity is available with some disruption / failure.
   d) Small waiting space for patients.
   e) There is no water supply system for drinking and sanitation.
   f) There is no clear written guideline to the staff to operate the HP.
   g) There is no staff coordination meeting system in this HP.
   h) There is no medical wastage management system by the HP.

3. <u>Lack of fund causes low salary and medicine supply</u>:
   a) Absent of lab, no instrument for pathology test: There are no lab for pathological test for the ANC and PNC patients and outpatients.
   b) Free medicine are providing highest for two days. This results and grows anti-biotic resistance to the patients that is harmful for them.
   c) Strong demand of adequate medicine supply.
   d) There is no health card issued to the clients thereby no health history is being recorded for future diagnosis.

4. <u>Less female doctor, key staff, understaffed in handling the patient load:</u>
   a) There is no female doctor for the female patients.
   b) There is no Midwife or birth attendant in the HP.
   c) There is only one staff who is maintaining the security cum cleaning services to the HP which is inadequate in terms of quality service

Concluding Statement:

In Summary, The MTEhas confirmed that the medical quality of GUSSs work with regard to the medical standards in Bangladesh is good. And would like to highlight on good quality and quantity of services. The HP team guides the referral patients in a convenient way to send to advance health care centers for special medical cases.

Concluding statement on Efficiency: In Summary, It can be confirmed that the Efficiency of GUSS work is good. And would like to highlight on GUSS needs, still 1 Female doctor, 1 Midwife nurses, Pathological test unit and a good contract with pharmacies suppliers over a due course of time, transfer the budget for chronic medications to cover more special cases. All activities mentioned will increased efficiency of work and decreased the gap between refugees and hosting communities.

CHAPTER - 7

Annexes:

A. List of midterm evaluation respondents:

C. FGD Respondents: PLW

FGD with PLW was taken inside the GUSS Health Post on 6th September 2020.

SN.	Name	ID Number/ FCN	Age	Phone Number	Signature
1.	Sajida Begum	153729	20		
2.	Rohima (W/O Jakaria)		18		
3.	Nasima Akhter	146116	21		
4.	Jahida Begum	155687	50		
5.	Roshida Begum	145631	33		
6.	Nurus Saba	148239	50		
7.	Khaleda egum	191710	55		
8.	Gorabi	167484	79		
9.	Noor Fatima	153733	45		
10.	Khurshida Khatun	155662	45		
11.	Ambia Khatun	137395	50		

D. FGD Respondents: Adolescent Girls

FGD with adolescent girls was taken inside the GUSS Health Post on 8th September 2020.

SN.	Name	ID Number/ FCN	Age	Phone Number/	Signature
1.	Rouaida	151627	16	NO	
2.	Kofin Akhter	145737	18	NO	
3.	Nur Ankis	145949	12	NO	
4.	Khurshida	145845	16	NO	
5.	Shamin Ara	153749	14	NO	
6.	Nur Habiba	145849	12	NO	
7.	Rokeya	145848	12	NO	
8.	Fatima Khatun	151629	12	NO	
9.	Shahida Akhter	NO	12	01887928917	
10.	Rima	151626	12	NO	

E. FGD Respondents: Male Group

FGD with adult male group was taken inside the GUSS Health Post on 7th September 2020.

SN.	Name	ID Number /FCN	Age	Phone Number	Signature
1.	Nur Alam	145822	28		
2.	Alimuddin	151061	60		
3.	Jafor Alam	155687	55		
4.	Abdul Karim	182143	80		
5.	Abul Hossain	145924	62		
6.	S.Alam	126542	28		
7.					

B. Guideline for interviews:

The wide range of criteria allows an open and flexible approach to be taken in the interviews so that interviewees touch upon especially important (positive, negative, interesting) aspects. As a rule, only some of the questions are asked in any one interview, depending on the interviewee's profile:

I. **Interviewee (name, function)**

II. **General, open-ended questions, prompt if necessary –**

- What is your connection with the project?
- How long have you been aware of the project?
- GUSS employees: What would you like to learn about your own work?
- What went well?
- What did not go well?
- What was unique or special?

III. **Targeted follow-up questions on main points**

1.Relevance

- ✦ What connection does the project have with humanitarian aid in the region?
- ✦ What connection does the project have with the Joint Response Plan 2020?
- ✦ Other players: What significance does the project have for your work?
- ✦ What do you find important for the continuation of the project/aid?

2.Efficiency

- ✦ Internal: What were the decision-making processes for major changes within the organisation?
- ✦ Looking back, could more have been achieved or could the same outcome have been achieved with fewer resources?
- ✦ External: What would have been alternatives/what approaches are taken by other organisations?

3.Effectiveness

- ✦ Internal: Which goals were most important for GUSS in the course of the project? To what extent were these achieved?
- ✦ External: How do you rate the effectiveness of GUSS's work (compared with others)?

4.Connectedness, coherence, appropriateness

- ✦ Internal/external: How did GUSS's contribution fit into the overall aid effort?
- ✦ What priority do you give to ethical questions (e.g. about the dignity of refugees, about humanitarian principles)?

C. Terms of reference

Consultant for GUSS Midterm Evaluation

TERMS OF REFERENCE

1. Basic Information:

Title of the Work:	Health Care Services for Rohingya Refugees & Host Communities
Duration:	August 10, 2020 to September 15, 2020[1]
Background:	The violence and the discrimination in Myanmar in August 2017 pushed the Rohingya Muslim community to flee across the border to Bangladesh. At present around 1.1 million Rohingya refugees are living in the vast and teeming camps and settlements that have sprung up in Cox'sbazar District, close to the Myanmar boarder. A number of 650,000 thousand Rohingya refugees were living in the camps situated in the neighbouring host communities of Teknaf and Ukhia before the new influx. The additional near to – 700,000 thousand arrived following the violence of late August 2017 and the rest had arrived using the border in previous influxes.

Currently they are under significant health risks and it has become a challenge to address their health needs. Due to the increasing number of Rohingya refugees and their congested living conditions in camps, there has been an overwhelming increase in their health risks. The inadequate supply of essential reproductive along with maternal, child and new-born health services. Furthermore, there is insufficient clinical management of rape survivors, family planning as well as adolescent friendly health services, especially in the provision of these services in hard-to-reach areas.

Also there is limited accessibility to inpatient as well as secondary health services which also includes referral system and quality of care and health care services implemented at the settlement lack standardization. Overcrowded settlements and the rapid influx of refugees challenge the ability of service providers to identify private and safe services for women. There is incessant new influx of refugees which leads to overburdening of the existing facilities like WASH or health facilities and thus services are still not available and accessible to many of the refugees. The sheer size, density and unplanned nature of the make-shift settlements hosting refugees remain a major obstacle to setting up the communal infrastructures necessary to coordinate services at site level.

The vulnerability of the Rohingya refugee population is assessed to be very high because of the lack of legal protection, relying essentially on community networks and international institutions. The Rohingya refugee context in Bangladesh is a serious humanitarian crisis where the affected populations are receiving limited international aid classifying it as a protracted crisis where the provision of humanitarian assistance remains challenging. The local communities of the Cox's Bazar district are themselves already extremely vulnerable as the district is one of the underperforming districts in Bangladesh with poverty above 50% and even higher in certain upazillas like Ukhiya and Teknaf. The low performance of Cox's Bazar is related to its geographical isolation, natural disaster prone area, scarce employment opportunities and limited access to basic services such as health, WASH, food security, and education. The humanitarian needs of the Rohingya

populations and host communities are enormous and require an effective strategy that addresses the emergency needs at the community level through integrated multi-sectorial interventions.

GUSS started its humanitarian works by its own arrangement and also with the support of development partners and donors immediate after the influx 2017. Initially the organization has participated in emergency relief work and provided cash, food, Shelter and essential medicine to the refugees. Later to the emergency relief it has put special focus on the pregnant and lactating women, adolescent girls and new born children considering their vulnerability.

Thus in May 2018, GUSS has conducted a survey of 96 Rohingya households in Ukhiya Upazila under Cox's Bazar district assessing the refugees' health status. The survey showed that 30% of the population are children under 5 years old and nearly 50% are women of reproductive age, with 10% pregnant. The majority of pregnant women (80%) could not access the hospital/clinic and about one fourth of them have experienced complications during pregnancy, childbirth or post-natal.

The health services established for the refugees are located far away with inadequate importance to maternal, reproductive and child healthcare. Through the survey and local consultations, the dire need for accessible maternal healthcare facilities was highlighted and accordingly a project of 4 Health Posts was initiated in 2018 with the view of addressing the emergency health issues of Rohingya refugees with special concentration on maternal & new born child health and menstrual hygiene.

As such, the followings are the expected impact and outcome of GUSS interventions are being achieving respectively.

1. mother and child morbidity and mortality is reducing;
2. nutritional health status of mother and child are improving;
3. risks of pregnancy-related complications are decreasing;
4. access to safe delivery is increased;
5. the overall wellbeing of the Rohingya refugees and surrounding host communities are improving through emergency outpatient treatment to a) reproductive health, b) nutrition, c) Communicable & non-communicable diseases and d) emergency referrals.
6. the overall health & hygiene behaviour and practices of targeted beneficiary region are significantly changing;
7. Tensions to the host community due to massive and unexpected influx of Rohingya refugees are seeing to be reduced;
8. SDG goal 3, good health and well-being of the displaced refugees and local host communities are in progress.

These are expected to be achieved as a result of the following outputs.

Expected outcomes:

- Pregnant and lactating mothers will have a better and safer maternity
- New born children will have a healthier start to life

- Increased awareness on menstrual hygiene, nutrition, infant feeding, family planning and immunization of new born
- Refugees with urgent health care needs will receive necessary consultation, treatment and medicines

As of July 2020, GUSS has been reached 5,949 individual women & girls[2] amongst whom 3,086 are pregnant & lactating mothers. A number 1,929 antenatal and postnatal check-ups have been performed through our clinics. Here it is significant that whereas only less than 200 pregnant women within our targeted area could have been able to visit a hospital/clinic for maternal health services before the establishment of our Health Posts, the number has dramatically risen to more than 3000 (both pregnant & lactating mothers). Furthermore, according to data provided by UNHCR (31 May 2019), currently there are 1,995 infants under 1 year within our operational areas (camp 1E & 17) many of whom along with their lactating mothers have been receiving postnatal services from our Health Posts.

It should be noted that our Health Posts have been included within the Joint Response Plan (JRP) 2020 of the Health sector of Rohingya refugees where we have been responsible for the health care services of 12,000 Rohingya refugees through our Health Posts.

Therefore, GUSS is currently planning to conduct an independent evaluation serving both accountability and learning purpose through assessing the progress and evaluating strategies, identifying major achievements, niche/ value addition and lessons learnt from the national funding model within the evolving humanitarian context in Bangladesh and exploring strategies to adapt with it.

Objective of the work:

In particular, the evaluation shall assess and rate[3] the success of the project's implementation and draw lessons to provide strategic direction based on based on the following key questions[4].

A. Relevance/ Appropriateness: Are the activities, strategies and outputs consistent with the intended impacts and effects, and the attainment of the overall goal and objectives? To what extent are the objectives still valid?

1 at max
2 At Cox's Bazar
3 on a scale of 1-5 or Highly Satisfactory, Satisfactory, Moderately Satisfactory, Moderately Unsatisfactory, Unsatisfactory and Highly Unsatisfactory or Highly likely, Likely and Unlikely
4 Adhering to OECD-DAC (1992) evaluation criteria

B. Effectiveness: To what extent were the objectives achieved / are likely to be achieved? What were the major factors influencing the achievement or non-achievement of the objectives?

C. Efficiency: Were inputs utilized as planned, activities cost-efficient and objectives achieved on time? Is there a potential for optimization (e.g. concerning planning) of the resources in the most efficient way?

D. Impact: What real difference has the activities made to the target groups? What has happened as a result?

E. Connectedness/ Sustainability: To what extent were local capacities developed or strengthened through the interventions?
F. Coherence: How was coordination (coherence) achieved, and/or why was there a lack in coherence?
G. Coverage: Were the supports aligned to regionally different needs? What were the main reasons for certain target groups having received support?

So, this includes the achievement (i.e. progress, performance and results) of outputs and activities in terms of situation /context, needs, planning and resource mobilization, coordination, quality (i.e. coverage, targeting, timeliness, soundness, transparency, collaboration, complementarity) of activities and responses as a result of :

- Ownership, stakeholder participation and accountability, governance and credibility of the strategic decision making and management options, coordination, influencing role, visibility, partnerships and networking, localization.
- implementation approach (including capacity building/ institutional development approach), adaptability of project management.
- application of project MEAL plan (i.e. theory of change, log frame, target, indicators, tools, disaggregated data collection and management, reporting, accountability, knowledge management etc.)
- risk management based on the assumptions in the project's log frame, including unintended outcomes and external factors
- financial planning, management, control (e.g. forecasting, disbursement, reporting, compliance etc.) including fund raising initiatives
- feasibility (project management arrangements, capacities of hosting agency and counterparts, backstopping, partnership arrangements etc.) and cost effectiveness

Key Accountabilities:

A. Review of project documents: Concept note, proposal, theory of change, log frame, learning framework, activity plan, budget, hosting arrangement, risk management plan, agreement. etc.
B. Review of other reports and learning documents: Learning workshop notes, peer review reports, learning visit reports, design & build phase report, biannual reports, log frame, monitoring reports, delivery chain and risk mapping, workshop/ training/ meeting notes, CSO mapping report, Process Documentation etc.
C. Consultation with key stakeholders: Implementing partner, Technical partner and Monitoring and reporting partner.
D. Onsite appraisal: Gather data through participatory approach from at least 4 sampled response project beneficiaries[5] to attribute the impact[6], including case studies consultation with community leader, Other NGOs, Patients, Camp in charge, local government representatives[7] and other concerns etc the response sites, and project staffs[8].
E. Validation of findings, lessons and recommendation: by the implementing partner organizations, members, host community and GUSS HQ.

Deliverables:

A. A brief inception report on

i) Introduction of project context, objectives and theory of change, implementation structure, stakeholders and partners, design and financing;

ii) Scope, objective and methodology to carry out the evaluation, sources of information, data collection tools (i.e. questionnaire, checklists, interview guides etc.), thematic analysis, limitations, timeline;

B. A brief yet easily understandable, evidence based draft evaluation report highlighting[9];

iii) Evaluation findings in terms of relevance/ appropriateness, effectiveness, efficiency, likely impact, connectedness/ sustainability, coherence, and coverage

iv) Conclusions, lessons learnt[10] and recommendations[11]

C. Presentation of evaluation findings and lessons for validation, to be followed by management response

D. A short (2-page) synthesis or summary of evaluation findings and lessons to support the dissemination of learning to a wide range of audiences.

Expected Outputs of the Consultancy: An independent review of progress and strategies, major achievements, niche/ value addition and lessons learnt from the national funding model within the evolving humanitarian context in Bangladesh and identification of strategies to adapt with it.

Work Location: Dhaka and response sites[12]. at Cox'sbazar district.

Responsible organization and Contact Information: GUSS, House- 32/1, Flat-7B, Road-3, Shyamoli, Dhaka-1207 Bangladesh
Md. Nazrul Islam, Chief Executive Officer, Mobile: +880 1711731326, email: nazrul@gussbd.org,

5 effectiveness and impact, satisfaction and perception on quality and accountability, relevance and appropriateness, efficiency and timeliness etc. in terms of the assistance received through FGDs
6 Household surveys might not be required considering budgetary and time constraints, as well as the social distancing for COVID 19 pandemic.
7 covering overall quality, engagement, coordination, complementarity and accountability, direct and indirect impact (both positive and negative), timeliness etc.
8 Challenges, lessons, achievements, process, coordination
9 Including data collection forms, datasets, photographs, list of respondents, references etc.
10 Covering both challenges, shortfalls, good practice and success
11 Operational, pragmatic, realistic and ordered as per priority
12 Cox's Bazar,
13 at max

2. Estimation of days:

35 days[13] (August 10, 2020 to September 15, 2020). A tentative timeline is given below

- Document desk review, background work, context analysis and methodology finalization in consultation with the SFB team: by 3rd week of August 2020.
- Primary data collection (e.g. consultation with key stakeholders): By end of August 2020
- Data analysis, draft report development and validation workshop: by early September 2020
- Final report submission: by end of 15 September 2020

3. **Validation of the Proposal:**
   All cost should be quoted in BDT and will remain valid up to ninety (90) days from the date of proposal submission.

4. **Outline of the Financial Proposal:**
   The financial proposal should include VAT and TAX (all-inclusive and will be deducted at source during settlement of invoice as per government rule). Please note that, the amount mentioned in the financial proposal will be assessed in line with the quality of the technical proposal.

5. **General condition of consultancy:**
   - The consultant/s need to work with GUSS team at the HQ at 2-5 days/ or as required at the initial stage to collect relevant documents and during methodology development period.
   - The payment will be made in three trenches. First trench of 40% upon the submission of the inception report (see deliverable A), second trench of 40% after the submission of draft report, synthesis and presentation (see deliverable B, C, D), and the remaining 20% upon the validated final submitted report.
   - The consultant will conduct the work using own computer equipment.
   - The consultant will have to bear the transport and accommodation costs for the assignment.

6. **Criteria for Selection:**

We will therefore be selecting the consultant following a two staged evaluation. For the first stage the following criteria will be used for shortlisting.

Criteria	Total Points
Knowledge skill and professional experience: • Experience in conducting monitoring, measurement, impact assessment, evaluations, after action review, outcome mapping, action research, knowledge management, accountability etc. especially for donor funded and humanitarian projects; • Experience of humanitarian work[14] and in depth understanding of emergency funding mechanisms, localization and humanitarian standards and commitments aspect especially in Bangladesh;	30%
Technical approach: • Overall understanding of the ToR, evaluation criteria and research questions • Proposed methodology including proposed design, scheduling, tools, sampling[15], data management, analysis etc. • Team composition and roles[16], management, time contributions (onsite/distant days) etc.	45%
Overall Technical Evaluation Points	**75%**
Financial Evaluation	**25%**
Total	**100%**

GUSS/TOR/ HCSR 6

14 especially in cash transfer, WaSH, shelter/NFI, education, health, nutrition, protection
15 for group consultation with beneficiaries, KII etc.
16 in tool design, training, analysis, report writing

The shortlisted consultant (or firm) will be then called for an interview and the final contract will be offered upon satisfactory performance.

7. Competencies Required:

The consultant (or consulting firm) we are looking for preferably meets the following competencies –

- At least 7 years of proven experience of facilitating similar review exercises, impact assessments, evaluation, research, survey design etc. that involves diverse stakeholders utilizing both quantitative and qualitative methods especially for donor funded projects.
- Understanding of the humanitarian system and architecture especially in Bangladesh, response and recovery (e.g. cash based interventions) as well as recent developments that have arisen after the Grand Bargain, Charter for Change commitments etc. to address the underlying requirements for localization of humanitarian aid agenda and equitable partnerships with local and national NGOs.
- Academic degree in Disaster Management, Social Sciences, Business administration, Organizational Development, Research, Project Evaluation or other relevant technical areas.
- Excellent analytical, report writing and presentation skills.
- Willingness and capacity to be flexible and accommodating when faced with difficult and frustrating working conditions
- Fluency in written and spoken English, while fluency Bengali communication skills will be an added advantage.

8. Supervision:

The consultant will design and conduct the assignment in consultation and coordination with the GUSS team especially the MEAL Coordinator.

In case of any query please contact Md. Nazrul Islam, Chief Executive Officer, Mobile: +880 1711731326, email: nazrul@gussbd.org,

9. Confidentiality:

All the outputs will be treated as GUSS's property and the outputs or any part of it cannot be sold, used or reproduced in any manner without prior permission from GUSS.

10. Submission of Expression of Interest (EOI)/Technical and Financial proposal: By July 10,2020