

# Terms of Reference for the research component of IPPF SARO's SPRINT project under the Innovation Programme: Opportunities and challenges to accessing safe abortion in humanitarian crises in Bangladesh and Pakistan

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IPPF SARO would like to invite institutions and individuals to be research partners to design and implement the research component of the 2 year SPRINT<sup>1</sup> Project under the Innovation Programme. This project will be implemented in Bangladesh and Pakistan and will be coordinated by IPPF's South Asia Regional Office (SARO) in Delhi. Research partners are required to be able to manage and monitor this work component in accordance with the terms indicated below.

Interested applicants are requested to reply to *Ryan Figueiredo* on [rfigueiredo@ippfsar.org](mailto:rfigueiredo@ippfsar.org) with an expression of interest (EoI) that articulates how your proposed approach meets IPPF SARO's requirements. Guidance for the EoI is given in the form of a checklist at the end of this document.

Please submit your EoI by COB on the 27<sup>th</sup> of April, 2015. Shortlisted applicants will be invited for a face-face/ Skype discussion followed by a request to submit a full proposal.

## Background

IPPF is a global service provider and a leading advocate of sexual and reproductive health and rights (SRHR) for all. The Innovation Programme (IP) sits within IPPF's change goal to 'Perform'. It ensures a safe space to implement creative, risky and innovative projects in order to enhance learning, increase effectiveness and contribute to the evidence base of programming in support of IPPF's strategic priorities and the SRHR sector. The guiding principles of the IP are:

- Be creative: It is vital to develop and implement new approaches to meet IPPF's goals and objectives, within the ever changing landscape of SRHR
- Be accountable: We are accountable to our clients, to ensure that our programmes address their needs; and to our donors and ourselves in working as effectively as possible
- *Be effective: By subjecting our new ideas to rigorous evaluation and research, we can generate the evidence needed to test our innovation models*

IPPF SARO was successful in securing funds from the IPPF Global Innovation Programme following a competitive tendering process. IPPF SARO proposed a 2 year SPRINT project in Bangladesh and Pakistan. The objective of this project is to establish whether morbidity, mortality and trauma associated with unsafe abortion can be reduced during emergencies through pre-positioning of UNFPA Reproductive Health Kit 8 to ensure availability of quality safe abortion services in accordance with Minimum Initial Service Package (MISP).

IPPF SPRINT provides RH services in humanitarian settings in 16 countries in 3 regions. It has been observed that there are many challenges in implementing various services under MISP objectives, the most critical of these are the abortion services, which are either not provided or not reported while implementing MISP globally. Also, there is no clear evidence why these are not provided or remain unreported. The policy environment in these countries (Bangladesh and Pakistan) does not clearly indicate the challenge. Abortion services in general are tagged under the heading of Menstrual Regulation (MR). There is little evidence from Pakistan and Bangladesh or any other country from the region or beyond - how and how much RH kit 8 or misoprostol have been successful in providing safe abortion services to the population in need. Due to its complex nature and various taboos associated with it, it is difficult to get these answers during regular assessment or evaluation of responses. It demands for an in-depth study/research over a span of time to generate evidences on what works and what does not work with attendant reasons.

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<sup>1</sup> Established in 2007 and supported by the Australian Government, the SPRINT Initiative (Sexual and Reproductive Health (SRH) Programme in Crisis and Post-Crisis Situations) ensures access to essential lifesaving SRH services for women, men and children in times of crises.

The project will involve two IPPF Member Associations (MAs) – the Family Planning Association of Bangladesh (FBAB) and the Family Planning Association of Pakistan (Rahunuma). The SARO is currently developing a full project implementation plan along with detailed activities, which will be finalised by the 30<sup>th</sup> of March, 2015. The shortlisted applicants could request to consult this plan and the successful applicant will have the opportunity collaborate and contribute to the final implementation plan.

Name	Budget	Country	Duration
Addressing opportunities and challenges in accessing safe abortion services by women and girls affected by humanitarian crises	US\$ 150,000	Bangladesh and Pakistan (SARO coordination from New Delhi)	2 years

In order to meet the guiding principles above, IPPF would like to pair this project with an independent research partner, with strong skills and experience in evaluation and operational/implementation research in crisis situations. IPPF will engage a research partner to design and implement the independent research component working alongside SARO to document the learnings of this project with the ultimate aim to fill important knowledge gaps in this field. IPPF will also seek open and enhanced sharing and publication of any results ensuing from this collaboration.

IPPF will support the successful research partner with up to US\$150,000 over the two years to implement the IP research component for this project.

## Aim

The overall aims of the IP Research Component are to enable IPPF to understand the design, implementation and contextual factors which are the main contributors to the project's success or failure, and to provide the evidence to enable IPPF to identify successful innovation projects which have potential for replication elsewhere.

*Research question: Does pre-positioning of UNFPA Reproductive Health Kit 8 prior to an emergency improve preparedness for the reduction of the incidence of morbidity and mortality associated with unsafe abortion?*

*Objective 1: To establish whether pre-positioning of RH Kit 8 has the potential to reduce the morbidity and mortality associated with unsafe abortions during a humanitarian crisis*

This objective aims to empirically and independently assess the success or failure of prepositioning of RH Kit 8 prior to an emergency to reduce the incidence of morbidity and mortality associated with unsafe abortion, as well as on wider SRH outcomes. This may involve prospective involvement of the research partner in designing the intervention and should establish the impact and causality between the intervention and the outcomes of interest, preferably using a valid comparison group where appropriate.

*Objective 2: To carry out an integrated process evaluation to establish how and why pre-positioning RH Kit 8 could affect morbidity and mortality associated with unsafe abortion during a humanitarian crisis and wider SRH outcomes*

This objective aims to explore the underlying determinants of the project's results, and how they are affected by project design, implementation and contextual factors. It should include a theory of change and process evaluation to test this, and its assumptions, so that the results of objective 1 can be interpreted to inform if pre-positioning would be successful in other contexts. Ideally, applicants will also demonstrate awareness of unintended consequences, and address how they would look for these. Consideration should be given to the project's implementation focussing on aspects such as acceptability, adoption, appropriateness feasibility and cost (table of suggested implementation outcomes in annex 2).

*Objective 3: To establish the cost effectiveness of pre-positioning RH Kit 8 in anticipation of a humanitarian emergency*

The objective not only informs our own ability to replicate and scale this intervention, but also helps us understand how to articulate our advocacy efforts to governments vis-a-vis pre-positioning of RH Kit 8. This will also inform the national emergency preparedness plans for each of the study countries. The project is especially interested in what metrics could be generated for e.g. cost (of pre-positioning) per unsafe abortion averted.

#### *Objective 4: To contribute to the body of knowledge on opportunities and challenges in accessing safe abortion services in humanitarian crises*

This objective aims to contribute to the wider evidence base on this topic through dissemination of the findings from the objectives above to a wide variety of appropriate audiences, including but not limited to policy-makers, implementers and academics. Use of creative dissemination activities and channels are encouraged, as well as publication in peer-reviewed journals and open-access platforms.

#### Methodology

Expressions of interest will be judged on the merits of the approach and methods proposed to meet the above objectives. Preference will be given to those who demonstrate a pragmatic and flexible approach to generating evidence in the complex and challenging context of humanitarian crises. Successful applicants will therefore likely propose iterative and mixed methods approaches, which can provide ongoing feedback to project managers for project improvement / course correction. It is of primary concern that we understand not only whether the project is succeeding or not (objective 1), but also how and why (objective 2) so that we can modify the IP Project approach to improve its implementation.

Successful applicants will be expected to work closely with SARO as they are implementing the IP Project in conjunction with the MAs in Bangladesh and Pakistan. The project will therefore start with a project inception meeting, attended by the chosen research partner, MA representatives and IPPF SARO's Project Support Team (PST), to create a joint implementation plan, ensuring timely and coordinated implementation of the IP project and the IP research component.

IPPF SARO supports the establishment of a consortium to undertake this research piece, in particular with national partners in IP project countries. Applicants can either specify consortium partners in their EoI, or may be invited by IPPF to work with partners following the initial submission of an EoI.

#### Timeline and travel

The chosen research partner's time will be spread across a maximum of 24 months. Depending on the location of the chosen research partner, travel will likely be necessary to visit field locations and this should be included in the funds available. It is anticipated that the research partner will spend time in each country prior to a crisis to ensure baseline data collection and plan for data collection of follow up after a crisis (including training staff on the ground). Data analysis would follow only after a crisis occurs and this flexibility should be demonstrated in the application.

#### Roles and Responsibilities

##### Research Partner:

Implement the proposed IP Research Component in collaboration with SARO's IP Project:

- Design the evaluation and research approach to meet the objectives specified above
- Conduct a comprehensive literature review and develop the research protocol
- Help set up a research steering committee at a national/ regional level depending on the specific IRB requirements in country and abroad.
- Arrange ethics approval for the proposed IP Research Component<sup>2</sup>. To be completed by 01.06.15
- Prospectively register the proposed IP Research Component on suitable fora, e.g.3ie's RIDIE or clinicaltrials.gov
- Liaise with MAs where preliminary findings from collected data suggest potential for course correction
- Co-own data collected with other parties (IPPF and MAs)
- Author the final write-up for both journal publication and other dissemination activities & audiences
- Submit semi-annual fiscal and written reports including a description of findings and recommendations
- Prepare a clear dissemination plan, including conferences, media and publication (during and after the study)

##### SARO:

Implement the IP Project in collaboration with the research partner's IP Research Component:

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<sup>2</sup> This may be from national or local ethics committees in countries in which the study will be undertaken, or other stakeholder institutions with registered ethics approval systems.

- Liaise with research partner where preliminary findings from collected data suggest potential for course correction
- Support the research partner to collect and interpret data, including sharing routinely collected data where needed
- Co-own data collected with other parties (IPPF and the research partner)
- Co-author the final write-up of this IP Research Component where appropriate
- Advise the chosen research partner on the types of dissemination materials needed for local target audiences
- Where appropriate, propose local research partner to work with
- Facilitate communication and contact between the chosen research partner and SARO where necessary
- Assist in organizing travel logistics for the research partner
- Where available, arrange independent ethics review of the proposed IP Research Component (in addition to national ethics approval<sup>3</sup>)
- Prospectively register the proposed IP Research Component on suitable fora, eg 3ie's RIDIE
- Co-own data collected with other parties (SARO, two MAs and the chosen research partner)
- Co-author the final write-up of this IP Research Component where appropriate

### What to include in the Expression of Interest

Please include:

- the CV of the Principal Investigator (PI) and other main contributors, clearly stating the role of each
- an indication as to the time that will be spent on this project over the two years by the PI and others
- an outline and rationale for the research design proposed, as well as the research methods and data collection techniques (750 words max)
- a brief summary of all intended forms of dissemination of the research findings (250 words max)
- details of the institutional review board (IRB) from which ethical approval will be sought and what is the maximum time this may take
- details of opportunities to work with research partners in IP project countries, either directly or through a consortium. State also if you would prefer not to work in a consortium
- any potential conflicts of interest in your engagement with IPPF's Innovation Programme
- please state where you saw this terms of reference advertised

Please limit the EoI to 3 pages (6 sides) of A4 (excluding CVs).

### Consultant's Experience and Qualifications

The successful candidate will have:

Essential:

- Experience of designing and implementing qualitative and quantitative research methodologies
- Applied / field-based research in developing countries during humanitarian crises
- Excellent writing, analytical and communication skills and ability to present complex information in a systematic way
- A proven record of delivery of results within the defined time frame
- Sensitivity to different cultural and religious contexts
- Fluency in written and spoken English

Desirable:

- Previous publications in sexual and reproductive health and rights
- Experience of implementation research
- Other languages specific to the project geographies.

### Contact details

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<sup>3</sup> Researchers and evaluators should operate in accordance with international human rights conventions and covenants to which the United Kingdom is a signatory, regardless of local country standards

## Annex 1: SPRINT CONCEPT NOTE (Abridged)

CONCEPT PAPER FOR IPPF'S INNOVATION PROGRAMME ROUND ONE:  
WILDCARD INITIATIVE

<b>Title of your initiative:</b>	Addressing Opportunities and Challenges in accessing Safe Abortion Services by Women and Girls Affected by Humanitarian Crisis
<b>Member Association (MA):</b>	This is a multi-country initiative proposed by IPPF-South Asia Regional Office (SARO) under its SPRINT <sup>4</sup> Initiative covering two countries -Bangladesh and Pakistan. SARO will work closely with two MAs: <ul style="list-style-type: none"> <li>- Family Planning Association of Bangladesh (FPAB)</li> <li>- Rahnuma- Family Planning Association of Pakistan (FPAP)</li> </ul>
<b>Duration of initiative:</b>	2 years ( January 2015- December 2016)

**Please describe the goal and objectives of this initiative:**

**Goal:** To improve access to life saving Abortion services in Humanitarian Crisis

**Objective:** To ensure reduced death, disability and trauma of women & girls during emergencies through provision of quality safe abortion services in accordance with Minimum Initial Service Package(MISP) for reproductive health and thereby secure their improved health status.

**Please describe the main strategies and activities used to meet these objectives:**

Sexual and Reproductive Health (SRH) problems are leading cause of women's ill health and death worldwide<sup>5</sup>. In a crisis situation vulnerability to these serious SRH conditions increases. At the same time, access to services that prevent unnecessary death and disability decreases. In the context of humanitarian emergencies, the SRH challenges faced by Refugees or Internally Displaced People (IDP) are not generally prioritized or often go unaddressed. When it comes to abortion services challenges are much more. In South Asia region, half of the abortions are unsafe– since these women/girls in need end up with an unsafe provider in absence of timely safe abortion services.

Minimum Initial Service Package (MISP) for reproductive health is a priority set of life-saving activities to be implemented at the onset of every humanitarian crisis. The MISP saves life and prevents illness, trauma and disability, especially among women and girls. It is well known that any neglect of or disregard for MISP in humanitarian settings has serious health consequences - a) preventable maternal and newborn death, b)sexual violence and subsequent trauma, c) sexually transmitted infections, d) **unwanted pregnancies and unsafe abortions**, and e) possible spread of HIV. An estimated **92.6 million**<sup>6</sup> people were forcibly displaced in 2012, either inside their home countries or across the border and this number is growing. Approximately **75-80%** of all crisis-affected populations are women, children and youth who need and have right to reproductive health services<sup>7</sup> including abortion services. So, the people in need for abortion services adds up to a mammoth total. International laws support the rapid and unobstructed implementation of the MISP by humanitarian actors<sup>8</sup> which makes the way for supporting women/girls with abortion services too.

However, in reality there are various challenges which hinder implementation of safe abortion services. A few notable challenges are: the capacity of the frontline service providers, availability of Reproductive Health (RH) Kit -8<sup>9</sup>, national/provincial policy towards abortion, mindset of services providers, taboos prevailing among the affected people, religious barriers *et al*.

**The following strategies and activities are envisioned to address these challenges or explore the opportunities to strengthen the MISP services regarding abortion.**

- 1. Understand the barrier and challenges in implementing medical/surgical abortion:** At present there are no credible studies available that highlights the extent of abortion services provided during emergency response and what are the barriers in providing this service. IPPF-SPRINT Initiative is working in 16 countries in 3 regions- a) South Asia, b) East & South East Asia and Oceania and c) Africa. No data is available from these regions or countries on the status of provisioning of safe abortion services in humanitarian crises. This project aims to pilot this in two countries (Bangladesh and Pakistan) to understand the challenges and then use the research findings for practical application in other countries and regions too.

<sup>4</sup> SPRINT Initiative is Sexual and Reproductive Health Programme in Humanitarian Settings led by IPPF in collaboration with other national and international partner and supported by Australian Aid (DFAT).

<sup>5</sup> UNFPA. State of the World Population 2005

<sup>6</sup> [www.worldwatch.org](http://www.worldwatch.org); [www.unhcr.org](http://www.unhcr.org); world disaster report 2012

<sup>7</sup> UNFPA. State of the World Population 2000

<sup>8</sup> Geneva Conventions; Protocol Additional to the Geneva Conventions; Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); the International Covenant on Economic, Social and Cultural Rights (ICESCR)

<sup>9</sup> [http://www.unfpa.org/webdav/site/global/shared/procurement/06\\_for\\_customers/02\\_gccp-erhkits/RH%20kits%20manual\\_EN.pdf](http://www.unfpa.org/webdav/site/global/shared/procurement/06_for_customers/02_gccp-erhkits/RH%20kits%20manual_EN.pdf)



Research will also identify the opportunities under the existing policy environment for the usage of MISP and its kit-8 or Misoprostol<sup>10</sup> tablet.

- 2. Pre-positioning of Kit:** Despite Abortion being a part of MISP – the deployment of Kit 8 which is needed for delivery of abortion services in emergency response settings is far from satisfactory even though there is a high demand for abortion services. Hence, it is proposed to pre-position Misoprostol (part of RH Kit-8) with Front-line Service Providers (for medical abortion and management of miscarriage) and provide the complete Kit to Health Centres to address the referral cases for surgical abortion or other complications. It is also planned to provision Post abortion contraceptive services with the Front-line Service Provider.
- 3. Capacity Development:** Along with the provisioning of RH Kit-8, the Service Providers are to be trained in management of abortion and post abortion care. It is proposed to develop a “job aid” for capacity development of service provider to deliver abortion and post abortion care during emergency. This is not only going to benefit IPPF-MAs but all the organisations globally who works on SRH in emergency. SPRINT can advocate with IAWG11 to include this job aid as part of RH Kit-8 for global access to train and develop capacity of the RH coordinators or service provider of various organisations working on SRH in emergency. Along with the Job Aid, it is also needed to do the Value clarification and build counselling skill of frontline workers for effective implementation and reporting of abortion services. This project aims to develop standardized tools for value clarification and counselling which can be used/ adopted for regional or globally use.
- 4. Thought Leader:** Make the federation a Thought Leader by leveraging IPPFs existing expertise to deliver and advocate for abortion services as well as strengthening IPPFs position as a service provider for abortion during Humanitarian crisis in South Asia and beyond.

**Please explain how these strategies and activities will lead to change:**

Women and girls need abortion services during emergencies for a variety of reasons, each of which are compelling. They may need to end an unwanted pregnancy or pregnancy resulting from rape or incest, Birth control (contraceptive) failure is another common reason for women to seek abortion services during an emergency. In emergencies, women may find it difficult to support or care for a child and therefore are likely to seek an abortion service. Another reason why women may want to seek an abortion services is their physical or mental state that is likely to endanger their health if the pregnancy is continued.

In humanitarian crisis, the need for abortion services is heightened in insecure camp settings with increased incidence of rape and unavailability of family planning services. Providing timely abortion services will lead to saving of lives and reducing disability or trauma. It has also been observed that if the proper medical services are not available, people opt of unsafe means to end the unwanted pregnancy endangering their lives in the process.

Using MISP in humanitarian setting is widely accepted by the National governments of Pakistan and Bangladesh.), despite abortion services being a part of MISP– the delivery of abortion services and deployment of Kit- 8 has not happened much. The work proposed under this project will act as a Catalyst – for all agencies in the humanitarian aid and emergency response domain – to deploy kit 8 and provide life saving abortion services.

**Who is the main target group of this initiative (be as specific as possible)?**

The women and girls affected by emergency will be the direct beneficiary of this initiative who will access the services. Also the various Stakeholders (Ministry of Health, National Disaster Management Authorities, UNFPA, International NGOs like CARE, Save the Children and National organisation like FPAP/FPAB,etc) who are engaged in providing reproductive health services during emergency at National and Provincial levels in these two countries will be benefitted directly. Moreover, the capacity development tools and learning generated from this initiative can be used globally.

**What activities will be included to ensure learning from this initiative?**

This is a learning initiative where the research will be undertaken to understand the factors that enable or create barriers in accessing the abortion services in a humanitarian setting. Moreover, a list of tools ( job aid, value clarification tool, counselling tool, etc) will be produced as an outcome of this initiative. These tools can be useful globally for providing such services effectively. IPPF-SPRINT will advocate for it. The concept of Thought Leader is to continuously advocate, learn and contribute towards successful provision of such services in the region and beyond.

**Why was this programme area chosen as the focus of your proposed initiative?**

IPPF SPRINT is providing reproductive health services in humanitarian setting in 16 countries in 3 regions. It has been observed that there are many challenges in implementing various services under MISP objectives, the most critical of these are the abortion services. It has not been provided and even if it is in some places, it has not been reported while implementing MISP globally. Also, there is no clear evidence why it is not provided or remains unreported. The policy environment in these countries (Bangladesh and Pakistan) does not clearly indicate the challenge. Abortion services in general are tagged under the heading of Menstrual Regulation (MR). We also do not have any clear evidences from Pakistan and Bangladesh or any other country from the region or beyond - how and how much RH kit 8 or Misoprostol have been successful in providing safe abortion services to the population in need. Due to its complex nature and various taboos associated with it, it is difficult to get these answers during

<sup>10</sup> Misoprostol is a [prostaglandin](#) medicine used for medical abortion and part of RH Kit-8 which is used during implementation MISP in Humanitarian Crisis.

<sup>11</sup> IAWG is Inter -agency Working Group on Reproductive Health in Crises( <http://iawg.net>) .IAWG is a broad-based, highly collaborative coalition of 18 Steering Committee member agencies – representing UN, government, non-governmental, research, and donor organizations. Formed in 1995, and currently a network of over 1,500 individual members from 450 agencies, IAWG remains committed to advancing the sexual and reproductive health of people affected by conflict and natural disaster.

regular assessment or evaluation of responses. It demands for an in-depth study/research over a span of time to generate evidences on what works and what does not work with attendant reasons.

**What is innovative about this initiative?**

It is proven that 6-13% of maternal morbidity is due to unsafe abortion. To save lives from complications of abortion is a crucial component of MISP under the objective 4 (prevent excess maternal and neonatal mortality or morbidity). However, from the experience of SPRINT, it is found that RH kit -8 or Misoprostol is hardly used or reported for abortion of unwanted pregnancies during emergency.

The innovative aspect of this project is to understand the opportunity and challenges for providing abortion services in a humanitarian crisis using two countries in South Asia as case study and use this learning to create an enabling environment globally. The "job aid" and other tools will be the contribution for capacity development globally for the organisations who are implementing MISP. The idea of making the Federation a Thought Leader within the South Asia and beyond will be able to sustain the results generated through this initiative and replicate it within the Federation even in non-emergency setting.

**What are the main risks involved in this initiative in your local context?**

Based on our working experience in these two countries, MISP is widely accepted by the National Governments. In terms of policy, the abortion services are tagged under the heading of Menstrual Regulation (MR). Any change in policies or drastic change religious opinion in the country with regards to abortion might pose a challenge in its implementation. Also, this initiative will focus on the people affected by Humanitarian Crisis. Hence, if there are no emergency responses during the project period, it might be a challenge to test it. However, both the countries chosen for this initiative are extremely disaster and conflict prone countries, so it can be assumed that there will be sufficient opportunity to implement it.

**Why is it important to you to that this initiative is supported by the Innovation Programme?**

Being supported by the Innovations Programme will ensure that the proposed activities will be backed by a strong evidence based and technically sound research study, which is extremely crucial. Due to the complex nature of the abortion it needs an in depth study to understand the challenges or opportunities.

So far there are hardly any studies done on efficacy and effectiveness of misoprostol during emergencies for medical abortion as well as the usage of RH kit 8 in managing unsafe & unwanted pregnancies and country policies involved with this. Hence, Innovations Programme and its research assistance will provide an opportunity to generate evidence and a holistic understanding on abortion issues during emergency. This can be used for global level advocacy and change- be it in policy or behaviour or system.

Being supported by the Innovations Programme will ensure that the proposed activities will be backed by a strong evidence-base and technically sound research study, which is extremely crucial. Due to the complex nature of abortion work in SAR, it needs an in-depth study to understand the challenges and/or opportunities.

Presently, there are hardly any studies done on efficacy and effectiveness of misoprostol during emergencies for medical abortion as well as the usage of RH kit 8 in managing unsafe and unwanted pregnancies with reference to national policies. Hence, Innovations Programme and its research assistance will provide an opportunity to generate evidence and create a holistic understanding on abortion issues during emergency. This can be used for global level advocacy and evidence-backed change - be it in policy or behaviour or system.

## Annex 2: Implementation outcomes

Implementation Outcome	Working definition	Related terms
Acceptability	The perception among stakeholders that an intervention is agreeable	Factors related to acceptability eg comfort, relative advantage, credibility
Adoption	The intention, initial decision or action to try to employ a new intervention	Uptake, utilisation, intention to try
Appropriateness	The perceived fit or relevance of the intervention in a particular setting or for a particular target audience (eg provider or consumer) or problem	Relevance, perceived fit, compatibility, perceived usefulness
Feasibility	The extent to which an intervention can be carried out in a particular setting or organisation	Practicality, actual fit, trailability
Fidelity	The degree to which an intervention was implemented as it was designed in an original protocol, plan or policy	Adherence, delivery as intended, integrity, quality of programme delivery, dosage of delivery
Implementation cost	The incremental implementation cost of the project	Marginal and total cost
Coverage	The degree to which the population that is eligible to benefit from an intervention actually receives it	Reach, access, service spread, effective coverage (combining coverage and fidelity), penetration / integration into the service setting
Sustainability	The extent to which an intervention is maintained or institutionalised in a given setting	Maintenance, continuation, durability, institutionalisation, incorporation

Adapted from (Peters, et al., 2013)

## Bibliography

Peters, D., Tran, N. & Adam, T., 2013. *Implementation Research in Health: A practical guide*, Geneva: World Health Organisation.

Puri, J., & others, 2014. *What methods may be used in impact evaluations of humanitarian assistance?* – Working paper 22, International Initiative for Impact Evaluation.