End-line Evaluation Report

Nirapod-2: Empowering Women on Sexual and Reproductive Health and Rights and Choice of Safe Menstrual Regulation (MR) and Family Planning (FP) Project

Conducted for:

Marie Stopes Bangladesh (MSB)

Study Conducted by

Human Development Research Centre

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Dhaka: June 2020

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Acknowledgements

Despite family size has become smaller, and maternal mortality has reduced nowadays, it is observed that a number of women are asking services for unwanted pregnancies. If they are appropriately referred by family planning field personnel, they are availing services of government and non-government organizations (NGOs) for Menstrual Regulation (MR) or Menstrual regulation using medicines (MRM). In this context, Marie Stopes Bangladesh (MSB) has undertaken the initiative named Nirapod-2 Project with the partnership of Association to Prevent Unsafe Abortion Bangladesh (BAPSA), Shushilan, and Phulki with the financial support of Embassy of the Kingdom of the Netherlands (EKN) to empower women, men and adolescents in rural areas and Ready-Made Garment (RMG) workers. Now, at the terminal stage of the project, MSB has asked for an End-line evaluation of Nirapod-2 using standard methods acceptable to relevant stakeholders.

We sincerely acknowledge Marie Stopes Bangladesh (MSB) for entrusting us with the responsibility to conduct the study under the auspices of Human Development Research Centre (HDRC). We are especially thankful to Mr Masrurul Islam, Country Director, MSB, Md. Shawkat Hossain, Team Leader, Nirapod-2 Project, Farhana Ferdoush, Communication Officer, Nirapod-2 Project, Marie Stopes Bangladesh, and Dr Altaf Hossain, Executive Director, BAPSA and Md. Shahed Kamal, Project Manager, Nirapod-2 Project, BAPSA, Mr Mostafa Nuruzzaman, Chief Executive, Shushilan, and Sk. Mostafizur Rahman, Project Manager, Nirapod-2, Shushilan and all other team members for extending necessary cooperation and facilitation in the process of conducting the assignment and also for providing all required information for the study. We gratefully acknowledge the contribution of all members of MSB, BAPSA, and Shushilan for their valuable suggestions during the study and its timely completion.

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARI	Acute Respiratory Infection
ASRH	Adolescent Sexual Reproductive Health
BAPSA	Association for Prevention of Septic Abortion, Bangladesh
BCC	Behavioral Change Communication
BGMEA	Bangladesh Garment Manufacturers and Exporters Association
BKMEA	Bangladesh Knitwear Manufacturers and Exporters Association
BLAST	Bangladesh Legal Aid and Services Trust
BMRC	Bangladesh Medical Research Council
BRAC	Bangladesh Rural Advancement Committee
CAG	Community Adolescent Group
CC	Community Clinic
EKN	Embassy of the Kingdom of the Netherlands
FCSG	Female Community Support Groups
FGD	Focus Group Discussion
FP	Family Planning
FPAB	Family Association of Bangladesh
FWA	Family Welfare Assistance
FWC	Family Welfare Centre
FWV	Family Welfare Visitor
GOB	Government of Bangladesh
HDRC	Human Development Research Centre
HIV	Human Immune-deficiency Virus
IDI	In-depth Interview
IEC	International Electrotechnical Commission
IP	Infection Prevention
IUD	Intra-Uterine Device
KII	Key Informant interview
MCH	Maternal Child Health
MCH-FP	Maternal Child Health and Family Planning
MCSG	Male Community Support Groups
MO	Medical Officer
MR	Menstrual Regulation
MRM	Menstrual Regulation with Medication
NGO	Non-Government Organization
NIPORT	National Institute of Population Research and Training
NSV	No-Scalpel Vasectomy
OT	Operation Theater
PM	Project Manager
PNC	Post Natal Care
RMG	Ready-made-garment
RTI	Respiratory Tract Infection

SACMO	Sub-Assistant Community Medical Officer
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
UFPO	Union Family Planning Officer
UH&FPO	Upazila Health & Family Planning Officer
UH&FWC	Union Health and Family Welfare Centre
UHC	Upazila Health Complex
UHFPO	Upazila Health and Family Planning Officer
UNO	Upazila Nirbahi Officer
USAID	United States Agency for International Development
VAW	Violence against Women
WRA	Women of Reproductive Age

CONTENTS

List of Tables

List of Figures

Executive Summary

Background

The Marie Stopes Bangladesh (MSB) in consortium with the Bangladesh Association for Prevention of Septic Abortion (BAPSA), Shushilan and Phulki have been implementing Nirapod-2 project with an aim to empower women, men, and adolescent girls in rural Bangladesh and in garment factories to exercise their sexual and reproductive health rights. It started working in December 2015 and will end in December 2019. The project has been funded by the Embassy of the Kingdom of the Netherlands (EKN).

A baseline survey of Nirapod-2 project was conducted in 2016. At this stage, an end-line evaluation of the project has been conducted to assess the progress of the project activities in terms of achieving the key project indicators. The Consortium of Nirapod-2 has assigned Human Development Research Centre (HDRC) to conduct the end-line evaluation study.

Methodology

Both qualitative and quantitative data were collected from the selected project beneficiaries, which included rural men, women, adolescents, garment factory workers and peer educators, GOB officials and relevant stakeholders. The study collected the requisite information from 800 rural women, 400 rural men and 400 rural adolescent boys and girls from Nirapod-2 project areas of Barguna, Patuakhali, Laxmipur, Noakhali and Khulna districts. It also interviewed 300 garment workers and peer educators from 3 garment factories located in Dhaka, Gazipur and Narayanganj districts. In addition, the qualitative part of the study conducted 6 in-depth interviews with media personnel, school/madrasha teachers; 15 key informant interviews with GoB officials and senior management/owner of garment factories; and 36 focus group discussions with rural men and women; and adolescent boys and girls. In addition, a Consortium Assessment of Nirapod-2 project has been conducted to evaluate strengths and weaknesses. The field data collection was conducted between November 2019 and December 2019.

Key Findings

A vast majority of the rural women (92.5%) identified themselves as a housewife, while major occupations of the rural men interviewed were business (30.1%) and farming (24.8%). About 41 per cent of all the garment factory workers interviewed were operators, 19 per cent were helper and 15 per cent quality controller/inspector.

About 65 per cent of rural women, 56 per cent of female garment workers and 57 per cent of female peer educators mentioned that they got married before 18 years of age. Overall, the average number of children per women was 2.3. It is highest in the rural sites of Noakhali (2.7) and lowest in Khulna (1.9).

Reportedly, an overwhelming majority (67.4%- 85.4%) of rural men, garment factory workers and peer educators watch TV at least once in a week. In contrast, a relatively smaller proportion of rural women (52.1%) and adolescent girls (67.8%) were exposed to TV programs. The study respondents were less exposed to listening radio, whereas 91 per cent adolescent boys and 24 per cent adolescent girls reported using the internet.

In the study areas, men reported lesser decision-making ability and mobility of women in all the areas of decision-making except going to neighbour's house. Women's ability to decision making has improved in the project areas over the past three years. The proportion of rural women who agreed that women could make decisions regarding the use of FP jointly with their husbands has increased to 71 per cent at the end-line compared to 44 per cent in the baseline period. However, women's ability to decision making and mobility widely varied across the districts of Nirapod-2 project.

The study respondents perceived 'getting quick services when emergency' as one of the health rights in higher proportion. Among all rural women, garment factory workers and peer educators interviewed, only 3 to 7 per cent reported deprivation of health rights during care-seeking from the healthcare facilities. The respondents were mostly deprived due to lack of attention and misbehaviour of the providers. Deprivation of health rights as reported by the rural women was highest in Khulna (11.5%), Noakhali (6.5%) and Laxmipur (5.9%).

About two-thirds of the adolescent boys and girls interviewed were aware of the availability of reproductive health-related advice and counselling at the service facilities. About 63 per cent of boys and 58 per cent of girls were aware of health advice and counselling, about 38 per cent of boys and 28 per cent girls about general health care service.

Public facilities and workers were the most popular source for health services (68%-90%) among rural men, women, and garment workers. It was followed by pharmacies and village doctor (39%-87%), and private hospital/clinic/doctor's chamber (21%-53%). The qualitative findings identified that distance of health facilities from the home and workplace of garment factories, cost of treatment, etc. discourage people from getting healthcare services from qualified providers. As a result, poor people opt to take healthcare services from low-cost providers.

Almost all of the study respondents, e.g. rural men, women, adolescent boys and girls, garment factory workers and peer educators interviewed (91%-100%) were aware of any form of violence against women. The most common form of violence as mentioned by them include physical violence and psychological violence (such as, taunting from in-laws/husband, and quarrelling between husband and wife). The rural women, men and adolescents had relatively little knowledge of sexual violence as compared to the garment workers and peer educators. The knowledge of rural women on violence against women varies across the districts. About 9 per cent of the rural women and 8 per cent of the adolescent girls reported any form of violence. The qualitative findings revealed that the main reasons for violence against women are poverty, dowry, and the tendency of male domination and silence of law enforcement against the victims. The adolescent girls also face eve-teasing, sexual harassment and abuse.

The qualitative findings revealed that the victims of violence, especially the women/girls, usually do not want to inform such violence to anyone due to fear of disclosure and social exclusion. Due to violence (eve-teasing, bad comments/offers from boys) girls, oftentimes, discontinue studies.

The knowledge on ideal age of marriage for boys (21 years) and girls (18 years) was noticeably high among adolescents as about 84 per cent of the adolescent boys, and 89 per cent of the adolescent girls were aware of the ideal age of marriage. While the majority of the garment workers and peer educators were aware of the ideal age of marriage, such knowledge was comparatively less among rural men (52%) and women (70%). Moreover, the knowledge of the ideal age of marriage was significantly less among the rural women of Patuakhali and

Khulna. The major barriers in eliminating early marriage were: poverty, lack of awareness of parents about the consequences of early marriage, social taboo, corruption in the marriage registration process and reluctance of strict enforcement of existing laws against early marriage.

The knowledge of family planning methods was almost universal among the study respondents, including rural women and men, garment factory workers and peer educators, and adolescent boys and girls of the project areas. Around 94 per cent of the rural women in all districts were aware of at least one modern FP method. The knowledge of at least one modern FP method varies across different districts of Nirapod-2 with lowest proportion (90%) reported in Noakhali and Laxmipur. The current use of modern methods by rural married women in the project areas was estimated at 75 per cent with relatively lower proportion (68%) observed in Barguna.

About 75 per cent of rural women and married female garment workers each and 84 per cent married female peer educators reported current use of any modern FP method. Among the modern FP methods, the highest proportion of rural women reported using oral pill (42.0%), followed by injectable (21.4%) and condom (8.7%). Among LAPMs, use of Norplant was the highest (8.7%) followed by IUD (4.0%) and Ligation (3.1%).

The knowledge of the rural women, men and garment workers about the right place for MR has significantly increased in the project locations between the baseline and end-line periods. Awareness of safe MR from governmental facilities has increased significantly to 92 per cent among women and 83 per cent among men during the end-line from 43 per cent of the rural women and 41 per cent of the rural men during the baseline survey. Similarly, knowledge on the use of governmental facilities for safe MR services among garment factory workers has increased from 35 per cent in baseline to 82 per cent in the end-line.

The project seems to be on the right track to aware the women and men of the right provider for MR as it has crossed its target of 60 per cent. The project has already achieved its target for garment workers on this indicator as 81 per cent of the garment workers were aware of trained FWV/paramedic for MR services as against of its target of 50 per cent.

The proportion of rural women, men and garment workers aware of correct timing for safe MR/ MRM has also increased considerably over the period. For instance, only 28 per cent of the rural men were aware of the correct timing of MR/MRM during baseline, and the same has increased noticeably to 81 per cent at the end-line. Similarly, the proportion of rural women reported to know the current timing was 32 per cent during baseline, and it has increased noticeably to 91 per cent at the end-line. There also exists a broader variation in the progress of this indicator across different districts with relatively lower proportion and below the target in Noakhali at end-line. Moreover, a similar increase has been observed about the knowledge on correct timing for safe MR among female garment factory workers over the last two years.

In order to bring sustainable changes in reducing violence against women and early marriage, and increasing use of FP methods, and ensuring access to safe MR/MRM the study participants emphasized on increasing participation of male in the process.

The majority of the rural men, women and adolescents in rural areas and garment workers and peer educators heard about Nirapod-2. However, to bring positive changes among all community people, the study respondents including men, women, adolescents, garment workers, GOB officials, teachers and media persons suggested sharing the learning of the project to decision-makers, community leaders, gatekeepers and other stakeholders. Increased involvement of media people has also been suggested for supporting campaigns, notably

against early marriage and violence against women. They also suggested for advocacy to the government as well as to the donor authority for replication of this type of project in other areas of the county.

The project enhanced the decision-making ability of most vulnerable and disadvantaged rural women to improve their financial and social empowerment. Such women were included into Female Community Support Group (FCSG) and capacitated through different training and awareness raising activities. In addition, Nirapod-2 established linkages with different training institutes so that they can capacitated themselves during and beyond the project period.

The project initiated 'SRH Basket products Business model' to ensure the comprehensive SRH services at community level and empowering community women. This contributed to greater accessibility of SRH products to rural women and adolescent girls. The project has provided trainings to all FCSG members on SRH Basket products and supply chain management resulting successful business application in 693 FGSGs on SRH Basket products, and 803 FCSGs became entrepreneurs in different sectors such as tailoring, farming, poultry business, welding, agriculture, small cottage industry, small scale business on medicine, grocery, vegetables cart, the training on traditional katha (comforter) stitch etc.

Most of the FCSGs were involved with client referral services to Government services centers and other NGOs (Upazilla Health Complex, Union Health and Family Welfare Center, NGO clinics etc.). DGFP acknowledged their contribution and employed 46 FCSG members in the Government payroll as volunteers. Also, 367 FCSGs were recruited by different NGOs and other private organizations, 8 were recruited by the different Government Departments, 43 were recruited as school/Madrasah teachers, 48 elected as Union Parishad members. Total 1,727 community women employed by mentioned FCSGs and financially empowered.

Two Project Coordinators (PC) and 8 FCSGs were received "Joyeeta Award" (This award is given for attaining success in different fields by overcoming various difficulties and challenges) for their extra-ordinary contribution in their community.

Lessons learnt from the project and Future applications

The way Nirapod-2 Project has grown from the ground is one of the best practices, e.g., formation and capacity development of Community Support Groups (CSGs) like MCSGs, FCSGs and CAGs, reaching NGO group members through trained NGO workers, reaching students through School and Madrasa teachers and garments workers through peer educators, development of referral linkage with government and NGOs for health/FP/MR service provision and building the capacity of service providers is also an important lesson learned. As a result, local public and NGO health facilities are utilized more frequently in project areas, Rural men, women, adolescents as well as the garment factory workers in the project areas are well aware of their health rights, and their knowledge has been found satisfactory about the ideal age of marriage for boys and girls and violence against women. Awareness and use of modern FP methods, i.e. oral pill, condom, injectables and long term FP methods have also increased significantly among the married men, women and garment workers. The awareness and proper use of timely MR and MRM have also increased much among the project beneficiaries. Due to the formation of the MCSG group, the level of male participation in the prevention of VAW, unsafe MR, and child marriage has also increased remarkably in project areas. The garment workers and peer educators, however, believed that the impact of Nirapod-2 would continue even after its completion as they are already counselled. Community support group approaches and collaboration between the various locally acting NGOs and GOB service providers formed have been found to be highly effective for sustainability.

Conclusion and Recommendations

The project is almost successful in raising awareness among the community people and garment workers and achieved the target of almost all key milestones of the project on sexual reproductive health and rights (SRHR), VAW, health rights, early marriage, family planning, safe MR/MRM, menstrual hygiene, male participation and empowerment of women through the community support groups and community adolescent groups.

Nevertheless, to make the project achievement more sustainable, Government, EKN or any other donor/NGO can design or replicate this model in the same project area or any other new location in Bangladesh. In the new design, more emphasis should be given on promoting LAPM and use of the condom, ensuring safe MR/MRM, enhancing decision-making ability of women, enhancing health rights and care-seeking behaviour, and eliminating early marriage and violence against women. It should also emphasize on advocacy campaign among GOB, NGOs, private sector and development partners for the sustainability of effects