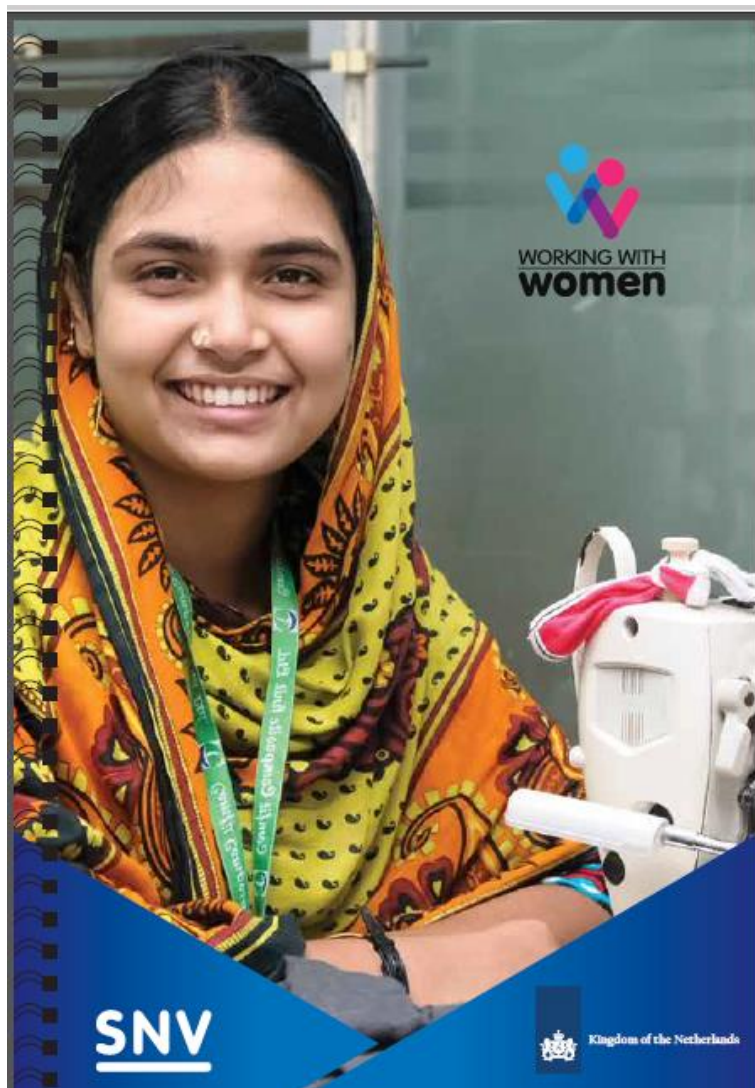


# Promoting SRHR through Inclusive Business Practices within Ready Made Garment Industry in Bangladesh



## Annual Narrative Report 1 October 2019 – 30 September 2020



Kingdom of the Netherlands



Netherlands  
Development  
Organisation

# Annual Narrative Report 1 October 2019 – 30 September 2020

Promoting SRHR through Inclusive Business Practices within  
Ready Made Garment Industry in Bangladesh

**Submitted to:  
Embassy of the Kingdom of the Netherlands**

*20.12.2020*

*Working with Women*



Netherlands  
Development  
Organisation

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## Abbreviations

AHC	Anti-Harassment Committee
ANC	Antenatal Care
AVPN	Asian Venture Philanthropy Network
C-section	Caesarean Section
CSO	Civil Society Organization
BCC	Behavioural Change Campaign
BGMEA	Bangladesh Garment Manufacturers and Exporters Association
BILS	Bangladesh Institute of Labour Studies
BUET	Bangladesh University of Engineering and Technology
BUFT	BGMEA University of Fashion and Technology
D&C	Dilation and curettage
DGFP	Directorate General of Family Planning
DIFE	Department of Inspection for Factories and Establishment
EKN	Embassy of the Kingdom of the Netherlands
Estex	Environmental Sustainability in Textile Industries
FP	Family Planning
GBV	Gender Based Violence
IATI	International Aid Transparency Initiative
IB	Inclusive Business
IPD	In-patient Department
IDRA	Insurance Development & Regulatory Authority
M&E	Monitoring & Evaluation
MFO	Microfinance Opportunities
MR	Menstrual Regulation
MHM	Menstrual Hygiene Management
NGO	Non-Government Organisation
OPD	Out-patient Department
PAC	Post Abortion Care
PNC	Postnatal Care
RTI	Reproductive Tract Infections
RMG	Ready Made Garments
SANEM	South Asian Network on Economic Modeling

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SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
STD	Sexually Transmitted Diseases
SPs	Service Providers
VAW	Violence Against Women
WoF	Weave Our Future
WwW	Working with Women
WWM	Workplace Well-being management course

- **COVID/ COVID-19** refers to the coronavirus pandemic that has recently stuck globally and affected many work activities.
- **Project** refers in the report to the project team
- **Non-partner factories** refer to any factory apart from the 10 partner factories where 3 IB models are implemented.



## 1. Introduction

SNV Netherlands Development Organisation is implementing the project, “Working with Women-2: Promoting SRHR through Inclusive Business Practices within Ready Made Garment Industry in Bangladesh”, with funding support from the Embassy of the Kingdom of the Netherlands. This project is a follow-up of the WwW pilot phase that was implemented during June 2014 – July 2017. The current narrative report delineates progress for the project year 3 covering the period October 2019-September 2020. This is the first time, WwW2 project is reported as per the narrative guideline shared by EKN in September 2020.

A major part of year 3 fell during COVID-19 main disruptions. Still the overall project achievement is comparably good and to avert uncertainties major re-planning activities spread across the rest of the project period has been done in early May 2020. Partners restarted to work in the field again as from late July 2020 and managed to organize major trainings, orientations virtually. The project successfully organized 2 large physical events in September 2020 with all precautions.

Achievement against some of the key results was beyond target set: 22 C-section and 7 Normal Vaginal delivery have been performed at all the referred hospitals; 114 STI/RTI cases treated through syndromic approach; 840 workers are using modern contraceptives whereas the target was 770; 28,971 workers in 10 RMG factories enjoy improved working conditions whereas the target was 28,000; 5,065 RMG workers received non-judgmental SRHR information and services contributing to combating discrimination, whereas only 3371 workers received these services in last year. There were some success, best practices too: when the factories were shut down and garment workers faced difficulty in accessing healthcare services, one worker (beneficiary under Health Insurance model) still delivered a healthy baby in April 2020; the insurance company managed to settle a death claim of a female worker who died of heart-attack during this crisis period; insurance companies were open to cover treatments of COVID-19 patients.

All lessons learned as well as the challenges and risks identified, are considered with utmost carefulness in drawing out plans and actions for the final year of the project to ensure the achievement of the promised results and realise the sustainability of initiatives.

## 2. Implementation of Activities

Implementation of activities and progress have been explained against the achievement of outputs. Progress against activity matrix as per Annual plan has been included in Annex-A.

### **Output 1: Partner factories have increased capacity and available solutions for implementing workplace laws and policies on SRHR**

Trainings to partner factories have started in year 2. During the reporting period speed sessions were conducted for different worker committees: Safety committees, Anti-harassment committees, Workers Participation Committees, Canteen Committees, Rescue Teams, First Aiders, Fire fighters etc. covering in total 90 participants. Similarly, day long sessions have been organised for mid-level management: Compliance Managers, HR executives, welfare officers covering in total 41 participants. BILS had originally planned most of these trainings in the second



half of the year 3 but COVID disruptions put a halt to these trainings. As such out of the 15 the batches planned only 6 could be organized

Based on the assessment of partner factories conducted in year 2, 20 follow-ups had been planned for year 3. Out of these 20, BILS could complete only 11 follow-ups. Five out of ten partner factories were covered, and later follow-up

have been organised off-line (over the phone). It is to be noted that whereas on-site visits had been staged during Jan-Feb 2020 and BILS had planned to complete all follow-ups, it couldn't complete due to COVID disruptions.

Progress against target has been reviewed with BILS during early May 2020 and re-adjustments were made for the rest of the year and, where needed, tentatively been shifted to 2021. Budgets have accordingly been adapted. Achievement of results within the project period, though is considered quite possible.

## **Output 2: Non-partner factories have increased knowledge and are aware of solutions to implement workplace laws and policies on SRHR**

Six batches of 2-day certification training on 'Workers' Health and Well-being in workplace: laws & practise' for non-partner factories were planned during the reporting period plus three (unaccomplished) from year 2, making the target as nine batches. BILS completed six batches before March 2020 and couldn't organize the other three. With the overall country situation not getting better, BILS planned to start the training online. Accordingly, in September 2020, they organized the seventh batch through an online platform. As this is a paid training, the participants didn't show much interest to join online. Though BILS managed to get 26 registered for the training, active participation was absent. Hence it was decided not to make any further attempt to organise online training.

The certification trainings have been organized by BILS since late 2018 and by now BILS has completed 15 batches of training. Considering uncertainties, the total number of batches across the project period has been revised to 20 instead of originally planned 24. But this will affect the



achievement against this activity. The project target is to extend this training to 200 non-partner factories and so far, 269 participants from 155 factories have been reached. With the revised/reduced number of batches for year 4, BILS still can cover more than 200 factories.

BILS has started follow-up with non-partner factories to capture changes in factory situation after the training and to explore areas of support. Forty follow-ups were planned and BILS managed to conduct 61 follow-ups. Most of them were off-site (over the phone/zoom); only 15 were done physically. The following are some of the changes captured. Factory management has:

- (a) started distribution of free sanitary pads to workers
- (b) formed a special committee to look after worker well-being initiatives
- (c) created a pool fund for worker sickness/treatment,
- (d) procured and deployed ergonomic supportive chair for workers,
- (e) introduced new special care for pregnant workers (including space for rest, leave with pay, medical services coverage etc.) and many more.

It is satisfactory to see factories taking new initiatives after acquiring the knowledge on law and policies related to health and well-being through the training.

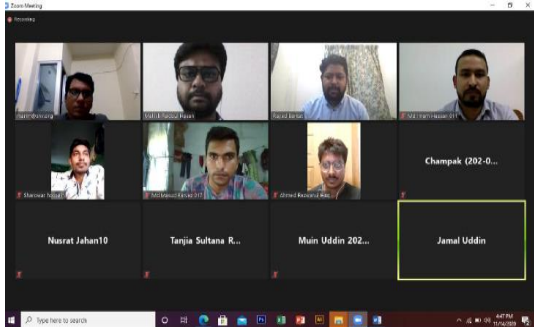
Most non-partner factories lack well-established mechanisms for ensuring available, accessible and affordable healthcare provisions. As the technical and funding support from the project is only available to ten partner factories, one of the project mandates is to ensure service reach across the RMG sector. Advocacy initiatives with Department of Labour for strengthening the Labour Welfare Centres didn't go as well as expected and hence in year 3 the project started to discuss with BGMEA strengthening BGMEA Health Centers surrounding non-partner factory





areas. Accordingly, 3 centers have been assessed during February 2020 and reports shared with BGMEA during the advocacy meeting that have been organized only in July 2020. As part of the recommendation, supply of essential medicines to these centers has started from September 2020.

A more intensive understanding of inclusive business by factories is required to come up with innovative programs for worker health and wellbeing. BUFT is the partner for offering IB training to non-partners and they could organize only one out of the planned 2 batches. The second batch had been planned in April 2020, but unfortunately couldn't be organized due to COVID. It has been shifted to year 4; budgets have accordingly been re-allocated.



MFO and SANEM are partners for the execution of garment financial diaries to get a better understanding of worker expenses that may have implications on their spending on their health. This activity had been included as an addendum to WwW2 in March 2019 and the partnership ended this June 2020. MFO has successfully updated the worker's financial data in the newly developed data portal for easy access by factories and brands. Despite the fact that MFO unfortunately could not complete some activities, financial diaries have played a key role in drafting two agreements between industry stakeholders, which indicates a better sensitization of the worker welfare issues by the garment factories. MFO's final report attached as Annex-F

### Output 3: IB models implemented in factories

Partner capacity building is a key activity intertwined into the WwW2 to ensure successful and sustainable implementation of IB models. Capacity building in the form of specific training in groups or to a specific partner as well as on-site mentoring is practiced by the project. A 3-day extensive capacity building event was organized for implementing partners on project management, communication, monitoring and system data entering and tracking. Continuous and relentless mentoring was planned in year 3. But physical meetings were not possible. Still, project managed to meet virtually with partners and mentored them regularly, supported them to re-plan, developed new formats for tracking GBV and MHM statistics, oriented them on Operational Manual on Health Insurance as well as field data collection and remote monitoring. The training contents under MHM and POWER plus model were updated to include information on youth-friendly services.

All three models have been implemented in partner factories and there is good progress against target during year 3:

**Menstrual Hygiene Management:** Phulki continued worker and mid-management orientation and supplied sanitary pads to all 3- partner factories. Phulki has completed 16 batches of training with the revised module covering 481 workers in 2 partner factories where MHM is implemented.

They started physical training in factories again from August 2020 and hence could achieve their target.

Year 3 focus was to design the MHM basket, to include hygiene, nutrition solutions and sanitary disposal systems in factories. The BCC campaign on MHM Basket did drive enough workers' interest for MHM products. Three different kinds of baskets with different combination were introduced at subsidized price as part of the BCC campaign. A post-assessment was conducted to understand what impact the MHM basket campaign had had on changing worker behaviour. The results indicate that the costs were the main driving force in choosing the product combination. Besides introducing basket products, another intention of BCC campaign was to increase sanitary pad usage among workers. Interestingly, the sanitary pad sale in year 3 increased to 7,877 from 1,193 in project year 2.

Estex under BUET worked towards establishing an environment-friendly sanitary disposal management and installing it successfully in one of the partner factories. BUET had to conduct several trials to arrive at a proper solution, with prototypes tested. But the work planned to be completed in the first half of year 3 got interrupted due to COVID-19. Finally, in August testing could be completed. Based on the results, BUET will work on an improved version of the incinerator in year 4. Accordingly, the contract with BUET has been extended on no-cost basis to complete the exercise by project year 4.

To facilitate the sustainability of MHM interventions, the project mandated Phulki to expand its work into new factories too. Phulki has been mentored by the project and as a result Phulki has emerged as a competent MHM provider in the RMG sector. In year 2, they tied up with 12 other factories. In year 3, they have added six more factories. In all these 18 factories alone, Phulki has sold 46,600 sanitary pads during the reporting period and that is really a good achievement. Phulki needs to keep this momentum up and ensure quality at work.

**Power plus model:** Sajida Foundation, the partner for this model, provided worker orientation and mid-management training on gender-based violence & mental health, on-site mentoring to trained factory para-counsellors, and handled referred counselling cases. Though COVID-19 did interrupt their work initially mainly during March-July 2020, they were able to achieve the revised target by continuing the work virtually.

- Thirty-four batches of worker orientation organized physically and 32 virtually.
- Fifteen mentoring and counselling sessions conducted physically and 10 virtually.

Worker orientation that couldn't be achieved in year 3 due to COVID-19 has been shifted and added to year 4 plan and evenly spread across the 4th year. Required budgetary re-arrangements also have been made.

Though COVID resulted in work disruption, some good practices evolved. Trained para-counsellors (factory welfare officers) previously used to get advice from Sajida's professional psycho-social counsellor only during the planned bi-monthly visits to factories. After COVID-19, welfare officers are reaching out to the psycho-social counsellor over the phone, when and where needed. A review of the counselling services reflects that 90.2% of workers who came for counselling were female and majority of the root causes is 'extra marital relationship' of their partners.

Five Anti-harassment committees (AHC) have been formed in the 2 factories. Fair Wear is the technical partner under the project that initially supported Sajida foundation in organizing awareness on high court verdicts and establishing the AHC and in the process it built Sajida's

capacity. Sajida is now capable to handle this without Fair Wear's support. This is a good achievement reached in project year 3 itself.

During year 3, 22 GBV cases were brought to the AHC. A total of 77.3% cases could be addressed by the AHC and 22.7% cases were referred to and solved by factory management. Most of these concern verbal abuse by co-workers or supervisors. In 21 cases, the offender received a verbal warning and in one case a warning letter had been issued. The functioning of the AHC is satisfactory. The idea behind the POWER plus model is to create a sound system inside factories to prevent and address GBV. Counselling services and AHC establishment were combined to make the system holistic. However, it is well-known and it a huge concern to the international community that in the garment sector GBV issues do not get reported. The WwW2 progress has created an environment within factory that induce workers to raise their voice which also stimulated factories proactively handle the cases and give it due attention. This a great success for the project and stimulates the sector to replicate the approach in other factories.

Another partner under this model, UCEP is providing 13-day certification courses on Workplace Well-being management (WWM) to factory welfare and compliance officers. This 13-day training course is spread across a 3-month period with one day per week. When the COVID disruption stuck the country 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> batches were simultaneously running in different centers of UCEP. They managed to regain the 7<sup>th</sup> batch in July 2020. During May 2020 re-planning exercise had been held with SNV, existing and with new batches to be spread across year 4. Factories who received these trainings are finding it useful and as a result send more welfare and compliance officers to the subsequent trainings.

The course is currently offered at a discounted price purely to attract participants and thus be slowly marketed in the garments belt. Participant's fee was planned to be BDT 3000 from year 4, but UCEP managed to collect this in year 3 itself already from its 9<sup>th</sup> batch. But after COVID-19, UCEP is facing problem in getting participants and at their request the project will have to consider the previous fees of BDT 2000 for at least the 2 next new batches that already have begun in year 4. UCEP has also partnered with SIMS Bangladesh, one of the largest online platforms for mid-level management professionals of RMG, to attract participants. During the reporting period, 90 participants from 55 factories have been trained.

One other development to be noted in year 3 is that one buyer ('The Very Group'-previously 'Shop Direct) has sponsored 4 participants from their supplier factories; it bears all the training cost of BDT 10,000 without any subsidy from the WwW2 project. Recently, one garment factory has opened a mental health center in their factory amid COVID-19 to provide counselling support to workers and their staff. Welfare officers trained under UCEP program have started providing counselling.

**Health Insurance Plus:** The health insurance initiative is in its third year of implementation, and as such the premium contribution from factory and workers should have gone up to Tk. 300 per worker and the contribution from project decreasing to Tk.175 per worker. With COVID-19, the factories requested SNV to continue the same contributory support for year 3 as in year 2. EKN approved this request, as such in year 3 the premium contribution remains as Tk.275 from project end. A total of 2889 workers received services. Under the life coverage benefit included in year 2, one death claim of worker was successfully settled, and the money has been handed over to workers' family. The operational manual for Health Insurance was developed and finalized with inputs of all stakeholders viz. insurance companies, factories and referred hospital/clinics.

Partner quarterly meetings and knowledge sharing events have been organized for cross-learning and sharing of progress. Out of the 4 events planned, 2 were organized physically and the other 2 virtually. During COVID-19, partner meetings continued virtually, and this virtual state didn't affect these meetings. There were initial hiccups and some participants internet connection was not stable, but overall, the participation was better than in physical meetings. Partners shared that travel time saved and flexibility to plug into meeting from any place were added advantages.

#### **Progress of promoting the IB models among brands and buyers:**

The Sustainable Apparel Summit that had been planned to be organized in April 2020 had to be postponed and could not be organized in year 3. As per the Annual Plan of Year 4, this has been shifted to the beginning of year 4 and been organized in November 2020.

Project initiatives have also been showcased and presented at 3 events instead of 2 as originally planned:

- The Inclusive Business Advisor on the project presented the Health Insurance plus model at the 15th International Inclusive Insurance for Emerging Markets held in Dhaka during 5-7 November and hosted by the Bangladesh Insurance Association, the Munich Re Foundation, and Microinsurance Network
- The Project Team Leader presented the Health Insurance plus model at the UN foundation regional event on Workplace Women's Health & Empowerment in the apparel and agriculture sectors in India, Bangladesh, and Sri Lanka that was held on December 10 and 11 in Bangalore, India. The video statement of one of our Insurance beneficiaries was played at the Inauguration session of the 2-day event as the Bangladesh success case story.
- The Project Team Leader spoke at the Sustainable Apparel and Textiles Conference held during April 2020 on how WwW2 initiatives are leading to women empowerment in the apparel sector and how brands can implement such programs at scale. This program which was originally planned to be held physically in Amsterdam was organized virtually on the same dates.

In all the above events participation fees were waived by organizers as organizers invited to speak the project initiatives. So, budget execution covered only the travel and accommodation costs, and with the 3rd event organized virtually no further costs incurred and there is saving against this budget line.

Meetings held with The Very Group, H&M, Woolworth, Primark on expanding the IB models/intervention in their supplier factories. The Very Group has already started sponsoring participants from their supplier factories in UCEP's Workplace Wellbeing Management course. Discussions to provide ToT on counselling to welfare officers of the Very Groups suppliers, have been finalized until COVID-19 stuck the country and the whole program had to postpone. As the Very Group is a comparably small retailer, it may have to drop this idea due to fund crisis. Getting the interest of factories and buyers/brands to support the intervention is very important for sustainability of the interventions and IB models.

#### **Output 4: Private sector engagement in exploring services and products pertaining to SRHR for garment workers**

IB models was made in January 2020. Three shortlisted proposals were fine-tuned through a 2-day workshop. In the final round, 2 models were selection: (a) M-World model that offers e-health services to factory workers and their families; (b) Moner bandhu model that will establish recreational facilities inside the factory to address workers mental health concerns.

Considering the time challenges, the IB seminar and the IB conference were combined in a 2-day event. Both the events were organized physically and to the project’s surprise both the days had around 100 participants. Inclusive business seminars and national conferences are being organized to strengthen the messaging that is built-in - ,to have an ‘echo’ effect - and to ensure the ‘buy-in’ of the private sector for IB. It is through these events that networking starts with the



private sector and the dialogue to design IB models are initiated. Ellapad, the winner from 1<sup>st</sup> round of competition, participated in the conference and learnt about Truvalu<sup>1</sup> () and Ellapad has applied for the seed money.

To strengthen the capacity of the DBCCI to continue such initiatives, DBCCI was linked to AVPN<sup>2</sup> through a one-year membership. Although AVPN could not organize any physical event this year due to covid-19 pandemic they organized all events virtually and DBCCI officials participated in most of these. Discussions started with AVPN to organize a Bangladesh Summit in 2020 and an India Summit in 2021 where Bangladesh business could participate to facilitate collaboration, partnership and impact investment. Unfortunately, due to COVID these were held-up. But AVPN is exploring the participant interest in organizing these virtually.

.As the market for IB still not fully understood and welcomed by private sector organizations broader engagements are sought. Accordingly, from year 2 IB conferences have been organized in partnership and with funding support of other INGOs. The IB conference this year was organized jointly with ICCO-Cooperation, Weave our Future foundation and SNV’s WASH project.

### Output 5: Integration of crosscutting themes:

As part of creating mass awareness, conferences, workshops and seminars had been planned with different stakeholder groups. Yet, the national SRHR conference had to be shifted to year 4. A roundtable was organized with the leading English news daily, The Daily Star, on the topic “Health services for RMG workers during new normal”. The roundtable was timely organized as RMG workers were not receiving proper access to regular healthcare services due to COVID lockdown and restrictions inside health facilities.



The project couldn’t hold any seminar, workshop, talk-show due to COVID-19. Accordingly, re-adjustments were made in the 4th year plan submitted to EKN.

Media engagement is an important component for creating mass awareness, but they need to be properly sensitized and mobilized. Year 1 and 2 of WwW2 focussed on sensitizing the media. The project year 3

had plan to hold a PR campaign, recognizing good work through awards, creating ambassadors to

<sup>1</sup> a social enterprise initiative under ICCO cooperation set up for investing in SME on innovations

<sup>2</sup> is one such international affiliation working with the support of ADB to promote and support inclusive business in Asia

boost the spirit of media personnel and to maintain the momentum. But none of these could be organized finally. Before discussions with media could take a formal shape, COVID-19 stuck the country, and this has grabbed media attention. Now, we have a new challenge altogether. We need media support to come up with interventions to address RH and women health in these challenging times. As such, the media mobilization plan has been revised to form strong media partnerships and work with them to reach out to stakeholders, policy makers, govt. agencies in coming up with a recommendations and strategies for addressing worker health. The budget for this has been accordingly accommodated in year 3 and re-allocated to year 4.

As part of institutionalizing health insurance, an agreement was signed between Health Economics Unit (HEU) under Ministry of Health and Family Welfare and Institute of Health Economics (IHE) under University of Dhaka. Despite COVID, IHE managed to mobilize the interest and support from key stakeholders including the Insurance Development & Regulatory Authority (IDRA), BGMEA and the Ministry of Labour and Employment. But, the study about the health insurance policy framework in the country, which started in January 2020 couldn't be completed due to COVID disruption. Year 4 carries all readjustments including budgetary to accommodate the delays.

To capture the positive changes in the lives of worker, video clips were captured, and worker stories documented. Two-pagers on all 3 models were developed and distributed in all the large events including the IB seminar and IB Conference. Posters on MHM and COVID-19 were developed and distributed among factories. These communication materials are effective tools to convince not just different stakeholders viz. brands, buyers, garment factories, govt., policy makers etc. but also garment workers themselves. All project events were covered regularly in RMG times, blogs, news were published in the SNV website, SNV yammer posts, Embassy FB page, Embassy Newsflash and the newly launched SNV Bangladesh FB page.

Though none of the national and international days couldn't be celebrated with physical campaigns, events, seminars as in previous events. But the project resonated its spirit to stand in solidarity with the world by promoting messages through SNV FB page by 7 MHM week campaign Social Media awareness, International Women's Day, World Day for Safety and Health at Work 2020 and Labour Day 2020.

### 3. Achievement of Results

Progress against results are categorized in the results framework which includes the original log frame indicators, Dutch SRHR and Gender Result framework indicators, and SNV harmonized corporate indicators. All are available and reported in IATI. The overview has been included in Annex-B. Outcome and impact indicators could be reported, as the mid-term review has been conducted in year 3. Some of the indicators once existed in the Dutch SRHR and Gender Result framework but have later been excluded. The project continues to track their progress.

#### Social Indicators

- 28,971 (target-28,000) workers in 10 RMG factories enjoy improved working conditions
- Nine (target-9) Health facilities workers under MHM and Health Insurance Plus adopted the young-friendly SRHR services for RMG
- 5,065 RMG workers received non-judgmental SRHR information and services contributing to combating discrimination. Three partners Sajida Foundation, Phulki and UCEP provided awareness training/orientation to RMG workers on non-judgmental issues (i.e. Mental health; Gender based violence; Health, hygiene and well-being).

## **SRHR**

- Nine types (planned-8) of SRHR services ensured in five partner RMG factories against the target of eight. Sanitary Napkin distribution, ANC, PNC, USG for pregnancy, FP counselling, FP commodities (PILL, Condom and Injectable) distribution and STI/RTI provided by these five health centers at Auko-Tex, Renaissance Ltd, Ever Smart Ltd, Tusuka Jeans and Alpha Clothing Ltd.
- Most of the referral hospitals/clinics under Health Insurance plus model gradually upgraded their services provision to attract different factories and generate revenues to sustain. Twenty-two C-section and 7 Normal Vaginal delivery (NVD) were performed at all the referred hospitals. Some of the hospitals started EPI program in collaboration with GoB. 114 STI/RTI cases treated through syndromic approach at Auko-tex's referral hospital-Mari-Stopes
- 840 workers (target -770) are using modern contraceptives and these are mostly female RMG workers. 'FP corner' was established in 3 MHM partner factories and in one of the Health Insurance partner factories. FP products and services including FP counselling are provided to workers through these workers
- 4,084 (target -6,160) medical services (ANC, PNC, specialist consultation, different type of investigations, D&C/MR/PAC, S/C, Normal delivery, surgery, other maternal health services, STI/RTI) provided to 2798 RMG female workers
- 4,292 (target -5,040) medical services (specialist consultation, different type of investigations, surgery and STI/RTI) provided to 1,834 male workers.
- Six referral hospital/clinics mainly (Kumudini hospital, KBMH, FPAB, City Hospital, Konabari Popular Hospital and Auko-tex and its referral hospitals) under 'Health Insurance plus' IB model provided those services. Trend of services was positive till Feb 2020. However, it declined during March-May2020 due to COVID-19 pandemic situation and again showed a positive trend due to supportive supervision by SNV and its partners.
- 2,247 RMG Workers (1,998 Female and 249 male) received SRHR services under 'Insurance Plus', 'Menstrual Hygiene Management (MHM)' and 'Power Plus' Inclusive Business Model. The target was 2,225 and 568 respectively
- Only 3 (planned-7) comprehensive safe post-abortion care services provided to Female RMG workers.
- 785 (planned-1.100) young garments workers reached with comprehensive, correct information on Contraception, Menstrual Hygiene Management, STI/STD and Health and well-being. This was covered by Phulki, Sajida Foundation

## **Gender/Civil society**

- One civil society organization (Sajida Foundation) has been equipped with a stronger capacity to advance women rights and gender equity. 65 Female and Male workers with strengthened competencies and capacity for effective action. Among them 59 Female Workers received mental health and violence against women services while 6 Male workers received Mental health services.

## **Business Indicator**

- The business indicator was revised to make it more meaningful and to match with SNV's corporate harmonised indicators. The number of business under WwW2 with improved performance was tracked. A total of 9 businesses among 12 achieved score of 80% and above on the score card. The Business score card has been applied for measuring the performance of 12 businesses (two Insurance partners and 10 RMG associate partners) for the period of 2020

## ***Reasons for under-achievement in some of the indicators:***

Other than COVID-19 disruption for accessing health services, the following are some of the additional reasons-

- Youth friendly SRHR information and services is not a priority for RMG sector. Worker orientation and management sensitization couldn't be started as physical events were not possible. Partners have started worker orientation towards the end of year 3. Sensitization task/dialogue with garment owners on this sensitive issue will be done starting of 2021.
- Health Insurance scheme covers healthcare benefits, but some of the SRHR areas such as DNC, STD, STI, RTI have not been included. In year 3 through dialogue with insurance companies, life-saving ones like PAC and RTI are covered on a mandatory basis through developing a clear operational guideline
- Workers were not comfortable visiting referred health centers for fear of being infected by COVID as hospitals are usually vulnerable.

***Success factors for achievement in indicators:***

- Female and male workers' attitudes for accessing family planning methods or CPR's target are influenced by some characteristics, such as economic factors, sociocultural factors, environmental factors, location, age, educational, traditional beliefs, religion, family type and level of knowledge;
- Availability of contraceptives at doorsteps/factory premises;
- Availability of services under Health Insurance scheme (Pregnancy test, gynecological consultation, ANC, maternity care, Normal vaginal delivery, Cesarean section, etc.) and most of the rates are lower/discounted from the market;
- FP products available from DGFP, after factory medical staff have been provided FP training by DGFP officials
- Availability of specialist doctors' consultation with required medical diagnosis/Test facilities and medicine

#### **4. Project management**

SNV has a Project Management Manual which is strictly followed by all projects. Based on this, a 'Implementation Guideline for Partners' was developed in the project year 1 exclusively for WwW2 partners. All procurement and financial procedures have been clearly spelled out in the manual. Partners were oriented during year 1 on the procedures, later desk review carried out at partners' premise to monitor its implementation. Based on observations from desk review re-orientation was organized and now all partners are fully compliant as per the guideline.

The concept of 'hand-holding', 'spoon feeding' was never practised with partners. The project takes the backseat with partners given the steer i.e. Partner to lead, and project to facilitate, mentor, monitor and guide. Monitoring weak partners on regular basis and mentoring for additional support is a routine project activity. By this approach, partners gain confidence in doing the work and this again drives their interest to perform better. The same ideology is followed by the Team Leader with the WwW2 team. This entails more time, but by this team, partners grow better in the process.

WwW2 team and project partners are well-appreciated for good practices – (a) recognizing good progress of partners in events and meetings; (b) recognizing team on successful completion and progression in the work.

Though staff roles and responsibilities are defined in the project, a teaming work modality is practiced so that peers understand and develop similar management qualities, complement each other in their work and provide required support during absence of another team member;



Junior colleagues and new entrants in the team are mentored by Team Leader and other senior project staff, in management capacities, language, better communication and specific potential areas of interest and development. Also, whenever there is scope to train and groom project staff – certified courses, making them lead an event, facilitate a session etc., project staff are given the space and engaged.

- Project team is participating in different platforms such as ILO-GBV platform, MHM platform, SRH forum for RMGs: learning, contributing and exchange of ideas
- Project team is participating in different webinars: learning, contributing and exchange of ideas
- Project team is participating in different trainings and workshops organized by other development projects/partners.
- After COVID: effectively utilizing time in self-learning, sharing and exchange within team

In addition to year end Performance Evaluation and mid-year review of performance, Team Leader gives constructive feedback to project staff from time to time

## 5. Lessons learnt and challenges

Working remotely, in isolation and connecting through online platform itself offered some interesting lessons:

- Large-scale events like seminars, conferences & summits can be organised successfully in an online-offline hybrid modality. The option to connect international audience and speakers virtually can be the way forward.
- Meetings, discussions and group-works (both internally and with external stakeholders) can be done virtually resulting in travel time saved. This is especially true for Dhaka where the traffic is heavy and getting stuck on the way to an event is a common scenario. As we return to normal work soon, the choice for virtual and physical meeting/events can be held based on the situation and aligned to programmatic demands
- Usually, round tables and seminars are organized physically. Use of social media, FB, YouTube as an effective media/platform, project promotion tool and archiving purpose has been realised only once we started to use these platforms extensively.
- As uncertainty hovers with COVID, planning and re-planning has become the norm
- The quality of private clinics is always a question! So, while selecting referral health centers under the Health Insurance plus model, the project was very selective. Since, NGO centers are not widely spread in areas where factories operate, the project had to rely on private clinics. Private clinics turned more welcoming and responsive than perceived to be. Some of them are delivering services more from a noble motive than from business-point. They have setup information booths in their center exclusively to cater workers of partner factories. During COVID-19, these private health centers also joined hands with the Govt to provide support and services.

### Challenges specific to COVID-19:

- Internet is a boon, but a challenge in net connectivity. Technical glitches often hampered the workflow. Due to power failures and poor and fluctuating internet connections, some participants were not able to join set meetings and events.
- Online worker orientation limited interaction with workers, which is usually easier during face to face ones. Workers were also not comfortable to interact during such online sessions. Alternative means need to be explored if online sessions need to be continued. For now, partners have reverted to physical worker orientations

- Techniques adopted in training limits ensuring COVID-mitigation, for example, social distancing is often not possible during group work. Alternative methods need to be explored for ensuring COVID safety measures during physical events.
- Field monitoring was not possible, and we had to manage tracking services via online/phone communication with support of partner factories and referred health centers.
- Worker service accessibility was not fully possible, as medical consultants couldn't move to the field during lock down and were also not comfortable seeing patients

### **Other challenges**

- Service seeking system in one of the referred health center was not worker friendly. This was mitigated by appointing staff to manage worker referrals; the salary of this staff is jointly paid by the Insurance company and the health center
- Factory doctors are not available all days in some of the factories. But for workers to seek cashless services at the referred health center, factory doctor prescription/referral is required. Paramedics are available fulltime in factories, but referral/prescription by paramedic cannot be claimed from insurance. To address this, a solution has been agreed through joint discussions with all parties concerned. Factory paramedic will refer patients to the health center and after the month ends the health center will collect factory doctor signature/seal on the prescription before submitting the claims to insurance company.
- The coverage under Health Insurance plus model companies concerns mainly general healthcare; some of the SRHR areas such as DNC, STD, STI, RTI are not included, like any other health insurance schemes in operation in Bangladesh. The project always has emphasized to provide Post abortion related care (i.e. D&C) services as part of a lifesaving and treatment of RTI following the syndromic approaches. This was not strictly followed and sometimes workers didn't get this facility. Hence in year 3, through dialogue with insurance companies, a clear operational guideline has been developed and RTI and PAC have been included in the coverage. This is a great milestone on the project.

## **6. Sustainability**

Sustainability of training interventions and IB models through implementing partners are still on track. COVID-19 has minimal disruption on these, and sustainability is possible within the project timeline provided situation doesn't get worse in the coming months.

- BILS started training on laws and policies at a discounted fee of BDT.300 and now in year 3 it has started charging BDT.1500 from participants, following the adoption plan to make the course commercially viable
- Phulki is expanding its services to non-partner factories. In year 2, it included 4 non-partners and in year 3 it is working with 18 non-partner factories (including the factories under the project with WoF)
- Health Insurance program is following the adoption plan in premium and accordingly expected to continue in partner factories without any donor support in year 4. Insurance partners Alpha and Pragati are exploring new partnerships with more factories. Pragati has already extended its Health Insurance scheme to new garment factories and workers in partnership with CARE Bangladesh-Marks & Spencer and BRAC.
- UCEP started offering 13-certification courses at discounted rate of BDT.2000 and from year 3, UCEP has started charging BDT.3000 from participants
- Inclusive Business training offered by BUFT is gaining popularity and participants are already paying the training fees. BUFT has now the capacity to run the course themselves
- Sajida has already established systems in partner factories to address GBV and mental health issues. It is currently providing mentoring support and strengthening the system. It has positioned itself as a competent provider for GBV and mental health solutions for RMG sector

Though there is good progress across the project period, two initiatives (policy framework on Health Insurance and the work on expanding Inclusive Business market through private sector engagement) — might need an extended time.

- The groundwork related to institutionalization of health insurance started only in year 3 and much progress couldn't be made due to COVID-19 disruption. Despite lock downs and restricted movements, a good level of sensitization and engagement with BGMEA, IDRA and Central fund has been achieved. That is indeed a remarkable progress but all formalized events to accelerate the work didn't take place and the study for the framework development could not be completed.
- Support the IB market expansion-linking DBCCI with international platform and strengthening technical ties- was planned for year 3. The linkage between DBCCI and AVPN has been facilitated but nothing more could be realised in year 3. 2021 is still going to be challenging as restrictions on international mobility continue. The project will analyse the situation in quarter 1 of 2021 and reach out to EKN for possible costed/no-cost extension

## 7. Cross-cutting issues

SNV's standard practise is to give competent female candidates priority during recruitments. SNV has developed and rolled out Workplace Discrimination and Harassment Policy in 2018. The policy has clear guidelines on reporting procedures and actions to be taken. All SNV country offices take preventive measures in making the working environment gender-friendly and aware all staff on discrimination and harassment issues. Every county office has a Trust Person assigned, who could be consulted for such understanding the policy instructions and support requirements.

During one of the project events, staff of one partner used abusive words against the lady staff of another partner as they were arguing on a field issue. This incident was raised to the management of both the partners. The offender was warned verbally, and he apologized to the lady staff. Following this, the project realising how important it is to sensitize partners on gender issues, designed 2-day practical gender training and organized this for implementing partner staff.

## 8. Integrity issues:

SNV has strict policy and procedures in place to avert and address fraud/corruption. SNV's Code of Conduct, Country Control Self-Assessment, Internal Control Framework, Internal audits and Fraud Response Procedures are in place to ensure this. Please refer to the financial report for further details on this.

## 9. Efficient use of resources

It is kind of a pre-requisite check on project implementation to ensure efficient use of resources. This starts from the SNV procurement policy of selecting vendors and consulting organisation on a cost-quality basis for project assignments. Other practices include:

- No reinventing the wheel: existing training and communication materials from Govt. and other development projects are used and customized to the extend required. For example, COVID-19 posters for factories were developed taking information from Govt. developed COVID material. User-friendly pictorial MHM posters were developed by the WwW2 Communication Officer based on available MHM materials. In this way only the final printing is outsourced leading to effective use of budgets.
- The modality of organizing Roundtable discussion with print media comprises of discussions at the media house and a full-page supplement of the discussions. The main business for the media comes from supplement print. This year, while negotiating for the roundtable with the

top English news daily, The Daily Star, the project decided to go for a half-page supplement rather than full-page. By doing so, the cost for the roundtable came just half of what was budgeted. As this was organized virtually, we also got a video version of the discussion and a half-page supplement on speaker discussions.

- Celebrated all national and international days through SNV Bangladesh FB page and as such no cost was incurred.
- When the project decided to provide gender sensitization training to implementing partners, this work was not outsourced though there was a provision for a gender consultant in the plan. The senior Project Officer under WwW2 and Project Manager of Sajida foundation were engaged to jointly prepare the training module and implement the training. (Project Officer already has been trained on Gender under Rutgers program, and have ToT from other organizations like CREA; Sajida Foundation is the partner for GBV issues and are training factories on gender sensitiveness. Hence internal expertise mobilized.)
- Partner's activities are mostly field based. After COVID, Sajida Foundation couldn't go to the field and only after a few months restarting orientations and counselling (all virtually) was possible again. As such the professional counsellor from Sajida Foundation was not fully utilized. Since, promoting Sajida's interventions would lead to scaling up in new factories, 2 supplier factories of The Very Group were linked to Sajida for 'free' worker counselling. This way WwW2 resource was efficiently utilized. In addition, if the new factories find the interventions beneficial, they might get interested later to procure Sajida's services.

## 10. Risk update

Update on risks from start of the project:

- With regards to risks related to limited understanding of factory management on SRHR and prioritizing SRHR, the situation is better in partner factories as management are sensitized on SRHR issues.
- SRHR as a social and cultural taboo is not a serious concern among partner factory workers. Due to back-to-back worker orientation and male worker involvement, workers are free to discuss on SRHR and access services.
- Market distortion of development programs offering free services to garments didn't affect WwW2 activities, as partner factories could see the benefit from interventions implemented in factories viz. improved working environment, better worker attitude, lesser absenteeism as factories have quoted during mid-term study.
- On the risk of multiple development partners rushing into same factory and duplicating intervention, this has reduced. Also, coordination among organisations is getting better than before especially after donors are emphasizing effective coordination. For example, an MoU is being signed among organisations working in GBV in the garment sector under the leadership of ILO-Better Work to work in consensus and to avoid duplication. (SNV is also a signatory of this)
- Risk related to corruption, theft has been averted by introducing and complying to 'Implementation Guideline for Partners'. Reports from partners are reviewed by the SNV financial team on a quarterly basis. Cash transactions are usually avoided, even for field activities. Events and logistics are handled mostly by the central finance of implementing partners. Also, financial monitoring visits are planned in 2021. So, far, there is no incident of corruption and/or fraud, but if any occur SNV's fraud mitigation policy will be applied.

## Update on new and future risks

Risk	Risk assessment (L/ M/ H) <sup>3</sup>	Mitigating measures
Delayed implementation of worker awareness and orientation.	L	Training and awareness events re-planned; some virtually and rest spread across till 1st half of year 4 to ensure early completion.
Planned follow ups cannot be undertaken as per schedule	M	Virtual meetings have been scheduled to establish the linkage with non-partner factories. Online technical support will be provided if country situation doesn't improve/worsen
Mobilizing major stakeholders support for advocating on worker health and well-being (esp. if industry continues to make losses) not possible	M	Project will continue to engage all stakeholders through different events to make them understand the importance of worker health and well-being for the business continuity. Case stories and data from project will inform these discussions
Duplication, error in service data	M	Project has an online web-based system where all partner activities and service provisions are entered. These are cross-checked over the phone with service points and double checked with factories randomly to avoid all kind of duplication. After the COVID-19, Senior Monitoring officer has been dedicated to meeting the standards.
Big events, seminars cannot be organized	L	Events that had been planned for April-July have been rescheduled and organized in September and in November. Other large events will be either organized physically or virtually and boosted through different channels to attract attention.
Factory temporary shut down	H	SNV and its partners have gone through this risk during the govt. lockdown in late March to May 2020. There were hiccups, still, childbirth (normal and C-sections) were taken care of. Workers who stayed in Dhaka and didn't go to their village still received services. SNV and partners were in regular contact with factories, insurance partners and clinics so that there was minimum disruption and best possible support was extended.
Buyers not interested to invest in Worker's Health and wellbeing agenda	M	Project promotion in international platforms to spread the word of mouth is not possible, as there were no physical events; thus, physical networking not possible. Project will explore joining online forums to reach out to brands/buyers. Similarly, project team will continue to meet the local representatives of brands/buyers and sensitize with project results and success stories

<sup>3</sup> L-Low, M-Medium, H-High/