

## Evaluation of the **Mothers@Work Programme** being implemented in the Ready-Made Garments Sector of Bangladesh



## Evaluation of the Mothers@Work Programme in the RMG Sector of Bangladesh Final Report

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**Mothers@Work Programme being implemented  
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of Bangladesh**

**FINAL REPORT**

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September 2023

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# ABBREVIATIONS

<b>ANC</b>	Antenatal Care
<b>BBS</b>	Bangladesh Bureau of Statistics
<b>BCC</b>	Behaviour Change Communication
<b>BDT</b>	Bangladesh Taka
<b>BF</b>	Breast Feeding
<b>BGMEA</b>	Bangladesh Garment Manufacturers and Exporters Association
<b>BKMEA</b>	Bangladesh Knitwear Manufacturers and Exporters Association
<b>BRAC</b>	Building Resources Across Communities
<b>BSA</b>	Bangladesh Shishu Academy
<b>BSR</b>	Business for Social Responsibility
<b>BWB</b>	Better Work Bangladesh
<b>CO</b>	Country Office
<b>COVID</b>	Coronavirus Disease
<b>CPD</b>	Centre for Policy Dialogue
<b>CSO</b>	Civil Society Organisation
<b>CSR</b>	Corporate Social Responsibility
<b>CT</b>	Cash Transfer
<b>DAP</b>	Data Analysis Plan
<b>DBL</b>	Deshbandhu Group Limited
<b>DIFE</b>	Department of Inspection for Factories and Establishments
<b>EBF</b>	Exclusive Breastfeeding
<b>EIBF</b>	Early Initiation of Breastfeeding
<b>ECCD</b>	Early Childhood Care and Development
<b>EMIS</b>	Education Management Information System
<b>EQ</b>	Evaluation Question
<b>ET</b>	Evaluation Team
<b>FGD</b>	Focus Group Discussion
<b>GE</b>	Gender Equity
<b>GEEW</b>	Gender Equality and Empowerment of Women
<b>HER</b>	Health Enables Return
<b>HR</b>	Human Resources
<b>ICDDR</b>	International Centre for Diarrhoeal Disease Research
<b>IDI</b>	In-Depth Interview

<b>IED</b>	Institute of Educational Development
<b>IFA</b>	Iron and Folic Acid
<b>IFC</b>	International Finance Corporation
<b>ILO</b>	International Labour Organization
<b>IPHN</b>	Integrated Public Health Network
<b>IRB</b>	Institutional Review Board
<b>IYCN</b>	Infant and Young Child Nutrition
<b>KII</b>	Key Informant Interview
<b>LDC</b>	Least Developed Country
<b>LMA</b>	Lactating Mother Allowance
<b>M@W</b>	Mothers@Work
<b>MAPP</b>	Maternity Allowance Programme for the Poor
<b>MCBP</b>	Mother and Child Benefit Programme
<b>MEL</b>	Monitoring, Evaluation, and Learning
<b>MIYCN</b>	Maternal, Infant, and Young Child Nutrition
<b>MoHFW</b>	Ministry of Health and Family Welfare
<b>MoLE</b>	Ministry of Labour and Employment
<b>MoWCA</b>	Ministry of Women and Children Affairs
<b>MSG</b>	Mother Support Group
<b>NGO</b>	Non-Governmental Organisation
<b>NNS</b>	National Nutrition Survey
<b>NPAN</b>	National Plan of Action for Nutrition
<b>NSSS</b>	National Social Security Strategy
<b>NYU</b>	New York University
<b>OECD-DAC</b>	Organisation for Economic Co-operation and Development - Development Assistance Committee
<b>OSH</b>	Occupational Safety and Health
<b>OPA</b>	Office of Public Affairs
<b>PLW</b>	Pregnant and Lactating Women
<b>PNC</b>	Postnatal Care
<b>PPE</b>	Protective Equipment
<b>PR</b>	Public Relations
<b>PSN</b>	Programme Strategy Note

<b>RMG</b>	Ready-Made Garments
<b>RMGP</b>	Ready-Made Garment Sector Programme
<b>SDG</b>	Sustainable Development Goals
<b>SOF</b>	Shobujer Ovijan Foundation
<b>SS</b>	Supportive Supervision
<b>SSC</b>	Secondary School Certificate
<b>SWO</b>	Social Welfare Officer
<b>ToC</b>	Theory of Change
<b>ToT</b>	Training of Trainers
<b>UN</b>	United Nations
<b>UNEG</b>	United Nations Evaluation Group
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>UNSDCF</b>	United Nations Sustainable Development Cooperation Framework
<b>USA</b>	United States of America
<b>WASH</b>	Water, Sanitation, and Hygiene

# EXECUTIVE SUMMARY

## Introduction

The status of health and nutrition among women and children in Bangladesh highlights deep-rooted challenges and disparities. Poor maternal nutrition, particularly among adolescent girls, stands as a significant contributor to an intergenerational cycle of malnutrition and poverty. Lack of awareness and adoption of the infant and young child nutrition (IYCN) practices has also contributed to the high prevalence of undernutrition.

The economy of Bangladesh has constantly grown over the years of global uncertainty, owing to its strong ready-made garment (RMG) export industry that employs about 4.4 million people, contributes more than 14 per cent to the country's GDP, ensures resilient remittance inflows and indirectly supports about 25 per cent of the country's population. Women constitute 60 per cent (2.5 million) of the total estimated workforce in RMG sector. Literature review highlights lack of awareness of maternity rights among women workers and adoption of recommended practices related to breastfeeding, complementary feeding, anaemia, and antenatal care, among others.

In this context, a workplace intervention that promotes protection of maternity rights and breastfeeding support for maternal and child nutrition status improvement within the RMG sector of Bangladesh becomes a felt need. Towards this, in 2016, a joint consultation was held among the public-private sectors, including Ministry of Health and Family Welfare (MoHFW) and Ministry of Labour and Employment (MoLE) of the Government of Bangladesh (GoB), UNICEF, International Labour Organization (ILO) and other relevant civil society organisations (CSOs). The consultation led to designing of the Mothers@Work (M@W) initiative/programme, which was

launched by both the ministers from MoHFW and MoLE in August 2017. The programme, supported by UNICEF, aimed at creating an enabling workplace environment that supports working mothers during critical stages of pregnancy, delivery, post-natal care, and child care.

The M@W programme promotes adoption of seven minimum standards of maternity protection and breastfeeding support at the workplace. The seven minimum standards have been designed to ensure that workplaces respond to the specific needs of working mothers, particularly the pregnant and lactating women (PLW).

In January 2018, UNICEF, in partnership with ILO-Better Work Bangladesh (BWB) and BRAC, piloted the intervention implementation in five RMG factories, based on which the programme was launched in 113 factories in January 2021. These factories are located in Dhaka, Gazipur, Narayanganj, Mymensingh and Chattogram districts of Bangladesh.

The primary beneficiaries of the programme are pregnant and lactating women working in the RMG industry, often challenged with balancing their job and caring for their children under three years of age. Furthermore, the beneficiaries include factory-level managers, HR, welfare officers, PHC providers, day-care providers, etc., who develop their capacity to support ensuring compliance with maternity rights protection and recommend breastfeeding practices at the factory level.

## Purpose of Evaluation and Intended Audience

The evaluation assessed implementation of the M@W programme in the RMG sector (during the period 2017-2022). The assessment aimed at documenting key programmatic learnings,

determining proof of model, and assessing its scalability within and beyond the RMG sector. As there was no documented theory of change (ToC), this evaluation also reconstructed the ToC and validated pathways of change during implementation of the programme. The evaluation also applied gender equality and empowerment of women (GEEW) and accountability lenses to the affected population in the findings.

Primary users of the evaluation findings are UNICEF, ILO, Better Work Bangladesh, National Nutrition Services, Institute of Public Health Nutrition, MoHFW, MoLE, DIFE, BRAC, Phulki, Bangladesh Garment Manufacturers and Exporters Association (BGMEA), and Bangladesh Knitwear Manufacturers and Exporters Association (BKMEA).

## Evaluation Methodology

The evaluation adopted a mixed method approach to answer the evaluation questions. An extensive desk review of available secondary data was undertaken.

The **qualitative component (primary data collection)** entailed undertaking focused group discussions (n=16) with male workers, female workers and PLW, in-depth interviews (n=11) with PLW, and key informant interviews (n=16) with stakeholders across the factory, district, and national levels.

The **quantitative component** for the evaluation entailed a survey (n=558) with pregnant women and lactating mothers in the sampled intervention (n=378 PLW across 18 factories) and the control factories (n=180 across nine factories). Matching of sampled control factories was done based on parameters of geographic location, factory size, proportion of female employees, and year of incorporation of factories. The survey captured quantitative data around KAPs of

the two respondent sub-groups, initiatives undertaken by the factory management along with HR personnel and workers' feedback on key services. Moreover, detailed observations for all relevant services and physical facilities in the factories were undertaken using an **observation checklist**.

These data sources were supported with **appropriate data analysis methods and triangulation** at multiple levels. Comparisons were made along (i) *Select indicators between the baseline (five pilot factories) and the endline in intervention groups, and (ii) All endline indicators between intervention and control groups. For analysis of data along the key evaluation questions, a rubric* was also developed to qualitatively establish performance levels of the programme.

## Key Findings and Conclusions

**The average of all scores for all evaluation questions across elements of the evaluation framework (relevance, coherence, effectiveness, efficiency, impact, and sustainability) reflects that M@W has generally met reasonable expectations/targets, allowing for a few minor exceptions (3.3 out of the total score of 4.0).** The findings for each element are summarised below:

### Relevance and Coherence

The M@W programme exhibits a strong degree of relevance and coherence in its design and implementation. The programme is built upon a comprehensive analysis of the specific needs of its target group and a deep understanding of the priorities within the industry. This approach supports improving essential maternal and child nutrition services as well as addressing gender disparities within the workplace, making it a crucial initiative. One of the programme's



notable strengths is its ability to enhance the well-being of pregnant and lactating mothers while simultaneously contributing to improved workplace productivity. Notably, the programme displayed remarkable adaptability during the challenging circumstances brought about by the COVID-19 pandemic, leveraging virtual services to continue its mission effectively.

Furthermore, M@W's alignment with both the national priorities and international regulations, in addition to being in harmony with the UNICEF country strategies, underscores its commitment to delivering positive outcomes. While it has already demonstrated considerable success in promoting maternal rights and breastfeeding support awareness as well as systematic provision of service delivery within the workplace, the programme has the potential to evolve into a versatile platform for integrating other critical health, nutrition and ECCD interventions/services for the large proportion of vulnerable women working in the RMG sector, further amplifying its impact. The programme also complements and synergises with the efforts of the government and other development partners.

## **Effectiveness**

The programme was found to effectively utilise appropriate interventions towards improved realisation of maternity rights by working women and adoption of recommended child feeding practices. It has significantly contributed to increasing awareness on aspects related to maternal rights and breastfeeding practices among working women. These efforts have also led to the creation of suitable facilities for pregnant and lactating mothers within factory settings, thus bridging gaps in the continuum of support for working women- representing a commendable achievement. The interventions have resulted in enhancing maternity rights

protection and supporting lactating mothers to follow breastfeeding best practices. Notably, proactive employer attitudes have demonstrated favourable outcomes towards retaining women workers. However, there remains room for improvement in terms of the utilisation of breastfeeding spaces and child care centres. Challenges persist within the RMG units, on aspects related to continued commitment of financial and human resources to manage programme operations along with absence of robust monitoring and follow-up systems. Additionally, there is a need to ensure knowledge retention among health providers and welfare officers to ensure the continuity and quality of services.

The success of the programme is constrained by external factors, such as lack of family support for working mothers, entrenched social norms related to care responsibilities, often leading to women dropping out of employment and the programme as well. Addressing these issues comprehensively will be essential to unlock the programme's full potential and maximise its effectiveness in promoting maternity rights and breastfeeding support, thereby improving maternal and child nutrition.

## **Efficiency**

There is a clear and well-structured articulation of roles and responsibilities among the stakeholders, underpinned by well-defined metrics for assessing their performance. This robust framework- named "Partnership Framework"- ensured that everyone involved is aligned with their duties and accountabilities. The evaluation team also observed positive insights from other programme partners on efficient resource utilisation. Notably, the programme was efficient in responding to the changing contexts, especially in terms of reallocating its human/

technical resources and deploying appropriate tools.

The cost-benefit analysis demonstrates the effectiveness of the programme at both the factory and programme levels. The positive benefit-to-cost coefficient of 1.07 highlights that for every dollar invested in implementing M@W, there is a positive return in terms of both financial (financial BCR=1.07) and economic benefits (economic BCR=11.66). The analysis also indicates that the M@W programme has leveraged USD 5.49 private sector investment for every dollar invested, thereby demonstrating its ability to attract additional resources and support from the private sector.

While integration of the M@W standards has made headway, there is room for improvement, particularly within factories, which require greater readiness for independent implementation. To bolster efficiency further, documentation, data collection, and analysis at the factory level should be strengthened, ensuring a more comprehensive and evidence-based approach to the programme's implementation.

## Impact

The M@W programme achieved its goals by improving breastfeeding knowledge and practices, increasing awareness of maternity rights, and bridging the knowledge-implementation gap. Notably, the programme has generated significant commercial advantages for the participating factories. By enhancing women's health, motivation, concentration, and overall productivity, it has contributed to the reduction of absenteeism. However, there is an opportunity to further address gaps and enhance inclusivity within this context. Apart from its immediate goals, M@W has created a platform that extends beyond maternal health. It has enabled opportunities for other nutrition and rights-based

interventions within the RMG sector, fostering supportive environments and platforms for comprehensive service delivery. Building upon these achievements, future programmes have the potential to amplify their impact on women's well-being, rights, and empowerment.

It is crucial to acknowledge that external factors and sector-specific obstacles do influence programme implementation. These challenges encompass working hours, prevailing social norms, securing buy-in from the private sector, resource limitations, economic shocks, and dynamics of the labour market. Understanding and effectively addressing these challenges are essential steps to enhance the programme's overall impact and ensure its sustained success in promoting maternal and child health within the workplace.

## Sustainability

The programme is strategically positioned for long-term success and impact. What makes this programme unique is its inherent business case, which not only ensures sustainability but also underscores the value it brings to both the employers and the employees. From its planning stages, M@W has maintained a strong focus on sustainable scale-up, demonstrating a forward-thinking approach. It has wisely identified the natural owners within the programme, fostering a sense of ownership and accountability. Additionally, the programme has proactively formed partnerships that facilitate rapid expansion, leveraging the collective expertise and resources of multiple stakeholders.

The programme possesses the potential to extend its influence beyond its current scope. Its model, with a proven track record, has the capacity to ensure realisation of maternity rights in other sectors of economy that employs a significant proportion of women workers. This not

only signifies its adaptability but also the broader positive change it can catalyse in promoting the well-being and rights of women in the workforce. To summarise, the M@W programme exemplifies a well-rounded and forward-looking approach to advancing maternal and child health in the workplace, with sustainability, scalability, and inclusivity at its core.

**GEEW:** By placing women workers and their children at the centre of programming, M@W reaches the needs of some of the most vulnerable groups and communities. It re-emphasises access to services and protections for female workers and promotes appropriate care practices for children in the crucial first 1,000 days and beyond (until the age of three years for the ECCD interventions). The programme has influenced culture and power dynamics at the factory level, built sensitivity towards issues of working women, and engaged with government, civil society and the private sector to achieve their human rights and gender equality commitments. It also uses gender responsive communication and capacity building. Thus, the programme appears to be gender-responsive in its implementation and is positively headed towards gender transformation. Community-level interventions may be pivotal to address inequitable norms, values, structures, policies, and practices.

## Lessons Learnt

Several valuable lessons have emerged from the M@W programme. It is evident that women's adoption of recommended nutrition practices is deeply influenced not only by their partners but also by prevailing social norms. Recognising this, it is imperative for the workplace interventions like M@W to engage not only with women but also with men and other family members. This holistic approach ensures that the programme's

impact is more comprehensive and lasting.

Furthermore, the importance of continuous course correction by the factory management during the implementation of workplace-related interventions has been underscored. Identifying and addressing factors that might limit coverage is critical to the programme's success. This entails the implementation of rigorous self-assessment and reporting mechanisms to pinpoint challenges in both implementation and design, ultimately paving the way for effective solutions.

The commitment of the factory management plays a pivotal role in determining whether the interventions like M@W progress beyond mere compliance. Building a compelling business case and enhancing the employers' commitment to responsible business approaches are essential factors for future success. These elements not only ensure sustainability but also deepen their impact, creating a win-win situation for both the workforce and the employers.

## Recommendations

Based on the identification of key gaps in programme effectiveness, efficiency, impact, and

sustainability, the evaluation team recommends the following:

Sl. No.	Recommendations	Rationale	Primary Audience
1	Expand the scope of the M@W programme, a workplace intervention model, to integrate and develop linkages for accessing other critical health, nutrition, and ECCD services.	The programme has demonstrated its effectiveness in efficiently delivering on improving awareness on maternal rights and exclusive breastfeeding at the workplace. Expanding the M@W programme to integrate critical health, nutrition, and ECCD services ensures a holistic support system for working parents, particularly women workers. The model paves way for bundling other innovations and services on the same platform. This move will address diverse needs and optimises resource utilisation, promoting overall well-being and development.	UNICEF, MoHFW
2	Establish standard package of practices for the services offered and quality at the child care facility (CCF) at the factory and support: 1) Accreditation of the CCF at the factory, and 2) Integrating with the complementary government programmes.	M@W is supporting women to continue breastfeeding till first six months. However, from age six months to three years at the start of pre-school, there is limited institutional support for parents, especially working women. Beneficiary feedback indicates low utilisation of CCF, as most facilities do not cater to children under two years of age and do not have adequate infrastructure to provide CCF to all workers in under two years of age group.	UNICEF, MoHFW
3	Expand the coverage of M@W by (i) other factories/smaller units (including Tier-2 and Tier-3 factories), (ii) replicating it across other sectors (such as leather, agro processing, etc., that have higher female work participation	M@W has demonstrated business case for investments by the private sector. A huge proportion of the workforce is employed by Tier-2 & Tier-3 factories, where the enabling environment for protection of maternity rights and breastfeeding support are limited than export-focused RMGs, indicating huge need for a workplace intervention.	UNICEF, MoHFW, MoLE, BGMEA, BKMEA

Sl. No.	Recommendations	Rationale	Primary Audience
4	Establish and conduct significant capacity development activities of the RMG functionaries on monitoring, evaluation, feedback, and learning (MEFL) for the M@W programme.	Currently, there exists no systematic mechanism to gather and analyse programme data for evidence-based review performance at individual factory level. As more factories are adopting M@W, it is important that they have the tools and skills to analyse the impact of the programme and make relevant adjustments/refinement based on the needs of their workforce. From a sustainability lens, the onus to collate and analyse the programme evidence should be with a functionary in the factory.	UNICEF
5	Take a leading role in championing workplace intervention, such as the M@W programme, across other sectors of the economy.	The UNICEF-supported M@W programme has demonstrated effectiveness of workplace interventions as a platform to reach working women. Moreover, the programme demonstrates clear business case- commercial benefits for businesses that invest in supporting their women workforce in the context of RMG. The same benefits should now be extended to women workers across other sectors of the economy. This also provides UNICEF an opportunity to steward a national-level initiative with the private sector across multiple industries/sectors.	UNICEF
6	Explore strengthening linkages with the community-based CCF service models and providers. This includes exploring opportunities between the RMG factories and the community-based service providers for subscription-based childcare models.	Currently, the factories are bearing the responsibility of CCF provision, which has been inadequate. Establishing linkages between the factories and the community-based service providers will be mutually beneficial while ensuring that the needs of parents and working mothers are addressed. This partnership holds huge potential towards addressing the needs of parents i.e., improved access to quality childcare and primary health services leading to health gains for the community. The RMG units will build significant goodwill and brand equity by engaging with the community.	UNICEF, BGMEA, BKMEA

# CHAPTER 1

## INTRODUCTION

## 1.1. Context and Background of the Evaluation

### 1.1.1. Overview of Nutrition and Health Status of Women and their Children

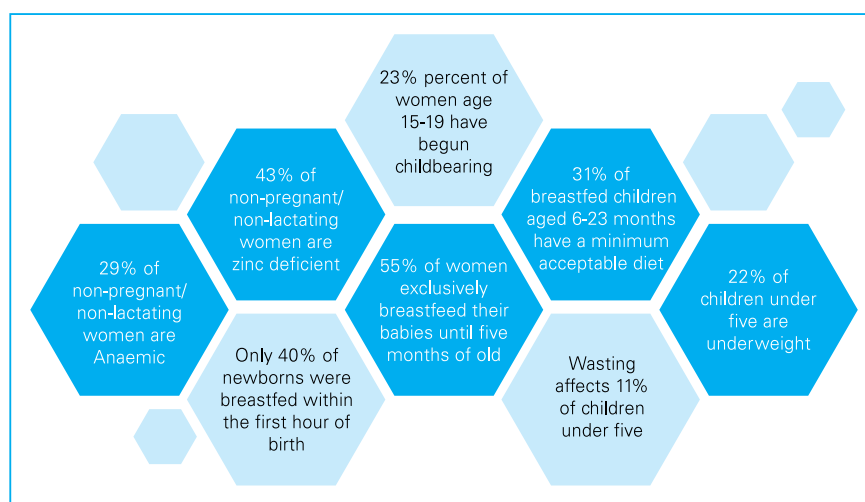
Bangladesh achieved significant progress along its economic growth and human development indices and is currently on the track to become a middle-income country by 2026.<sup>1</sup> However, to achieve the strategic goals required for its graduation, **improvement of primary health care (PHC) service delivery, specifically in the area of maternal and child nutrition,<sup>2</sup> and addressing gender-based challenges is pivotal.**

This is especially true considering women's significant contribution to Bangladesh's economic

growth, indicated by an increasing participation of women in the labour force (female labour force participation has increased from 36.3 per cent in 2018 to 42.68 per cent in 2022).<sup>3</sup> As **more young women and mothers contribute to the country's economy, the need to create an enabling environment for working women and their children - that ensures accessibility, availability and affordability of health and nutrition services - has become crucial.**

The status of health and nutrition among women and children in Bangladesh (Figure 1) highlights deep-rooted challenges and disparities. Poor maternal nutrition, particularly among adolescent girls, stands as a significant contributor to an intergenerational cycle of malnutrition and poverty. Lack of awareness and adoption of infant and young child nutrition (IYCN) practices has also contributed to the high prevalence of undernutrition.

**Figure 1: Snapshot of nutrition and health status of women and children in Bangladesh (data sources)<sup>4</sup>**



[NB: 23% of women age 15-19 have begun childbearing]

<sup>1</sup> UN General Assembly (2020): <https://www.un.org/ldcportal/content/bangladesh-graduation-status>

<sup>2</sup> Under the Perspective Plan of Bangladesh 2021-2041 (PP2041) Bangladesh aims to become an upper middle-income country and eliminate extreme poverty by 2031, and to achieve a high-income country status by 2041. The Eighth Five-Year Plan (July 2020-June 2025) (8FYP) launches several concrete measures to achieve PP2041, covering human development aspects of health systems strengthening. Source: JICA Country Analysis paper for Bangladesh. March 2023: [https://www.jica.go.jp/english/overseas/bangladesh/\\_icsFiles/afieldfile/2023/07/21/jcap\\_en\\_1.pdf](https://www.jica.go.jp/english/overseas/bangladesh/_icsFiles/afieldfile/2023/07/21/jcap_en_1.pdf)

<sup>3</sup> <https://www.tbsnews.net/bangladesh/more-women-joining-workforce-607426>

<sup>4</sup> Data source: Anaemia and zinc deficient data from National Micronutrient Survey, Bangladesh 2019-2020, remaining data taken from BDHS 2022

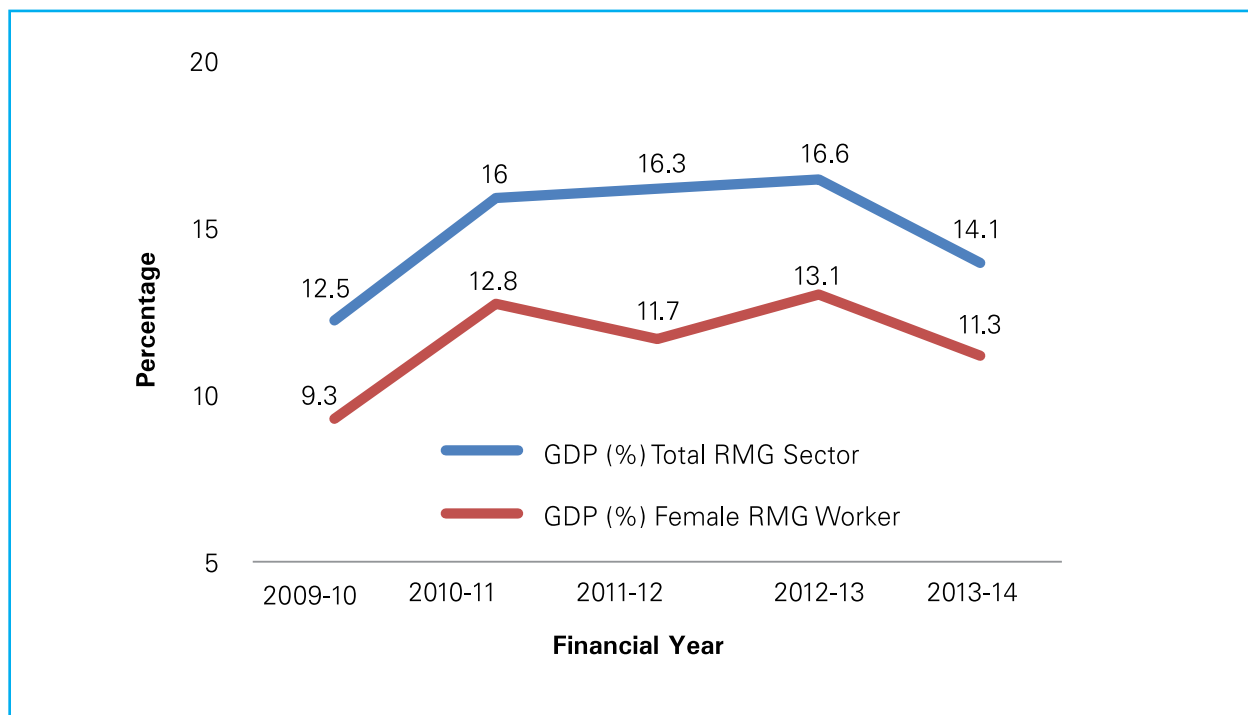
### 1.1.2. Overview of the RMG Sector and Women Workers in Bangladesh

The ready-made garment (RMG) sector accounted for over 83 per cent of the Bangladesh's exports<sup>5</sup> (worth around US\$34 billion in 2019) and continues to be the second largest garment producer after China. Estimates

(2020) suggest that the sector directly employed 4.4 million people and contributed more than 14 per cent to the country's GDP.<sup>6</sup> The sector indirectly supported as many as 40 million people (about 25 per cent of the country's population).

**A snapshot on female workforce participation<sup>7</sup> in the RMG sector is provided below:**

**Figure 2: Contribution of female garment workers to GDP**



<sup>5</sup> ILO. 2019. Improving Working Conditions in the RMG Sector Phase-II: Baseline Study Report (2017). Available at: [https://www.ilo.org/dhaka/Whatwedo/Publications/WCMS\\_735614/lang-en/index.htm](https://www.ilo.org/dhaka/Whatwedo/Publications/WCMS_735614/lang-en/index.htm)

<sup>6</sup> IFC. 2019. IFC Insights, Safety First: Bangladesh Garment Industry Rebounds. Available at: [https://www.ifc.org/wps/wcm/connect/news\\_ext\\_content/ifc\\_external\\_corporate\\_site/news+and+events/news/insights/bangladesh-garment-industry](https://www.ifc.org/wps/wcm/connect/news_ext_content/ifc_external_corporate_site/news+and+events/news/insights/bangladesh-garment-industry)

<sup>7</sup> A Survey Report on the Garment Workers of Bangladesh, Asian Center for Development, Dhaka, 2020



- **Female workers in the RMG sector contribute about 11 per cent to Bangladesh's GDP.**<sup>8,9</sup> Their hard work, artistry and inventiveness is the driving force behind Bangladesh's economy.
- **Women constitute 60 per cent (2.5 million) of the total estimated workforce in the RMG sector.**<sup>10</sup> This workforce mostly comprises women, who have migrated from rural to urban areas in search of employment.
- Some 79 per cent of female workers are married.
- The average age of female workers is 25 years.
- Average length of experience for female workers is eight years (as compared to 11 years for male workers). This is on account of female workers prioritising fulfilling their responsibilities, especially towards their families.

Furthermore, the expectation for women is often to stay at home with their children until they reach an age where they can be attended by other family members. It also indicates the need for an enabling ecosystem that supports working women during their journey of motherhood,

provides them an opportunity to continue child care even at workplace, and encourages them to return to the workplace after childbirth.

## Challenges faced by women workers in the RMG sector

### • Health and nutrition

Literature review highlights lack of awareness on maternity rights among women workers and adoption of recommended practices related to breastfeeding, complementary feeding, anaemia, and antenatal care, among others.<sup>11</sup> The workers find it difficult to afford nutritious food and adequate medical care for themselves and their families, thus suffering from malnutrition and weakness.<sup>12,13</sup>

UNICEF's Better Business for Children (BB4C) report<sup>14</sup> established that women workers at the factory level had very low knowledge of legal provision regarding the 16-week paid maternity leave (48 per cent) as well as had low knowledge of breastfeeding support available for working mothers in the RMG sector. Studies found that even when women workers had good knowledge about their maternity and other health rights, often they did not enjoy those rights properly due to an

<sup>8</sup> <https://www.ijsrp.org/research-paper-0915/ijsrp-p4579.pdf>

<sup>9</sup> The research was undertaken in 2015, but the trends largely hold true today

<sup>10</sup> Estimated using data from Bangladesh Bureau of statistics (2023)

<sup>11</sup> RMG's low labour productivity a major post-LDC challenge. <https://www.tbsnews.net/economy/rmg/rmgs-low-labour-productivity-major-post-ldc-challenge-319465>

<sup>12</sup> Akhter, S., Rutherford, S., & Chu, C. (2019). Sewing shirts with injured fingers and tears: exploring the experience of female garment workers' health problems in Bangladesh. *BMC international health and human rights*, 19(1), 1-9. <https://d-nb.info/1179000218/34>

<sup>13</sup> A recent study by Oxfam Australia (2019) among 384 RMG workers revealed that 90 per cent of the workers cannot afford food for themselves and their families and 72 per cent could not afford medical treatment when they get sick or injured

<sup>14</sup> UNICEF. 2018. Better Business for Children <https://www.unicef.org/bangladesh/en/reports/better-business-children>

unsupportive work environment.<sup>15</sup> The BB4C report<sup>16</sup> also reported that 98 per cent of the workers surveyed were not offered a health check by their employer either during pregnancy or before returning to work. Furthermore, studies specifically highlighted the positive correlation between low wages of women workers in the sector and their poor health and nutrition status, indicating **RMG women workers and their children to be at a higher risk of malnutrition and other health problems.**<sup>17</sup> A large proportion of **low-skilled workers of the RMG sector live in urban slums and squatter settlements, which further expose them to high levels of noise, waste accumulation, air pollution, and other distressing environmental conditions,** which have compounding impacts on their health and well-being. Meanwhile, workers migrating from rural areas often lose access to family support and social networks. Often women RMG workers also must live apart from children (left with extended family in rural areas to reduce costs in urban settings) and face psychological and mental distress.<sup>18</sup>

- **Social norms**

Women are expected and continue to be burdened with household care responsibility (children and elderly), with women spending almost eight times more than men on child care.<sup>19</sup> Literature review also highlights lack of availability of supportive environment for women (at home) that enables them to fulfil household and childcare responsibilities while they are working.<sup>20</sup>

- **Occupational risks**

Musculoskeletal pain (specifically chronic back and joint pain) caused by long hours of physical labour, neural problems (e.g., headache, hearing, and visual discomfort) due to inadequate lighting and high noise levels from machines, respiratory issues associated with inhaling fabric dust and poor ventilation, and abdominal pain have been some of the most common health issues identified among the RMG workers, especially amongst women.<sup>21,22</sup>

<sup>15</sup> Hasan, M. T., Amin, A., Chowdhury, M. U., Islam, K. F., Huq, S. M., Parvin, R., ... & Rashid, S. F. (2021). Health sufferings, healthcare seeking behaviour, awareness about health insurance, and health related rights of ready-made garments workers in Bangladesh: Findings from a cross-sectional study. *Journal of Occupational Health*, 63(1), e12256. <https://doi.org/10.1002/1348-9585.12256>

<sup>16</sup> UNICEF. 2018. Better Business for Children <https://www.unicef.org/bangladesh/en/reports/better-business-children>

<sup>17</sup> Humayun Kabir, Myfanwy Maple, Md. Shahidul Islam & Kim Usher. 2022. The Paradoxical Impacts of the Minimum Wage Implementation on Ready-made Garment (RMG) Workers: A Qualitative Study <https://link.springer.com/article/10.1007/s41027-022-00375-9>

<sup>18</sup> Humayun Kabir, Myfanwy Maple, Kim Usher & Md Shahidul Islam (2019): Health vulnerabilities of readymade garment (RMG) workers: a systematic review <https://link.springer.com/article/10.1186/s12889-019-6388-y>

<sup>19</sup> IFC. 2019. Tackling Childcare: The Business Benefits and Challenges of Employer-Supported Child care in Bangladesh. Available at: [https://www.ifc.org/wps/wcm/connect/region\\_ext\\_content/ifc\\_external\\_corporate\\_site/south+asia/resources/tackling+child+care+the+business+benefits+and+challenges+of+employer-supported+child+care+in+bangladesh](https://www.ifc.org/wps/wcm/connect/region_ext_content/ifc_external_corporate_site/south+asia/resources/tackling+child+care+the+business+benefits+and+challenges+of+employer-supported+child+care+in+bangladesh)

<sup>20</sup> [https://www.researchgate.net/publication/335927904\\_Health\\_Nutritional\\_Status\\_of\\_Female\\_Garment\\_Workers\\_in\\_Bangladesh](https://www.researchgate.net/publication/335927904_Health_Nutritional_Status_of_Female_Garment_Workers_in_Bangladesh)  
Submitted

<sup>21</sup> Hasan, M. T., Amin, A., Chowdhury, M. U., Islam, K. F., Huq, S. M., Parvin, R., ... & Rashid, S. F. (2021). Health sufferings, healthcare seeking behaviour, awareness about health insurance, and health related rights of ready-made garments workers in Bangladesh: Findings from a cross-sectional study. *Journal of Occupational Health*, 63(1), e12256. <https://doi.org/10.1002/1348-9585.12256>

<sup>22</sup> Nahar, N., Ali, R. N., & Begum, F. (2010). Occupational health hazards in garment sector. *Int. J. BioRes*, 1(2), 01-06.

Additionally, lack of proper sanitation and hygiene on the factory premises also contributes to poor health.<sup>23</sup>

### **Addressing the economic cost of gender inequality in the RMG sector**

**The economic cost of the poor status of women workers is substantial, as it significantly impacts the productivity gaps in the RMG sector.** Research in the RMG factories in Bangladesh found that, eight in ten female RMG workers in Bangladesh suffer from anaemia, a condition which harms both health and productivity.<sup>24</sup> A recent study assessed that **the RMG sector incurs a loss of about US\$22.5 million per annum due to absenteeism of female workers due to menstrual illness.**

An approximate 1:3 return on investment is associated with providing gender-specific and gender-sensitive services for female workers.<sup>25</sup> While there exists a paucity of scientific research on the impact of productivity and health of women workers, a few studies have **reported a**

**positive correlation between production loss and illness of women workers,**<sup>26</sup> adversely affecting both the women workers and the business owners.

### **1.1.3. Analysis of Workplace Policies for Women Workers in Bangladesh**

Maternity protection in the workplace enables women to continue their productive work without compromising their reproductive and child care needs. Breastfeeding is critical to achieve many of the Sustainable Development Goals (SDGs), asserting that it improves child nutrition, prevents child mortality (SDG 2) and decreases risk of non-communicable diseases (SDG 3), and supports cognitive development and educational attainment (SDG 4). Breastfeeding is also linked to SDG 5 with a potential to contribute to gender equality.

Bangladesh has enabling laws and policy framework in line with the international definitions on labour rights and discrimination.

<sup>23</sup> S Nayeem Emran, Joy Kyriacou and Sarah Rogan, New Oxfam report reveals the suffering of female garment workers in Bangladesh & Vietnam. <https://fashionjournal.com.au/fashion/oxfam-report-not-paid-living-wage/#:~:text=It%20found%20that%20100%20per, enough%20to%20meet%20their%20needs>

<sup>24</sup> Effectiveness of Workplace Nutrition Programmes on Anaemia Status among Female Readymade Garment Workers in Bangladesh: A Programme Evaluation Muttaquina Hossain et al. *Nutrients*. 2019;11(7):1179. doi:10.3390/1179000218/34

<sup>25</sup> <https://apparelresources.com/business-news/trade/bangladesh-rmg-factories-must-focus-more-on-women-workers-health-states-study/>

<sup>26</sup> Haque MA et al. Supply-Side Effect of Health Care Facilities on Productivity Amongst The Female Workers In The Readymade Garment Sector. Md Aminul Haque, Assistant Professor, Department of Population Sciences, University of Dhaka

**Table 1: Maternity rights and benefits at the workplace: Bangladesh<sup>27</sup>**

Workplace maternity protection	
Duration of paid maternity leave	16 weeks
Coverage in law, paid maternity leave	10–32%
Coverage in practice, paid maternity leave	Not available
Amount of benefits (% of previous earnings)	100
Source of maternity benefit	Employer liability
Legal basis	Bangladesh Labour Act 2006, subsequently replaced as Bangladesh Labour Act, 2013 [amended]
Paid breastfeeding breaks at work	Not as per recommendation
Dismissal of pregnant workers is prohibited	No
Child care provisions	Yes (but not adequately)
Legal obligations of employers to provide child care	Yes, in establishments with >40 female workers

The key legal provisions that support workplace interventions include the following.

- The Bangladesh Labour Law 2006 and the Bangladesh Labour Rules 2015 are the main legal frameworks that set and govern standards on aspects, such as minimum wages, overtime pay, working conditions and hours, as well as rules for unionisation and engagement in collective bargaining.<sup>28</sup>
- Maternity benefits are regulated by the Bangladesh Labour Act, 2006 (subsequently replaced as the Bangladesh Labour Act, 2013 [amended]) sections 45 to 50 under Chapter IV called maternity benefit. According to Section 46 of the law, working mothers are to be allotted four

months of maternity leave, eight weeks of prenatal leave, and eight weeks of postnatal leave.<sup>29</sup>

- The Department of Inspection for Factories and Establishments (DIFE) is the nodal agency responsible for monitoring compliance with these laws and regulations. It conducts inspections of RMG factories annually. If a factory is found to be non-compliant, the DIFE can issue fines or penalties and can even close the factory.

Other labour laws and safety regulations include the Bangladesh Occupational Safety, Health, and Environment (OSHE)

<sup>27</sup> UNICEF. 2021. Family-Friendly Policies in South Asia: Bangladesh Information Sheet. <https://www.unicef.org/rosa/media/15881/file/Bangladesh.pdf>

<sup>28</sup> Government of Bangladesh. 2021. Skill Development of the Youth in RMG: An Analysis of the Existing Training System [https://cabinet.gov.bd/sites/default/files/files/cabinet.portal.gov.bd/research\\_corner/5b546d65\\_67d2\\_444e\\_ac9e\\_18fdb68f6d61/Skill%20Development%20of%20the%20Youth%20in%20RMG%20An%20Analysis%20of%20the%20Existing%20training%20System.pdf](https://cabinet.gov.bd/sites/default/files/files/cabinet.portal.gov.bd/research_corner/5b546d65_67d2_444e_ac9e_18fdb68f6d61/Skill%20Development%20of%20the%20Youth%20in%20RMG%20An%20Analysis%20of%20the%20Existing%20training%20System.pdf)

<sup>29</sup> Awaj Foundation. 2019. Maternity Rights and Child care in Bangladesh: A Study of Workers in the RMG Sector.

Regulations while the Remediation Coordination Cell (RCC) is responsible for oversight on RMG factories.

Additionally, Ministry of Labour and Employment, (MoLE), the Government of Bangladesh, is committed to the National Tripartite Plan of Action that seeks to improve working conditions, wages, and labour rights in the RMG sector.<sup>30</sup> This includes undertaking a range of measures, such as training for the workers and the factory owners and providing financial assistance to the factories that are compliant with the labour laws and regulations.

It must be noted that the informal sector workers are not included within the above legal framework.<sup>31</sup> A study<sup>32</sup> highlights that about 50 per cent of the 7,000 RMG factories in Bangladesh are 'indirect factories' that subcontract for Tier-1 factories, and about one-third of these are informal, i.e., not registered with the government. These informal factories employ about 3.0 million workers, who are exposed to significant risk of exploitation and forced labour, as these remain 'hidden' and do not fall under the purview of labour compliance norms of large buyers.

**A compliance review by ILO-Better Work Bangladesh across 200 factories found that 42 per cent of Bangladesh's factories do not comply with paid leave provisions, including sick leave and maternity leave.**<sup>33</sup> Studies conducted to gauge perceptions of employers have found a largely negative association towards obligations and responsibilities placed on employers for pregnant and nursing mothers.

Further, employers also perceive workers taking undue advantages of provisions, such as maternity leaves, and hesitate to hire pregnant women.<sup>34</sup>

In this context, a workplace intervention that promotes protection of maternity rights and child nutrition within the RMG sector of Bangladesh becomes prominent. Towards this, in 2016, a joint consultation between Ministry of Health and Family Welfare (MoHFW) and Ministry of Labour and Employment (MoLE) of the Government of Bangladesh, UNICEF, International Labour Organization (ILO) and civil society organisations (CSOs) was conducted. The consultation led to the designing of the Mothers@Work (M@W) initiative/programme in August 2017. The programme, supported by UNICEF, aimed at partnering with MoHFW, MoLE, ILO, CSOs, RMG factory management and industry associations for creation of an enabling workplace environment that supports working mothers during critical stages of pregnancy, delivery, post-natal care, and child care. This will be achieved through sensitisation of working women and other stakeholders on maternity rights, its protection, and promoting adoption of seven minimum standards of maternity protection and breastfeeding support in the workplace.

## 1.2. Object of the Evaluation

This section provides an overview of the M@W programme and its different components that have been considered for the evaluation. It also highlights specific activities undertaken,

<sup>30</sup> [https://www.ilo.org/dhaka/Informationresources/WCMS\\_221543/lang-en/index.htm](https://www.ilo.org/dhaka/Informationresources/WCMS_221543/lang-en/index.htm)

<sup>31</sup> <https://www.thedailystar.net/opinion/perspective/news/what-about-workers-the-informal-sector-1887409>

<sup>32</sup> NYU Stern Center for Business and Human Rights [https://www.gfems.org/wp-content/uploads/2021/09/ELEVATE-LaborLink-Case-Study\\_31March2021\\_G03CASAPP08.pdf](https://www.gfems.org/wp-content/uploads/2021/09/ELEVATE-LaborLink-Case-Study_31March2021_G03CASAPP08.pdf)

<sup>33</sup> Better Work. 2019. An Industry and Compliance Review: Bangladesh, 2019. Reporting Period: June 2015–December 2018. [https://betterwork.org/wp-content/uploads/2020/01/Bangladesh-Annual-Report\\_2.pdf](https://betterwork.org/wp-content/uploads/2020/01/Bangladesh-Annual-Report_2.pdf)

<sup>34</sup> [https://jemds.com/data\\_pdf/nawab%20sher%203-MAR2.pdf](https://jemds.com/data_pdf/nawab%20sher%203-MAR2.pdf)

implementation plan, stakeholders engaged with the programme, and key beneficiaries.

### 1.2.1. About M@W Programme

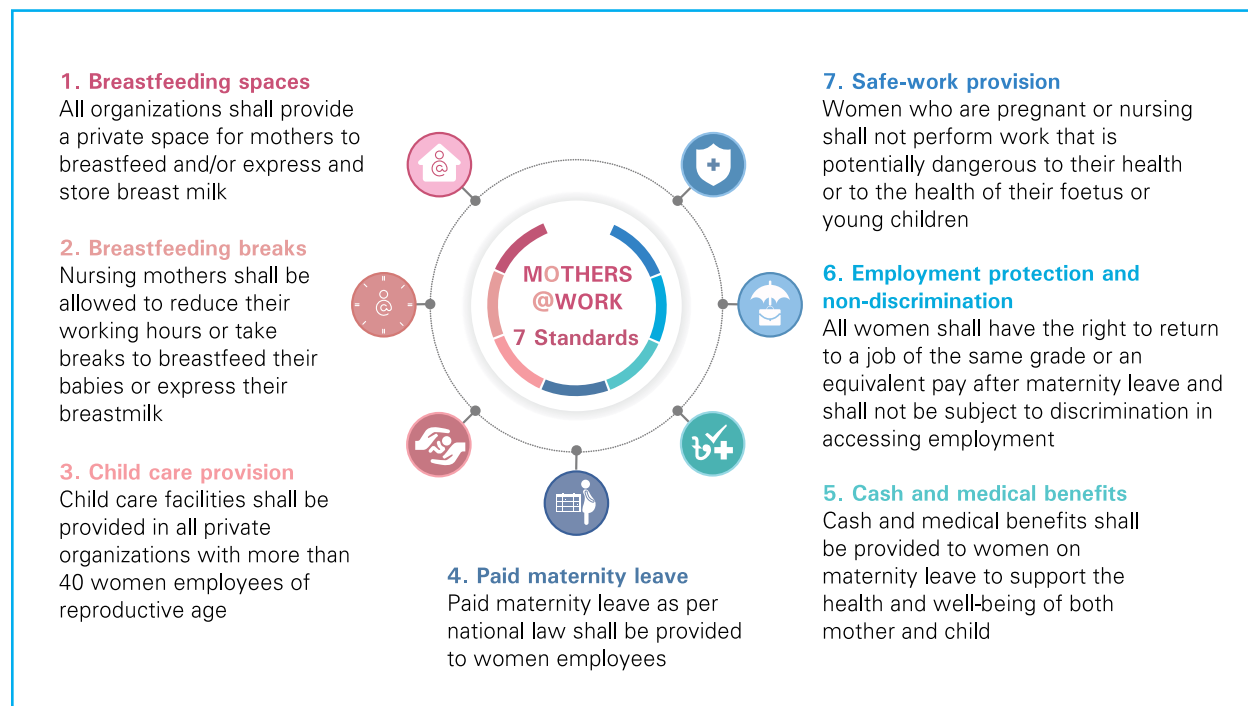
As stated in the previous section, the M@W programme is a workplace intervention, initiated by the government with support from UNICEF. It aims at creating an enabling environment for protection of maternity rights and breastfeeding support.

M@W promotes adoption of seven minimum standards of maternity protection and breastfeeding support at workplace. The seven minimum standards have been designed to

ensure that workplaces respond to the specific needs of working mothers, particularly pregnant and lactating women.

Mothers@Work seeks to build further the evidence that “child-friendly principles aren’t just good for children, they’re good for business.” With the RMG industry being one of the leading employers of women (in reproductive age) in the country, the sector is an appropriate choice to test workplace interventions that strengthen maternity rights and create an enabling environment for working mothers to ensure proper caring practices for their infants and children.

**Figure 3: Seven minimum standards of maternity rights protection and breastfeeding support in the workplace**



The seven minimum standards (Figure 3) are guided by the national policies, regulation and

global best practices on maternity protection and breastfeeding support in the workplace.<sup>35</sup> More

<sup>35</sup> Notably, these include ILO Conventions 2000 on Maternity Protection 183, ILO Recommendations on Maternity Protection 191, National Nutrition Policy 2015, the 2nd National Plan of Action for Nutrition 2016-2025, Bangladesh Labour Law 2006, and Breast Milk Substitute Act 2013.

details on the programme objectives have been provided in Annexure 2.

## 1.2.2. Programme Timeline

The M@W programme was launched by MoHFW and MoLE in August 2017. The launch was the outcome of consultation led by MoHFW and involved several stakeholders working towards promoting maternity protection and breastfeeding for working mothers, such as MoLE, the UN agencies (UNICEF, WHO, ILO), CSOs such as Bangladesh Breastfeeding Foundation (BBF), World Alliance for Breastfeeding Actions (WABA), Centre for Women and Children's Health (CWCH), and NGO/INGOs (Care, Concern Worldwide). The programme was implemented with technical and programme management support provided by UNICEF.

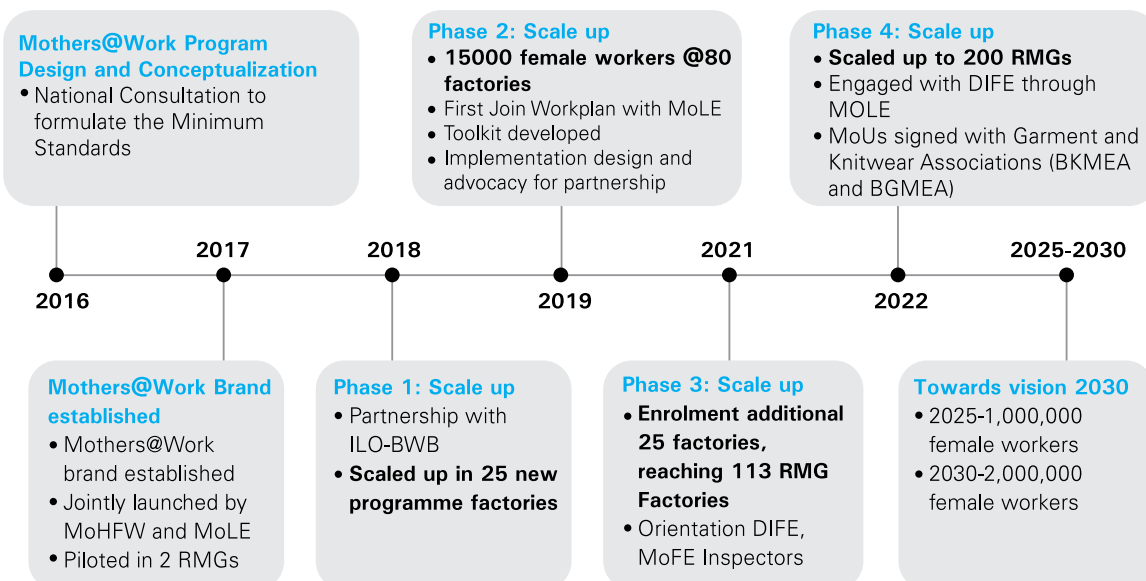
In January 2018, UNICEF established a partnership with ILO. The partnership leveraged ILO's network with the ready-made garment (RMG) factories that were implementing Better Work Bangladesh programme (ILO-BWB) and

supported rolling out of M@W on pilot basis. As of January 2021, 113 factories were enrolled in the programme in partnership with ILO-BWB. These factories are located in Dhaka, Gazipur, Narayanganj, Mymensingh and Chattogram districts of Bangladesh.

Further, UNICEF established a partnership with MoLE and Department of Inspection for Factories and Establishments (DIFE) towards mainstreaming maternity rights within the DIFE factory inspection mechanism.

By 2030, the M@W programme is expected to be implemented across all the factories in the RMG sector, reaching 2.1 million female workers. UNICEF plans to achieve this by expanding partnership with the Bangladesh Garment Manufacturers and Exporters Association (BGMEA), with over 3,500 garment factory members, and the Bangladesh Knitwear Manufacturers and Exporters Association (BKMEA), with about 2,000 knitwear factory members.

### Programme timeline



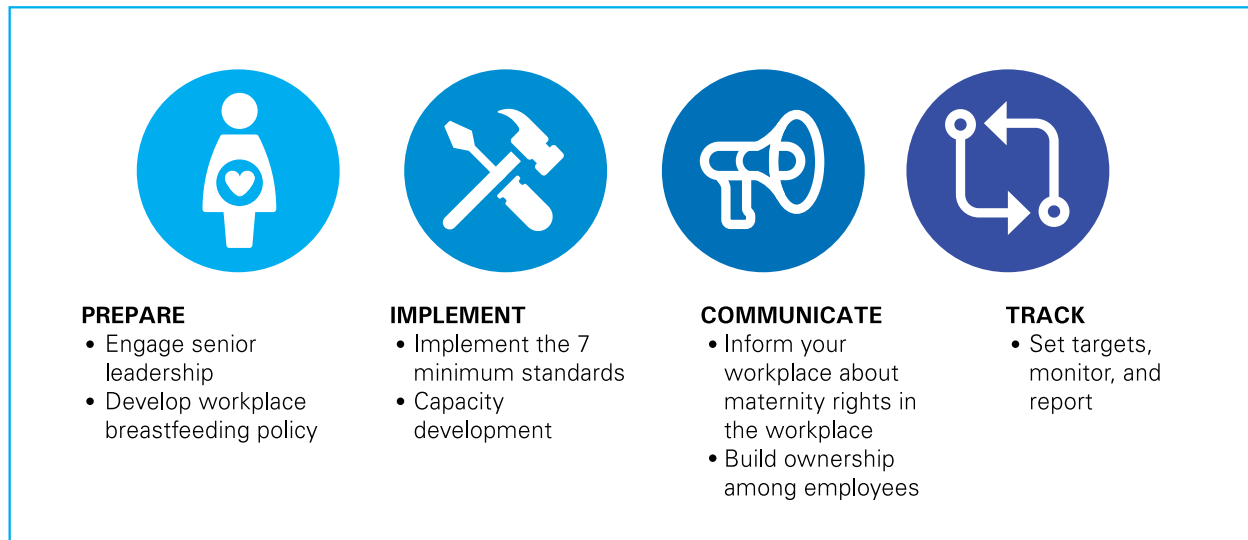


### 1.2.3. Programme Strategies and Interventions

To ensure that the programme supports garment manufacturers in enhancing maternity rights

protection and supporting lactating mothers to follow the breastfeeding best practices, UNICEF developed a four-pronged approach, as outlined below:

**Figure 4: M@W implementation approach and activities**



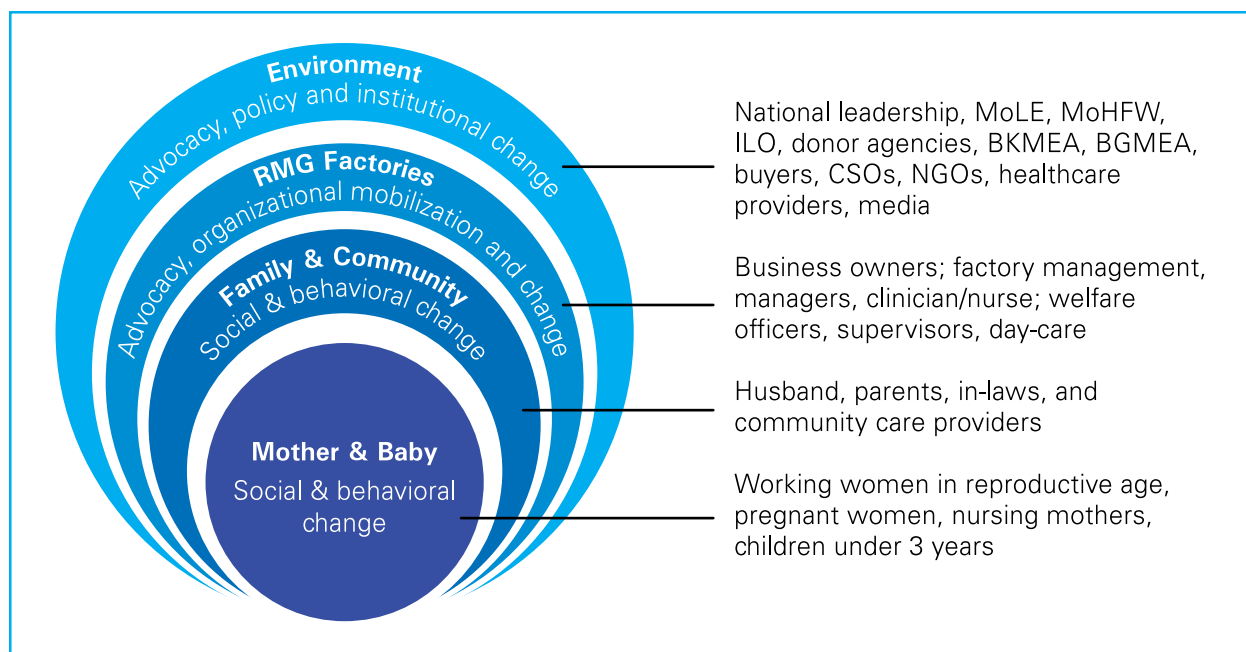
More details on the programme interventions and implementation modalities have been given in Annexure 2.

### 1.2.4. Key Partners and Stakeholders

The programme established partnerships and collaboration with the key stakeholders, such as National Nutrition Services (NNS), as the main counterpart for nutrition agenda under the MoHFW, MoLE and DIFE towards ensuring safe work environment, ILO (through its Better Work Bangladesh programme), BRAC, Phulki as the implementation partner (IP). The key partnerships and stakeholders of the programme have been detailed in the figure below:



**Figure 5: Socio-ecological model representing stakeholders within the M@W ecosystem from the perspective of working mothers**



The modalities of implementation evolved during the programme duration; and in October 2022, new partnerships with the RMG industry associations, namely BKMEA and BGMEA, were established. More details and highlights of the partnerships have been provided in Annexure 2.

### 1.2.5. Key Beneficiaries

The primary beneficiaries of the programme are pregnant and lactating women working in the RMG industry, often challenged with balancing their job and caring for their children. Along with working women, the programme also aims to address the needs of their young children under three years of age.

Furthermore, the beneficiaries include factory-level managers, human resource management officers, child care providers, welfare officers, and DIFE inspectors, as they were sensitised and capacitated on seven minimum standards related to maternity rights protection and breastfeeding support.

### 1.2.6. Programme Costs

The costs for designing and implementing interventions under the M@W programme is presented below:

**Table 2: Programme costs**

Program Costs	Amount	Remarks
<b>Direct Cost</b>		
A. Personnel (staff, consultants, travel)- UNICEF	\$305,936.00	50% of lead staff salary for 3 years
B. Advocacy, guideline and capacity building directly by UNICEF	\$47,802.00	
C. Supplies/commodities/equipment/transport	\$25,634.00	
D. Partnership- ILO for strategic and monitoring support	\$204,566.00	
E. Partnerships- CSOs- BRAC, Phulki	\$165,248.00	
F. Other direct costs- GoB monitoring & supportive supervision	\$30,329.00	
G. Coordination by UNICEF	\$55,676.00	
Sub-total direct costs	\$835,191.00	
<b>Indirect Costs</b>		
H. Estimated (Limited to 7% of the above)	\$58,463.37	
Sub-total indirect costs	\$58,463.37	
<b>Grand Total</b>	<b>\$893,654.37</b>	

**CHAPTER**

**2**

**EVALUATION  
PURPOSE,  
OBJECTIVES,  
SCOPE**

This chapter delves into the details of the evaluation conducted for the M@W programme. It outlines the purpose of evaluation, its specific objectives and scope. This section also highlights the audience, who would be interested in the findings of evaluation.

## 2.1. Purpose of the Evaluation

The evaluation assessed implementation of the M@W programme in the RMG sector. Further, it aimed at documenting key programmatic learnings, determining proof of model, and assessing its scalability within and beyond the RMG sector. As there was no documented theory of change (ToC), this evaluation also reconstructed the ToC and validated pathways of change during implementation of the programme.

The evaluation provides learnings to UNICEF, ILO, Better Work Bangladesh, Government of Bangladesh and other primary audience (of evaluation) on:

- How well the programme has embodied both gender-transformative and human rights-based approaches.
- Discrepancies between expected results of the activities and perceived and actual achievements within the programme and highlight enablers and barriers that can be leveraged or addressed in the future course of implementation.
- The evaluation also establishes a business case for responsible investment by the RMG factories in protection of maternity rights and child nutrition.

## 2.2. Objectives of the Evaluation

The objectives of the evaluation were:

- Assessing the relevance and coherence of the programme with the country's policies and primary stakeholders' priorities and context, using a gender-transformative and human rights lens.
- Assessing the quality and fidelity of the programme's seven standards' implementation, including an analysis of compliance monitoring.
- Assessing the efficiency of the programme, including the development of a costing analysis based on stakeholders' needs.
- Assessing the effectiveness of the programme from the perspective of both the beneficiaries and the RMG sector, including women's perception of and response to the standards.
- Identifying the impact of the programme on the beneficiaries, in accordance with a reconstructed ToC, while identifying enabling factors and opportunities. Simultaneously, the unintended positive or negative outcomes of the programme were mapped.
- Assessing the sustainability of the programme while identifying any systemic change among the sector or within the targeted community that would enable or threaten scalability. Simultaneously, roadmaps for a more shock-responsive sector were identified.

## 2.3. Scope of the Evaluation

The evaluation focused on assessing activities and processes related to the programme's formulation/design and implementation. Using the OECD-DAC criteria of relevance, coherence, effectiveness, efficiency, impact, sustainability, and gender and human rights, the evaluation tracked the progress/achievements of the programme and identified discrepancies between the expected and actual results.

As there was no documented ToC, the evaluation also created a ToC and validated the pathways of change and assumptions. Further, the evaluation focused on conducting a cost-benefit analysis to generate evidence on the efficacy of the model and comment on the possibilities of future scale-up.

The evaluation covered the full life of the M@W programme during the period ranging from August 2017 to November 2022, across 113 RMG factories.<sup>36</sup> The evaluation focused on pregnant women and lactating mothers working at any of the factories during the intervention lifecycle. In addition to these, the factory administration, UNICEF programme team, ILO-BWB and BRAC representatives, and other stakeholders associated with the M@W programme were also covered. The scope did not cover new mothers currently not employed with the programme RMGs or may have already dropped out of employment.

The evaluation also covered the control factories (factories that were yet to initiate the M@W programming) for counterfactual analysis. For the control factories, matching of sample factories

was done based on parameters of geographic location, factory size, proportion of female employees, and year of incorporation of the factories.

The evaluation applied gender equality and empowerment of women (GEEW) and accountability lenses to affected populations in the findings. The evaluation (methodology, criteria, questions, analytical framework, and data management processes) complied with the United Nations Evaluation Group (UNEG) norms and standards for evaluation (2016), specifically relating to gender equality and human rights.<sup>37</sup> The evaluation drew lessons learned and provided recommendations for further improvement of the programme design, for scale-up phases, as well as for applicability in other similar settings.

## 2.4. Intended Audience

Primary users of the evaluation findings are UNICEF, ILO, BetterWork Bangladesh, National Nutrition Services, Institute of Public Health Nutrition, MoHFW, MoLE, DIFE, BRAC, Phulki, Bangladesh Garment Manufacturers and Exporters Association (BGMEA), and Bangladesh Knitwear Manufacturers and Exporters Association (BKMEA). The evaluation will provide them learnings regarding implementation and monitoring of the seven standards, and how the effects of the programme could be changed and/or scaled.

Secondary users of the report include WHO, Bangladesh Breastfeeding Foundation (BBF), World Alliance for Breastfeeding Actions (WABA), the private sector entities, Centre for Women

<sup>36</sup> UNICEF leveraged ILO's existing presence across BetterWork programme factories to expand the Mothers@Work programme's reach. As per the amended ILO-UNICEF Joint Agreement for 2018-2020, UNICEF was supported by ILO to first implement Mothers@Work across 80 factories by 2019, following which, 25 new factories were to be enrolled by end of 2021. Thus, by leveraging presence of implementation partners like ILO, BRAC and Phulki, the intervention was expanded to 113 factories.

<sup>37</sup> UNEG Indicators on Gender and Human Rights in UNEG Quality Checklist for Evaluation Reports

and Children's Health (CWCH), and other NGOs, INGOs, and donors- supporting maternity and child rights in Bangladesh for learnings on promotion and protection of maternity rights and child nutrition at the workplace.

## 2.5. Theory of Change

As there was no documented theory of change (ToC), the evaluation team created a ToC to provide a programme-specific framework for M@W. The ToC has been contoured to align with the broader UNICEF Bangladesh country strategy, ensuring that the M@W programme fits within the overarching goals and objectives of UNICEF's work in the country. This allowed for seamless integration of the programme into the larger development framework and ensured its relevance and coherence. The reconstructed ToC served as a guide for the evaluation, providing a clear understanding of the programme's intended outcomes, pathways of change, and the linkages between inputs, activities, outputs, and outcomes. It formed the basis for identifying key indicators, data collection methods, and the overall evaluation design.

### 2.5.1 Key Principles Guiding the Theory of Change

The key principles encompass the foundational beliefs, and guiding philosophies that shape the design, execution, and evaluation of a programme. They establish a set of guidelines, steering decision-making, and interactions across the programme's lifecycle.

- **Partnership:** The M@W programme emphasises collaboration among the private and public sectors and civil society organisations (CSOs). It promotes involvement of programme and

policy makers, employers, employees, communities, and other stakeholders in creating a supportive work environment for working mothers. Partnerships play a crucial role in the programme's success and should be fostered and strengthened.

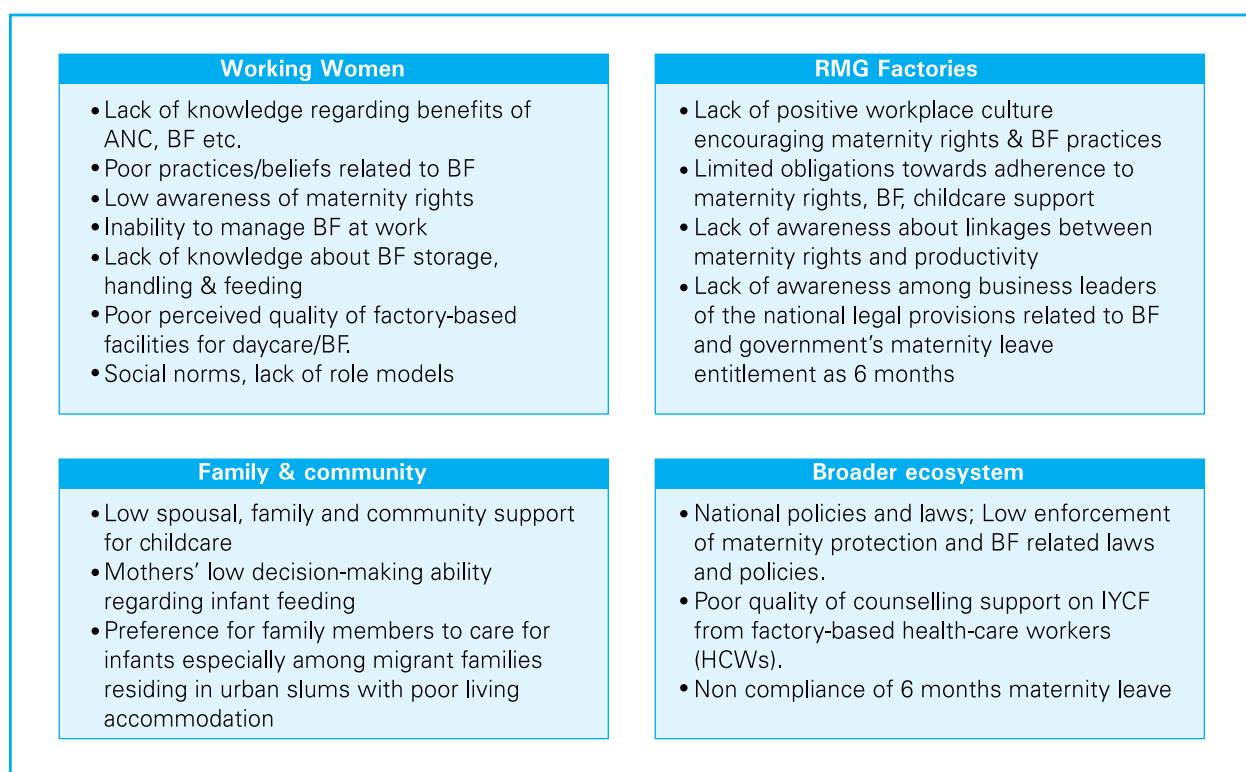
- **Advocacy:** The programme advocates for an enabling environment complying to policies and practices that support protection of maternity rights protections and breastfeeding practices for working mothers. This includes advocating for paid maternity leave, affordable childcare, and breastfeeding support at workplace. By engaging in advocacy efforts, M@W aims to bring about systemic change that benefits working mothers across various factories in the RMG sector.
- **Gender Inclusivity, Equity and Empowerment:** M@W is committed to inclusivity, ensuring that all working mothers, regardless of their race, ethnicity, religion, sexual orientation, or socio-economic status, are supported. The programme aims to empower working mothers by providing them with equal opportunities for child care, self-agency and economic contribution to the family.
- **Innovation:** The M@W programme recognises the importance of innovation in addressing the unique challenges faced by working mothers. It encourages exploration and implementation of innovative solutions, strategies, and technologies that can help address changing needs and expectations of working mothers.

## 2.5.2 Situational Analysis

The situational analysis based on literature review provides an insightful examination of the context in which the M@W programme operates. It highlights barriers/challenges in promoting

and practicing maternity rights and services at work, including knowledge gaps, cultural beliefs, workplace culture, legal awareness, and lack of availability of an enabling support system. The synopsis of situational analysis is presented below:

**Figure 6: Understanding barriers among the key stakeholders towards promoting/practicing maternity rights and services at work<sup>38</sup>**



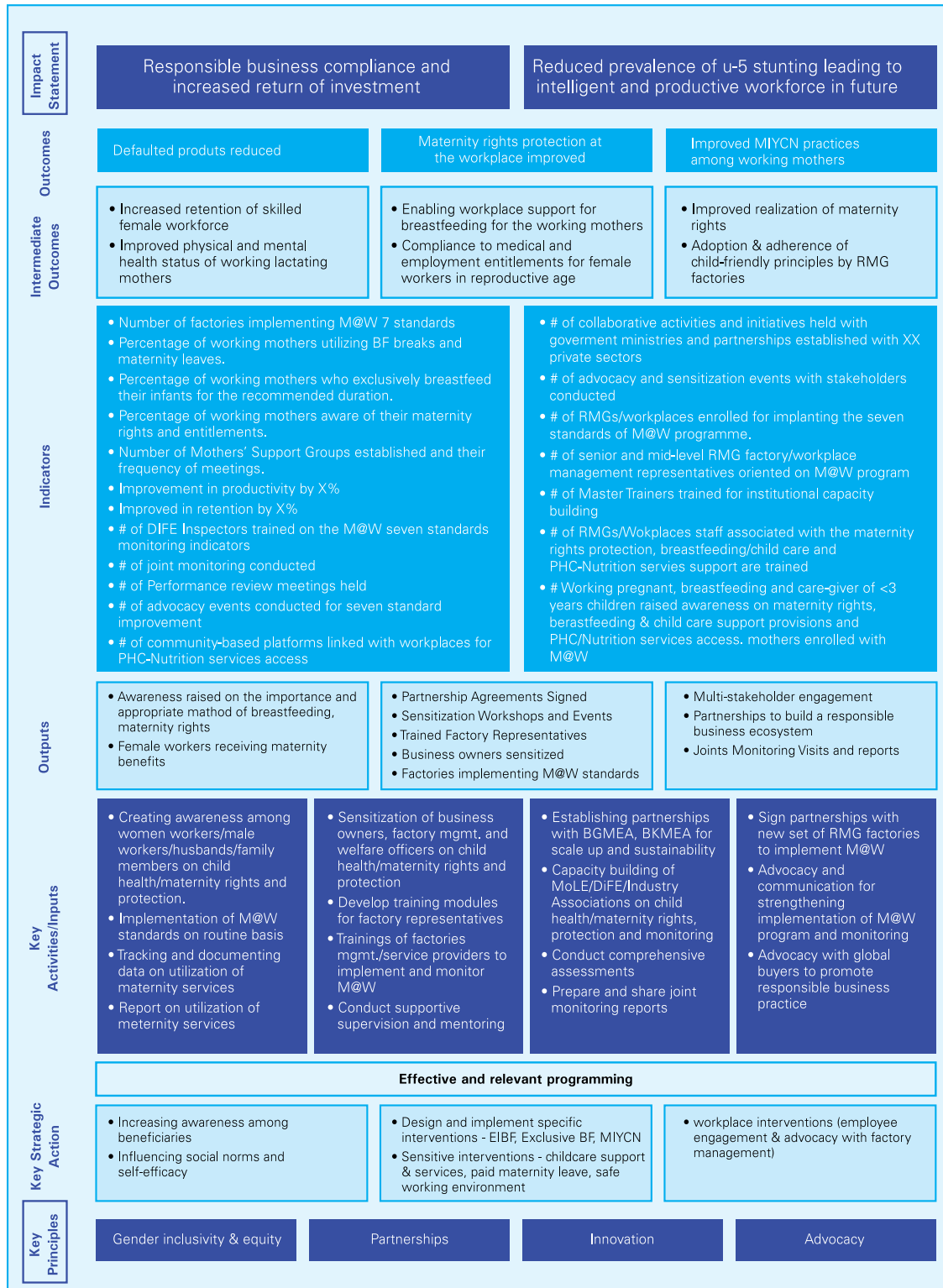
The above observations were also validated by the pregnant and lactating women during FGDs. The participants in the FGDs expressed that there was lack of awareness of the benefits of antenatal care and breastfeeding and maternity

rights entitlement. They had limited support at the factory level to breastfeed their child at the workplace. The factory managers were often insensitive about breastfeeding.

<sup>38</sup> Evaluation team analysis: Discussion with stakeholders

## 2.5.3 Theory of Change

**Figure 7: Programmatic pathway of the M@W theory of change**





### 2.5.4 Assumptions and Risks

This section presents the assumptions and risks associated with the ToC for the M@W programme.

#### Assumptions associated with the ToC:

1. Continued advocacy and policy dialogue will result in stakeholders/partners increasing investments in maternity protection systems.
2. Social norms change and BCC strategies will have an incremental impact. Social misconceptions and attitudinal barriers regarding breastfeeding at the workplace will be gradually addressed.
3. There is continued government prioritisation of maternity rights, child nutrition and female workforce participation.

4. The factory management will adopt responsible business approaches and maintain their commitment for providing an enabling mother and child-friendly environment and culture at the workplace.
5. The key associations (BGMEA and BKMEA) continue to play a leading role for the RMG sector.
6. No major humanitarian/emergency/pandemic situation is expected to substantially affect programme operations.
7. Economic conditions remain favourable for continued private sector investment.

**Table 3: Risks associated with the ToC along with suggested mitigation strategy**

Risks	Suggested mitigation strategy
<b>Perceptions related to not meeting performance targets or workplace targets may pose barriers to the use of breastfeeding breaks</b>	Conduct awareness campaigns and training sessions for both workers and management to highlight the importance of breastfeeding breaks for maternal and child health. Regularly monitor and evaluate the implementation of breastfeeding break to address any gaps and ensure adherence.
<b>Family preferences related to child care may prevent the use of factory-based services and act as a barrier to mothers' decision to continue work</b>	Engage with families through targeted communication and awareness programmes to highlight the benefits of utilising factory-based breastfeeding and child care services. Address concerns and misconceptions regarding the quality and safety of these services. Collaborate with community leaders and influencers to promote acceptance and support for working mothers.

Risks	Suggested mitigation strategy
<b>Lack of commitment from the factory management towards adopting responsible business approaches may lead to insufficient or poor quality of services</b>	Strengthen partnerships with the factory management through continuous engagement and dialogue. Provide training and capacity-building programmes to raise awareness of responsible business approaches and the benefits of creating a mother and child-friendly workplace. Establish monitoring mechanisms to assess the implementation and quality of services and provide feedback and support for improvement.
<b>Poor adoption and adherence to recommended actions, such as maternal nutrition and breastfeeding/child caring practices by the mother/care-givers/family</b>	Engage with the community health workers and peer support groups to provide counselling and support to breastfeeding mothers. Collaborate with the local stakeholders, including religious leaders and community influencers, to reinforce positive social norms and practices related to breastfeeding.
<b>Political instability due to upcoming elections and or other unrest situation among the workforces</b>	Develop contingency plans to mitigate potential disruptions caused by political instability such as election-related developments. Adjust implementation strategies and timelines accordingly to ensure continuity of programme activities.
<b>RMG strike/unrest</b>	Regularly assess and address the workers' concerns related to their rights and working conditions. Foster dialogue and collaboration with relevant stakeholders to prevent and mitigate labour disputes. Establish mechanisms for effective communication and engagement with the factory workers and the labour unions.
<b>Global economic crisis and Bangladesh's graduation to middle-income country, leading to decreased funding from donors in the country</b>	Design interventions with sustainability lens inbuilt to ensure self-sustaining programmes. Develop a business case to generate donor interest and support at the programme outset and gradually transit to independent implementation.

**CHAPTER**



**EVALUATION  
METHODOLOGY**

### 3.1. Evaluation Design

The evaluation adopted a mixed method approach to answer the evaluation questions under the given criteria. An extensive desk review of available secondary data was also undertaken. The use of mixed-method approaches allowed a comprehensive and robust assessment of the programme, capturing both qualitative insights and quantitative data to provide a holistic understanding of its implementation, outcomes, and impacts. This approach ensured a more nuanced analysis, enriched the evaluation findings, and strengthened the validity and

reliability of the assessment.

The evaluation involved primary data collection substantiated with a secondary review of relevant literature. These data sources were supported with appropriate data analysis methods and triangulation at multiple levels. Due to the absence of a baseline evaluation for the programme, a separate matching counterfactual sample was included to facilitate comparison during the endline.

The overall design of the study and key processes has been detailed in the figure below:

**Figure 8: Evaluation design**

Method of data collection	Primary Data Collection			Secondary Review
	Quantitative Survey with Pregnant Women and Lactating Mothers Group Discussions and Observations at Factory level KIIs with programme level stakeholders and relevant government staff			
Target Group/ Sources of Information	KIIs	Survey	Qualitative: Factory Level	<ul style="list-style-type: none"> <li>• Programme proposal</li> <li>• Results frameworks</li> <li>• Evaluation reports of the pilot assessments conducted in the five factories.</li> <li>• Routine monitoring data (cost related data (overhead, expenditure), employment related data (new hiring, resignations/ firing, attendance/absence, sick days, hrs, etc.)</li> <li>• Resource guide</li> <li>• Communication Material</li> <li>• Semi-annual and annual plans</li> <li>• Findings from advisory visits</li> <li>• NNS operational plan</li> <li>• Second National plan of action for nutrition 2016-2025</li> <li>• 8th five-year plan (2021-2025) UNSDCF for Bangladesh 2022- 2026</li> <li>• Country programme document 2022-2026</li> <li>• Nutrition section PSN 2022 2026</li> </ul>
	<ul style="list-style-type: none"> <li>• National Nutrition Services</li> <li>• Institute of Public Health Nutrition</li> <li>• Ministry of Health and Family Welfare</li> <li>• Ministry of Labour and Employment (MoLE)</li> <li>• Department of Inspection for Factories and Establishments</li> <li>• ILO and BetterWork Bangladesh</li> <li>• BRAC and Phulki</li> <li>• BKMEA and BGMEA Leadership</li> <li>• UNICEF programme staff</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnant Women working in RMGs.</li> <li>• Lactating Mothers working in RMGs.</li> </ul>	<ul style="list-style-type: none"> <li>• Group Discussions with factory owners, management, and HR team members</li> <li>• Male and female Workers in sampled factories</li> <li>• Pregnant women and lactating mothers working in the sampled factories.</li> <li>• Observations of physical facilities</li> </ul>	
Indicative outputs	<ul style="list-style-type: none"> <li>• Understand of the programme design and the implementation modalities</li> <li>• Key considerations at the time of conceptualizing the programme.</li> <li>• Mechanisms drawn for monitoring the progress.</li> <li>• Key determinants for scaling the programme.</li> <li>• Specific measures undertaken to carry forward advocacy.</li> </ul>	<ul style="list-style-type: none"> <li>• Quantitative data around knowledge, attitudes, and behaviours</li> <li>• Measures undertaken by the factory owners, management, and the HR around maternal and child health.</li> <li>• Understanding around the processes adopted for implementing these initiatives.</li> <li>• Feedback on the initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Explain the findings from the quantitative component.</li> <li>• Qualitative aspects with respect to the nature of initiatives</li> <li>• Manner in which the workers have been responding to these initiatives.</li> <li>• Nature of initiatives, and the processes involved in implementing them.</li> <li>• Measures undertaken at the institutional level for monitoring the implementation process.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify availability of information on programme indicators</li> <li>• Ascertain key data gaps.</li> <li>• Guide refinement of areas of information and development of evaluation tools</li> <li>• Triangulate the data from the primary component.</li> </ul>

In addition to the interviews during primary data collection, a physical observation of the facilities was undertaken to better understand the effectiveness of the interventions. These observations are added to the evaluation data and

findings to corroborate with other methods of data collection.

At a broader level, a mix of two approaches was used towards the evaluation design, as presented in the table below.

Analysis	Intervention	Control
<b>Baseline</b>	√	
<b>Endline</b>	√	√

- Comparison of selected indicators between the baseline (five pilot factories)<sup>39</sup> and the endline in the intervention group.
- Comparison between the intervention and the control groups for the endline values on full set of indicators.

The data from the secondary review and the primary survey was triangulated and synthesised to arrive at the findings and document the story of how the programme components have performed on the set criteria, the enabling

factors, challenges faced and overcome, good practices, and key considerations for future programming needs.

### 3.2. Evaluation Criteria and Questions

The evaluation has been informed by the OECD-DAC criteria of relevance, coherence, effectiveness, efficiency, impact, sustainability, and gender and human rights. The list of evaluation questions against each criterion has been provided below. A detailed matrix with all evaluation questions is available in Annexure 3.

<sup>39</sup> Comparison with indicators from intervention research on breastfeeding-friendly interventions in public health facilities and private workplaces in Bangladesh: A mixed method approach; Progress Assessment Report, Maternal and Child Health Division, icddr,b

**Table 4: Evaluation questions**

Evaluation Questions
<p><b>Relevance</b></p> <ul style="list-style-type: none"> <li>• EQ1.1: Were planned activities well-informed and strategically relevant to the stakeholders' needs?</li> <li>• EQ1.2: Had the programme's results remained valid and relevant during the life of the programme?</li> <li>• EQ1.2.1: Did the intended beneficiaries change during the programme?</li> <li>• EQ1.3: How did the programme adapt to experienced shocks?</li> </ul>
<p><b>Coherence</b></p> <ul style="list-style-type: none"> <li>• EQ2.1: Do the programme activities/components contribute to the main outputs and outcomes and align with the reconstructed ToC and results framework?</li> <li>• EQ2.2: Understand and review programmes in the RMG sector focused on mother and child rights.</li> <li>• EQ2.3: Assess alignment of the M@W strategy with the government priorities and UN frameworks.</li> <li>• EQ2.4: How well do the M@W components align with UNICEF's global and regional family-friendly policies? What changes are recommended for the programme to be in alignment with these national and international initiatives and frameworks?</li> </ul>
<p><b>Effectiveness</b></p> <ul style="list-style-type: none"> <li>• EQ3.1: How effectively have the standards and programme interventions been implemented?</li> <li>• EQ3.2: Were there any obstacles/bottlenecks/issues on any stakeholders' side that limited successful implementation and results achievement of the programme?</li> <li>• EQ3.3: How effectively have the expected results been achieved, and to what level of quality?</li> <li>• EQ3.4: What, if any, alternative strategies would have been more effective in achieving its objectives?</li> <li>• EQ3.5: What are the RMG sector's and beneficiaries' views on standards?</li> <li>• EQ3.6: Are the pregnant women and lactating mothers using the interventions and protections availed through the implementation of the standards?</li> <li>• EQ3.7: Were the implementation and monitoring strategies for the standards appropriate, on track, and effective to achieve the planned protections and impact?</li> </ul>
<p><b>Efficiency</b></p> <ul style="list-style-type: none"> <li>• EQ4.1: Was there a clear distribution of roles and responsibilities of the key actors involved?</li> <li>• EQ4.2: What are the metrics of performance for each of the key stakeholders?</li> <li>• EQ4.3: Are the right set of indicators being tracked based on the ToC that is constructed?</li> <li>• EQ4.4: How have the seven M@W standards enabled the RMG factories in implementing the existing policy guidance to enhance maternity protection and breastfeeding support in the workplace?</li> <li>• EQ4.5: To what extent has UNICEF made good use of resources and tools?</li> <li>• EQ4.6: What is the perceived cost-benefit of the beneficiary outcomes/impact and inputs vs. the implementation and monitoring of the standards?</li> </ul>

## Evaluation Questions

### Impact

- EQ5.1: What has been the impact of the programme, from the beneficiary perspective?
- EQ5.2: What evidence shows the achievement of outcomes?
- EQ5.3: To what extent has the programme enabled opportunities for other nutrition or rights-based interventions within the M@W factories?
- EQ5.4: Are there any external factors to the programme that have affected successful implementation of the standards and results achievement, and be a prospect for policy impact?
- EQ5.5: How could the identified positive or negative external factors be mitigated or exploited further in future interventions?

### Sustainability

- EQ6.1: Is the programme aligned with the broader development efforts to improve women workers' rights in Bangladesh and support local development?
- EQ6.2: To what degree, the programme designed and implemented with sustainability in mind?
- EQ6.3: What are the possible sustainability models, including maintaining the quality of standards implementation?
- EQ6.4: Analyse proposed and implemented measures for the programme's next phase.
- EQ6.5: How well has the programme integrated a gender-transformative approach and a human rights lens into the design and implementation?
- EQ6.6: Have current achievements or progress been equitably achieved?

The evaluation matrix mapped the evaluation questions with the key information areas, the source of data collection, and the methods used for data collection. These key information areas played an instrumental role in the development of data collection tools. Additionally, this matrix was the basis for the analytical framework used in the evaluation and served as the foundation of the evaluation process.

### 3.3. Data Collection Methods and Sampling Design

The evaluation used qualitative and quantitative data collection methods and tools. Training on data collection was provided to the field personnel (hired locally) to gather qualitative and quantitative information using structured

questionnaires and interview guidelines. The training was conducted during the period of 7-9 March 2023. The primary data collection was conducted over a three-week period in March 2023 (in five districts of Bangladesh). The list of factories visited is provided in Annexure 6.

**Secondary Review of Literature:** To develop a sound understanding of the key objectives and intended outcomes, programme design, activities, and related input processes, an extensive review of programme documents, plans, and progress reports was undertaken. The component entailed a review of the key programme documents, such as (a) programme proposal, (b) results framework, (c) evaluation report of the pilot assessment conducted in five factories, (d) routine monitoring data, (e) resource

guide, (f) communication materials, (g) semi-annual and annual plans (highlighting status of implementation of the minimum standards work plans), and (h) findings from advisory visits, etc. In addition to this, the component also included review of the government plans and strategies, such as the National Nutrition Services (NNS) Operational Plan, 2nd National Plan of Action for Nutrition 2016-2025, 8th Five-Year Plan (2021-2025), UNSDCF for Bangladesh 2022-2026, UNICEF Country Programme Document 2022-2026, and Nutrition Section Programme Strategy Note (PSN) 2022-2026. The full list of secondary data sources reviewed is provided in List of References.

**Qualitative Data Collection:** The qualitative component entailed undertaking in-depth interviews and group discussions at the factory level, and key informant interviews of the stakeholders involved in designing, implementing, and monitoring the programme. On the other hand, discussions were also conducted with the representatives of factories around the processes adopted and activities undertaken during implementation of the M@W programme. The table below summarises the qualitative interactions at the factory level. The full list of the key informants interviewed at the government and programme level is given in Annexure 6.

**Table 5: Qualitative sampling**

	Number of factories	Sample size per factory	Total sample size	Total respondents
<b>Focus group discussions</b>				
<b>Male workers</b>	4	1	8	~32
<b>Female workers</b>	4	1	8	~32
<b>Pregnant and lactating women</b>	8	1	8	~64
<b>In-depth interviews</b>				
<b>Female beneficiaries of the M@W programme</b>	-	-	-	8
<b>Female workers - Dropouts<sup>40</sup></b>	-	-	-	4
<b>Key informant interviews</b>				
<b>Factory management, HR officials, welfare officers</b>	8	2	2	~16

**Quantitative Data Collection:** The quantitative component for the evaluation was undertaken with the pregnant women and lactating mothers

working in the sampled intervention and control factories. The component captured quantitative data around knowledge, attitudes, and

<sup>40</sup> Dropouts refers to the women with children who have discontinued their employment in RMG factories. Community-level in-depth interviews were held to understand the reasons for discontinuing their employment.



behaviours of the two respondent groups with respect to relevant programme components, such as awareness and realisation of maternity rights, exclusive breastfeeding and child care.

The table provided below showcases the total sample covered for the quantitative survey. The demographic profile of respondents has been attached in Annexure 7.

**Table 6: Quantitative sampling**

Category	Number of factories	Sample size per factory	Respondent size per factory		Total sample size
			Pregnant women	Lactating women	
<b>Intervention</b>	18	20-22	123	255	378
<b>Control</b>	9	20	52	128	180
<b>Total</b>	27	20-22	175	383	558

Further, detailed observations on relevant services and physical facilities in eight factories (same as qualitative sample) were undertaken using an observation checklist.

the impact of different variables on the programme performance (such as geography, gender, etc.), correlation and chi square analysis was also utilised.

### 3.4. Data Analysis

**Analysis of Quantitative Data:** Quantitative data was subjected to a detailed data cleaning process and checked for consistency and errors. The data subsequently was then analysed (using SPSS) and tables for each variable were generated. The data analysis focused on:

- Univariate analysis to understand status of opinions/progress on specific indicator categories.
- Bi-variate analysis to check for influence of specific socio-demographic, geographical and environmental variables outcome and impact variables. Hypothesis testing methods (z-tests and t-tests) were used where applicable. Furthermore, to study

- Gender-sensitive reporting, gender analysis and disaggregated data across gender and other socio-demographic variables ensured gender-responsiveness.

**Analysis of Qualitative Data:** For analysis of qualitative data, field notes and transcripts were first translated and organised systematically. The team utilised the [Content Analysis framework](#), which involved an iterative process of coding the data through open, axial,<sup>41</sup> and selective coding methods. The coding was based on the set of factors that are assessed under the conceptual framework and the outcomes under the research approach. These guided the formulation of themes that describe the overall programme performance (Annexure 4).

<sup>41</sup> Axial coding refers to the process of organising data by making connections between categories or themes and identifying relationships within the data. It involves identifying core categories or concepts and then relating them to subcategories or dimensions.

**Triangulation of Data Sources:** The data from the secondary review and the primary methods was triangulated to assess reliability and validity. The evaluation matrix presents the sources from where the data for the evaluation questions was collected. Triangulation was undertaken within methods, where appropriate, by comparison of perspectives of different stakeholders on the same issue. In some cases, complementary observations and narratives of all the stakeholders were taken into account to compare with secondary data. The findings were then synthesised to document the story of how the

programme has performed on the set criteria, the enabling factors, challenges faced and overcome, and good practices.

For analysis of the indicators, identified in the evaluation matrix, **a rubric** was developed. These rubrics seek to establish performance levels for what a programme of this size and scale could reasonably expect to achieve within the context. The EQs were assessed against the rubric scales, the table below provides a general description of how the scales can be interpreted:

**Table 7: General rubric scale descriptors**

Rating	Score	Description
<b>Excellent</b>	<b>4</b>	Excellent means that the programme has not only met all reasonable expectations/targets in this area bearing in mind the context, but has substantively exceeded some of these. There may be room for incremental improvements.
<b>Good</b>	<b>3</b>	Good means that the programme has generally met the reasonable expectations/targets, allowing for a few minor exceptions. Some improvements may be needed.
<b>Adequate</b>	<b>2</b>	Adequate means that the programme, though not meeting all expectations/targets, has fulfilled the minimum 'bottom-line' requirements, and has shown acceptable progress overall. Significant improvements may be needed.
<b>Poor</b>	<b>1</b>	Poor means that the programme has not fulfilled the minimum 'bottom-line' requirements and/or not shown acceptable progress overall. Immediate and major improvements are needed.

### 3.5. Approach and Methodology for Cost-Benefit Analysis

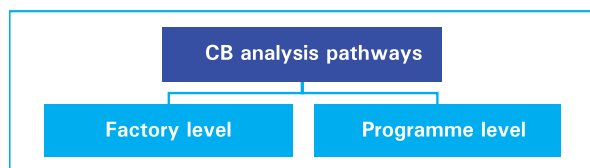
The analysis is influenced by the methodological recommendations of cost-benefit analysis (CBA), adopted by the European Union on investment projects (guidelines published by the European

Commission for Regional Policy in December 2014). The analysis considers the peculiarities of the RMG sector and M@W model, in that some of the investments made by the RMG units are to adhere to the regulatory and labour law requirements.

The desk review covered international case studies on maternal and child health workplace interventions, project documents, and similar studies conducted in either Bangladesh or in other countries in the region. As part of the primary data collection, interviews and focus group discussions with the beneficiaries were conducted. Face-to-face interviews with the beneficiaries and women currently outside the RMG employment were conducted with the aim of revealing stories/cases, instances of behavioural changes and other relevant information that could inform the CBA. At the same time interviews with RMG factory managers, welfare officers, programme implementing agencies and other stakeholders provided with critical insights and triangulation of the information with other sources. These insights and learnings shaped the assumptions in developing the CBA. The economic viability and cost-effectiveness of the model were assessed, based on available information. The analysis of expenses, financial and non-financial benefits resulted in the assessment of costs and benefits of the M@W programme.

### Approach to the Cost-Benefit Analysis

While conducting the cost-benefit analysis for the M@W programme, two distinct pathways were considered: 1) at the factory level, and 2) the programme level.



- **Factory Level:** At the factory level, the cost-benefit analysis focuses on the benefits and costs incurred at a RMG factory. It involves evaluating the costs associated with implementing

the M@W programme, policies, and practices for working mothers, and estimating the benefits to the RMG unit. Then the benefits that arise from these interventions were compared with the investment made by the RMG unit. The benefits accrued could include factors, such as increased employee productivity, reduced turnover rates, improved employee satisfaction and well-being, and enhanced company reputation.

By conducting a cost-benefit analysis at the factory level, the M@W programme, the associations, and the businesses can gain insights into the economic feasibility and potential return on investment of implementing the M@W initiatives within their specific context. For the M@W programme, **CB analysis can be used to develop and present business cases to other RMG units and associations. The analysis could also be used to expand the programme across other industries with significant women workforce participation.**

- **Programme (UNICEF) Level:** The cost-benefit analysis at the **programme level takes a broader perspective, considering the staggered scaling up of the programme, aggregate costs and benefits across multiple factories or workplaces that participated in the M@W programme.** It involves assessing the overall costs of programme implementation, including the resources required for coordination, training, supplies and technical support services for building capacity of the stakeholders, including the implementing partners/RMGs and the beneficiaries. On the benefit side, the

analysis includes factors, such as increased workforce participation among mothers, improved maternity benefits and child caring practices outcomes, and long-term impacts on the health-nutrition wellbeing of the beneficiaries, economic gains for both families and society.

## The methodology of the analysis includes the following steps:<sup>42</sup>

1. Characterisation of the programme's demographic constituents based on which the existing demand, utilisation, return to employment and attrition were assessed.
2. The following approach was used to classify costs for both the programme costs and the cost incurred at a RMG (one RMG factory).
3. Estimating the potential monetary values of the benefits at the unit level and subsequently at the programme level.
4. Financial benefits analysis - There are several methods of cost-benefit analysis that allow estimating the real value of costs and benefits, considering the discounting approach. We have examined the net present value and the cost-benefit ratios.
5. Cost-benefit ratio – It is the ratio of the cost and benefits, which includes the proportion of total discounted benefits received during the programme year to the projected total discounted cost of the programme. The calculating formula being – a)  $B_i$  – programme benefits for the year  $i$ , b)  $C_i$  – programme costs for the year  $i$ , c)

Definition of costs utilised for Cost Benefit Analysis		
S.No	Cost classification	Example
1	<b>Direct costs</b> - incurred to ensure implementation of the model. (RMG unit/ UNICEF).	Construction materials, furniture, communication collaterals, construction and renovation works, opportunity cost for training participation and supervision.
2	<b>Indirect costs</b> - transferred from UNICEF Bangladesh to the partners (programme management costs).	Partners, expert services, others.
3	<b>Current costs</b> - construction and installations, renovation, construction materials, etc.	Construction/renovations, education collaterals and materials.
4	<b>Capital costs</b> - purchase of equipment, necessary for the provision of services.	Capital expenses/investments, furniture.
5	<b>Fixed costs</b> - not dependent upon the volume of provided services.	Cost elements that will not increase, even if more beneficiaries avail the services.
6	<b>Variable costs</b> : expenditures that vary with the volume of services delivered.	Cost elements that will increase/reduce, if more beneficiaries avail the services.

<sup>42</sup>Assumptions for the calculations are provided in Annexure 11.

d - discount rate, and d) n - number of years.  
The rubric for the BCR being –

- BCR < 1.0: costs exceed the benefits.

$$BCR = \frac{(\sum \frac{B_i}{(1+d)^i})}{(\sum \frac{C_i}{(1+d)^i})}$$

- BCR = 1.0: costs are equal to benefits, which means low viability. It is not cost-effective, but will cover the costs (cost-covered model).
- BCR > 1.0: the benefits exceed costs and is a successful cost-effective model.

6. The net present value (NPV) method considers the difference between the discounted benefits and the costs. This method not only allows understanding the effectiveness of the model, but also comparing it with other similar models and selecting the most effective one. A higher NPV indicates larger benefits and higher level of cost-effectiveness. NPV is calculated by the following formula, where sum is

$$NPV = [\sum B_i / (1+d)^i] - [\sum C_i / (1+d)^i],$$

presented for the years from 0 to n. a)  $B_i$  – model benefits for the year i, b)  $C_i$  – model costs for the year i, c) d - discount rate, d) n - number of years. In this case, as the given model is an initiative that has been implemented only in one sector, only the outcomes of this model can be considered. This was also calculated to compare against any other similar model discovered during the secondary research.

### 3.6. Ethical Considerations

The evaluation was conducted with utmost ethical conduct in accordance with the **UNEG Ethical Guidelines for Evaluation (2020)**<sup>43</sup>, the **UNICEF Procedure for Ethical Standards and Research, Evaluation, and Data Collection and Analysis (2015)**<sup>44</sup> as well as the **United Nations Evaluation Group (UNEG) norms, standards, and ethical guidelines (2016)**<sup>45</sup>.

Throughout the evaluation design, management of the evaluation team, data collection, storage and analysis, the evaluation team upheld **impartiality, credibility, and accountability**. All members of the evaluation team were trained in appropriate guidelines for ethical research before the field work commenced. More details on the overarching ethical principles and frameworks have been provided in Annexure 4.

#### Ethical safeguards for participants

The evaluation ensured achievement of several key ethical safeguards for the participants, which include:

- **Mandatory informed consent:** Prior consent was sought for all interviews by administering a consent form before commencing interviews, informing the participants about their rights to voluntary participation and confidentiality of information. The participants were clearly briefed on the intended use of the findings and informed about their right to decline participation or non-disclosure of any information that they did not want to.
- **Protection of privacy and right to safeguard integrity:** Personal information of the respondents was kept confidential

<sup>43</sup> Source: <https://unevaluation.org/document/download/3625>

<sup>44</sup> Source: <https://www.unicef.org/evaluation/documents/unicef-procedure-ethical-standards-research-evaluation-data-collection-and-analysis>

<sup>45</sup> Source: <https://unevaluation.org/document/download/2787>

and no personal information obtained was made public at any stage of the surveys or interviews and thereafter. All personal information (e.g., the name of the respondent or family members) was encrypted in the electronic database. The mechanisms for ensuring ethical considerations around data security have been detailed in Annexure 4.

- **Protection from physical, mental, and emotional harm:** Private, accessible (as well as disabled-accessible), and safe environment was ensured for undertaking interviews for all the participants. Meanwhile, all spaces within the factory premises were accessed with prior approval. Further, data collection was conducted by local enumerators in the appropriate language and dialect. Appropriate sensitisation and training were also conducted with the researchers to work with vulnerable populations, build appropriate rapport, and avoid any form of physical, emotional and psychological stress.
- **Access to information regarding research:** All information related to the interview/FGDs, and their objectives were provided to the participants. They were also encouraged to seek more information by contacting the senior team members.
- **Ethical considerations for involvement of children:** Given the scope of the current study, direct involvement of children was not necessary for the evaluation.

## IRB Approval

As a measure to uphold high ethical standards, an Institutional Review Board (IRB) approval was sought from the Institute of Health Economics, University of Dhaka (FWA00026031), during the first two weeks of March 2023. Approval was obtained on 9 March 2023, the certificate for which has been attached in Annexure 5.

## Integrating Human Rights and Gender Equality

To abide by the UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation<sup>46</sup> and ensure substantive reporting on human rights and gender-responsiveness, an HR and GE conceptual framework was developed to guide the evaluation. The same is presented in Annexure 8.

- All field interactions were undertaken with prior training of enumerators on GE and HR principles as well as disability sensitisation.
- Majority of the data collection members were female, who ensured not to pose any cross-questions that are personal or sensitive, or that might harm or strain the respondent.
- Data was disaggregated by sex, age, disability, and other indicators, and incorporated within the analysis plan to explore how the intervention addressed structural inequalities and power relations across genders and different social groups. Data was also analysed based on a gender responsive and human rights-lens.<sup>47</sup>

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<sup>46</sup> Source: <https://uneval.org/document/download/1294>

<sup>47</sup> [https://msh.org/wp-content/uploads/2017/11/gender\\_transformative\\_supportive\\_supervision\\_technical\\_brief.pdf](https://msh.org/wp-content/uploads/2017/11/gender_transformative_supportive_supervision_technical_brief.pdf)

- Gender-sensitive reporting and writing was ensured with guidance from gender experts, while the final report will also provide gender analyses at all relevant points.<sup>48</sup> Further details on the evaluation's HR and GE approach have been provided in Annexure 8.

### 3.7. Limitations

Based on extensive strategies and plans, developed at inception phase, the evaluation team adhered to the intended methodology and is confident on the robustness of evaluation findings. The evaluation processes especially benefitted from the programme documentation shared by UNICEF Bangladesh, which included process documents specific to M@W and other UNICEF reports relevant to M@W as well as reports from ILO-BWB (refer to Annexure 10 for a list of the documents reviewed). However, the evaluation team also faced with some limitations during data collection and analysis. Key limitations identified by the evaluation team as well as the mitigation approaches adopted are described below.

#### Limitations related to Data Collection Processes

**Challenges to sampling:** Despite a well-defined sampling strategy, challenges were encountered during onboarding of the factories for data collection, particularly with the control factories. Buyer inspections and busy production schedules led to difficulties in factory participation and requested postponements. Additionally, finding an adequate number of pregnant women per factory proved challenging. To mitigate this, the evaluation team ensured that the buffer factories were identified in advance, and field movement

plans of the data collection were adjusted to accommodate for postponement accordingly. Pregnant women from other similar factories were strategically included to ensure the intended sample size was met.

#### Gaps in data availability for difference in difference analysis:

The absence of a standard baseline for the 113 M@W factories limited the ability to conduct a comprehensive difference in difference analysis over time. This was further compounded by the lack of programme data for establishing baseline figures. To address these data gaps, the evaluation team relied on secondary sources and assumed baseline values for the key indicators, like breastfeeding rates, knowledge of rights and protections among factory workers, and perceptions of productivity, among others. Triangulation with quantitative and qualitative insights from workers was conducted, although recall biases were considered.

#### Limitations of the data collection

**environment:** Most data collection exercises with the factory workers were conducted on the factory premises. Data collection on factory premises may have influenced the participants' responses due to their awareness of the presence of factory management and personnel. To mitigate this, interviews and focus group discussions were conducted in private and confidential spaces, ensuring that the factory management was not overseeing the interactions. Further, triangulation of qualitative and quantitative data and insights from multiple stakeholders and sources was conducted to avoid overgeneralisations.

#### Staff turnover and potential gaps in

**institutional memory:** Staff turnover and transfers leading to gaps in institutional memory

<sup>48</sup> Reference to practice of producing content in a way which is sensitive to gender inequalities and portrays women and men fairly.



posed challenges in obtaining insights from the government officials and factory administration. To address this, the existing networks, and collaborations with UNICEF and BRAC were leveraged to engage key personnel with longer involvement in the programme. Multiple stakeholders within the government departments and factory managements were interacted with to gather comprehensive feedback and insights.

**Sensitivity around topics of inquiry:** Sensitive topics related to breastfeeding practices, maternal health, workplace harassment, and discrimination were covered in the evaluation, along with general feedback on their place of employment and/or employers. These topics could potentially be perceived as sensitive and private, rendering women unwilling to discuss or share insights at length, especially with male audiences (e.g., enumerators, fellow workers, etc.). To address this concern, experienced female enumerators conducted individual interviews, following gender-sensitive protocols, while separate focus group discussions were facilitated by trained facilitators of the same gender to encourage open discussions and ensure participants' comfort and respect.

**Gaps in representation of differently abled persons:** The evaluation team did not find respondents who were differently abled, and therefore, could not comment on the effectiveness of the programme in addressing their specific needs. To address the limitation, an alternative approach was taken by engaging with a diverse set of individuals, including factory managers, to gather insights and perspectives on the programme's inclusivity and its effectiveness in addressing the needs of differently abled individuals.

## Limitations to Data analysis and interpretation

### Gaps in availability of granular financial

**data:** The absence of concurrent monitoring data (EMIS data) with UNICEF presented a challenge in obtaining detailed financial information, particularly at the factory level. Disaggregated data on expenditure, service utilisation, and monitoring were not consistently maintained, making it difficult to estimate benefits against costs and assess value for money. As a result, data for indicators and costs were approximations based on respondents' recall, introducing potential biases. To address these gaps, the recall-based figures were normalised, and median values across the factories were used for analysis.

**Potential respondent biases:** Throughout data collection and analysis, the ET also accounted for some biases common to most social research processes. Some of these included:

- **Recall bias.** As the evaluation covered a period of over six years (i.e., 2016 to present)<sup>49</sup>, which may have influenced the respondents to provide insights weighted towards recent experiences.
- **Social desirability and self-reporting bias** were also considered, as the respondents might have felt compelled to provide socially desirable or selective responses. Similar biases could have affected factory observations, where the management may have enhanced facilities during the evaluation period.
- **Acquiescence bias** was another consideration, as the respondents'

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<sup>49</sup> Refer Terms of Reference



relationships with the factory management might have influenced them to provide positive feedback. Additionally, power imbalances within the research process and setting could have influenced the respondents to present a positively biased narrative.

Although complete eradication of these biases may not be possible, the ET adopted several approaches to reduce the influence of these biases on the evaluation findings. They pre-emptively accounted for researcher biases, provided extensive training to enumerators and moderators on gender sensitivity, research ethics, and data collection techniques. Probing, participatory inquiry, and creation of safe spaces were utilised to address respondent biases. Oversight, guidance, and debriefing from the core team ensured a balanced inquiry process and analysis.

#### **Limitations around attribution in analysis:**

Many programme factories had engagements with other NGOs and CSOs, which could have contributed to the workers' knowledge and practices in addition to the impact of the M@W programme. The alignment of the M@W standards with the government compliance requirements made it challenging to discern the 'exclusive' impact of M@W on factories. The ET concludes that while it may be impossible to exclusively attribute progress on all indicators to M@W, the current impact analysis reviews M@W's impact based on comparisons with non-intervention factories, whilst also accounting for the influence of other participants.

# **CHAPTER 4**

## **EVALUATION FINDINGS**

In this section, the findings from the evaluation have been elaborated. To summarise, in evaluating the programme, the ET has used the OECD-DAC framework. Based on the key information/evaluation themes mentioned in the terms of reference, evaluation questions were developed along with the programme team. These evaluation questions were then bundled to respond to the elements of the OECD-DAC framework. These elements were also evaluated against the grading rubric (see section 3.4). The evaluation questions are elaborated in Annexure 3.

## 4.1. Summary of Findings

Overall, the M@W programme utilises the OECD-DAC criteria for assessing its effectiveness and potential for positive development outcomes in the Bangladesh RMG sector, summarised below:

- The relevance of the programme is evident, as it directly addresses the needs of working mothers in the RMG sector, where retaining skilled female employees and promoting work-life balance is crucial for the industry's sustainable development.
- The effectiveness of M@W is demonstrated through higher utilisation of the M@W services, and its positive impact on employee engagement. The initiative

has proven to be beneficial for both the businesses and the workers.

- With regards the criteria of efficiency, the insights suggest that the programme utilises its resources well. Moreover, the programme has been able to leverage existing resources to strengthen long-term sustainability. The cost benefit analysis indicates clear business benefits both at the individual factory as well as the programme levels.
- M@W exhibits a high level of coherence by integrating child-friendly practices into the existing workplace structures and addressing the specific challenges faced by women in the RMG sector.
- In terms of sustainability, the initiative promotes long-term benefits by creating an enabling environment for working mothers and fostering social returns through improved healthcare access.
- The results of M@W are monitored and evaluated, allowing for continuous learning and adaptation to ensure that the initiative remains responsive to the changing needs of the industry and its workforce.

The findings from the evaluation are summarised in Table 8 below:

**Table 8: Evaluation questions report card<sup>50</sup>**

Sl. No	Evaluation Questions	Elements of the evaluation framework					
		Relevance	Coherence	Effectiveness	Efficiency	Impact	Sustainability
1	EQ1	4	4	4	4	4	4
2	EQ2	4	4	2	4	3	3
3	EQ3	4	4	3	3	4	3
4	EQ4	-	4	2	3	3	2
5	EQ5	-	-	4	3	2	3
6	EQ6	-	-	3	3	-	3
7	EQ7	-	-	3	-	-	-
		4.0	4.0	3.0	3.3	3.2	3.0
	<b>Summary Score (average of all scores)</b>						<b>3.3</b>

## 4.2. Relevance

**Table 9: Assessment against rubric scales for Relevance EQs**

Sl. No.	Evaluation Question	Assessment Against Rubric
<b>EQ 4.2.1</b>	Were the planned activities informed by discussions/ rigorous consultations, secondary assessments and/or analyses (including gender analysis, an inquiry into the needs, prevalence practices, and compliance with existing laws/acts) as well as logical, relevant, and strategically optimal for the various stakeholders' needs (including the women workers and the RMG factory owners)?	<p><b>Assessment: Excellent</b></p> <p>Overall, the M@W programme is underpinned by extensive analysis of the needs and priorities of the target groups and the legal and regulatory framework/environment in the country. The design and objectives are seen as relevant to the context. Learnings from various pilot assessments have provided inputs into the programme design. The seven minimum standards of the M@W programme ensure that workplaces respond to the maternity and breastfeeding needs and requirements of women workers.</p>

<sup>50</sup> Excellent-4; Excellent means that the programme has not only met all reasonable expectations/targets bearing in mind its context, but has substantively exceeded some of these  
 Good-3, Good means that the programme has generally met reasonable expectations/targets, allowing for a few minor exceptions  
 Adequate-2, Adequate means that the programme, though not meeting all expectations/targets, has fulfilled minimum 'bottom-line' requirements and has shown acceptable progress overall  
 Poor-1, Poor means that the programme has not fulfilled minimum 'bottom-line' requirements and/or not shown acceptable progress overall

Sl. No.	Evaluation Question	Assessment Against Rubric
<b>EQ 4.2.2</b>	Have the programme's results remained valid and relevant regarding the beneficiary needs and the government/partner priorities during the life of the programme? Have the intended beneficiaries changed through the course of the programme, for example, apart from mothers, is the programme also looking at broader gender issues such as GBV, and child rights?	<b>Assessment: Excellent</b> The M@W programme has demonstrated its continued relevance in increasing awareness and realisation of maternal and child rights in the RMG sector. UNICEF's multi-stakeholder approach is an appropriate strategy to ensure coordinated efforts towards maternal and child nutrition. The programme contributes to several critical government priorities. The programme is also integrating the ECCD activities, leveraging M@W as a platform to promote child rights while keeping maternity protection as the core focus.
<b>EQ 4.2.3</b>	How has the programme adapted to the shocks experienced since the programme began (natural disasters, COVID-19, any global crisis affecting the industry, etc.), including helping to reduce the impact of these on pregnant and lactating women?	<b>Assessment: Excellent</b> The M@W programme demonstrated resilience and flexibility in the face of the COVID-19 pandemic. The programme adapted well by transitioning to digital and SMS-based service provision, especially for advisory and training services. By transitioning to virtual service provision, the programme ensured continued support and guidance to factories.

**EQ 4.2.1: Were the planned activities informed by discussions/rigorous consultations, secondary assessments and/or analyses (including gender analysis, an inquiry into the needs, prevalence practices, and compliance with existing laws/acts) as well as logical, relevant, and strategically optimal for various stakeholders' needs (including the women workers and the RMG factory owners)?**

The M@W programme is a strategic programme aimed at developing the capacity of the private sector towards creating an enabling environment for protecting maternity rights and supporting breastfeeding in the workplace. While the programme is more amenable for sectors that

have women as a significant proportion of the workforce, the programme has a universal use case. In Bangladesh, the programme started with the RMG sector, which employs a significant women workforce. The RMG sector also expressed its willingness to support breastfeeding and promote maternity protection in the workplace.

The programme addresses the critical issues faced by women workers in the RMG industry, such as inadequate maternity protection, poor breastfeeding support, and limited access to quality child care. The programme's design and objectives are informed by discussions and rigorous consultations with various stakeholders, secondary assessments and analyses including

gender analysis, inquiries into the needs, prevalent practices, and compliances with existing laws/acts, ensuring its relevance to the various stakeholders' needs.

The challenges faced by women in the RMG industry in Bangladesh highlight the pressing need for the programmes like M@W.

- Women in Bangladesh are heavily employed in the RMG industry during their childbearing years, particularly in low-skilled, entry-level positions.<sup>51</sup>
- The RMG sector workers face critical issues, such as inadequate maternity protection, insufficient breastfeeding support, limited access to quality child care, and long working hours.<sup>52</sup>
- Bangladesh struggles with sub-optimal rates of exclusive breastfeeding, with only 65 per cent of infants under six months being exclusively breastfed, according to a 2017 survey.<sup>53</sup>
- Studies have revealed low awareness among the factory-level women workers regarding their legal entitlements for paid maternity leave and provisions for breastfeeding support.<sup>54, 55</sup>
- Inconsistent knowledge and enforcement of labour standards by the RMG

companies contributed to inadequate support for pregnant and breastfeeding workers, resulting in a high dropout rate of skilled workers.<sup>56</sup>

- Many workers feel that breastfeeding facilities in factories are not safe or private.
- Most of the women surveyed reported that their children do not use day-care centres due to various reasons, such as preference for family care, commuting distances, and age limitations put up by the RMG units.
- A case study by the Institute for Global Labour and Human Rights highlighted instances of women workers being denied maternity leave and benefits or being forced to resign or have their contracts terminated before claiming their entitlements.<sup>57</sup>



"The majority of the RMG workers in Bangladesh who spend more than 8 hours in the workplace. Hence support for breastfeeding and maternity leave are particularly important."

"The RMG sector is a big place to employ unskilled women workers coming from the rural area with limited education background."

"Our efforts are towards ensuring the rights of a working mother at her workplace. Effective labour inspection can bring important changes in this area."

- Representatives from NNS-MOHFW and MOLE

<sup>51</sup> ILO and UN Women. 2020. ISSUE BRIEF: Understanding the Gender Composition and Experience of Ready-Made Garment (RMG) Workers in Bangladesh. [https://www.ilo.org/wcmsp5/groups/public/—asia/—ro-bangkok/—ilo-dhaka/documents/publication/wcms\\_754669.pdf](https://www.ilo.org/wcmsp5/groups/public/—asia/—ro-bangkok/—ilo-dhaka/documents/publication/wcms_754669.pdf)

<sup>52</sup> Hasan, A. M. R., Smith, G., Selim, M. A., Akter, S., Khan, N. U. Z., Sharmin, T., & Rasheed, S. (2020). Work and breast milk feeding: a qualitative exploration of the experience of lactating mothers working in ready made garments factories in urban Bangladesh. *International breastfeeding journal*, 15(1), 93. <https://doi.org/10.1186/s13006-020-00338-0>

<sup>53</sup> UNICEF. 2022. Press Release. Progress on breastfeeding in Bangladesh undermined by aggressive formula milk marketing.

<sup>54</sup> Awaj Foundation and Fair Labor Association. 2019. Maternity rights and child care in Bangladesh: A study of the workers in the ready-made garment sector. <https://www.fairlabor.org/new-report-finds-protections-lacking-for-women-workers-in-the-bangladesh-garment-sector/>

<sup>55</sup> UNICEF. 2018. Better Business for Children.

<sup>56</sup> Same as footnote 58

<sup>57</sup> The Institute for Global Labour and Human Rights. (2013, October). Gap and Old Navy in Bangladesh.

To tackle these challenges, the M@W programme aims to create a positive workplace culture that supports and empowers women. It focuses on enhancing the knowledge and capacity of various stakeholders, such as factory-based managers and supervisors, healthcare workers, social welfare officers (SWOs), human resource officers (HROs) and child-care providers. By building their understanding of the importance of breastfeeding and the need for maternity rights protection, the programme equips these individuals with the practical tools to advocate for and support working mothers effectively.

One of the programme's key strengths is its ability to reach women and their infants directly in their place of employment, thereby supporting a group of vulnerable women, who otherwise may not have access to community-based maternal and child health, and nutrition services. Many of these women work long hours and face barriers to accessing routine primary healthcare services due to their demanding schedules. Many women workers are from rural communities, who have migrated to the peri-urban and urban slums of Dhaka in search of employment. Basic health and nutrition services are often found lacking in these slums. By offering employer-supported and workplace-based primary healthcare solutions, the programme bridges the gap and augments existing community-based service delivery, ensuring that the working women receive comprehensive support. The scope extends beyond maternity and infant and young child nutrition, encompassing wider reproductive health issues, such as family planning.

**Through extensive analysis and learnings from pilot assessments, the M@W programme design has been tailored to address the specific needs and priorities of its target groups.** The first pilot, conducted in 2012 with a grant from Marks and Spencer,

demonstrated the M@W programme as an effective approach to increase access to services for working mothers, who often work long hours and are unreached by regular clinic-based services. UNICEF conducted another pilot in five factories in 2016, with funding support from BMGF. **The progress assessment found that many women quit their job after returning from maternity leave. This is due to various reasons, including unavailability of caregivers for children at home, unavailability of child care facilities until the child reached a certain age, and desire to personally take care of the child by oneself.**

The assessment also highlighted low utilisation of childcare centres and breastfeeding corners as well as the challenges posed by the duration of maternity leave, which forced mothers to return to work when their babies were only two months old. This continues to be a problem; similar challenges are highlighted even by the current evaluation. The recommendations included regular awareness programmes and counselling support for working women, infrastructure upgradation at child care centres and breastfeeding corners, and integration of community support alongside the workplace model to improve exclusive breastfeeding rates among working mothers in the RMG factories.



"When workers benefit, the company benefits. If workers are happy with maternity leave and benefits, then they come back, and the company does not face a worker crisis."

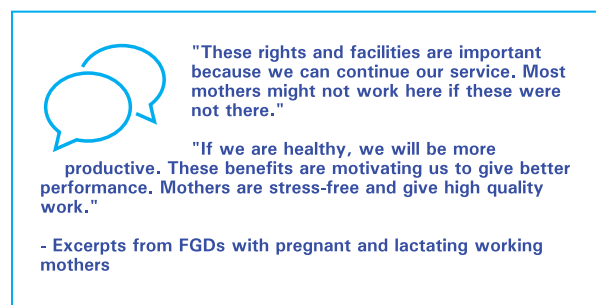
"Our factory has witnessed huge increase in worker productivity and retention of women workers post-maternity leave."

-Excerpts from interviews with HR and Compliance Managers, intervention factories

Discussions with the factory management show that they recognise the workers' well-being as a strong factor for improved productivity. Retaining skilled workforce and increasing productivity

were the most cited reasons for implementing the programme.

The seven standards of the M@W programme, ensure that workplaces respond effectively to the maternity and breastfeeding requirements of women workers. The M@W programme catalyses positive change- by improving the well-being of working mothers and better businesses outcome.



**EQ 4.2.2: Have the programme's results remained valid and relevant regarding beneficiary needs and government/partner priorities during the life of the programme? Have the intended beneficiaries changed through the course of the programme, for example, apart from mothers, is the programme also looking at broader gender issues, such as GBW, and child rights?**

Since its launch in 2017, the M@W programme has expanded from five pilot RMG factories to 113 RMG factories. The seven minimum standards of the programme continue to guide the programme thereby addressing the needs of pregnant and lactating women in the RMG factories.

Implemented in collaboration with the MoHFW and MoLE, the programme **ensures coordinated efforts towards addressing health and nutrition vulnerabilities, especially among pregnant and lactating women, in the workplace.** The UNICEF-

supported M@W programme aligns with the key action areas of the 2nd National Plan of Action (NPAN2, 2016-2025) and the strategies of the National Nutrition Policy (NNP, 2015), wherein it provides support to build the capacities of health workers, strengthen nutrition counselling, and maternal nutrition by facilitating breastfeeding support in the workplace. Moreover, the programme emphasises the importance of maternity and breastfeeding rights, in line with the Bangladesh Labour Act 2006 and Bangladesh Labour Rules 2015.

The M@W programme is also aligned with National Social Security Strategy (NSSS, 2015) which prioritises nutritionally vulnerable groups, including women of reproductive age (15-49 years), especially pregnant and lactating mothers, women working in the formal (such as the RMG sector) and non-formal sectors, and households with children under three years. The M@W programme supports the objectives of NSSS with provisions for cash and medical benefits to pregnant and breastfeeding workers.

A detailed review of the 7th Five Year Plan (2016-2020) and 8th Five Year Plan (2020-2025) shows several areas of alignment of the M@W programme with the government priorities: to improve maternal and new-born health, reduce child and maternal malnutrition and mortality, and mainstream gender issues in nutrition programmes. The medical benefits recommended as part of the seven minimum standards of the M@W programme include pre-natal, childbirth and postnatal care, as well as hospitalisation care when necessary. The factories provide free check-ups to pregnant women by qualified health personnel in their medical rooms. The welfare officers provide counselling support to the expecting mothers throughout their pregnancy. The absence of such provisions renders women workers and their



families vulnerable to high out-of-pocket medical expenses, in addition to the opportunity cost incurred on account of missed work due to health issues.<sup>58</sup>

The programme also operationalises the Child Daycare Act 2021, through training for child care centre staff and increasing access to play and learning materials for children enrolled in these centres. The M@W programme also emphasises that no breastmilk substitute is provided to the children in the childcare centres, thereby ensuring that young children continue breastfeeding. Furthermore, the programme is exploring integration of additional interventions in the future, such as early childhood care and development (ECCD) activities, providing meals along with Iron and Folic Acid supplements for working mothers.

The programme continues to hold joint field visits and regular review meetings with MoHFW, MoLE and other key partners. For the long-term sustainability of the M@W programme, UNICEF has formalised partnerships with the industry associations, namely BGMEA and BKMEA, to build their institutional capacities. The end objective is to identify natural owners of the programme, who can catalyse enhanced private sector engagement to expand it to more factories and to establish the seven minimum standards of the M@W programme.



"These rights and facilities are important because we can continue our service. Most mothers might not work here if these were not there."

"If we are healthy, we will be more productive. These benefits are motivating us to give better performance. Mothers are stress-free and give high quality work."

- Excerpts from FGDs with pregnant and lactating working mothers

UNICEF Bangladesh has conducted workshops with DIFE for the adaptation of the M@W monitoring tools as part of the DIFE inspections of factories. This is essential to ensure accountability on the part of RMG factory management as well as to uptake and continue the programme implementation across the sector. Through its focus on the RMG sector, the M@W programme continues to address challenges related to maternity protection, breastfeeding, and childcare support.

The programme remains relevant by increasing the awareness and realisation of maternal and child rights and creating an enabling environment for maternity support and breastfeeding in the workplace. Ongoing collaboration with the government ministries and the key partners ensures that the programme remains aligned with the beneficiary needs and the government priorities, making a significant contribution to the well-being of working mothers and their children.

Given its relevance and linkages with various policy guidelines and national programmes, and that the design of the programme has immediate application across most sectors of the economy, particularly those with women as a significant proportion of the workforce, the programme is naturally poised to evolve as a national initiative.

#### **EQ 4.2.3: How has the programme adapted to shocks experienced since the programme began (natural disasters, COVID-19, any global crisis affecting the RMG industry), including helping to reduce the impact of these on pregnant and lactating women?**

The COVID-19 pandemic had a significant impact on Bangladesh's RMG industry, leading to factory

<sup>58</sup> As indicated by women workers during qualitative discussions. It was also reported that health checkups were planned for off-days so as to reduce any incidence of wage loss.

closures, job losses, and disruptions in the lives of millions of workers. The garment sector lost \$4.33 billion worth of exports during March-June 2020 period for cancellation of foreign orders and delayed payments<sup>59</sup> due to which 2.28 million garment workers were affected directly or indirectly. The Department of Inspection for Factories and Establishments (DIFE) crisis report on the status of factories from mid-March till 17 September 2020, reported job losses for over 90,000 workers.<sup>60</sup> Later reporting by the Centre for Policy Dialogue (2021) indicated that about 357,450 garment workers were laid-off or terminated during the period of COVID-19 pandemic.<sup>61,62</sup> The factory closures led to loss of employment, wage discrepancies and financial insecurity for all workers, particularly women. Factories' reopening began gradually from April 2020 onwards, in compliance with the government guidelines and health protocols.

The closure of factories also limited women workers' access to primary healthcare services that they were previously receiving at their workplaces, i.e., factories. They were also not able to bring their children to the childcare centres. Additionally, pregnant employees were advised by management not to come to the factories during this period. The pandemic highlighted the vulnerabilities and difficulties faced by the workers, particularly women workers, in the RMG sector and underscored the

need for support and adaptation in the industry.

UNICEF conducted a study in 2020<sup>63</sup> to understand the impact of COVID-19 on Bangladeshi RMG workers and their children. The report identified several critical needs, such as hygiene and coronavirus awareness training for employees, lack of adequate and good-quality PPE for health staff at factory medical centres, and challenges in maintaining physical distancing on the factory floors.

The M@W programme continued reaching mothers and factories using digital channels to share training and communication materials. Digital solutions and SMS-based technology were utilised, to emphasise key messages during the pandemic. UNICEF used an open-sourced, SMS-based technology, in reaching out to the RMG units on the role the stakeholders, such as (HR managers and welfare officers), can play to support working mothers in the context of COVID-19. Posters with key messages on actions that could be done by them were developed and disseminated. Virtual orientations, advisory support, and training on health and safety guidelines were provided to address emerging needs and mitigate the effects of the pandemic in the workplace. While the COVID-19 situation affected service delivery, it also provided an opportunity to explore virtual means of providing services, which proved effective in guiding and supporting factories.<sup>64</sup>

<sup>59</sup> The Financial Express (2020, July 20). RMG Export Earnings in July 1-18 Total \$1.57b. <https://thefinancialexpress.com.bd/economy/bangladesh/rmg-export-earnings-in-july-1-18-total-157b-1595218398>

<sup>60</sup> Anner, M. (2020). Abandoned? The Impact of Covid-19 on Workers and Businesses at the Bottom of Global Garment Supply Chains. Center for Global Workers Rights, Penn State University, and the Worker Rights Consortium. <https://www.workersrights.org/wp-content/uploads/2020/03/Abandoned-Penn-State-WRC-Report-March-27-2020.pdf>

<sup>61</sup> Center for Global Workers Rights, Penn State University, and the Worker Rights Consortium. <https://cpd.org.bd/wp-content/uploads/2021/01/Presentation-on-Vulnerabilities-Resilience-and-Recovery-in-the-RMG-Enterprises-.pdf>

<sup>62</sup> Hossain, M. S., & Alam, S. (2022). Impacts of COVID-19 on the Garment Sector of Bangladesh. *American Journal of Industrial and Business Management*, 12(3), 443-487. <https://www.scirp.org/journal/paperinformation.aspx?paperid=116324#ref4>

<sup>63</sup> UNICEF, Bangladesh. 2020. Covid-19: Impact on Ready-Made Garment Workers in Bangladesh.

<sup>64</sup> The ILO-BW staff were in daily contact with the enterprises during the initial months of the pandemic. There was a break in staff retention due to the Covid-19 lockdown, and the migration of welfare officers and HR staff created a challenge in continuing the programme. To address this, ILO made a provision to conduct follow-up visits twice a year to factories and conduct refresher training for new management.

In conclusion, the UNICEF-supported M@W programme demonstrated resilience and flexibility in the face of the COVID-19 pandemic. By transitioning to virtual service provision, the programme ensured continued support and guidance to factories, even under challenging circumstances. While in-person visits were preferred in non-pandemic situation, both advisory and compliance services were effectively handled through virtual means. The programme's ability to adapt and provide guidance during the pandemic highlights its effectiveness in supporting working mothers and promoting the well-being of the RMG industry workers.

### 4.3. Coherence

The current evaluation examines both internal and external dimensions of coherence.<sup>65</sup> To assess internal coherence, the evaluation considers consistency of the intervention with relevant national and international policies and standards. It also explores various interlinkages and synergies with other similar programmes being implemented by UNICEF. External coherence is evaluated by the extent of complementarity and co-ordination with other actors' interventions in the same context, and the extent to which the intervention is adding value while avoiding duplication of effort.

**Table 10: Assessment against rubric scales for Coherence EQs**

Sl. No.	Evaluation Question	Assessment Against Rubric
<b>EQ 4.3.1</b>	Do the main programme activities/components contribute to the main outputs and outcomes of the programme and logically interlink and align with the reconstructed theory of change and results framework?	<b>Assessment: Excellent</b> Overall, the M@W programme demonstrates a strong alignment between its activities and the desired outputs and outcomes, as outlined in the reconstructed ToC and results framework. It is important to acknowledge that programme implementation is a complex process, and some aspects will take longer to fully develop.
<b>EQ 4.3.2</b>	Understand and review the similar programme seeking to strengthen mother and child rights within the RMG sector in Bangladesh.	<b>Assessment: Excellent</b> The M@W programme complements the efforts of the government and other development sector partners in addressing maternal and child nutrition and health in the country's RMG sector. The programme has fostered greater coordination and cooperation among the ministries, UN bodies and NGOs, which are working in this sphere to better utilise resources for improved sustainability.

<sup>65</sup> OECD-DAC Criteria – Coherence: [https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&\\_csp\\_=535d2f2a848b7727d35502d7f36e4885&itemIGO=oecd&itemContentType=book#section-d1e2474](https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&_csp_=535d2f2a848b7727d35502d7f36e4885&itemIGO=oecd&itemContentType=book#section-d1e2474)

Sl. No.	Evaluation Question	Assessment Against Rubric
<b>EQ 4.3.3</b>	To what extent the strategy and intervention of M@W are aligned with priorities outlined in the National Nutrition Services Operational Plan and the 2nd National Plan of Action for Nutrition 2016-2025, Bangladesh Labour Law 2006 as well as the 8th Five Year Plan (2021-2025) and the UN planning and results frameworks (UNSDCF, CPD) at country level?	<p><b>Assessment: Excellent</b></p> <p>The programme is well aligned with the existing national and international legal policies and frameworks and has incorporated those that have developed over the life of the programme. The M@W efforts are in line with the development priorities outlined in the GoB's NPAN2, NNP, labour laws, FYPs as well as UNICEF's CPD, UNSDCF and nutrition strategy. Furthermore, M@W complements UNICEF's goals of fostering partnerships and governance for nutrition. There is still scope to integrate programme activities to address micronutrient deficiencies, in line with the national strategy.</p>
<b>EQ 4.3.4</b>	How consistent is the programme with UNICEF's global and regional strategies on family-friendly policies? What changes are recommended for the programme to be in alignment with UNICEF's initiatives and frameworks? What changes are recommended for the programme to be in alignment with these national and international initiatives and frameworks, especially in the context that currently the programme is being guided by MoLE while at programme inception MoHFW was leading it?	<p><b>Assessment: Good</b></p> <p>The programme has strategically aligned itself with the key policies and frameworks related to family-friendly practices and workplace regulations. Joint advocacy efforts with the government partners are planned to ensure paid maternity leave of six months in all sectors and include breastfeeding standards in Bangladesh Labour Rules. The ECCD interventions are being integrated, with potential for expansion. Strengthening linkages with the community-based service providers will support expansion to other and the informal sectors. Lastly, UNICEF Bangladesh needs to enhance engagement with the buyer community to promote the value proposition of the M@W programme.</p>

**EQ 4.3.1: Whether the main programme activities/components contribute to the main outputs and outcomes of the programme and logically interlink and align with the reconstructed theory of change and results framework.**

The reconstructed theory of change for the UNICEF-supported M@W programme (refer to Section 2.5.4) highlights two key impact areas: a)

improved maternal and child nutrition and health; and b) increased compliance to responsible business practices and improved return of investment to the RMG units implementing M@W. There are broadly three outcomes resulting from the programme. The alignment of the M@W programme activities with each outcome area is discussed below:

- **Outcome Area 1: Reduced defaulted products**

Outcome 1 refers to the business and commercials associated with workplace interventions, such as the M@W programme. There is early evidence from the evaluation that the investments made by factories in implementing the M@W initiatives have positive returns on the investment. These have been largely reflected qualitatively in the form of enhanced loyalty and commitment of workers towards factories supporting their motherhood journey; and quantitatively through improved retention of experienced and skilled female workers and improved worker productivity.

The evaluation observed higher retention of skilled female employees in the programme factories that were implementing M@W, demonstrating their commitment to the employees' well-being, enabling them to retain talent and expertise within their workforce. This, in turn, is contributing to reduced defaults, as a more engaged and supported workforce leads to enhanced productivity and workforce satisfaction.

UNICEF has already identified the need to strengthen evidence-based advocacy at different levels, namely – the government, professional associations, global buyers and other sectors of the economy. The evidence base is even more needed to ensure implementation of six months of paid maternity leave and flexible working arrangements, which has significant financial implications. The evidence is also

needed to highlight the business case of the programme.

UNICEF has already done extensive work on documenting child-friendly business practices, family-friendly policies, and breastfeeding support guidelines in the workplace. The Bangladesh Country Office now has plans to promote the seven standards of the M@W programme with the global buyers by engaging them through the buyers' forums and sessions.

- **Outcome Area 2: Improved protection of maternity rights at workplace**

Outcome 2 refers to elevation of maternity rights and breastfeeding support within the workplace, advocating for an inclusive environment for working mothers. Foremost, the organisation is committed to offering robust support to working mothers for breastfeeding. Recognising the significance of this aspect of maternal care, dedicated spaces and adequate breaks are arranged, facilitating a conducive environment for breastfeeding during work hours.

Through the M@W support, the workplaces (units) have been able to articulate policies, guidelines and initiatives, such as the seven standards to support working mothers. The evaluation observed that most intervention factories are providing maternity protection and breastfeeding support – private breastfeeding space and breaks. This ensures not only legal compliance but also underscores the organisation's dedication to the health and well-being of its female workforce during the critical phase of maternity.

By successfully attaining these milestones, the factories are cultivating a workplace that not only respects but champions the maternity rights and breastfeeding support. These concerted efforts seek to create a workplace where women can navigate their professional duties alongside the motherhood responsibilities, promoting a more inclusive, equitable, and empowered workforce. This context the evaluation finds that the programme strategies are well aligned with the ToC.

- **Outcome Area 3: Improvement in breastfeeding practices among working mothers**

This refers to increased awareness and self-efficacy agency among the women workers on their entitlements and of policies in place to support breastfeeding and MIYCN. This includes a general awareness and comprehension of all policies and regulations in place, for improved working conditions, especially for the women, who are currently pregnant or who are breastfeeding. There are several immediate and underlying determinants of nutrition outcomes for women and children, at both individual and ecosystem levels.

At the individual level, the determinants include awareness of adequate dietary intake; knowledge and awareness towards breastfeeding and optimal nutrition practices; cultural beliefs and personal priorities that shape decision-making regarding breastfeeding and offtake of child care services; spousal and family support for child care; maternal self-efficacy and confidence to manage breastfeeding,

express breast milk, and access child care services.

At the ecosystem level, the determinants include supportive workplace policies that promote breastfeeding, flexible work arrangements, availability of child care services; food security and availability of nutritious food options; partnerships and governance mechanisms that protect and promote maternity rights at the workplace.

The UNICEF-supported M@W programme is fully coherent with this outcome area, which is also demonstrated through this evaluation. The programme activities work across individual and ecosystem levels. The activities which contribute to this outcome include capacity building and training for factory-based managers, health care providers, social welfare officers, human resource personnel and day-care providers to implement the programme; counselling of women workers on maternal entitlements and nutritious practices; orientation of DIFE labour inspectors and inclusion of the M@W standards as part of the DIFE factory inspection checklist.

While the M@W programme has made significant progress in implementing its ToC and achieving desired outcomes, several dimensions of the ToC require further attention and time for full implementation. The programme needs to pay significant emphasis on continuing with monitoring and evaluating the progress, gathering evidence, and adapting strategies to effectively implement the remaining dimensions of the ToC.



### EQ 4.3.2: Review similar programmes seeking to strengthen mother and child rights within the RMG sector in Bangladesh.

The UNICEF-supported M@W programme addresses the immediate needs of pregnant and breastfeeding women in the workforce and contributes to improved productivity. The programme complements the work of the GoB and other development sector partners towards addressing maternal health and child nutrition, along with championing maternal rights, thereby creating a pathway for women's empowerment in the country.

Bangladesh has implemented various programmes that aim to reduce maternal and infant mortality, promote breastfeeding, and enhance access to affordable and high-quality health services. The RMG factories, industry associations, and NGOs have also established child care centres and breastfeeding spaces within the RMG factories, contributing to the well-being of pregnant and lactating mothers. Some of the notable programmes being implemented by the stakeholders include the following:

List of similar UNICEF programmes	
<p><b>Programmes offering cash benefits</b></p> <ul style="list-style-type: none"> <li>• Maternal Health Voucher Scheme, now known as the Demand-Side Financing of <b>Maternal Health Voucher Scheme</b>;</li> <li>• Rural-based Maternity Allowance Programme for the Poor (MAPP); Urban-based <b>Lactating Mother Allowance for working women (LMA)</b>; both under the Ministry of Women and Children Affairs (MoWCA)</li> <li>• Income Support Programme for the Poorest (ISPP)-Jawtno.</li> <li>• The GoB's <b>Mother and Child Benefit Programme (MCBP)</b>, combines cash transfers (CT) and BCC with nutrition training, improved linkages to health services and a new child benefit programme.</li> <li>• <b>Lactating Mother Aid Fund Project</b> focused on the RMG sector, implemented by the Department of Women Affairs, under MoWCA in partnership with BGMEA and BKMEA to disburse financial aid to the lactating mothers working in their member factories.</li> </ul>	<p><b>Programmes offering child care support</b></p> <ul style="list-style-type: none"> <li>• MoWCA is establishing 8,000 community-based child care centres across 16 districts in Bangladesh</li> <li>• Proyash Project by Save the Children, providing child care centres and breastfeeding spaces in RMG factories in Dhaka</li> <li>• Shobujer Ovijan Foundation (SOF) established 47 day-care centres inside garment factories and four community-based day-care centres</li> <li>• Phulki manages both workplace and community-based child care facilities</li> <li>• Bangladesh Shishu Academy (BSA) and Institute of Educational Development (IED) by BRAC, and Caritas operate early learning centres for 3-5-year-old children</li> </ul>
<p><b>Other programmes complementing the M@W standards</b></p> <ul style="list-style-type: none"> <li>• GAIN's Workforce Nutrition programme provides diversified meals to the factory workers.</li> <li>• Business for Social Responsibility's (BSR) Health Enables Return (HER) project delivers health information to the female factory workers and strengthens the factory clinics' capacity to deliver health services.</li> </ul>	

The M@W programme aligns with the government's health and nutrition priorities, as well as with the objectives of various social safety net programmes targeted at women and children. Additionally, the programme has emerged as a great platform that connects the RMG workers with the existing government schemes. This initiative by BGMEA and BKMEA connected a greater number of beneficiaries with the relevant government programmes and schemes, specifically those that target pregnant and lactating women, thereby increasing uptake and coverage.

The programme complements the efforts of other development sector partners. By fostering coordination and cooperation among the ministries, departments, UN bodies, industry associations and CSOs, the programme complements the efforts of various stakeholders working towards advancement of maternal rights, child nutrition, and breastfeeding outcomes. The strong emphasis on partnerships and alignment with the government and development priorities make M@W a valuable initiative in strengthening mother and child rights within the RMG sector in Bangladesh.

**EQ 4.3.3: The extent to which the strategy and interventions of M@W are aligned with priorities outlined in the government policies and the UN planning and results frameworks at the country level.**

The UNICEF-supported M@W programme in Bangladesh aligns with various national and international laws, regulations, and guidelines to promote the well-being of working mothers. This review examines the programme's coherence with the government policies and with the UN planning and results frameworks, emphasising its social and commercial benefits. By providing breastfeeding facilities, establishing day care

centres, and ensuring paid maternity leave, the M@W programme contributes to the fundamental rights of mothers as guaranteed by the labour laws. It also supports the government's nutrition targets and priorities outlined in the National Plan of Action for Nutrition and the National Nutrition Services Operational Plan. Furthermore, the programme aligns with UNICEF's priorities and strategies for improving exclusive breastfeeding rates, promoting children's rights, and engaging with the private sector using commercial business principles.

- The seven standards of the M@W programme are founded on the **Bangladesh Labour Act 2006** (subsequently replaced as the Bangladesh Labour Act, 2013 [amended]) as well as the **Bangladesh Labour Rules 2015**, which lay importance on breastfeeding facilities, establishing day care centres for working mothers, and maternity leave with pay. Breastfeeding is recognised as a fundamental right for every mother and is guaranteed by the labour laws. The Government of Bangladesh has set targets in the 2nd National Plan of Action for Nutrition (NPAN2) to reduce malnutrition, including increasing initiation of breastfeeding to 80 per cent, exclusive breastfeeding to 70 per cent in infants under six months, and continued breastfeeding to over 95 per cent in children aged 20-23 months.
- The M@W programme aligns with **NPAN2** and the National **Nutrition Services Operational Plan**, focusing on activities, such as promoting and supporting breastfeeding, early childhood development, and infant and young child feeding practices.



- The programme adheres to the **Bangladesh Breast-Milk Substitutes Regulation of Marketing Act 2013**. The programme advocates and promotes breastfeeding in child care centres and prohibits the use of formula food for children.
- The programme promotes the operationalisation of the Child Daycare Centre Act 2021, which includes skilling and accreditation for child care centre staff and periodic monitoring of facilities and activities.
- The analysis also highlights the opportunity for the programme to integrate the **National Strategy for Prevention and Control of Micronutrient Deficiencies**. The programme addresses micronutrient deficiencies in the younger children, women of reproductive age, and pregnant and lactating women. The programme factories can provide a platform that has the potential to improve the offtake and utilisation of recommended micronutrient supplements and fortified products for the prenatal and postnatal women. Training and capacity building of the welfare officers and health staff can significantly increase the demand for critical micronutrient supplementation.

### **Alignment with UNICEF's Priorities and Strategies.**

- The programme aligns with UNICEF's priorities and strategies in Bangladesh, including reaching the women and children in urban and peri-urban slum areas (CPD 2012-2016), improving exclusive breastfeeding rates, and supporting the

nutrition priorities, identified by UNICEF Bangladesh in their country programme documents (CPDs).

- The programme aligns with UNICEF's work on children's rights and business principles, positively impacting worker productivity, absenteeism, and employee well-being.
- M@W further aligns with UNICEF Bangladesh's latest CPD 2022-2026, focusing on improving accessibility, coverage, utilisation, and quality of antenatal and postnatal care services; enhancing the capacity of service providers to achieve universal early childhood care and development, and proactive counselling for positive nutrition practices.
- The M@W programme enables fostering private sector partnerships, generating evidence to inform advocacy policy and strengthening resilience to shocks, as outlined in the United Nations Sustainable Development Cooperation Framework for Bangladesh (UNSDCF) 2022-2026.
- The UNICEF Bangladesh CO is also guided by the UNICEF Nutrition Strategy 2020-2030, and the M@W programme particularly complements Results Area 1: Early childhood nutrition by promoting recommended breastfeeding practices for infants and young children from birth; Results Area 3: Maternal nutrition by ensuring that women benefit from diets, services and practices that support optimal nutrition and health during pregnancy and breastfeeding; and Results Area 6: Partnerships and governance for nutrition by improving partnerships, evidence, knowledge, advocacy and financing.

Ultimately, M@W enables UNICEF Bangladesh to work on all these aspects through the programme activities, especially working with the private sector in the form of RMG factories. The UNICEF-supported M@W programme adheres to labour laws, national nutrition targets, and the priorities of UNICEF. By promoting breastfeeding, establishing day care centres, and ensuring paid maternity leave, M@W supports the rights and well-being of working mothers.

The programme contributes to improved worker productivity, reduced absenteeism, and enhanced employee well-being, aligning with both social and commercial benefits. Furthermore, M@W complements UNICEF's goals of improving maternal and child nutrition, enhancing early childhood care and development, and fostering partnerships and governance for nutrition.

The programme's integration with national strategies and frameworks highlights its potential to address micronutrient deficiencies and strengthen resilience to shocks. Overall, M@W demonstrates a comprehensive approach to supporting working mothers and achieving the Sustainable Development Goals.

**EQ 4.3.4: How consistent is the programme with UNICEF's global and regional strategies on family-friendly policies? What changes are recommended for the programme to be in alignment with UNICEF's initiatives and frameworks?**

**EQ 4.3.4.1. Recommended changes for the programme to be in alignment with these national and international initiatives and frameworks, especially in the context that currently the programme is being guided**

**by the MoLE while at programme inception MoHFW was leading it.**

The UNICEF-supported M@W programme is a comprehensive initiative aimed at promoting optimal infant feeding practices and improving the well-being of working mothers in the RMG sector. The programme has strategically aligned itself with key policies and frameworks related to family-friendly practices and workplace regulations propagated under various policies and guidelines issued by the GoB as well as international agencies. Some of these policies and guidelines have been delved into in the previous sections (please see EQ 4.3.2 and EQ 4.3.3). The programme creates a supportive environment that addresses the diverse needs of working mothers while ensuring compliance with various national and international standards.

The M@W programme was designed to be a nutrition-focused programme that promoted exclusive breastfeeding and maternity rights within the broader framework of NPAN2 and Bangladesh Labour Act, 2013 [amended]) as well as Bangladesh Labour Rules 2015. The programme, since its inception, is being implemented in collaboration with both MoHFW and MoLE. Additionally, the programme is also guided by UNICEF's family-friendly policies for the workplace. The Family-Friendly Framework is a set of policies that *"positively impact (i) the workers' abilities to reconcile work and family responsibilities; as well as advance (ii) the well-being and development of their children."*<sup>66</sup>

The M@W programme complies with two of the four family-friendly policy guidelines. The programme fully adheres to the policy

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<sup>66</sup> UNICEF. Family-Friendly Policies. <https://www.unicef.org/documents/business-and-family-friendly-policies>

guideline of “supporting the ability of mothers to breastfeed exclusively for six months, as recommended by global endorsed standards, and to continue breastfeeding for as long as they choose”. The programme in parts complies with the guiding principle of “ensuring that all children have access to affordable, quality child care and early education”. The UNICEF-supported M@W programme goes beyond the national legislation requirements, by advocating daily breastfeeding

breaks in factories even though they are not guaranteed by law. UNICEF’s investment case on family-friendly policies calls for combined parental leave for caregivers of at least six months and encourages up to nine months. The joint advocacy efforts with the government partners are planned to strengthen paid maternity leave to six months in all sectors and include breastfeeding standards in Bangladesh Labour Rules.<sup>67</sup>

**Table 11: Summary of the M@W programme’s alignment with the family-friendly policies**

<b>Child care and Early Childhood Development</b> <ul style="list-style-type: none"> <li>• Accessible and quality non-familial child care is crucial for women’s employment and family well-being.</li> <li>• M@W provides guidelines for establishing child care facilities on factory premises.</li> <li>• The ECCD interventions, such as play and learning materials, are being integrated, with potential for expansion.</li> </ul>	<b>Workplace Policies and Support</b> <ul style="list-style-type: none"> <li>• M@W incorporates workplace policies from ILO Conventions, including flexible working arrangements and support for workers returning after caregiving absences.</li> <li>• Counselling and mentoring support are provided through welfare officers and mother support groups.</li> </ul>
<b>Advocacy for Paternity Leave</b> <ul style="list-style-type: none"> <li>• UNICEF recommends dedicated paternity leave and ongoing flexibility for parents for children’s health needs.</li> <li>• M@W can advocate for paternity leave with key decision-makers in the government and business.</li> </ul>	<b>Extending Family-Friendly Policies</b> <ul style="list-style-type: none"> <li>• Family-friendly policies should extend beyond the formal sector workers to the informal sector workers.</li> <li>• M@W aims to link community-based child care as a strategy to scale up the programme.</li> <li>• Strengthening linkages with community-based service providers will support expansion to other sectors and the informal sector.</li> </ul>

The programme leverages the key private sector business drivers, such as public policy, productivity, profitability, brand enhancement, and values.<sup>68</sup> The programme is focused on building a business case for factories, so that

they view the family-friendly provisions as long-term investments that positively impact the workers’ well-being and productivity. UNICEF Bangladesh is also seeking to enhance engagement with the buyer community to

<sup>67</sup> Government of Bangladesh and UNICEF. 2020. Joint GoB-UNICEF Rolling Work Plan 2020-2021, Bangladesh-UNICEF Programme of Cooperation 2017-2021.

<sup>68</sup> UNICEF’s Global Survey of Business Family-Friendly Policies identified four key drivers of business engagement on family-friendly policies: (i) regulation (public policy) and compliance; (ii) productivity and profitability; (iii) business brand enhancement; and (iv) values, such as diversity, gender, and human rights.

promote the value proposition of the M@W programme, as stated in the programme scale-up strategy document<sup>69</sup>

### Internal Coherence

UNICEF has a long history in Bangladesh and has implemented several programmes to address specific development challenges and objectives to address unique challenges within the country. The learnings from conceptualising, designing, and implementing these programmes have significantly informed the design of the UNICEF-supported M@W programme. The accumulated experience from implementing these programmes has influenced how the current programme is being implemented. This includes choice of partners, role definitions, and communication among the stakeholders. One

of the most significant insights, carried from the past learning demonstrated in the current programme, is to identify the natural owners and programme sustainability as one of the core programme design principles. Leveraging the private sector and working on core business principles have been other standout features of the current programme.

Learning from some of the existing/evolving programmes has the potential to significantly enrich the design, and implementation of the M@W programme, particularly in including new services, bundling of services and linkages with the health systems and existing national programmes. An indicative list of such programmes is listed below.

**Table 12: Summary list of programmes which UNICEF is associated with**

Programme Name and Reference	Status	Programme Details
<b>Mother and Child Benefit Programme (MCBP) 2022-2026</b> <a href="https://www.unicef.org/bangladesh/en/reports/public-finance-children">https://www.unicef.org/bangladesh/en/reports/public-finance-children</a>	Currently being implemented	Mother and Child Benefit Programme (MCBP) is Bangladesh's flagship social protection investment in the early years of disadvantaged children. MCBP plans to cover four million beneficiaries by 2023-24 with an ultimate target to reach six million beneficiaries by 2026
<b>UNICEF advocated to accelerate Universal Health Coverage (UHC) through Primary Health Care (PHC)</b> <a href="https://www.unicef.org/bangladesh/en/press-releases/government-commits-accelerate-universal-health-coverage">https://www.unicef.org/bangladesh/en/press-releases/government-commits-accelerate-universal-health-coverage</a>	Currently being implemented	UNICEF advocated accelerating UHC through PHC and is contributing to the development of the 5th HNPSR. The PHC approach to reaching every mother and new-born strategy was initiated in eight low-performing sub-districts through coordination of the Directorate General of Health Services and Directorate General of Family Planning.

<sup>69</sup> Results Framework for Scaling Up and Sustaining Mothers@Work 2022-2023 through ILO/BWB and UNICEF Partnership

Programme Name and Reference	Status	Programme Details
<b>UNICEF interventions to improve the lives of adolescents in Bangladesh –</b> <a href="https://www.unicef.org/bangladesh/media/2356/file">https://www.unicef.org/bangladesh/media/2356/file</a>	Currently being implemented	MoHFW, with support from UNICEF and the Embassy of Sweden, aims to increase awareness and ensure easy access to physical and mental health information and services for adolescents.
<b>Universal salt iodization programme</b> <a href="https://www.unicef.org/media/135436/file/Bangladesh-2022-COAR.pdf">https://www.unicef.org/media/135436/file/Bangladesh-2022-COAR.pdf</a>	Currently being implemented	The primary focus of UNICEF's involvement is to address iodine deficiency disorders (IDDs) and improve public health outcomes by ensuring that households have access to iodized salt.
<b>UNICEF's early learning and pre-primary education (PPE) provision in para centres in Chittagong</b> <a href="https://www.unicef.org/media/135436/file/Bangladesh-2022-COAR.pdf">https://www.unicef.org/media/135436/file/Bangladesh-2022-COAR.pdf</a>	Currently being implemented	The programme aimed at enhancing the quality of education and early childhood development in the region. The programme focuses on providing young children with a strong foundation for learning and preparing them for formal schooling.

It is evident that when UNICEF undertakes the design and implementation of a programme, it inherently fosters cross-linkages wherein each programme assimilates and builds upon the knowledge from others and draws upon shared inputs during new implementations. This dynamic exchange fosters continuous learning and a synergistic approach, enhancing the overall impact. However, there is a scope to significantly enhance the collaborations among various disparate programmes.

During discussions with the beneficiaries, the importance of community-based platforms for child and health care services was highlighted. Such community-based platforms have already been tested and well established in UNICEF's other programmes such as those that are

being undertaken in Cox's Bazar context. For instance, UNICEF's **Rohingya refugee and host community resilience programmes** provided community-based mother-to-mother support groups, messaging on the importance of health and nutrition and increasing the service reach.

#### 4.4. Effectiveness

This section discusses the effectiveness<sup>70</sup> of the UNICEF-supported M@W programme in **achieving its intended results** at different levels of the results chain (output, outcomes and to an extent, impact). The findings also capture differential results across beneficiary groups and the factors that influence the uptake and utilisation of the programme standards.

<sup>70</sup> OECD-DAC Criteria – Effectiveness: [https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&\\_csp\\_=535d2f2a848b7727d35502d7f36e4885&itemIGO=oecd&itemContentType=book#section-d1e3395](https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&_csp_=535d2f2a848b7727d35502d7f36e4885&itemIGO=oecd&itemContentType=book#section-d1e3395)

The employer-supported maternity rights, services and child care not only benefit businesses but also have lasting social returns.<sup>71</sup>

The uniqueness of the M@W programme lies in its focus on addressing the relevant and specific needs of the pregnant and lactating mothers currently working in the RMG sector. The programme recognises the importance of breastfeeding and promotes awareness and sensitisation among the expecting and new mothers, co-workers, supervisors, and factory management.

The programme works with businesses to offer flexibility by allowing breastfeeding breaks during factory hours. This includes two breastfeeding breaks and the option for women or their family

members to bring the child to the factory or for the mother to go home and feed the child. Further, breastfeeding breaks are available for four months. The programme also promotes the inclusion of facilities for expressing and storing breastmilk.

By implementing these child-friendly practices, M@W aims to create a supportive and conducive environment to continue breastfeeding, a globally recognised best practice, essential for the proper development of a child. These practices not only contribute to the well-being of the child but promote employee engagement, and yield tangible business benefits, such as improved productivity, making it a win-win situation for both the workers and the garment industry.<sup>72</sup>

**Table 13: Assessment against rubric scales for Effectiveness EQs**

S. No.	Evaluation Question	Assessment Against Rubric
<b>EQ 4.4.1</b>	How effectively have the standards and programme interventions been implemented?	<p><b>Assessment: Excellent</b></p> <p>There is high awareness of the seven M@W standards among the intervention respondents. All the factories have the necessary physical facilities to implement the programme. Evaluation findings suggest that the maternal entitlements are more strongly reinforced through platforms, such as employee orientations and sessions with welfare officers in the M@W factories, compared to the control factories.</p>
<b>EQ 4.4.2</b>	Were there any obstacles/ bottlenecks/issues on any of the stakeholders' side that limited successful implementation and results achievement of the programme?	<p><b>Assessment: Adequate</b></p> <p>Bottlenecks exist at three levels: women workers, factory management as well as programme implementation partners. Many women still drop out of employment after childbirth for varied reasons. Employer attitude was found to play a crucial role, with proactive efforts yielding better outcomes in factories. Challenges faced during implementation include attrition of welfare and HR staff and the need for frequent monitoring and follow-up activities.</p>

<sup>71</sup> Plan International. 2020. Cashing In – The Business Case for Women's Empowerment in the Garment Industry. [https://plan-international.org/uploads/sites/72/2022/03/full\\_cashing\\_in\\_business\\_case\\_2019.pdf](https://plan-international.org/uploads/sites/72/2022/03/full_cashing_in_business_case_2019.pdf)

<sup>72</sup> Plan International. 2020. Cashing In – The Business Case for Women's Empowerment in the Garment Industry. [https://plan-international.org/uploads/sites/72/2022/03/full\\_cashing\\_in\\_business\\_case\\_2019.pdf](https://plan-international.org/uploads/sites/72/2022/03/full_cashing_in_business_case_2019.pdf)

S. No.	Evaluation Question	Assessment Against Rubric
<b>EQ 4.4.3</b>	How effectively have the expected results been achieved, and to what level of quality (analysed by expected results and outputs), considering demographic differences in effectiveness – length of employment, age, first pregnancy, economic stability, existence of support system at home/ work, etc.?	<p><b>Assessment: Good</b></p> <p>The programme has been effective in terms of women workers in the M@W factories increasing awareness on importance of breastfeeding. This knowledge has, to an extent, also translated into appropriate breastfeeding practices among working mothers in the intervention factories. For instance, rates of exclusive breastfeeding (61%), initiation of breastfeeding in the first hour (77%) and expression of breastmilk (52%) have been higher across the intervention factories as compared to the control factories.</p> <p>However, there is still scope for improving these factories' performance on key indicators. The evaluation findings highlight the significance of demographic factors, especially family type, in influencing subsequent infant feeding practices and utilisation of maternal health services. It also highlights the need to address some of these key drivers.</p>
<b>EQ 4.4.4</b>	What, if any, alternative strategies would have been more effective in achieving its objectives?	<p><b>Assessment: Adequate</b></p> <p>The findings suggest that the mother support groups are not being utilised to their full potential. The M@W programme can also work towards ensuring that all factories have uniform child care centre guidelines, especially the age limit of children that can be enrolled. Industry associations can facilitate linkages with the government schemes and streamline processes for factory workers to avail of the government maternity benefits, boosting complementarities with the M@W programme. As the focus has been on setting up and implementing the programme, alternate strategies have not been explored widely to comment on their effectiveness.</p>
<b>EQ 4.4.5</b>	What are the RMG sector's and the beneficiaries' views on standards? Is the programme implemented in a way to regularly collect these views and adapt the programme to meet them?	<p><b>Assessment: Excellent</b></p> <p>Both the factory workers and the managers have viewed the programme favourably, noting tangible improvements to facilities and conditions for working mothers. Representatives from BGMEA and BKMEA affirm the associations' confidence in the potential of M@W and are closely involved in scaling up. Joint review processes, such as meetings and monitoring visits to factories have not happened as frequently as desired due to difficulties in aligning schedules of all the stakeholders.</p>



S. No.	Evaluation Question	Assessment Against Rubric
<b>EQ 4.4.6</b>	Are the pregnant women and lactating mothers using the interventions and protections availed through implementation of the standards?	<b>Assessment: Good</b> While there is high usage of maternity leave, cash benefits, breastfeeding breaks and safe work provisions, only 50% of women in the M@W factories use the breastfeeding corners and only 30% women with young children currently use the child care facility, despite 100% availability of the physical infrastructure. The evaluation findings also suggest the need for strengthening post-natal services in the factory medical centres.
<b>EQ 4.4.7</b>	Were the implementation and monitoring strategies for the standards appropriate, on track, and effective to achieve the planned protections and impact?	<b>Assessment: Good</b> The UNICEF-supported M@W programme partners have implemented multiple capacity-building activities for factory-level stakeholders and workers, as well as the government stakeholders and industry associations. However, joint monitoring and advocacy efforts involving multiple stakeholders have been limited due to scheduling difficulties. The programme's monitoring processes need to be revisited and strengthened to ensure regular assessment, especially at the factory level, and accurate measurement of results.

**EQ 4.4.1: How effectively have the standards and programme interventions been implemented?**

**EQ 4.4.6: Are the pregnant women and lactating mothers using the interventions and protections availed through the implementation of the standards?**

*Note: The two EQs have been answered together for better understanding of the readers.*

This section provides implementation status, awareness, and usage of the seven standards of the M@W programme.

## Maternal rights

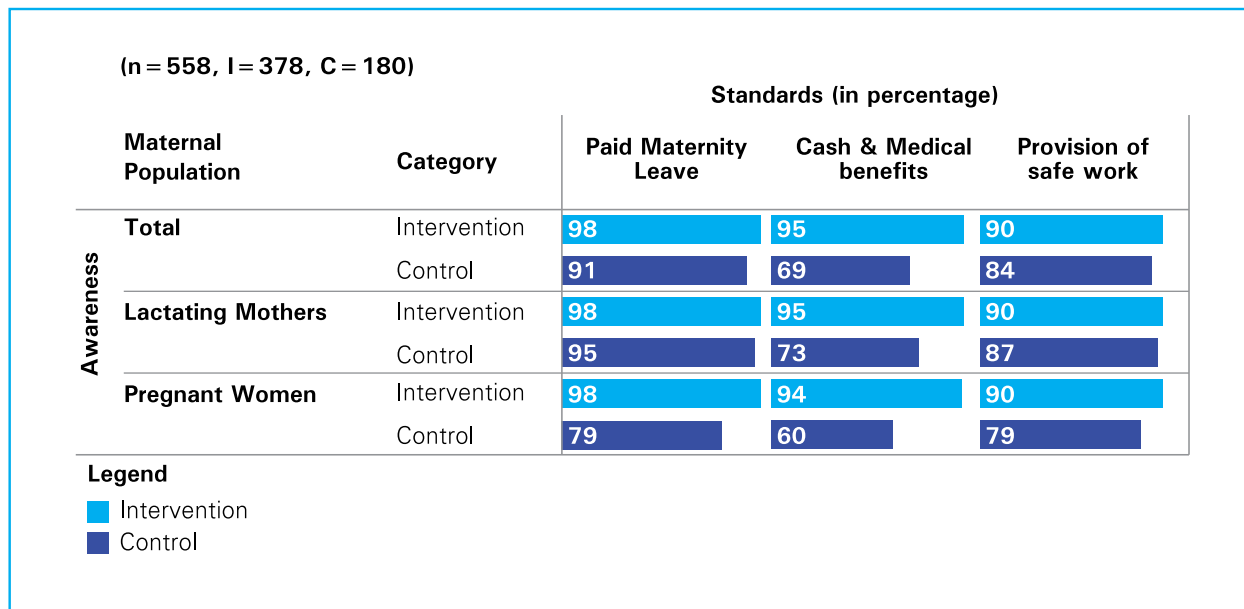
### Awareness and Usage of Maternity Leave, Cash and Medical Benefits, Safe Work

The analysis reveals high awareness and utilisation of paid maternity leave and cash benefits among both the intervention and the control groups. The pregnant women in the intervention factories are well-informed about their rights and intend to fully avail the provided benefits. Further they also receive safer work conditions, despite some reported issues, like prolonged standing and limited access to toilet.



## Key Highlights

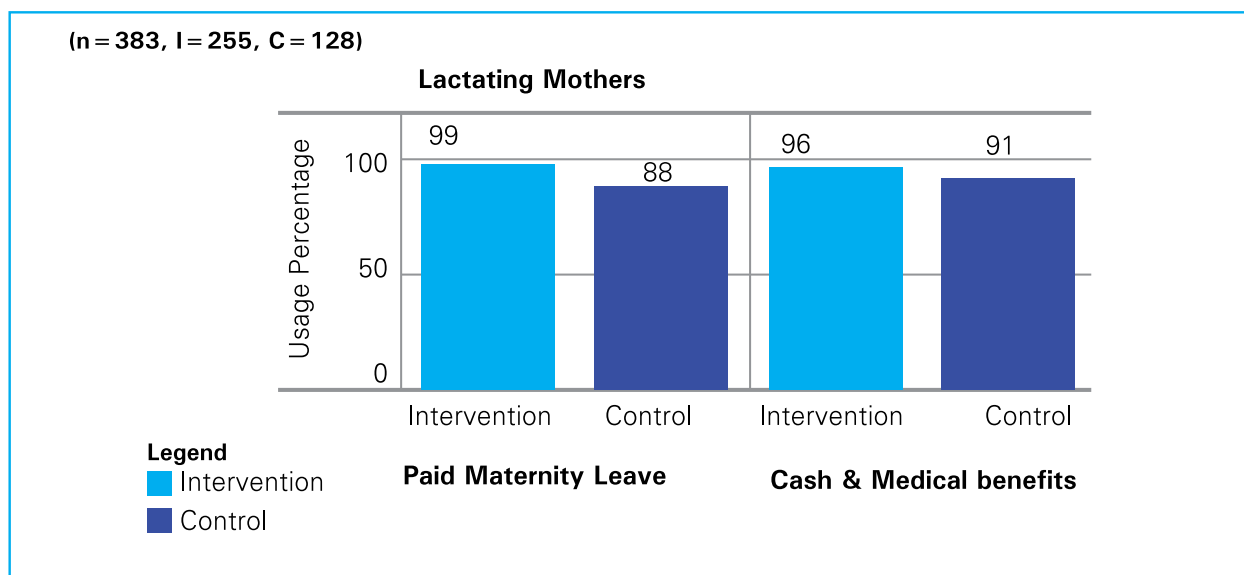
**Figure 9: Awareness of maternity leave, cash and medical benefits, safe work**



- High awareness (Z-score of 3.83 at a 95 per cent confidence interval (CI),  $p < 0.05$  and usage (Z-score of 4.80 at a 95 per cent CI, significant at  $p < 0.05$ ) of legally

mandated 16 weeks of paid maternity leave in both intervention and control groups. However, this awareness was significantly higher among the pregnant

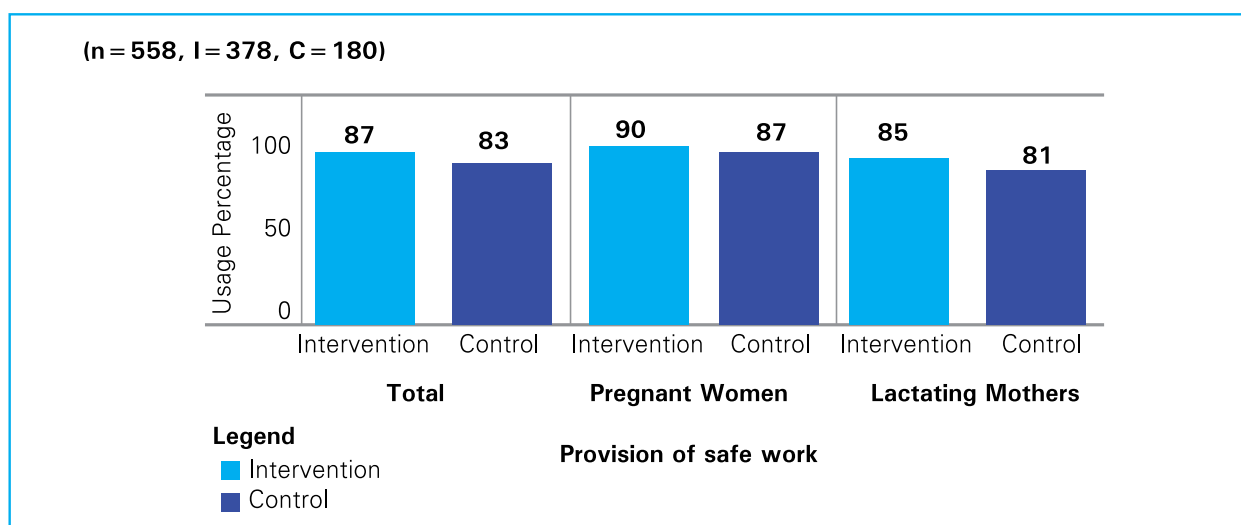
**Figure 10: Usage of maternity leave, cash and medical benefits**



women in the intervention group as compared to the control group.

- Across both the intervention and control groups, there is very high awareness and usage of the legally mandated 16 weeks of paid maternity leave. All the pregnant women in the intervention factories intend to fully avail the provision of maternity leave.<sup>73</sup>
- Higher awareness of maternal cash benefits (Z-score of 8.43 at a 95 per cent CI, significant at  $p < 0.05$ ) among the intervention respondents, but low utilisation of the government cash benefit schemes.
- Adequate provision of antenatal care in the factory medical centres. Support in the form of referrals for hospitalisation care provided to the pregnant women with complications provided by the factories. (Refer to Figure 13).
- Limited utilisation of postnatal care in the factory medical centres, indicating the need for follow-ups by welfare officers or medical staff. (Refer to Figure 13).
- The pregnant and lactating women in the M@W factories are generally provided with safer work conditions, but some reported issues like prolonged standing or limited toilet breaks.
- The employers use various methods to identify pregnant women on the factory floor, such as wearing scarves or marking workstations.
- The pregnant and lactating women are generally not allocated hazardous or strenuous work and receive certain privileges, such as priority access to elevators and rest breaks.
- Some pregnant women reported experiencing prolonged standing, sitting in fixed positions, or limited access to toilet breaks during busy periods.

**Figure 11: Usage of Safe Work Provisions**



<sup>73</sup> This is based on discussions with factory management. Factories maintain files on maternity leave applications as part of the HR records. As this is a statutory requirement, all women workers, who meet the requirements under the existing Bangladesh Labour Law, receive maternity benefits.

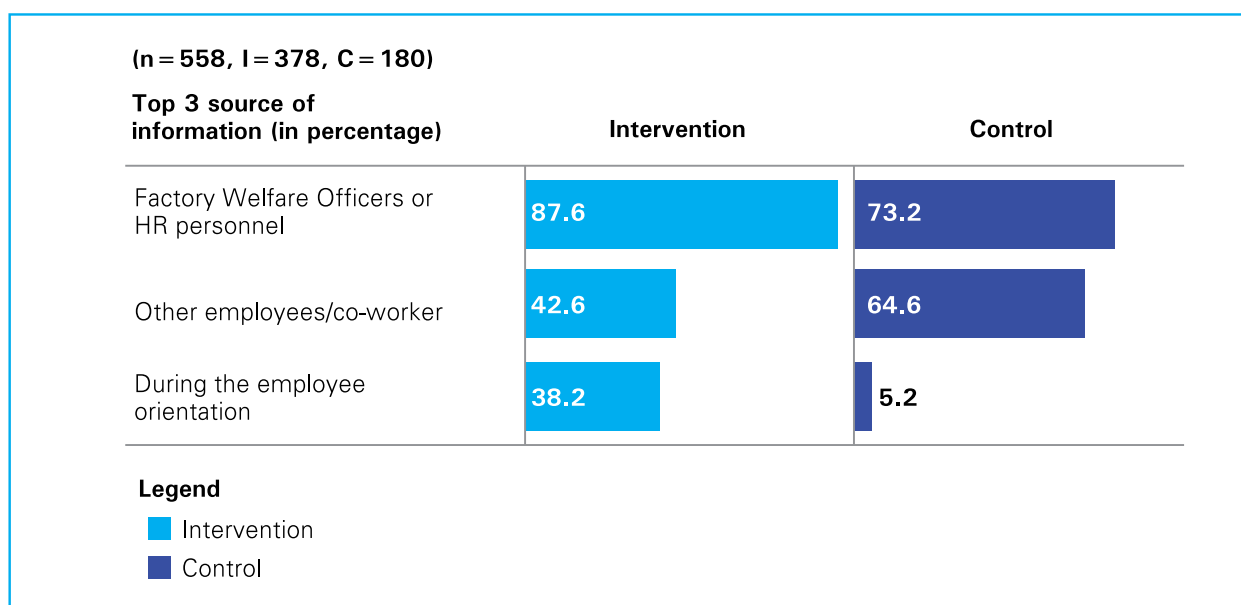
- Some women lack full knowledge about potential dangers to their health and the foetus's health in a factory environment.

### Sources of information related to protection of maternity rights and breastfeeding

### support

A majority (88 per cent) of the respondents in the intervention factories reported that 'welfare officers or HR personnel' are the primary source of information for maternal rights with a Z-score of 4.22 at a 95 per cent CI,  $p < 0.05$ .

**Figure 12: Top sources of information for maternal rights**



Interactions with the women through focused groups found that maternal entitlements are more strongly reinforced in platforms, such as employee orientations and sessions with welfare officers, in the M@W factories, compared to the control factories.

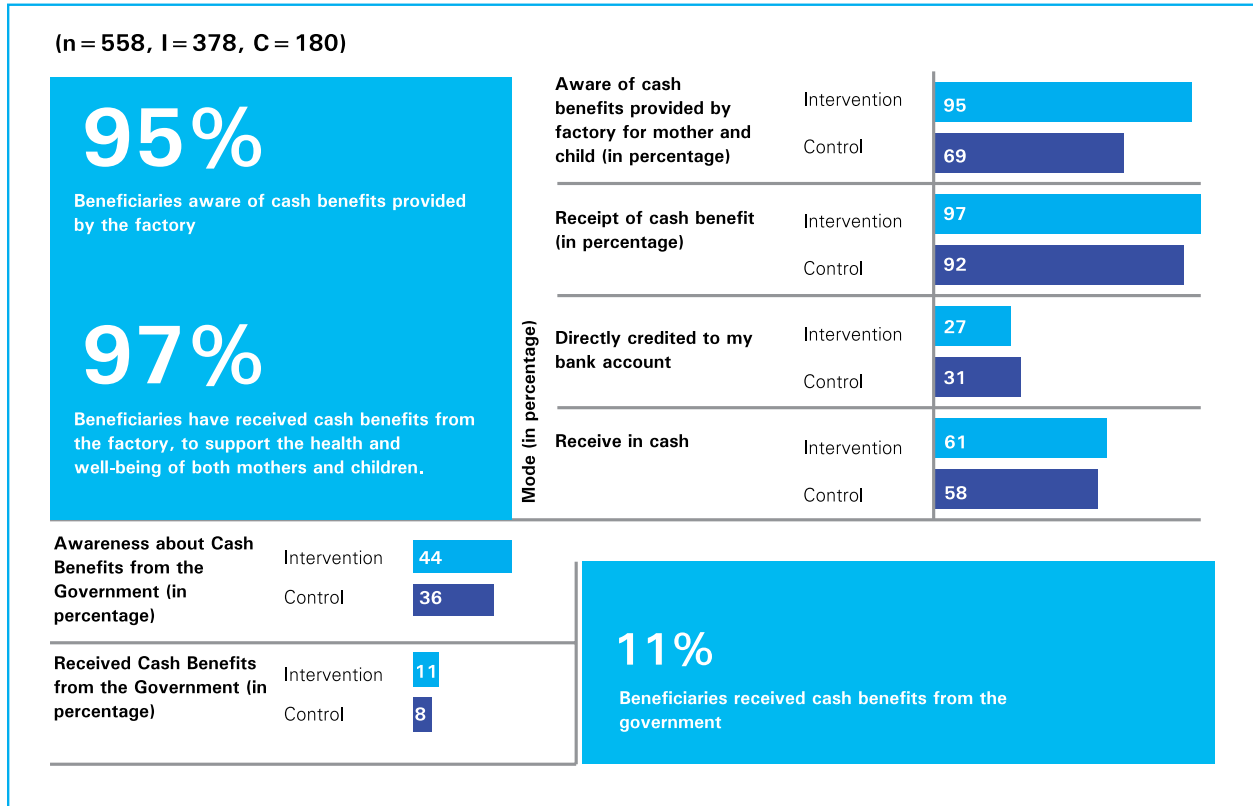
### Cash benefits

A high proportion of the women workers were aware of the cash benefits. Most women shared that the amount of cash benefit is adequate to

cover their needs. A higher proportion of the workers in the M@W programme factories said they have received cash benefits (Z-score of 2.54 at a 95 per cent CI, significant at  $p < 0.05$ ). The cash amount was mostly received as part-payments before and after childbirth by women.

At the same time, there is low awareness of cash benefit schemes of the GoB, and even lower utilisation of the same.

**Figure 13: Awareness on cash benefits in the intervention and the control factories**



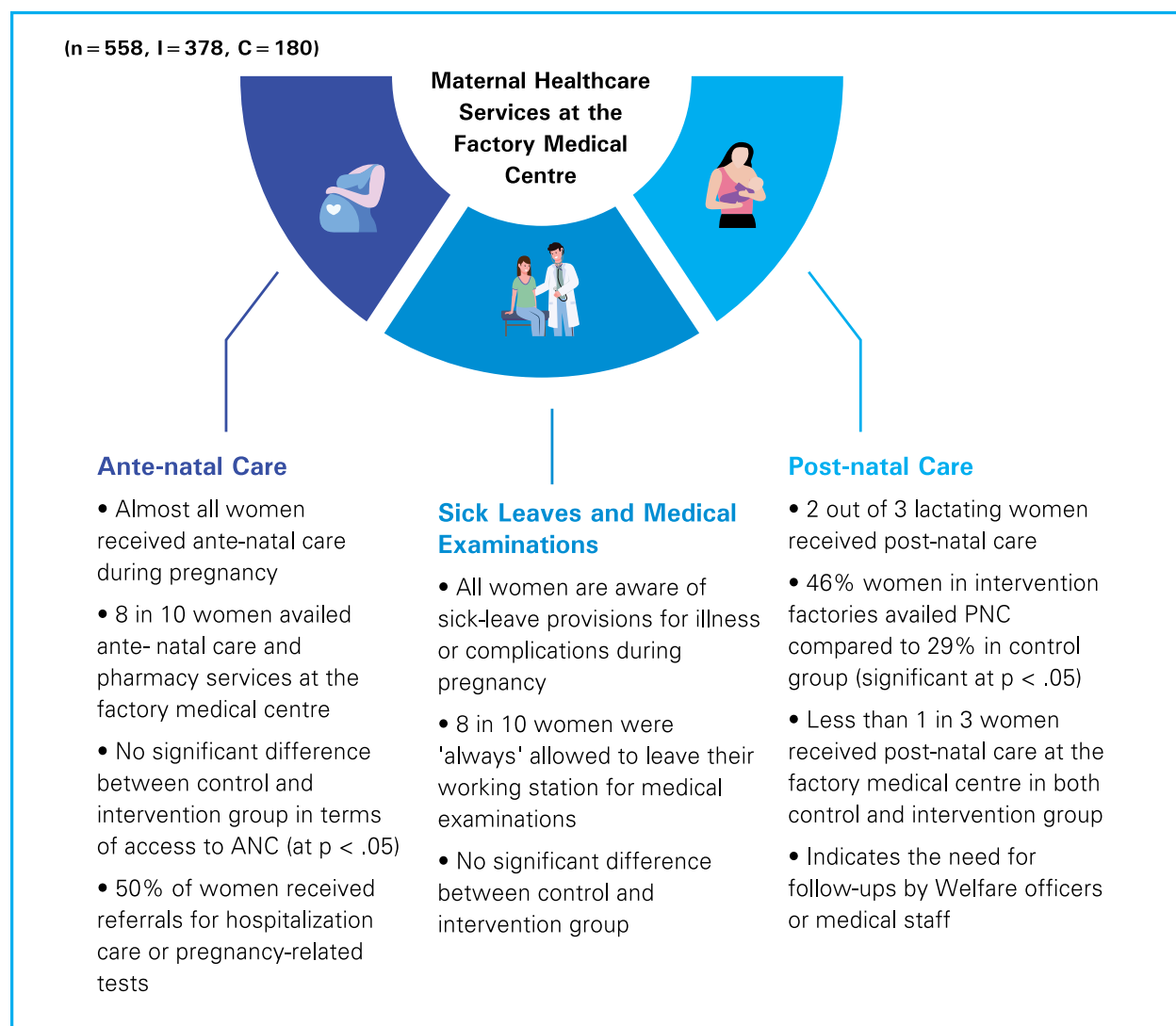
### Medical benefits

All the factories have medical centres with trained healthcare professionals and pharmacies for their workers, and most factories provide monthly antenatal check-ups to the pregnant women free of cost in their medical rooms. (See Figure 14)

Once women inform of their pregnancy, the factories have different ways to identify them on the factory floor – making them wear red/white scarves as part of their uniform or marking their workstations with a board – so that line supervisors and co-workers are aware.

Some factories also ask line supervisors to sign

a document stating their awareness of pregnant women on their production line. **Nearly nine in 10 respondents in the M@W factories said that they were not allocated hazardous or strenuous work after informing their supervisor that they are pregnant.** This is corroborated by qualitative interactions with the workers who said that the pregnant and lactating women are not given any production targets, they are given priority access to factory elevators, are allowed to leave the factory 10 minutes early than others and can take rest in the medical room during breaks or any other time they feel the need. **They are also never asked to work overtime.**

**Figure 14: Awareness about healthcare services at Factory Medical Centres**

However, a few women from the intervention factories reported that they had experienced prolonged periods of standing, sitting in a fixed or awkward position for long periods, or were not allowed to stop work to go to the toilet when needed, especially during very big orders or tight shipment deadlines. Seven in 10 women also said they “had no reason” to request lighter duties or safer job, suggesting lack of full knowledge about potential dangers to mothers’ and foetus’ health in a factory environment. The women workers

need to be briefed on the occupational and safety hazards in a manufacturing workplace.



“Simple tasks are assigned to us during pregnancy and after delivery so that we can finish early. We can sit and work, and also use the lift.”

“We are not given daily targets during pregnancy so there is no work pressure. We are not asked to do any risky or heavy work.”

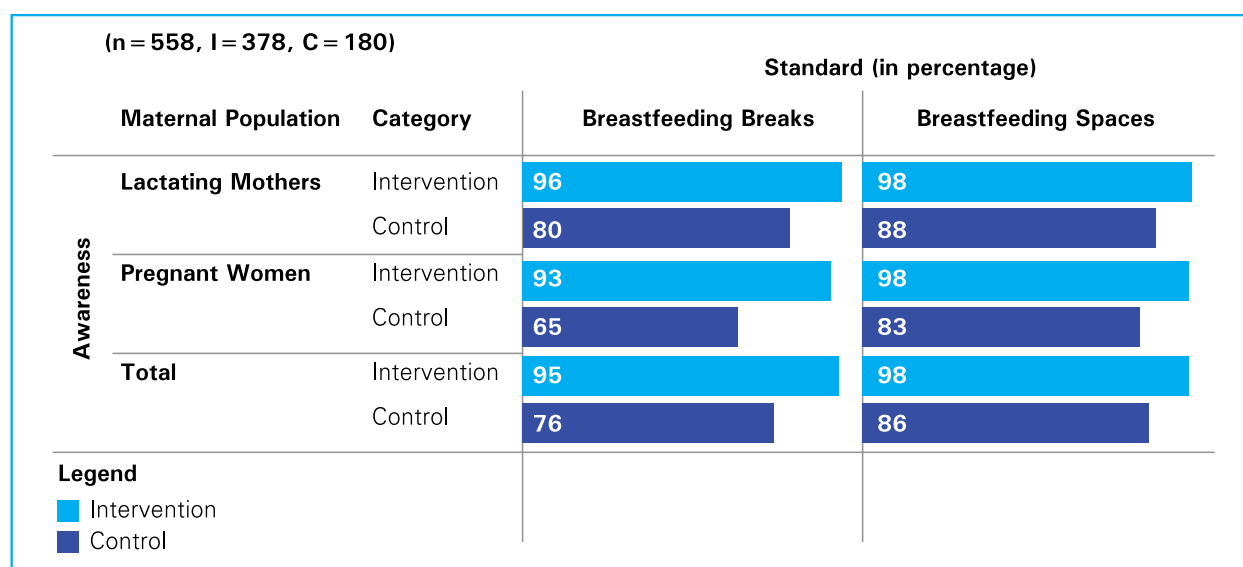
-Excerpts from FGDs with pregnant and lactating working mothers

## Breastfeeding Supportive Environment

### Awareness and usage of breastfeeding breaks and breastfeeding spaces

- More than 95 per cent of respondents in the M@W programme factories are aware of the provision of designated breastfeeding spaces (z-score= 5.63 at a 95 per cent CI, significant at  $p < 0.05$ ), as well as breastfeeding breaks (z-score= 6.67 at a 95 per cent CI, significant at  $p < 0.05$ ), indicating high awareness of breastfeeding support provisions compared to the control factories.
- 'Factory welfare officers/HR personnel' and 'other employees/co-workers' are the top sources of information for breastfeeding facilities in factories.
- It is notable that the women in the UNICEF-supported M@W programme factories reported 'NGO/CSO representatives (such as Better Work, BRAC)' as a source of information, four times more compared to the control factory respondents, showing better reach of this medium.
- Both the pregnant and lactating women employees in the intervention factories show significantly better awareness and usage<sup>74</sup> of breastfeeding support provisions compared to their peers in the control factories. It is remarkable to note that almost all pregnant women in the intervention factories said they intend to use the breastfeeding breaks after returning to work post-childbirth, reflecting their high levels of awareness and ease/comfort in availing this facility.

**Figure 15: Awareness of breastfeeding breaks and breastfeeding spaces**



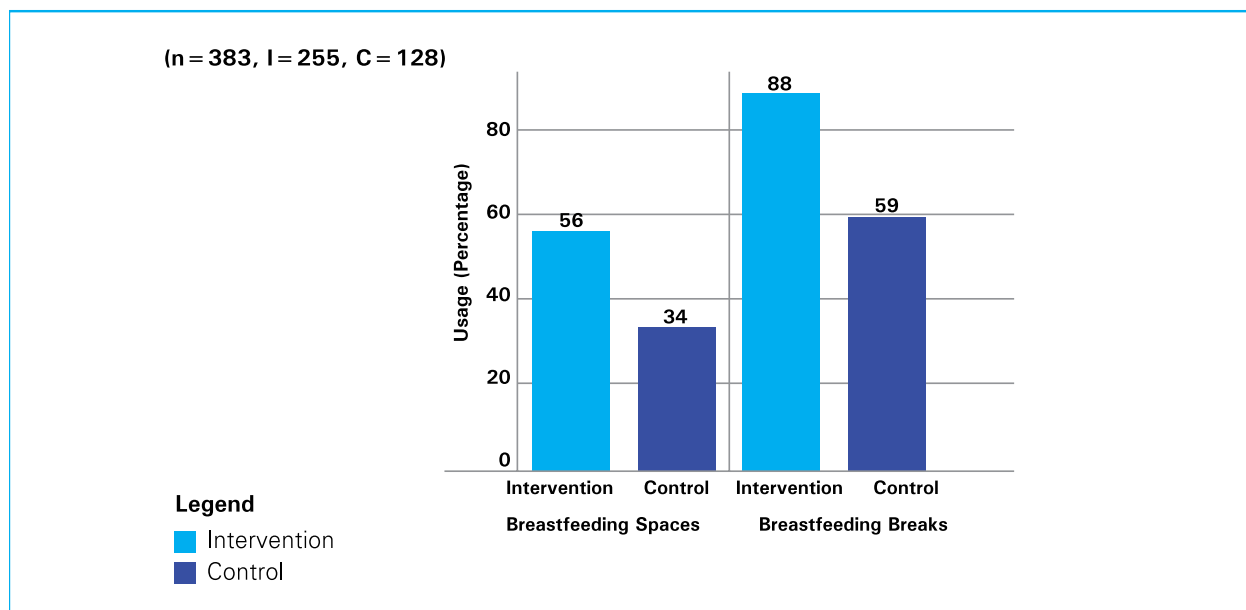
<sup>74</sup>Statistically significant at 95 per cent confidence interval (Breastfeeding space - Z-score of 4.06 at a 95 per cent CI,  $p < 0.05$ , Breastfeeding breaks - Z-score of 6.49 at a 95 per cent CI,  $p < 0.05$ )

- However, only one in two currently lactating women in the M@W factories said they use the separate breastfeeding space provided in the factory or have ever expressed breastmilk there, despite 100 per cent availability of the breastfeeding space. When reviewed in conjunction with qualitative discussions, it can be inferred that breastfeeding expression is not common among the lactating mothers.
- The table below highlights the facilities available in the breastfeeding spaces in both the programme and the control factories. The data is taken from the observation checklist administered in all

sampled factories and corroborated with insights from the survey with the pregnant and lactating women. The breastfeeding spaces in the intervention factories generally provide facilities such as private and well-ventilated space, comfortable seating, access to clean water and hand washing facilities, and breastfeeding information posters.

- With regards the utilisation of breastfeeding spaces within the factory premises (only 56 per cent women), the women who live nearby the factory premises prefer to go home during their breaks and feed their child there.

**Figure 16: Usage of breastfeeding support provisions**



### Facilities available in the breastfeeding spaces

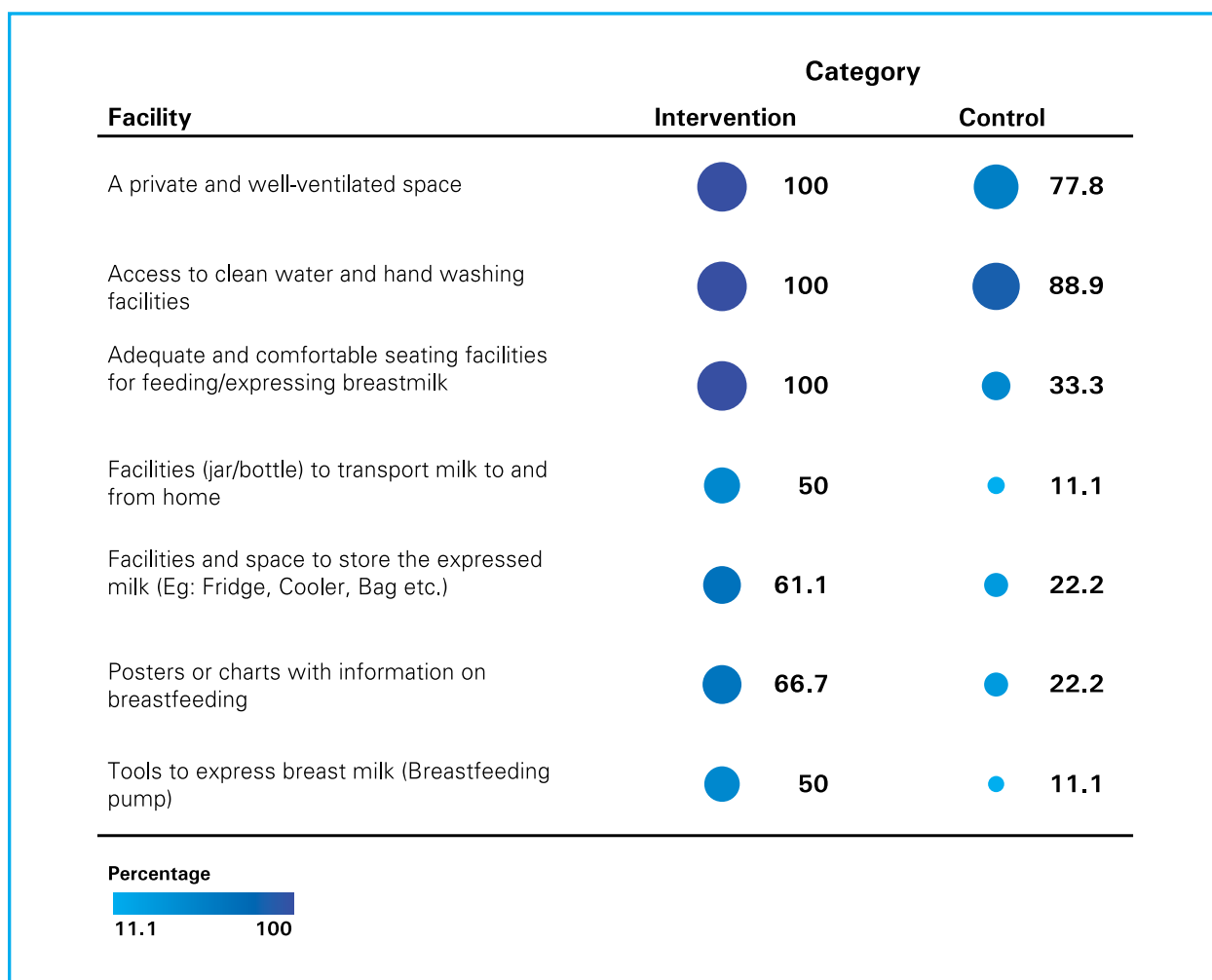
- More than eight in 10 women in the M@W factories said they availed breastfeeding breaks twice a day, out of which 57

per cent took breaks of approximately 20–30-minute duration, whereas 38 per cent said they took more than 30 minutes per break. It is understood that the latter category is those women who go home to breastfeed their child, hence they avail

a longer breastfeeding break, sometimes only once a day. The remaining women said they do not avail the breastfeeding spaces or breaks because their child is at home and there is no one who can bring the child to the factory for feeding.

- Only half of the sampled M@W factories have the necessary tools and facilities for expressing, storing, and transporting breastmilk, hindering the use of breastfeeding spaces, particularly if children stay at home.

**Figure 17: Facilities available in the Breastfeeding Spaces**



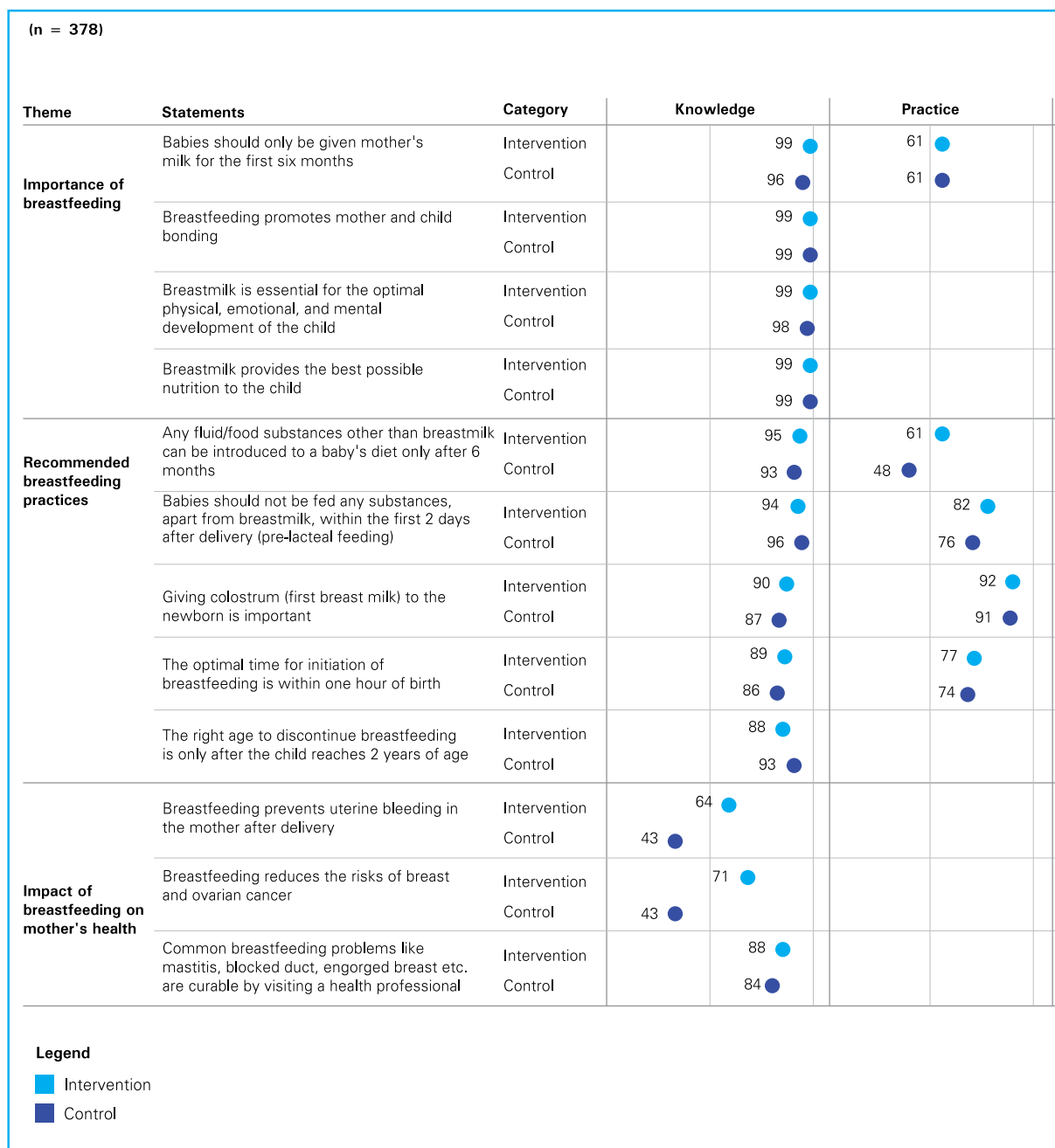


## Breastfeeding-related knowledge and practice among intervention sample

importance of breastfeeding and recommended breastfeeding practices.

The pregnant and lactating women in the M@W factories receive extensive orientation on the

**Figure 18: Breastfeeding-related knowledge and practice among intervention sample**



Note: Breastfeeding practice is reported only for statements where it is applicable

All women reported agreement on several parameters, highlighting the importance of breastfeeding for both child and mother. They also demonstrated relatively high knowledge of the specific health benefits of breastfeeding for mothers. This knowledge has evidently translated into appropriate breastfeeding practices among working mothers in intervention factories:

- Almost eight in 10 respondents said they initiated breastfeeding within one hour of their child's birth, while the remaining two in 10 women said they initiated breastfeeding within the same day.
- Nine out of 10 mothers fed colostrum to the baby after birth, and eight in 10 mothers said they did not give any pre-lacteal feed to their baby in the first two days of their birth.
- However, **only six in 10 mothers (61 per cent) said they exclusively breastfed their child for the first six months.** While this figure is similar to the national average, it is higher than EBF in control factories (48 per cent).
- Almost three in 10 respondents said they fed breastmilk substitutes, such as infant formula, to their child in the first six months.

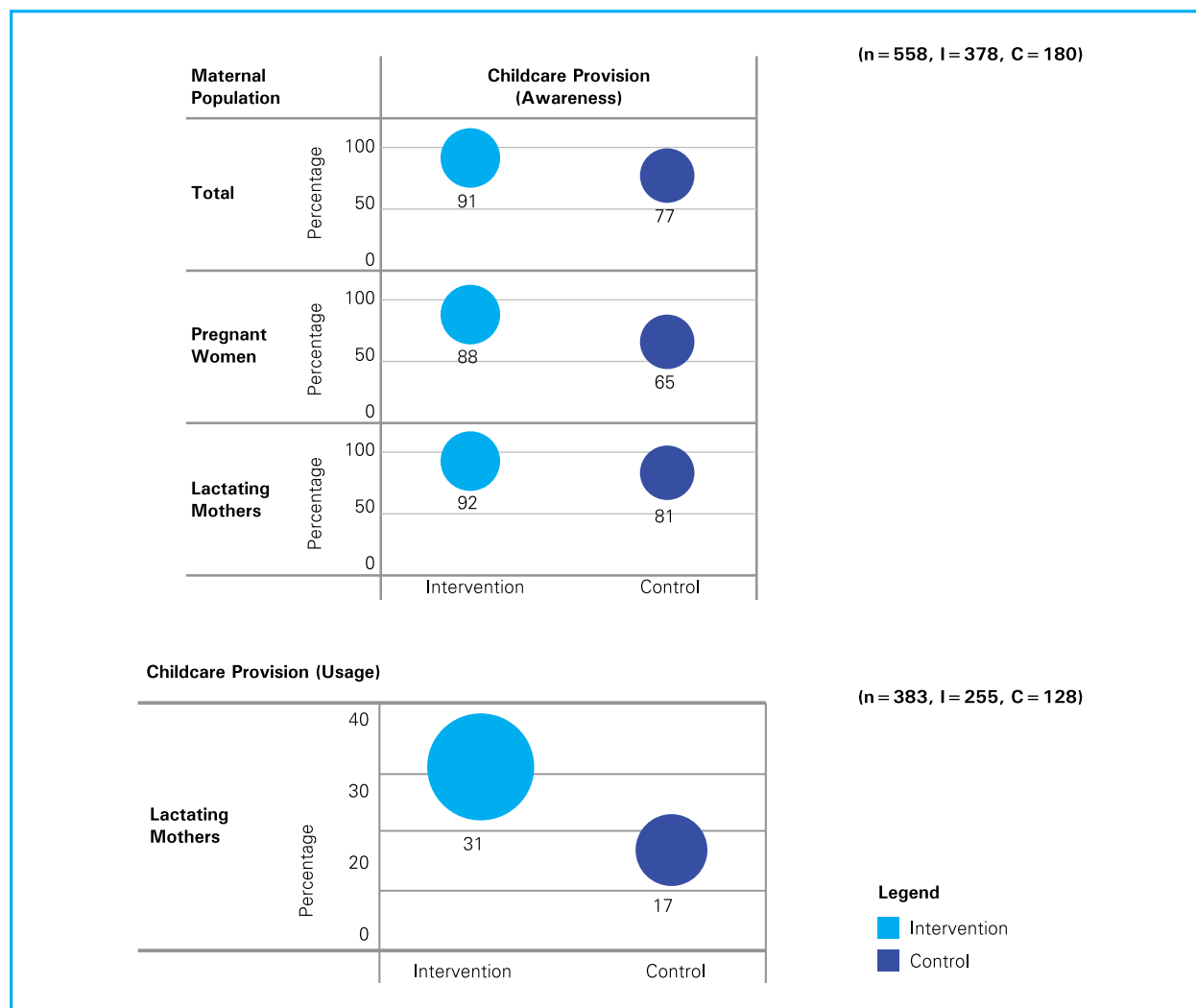
### **Awareness and Usage of Child care Provisions at the RMG Workplace**

- Nine out of 10 respondents in the M@W programme factories are aware of the provision of child care facilities (Z-score of 4.52 at a 95 per cent CI, significant at  $p < 0.05$ ), with 'factory welfare officers or HR personnel' (89 per cent), followed by 'other employees/co-workers' (47 per cent), and

'Employee Orientation' (38 per cent) being their primary source of information.

- Three out of four pregnant women in the M@W factories said they intend to use the child care facility in the factory after delivery, simultaneously stating that their actual usage would depend upon the level of 'trained and trustworthy facility staff.' The table below highlights the facilities available in the child care centres in both the programme and the control factories. The data is taken from the observation checklist administered in all sampled factories and corroborated with insights from the evaluation survey.
- Both the intervention and the control factories have the necessary physical facilities in the child care centres, including trained staff, toys, beds, playgrounds, learning materials, feeding/meals, and hygiene facilities.
- However, analysis indicates that 55 per cent of the programme intervention factories and 45 per cent of the control factories lack open playing spaces for children. This is attributed to limited space available in the factories as well as safety concerns.
- Despite the availability of child-friendly facilities, only 30 per cent of women in the M@W factories with young children currently use the child care facility with a Z-score of 2.93 at a 95 per cent CI, significant at  $p < 0.05$ .

**Figure 19: Awareness and usage of the child care centres**

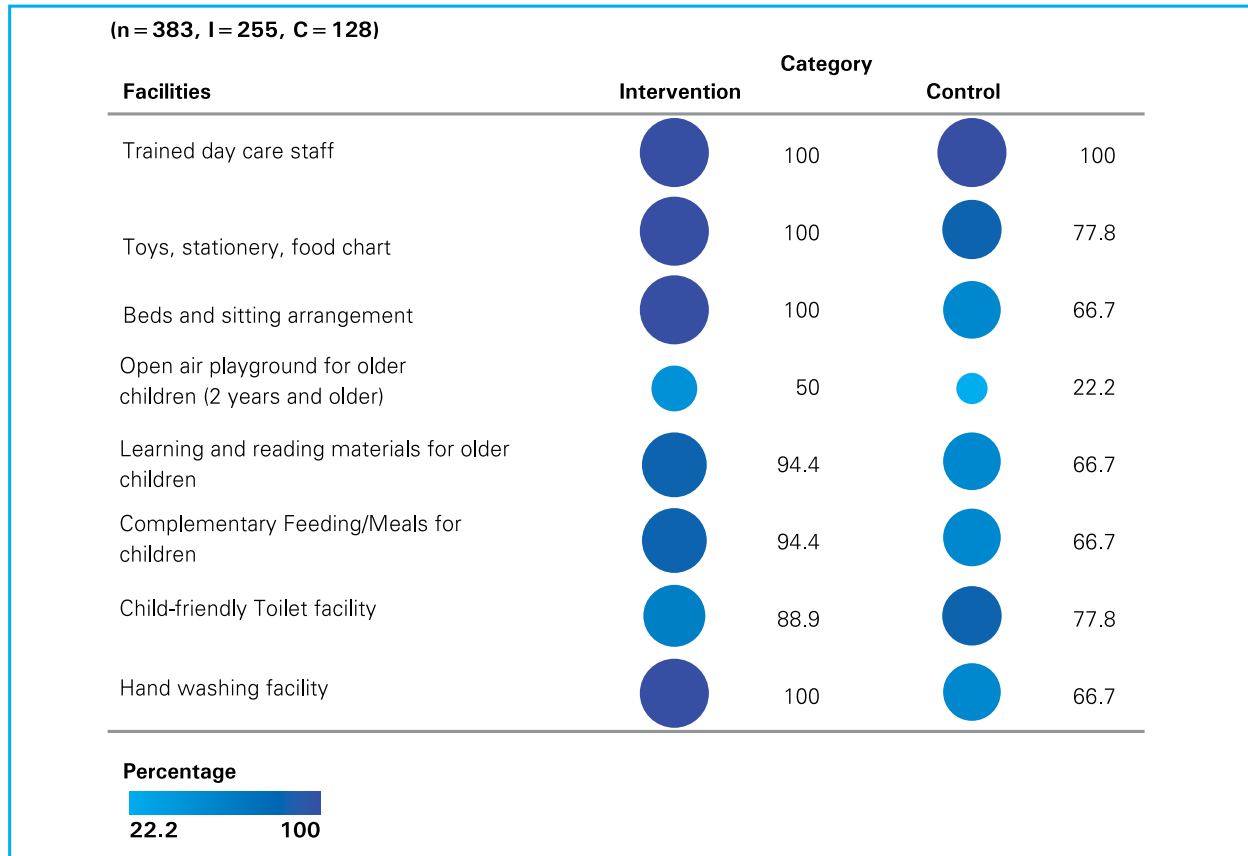


- Further, approximately 40 per cent of the respondents mentioned that their child's age does not align with the child care centres guidelines. Observation suggests that child care facilities do not have the capacity to accommodate the children, who may need such facilities. **Many child care centres visited did not take in children less than 12-18 months.**
- Some 20 per cent of the respondents also cited challenges in traveling to the factory with young children, especially

in absence of factory-provided transport facilities. Lack of safe and convenient public transportation further complicates the situation for women living far from the factory, who need to commute with their young children.

- Further, if working mothers have family members at home, there is a preference to leave their children with family members at home, reflecting lack of social acceptance of day care centres.

**Figure 20: Facilities available in the child care centres**



### Employment Protection and Non-discrimination

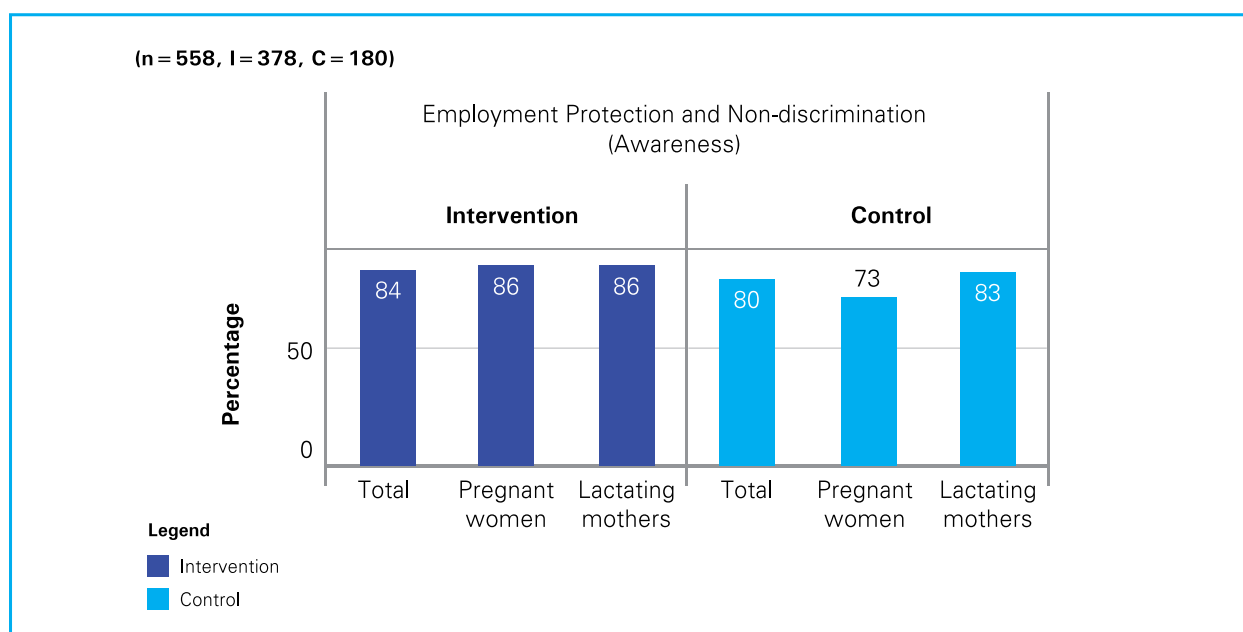
- About 86 per cent of the respondents in the intervention factories stated that their labour rights, maternal rights and benefits are clearly written in their employment contract, and they have complete understanding of the contract clauses related to employment protection and non-discrimination policy at their workplace.
- Submission of ultrasound report to confirm pregnancy was reported to be mandatory for availing 16 weeks paid maternity leave in all the factories, and half of the respondents stated that they submitted birth certificates to avail breastfeeding

breaks and use the breastfeeding corner and child care centre.

- An overwhelming majority of the pregnant women in the intervention factories reported being assigned fewer responsibilities (89 per cent), less difficult tasks (98 per cent), and reduced working hours (71 per cent) after informing management of their pregnancy, while maintaining the same salary and bonus amount. The lactating mothers also had similar experiences after returning from maternity leave, though to a lesser degree: fewer responsibilities (64 per cent), less difficult tasks (83 per cent), and reduced working hours (51 per cent).

- The women workers have knowledge of redressal mechanisms in case of discrimination or harassment, and are aware of the presence of anti-harassment committees, workers' participation committees, and occupational safety and health committees in the factories.
- They are familiar with the procedure for lodging complaints, which involves informing supervisors, welfare officers, or compliance officers, leading to an inquiry committee and transparent decision-making.
- If workers are not satisfied with the outcome of the internal procedure, the management provides support and advice for initiating legal action.

**Figure 21: Awareness of employment protection and non-discrimination standard**



Both men and women workers are aware of the presence of the anti-harassment committee, workers participation committee and occupational safety and health committee in the factory. They are also familiar with the procedure to complain in case of any incident – informing the supervisor, welfare officer or compliance officer in the factory, which leads to the sitting of an inquiry committee, involving both parties where the punishment is decided. The women workers are confident that this procedure is transparent, and no biased decision is given. If the worker is

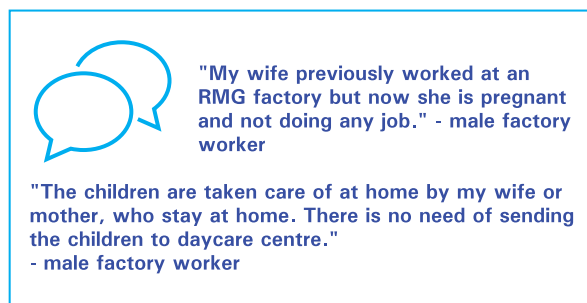
not satisfied with the outcome of the internal procedure, they said that the management provides support and advice for initiating legal action.

**EQ 4.4.2: Were there any obstacles/ bottlenecks/issues on any stakeholders' side that limited the successful implementation and results achievement of the programme?**

The evaluation of the UNICEF-supported M@W programme has provided valuable insights into the implementation processes and results

achieved. The findings shed light on various challenges faced by various stakeholders, including women workers, factory management, and programme implementers, in realising the desired outcomes of the M@W programme.

**Many women drop out of employment after childbirth due to unsupportive husbands/families, poor health, going back to their village, lack of childcare at home, or societal pressures.** Almost all (99 per cent) women interviewed in the evaluation reported utilising



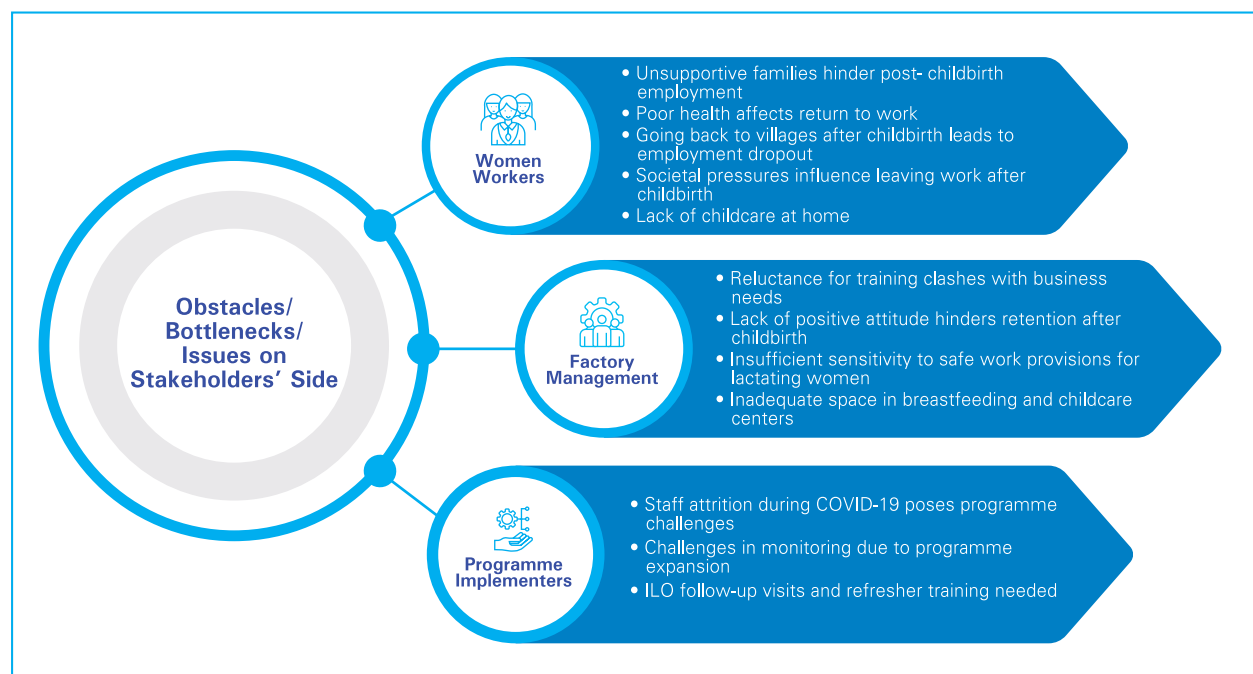
the provision of 16 weeks of paid maternity leave.

A vast majority of them return to employment, primarily to collect the second instalment of the paid maternity leave. Discussions with the factory managers reveal that many of the returning women subsequently drop out of employment. There are several reasons why the returning women drop out of employment after childbirth. These include unsupportive husbands/families, poor health, going back to their village, no one to look after the child at home, or the child is too young to be taken to day care.

Discussions with the male workers and spouses indicate that many of them prefer to have their wives work in the same RMG factory. The discussions also reveal a latent preference for their wives to look after the family at home.

Many of the returning women workers were found to leave children at home with an adult family member rather than bring them to the factory child care centre, reflecting a lack of family acceptance of day-care as an alternative.

**Figure 22: Summary of bottlenecks faced by the stakeholders**



**While almost 90 per cent of the women utilise breastfeeding breaks after returning to work, only 56 per cent of the lactating women utilise breastfeeding spaces in the M@W factories.**

The evaluation revealed an interesting disparity in the utilisation of breastfeeding breaks and spaces in the M@W factories. While the RMG factories had invested in maintaining breastfeeding spaces, the evaluation found limited utilisation of these facilities. One of the primary barriers identified was lack of family support to bring the child to the factory for breastfeeding. Compounding the issue, most factories do not accommodate children under six months of age in their child care facilities.

**This created a critical gap wherein the paid maternity leave ended by the time baby reached two months of age but the child care centres would only enrol children when they are older (six months or more).** For about four months, the mother faced significant challenges in continuing with breast feeding. Resolving this gap is essential to ensure continued exclusive breastfeeding for all children. Many of the new mothers tend to combine the two breastfeeding breaks (each break of 30 minutes each, combined to have a one 60 min break) and rush back to their homes to breastfeed the child. Many mothers responded that they find this arrangement/mechanism more practical.

Furthermore, during factory observations, it was discovered that only half of the sampled programme factories had the necessary tools and facilities, such as breast pumps, bottles, and refrigeration, for expressing, storing, and transporting breast milk. This lack of resources also hindered utilisation of breastfeeding spaces by lactating mothers.

Addressing these challenges and ensuring comprehensive support for the lactating mothers is crucial to fully realise the benefits

of the UNICEF-supported M@W programme in promoting health and well-being of both working mothers and their children. An action agenda for the programme will be to strengthen the monitoring framework, including putting in place a facility audit mechanism.

**Lack of family and community support in child care in nuclear families.** In the context of breastfeeding and child care in the M@W factories, the situation becomes **particularly challenging for new mothers from nuclear families**, as there is no adult family member available to look after their child at home. Women echo that travelling to the factory with young children using public transportation is unsafe. **Consequently, some mothers find themselves compelled to extend their maternity leave to care for their babies.**

In this context, the positive and “rights-based” attitude of factory management towards maternity benefits becomes crucial, as it complements the efforts of welfare officers or HR personnel to bring women back to work. Interactions revealed that welfare officers in some factories proactively stay in touch with women throughout their maternity leave, making efforts to address any challenges they may face in returning to employment. Conversely, in the factories where management approached maternity rights purely from a compliance perspective, fewer proactive measures were taken to retain women after childbirth.

**Employer attitude plays a crucial role in supporting maternal rights including retaining women post-childbirth.** To ensure the safety of pregnant and lactating women, they are not given production targets or asked to work overtime, among several other provisions for safe work. However, **more than half of the respondents said the time and duration of**

**their breastfeeding break depends on their supervisor or work pressure.** A few women shared that they had experienced prolonged periods of standing, sitting in a fixed or awkward position for long periods, or were not allowed to stop work to go to the toilet when needed, especially during big orders or urgent shipment deadlines. Discussion with the factory workers underlines that the same level of sensitivity was not accorded to lactating women as compared to pregnant women.

The factory observations also point out that many breastfeeding spaces were not separately constructed and did not have all the facilities within the same room. They were usually curtained partitions or corners within the child care centre, and sometimes large appliances such as the refrigerator/fridge or other appliances used in the medical room were used to create partitions. Thus, some factories were found to have inadequate privacy, physical space, and capacity in the breastfeeding space or child care centre.

**The challenges faced during implementation include reluctance from factory management, attrition of welfare and HR staff, and the need for frequent monitoring and follow-up activities.** Discussion with the implementing agencies revealed several challenges faced during implementation. The primary challenge is the reluctance of factory management to set aside time for training. There is an opportunity cost to making their factory managers and other senior members available for an orientation on the programme. Furthermore, the attrition/termination of factory welfare and HR staff during the COVID-19 lockdown also posed challenges to the continuation of the programme.

As the number of the participating factories under the programme has expanded, factory

advisors (FAs) are unable to make frequent visits for monitoring and follow-up activities. Interviews with the factory management have also highlighted the need for ILO to conduct follow-up visits twice a year, and organise refresher training for mid-management, welfare officers and workers, reflecting the need to reinforce the content, mentoring support and guidance to ensure sustained adherence to the recommended behaviours.

**EQ3.3: How effectively have the expected results been achieved, and to what level of quality (analysed by expected results and outputs), considering demographic differences in effectiveness – length of employment, age, first pregnancy, economic stability, existence of support system at home/work, etc.?**

**EQ3.4: What, if any, alternative strategies would have been more effective in achieving its objectives?**

This section assesses the effectiveness and quality of the M@W programme in achieving its expected results, taking into consideration demographic differences, such as length of employment, age, first pregnancy, economic stability, and existence of support systems. The analysis includes quantitative data, which reveals notable trends in programme outputs, as well as qualitative insights that shed light on areas for improvement. By examining the programme's impact on infant feeding practices, maternal health, and workplace support, actionable recommendations can be developed to enhance programme effectiveness and address alternative strategies for achieving programme objectives.

To understand the trends in the effectiveness of programme outputs and identify specific actionable insights for intervention factories, the quantitative data were analysed by certain



parameters – age ( $\leq 25$  years; 26-30 years;  $\geq 31$  years), family type (nuclear family; joint/extended family), education qualification (up to Class V; Class VI to IX; SSC and above) and length of employment (less than three years; three-five years; more than five years). All findings reported here were found to be statistically significant (p-value 0.05).

A foreseeable pattern was observed in the childcare arrangements made by the working mothers while they are away at the factory. As mentioned before, the families do not prefer to keep their children in childcare centres due to concerns about accessibility, affordability and quality of services. The women living with joint/extended families were found more likely to leave their child at home under the supervision of an adult family member, whereas the women in nuclear families leave their children at neighbours/relatives' home during work hours. These women were also more likely to take only one breastfeeding break, sometimes of a longer duration to go home and feed the baby. The data clearly shows that the women living in nuclear families constitute the majority among the women bringing their children to the factory childcare centre.

Family type is an important factor found to influence infant feeding practices. The women living in nuclear families were found to have better knowledge on some breastfeeding practices, such as continuing breastfeeding until two years of age and introducing other fluids/food into a baby's diet only after six months. The reasons for this need further investigation to understand the complex interplay of socio-cultural factors underlying the family structures and breastfeeding practices. More women with nuclear families were also found to avail

ante-natal and post-natal services in the factory medical room when compared to women living with joint/extended family. As has been stated before, the women workers in the RMG factories do not have ready access to routine maternal and child health and nutrition services due to their long working hours. The women in nuclear families prefer the medical services at their workplace since they do not have the support of more family members to manage domestic duties and other responsibilities.

Some other trends also emerge from the data. More women aged between 26-30 years seek post-natal care, when compared to women younger than 25 years. The women who have completed SSC and above show comparatively higher awareness of redressal mechanisms for any discriminatory practices from their employer, than the women who have not completed secondary education. No significant trends emerged from the duration of women's employment.

Findings from qualitative and quantitative data suggest that certain programme aspects can be strengthened. The mother support groups<sup>75</sup> (MSG) were found to promote knowledge sharing on many topics: healthy pregnancy and maternal health (97 per cent); child health, including recommended IYCN practices and child care (97 per cent); maternity protection in the workplace (74 per cent); medical complications and other health-related issues (56 per cent). However, only 40 per cent of the respondents said they got counselling and mentoring support from experienced mothers, which is a key function of the MSGs. The MSGs are organised on the premise that behaviour change is influenced by one's peers and social network. To achieve this, they need to be convened regularly and

<sup>75</sup> In the context of Mothers@Work, mother support group is a voluntary group of female employees, who are also experienced mothers. With support from the employer, they are able to reach, inform, support and guide programme beneficiaries throughout their pregnancy, till they return to work, and until their children reach two years of age. (Source: A Resource Guide for Mother@Work, UNICEF, New York, 2018)

routinely engage experienced mothers to serve as mentors, share their experiences, and convey knowledge to newly pregnant women and young mothers based on their own experience.

The UNICEF-supported M@W programme can also work towards ensuring that all the factories have uniform child care centre guidelines, especially the age limit of children that can be enrolled. The programme standard on child care states that the facilities are for children up to six years of age, but it does not specify a starting age. Qualitative interactions with the lactating mothers show that many women must extend their maternity leave or leave their child at home because the child's age is younger than the child care centre's guidelines. The programme might explore the opportunity to link the beneficiaries with the existing government social protection schemes for pregnant and lactating women and families with young children in the RMG factories. The industry associations (BGMEA, BKMEA) can facilitate linkages with the government schemes and streamline processes for the factory workers to avail the government maternity benefits, boosting complementarities with the M@W programme.

The evaluation findings highlight the **significance of demographic factors, such as family type and education qualification, in influencing infant feeding practices and utilisation of maternal health services among the working mothers**. The women in nuclear families demonstrate better knowledge of breastfeeding practices and are more likely to avail ante-natal and post-natal services. Strengthening the mother support groups (MSGs) and establishing uniform guidelines for childcare centres can enhance knowledge sharing and address enrolment challenges. Further, collaboration between the industry

associations and the government schemes can improve access to social protection benefits. These recommendations offer actionable insights to enhance the M@W programme's effectiveness and have broader relevance for improving maternity rights and breastfeeding support in other industries.

#### **EQ 4.4.5: What are the RMG sectors' and beneficiaries' views on standards? Is the programme implemented in a way to regularly collect these views and adapt the programme to meet them?**

The insights from the evaluation demonstrate the positive impact of the UNICEF-supported M@W programme on pregnant and lactating mothers in the RMG sector with improvements in facilities, and working conditions, resulting in increased workplace satisfaction, levels of motivation and enhanced maternal and child health outcomes. The evaluation underlines the **importance of continuous training, monitoring support, and standardised reporting mechanisms to further improve the quality-of-service provision and delivery and address emerging concerns**.

**The sensitisation efforts by UNICEF and ILO-BWB have played a crucial role in implementing maternity and breastfeeding initiatives more effectively, going beyond compliance with labour laws.** The RMG factory management, welfare officers have remarked that their training helped them streamline the systems, helped define and standardise workplace policies, and provide technical inputs to ensure high-quality nutrition counselling to pregnant and lactating mothers. The training also helped them in dissemination of critical information using communications materials, including posters and other collaterals in visible areas in the factory.

**Both the factory workers and the managers have viewed the programme favourably, noting tangible improvements in the facilities and conditions for working mothers.**

- The women feel that their workplaces respect maternity rights and provide employment continuity.
- The provision of paid maternity leaves and primary healthcare benefits has reduced healthcare expenses for the women.
- Breastfeeding corners, child care services, and regular breaks have enabled the working mothers to balance work and breastfeeding.
- The quality of the physical infrastructure of breastfeeding spaces is generally rated highly by the breastfeeding workers.



"We are committed to providing a worker- friendly environment. The investment in maternity provisions is a worker's entitlement."

"After childbirth if a women's condition is not good or if their child is sick, then we try to support them with additional leaves or reduced working hours or counselling, if needed."

- Excerpts from interviews with HR and Compliance Managers, intervention factories

The representatives from BGMEA and BKMEA affirm the associations' confidence in the potential of the M@W programme and are closely involved in its scaling up.

- Breastfeeding breaks are viewed positively by co-workers and supervisors, contributing to a positive workplace environment.

- The male workers are generally aware of maternity rights and acknowledge the importance of such benefits for women's health and employment.
- The evaluation noted the need to strengthen and standardise the procedures for capturing the views of the pregnant and lactating women. These inputs and suggestions will help address concerns, identify gaps, and improve service delivery. Currently, the efforts are sporadic with a few of the factory managers/welfare officers championing it within their factories.



"We can decide to have children whenever we want. There is no fear of losing the job, extra work pressure or losing a promotion."

"We can continue working after having children, can devote time to our children, and visit them any time in the day care."

"We feel safe sharing our opinions with Welfare madam and Pushti Apa."

"Maternity benefits are motivating the me members of the family to let women work outside."

- Excerpts from FGDs with pregnant and lactating working mothers

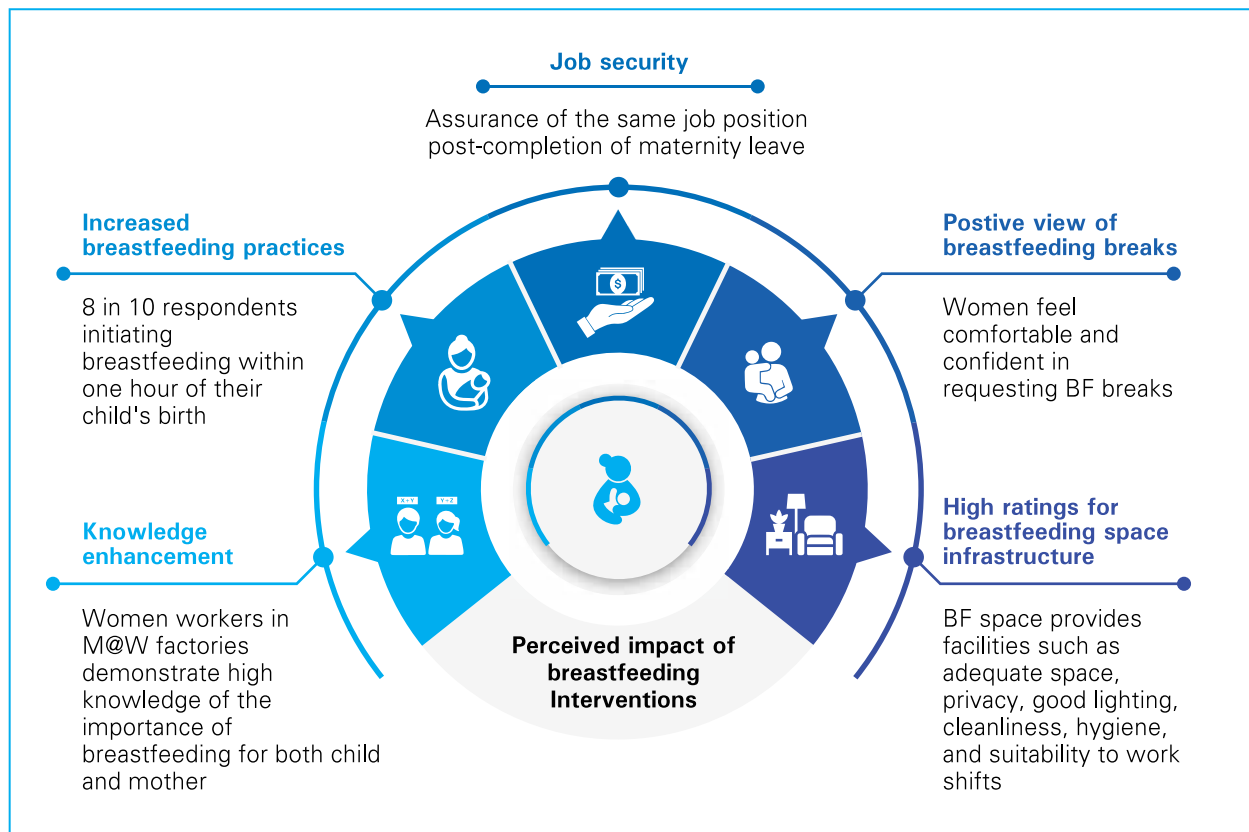
- The feedback data will be critical in informing programme design and delivery. The information will also help in developing an understanding of the impact of the programme and the corresponding return on investments made by the factories and the programme.

In the ensuing section, we discuss the perceived impact of breastfeeding space among the currently lactating mothers. The findings reflect a positive workplace environment. Almost all the mothers feel that the child care centre provides a safe and secure environment for their children.

Many mothers believe that the child care staff can do more to keep the children engaged using learning and play materials. One of the most significant changes to note is in the mindset of

the women workforce. Most working mothers emphasised that, unlike before, they felt more secure about their job during pregnancy.

**Figure 23: Perceived impact of breastfeeding support services in the intervention factories**



At the same time, the women highlighted the need for more benefits, such as higher maternity cash benefits or longer paid leaves, especially to meet the needs of the women workers from poor families. A few mothers mentioned the need for improvement regarding the comfort of the seating arrangement and ventilation of the space – as some factories have created the breastfeeding corner within the child care centre.

### **Response of male workers towards maternity rights in M@W factories.**

Discussions with the male workers highlight broad awareness of the seven standards of maternity rights in their factories. However, detailed knowledge of the provisions remains limited. The male workers have gained awareness by attending the ILO-BWB training programmes, their interactions with the factory welfare officers, and information shared by medical staff.

They recognise the importance of these benefits for women's health and continued employment.

**Feedback mechanism.** While the factory managers express the need for more training and monitoring support<sup>76</sup>, there is currently **no standardised reporting or feedback mechanism at the factory level to capture the uptake, perceptions, and suggestions of workers.** No formal surveys are conducted, and management assumes that the women workers can directly communicate their concerns to the welfare officers, medical staff, and supervisors. The workers' feedback is occasionally obtained through buyer audits, and suggestion boxes kept near female washrooms, although these channels are rarely utilised.

Establishing a standardised procedure to capture the views of the pregnant and lactating women will enable the M@W programme and the factory management to identify gaps early, address concerns promptly, and improve service delivery. By actively seeking feedback from the workers and implementing necessary improvements, the programme can enhance the overall experience and effectiveness of maternity rights in the programme factories.

**EQ 4.4.7: Were the implementation and monitoring strategies for the standards appropriate, on track, and effective to achieve the planned protections and impact?**

The insights from the evaluation highlight the importance of continuous capacity building, regular monitoring, and collaborative efforts in the successful implementation of the programme. While significant progress has been made in collaborating with the RMG management, raising awareness among the workers and building capacities, challenges both at the institutional and

service delivery levels are observed.

Collaboration among the stakeholders for joint monitoring and advocacy can further strengthen the programme's impact. By revisiting monitoring processes, adopting standardised tracking templates, and ensuring regular assessment and reporting, the UNICEF-supported M@W programme can enhance its implementation strategies and effectively protect the rights and well-being of the working mothers in the ready-made garment sector. Further, the platforms, such as mother support groups, have tremendous potential and can support improving the uptake of services, mainstreaming, and addressing the problems and issues being faced by the women workers. Efforts should be made to activate and reconvene support groups, provide refresher training, and to improve tracking and follow-up mechanisms.

M@W implemented a comprehensive strategy for building the capacities of all stakeholders within the RMG ecosystem.

- The owners and senior management of individual RMG units
- The workers (pregnant and lactating mothers, working women and men)
- Implementation level of both the government (DIFE) and non-government, such as BRAC, Phulki, etc.

The M@W programme guides the participating RMG units over a one-year cycle to develop their capacities for implementing and monitoring the programme on their own. ILO-BWB and BRAC have supported UNICEF in conducting half-day orientations and capacity-building activities for factory-level stakeholders (comprising HR/

<sup>76</sup> ILO EAs capture management and workers' views through interviews during advisory visits as well as the annual social compliance assessment in all factories. During such interactions, the factory managers have highlighted the need for more training and monitoring support.

compliance officers, senior management, mid-level management, social welfare, medical officers, and mothers' support groups) on the seven standards. They also conduct a two-day capacity building training course for programme implementation and one-day refresher training. Throughout the implementation period, monthly supportive supervision, troubleshooting and mentoring support are also routinely provided by BRAC and Phulki to each factory in the form of training and technical troubleshooting, visits to day-care centres, and support to working mothers and day-care providers.

**At the workers' level,** training, counselling, and engagement with ILO and BRAC have significantly increased awareness of workers' rights amongst the workers. Specifically, the awareness of maternity rights and provisions amongst the women workers is very high. Meanwhile, knowledge disseminated by trained medical and welfare staff has further consolidated the workers' knowledge of appropriate health and nutrition-related behaviours.

However, some challenges have been identified, including the extent of participation and regularity of mother support group meetings. While BRAC has conducted MSG orientations in all the programme factories, they have not been able to follow up extensively on the functioning of these groups in the factories since 2021. The evaluation also observes that counselling and mentoring support from experienced working mothers through MSGs is also not regular, indicating that **MSGs are not being utilised to their full potential.** There is a need to reconvene these groups more frequently and provide refresher training to all MSG members – management (HR staff, welfare officers, health staff) and workers.

It was also observed during the evaluation that continuous tracking and adequate follow-up by welfare officers and medical officials are essential for adhering to the continuum of post-delivery care, including post-natal check-ups. Currently, there is a low uptake of post-natal services at the factory medical facility. Discussions with the welfare and medical officers also highlighted the need for refresher training.

**At the sectoral level,** capacities have been built for all state and non-state partners. UNICEF and the partner institutions have conducted training and workshops for labour inspectors of the Department of Inspection for Factories and Establishment (DIFE). A group of 60 DIFE inspectors from 38 offices across the country have received the three-day training in batches so far, as per the MoLE records. This is to streamline programme monitoring processes and adapt the programme monitoring tools as part of the DIFE inspection checklist – and is crucial towards enforcing continued implementation and ensuring monitoring in the future.

From a sustainability lens, BRAC has conducted the training of trainers (ToT) to build the institutional capacities of BGMEA and BKMEA to implement the UNICEF-supported M@W programme. The master trainers will further train stakeholders at the factory level.

As part of the evaluation, interactions with the key informants at the national and at the programme level bring out the fact that **joint monitoring has not been effectively undertaken for the programme.** As per the "rolling work plan and programme agreement documents," all stakeholders, such as IPHN, MoHFW, MoLE, DIFE, BGMEA, BKMEA, UNICEF, ILO-BWB, BRAC, and Phulki, are to be involved in

joint review meetings and joint monitoring visits to the factories implementing M@W. However, this has not happened as frequently as desired due to difficulties in aligning the schedules of all stakeholders. Similarly, there have been limited efforts towards evidence-based joint advocacy meetings to strengthen paid maternity leave in the private sector and inclusion of the breastfeeding standards in Bangladesh Labour Rules.

## Review and feedback mechanism

All the factories participating in the UNICEF- are encouraged to routinely monitor programmatic implementation and quality.

Supporting self-monitoring for the RMG factories is also listed as a key activity in the results framework for M@W 2022-23. Observations found the following:

- Functionaries at the RMG reveal a case of audit fatigue. Most factories submit 25-30 audits annually. These range from safety compliance audits of the government, buyers, statutory compliances, industry associations, etc. Each audit is resource-intensive and uses different frameworks, formats, and definitions. The data captured is also disparate, and therefore, can neither be compared nor be integrated. In this regard, BGMEA and BKMEA are exploring the feasibility of a unified code of conduct for social audits, which will help streamline the requirements and efforts invested by the RMGs.<sup>77</sup>
- Most RMGs make their welfare officer responsible for M@W, there is an absence of 'point-persons/SPOC' specifically for the programme. The factory welfare officers

are often overburdened with welfare programmes and unable to monitor the programme effectively.

- A well-thought-out monitoring evaluation and learning framework would have enabled easy tracking of key performance indicators. This would have also facilitated effective, efficient, and evidence-driven programme decision making.

## Gaps, bottlenecks, and challenges identified towards a review and feedback mechanism

- Joint monitoring and advocacy efforts involving multiple stakeholders have been limited due to scheduling difficulties.
- The factories maintain records of active beneficiaries, but lack sufficient funds and dedicated personnel for efficient monitoring.
- The factories face huge burden with regards to statutory audits and compliance requirements of the government, donors, industry associations. These audits use disparate reporting formats, hindering data integration.
- Data on utilisation of the M@W standards and indicators are not systematically captured, impacting progress reporting.
- Monitoring processes need to be revisited to ensure regular assessment and accurate measurement of results.

<sup>77</sup> [https://www.bgmea.com.bd/page/Joint\\_Committee\\_formed\\_to\\_work\\_on\\_unified\\_code\\_of\\_conduct\\_for\\_RMG\\_sector](https://www.bgmea.com.bd/page/Joint_Committee_formed_to_work_on_unified_code_of_conduct_for_RMG_sector)

## 4.5. Efficiency

The evaluation examined programme efficiency in terms of how well the programme resources have been used and the extent to which it has delivered processes and results in an **economic and timely way**<sup>78</sup> in the broadest sense. To assess the programme's cost-related efficiency, the evaluation reviews whether all resources (human, environmental, financial and time) were

utilised in the most efficient ways as compared to alternatives in the programme's context (i.e., sector, country, beneficiaries, etc.). Timeliness was assessed based on the criteria that the key processes and outcomes were ensured within the intended timeframe and/or reasonably adjusted according to evolving contexts. The table below (Table 9) provides a summary of the key findings:

**Table 14: Assessment against rubric scales for Efficiency EQs**

Sl. No.	Evaluation Question	Assessment Against Rubric
<b>EQ 4.5.1</b>	Was there a clear distribution of roles and responsibilities of key actors involved, including for programme governance mechanisms, and compliance monitoring, toward the achievement of results?	<b>Assessment: Excellent</b> The distribution, documentation and communication of roles and responsibilities for different key stakeholders were found to be clear and well-articulated across the MoUs, workplans and LoAs. The clarity of roles was also confirmed by primary stakeholders and representatives from partner institutions.
<b>EQ 4.5.2</b>	What are the metrics of performance for each of the key stakeholders? Have these been articulated clearly and substantively?	<b>Assessment: Excellent</b> Metrics of performance for each stakeholder within the implementation cycle were outlined in the form of well-articulated KPIs (e.g., number of visits for ILO-BWP EAs, frequency of supportive supervision for BRAC, number of factories to be enrolled by BGMEA and BKMEA, etc.)
<b>EQ 4.5.3</b>	Is the right set of indicators being tracked based on the theory of change that is constructed?	<b>Assessment: Good</b> The selected indicators are well-aligned with the re-constructed ToC, covering various dimensions of programme activities, outputs, and outcomes. They provide a solid foundation for assessing the programme's progress and impact and will contribute to the programme's overall success in promoting responsible business practices, improving maternal and child nutrition and health, and enhancing the economic empowerment of women within the RMG sector.

<sup>78</sup> OECD-DAC Criteria – Efficiency: [https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&csp\\_=535d2f2a848b7727d35502d7f36e4885&itemIGO=oecd&itemContentType=book#section-d1e3790](https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&csp_=535d2f2a848b7727d35502d7f36e4885&itemIGO=oecd&itemContentType=book#section-d1e3790)



Sl. No.	Evaluation Question	Assessment Against Rubric
<b>EQ 4.5.4</b>	How have the seven M@W standards enabled the RMG factories in implementing the existing policy guidance to enhance maternity protection and breastfeeding support in the workplace? Do the RMGs perceive they can continue to offer the standards beyond the handholding provided by the programme?	<b>Assessment: Good</b> M@W has enabled factories to establish and practice maternity protection and breastfeeding support at the workplace by- (i) integrating the M@W standards into the formal policies and systems of factories, (ii) enhancing capacities and understanding of factory management, and (iii) paving the way forward with forward-looking partnerships. However, the evaluation notes that the RMG factories are not completely ready for independent implementation of the programme. The evaluation concludes that both natural ownership of the programme by the RMG units and long-term commitment of the factories to continue with the programme needs to be cultivated further.
<b>EQ 4.5.5</b>	To what extent has UNICEF made good use of the human, financial and technical resources, and made appropriate use of tools (programme and financial management) and approaches to pursue the achievement of programme results in a cost-effective way?	<b>Assessment: Good</b> M@W has efficiently utilised collaborative advantage and complementarities of agendas, infrastructure, capacities, and systems of the programme partners working towards shared goals. UNICEF's partnerships for the programme have been cost-saving and efficient in preventing duplication of efforts. The programme has also responded to changing contexts, by reallocating its resources and deploying appropriate tools. However, challenges of monitoring, implementation, and feedback mechanisms to the RMG units and functionaries persist (e.g., workloads, bureaucratic bottlenecks, underutilisation of partnerships), that must be addressed for the programme to deliver its full potential.
<b>EQ 4.5.6</b>	What is the perceived cost-benefit of the beneficiary outcomes/impact and inputs vs. the implementation and monitoring of the standards?	<b>Assessment: Good</b> Cost-benefit analysis and ratios demonstrate the effectiveness of the programme at both the factory and programme levels. These findings indicate that the available resources and efforts were put to good use.

In the ensuing sections, the specific evaluation questions that cover the broad components of programme efficiency have been addressed.

**EQ 4.5.1. Was there a clear distribution of roles and responsibilities of the key actors involved, including for programme governance mechanisms, and compliance monitoring, towards the achievement of results?**

**EQ 4.5.2. What are the metrics of performance for each of the key stakeholders? Have these been articulated clearly and substantively?**

*Note: The two EQs have been answered together for better understanding of the readers.*

**Based on an extensive review of the**

**programme and process documents (MoUs, workplans, minutes of meetings, etc.) between UNICEF and its programme partners, the evaluation team found that the role description, distribution and documentation of the responsibilities for the key stakeholders were clear and well-specified.**

- The governance mechanisms for the programme were clearly defined with UNICEF at its technical helm and ILO-BWP, BRAC and Phulki systematically supporting programme implementation, monitoring, and capacity building. A detailed MoU, signed between UNICEF and ILO (2019), charted out and documented the scope of work for ILO-BWP in the implementation and rollout of the programme with specific emphasis on the “advisory visits”. As part of this document, the key responsibilities of enterprise advisors (EAs) were also defined.
- UNICEF’s partnership and cooperation agreement (PCA) with BRAC was positioned to provide monthly supportive supervision to each factory within the first year of implementation as well as to build the capacities of scale-up partners, like EAs, BGMEA, BKMEA and the GoB. As per the PCA, BRAC’s engagement was set to be more intensive in the initial phases of implementation, which gradually tapered down to mainly encompass troubleshooting.
- The role of the government partners, specifically the Department of Inspection for Factories and Establishments (DIFE), MoLE and DIFE labour inspectors was succinctly established. The first rolling work plan, signed between UNICEF and the GoB (2020-21), and subsequent

rolling work plans (2022-23) set down the key activities to be jointly undertaken for M@W. These included orientation and capacity strengthening of the DIFE labour inspectors, integration of the DIFE and M@W checklists, and development of sustainability strategies, among others.

- At the factory level, roles were explicitly specified through the signing of the letter of engagement (LoEs), which highlighted UNICEF’s offer for technical assistance and delineate the responsibilities of the factory management for programme implementation, cost divisions, etc.,
- UNICEF’s M@W Communication Framework and Plan (2023) further detailed the roles of different stakeholders and articulates UNICEF’s communication strategies for the government, businesses, women and working mothers, and other stakeholders.
- Although the establishment of formal partnerships with the industry associations was slightly delayed due to COVID-19, it was actively followed through by UNICEF. Letter of agreements (LoAs) were signed between UNICEF and the manufacturing associations (BGMEA and BKMEA) that specifically quantified targets for the scaling up of the UNICEF-supported M@W programme<sup>79</sup>.
- Further, the evaluation also notes UNICEF’s vision, intent, and commitment to sustainability in that the industry associations are assigned the responsibility of facilitating the future enrolment and expansion of the M@W programme. The associations are also entrusted with improving the capacity of member RMGs

<sup>79</sup> As per UNICEF representative, the partnership envisions to enrol 80 additional factories (per year) with 50 member factories of BGMEA and 30 member factories of BKMEA being targeted in the first year.

for future expansion. Discussions with the representatives from BGMEA and UNICEF indicate that the role divisions for RMG associations were being refined and a work in progress. However, at the time of the evaluation, the associations were not formally engaged with the programme.

**In addition to being clearly defined, the evaluation team noted that roles were also efficiently communicated to all relevant stakeholders through MoUs and rolling workplans signed by head representatives of partner institutions.** Across these documents, metrics of performance for each stakeholder within the implementation cycle were delineated in the form of well-articulated KPIs (refer to Annexure 2 for more details on the distribution of roles and tasks of each stakeholder).

- The representatives from ILO were found to be fully aware of their responsibilities towards programme monitoring and implementation whereby, five advisory visits (including follow-up visits) were to be completed by the ILO EAs in each factory. At the time of data collection for the evaluation, ILO had timely completed final visits to 78 factories and follow-up advisory visits to 25 newer factories; representatives confirmed that monthly visits planned by supervisors typically enabled enterprise advisors to prevent any delays.
- A high level of role clarity was also echoed by the BRAC representatives. Some of the key responsibilities highlighted by the BRAC representatives included half-day orientations on the seven standards, two-day capacity building for

programme implementation, visiting the day-care centres, provision of advisory to working mothers, capacity building of day-care providers and conducting refresher training. According to a BRAC representative, monthly supportive supervision and mentoring had been regularly provided by BRAC at all the intervention factories, also confirmed by the programme factory management.

- At the government level, timely orientations, and training for labour inspectors of the Department of Inspection for Factories and Establishment (DIFE) had also been completed in two batches in the year 2021-2022.<sup>80,81</sup> At the time of data collection, the adaptation of the M@W standards within the DIFE monitoring checklist had been completed and the integrated systems were already functional.
- Partnerships with the industry associations had been established to enrol an additional 80 factories (per year) (50 member factories of BGMEA and 30 member factories of BKMEA) in the first year. The UNICEF's representatives, however, noted that since the terms of partnership and roles were being refined at the time of data collection, these figures were subject to change.

**Based on these insights, the evaluation team concludes that the role distribution and demarcation of tasks for the key stakeholders had been efficiently documented, communicated, and enforced with the active cooperation of the strategic implementation partners. Programme**

<sup>80</sup> Minutes of DIFE orientation workshop 12 September 2021: a total of 30 inspectors from the Department of Inspection for Factories and Establishment (DIFE) had been trained.

<sup>81</sup> Quarterly Review Meeting Report, 21<sup>st</sup> March 2022: Workshop on adaptation of Mothers@Work monitoring checklist as part of DIFE checklist: 40 inspectors from DIFE, representatives from NNS, BGMEA, BKMEA, RMG, ILO-BWP participated in reviewing DIFE checklist and looking for areas of complementarities and additions.

**governance mechanisms as well as systems for communication and review were also clearly defined and functional. Lack of role clarity or complication of follow-up mechanisms was not a challenge to programme efficiency.**

**EQ 4.5.3. Are the right set of indicators being tracked based on the theory of change that is constructed?**

The selected indicators for tracking the progress of the M@W programme are closely aligned with the reconstructed theory of change, providing a comprehensive framework for monitoring and evaluating the programme's effectiveness. These indicators cover the key elements –

- **Activity and process indicators** including partnerships established with the RMG factories, stakeholder sensitisation events, training of factory representatives, enrolment of working mothers, joint monitoring activities, advocacy events, community-based mobilisation, case study dissemination, collaborative activities with the government ministries and NGOs,
- **Coverage and reach indicators** such as the implementation of the seven standards, utilisation of breastfeeding breaks and maternity leaves, awareness of maternity rights and entitlements, establishment, and frequency of mother support groups,
- **Outcome indicators**, such as exclusive breastfeeding rates, productivity improvement, and retention rates.

These indicators capture the programme's efforts in creating a women worker-centric responsible business ecosystem. The indicators inform about the enhanced business outcomes and commitment within the RMG sector. The

indicators also provide insights into the adoption of recommended maternal, infant, and young child nutrition practices. By tracking these indicators, the programme can monitor its progress, identify areas for improvement, and make informed decisions to ensure achievement of the desired outcomes.

Furthermore, these indicators demonstrate the **programme's focus on partnership building, stakeholder engagement, capacity building, awareness raising, service provision, and advocacy**. They provide valuable insights into the programme's reach, impact, and sustainability, enabling the programme to adapt its strategies and activities as needed.

While it is important to note that some indicators may require further refinement and additional data sources, the overall selection of indicators is comprehensive and aligned with the programme's objectives. Tracking these indicators will contribute to a robust monitoring and evaluation framework, enabling the programme to assess its effectiveness, demonstrate progress, and inform evidence-based decision-making.

In conclusion, the selected indicators are well-aligned with the re-constructed ToC, covering various dimensions of programme activities, outputs, and outcomes. They provide a solid foundation for assessing the programme's progress and impact. The indicators contribute to assessing the programme's overall success in promoting responsible business practices, improving maternal and child nutrition and health, and enhancing the economic empowerment of women within the RMG sector.

**EQ 4.5.4. How have the seven M@W standards enabled the RMG factories in implementing the existing policy guidance to enhance maternity protection and**

**breastfeeding support in the workplace?**  
**Do the RMGs perceive they can continue to offer the standards beyond the handholding provided by the programme?**

Despite existing policy guidance for enhancing maternity protection and breastfeeding support in the workplace as part of the Bangladesh Labour Law, improving women workers' rights continued to be a challenge across the sector. While some rights-based services at work (e.g., maternity leaves, cash and medical benefits, child care centres) were being provided by factories, they are limited to being compliance-driven, and thereby of debatable quality.

In such a context, the UNICEF-supported M@W programme addressed the key gaps in compliance and enabled the RMG factories to provide enhanced maternity protection and breastfeeding support at the workplace. This was achieved by:

- i. integrating the M@W standards into the formal policies and systems of factories,
- ii. enhancing capacities and developing the understanding of factory management, and
- iii. paving the way forward through its forward-looking partnerships.

**Firstly, integration of the M@W standards into the formal systems of factories was a crucial step towards improving maternity protection and breastfeeding outcomes.** Interactions with the factory management confirmed that such integration was achieved across programme factories – through establishment of requisite physical infrastructure, development of workplace policies, and enhancement of human resources – with support from UNICEF, ILO-BWB and BRAC.

- Infrastructure for child care centres was already present across the factories owing to their compliance requirements. Towards implementing the seven M@W standards, parts of these spaces were efficiently converted into designated breastfeeding spaces for the working mothers.
- Additional improvements, such as provision of breastfeeding kits and knowledge/awareness creation materials, were also timely provided by UNICEF to most of the programme factories to improve implementation. UNICEF supported the capacity development of the factories to implement the M@W standards on breastfeeding spaces and supported them to flexibly divide the breastfeeding breaks, thereby creating a supportive environment for breastfeeding within the factories.
- With ILO-BWB's technical assistance, the M@W standards on maternity protection were duly integrated into comprehensive workplace policies, developed across the factories. Key challenges and redressal mechanisms for the women workers and working mothers within the occupational safety and health policy and anti-discrimination and harassment policy were also reviewed and amplified on priority.
- On the beneficiary level, the workers also confirmed that the seven standards and workplace policies were systematically communicated during employee orientations, thus increasing the workers' likelihood of demanding and availing rights and protections.

**Secondly, the capacities of the key enforcing stakeholders within the factory were**

**extensively built by BRAC and UNICEF to implement the M@W standards as well as continue with the implementation even after UNICEF's exit.** Capacities and knowledge were specially built for the safety committees for occupational safety and health (OSH), anti-harassment committees, worker participation committees, medical staff, compliance officers and welfare officers (among other management stakeholders), which in turn provided the beneficiaries with supportive management within their workplaces. During the evaluation, a high degree of knowledge and understanding of the need for maternity protection and breastfeeding at work were observed amongst the management team of the intervention factories. Subsequently, the workers also confirmed ample knowledge, compassion, guidance, and support from the trained welfare officers.<sup>82</sup>

**Finally, the evaluation team also recognised UNICEF's forward-looking approach to partnerships (especially with BRAC and DIFE) as the key towards improving compliance at the factory level.** BRAC's capacity development initiatives at the factory focused on enabling independent programme implementation and ensured that the management team was able to sustain programme implementation. Doubts and questions on implementation challenges were promptly identified and addressed through supportive supervision and mentoring. The integration of the M@W standards into the formal labour department's monitoring system (i.e., the DIFE checklist) imparted legitimacy and underlined the need for maternity protection and breastfeeding support at work. Consequently, this also enhanced compliance on the factory's part. Despite these integrations, some challenges to the operational efficiency at the factory level may test the factories' readiness for independent implementation.

Firstly, the factory management perceived the high frequency of training to be cost-intensive in terms of both time and resources. Instead, the preference for high-dose training with lower frequency was explicitly expressed by the factory management. The representatives at the factory level also indicated a need for continued technical assistance from experts (e.g., BRAC and UNICEF), as they felt they were technically underprepared to continue with the capacity building of staff and workers on their own.

Secondly, gaps in internal monitoring will eventually impact programme implementation efficiencies at the factory level.

- As previously discussed in the section on Effectiveness, none of the participating factories maintained databases to record the evolving status of pregnancies, follow up on workers' children, and/or quantify/ assess workers' usage of facilities. This systematically limited the factories' ability to efficiently respond to evolving needs of workers, plan for the future, or measure the return on investment.
- The management heavily relied on the welfare officers for informally tracking the programme implementation. However, anecdotal evidence from the welfare officials indicated that they were often overburdened with other welfare programmes, thus limiting their ability to monitor the M@W standards separately.
- During the evaluation, the team did not come across any systematic mechanism for tracking the workers' feedback, efficiency or productivity at the factory level. The factory managers reported notional or provided anecdotal evidence of the positive impact of the programme

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<sup>82</sup> Refer to Effectiveness/Impact for more on the workers' perceptions.



on productivity. This limited businesses' ability to ascertain their cost recovery and/or savings for investing in workers' welfare in general.

- The programme partners, such as BRAC, corroborated these limitations on efficient monitoring, based on their observations throughout their year-long experience of providing supportive supervision to intervention factories.

Thirdly, across the intervention factories, the quality of infrastructural support was heavily reliant on funds made available and thereby highly variable in quality. This renders objective monitoring and comparison against standards across factories extremely difficult. This also limits UNICEF's (and the programme's) ability to draw learnings and recommendations that will be relevant across the sector.

Finally, as discussed in the section above, the challenge of limited availability of funds from the private sector to fund its activities will amplify the systemic challenges. In such scenarios, there will always be the asking for more external donor funds to support the welfare provisions in factories. The programme partners, like BRAC and ILO, noted that most factories did not dedicate funds for implementation or monitoring of the programme. As a result, they were unable to appoint point persons for oversight of M@W. The representatives from the industry associations, like BGMEA, also echoed funding gaps as a major challenge to scale up and sustain programme implementation at the factory level.

**Based on these insights, the evaluation infers that while integration has occurred on some levels, the factories are not completely ready for high-quality, efficient and independent implementation of the standards.** For the

RMGs to fully move beyond compliance, there is a glaring need for building ownership and long-term commitment towards the programme, mainly by bridging gaps in technical capacity and addressing resource deficits.

**EQ. 4.5. To what extent has UNICEF made good use of the human, financial and technical resources, and made appropriate use of tools (programme and financial management) and approaches to pursue the achievement of programme results cost-effectively?**

The current evaluation looked at cost-related effectiveness in terms of (i) the extent to which appropriate choices were made in the design stage; (ii) whether all resources (human, environmental, financial and time) were utilised in the most judicious ways; (iii) whether tools and approaches used during implementation were most appropriate for saving cost, compared to alternative approaches in the programme's context; and finally, (iv) whether resource re-allocated and logistics utilised in response to changing needs/contexts were optimal for enhancing programme efficiency.

**By reviewing the programme along the thematic areas, it was found to have efficiently utilised collaborative advantage and complementarities of agendas, infrastructure, capacities, and systems of its partners working towards the shared goals. UNICEF's partnerships are concluded to be cost-efficient and appropriate for implementing and monitoring the programme. The evaluation team arrived at this understanding based on evidence as under:**

- By coordinating with the development sector partner initiatives, like ILO's BWB, UNICEF was able to successfully scale the programme. UNICEF's scaled-up

partnership with ILO strategically utilised ILO's existing presence across 230+ RMG factories where BWB programme has been implemented since 2014. Further, instead of establishing a separate monitoring system for the programme, which could have potentially been duplicative, UNICEF utilised ILO's pre-existing monitoring systems and enterprise advisors (EAs) to monitor M@W alongside BWB. Consequently, UNICEF's expenses on the partnership were limited to the payments of EAs only. **The evaluation team noted that among the EAs there appeared to be a greater emphasis and focus on the ILO-BWB programme. It is recommended that the responsibilities and accountabilities of the EAs need to be clarified to ensure a more balanced approach towards the M@W programme.**<sup>83</sup>

- Further, instead of employing additional human resources and developing a separate and parallel cadre of officials to monitor the implementation of M@W, UNICEF promptly leveraged the DIFE's labour inspectors and trained them to monitor the programme standards as part of their official compliance checks as per Bangladesh Labour Law. This was supported through concurrent integration of the M@W standards into the DIFE monitoring checklist.
- Meanwhile, UNICEF's partnership with BRAC and Phulki was forward-looking and appeared as a cost-effective approach to capacity development. With a presence in the RMG sector as well as having previously supported UNICEF on the "Every Mother Every Newborn" initiative,

BRAC was naturally included as the capacity-development partner. Phulki's expertise in ECCD was leveraged to improve the implementation of programme standards related to child care for working mothers.

- In optimising resource utilisation, the engagement of capacity-development partners was planned to gradually taper down towards the end stages of programme implementation, leading to a subsequent exit. Although implementation support was extended by UNICEF and BRAC in the first year, additional support costs (for instance, contracting a long-term implementation partner NGO/CSO) were to be borne by the factories themselves. Towards this, BRAC also built capacity of the factory managements and the industry

associations to train and implement the M@W standards on their own.

- The evaluation found that the establishment of formal partnerships with BGMEA and BKMEA was a highly cost-efficient strategy for programme design and implementation. This is especially true for expansion and sustainability of the UNICEF-supported M@W programme. These partnerships effectively utilised the reach and resources of these industry associations to enrol more factories and better lobby for the protection of maternity rights within the sector. Notably, these partnerships make optimal use of resources by adopting a collaborative and evolving financial model.
- Insight from the manufacturing associations and UNICEF representatives reveals that the associations (BGMEA and

<sup>83</sup> ET understands that UNICEF BCO funds the salaries of the enterprise advisors, which presents an opportunity to realign their job descriptions to include measurable KPIs related to the Mothers@Work programme.



BKMEA) were expected to contribute to the resource fund along with UNICEF in the first year (approximately at a 40-60 ratio). Following this, the contributions from the associations were expected to gradually increase as UNICEF exits the programme and hands it over to the associations.

**The evaluation team also observed positive insights from other programme partners on efficient resource utilisation.** The partners echo strong resonance on implementation of the M@W principles. The representatives from MoLE and DIFE also found the programme governance mechanisms to be logical and that the nature of tasks assigned to different partners was well-aligned with their existing scope of responsibilities. The representatives exhibited a strong sense of ownership not only towards championing maternal rights as part of the M@W programme but also ensuring that the industries are compliant with the GoB labour laws. The representatives from MoLE echoed the insight that the integration of M@W and DIFE monitoring systems was one of UNICEF's most efficient strategies.

**Notably, the programme was efficient in responding to the changing contexts, especially in terms of reallocating its human/technical resources and deploying appropriate tools.**

- Interactions with UNICEF and other programme partners reveal that the response mechanisms evolved, as the partnerships and programme implementation bought out new challenges. For instance, the initial scale-up plans through ILO and BRAC were found to be overambitious. The yearly enrolment of the new factories was slow,

but the cost was high. Consequently, the need was felt to engage larger players like the government, and subsequently the critical role of both BGMEA and BKMEA in programme expansion and sustainability was recognised, pursued, and achieved.

- UNICEF and its partners were also prompt in responding to the emerging needs of the beneficiaries and utilising relevant tools to address any risks. In response to the closure of factories during the COVID-19 pandemic, online modes of training and advisory services were leveraged by ILO<sup>84</sup> to continue with capacity development and extending technical support to factories. Towards maintaining continuity of support to the beneficiaries, UNICEF also launched online counselling and helpline services, which enabled continuity of services for beneficiaries with minimal costs.<sup>85</sup>
- Similarly, the factories and associations identified and highlighted the high cost of training as a significant barrier to programme expansion. BRAC's response to the challenge was to design a cost-efficient, easy-to-implement tool for training the RMG management teams. At the time of preparing the report, BRAC confirmed the development of an audio, video-enriched training toolkit, including the training manuals that will be provided to the programme factories to ensure high-quality programme implementation.

**Despite efficient resource utilisation, some broader challenges to programme efficiency were also identified by the evaluation team.**

- **Firstly, weak monitoring mechanisms continue to impede capturing of high-quality insights. This is further**

<sup>84</sup> Cluster Independent Mid-Term Evaluation Draft Report RMGP II and BWP and Affiliated Projects; September 2020

<sup>85</sup> Refer to the section on Relevance for further insights.

**compounded due to the high workload of the point persons in the factories.**

As previously discussed, in the section on Effectiveness, the limited number of enterprise advisors are often overburdened with responsibilities. They are unable to devote time and undertake high-quality interactions and/or troubleshooting for the programme. While BRAC addresses these gaps, to some extent, through its supportive supervision. The factories on their part lack an overall sense of ownership, further aggravating the efficiency and quality of monitoring.

- Similar trends are observed at the factory level, where the welfare officers are often overburdened and therefore unable to monitor the programme consistently. While UNICEF has sought to address this by involving DIFE in the monitoring process, the quality of the assessment and the corresponding analysis need to be looked at with a degree of caution, especially since the department itself already faces staffing and workload issues due to the huge number of factories in Bangladesh.
- **Timely disbursement of cash benefits continues to be a challenge for the beneficiaries,** whereby a large proportion of women received the second instalment of their cash benefits in the last month of their paid maternity leave or after their return to the factories. The representatives from BGMEA confirmed the prevalence of such delays, highlighting the need for overcoming bureaucratic impediments and improving disbursement mechanisms through enhancement of technology and establishment of sector-specific governing bodies/secretariats.

- **Finally, the evaluation observes that UNICEF has had limited engagement with MoHFW.** Discussions with several key informants revealed that to date, there has been limited direct engagement with MoHFW for this programme. While MoHFW was included in the initial design stage of the programme, subsequent engagement has been limited and muted. As a result, the technical, human resource, and financial capacities of the government – especially concerning health service delivery, knowledge outputs and infrastructure – have not been leveraged to their full potential. There is a significant scope to engage with MoHFW for linkages, improved health service delivery, monitoring and capacity development activities for rapid scaling up of the programme.

**E.Q. 4.6. What is the perceived cost-benefit of the beneficiary outcomes/impact and inputs vs. the implementation and monitoring of the standards?**

The evaluation findings provide compelling evidence of the effectiveness of the M@W programme. The cost-benefit analysis demonstrates the effectiveness of the programme at both the factory and programme levels, allowing the stakeholders to gain a comprehensive understanding of the economic implications. The cost-benefit analysis at both the factory and programme levels demonstrates the positive outcomes and impact achieved by the programme. These findings indicate the resources and efforts invested in the programme is likely to deliver positive financial and economic benefits in the longer run.

In estimating the benefit-cost coefficient, a discounting factor of 10 per cent (9.02 per cent

pegged at twelve monthly average June 2023)<sup>86</sup> has been used. The calculation of the cost-benefit ratio by using this approach highlights that the M@W programme is effective. The positive **benefit-to-cost coefficient of 1.07<sup>87</sup>** highlights

that for every dollar invested in implementing Mothers@Work, there is a positive return in terms of both financial (financial BCR=1.07) and economic benefits (economic BCR=11.66).

**Table 15: Summary findings from cost-benefit analysis**

S. No	Elements	Programme Level Discounted (USD)	Factory Level Discounted (USD)
1	Estimated benefits	4,508,312	63,641
2	Estimated costs	4,226,531	52,417
3	NPV	281,781	11,223
4	IRR	24.33%	51.35%
5	Benefit to cost coefficient	1.07	
6	Estimated economic benefits	49,291,437	
7	Economic benefit to cost coefficient	11.66	
8	USD leveraged from the private sector	5.48	

The ET also estimated the net present value (NPV) and the IRR. While NPV helps understand the investment's return over time, IRR measures the return on the programme. The positive NPV and IRR indicates the efficiency of the programme. The **positive NPV and an IRR higher than the discount rate** indicate that the programme creates value. As illustrated in the table above, value is created both at the programme level and for the RMG unit. These values also lead to conclude that UNICEF should consider moving ahead with the programme/ investment, as it is likely to deliver impact and emerge as a profitable investment in the long run. The estimated BCRs are sensitive to programme coverage, proportion of workforce returning to employment, and discount rate.

The benefits for the factory have been articulated in the form of the following.

- **Reduced attrition:** Most factories reported that the **attrition of working mothers**

**reduced by 15-30 per cent.** About 60-70 per cent of the pregnant women were returning to work and continuing to do so. For those who did not return to work, were doing so primarily due to family preference and norms to leave the workforce.

- **Increased employee engagement and morale:** **Almost all the factories reported improved levels of engagement and loyalty among their women workers.** It must be noted that apart from Mothers@Work, other initiatives to engage with the women workers were also being implemented. Many of the factories were running skilling programme for the women workers to take up more supervisory roles and those involving the use of machines.
- **Enhanced productivity:** The factory managers also reported improved

<sup>86</sup> <https://www.bb.org.bd/en/index.php/econdata/inflation>

<sup>87</sup> Calculation for estimating CB ratio is presented in the Section – Approach & Methodology for Cost-Benefit Analysis.

productivity – **a lower number of rejected garments (10-15 per cent), improved efficiency rates by 50 per cent** (same task done faster with lesser mistakes). These improvements need to be taken as a cumulative of Mothers@Work as well as other skilling programme being delivered to the women workers in these factories.

### Observations during the Survey

It must be noted that the evaluation observed that most factories do not systematically collect data on the costs incurred in provisioning maternity rights and services, including childcare services. There is a need for a mechanism to gather quantitative data on key indicators, such

as attrition rates, duration of engagement with the factory after returning from maternity breaks, employee satisfaction, and health outcomes, to strengthen the analysis and provide a more objective and comprehensive assessment of the programme's impact.

Most factories reported recurring costs, such as salaries of medical staff and support staff, medicines, etc. The RMG units had not collated and did not report on the investments such as capital expenditure in setting up childcare centres and breastfeeding corners. Data collected from two factories, presented below, detail the reported average annual costs incurred by the factories in implementing the Mothers@Work programme.

Factory 1		
Items	Reported Expenditures (BDT)	Estimated Annual Expenditures (BDT)
Salary for caregivers (monthly)	15,000	180,000.00
Maintenance cost (annual)	20,000	20,000.00
Salary for medical staff (monthly)	100,000	1,200,000.00
Medicine and other supplies (monthly)	40,000	480,000.00
Food and other supplies @childcare centre (monthly)	15,000	180,000.00
Total (Bangladeshi Taka)		2,060,000.00
Total (USD)		<b>19,050.80</b>

Factory 2		
Items	Reported Expenditures (BDT)	Estimated Annual Expenditures (BDT)
Maintenance cost (annual)	15,000	180,000.00
Salary for staff (monthly)	90,000	1,080,000.00
Medicine and other supplies (monthly)	15,000	180,000.00
Food and other supplies @childcare centre (monthly)	30,000	360,000.00
Total (Bangladeshi Taka)		1,800,000.00
Total (USD)		<b>16,648.00</b>

The analysis also indicates that the M@W programme has typically generated US\$5.49 private sector investment for every dollar invested. The programme has demonstrated its ability to attract additional resources and support from the private sector.

Overall, the findings indicate the programme's effectiveness and efficiency. The UNICEF-supported M@W programme not only generates positive outcomes and benefits for the working mothers and the factories, but also leverages significant resources from the private sector. These findings emphasise the programme's value

and its potential to create long-lasting positive change for working mothers in the RMG sector.

## 4.6. Impact

This section discusses the impact of the M@W programme, focusing on the significant positive or negative effects that are longer-term or broader in scope than those evaluated under effectiveness.<sup>88</sup> Impact assessment helps establish the significance of the intervention within the broader context of the programme, including social, environmental, and economic dimensions. A summary of the key findings is detailed in the table below:

**Table 16: Assessment against rubric scales for Impact EQs**

S. No.	Evaluation Question	Assessment Against Rubric
<b>EQ 4.6.1</b>	<p>What has been the impact of the programme, from the beneficiary perspective:</p> <p>1) higher rates of exclusive breastfeeding until six months, improved maternal nutrition, and improved maternal rights protection; and from the sector's perspective:</p> <p>2) decreased absenteeism, increased retention of women workers, and increased/ maintained productivity during pregnancy and after child birth?</p> <p>Consider any differences in geographic location, ethnicity, or age of the beneficiary, etc.</p> <p>What evidence shows the achievement of outcomes?</p>	<p><b>Assessment: Excellent</b></p> <p>The M@W programme has successfully achieved its intended benefits by improving breastfeeding knowledge and practices among the working mothers (especially by increasing the prevalence of exclusive breastfeeding rate), increasing awareness of maternity rights among the workers and the factory management, and bridging the gap between knowledge and implementation. It has also generated commercial advantages for the factories by enabling the women to rejoin work in good health, enhancing their concentration and productivity, increasing their loyalty and retention, as well as reducing absenteeism related to health concerns.</p> <p>The programme's efforts in creating supportive environments, influencing health and nutrition practices, and empowering the working women have laid a foundation for transformative change. However, there are opportunities to address gaps and make the outcomes more inclusive and holistic, particularly in terms of health and nutrition outcomes and reaching marginalised workers.</p>

<sup>88</sup> OECD-DAC Impact: [https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&csp\\_=535d2f2a848b7727d35502d7f36e4885&itemIGO=oecd&itemContentType=book#section-d1e4269](https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&csp_=535d2f2a848b7727d35502d7f36e4885&itemIGO=oecd&itemContentType=book#section-d1e4269)

S. No.	Evaluation Question	Assessment Against Rubric
<b>EQ 4.6.2</b>	What evidence shows the achievement of outcomes? Consider direct and indirect contributions and positive and negative intended and unintended outcomes.	<p><b>Assessment: Good</b></p> <p>The evaluation reports several intended and unintended impacts of the M@W programme as well as early signs of progress, for both the beneficiaries and the factories. The programme's intended outcomes have been observed in terms of improved breastfeeding knowledge and practices, positive health, and nutrition outcomes for the working mothers, enhanced awareness and protection of maternity rights, increased support from management, and economic impacts, such as improved productivity and retention of the women workers. Meanwhile, the programme has also gone beyond its initial goals and positively impacted women's health, nutrition, overall agency, and empowerment. Unintended benefits include the independent provision of nutritious products for the new mothers and medical services by factories, for working women. Notably, the evaluation found limited unintended drawbacks associated with the programme.</p>
<b>EQ 4.6.3</b>	To what extent has the programme enabled opportunities for other nutrition or rights-based interventions within the M@W factories?	<p><b>Assessment: Excellent</b></p> <p>The M@W programme has achieved significant progress in enabling opportunities and creating a platform for other nutrition or rights-based interventions within the RMG sector. By fostering demand, creating supportive environments, and establishing a platform for service delivery, the programme has laid the groundwork for continued improvements in the well-being and rights of working mothers. Building upon these achievements, future programmes can leverage the existing platform (M@W) capacities and partnerships to further enhance the impact on nutrition, rights, and the overall empowerment of women in the RMG industry. The programme also creates a template for workplace interventions that can be adapted and replicated across various sectors of the economy.</p>

S. No.	Evaluation Question	Assessment Against Rubric
<b>EQ 4.6.4</b>	Are there any external factors (including sector-specific obstacles) to the programme that have affected successful implementation of the standards and results achievement, and be a prospect for policy impact?	<p><b>Assessment: Good</b></p> <p>Successful implementation of the M@W programme is influenced by various external factors and sector-specific obstacles related to working hours, social norms, private sector buy-in, resource limitations, economic shocks, and the fluid labour market.</p> <p>While M@W has mitigated some of these challenges to an extent, they need to be systematically addressed for enhanced impact. Targeted interventions, community-level advocacy, investment in resources and capacity, and addressing the impact of external shocks are crucial for future interventions in the RMG sector.</p>
<b>EQ 4.6.5</b>	How could the identified positive or negative external factors be mitigated or exploited further in future interventions?	<p><b>Assessment: Adequate</b></p> <p>The programme addresses the external factors, within the current scope and context. However, as the programme expands, it would have to enhance impact and policy outcomes, through targeted interventions, community-level advocacy, improved stakeholder buy-in, investment in developing additional/alternative resources and capacity, and to address the impact of external shocks.</p>

In this evaluation, the evidence for changes at an ecosystem level or norms and potential effects on people's rights and well-being has been reviewed. The impact involves looking at- a) the beneficiary, and b) the RMG sector's perspectives. The beneficiary perspective includes higher rates of exclusive breastfeeding, improved maternal nutrition, and enhanced maternal rights protection. The RMG sector's perspective encompasses aspects such as decreased absenteeism, increased retention of women workers, and improved productivity during pregnancy and after birth. The evaluation also considers variations in impact based on various factors, such as geographic location, ethnicity, or age of the beneficiaries.

**EQ 4.6.1. What has been the impact of the programme, from the beneficiary perspective: 1) higher rates of exclusive breastfeeding until six months, improved maternal nutrition, and improved maternal rights protection; and from the sector's perspective: 2) decreased absenteeism, increased retention of women workers, and increased/maintained productivity during pregnancy and after birth? Consider any differences in geographic location, ethnicity, or age of the beneficiary, etc. What evidence shows the achievement of outcomes?**

**EQ 4.6.2. What evidence shows the achievement of outcomes? Consider direct**



**and indirect contributions and positive and negative intended and unintended outcomes.**

*Note: The two EQs have been answered together for better understanding of the readers.*

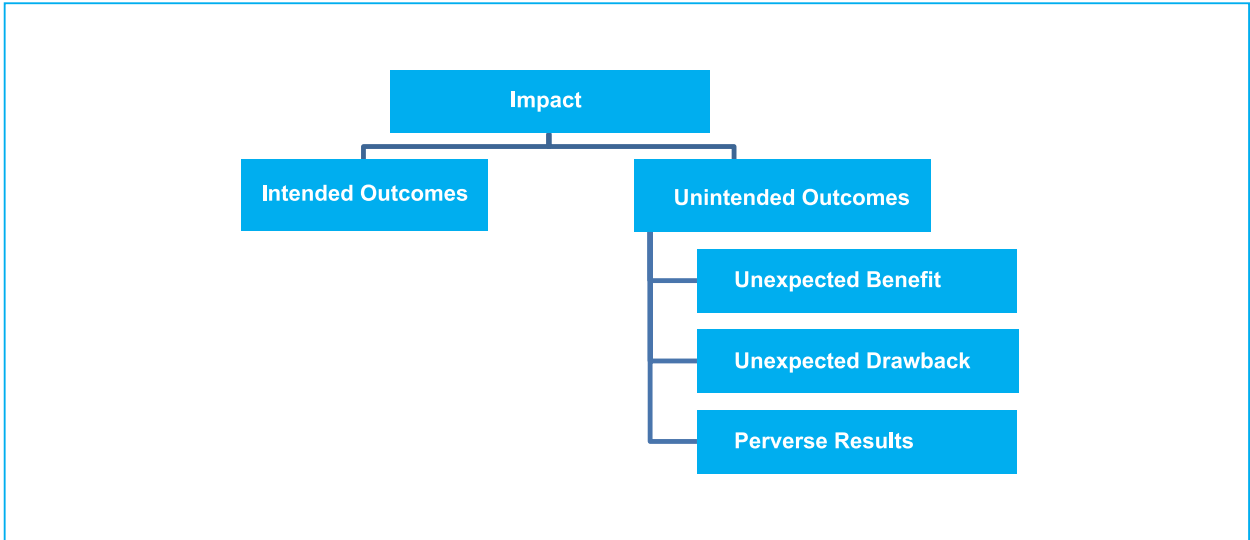
For the current evaluation, we looked at programme impact by categorising the outcomes into intended and unintended ones. While the former encompasses positive changes aligned with outcomes that were intentionally envisioned within the programme design, the latter entails other positive or negative changes that occur because of myriad factors – not originally considered within the programme’s design.

**Unexpected benefits**, as the name describes, refer to positive yet unplanned outcomes. The **unexpected drawbacks** occur when an intended change from a programme leads to

the worsening of a different outcome. Finally, **perverse results** include unforeseen effects that are outside the scope of, or opposite of the intended effects.<sup>89</sup>

Based on a review of process documents and insights from primary interactions with the stakeholders, the M@W programme was found to have catalysed several direct and indirect impacts- as well as early signs of progress- for the beneficiaries as well as the RMG units. While some of these outcomes were directly targeted through the programme’s results framework and thereby intended, some unintended benefits were also identified during the evaluation. Interestingly, due to the low-touch design of the programme focused on technical assistance, the scope for perverse results or drawbacks was found to be minimum. Some of these key changes have been described in the current section.

**Figure 24: Types of impact outcomes**



**A. Intended Outcomes**

Aligned with the impact envisioned as part of the programme’s theory of change<sup>90</sup>, the programme

was found to have increased breastfeeding knowledge and improved breastfeeding practices among currently pregnant and breastfeeding women in the intervention factories.

<sup>89</sup> Types of unintended outcomes: <https://unintendedconsequenc.es/categories-of-unintended-consequences/>



**Table 17: Summary table on the awareness and utilisation of the seven standards across the RMGs**

M@W seven standards	Category	Awareness (%)	Usage (%)
<i>Breastfeeding Space</i>	Intervention	98	56
	Control	86	34
<i>Breastfeeding Breaks</i>	Intervention	95	88
	Control	76	59
<i>Child care Provision</i>	Intervention	91	31
	Control	77	17
<i>Paid Maternity Leave</i>	Intervention	98	99
	Control	91	88
<i>Cash and Medical Benefits</i>	Intervention	95	96
	Control	69	91
<i>Employment Protection and Non-discrimination</i>	Intervention	84	-
	Control	80	-
<i>Safe-work Provision</i>	Intervention	90	87
	Control	84	83

As can be seen in Table 13, evaluation observes a positive association of the M@W programme with breastfeeding.

- High knowledge of breastfeeding: Nearly all female workers (99 per cent pregnant, 100 per cent lactating) were aware of exclusive breastfeeding benefits (Z-score: 2.89,  $p < 0.05$ ).
- Timely initiation of breastfeeding: 77 per cent of women initiated breastfeeding within the first hour after birth.
- Colostrum provision: Approximately 92 per cent of women provided colostrum to their babies after birth.
- Expressing milk: 52 per cent of lactating women expressed milk for their babies, higher than control factories (24 per cent) (Z-score: 6.24,  $p < 0.05$ ).

- Increased exclusive breastfeeding: Prevalence of exclusive breastfeeding tripled since 2019, with around 61 per cent of lactating working mothers exclusively breastfeeding for the first six months after birth.
- EBF rate was also significantly higher (61 per cent) across the programme factories as compared to the control factories (48 per cent) (z-score= 2.36 at a 95 per cent CI, significant at  $p < 0.05$ ).

**Meanwhile, the programme's emphasis on breastfeeding also appeared to have potential long-term benefits for children's health and development.** Although children's health outcomes were not explicitly explored within the purview of this assignment, anecdotal evidence from working women revealed that appropriate breastfeeding had led to several outcomes, like reduced frequency of illnesses amongst children,

healthy brain and physical development and improvement in children's health and well-being.

**Secondly, the programme has contributed to enhanced awareness of maternity rights among both the workers and the factory management.**

Women as well as men demonstrated a high level of knowledge about their rights, such as paid maternity leave and breastfeeding breaks, surpassing previous data trends.

- A considerable proportion of respondents in intervention factories were able to recall multiple maternity rights without assistance, while the majority recognised the rights when prompted.
- Almost all (99 per cent, Z-score of 3.83 at a 95 per cent CI, significant at  $p < 0.05$ ) female workers in the intervention factories had clarity on labour and maternity rights, out of which, a majority (88 per cent, Z-score of 4.22 at a 95 per cent CI, significant at  $p < 0.05$ ) completely understood clauses related to employment protection.
- A majority of about 68.5 per cent women could correctly identify the legal provision of 16-week paid maternity leave (Z-score of 9.34 at a 95 per cent CI, significant at  $p < 0.05$ ) while almost 61 per cent workers could also identify breastfeeding breaks as a legal provision, without any prompts.

- Interestingly, over 45 per cent<sup>91</sup> women could recall three or more maternity rights without any aid while 80.5 per cent could recognise these rights on being prompted. This was in stark contrast to older data trends observed around workers' knowledge of rights.<sup>92</sup>
- Similar knowledge levels were observed amongst the male workers across FGDs (refer to Effectiveness for more details).

The factory welfare officers noted a **shift in the narrative around pregnancy, with a recognition of pregnancy as a special condition rather than a sickness**, leading to better understanding and provision of specific support for pregnant workers. Increased awareness has bridged the gap between knowledge and implementation observed in previous programmes. Increased awareness, therefore, has bridged a major gap to implementation that was observed in several preceding programmes.<sup>93</sup>

**Thirdly, support extended from the management had also led the women workers to feel secure in their jobs, increasing their likelihood of availing their rights.** The representatives from BRAC and ILO noted that the programme factories had significantly progressed in terms of maternity rights. Factory improvements were noted, with all factories offering two-time breastfeeding breaks and designated private spaces. Furthermore, the

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<sup>91</sup> Women workers had less awareness compared to men workers. About 1.1 per cent of workers (11 men and 13 women workers) did not know that maternity leave was a right according to law, and 33 per cent of workers (37 per cent men and 31 per cent women) did not know what was stated in the law (i.e., the duration of leave and payment). For example, in the absence of adequate support mechanisms, the need to return to work within six months after giving birth can be negatively correlated with a continuation of breastfeeding. While labour laws in Bangladesh grant relatively comprehensive maternity rights, legal standards are not consistently observed in practice. For example, the law requires employers to provide women with 16 weeks of paid maternity leave (eight weeks prior and eight weeks post-delivery). However, many female garment workers either do not return to the same factory after giving birth or take a significantly shorter amount of maternity leave. (ILO report)

<sup>92</sup> ILO Baseline Report: About 1.1 per cent of workers (11 men and 13 women workers) did not know that maternity leave was a right according to law, and 33 per cent of workers (37 per cent men and 31 per cent women) did not know what was stated in the law (i.e., the duration of leave and payment)

<sup>93</sup> BB4C Report: Less than half (48 per cent) of workers surveyed could correctly identify the legal provision of 16 weeks' paid maternity leave, which suggests a challenge in effective implementation of business policies.

workplace policies were universally adopted, ensuring 16 weeks of paid maternity leave. This positive shift was echoed by 97 per cent of women in the intervention factories feeling that their maternity rights were respected.

Qualitative anecdotes from the better performing factories revealed that while awareness was built through orientation and trainings, regular interactions with and guidance from welfare officers and factory medical officers (during pregnancy), had especially enabled workers to expand their knowledge and avail all forms of maternity benefits and entitlements.



"Pregnant women/breastfeeding mothers are encouraged and offered all types of support. They are not discouraged or threatened with discharge from the job."  
- Lactating working mother

"We feel relieved about the mothers and babies. Here a pregnant lady is treated so gracefully that she is not even taken care of at home like this." - male worker

"The investment in maternity provisions is a worker's right/entitlement. Whether the worker chooses to come back after the maternity leave, is her choice. They can come back after 2-3 years also." - Manager, intervention factory

Almost all women in these factories had actively accessed their paid maternity leaves, medical benefits from factory as well as cash benefits from the industry associations and the government.



"When they started providing training, awareness sessions, counselling for workers, gradually the rate of hospital childbirth has gone up (by 90%). The prevalence of exclusive breastfeeding has also gone up. Women workers are more aware

and conscious about their food habits, nutrition, and safe work" -Welfare Officer, Intervention factory

While *low knowledge and agency of the workers* has challenged women's maternity rights protection in the country, *inconsistent implementation of legal standards across factories and passive attitude of factory management* have for long limited workers' enforcement of their rights.<sup>94</sup> **Interestingly, the current evaluation observed early signs of improved health outcomes among the working mothers due to better access to healthcare facilities and heightened awareness of essential health practices. Women exhibited awareness and utilisation of available medical benefits, highlighting the programme's contribution in improving access to healthcare support at the workplace.**

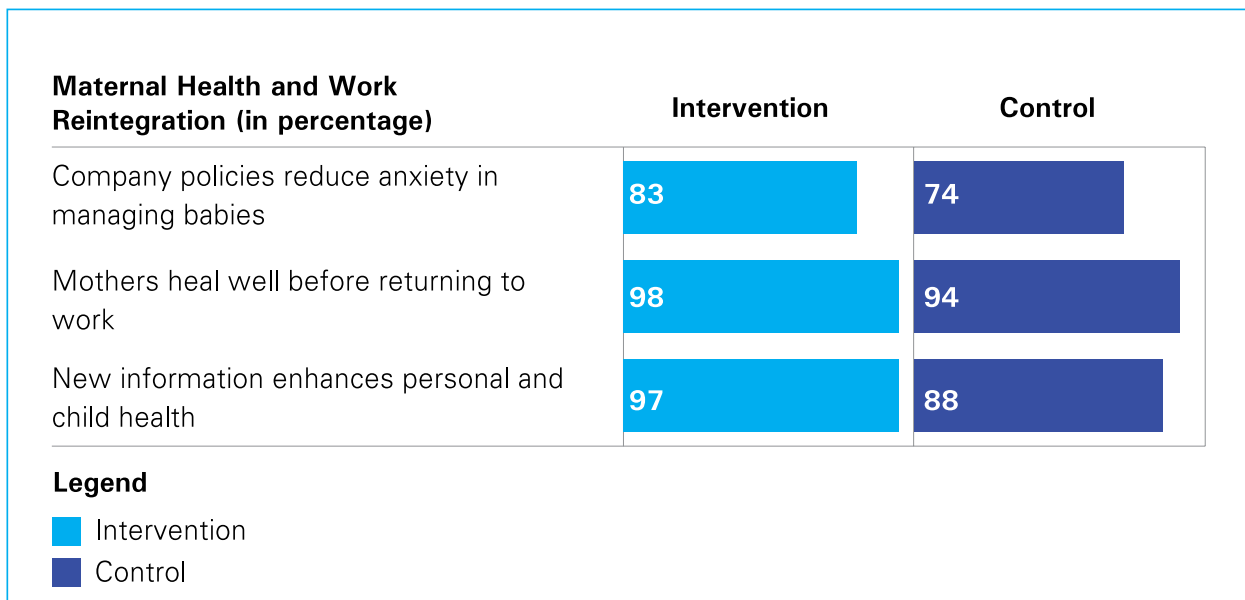
**Fourthly, early signs of positive health outcomes were also observed for the working mothers, facilitated by increased access to health facilities, flexible rejoining dates, and enhanced awareness of good diets, nutrition, antenatal care, postnatal care, and exclusive breastfeeding.** Women demonstrated a high level of awareness about available medical benefits at the factory, with a significant proportion availing antenatal care (96 per cent), pharmacy services (85.2 per cent), and sick leaves for pregnancy-related complications (57.2 per cent). Across the intervention factories, factory medical centres met the needs for a staggering 75 per cent women, thus affirming the contribution of M@W in improving women's access to support at workplace.

**Lastly, improved maternal health was also related to improvements in productive capacity of women, which highlight economic benefits for the factories and demonstrate the value of supporting the working mothers through the M@W programme.**

<sup>94</sup> UNICEF Report (2015): RMG Sector and Children in Bangladesh

- The medical centres across factories were well-equipped to treat workers, leading to a reduction in absenteeism related to health concerns. Self-reported data indicated that a high proportion (91 per cent) of women in the intervention factories felt that maternal protections and policies had increased their attendance, compared to 79 per cent in the control factories, further emphasising the programme's impact on retention and attendance rates.
- The working mothers observed that access to medical facilities at work has addressed women's health concerns post-childbirth and supported them to reintegrate into the workforce.
- The day-care facilities in the better-performing factories have enabled working mothers to keep their children nearby and ensure timely breastfeeding. As can be observed in Figure 25, a majority (83 per cent) of the working women affirmed that support at work helped them manage their anxieties about their babies (z-score = 2.48 at a 95 per cent CI, significant at  $p < 0.05$ ), which in turn improved their ability to concentrate at work.
- Meanwhile, proper recovery period allowed by most factories enabled women to be in good health when rejoining work, thus improving their productive capacities as well. As can be seen in Figure 25, almost all (98 per cent, z-score = 2.47 at a 95 per cent CI, significant at  $p < 0.05$ ) women claimed that they felt well healed before rejoining work.
- Support in the form of information and guidance was also reported to enhance almost all women's (97 per cent, z-score = 4.21 at a 95 per cent CI, significant at  $p < 0.05$ ) skills or practices related to personal and child health in the programme factories.

**Figure 25: Key impacts on maternal health and work reintegration**



In summary, the UNICEF-supported M@W programme has successfully achieved its intended benefits by markedly improving breastfeeding knowledge and practices among the working mothers, particularly in enhancing the exclusive breastfeeding rate. Additionally, the programme effectively increased awareness of maternity rights among both the workers and the factory management, effectively bridging the gap between knowledge and implementation. The programme's impact extends beyond social benefits, generating notable commercial advantages for factories. The provision of facilities and support at the factory level has not only facilitated the reintegration of women into the workforce in good health, but has also heightened their concentration and productivity, fostering loyalty, retention, and reduced absenteeism linked to health concerns. These positive outcomes underscore the blend of social and economic advantages for factories, illustrating the value of supporting working mothers through the M@W programme.

## B. Unintended Benefits

The M@W programme has brought about significant unintended benefits for working mothers in the intervention factories. The programme's focus on creating supportive environments and influencing women's health and nutrition practices has led to positive outcomes.

The factories have independently taken proactive measures, such as providing Calcium and IFA supplementation, regular check-ups, and flexible rejoining dates post-childbirth, effectively catering to women's health requirements and enhancing their overall well-being. The programme, through



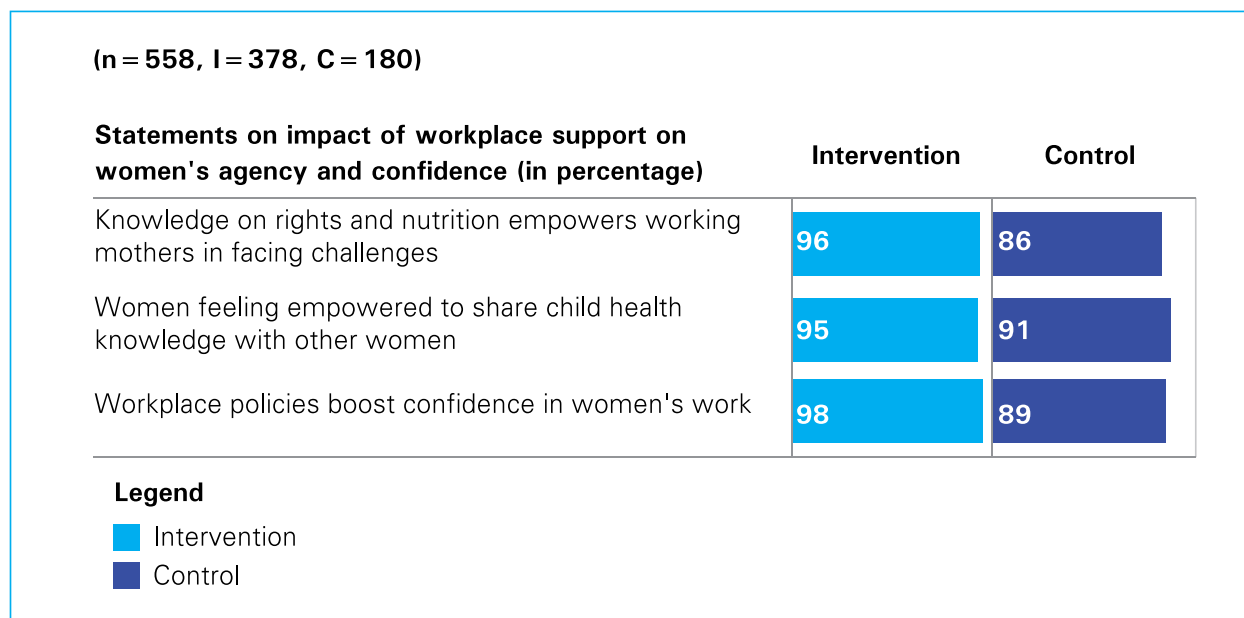
"Women are getting a proper supply of nutrients, which is very important for pregnant women. Also they are not facing any blood deficiency problems due to the facility. And finally, a woman is getting priority in their family"  
- male worker

"Mothers@Work has been important for enhancing knowledge of women and changing their attitudes towards nutrition, breastfeeding, and importance of taking necessary care during pregnancy." - HR, intervention factory

comprehensive training on maternal and child health, has heightened awareness regarding optimal nutrition during pregnancy and childbirth. This has led to improved dietary habits and an increased inclination towards medical interventions. This is particularly noteworthy considering the challenging circumstances faced by the female garment workers, including financial constraints and limited access to nutritious food and healthcare. The programme's early positive impact in fostering supportive environments and encouraging health-conscious practices holds promise in reducing alarmingly high rates of maternal mortality.

Notably, even though providing meals was not a part of the M@W standards, certain programme-affiliated RMGs with child care centres offer supplementary meals, like milk, Horlicks, and biscuits, to children. This correlation between child care provisions and nutritious meals is highly valued by the female workers, who perceive them as interconnected benefits. The workers regard the M@W programme's role in providing meals and food items for children as pivotal in fulfilling their nutritional and developmental needs, contributing significantly to their overall well-being.

**Figure 26: Women's perceptions of the M@W workplace support**



**The support provided by the programme has increased women's confidence and agency, allowing them to tackle challenges in life and fulfil their responsibilities at work and home.** While exclusive evidence for overall increase of women's role in decision making within families could not be explored in this evaluation, several early signs of progress were noted through the workers' self-reported perceptions (Refer to Figure 26). The experience of M@W has empowered the women workers, fostering confidence and a willingness to share information with others. This empowerment carries the potential to improve women's social standing within their families, bolster agency, and promote economic independence. Moreover, it could play a crucial role in addressing gender-based economic violence and supporting women in their recovery from such incidents. Although further research is warranted, these early indications underscore the transformative potential of the programme within the RMG context.

In summary, the M@W programme has yielded unintended yet immensely beneficial outcomes that transcend its initial objectives. Beyond enhancing breastfeeding practices and maternity rights awareness, the programme has notably improved women's overall health, nutrition, agency, and empowerment. Through the creation of supportive environments and influence on health and nutrition practices, the programme has set the stage for transformative change. As a model for addressing the needs of working mothers and promoting their well-being, the M@W programme demonstrates its potential to yield positive economic outcomes for factories, illustrating its broad-ranging impact.

### C. Unintended Drawbacks

The evaluation of the M@W programme has highlighted several positive impacts and early signs of progress. The evaluation also identified some areas for improvement.

**Firstly, the ET noted that the current state of programme implementation reflected**

**gaps that could be addressed for the outcomes to be more holistic and inclusive in its approach. The programme's impact on health and nutrition outcomes has been constrained,** primarily due to its emphasis on knowledge and capacity development without ensuring improved access to health and nutrition support. By leveraging the existing systems, capacities, and facilities of Ministry of Health and Family Welfare (MoHFW), the M@W programme has the potential to enhance access to health and nutrition services for the marginalised workers, who lack the means to adopt appropriate nutrition and health practices.

**Additionally, the programme's reach is currently limited to the organised sector, specifically the export-focused RMG factories, and efforts should be made to extend its benefits to a wider range of workers.** The M@W programme has made significant strides in engaging with the export-focused RMG factories and has demonstrated positive outcomes in implementing the programme. However, it is crucial to acknowledge that the programme's current focus leaves out a substantial portion of the garment industry, which are predominantly unorganised.<sup>95</sup> The unorganised sector plays a vital role in the garment industry and employs a significant number of women. Unfortunately, these unorganised bodies face unique challenges, including limited resources and infrastructure, which hinder their ability to provide adequate support to working mothers. Expanding the programme's reach to include the unorganised sector presents a valuable opportunity to address the specific needs and challenges faced by working mothers in these factories.

Taking a **comprehensive and inclusive**

**approach is crucial to promoting the well-being and rights of all working mothers in the garment industry.** It is imperative to develop strategies and forge partnerships that actively engage with the unorganised factories, bridging the gap and extending the benefits and positive impacts of the M@W programme to this important segment of working mothers. By doing so, the programme can contribute to creating a more equitable and supportive environment for all women in the industry, ultimately enhancing their overall well-being and economic empowerment.

In conclusion, the evaluation of the M@W programme has revealed several intended and unintended impacts, as well as early signs of progress, for both the beneficiaries and the factories. Notably, the evaluation found limited unintended drawbacks associated with the programme. While the programme has shown positive impacts, there are opportunities to address gaps and make the outcomes more inclusive and holistic, particularly in terms of health and nutrition outcomes and reaching marginalised workers.

#### **EQ 4.6.3. To what extent has the programme enabled opportunities for other nutrition or rights-based interventions within the M@W factories?**

The M@W programme was designed to go beyond compliance with the labour laws and to promote transformative changes within the ready-made garment (RMG) sector, especially by seeking systemic shifts within the RMG sector.<sup>96</sup> By focusing on partnerships, capacity building, and knowledge dissemination, the programme aimed to create a demand for improved services as well as establish conducive environments for rights-based interventions. A few of the positive


<sup>95</sup> [https://www.researchgate.net/publication/276321474\\_Imperfect\\_work\\_conditions\\_in\\_Bangladesh\\_RMG\\_sector](https://www.researchgate.net/publication/276321474_Imperfect_work_conditions_in_Bangladesh_RMG_sector)

<sup>96</sup> Joint field visit Nov 2021



influences have been presented below:

**Increased demand.**<sup>97</sup> With high levels of knowledge (refer to Effectiveness) around maternity rights and protections, a shift in organisational culture and social dialogue was observed by the factory staff as well as the beneficiaries of provisions, i.e., workers – one that prioritised women's health and nutrition practices. Increased awareness and perceptions around maternity rights and nutrition practices



"Before joining work, I heard that there are many facilities for women there. There is a room for keeping children. For this reason I work in this factory..." - female worker

"These facilities help a parent ensure good health for their children. Most mothers might not work here if it wasn't there." male worker


"We feel relieved about the mothers and babies. Here a pregnant lady is treated so gracefully that she is not even taken care of at home like this." - male worker

*influenced the larger demand for improved services across factories*<sup>98</sup> - even influencing the choice of factories that the workers seek to work in (as indicated across individual interviews with the pregnant and lactating women as well as focused group discussions with the workers).

- Notably, as per self-reported data, 99 per cent of women across the intervention factories felt that factory policies and facilities influenced their loyalty and commitment towards the company.
- Supportive factory environment was also created by impacting the knowledge and perceptions of the male workers, who not only cooperated with needs of pregnant and lactating workers but also consciously influenced the likelihood of whether the

women in their family worked in factories, based on the environment and facilities available for them.

**Improved supply.** On the other hand, reflections from discussions with several national-level stakeholders (KIIs) as well as the factory-level management indicated a recognition for the investment case for supporting working mothers.



"The investment in maternity provisions is a worker's right/entitlement. Whether the worker chooses to come back after the maternity leave, is her choice. They can come back after 2-3 years also."

- Manager, intervention factory

"We figured that the new guidelines for calculation of maternity cash benefits was disadvantageous for the women as they would receive lesser amounts than before. So, the management has decided to continue with the older calculation method in the interest of the women workers." - Welfare Officer, intervention factory

The factories appeared to be highly willing to improve services (for breastfeeding, maternity benefits, day-care and safe work provision) for supporting the working mothers. High levels of understanding around the rights of the working mothers as well as sensitivity around nutrition practices of women (especially around ANC, PNC and EBF) was found to be prevalent amongst management. In most cases, orientation and trainings provided by UNICEF's partner ILO-BWB and BRAC were recalled as highly useful for (i) updating knowledge and understanding of welfare personnel (ii) building accountability across factories through consistent monitoring, and (iii) reinforcing a rights-based and nutrition-sensitive approach to service provision.

**Recognition of the workers' expectations and demands has led the factories to take-up several independent initiatives of their own,**

<sup>97</sup> Focused group discussions with women revealed high awareness around topics like ANC for women, family planning, exclusive breastfeeding in the first six months post-pregnancy and continuation of breastfeeding till age two, among other related topics.

<sup>98</sup> This could be supporting, such as availing additional sources of cash benefits, especially the government.



**beyond the seven minimum standards.** The larger factories have already established linkages with more equipped hospitals for their workers, especially pregnant women, to provide better quality of medical benefits, while managements of other factories indicated plans to do the same. Some factories also provide ambulance and monetary support for health complications of the workers, especially pregnant women, though associations with larger hospitals. Meanwhile, to improve nutrition outcomes, several factories independently initiated provision of milk, fruits, eggs, and nutritional biscuits for the lactating women as well as children in day-care centres. While the extent and quality of service provision varies across factories due to several factory-specific internal and sector-specific external factors (detailed in the following section), it is safe to say that M@W has enabled system-wide changes by creating demand as well as conducive environments for rights-based interventions in the RMG context.

In conclusion, the M@W programme has achieved significant progress in enabling opportunities for other nutrition or rights-based interventions within the RMG sector. By fostering demand, creating supportive environments, and establishing a platform for service delivery, the programme has laid the groundwork for continued improvements in the well-being and rights of the working mothers. Building upon these achievements, future programmes can leverage the existing capacities and partnerships to further enhance the impact on nutrition, rights, and the overall empowerment of women in the RMG industry.

**EQ 4.6.4. Are there any external factors (including sector-specific obstacles) to the programme that have affected successful**

**implementation of the standards and results achievement, and be a prospect for policy impact? How could the identified positive or negative external factors be mitigated or exploited further in future interventions?**

**EQ 4.6.5. How could the identified positive or negative external factors be mitigated or exploited further in future interventions?**

*Note: The two EQs have been answered together for better understanding of the readers.*

The successful implementation of the M@W programme is influenced by a range of external factors and sector-specific obstacles that shape the extent and quality of services delivered and utilised. These factors present both challenges and opportunities for the programme's impact and policy outcomes. This EQ explores the external factors that have affected implementation of the programme and examines the prospects for mitigating negative influences and leveraging positive ones in future interventions.

Insights from stakeholder-level interactions revealed that despite a widespread recognition of the need for the seven minimum standards, several factors influenced the extent and quality of services delivered and used (Refer to Figure 27). To ensure sustainability and effectiveness of nutrition and rights-based interventions, understanding and addressing these factors will be crucial.

**Working hours and workload.** The RMG sector has for a long time been characterised by low wages and long working hours, which limit ability of parents to adequately care for their children.<sup>99</sup> While working hours have been regulated by the law,<sup>100</sup> and low wages and poor socio-

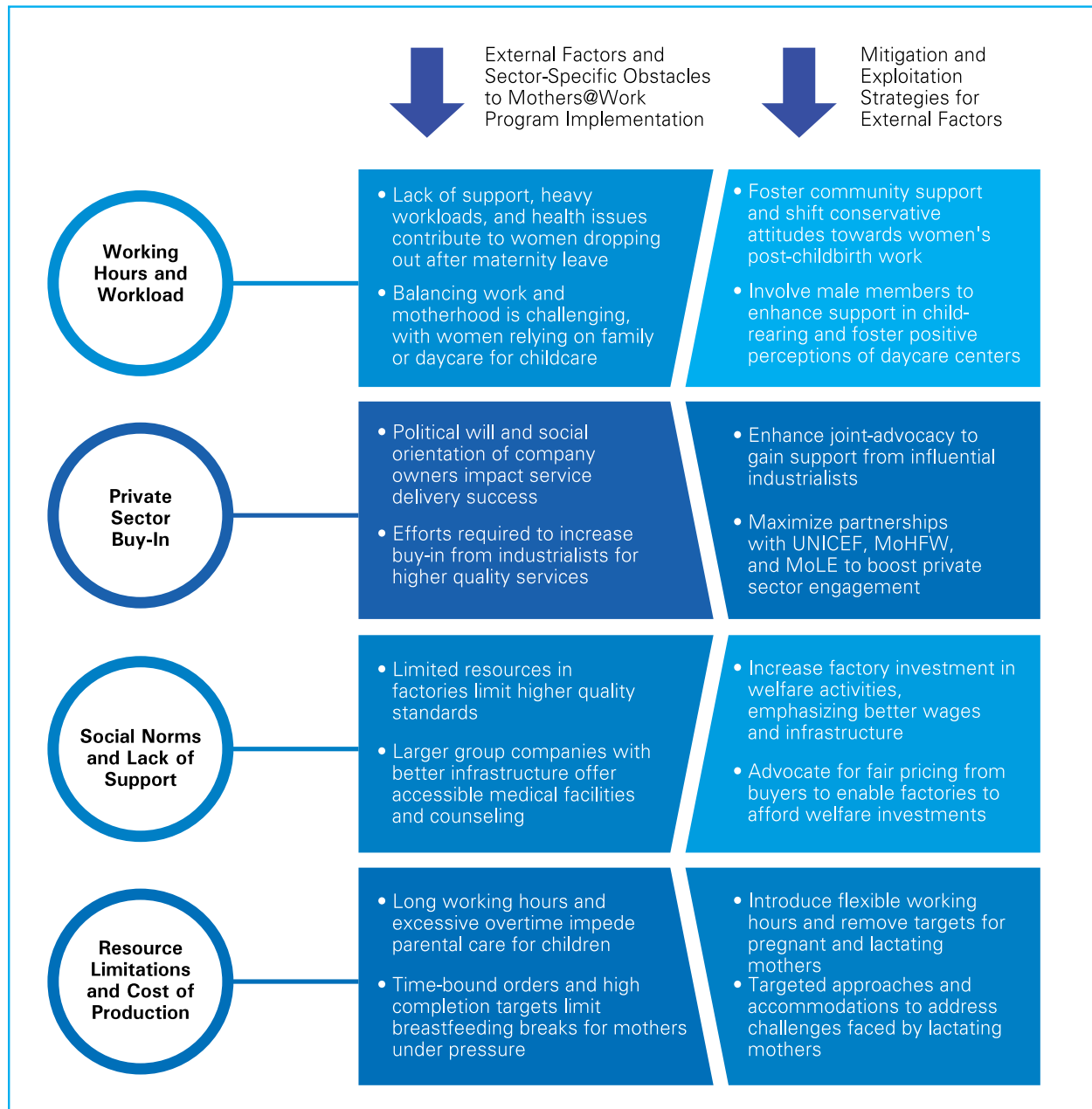
<sup>99</sup> CSR Bangladesh RMG Report

<sup>100</sup> Section 102 (1) of Bangladesh Labour Act (2006) limits the working hours of adults to 48 hours per week (60 hours with overtime)

economic conditions often push the workers to undertake excessive overtime work in order to earn a sufficient income. Meanwhile, due to the highly competitive nature of the sector, several

companies receive time-bound orders that set extremely high targets for completion on the workers.<sup>101</sup>

**Figure 27: External factors influencing implementation and impact of the M@W programme**



Source: Developed by evaluation team, based on key informant interviews and FGDs

<sup>101</sup><https://www.dhakatribune.com/business/2023/03/12/women-rmg-workers-decline-to-54-from-80-in-the-80s#:~:text=A%20recent%20report%20showed%20that,stood%20at%2054%25%20in%202021.>

Anecdotal evidence highlighted that such pressures often prevented mothers from availing breastfeeding breaks, despite provisions for the same being available. Long commute durations further made it difficult for mothers to use breastfeeding break, the duration for which was limited to 30 minutes at a time. While implementation of the seven stands has led to flexibility of working hours and reduction/removal of targets for the pregnant mothers across the factories, such accommodations are uncommon for the lactating mothers. To enhance the breastfeeding outcomes and impact child health drastically, a targeted approach to addressing challenges of the lactating mothers may also be important.

- **Social norms and lack of support.**

Despite availability of the support facilities, such as breastfeeding corners and child care centres, there is still a significant drop-out or non-return of women workers after maternity leave. Discussions with the women workers revealed that some key reasons for attrition post childbirth included lack of support from husbands and/or family members, high workloads, illness/poor health, and the need to return to their home villages. The responsibility of child rearing continues to predominantly fall on mothers, and in order to balance their jobs with motherhood, women often rely on family members or child care centres to ensure the well-being of their children. In some cases, the lack of support has resulted in termination of women's jobs or even misuse of cash benefits provided for healthcare.

While the M@W programme has influenced the factories to address certain

challenges at the factory level, such as implementing flexible work hours, reducing workloads, and providing health facilities, barriers in the form of social norms continue to influence decisions related to employment post child birth. These challenges include conservative attitudes towards women's work after childbirth, limited support from male family members in child-rearing, negative perceptions of day-care centres, and general concerns about children's safety within the factory environment. To address these community-level challenges, targeted advocacy efforts at the community level are needed to change social norms and increase support for women's employment after childbirth.

- **Private sector buy-in.** As per management across the factories, one of the most important determinants of successful service delivery has been political "will" and "social orientation" of the company owners. While the factories were successful in meeting the minimum compliance requirements placed by the national law as well as buyer SOPs, the extent to which the factories go beyond the 'minimum' and strive for higher quality of services, is greatly determined by the ideological and social principles of the company owners, who typically run a large number of group of factories (that may or may not be covered under programmes like M@W or ILO-BWB). Such trends point towards the need for more intensive and joint advocacy efforts by UNICEF, MoHFW, and MoLE to improve buy-in from the key industrialists, a component that has not been utilised to its full extent under the current programme.

- **Resource limitations and cost of production.** Across the willing factories, a common constraint to higher quality of standard implementation was the company's capacity and resource constraints. Primary data revealed that at the time of data collection, access to well-linked medical facilities and counselling was only prevalent in the factories with financial and political capacity to afford them; these typically belonged to larger group of companies with higher scale of operations. While rates of workers' wages and investment into welfare have undergone periodic increments, the costs of manufacturing offered by buyers have remained the same for years. Anecdotal evidence from factory management revealed that despite a steadily growing demand for support services in the workplace – from the rights-based organisations, workers associations and buyers – the factories continue to be limited by low investment capacity and resources (human, infrastructural, financial, etc.).
- **COVID-19 and economic shocks.** The deteriorating status of business due to impacts of the global economic constraints has further limited the companies' capacity to invest in welfare, especially for the smaller factories that do not have the same access to benefits (e.g., stimulus packages, loans, etc.) and capital. The RMG sector was drastically impacted by the advent of COVID-19 with more than 348 garment factories shutting down and 0.4 million garment workers

losing their jobs.<sup>102</sup> At the mid-point of recovering from the pandemic, the sector has come to face newer local and global challenges including geopolitical tensions, a downward global economy, high rates of inflation and increase of utility and manufacturing costs.<sup>103</sup>

These external factors have rolled back several gains made by the programme and continue to cause uncertainty about the future, especially with respect to continuity of employment (while technology enhances), livelihoods, migration, and health-care crisis for low skilled women – the majority of whom are women.<sup>104,105</sup>

- **Fluid labour market and migration.** The RMG sector typically incorporates a large proportion of migrant workers and is characterised by easy entry and exit, making factories highly vulnerable to attrition due to migration, shorter terms of voluntary employment and high operational costs of training new workers. As a result, the factory management noted that it was often difficult for the companies to keep track of and/or maintain progress through sustained support to the working women, who became mothers. Meanwhile, the high availability and easy replacement of low-skilled workers in the sector working in less complicated work profiles (mostly women with lower levels of education and skillsets) has limited the urgency and strength of investment into higher quality of services across several companies. To address these, higher investment into training and skill development of the

<sup>102</sup> 2022: <https://www.scirp.org/journal/paperinformation.aspx?paperid=116324>

<sup>103</sup> 9 Feb 2023: <https://www.tbsnews.net/thoughts/challenges-and-prospects-bangladesh-rmg-industry-582278>

<sup>104</sup> Daily Star (online), 7 April 2020, [www.thedailystar.net/opinion/rmg-notes/news/world-needs-use-or-lose-bangladesh-apparel-industry-1890208](http://www.thedailystar.net/opinion/rmg-notes/news/world-needs-use-or-lose-bangladesh-apparel-industry-1890208), accessed 10 June. 2020. Asia News (online), 8 June 2020, [www.asianews.it/news-en/Some-70,000-garment-workers-lose-their-job-because-of-the-pandemic-50288.html](http://www.asianews.it/news-en/Some-70,000-garment-workers-lose-their-job-because-of-the-pandemic-50288.html), UNICEF COVID RMG REPORT

<sup>105</sup> 2022 <https://www.sciencedirect.com/science/article/pii/S2666790822001720>

women in RMG by public and private entities - especially to build their skills, enhance their productive value as well as open alternative life choices - would be crucial. The need for targeted engagement with the dropout workers may also be assessed, to gain a better insight into challenges associated with the labour market.

The ET concludes that successful implementation of the M@W programme is influenced by various external factors and sector-specific obstacles related to working hours, social norms, private sector buy-in, resource limitations, economic shocks, and fluid labour market. While UNICEF and its partners have been able to reduce the impact of some key challenges to some extent, they need to be systematically understood and

addressed for enhanced programme impact. Targeted interventions, community-level advocacy, improved buy-in from key stakeholders, investment in resources and capacity, and addressing the impact of external shocks are crucial for future interventions in the RMG sector.

## 4.7. Sustainability

The sustainability of the M@W programme is a critical aspect of its effectiveness and long-term impact. It is understood that for a programme to be sustainable, positive improvements along several dimensions of planning, partnerships, political support, funding, organisational capacity, programme adaptation, programme evaluation, and communication are crucial.<sup>106,107</sup> In the table below the key observations on the theme of sustainability have been summarised:

**Table 18: Assessment against rubric scales for Sustainability EQs**

S.No.	Evaluation Question	Assessment Against Rubric
<b>EQ 4.7.1</b>	Is the programme linked well and in line with broader development efforts to address systemic changes for improving the women worker's rights in Bangladesh as well as complement and strengthen existing local development efforts?	<p><b>Assessment: Excellent</b></p> <p>The M@W programme is strategically aligned with the national laws, international regulations, and broader development efforts to improve the women workers' rights in Bangladesh. This alignment has been instrumental in ensuring sustainability. It has also created a platform for rights-based service delivery and fostered enabling environments for cooperation amongst broader development efforts.</p>

<sup>106</sup> Programme Sustainability Framework (2012) Washington University, St Louis, MO. Accessed at [https://cpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/e/1037/files/2004/11/Sust\\_Frameworkwdomaindescriptions\\_5.22.12-tx2w0z.pdf#:~:text=Programme%20Sustainability%20Framework%20and%20Domain%20Descriptions.%20PROGRAM%20ADAPTATION.,programme%20to%20inform%20planning%20and%20document%20results.%20COMMUNICATIONS.](https://cpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/e/1037/files/2004/11/Sust_Frameworkwdomaindescriptions_5.22.12-tx2w0z.pdf#:~:text=Programme%20Sustainability%20Framework%20and%20Domain%20Descriptions.%20PROGRAM%20ADAPTATION.,programme%20to%20inform%20planning%20and%20document%20results.%20COMMUNICATIONS.)

<sup>107</sup> OPA Framework for sustainability (2017): <https://opa.hhs.gov/sites/default/files/2021-02/framework-for-programme-sustainability.pdf>

S.No.	Evaluation Question	Assessment Against Rubric
<b>EQ 4.7.2</b>	To what degree, if any, was the programme designed and implemented with sustainability in mind? What is the likelihood that any changes observed will be systemic and sustained long-term?	<p><b>Assessment: Good</b></p> <p>The UNICEF-supported M@W programme addressed sustainability and scale-up as core components from the planning and design stages onwards, through the identification of natural owners of the programme, establishing forward-looking partnerships with the complementing development bodies and the government. UNICEF's strategies for M@W also holds immense potential for amplifying protection of women workers' rights across different public and private sectors, and in industries beyond the RMG. However, gaps in sustainable capacity transfer, lack of long-term commitment from the factories, funding gaps, and low institutional convergence limit the programme's current potential to create lasting changes. Further advocacy efforts are needed to gain buy-in from buyers as well as communities.</p>
<b>EQ 4.7.3</b>	<p>What are the possible sustainability models (financial and programmatic), including maintaining the quality of standards implementation?</p> <p>Given the goal of scaling this model of programming, have any programmatic approaches or results emerged that indicate promising signs for replication, including adaptability of the programme to other private sector platforms, and scale up by the relevant actors?</p>	<p><b>Assessment: Good</b></p> <p>M@W adopts a multi-stakeholder approach, utilising the expertise of implementation partners and following a cost-sharing model. The programme seeks to achieve collective impact through ecosystem of shared value instead of stretching the resources of a particular institution. With convergence of all institutional partners and organic capacity transfer models, M@W has immense potential to be a government-supported and industry-owned initiative that can be technically sustainable and highly adaptable for scale-up.</p>
<b>EQ 4.7.4</b>	Analyse and comment on any emerging vision, strategy and measures proposed (and being implemented) for the planned next phase of programming.	<p><b>Assessment: Adequate</b></p> <p>To enhance impact and improve implementation, sustainable capacity transfer models, fund mobilisation systems and innovative approaches to community and buyer-level advocacy need to be developed. Further active evidence generation within the sector, led by the industry giants will also be important to guide future programming.</p>

S.No.	Evaluation Question	Assessment Against Rubric
<b>EQ 4.7.5</b>	How well has the programme integrated a gender-transformative approach and a human rights lens into the design and implementation? What have been the current effects of that integration?	<p><b>Assessment: Good</b></p> <p>The programme has integrated the GEEW and HR principles in its design by acknowledging gender-specific needs and planning strategically to address these. It has also been gender-responsive in its implementation and is positively headed towards gender transformation. However, to achieve sustained gender-transformative change, inequitable norms, values, structures, policy and practice would have to be addressed through community level advocacy/messaging.</p>
<b>EQ 4.7.6</b>	Have current achievements or progress been equitably achieved (according to geographic area, age of mother, vulnerability factor, ethnicity, etc.)?	<p><b>Assessment: Good</b></p> <p>The programme has been successful in equitably reaching the women and working mothers of different age groups, educational backgrounds, work profiles, family types, and socio-economic backgrounds, through its seven standards and targeted communication strategies. It has contributed to high knowledge around maternal rights and infant nutrition as well as improved adoption of appropriate breastfeeding practices among the working mothers, especially related to breastfeeding in the first hour, expression of breastmilk, and EBF. However, specific factors, like age of mothers, family type, and educational backgrounds, also influence the extent to which the working mothers utilise services available in the factory. These may be reviewed and addressed through targeted approaches for advocacy and communication.</p>

With this understanding, the evaluation team examined the presence as well as the resilience of financial, social, environmental, and institutional capacities needed for sustaining the net benefits of the programme – especially in changing contexts with potential risks, and trade-offs.<sup>108</sup>

**EQ 4.7.1. Is the programme linked well and in line with broader development efforts to address systemic changes for improving the women workers' rights in Bangladesh as well as complement and strengthen the existing local development efforts?**

As discussed in the previous sections (Refer to Coherence), the M@W programme is strategically aligned with the national laws, international regulations, and broader development efforts to improve women workers' rights in Bangladesh. The seven M@W standards were specifically designed to complement and reinforce protection of maternity rights (paid maternity leave, cash and medical benefits, non-discrimination, and equal opportunity, etc.).

**The programme's alignment with broader development efforts in Bangladesh and its ability to complement and strengthen**

<sup>108</sup> Sustainability: OECD DAC criteria: [https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&\\_csp\\_=535d2f2a848b7727d35502d7f36e4885&itemIGO=oeed&itemContentType=book#section-d1e4964](https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&_csp_=535d2f2a848b7727d35502d7f36e4885&itemIGO=oeed&itemContentType=book#section-d1e4964)



**existing local development initiatives has been instrumental in ensuring sustainability.**

To further strengthen these complementarities, UNICEF established several partnerships and enhanced capacities of the stakeholders, all of which together created a platform for rights-based service delivery and fostered enabling environments for broader development efforts.

The M@W programme was developed as a joint initiative with public, private, and development sector stakeholders, aimed to build resilience in labour rights, promote ethical business practices, and protect maternity rights. UNICEF championed for an alliance of institutions that strive to achieve a common agenda **by aligning priorities, continuous communication and shared learning, integration of measurement systems, and implementation of mutually reinforcing and complementary activities for systems level change.**

- For instance, UNICEF's alliance with ILO strategically aligned the goals of the two organisations - specifically ILO's Better Work Bangladesh programme - that sought to improve the workers' rights in the RMG sector. To ILO's existing work, M@W introduced a more targeted approach of protecting rights of the women workers in the RMG sector. Similarly, the involvement of development partners, like BRAC and Phulki that already had extensive presence in the domains of maternal and child health, nutrition and ECCD, notably improved the quality of programme implementation and fast-tracked progress towards improving health and nutrition outcomes for working women and their children.

- Meanwhile, UNICEF's partnership with MoLE, particularly Department of Inspection for Factories and Establishment (DIFE), appeared crucial for improving factories adherence to the legally-mandated provisions (e.g., child care centres, paid maternity leave, cash and medical benefits, non-discrimination at work, and safe work provisions for pregnant women). Additionally, this also bolstered implementation of other rights-based standards proposed by M@W (e.g., establishment of breastfeeding corners, breastfeeding breaks, quality of child care, medical benefits, etc.).
- Finally, recent partnerships with the industry associations like BGMEA and BKMEA appear to have opened doors for scaling development agendas of UNICEF and its partners, especially by buttressing sectoral changes and multiplying outcomes for working women and their children.

**Review of programme documents also found that M@W's role in enabling systemic changes towards common goals had been acknowledged by representatives from the programme partners.**

For instance, during a GoB-UNICEF joint planning workshop (2021)<sup>109</sup> the representatives from MoLE confirmed the importance of M@W - as a nutrition intervention in RMG with potential for relevance across other sectors in the future. Similarly, an evaluation report of ILO<sup>110</sup> noted that M@W had contributed to increased awareness of mother/child nutrition good practices among workers as well as improved provisions for breast-feeding facilities and allowances for the working mothers in the participant factories.

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<sup>109</sup> Joint GoB-UNICEF nutrition programme review and planning workshop Nov 10, 2021

<sup>110</sup> ILO-BWP Independent Interim Evaluation Report (2021)



In addition to strengthening each other's existing development efforts, **UNICEF's strategies for M@W also holds immense potential for amplifying protection of the women workers' rights in Bangladesh.** UNICEF's partnerships with MoLE, MoHFW and ILO will be significant for expanding the M@W-mandated services across different public and private sectors, and in industries beyond the RMG. Through joint advocacy meetings with these partners (that are expected to be improved in the future) and scale up of M@W, the scope for promoting six-month paid maternity leave in the RMG sector, integrating the M@W standards around breastfeeding into Bangladesh Labour Rule, and improving health and nutrition access for workers through MoHFW remain high.

**EQ 4.7.2. To what degree, if any, was the programme designed and implemented with sustainability in mind? What is the likelihood that any changes observed would be systemic and sustained long-term?**

The M@W programme was designed and implemented with a strong focus on sustainability, aiming to scale up across the RMG sector and other sectors with a significant female workforce. The programme addressed sustainability and scale-up as core components from the planning and design stages onwards, through identification of natural owners of the programme, establishing forward-looking partnerships with complementing development bodies and the government.

**UNICEF's strategic alliances with the ministries, civil society, and the private sector have played a crucial role in ensuring sustainable implementation and scale-up of the M@W programme.** Partnerships with ILO-BWB, BRAC, Phulki, MoLE, BGMEA, and BKMEA have been instrumental in leveraging

existing presence, capacity building, training, monitoring, and expanding implementation. These partnerships were established with the intention of handover and subsequent exit, with responsibilities transitioning to DIFE's monitoring and capacitated implementation partners. The potential for scaling up M@W across industries beyond the RMG sector has been acknowledged and expressed positively by all partners.

M@W's sustainability strategy **focuses on building ownership and capacity among the government, industry, buyers, and implementation partners to implement the seven standards.** Capacity building efforts, including orientation meetings, trainings, and advocacy sessions, have been undertaken in collaboration with ILO-BWB, BRAC, and Phulki.

- At the sector level, capacities have been developed for the state and non-state partners, such as the DIFE labour inspectors, who now incorporate the M@W monitoring in their inspections. UNICEF and BRAC have also built institutional capacity within BGMEA/ BKMEA for sector-wide advocacy and implementation.
- At the factory level, capacities have been built for various stakeholders, and knowledge transfer has been successful within the factory management, with HR, safety committee members, and welfare officers, demonstrating understanding, positive attitudes, and willingness to continue implementation in the future.
- Finally, at the workers' level, trainings, counselling, and engagement with ILO during advisory and compliance visits had significantly increased women's and men's awareness of the workers' rights in general

and maternity rights and provisions. As previously discussed, (Refer to Impact section) increased awareness has led to a higher demand for improved services within the factories and made workers much more likely to actively avail their rights, and thereby sustaining outcomes on protection of maternity rights, maternal and child health as well as nutrition.

**Further, UNICEF and the partners have initiated advocacy and outreach efforts to increase the private sector buy-ins and integrate the M@W standards into the legal framework. Priorities include strengthening paid maternity leave and engaging global buyers.** The need for increasing engagement with global buyers - for building incentives as well as triggers for adoption of M@W - have already been identified and integrated within the programme's scale-up framework, although there remains room for improvement. Furthermore, enrolment and award ceremonies by the partners like BGMEA and BKMEA aim to boost advocacy. These efforts indicate that M@W has established partnerships and systems for short and medium-term sustainability of the seven standards.<sup>111</sup>

To add, **M@W's strategic evolution and adaptability to changing contexts demonstrate its sustainability.** UNICEF actively gathered evidence and incorporated learnings to improve the programme design as it scaled up. Partnerships with BGMEA and BKMEA were pursued to address the identified gaps. Additionally, M@W showed responsiveness during the COVID-19 pandemic, successfully adapting its services during lockdowns. This ability to adapt with uncertain circumstances indicates the UNICEF-supported M@W programme's long-term sustainability.

**On the other hand, the evaluation team also identified gaps in partnerships, capacity development, and advocacy that may hinder M@W's long-term sustainability.**

- **The current capacity building model faces limitations due to frequent loss of the management team at the RMG factory and a perceived high training cost. Continued support and technical knowledge are needed for implementation. Limited cross-department engagement further hampers capacity transfer and assimilation.** Thus, the evaluation concludes that for programme implementation and monitoring to sustain in the long-term, more organic, and sustainable models of capacity transfer need to be adopted. Use of high-quality and transferable tools (e.g., recordings, and knowledge materials developed by UNICEF and BRAC) along with establishment of alternative funding models for training may be crucial to address this gap.
- **Secondly, despite capacity building efforts, the factories are not fully prepared for independent implementation of the programme.** Implementation rigor tends to decrease after UNICEF and the partners' exit. Enrolment and implementation are reliant on fund availability, and diversifying funding or factory-level fund-allocation for M@W has not been achieved. To ensure consistent implementation and scale-up in the absence of donors, there is a pressing need to secure resource commitment from the RMG sector by building ownership and long-term commitment through advocacy.

<sup>111</sup> OECD-DAC Criteria: Sustainability: [https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&\\_csp\\_=535d2f2a848b7727d35502d7f36e4885&itemIGO=oeed&itemContentType=book#section-d1e4964](https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&_csp_=535d2f2a848b7727d35502d7f36e4885&itemIGO=oeed&itemContentType=book#section-d1e4964)

- **Thirdly, partnerships established under M@W have gaps in convergence and joint monitoring, hindering the ability to address implementation and scale-up challenges.** This limits ownership and commitment of partners towards the programme and advocacy efforts. The integration and role of health departments within M@W are low, limiting their potential contribution to outcomes. To address these issues, there is a critical need for joint action and active involvement of the ministries to fast track advocacy, particularly for securing six-month paid maternity leave and integrating breastfeeding standards into the labour law.
- **Fourthly, lack of convergence has also limited sustainability of health and nutrition outcomes till date.** Evidence generation, such as independent research and testing of alternative service delivery models, is crucial for improving nutrition and health outcomes. The larger factories play a significant role in this regard. UNICEF needs to take a proactive role in leading advocacy efforts with the national and international buyers, going beyond engagements through the buyers' forums - facilitated by ILO-BWB.

**Beyond the challenges, M@W ability to sustain outcomes are also limited by limitations at the community level, whereby, lack of support from family and husbands continue to deter women from rejoining workforce post pregnancy.<sup>112</sup>** Men's influence on women's decisions to continue working is significant. However, addressing inequitable gender beliefs and norms at the community

level has been limited. Sensitisation and capacity building of male workers and factory management are crucial to sustain maternity rights. Support from men can create enabling environments at home for health and nutrition behaviours to be adopted. Positive community-level dialogue can address gender inequitable norms and increase participation in demanding rights and services, leading to more sustained change.

In conclusion, the M@W programme demonstrates a strong focus on sustainability, with partnerships established and systems in place to sustain implementation of the seven standards in the short and medium term. However, challenges remain in capacity development, funding, convergence of the institutional partners, and engagement with the health department. Further advocacy efforts are needed to gain buy-in from the buyers and strengthen the business case for M@W compliance.

**EQ 4.7.3. What are the possible sustainability models (financial and programmatic), including maintaining the quality of standards in implementation? Given the goal of scaling this model of programming, have any programmatic approaches or results emerged that indicate promising signs for replication, including adaptability of the programme to other private sector platforms, and scale up by the relevant actors?**

**EQ 4.7.4. Analyse and comment on any emerging vision, strategy and measures proposed (and being implemented) for the planned next phase of programming.**

*Note: The two EQs have been answered together for better understanding of the readers.*

<sup>112</sup> CSR BANGLADESH RMG REPORT; UNICEF-BWP: Final Report

The UNICEF-supported M@W programme aims to address the complex issue of maternity rights and poor health and nutrition of working women and their children. This evaluation examines the programme's sustainability models, including financial and programmatic aspects, and analyses the potential for replication and scale-up. M@W adopts a multi-stakeholder approach, utilising the expertise of the implementation partners and following a cost-sharing model. Financial sustainability is expected to increase, as advocacy efforts are made to raise resources at the factory level. The programme also demonstrates the potential for replication across industries and geographies. However, coordination, capacity transfer, institutional convergence, and intensive advocacy efforts are needed for sustained outcomes and systemic change.

The issue of maternity rights and poor health and nutrition of the working women and their children are complex and multi-dimensional problems. Solutions of these problems need to be multi-faceted, involving coalition across multiple stakeholders with unique capacities and capabilities. **Evaluation of primary and secondary data revealed that M@W was aligned with such an understanding and adopted a multi-stakeholder model of Collective Impact<sup>113</sup> which promotes an ecosystem of shared values instead of stretching the resources of a particular institution.** By establishing the Consortium of M@W <sup>114</sup>, UNICEF sought to collaboratively achieve sector-wide changes by jointly addressing shared goals of building resilience in labour rights issues, promoting ethical business practices, and lobbying to protection of maternity rights at national and international levels.

**Further, M@W 's implementation followed a cost-sharing model that entailed pooling of resources by different implementation partners.** At the time of evaluation, the onus of financing implementation was being increasingly transferred onto the private sector, thus reducing dependency on the donors and development organisations. The representatives from UNICEF noted that financial sustainability within the industry could potentially increase, as BGMEA and BKMEA initiate advocacy to raise resources at the factory level. UNICEF-BCO can review private sector financing models that have been successfully piloted and demonstrated to strengthen alternate financing pathways.<sup>115</sup>

**M@W has demonstrated its potential for replication and scale-up beyond the RMG sector, resonating with the representatives from various sectors, such as jute, leather, tea, and pharmaceuticals.** While the implementation of M@W in the RMG sector benefited from its export-oriented nature and formal systems, challenges may arise in the industries dependent on local markets and informal sectors. However, there is a clear opportunity to scale M@W in other export-oriented sectors, like leather and pharmaceuticals.

**To facilitate cross-industry expansions, several strategies may have to be adopted. Some of these include:**

- Development of organic capacity-building models that allow for easy handover and transfer of capacities. The representatives from DIFE specifically highlighted the need for building capacities of stakeholders in a staggered manner.

<sup>113</sup> Collective Impact Framework: <https://collectiveimpactforum.org/what-is-collective-impact/#:~:text=Collective%20impact%20is%20a%20network,population%20and%20systems%20level%20change>.

<sup>114</sup> The consortium consists of UNICEF, ILO, Better Work Bangladesh programme of ILO, BRAC, Phulki, Ministry of Health and Family Welfare and Ministry of Labour and Employment.

<sup>115</sup> [https://www.researchgate.net/publication/254322052\\_Social\\_Enterprise\\_Models\\_and\\_SPO\\_Financial\\_Sustainability\\_The\\_Case\\_of\\_BRAC](https://www.researchgate.net/publication/254322052_Social_Enterprise_Models_and_SPO_Financial_Sustainability_The_Case_of_BRAC)

- Development of sector-specific checklists through joint consultations with relevant sector associations and government stakeholders. The representatives from MoLE as well as industry associations recognised the unique challenges of different sectors, which would have to be accommodated for expansion of the programme.
- To overcome a constant resource gap, mechanisms for sustainable fund mobilisation within the sector may have to be ideated upon.
- Through consistent evidence generation, lessons learned from M@W can be applied to other sectors, enabling the protection of maternity rights and the promotion of health and nutrition practices on a broader scale.<sup>116</sup>

In conclusion, the M@W programme has made significant strides in sustainability through strategic partnerships, capacity-building efforts, and adaptability. The establishment of multi-stakeholder alliances and integration of the M@W standards into the legal framework contribute to sustained implementation and scale-up. However, challenges remain, including the need for sustainable capacity transfer, fund mobilisation and long-term commitment from the factories. For outcomes to be systemic and sustained, improvement in coordination and cross-institution linkages (e.g., with MoHFW), convergence of key institutional partners and enhanced advocacy would be crucial.

By addressing these challenges and strengthening partnerships, **M@W has the potential to create lasting changes in labour**

**rights, ethical practices, and protection of maternity rights at national and international levels.** The programme holds immense potential to be a government-supported and industry-owned initiative that can be technically sustainable and highly adaptable for scale-up.

**EQ 4.7.5. How well has the programme integrated a gender-transformative approach and a human rights lens into the design and implementation? What have been the current effects of that integration?**

**EQ 4.7.6. Have current achievements or progress been equitably achieved (according to geographic area, age of mother, vulnerability factor, ethnicity, etc.)?**

*Note: The two EQs have been answered together for better understanding of the readers.*

Gender transformation is an intentional process of moving beyond addressing the gendered challenges at an individual level - to redressing structural causes of inequalities and reshaping unequal power dynamics that perpetuate them. To achieve this, interventions are required to critically examine gender roles, norms, and dynamics, strengthen positive norms that support an enabling environment and promote the relative position of women, girls, and marginalised groups.<sup>117</sup> The evaluation report utilises the gender equity continuum as a conceptual framework (refer to Figure 28)<sup>118</sup> used to illustrate the varying degrees of gender equality and equity within different contexts, policies, organisations, or societies. It helps to understand the spectrum of gender-related attitudes, behaviours, and practices, ranging from inequality and discrimination to full equality and equity between genders. Based on the extent to which interventions achieve these, they can

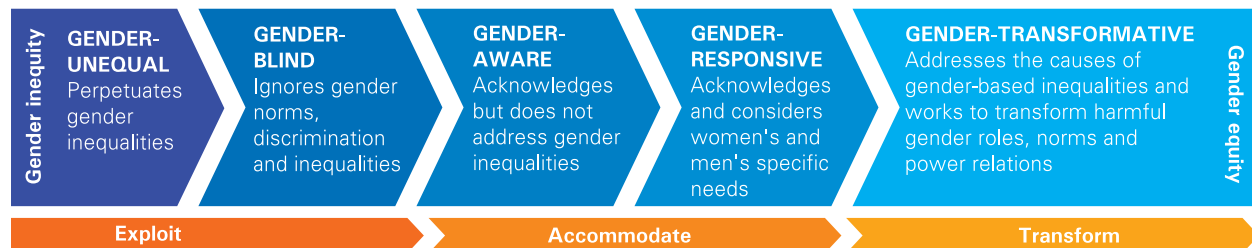
<sup>116</sup> Countries in South Asia and SE Asia, such as Vietnam, Cambodia, Indonesia, Pakistan

<sup>117</sup> UNFPA, U., & Women, U. N. (2020). Technical Note on Gender-Transformative Approaches in The Global Programme To End Child Marriage Phase II: A Summary For Practitioners. <https://www.unicef.org/media/58196/file>

<sup>118</sup> <https://www.unicef.org/evaluation/media/1221/file/UNICEF%20Guidance%20on%20Gender.pdf>

be located on the gender equity continuum as follows:

**Figure 28: Gender equity continuum (UNICEF and UNFPA, 2020)<sup>119</sup>**



On the other end, applying **human rights lens** to an intervention requires it to actively strive for 'equity and inclusion', whereby, all forms of discrimination and power imbalances are addressed to ensure that interventions address the needs of the most marginalised segments (e.g., persons with disabilities, women, children, and those in lower wealth quintiles) and work towards realisation of human rights to dignity, equality, and non-discrimination, among others.

Both gender transformation and human rights approaches demand participation, inclusion, and accountability, are gender-responsive, and thereby inextricably related.<sup>120</sup> With this understanding, the M@W programme was reviewed to the extent to which it consciously and systematically targeted gender transformation and human rights principles in its design and implementation.

**Firstly, by placing the women workers and their children at the centre of programming, the M@W programme prioritises the women workers and their children, aiming to address the vulnerabilities present in the RMG sector.**

The women, hailing from disadvantaged rural backgrounds, face exploitation, discrimination, and health risks in urban slums. The women

workers tend to have lower wages than their men counterparts, and with limited education, they tend to be employed in physically demanding, low-skilled roles. This is exacerbated by traditional gender norms and poor socio-economic backgrounds, limiting their capacity to demand improved working conditions.

Children of the RMG sector working women also face heightened vulnerability due to their parents' socio-economic status. The working mothers struggle to balance childcare and breastfeeding, impacting breastfeeding practices and posing risks to infant health. Insufficient wages and living conditions further challenge the parents' ability to afford vital infrastructure and services necessary for their children's optimal development.

In such a context, the UNICEF-supported M@W programme has been crucial in re-emphasising access to services and protections for the female workers by establishing seven standards to protect rights and needs of the working women and their children. Discussion with the programme team and the pregnant and lactating women indicates that design and implementation of the programme interventions were non-discriminatory and ensured equality without

<sup>119</sup> UNFPA, U., & Women, U. N. (2020). Technical Note on Gender-Transformative Approaches in The Global Programme To End Child Marriage Phase II: A Summary For Practitioners.

<sup>120</sup> UNFPA (2010): Human RightsBased Approach to Programming. [https://www.unfpa.org/sites/default/files/jahia-publications/documents/publications/2010/hrba/hrba\\_manual\\_in%20full.pdf](https://www.unfpa.org/sites/default/files/jahia-publications/documents/publications/2010/hrba/hrba_manual_in%20full.pdf)



discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. The implementation process also ensured that ***No One is Left Behind (gender and other excluded and marginalised groups)***. Further, discussions with the beneficiaries also indicated the programme to be instrumental in promoting appropriate care practices among the working mothers in the crucial first 1,000 days by improving knowledge, attitudes, and practices around maternal nutrition, EBF, complementary feeding, and appropriate initiation and duration of breastfeeding.

The women articulated that breastfeeding spaces and breaks enabled them to access safe and dignified environments, in fulfilling their care responsibilities. Similarly, the ILO-supported factory workplace policies championed for non-discrimination, and the beneficiaries noted gender-based violence or wage disparities at the workplace to have significantly reduced in prevalence.

**Secondly, in alignment with the key Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the programme was designed to protect several economic, civil and reproductive rights of the women while addressing any form of gender-based discrimination.** The first four standards of the programme recognised maternity as a social function requiring shared responsibilities, and actively advocated for the women's right to maternity protection and childcare at work. Meanwhile, the last three standards explicitly challenged discrimination faced by the working women by promoting equal opportunity, wage parity, access to entitlements and benefits, employment protection, and safe provisions at work.<sup>121</sup>

**In terms of implementation, M@W utilised gender-responsive communication and capacity building at system level to increase awareness, promote positive dialogue and create enabling environments.** Adopting a gender transformative approach (Refer to Annexure 8),<sup>122</sup> enhancing awareness and fostering positive dialogue. It adopted a transformative gender approach, initiating systemic changes within the facilities, including promotion of workplace policies, equal opportunities, pay equity, adherence to anti-discrimination policies, and support for healthcare facilities.

The programme utilised targeted communication methods, like posters, toolkits, and social media, to emphasise maternity rights and maternal health to the women, businesses, and the government. This strategy increased awareness of the workers' rights and provided reassurance about accessing these rights without risking their employment. Factory-level policies were predominantly inclusive, and anecdotal evidence from the factory management indicated fair sensitisation on rights, especially for the workers with disabilities.

Moreover, the programme influenced the factory-level culture and power dynamics by engaging with the management and the male workers, promoting understanding and sensitivity towards issues faced by female workers. It also enhanced the knowledge and capacity of the factory management to monitor and address the gender-related indicators and negative gender norms moderately. The programme meticulously applied gender-responsive processes, including sex-disaggregation of data, in planning, implementing, monitoring, and evaluating most programme documents.

<sup>121</sup> <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women>

<sup>122</sup> Gender Transformative Conceptual Framework: Adapted from [https://msh.org/wp-content/uploads/2017/11/gender\\_transformative\\_supportive\\_supervision\\_technical\\_brief.pdf](https://msh.org/wp-content/uploads/2017/11/gender_transformative_supportive_supervision_technical_brief.pdf)

**Finally, the M@W partnerships promote realisation of human rights and engage the government, civil society, and private sector to achieve their human rights and gender equality commitments.** As discussed in the previous sections (Sustainability), M@W is implemented through strong institutional partnerships with MoHFW and MoLE, ILO-BWB, BRAC, Phulki and most recently BGMEA and BKMEA, whereby, the goal of securing maternity rights and health and nutrition outcomes for the women and children is being approached in a collaborative and cost-sharing manner. With each of these system stakeholders striving to bridge different gaps in the sector, the M@W programme reflects immense potential for bringing structural change and thereby sustainable change.

Based on the characteristics of programme design and implementation, it is inferred that the programme has integrated the GEEW and HR principles in its design by acknowledging gender-specific needs and planning strategically to address these. The M@W programme was found to be **gender-responsive** and positively headed towards **gender transformation**. However, although early signs of realisation of rights and improvement in nutrition and health outcomes for the women working in the RMG sector and their children have been reported, the programme would have to proactively address some of the key gaps in community-level participation to address inequitable norms, values, structures, policy and practice, increase participation of the beneficiaries, and lead to sustained gender-transformative change.<sup>123</sup>

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<sup>123</sup> Equitable coverage has been addressed in Effectiveness EQ3



# **CHAPTER 5**

## **CONCLUSIONS**

The UNICEF-supported M@W programme demonstrates that maternal rights and child-friendly practices are not only beneficial for the employees but also have a business case in the context of the Bangladesh RMG sector. With the sector striving to maintain its competitive advantage,<sup>124</sup> balance labour costs, and transition towards more premium products, it becomes crucial to retain experienced and skilled employees, especially as automation becomes more prevalent.<sup>125</sup>

The implementation of maternal rights and child-friendly practices leads to tangible business benefits, increased employee engagement, and higher motivation through productivity gains. Retaining skilled women workers also play a pivotal role in improving productivity within the industry. These workers exhibit enhanced performance (experience lower absenteeism due to the support provided for maternity leaves and breastfeeding breaks) which enables them to be more consistent and productive in their work and at the same time not to neglect their childcare duties.

To move beyond mere compliance, the factories in the RMG sector are adopting multi-pronged strategies to retain their skilled workforce and to improve engagement with their women workers. Additionally, creating attractive workplaces for the women workers helps address talent shortages and reduces attrition rates, leading to lower HR costs associated with recruitment, selection, hiring, and training.

## 5.1. Relevance and Coherence

1. Extensive analysis of the target group's needs, and the industry's priorities informs the M@W programme design, addressing

gender disparities and providing maternal and child health services at the workplace.

2. The programme enhances the well-being of the pregnant and lactating mothers and improves productivity. The programme adapted effectively during the COVID-19 pandemic through virtual services.
3. The programme aligns with the national priorities, international regulations, and UNICEF country strategies. While it has demonstrated its success in promoting maternal rights and breastfeeding in the workplace, the model has the potential to emerge as a platform for delivering multiple other initiatives at the workplace.
4. The programme complements the government and development sector's efforts and fosters collaboration among the ministries and departments, UN bodies, and NGOs for maternal rights, child nutrition, and breastfeeding outcomes.

## 5.2. Effectiveness

1. The programme has contributed towards increasing the awareness of maternal rights, seven standards of the M@W programme, and the creation of adequate facilities for the pregnant and lactating mothers in all the participating factories. However, the use and uptake of breastfeeding spaces and child care centres need to improve.
2. Progress has been made in collaborations with the stakeholders, awareness generation amongst the pregnant and

<sup>124</sup> RMG Industry in Bangladesh: In search of Strategies for Creating and Sustaining Competitive Advantages Using Business Model Canvas. <https://ijssrm.in/index.php/ijssrm/article/download/1293/1181>

<sup>125</sup> <https://www.mckinsey.com/industries/retail/our-insights/whats-next-for-bangladeshs-garment-industry-after-a-decade-of-growth>

lactating women workers, and capacity building of the management staff at the RMG units.

3. The mother support groups are underutilised and will require more frequent meetings and refresher training. Retention of knowledge among the health providers and welfare officers needs improvement.
4. Bottlenecks exist at multiple levels. This includes unsupportive family dynamics, prevailing social norms and health issues leading to women dropping out of employment and the programme. Proactive employer attitudes have demonstrated better outcomes. The challenges at the RMG units include non-availability of dedicated funds and resources for programme operations and non-existent programme monitoring and follow-up systems.

### 5.3. Efficiency

1. Overall clear articulation and communication of roles and responsibilities, with well-defined metrics for stakeholders' performance.
2. Efficient documentation, communication, and enforcement of stakeholders' roles and tasks, with well-defined governing mechanisms and functional communication systems.
3. The programme efficiently utilises collaborative advantage, infrastructure, capacities, and systems of partners. A

cost-efficient approach, effective resource allocation, and adaptation to changing contexts highlight the programme design.

4. The positive net present value (NPV) and an IRR higher than the discount rate indicate that the programme creates value both at the programme level and for the RMG units. These insights should encourage UNICEF to move ahead with the programme/investment, as it is likely to have an impact and emerge as a profitable investment in the long run.
5. Integration of the M@W standards is achieved to some extent, but the factories need greater readiness for independent implementation. Long-term commitment and resource mobilisation from the RMG units are required for full compliance. Documentation, data collection and analysis at the factory level need to be strengthened.

### 5.4. Impact

1. The M@W programme achieved its goals by improving breastfeeding knowledge and practices, increasing awareness of maternity rights, and bridging the knowledge-implementation gap.
2. Positive health outcomes were observed through improved access to health facilities and enhanced awareness of good diets, antenatal and postnatal care.
3. The programme generated commercial advantages for factories, improving women's health, motivation,

concentration, and productivity, and contributing to reducing absenteeism. Opportunities exist to address gaps and improve inclusivity.

4. M@W enabled opportunities for other nutrition and rights-based interventions in the RMG sector, creating supportive environments and platforms for service delivery. Building on these achievements, future programmes can enhance the impact on women's well-being, rights, and empowerment.
5. Lack of focus of the programme on addressing external factors, such as social norms, private sector buy-in, economic shocks, and labour market dynamics, have limited the realisation of potential impact of the programme.

## 5.5. Sustainability

1. The M@W programme is aligned with the national laws, international regulations, and development efforts.
2. The programme design has an inherent business case, thereby ensuring sustainability.
3. The programme is focused on sustainable scale-up from the planning stage onward and has identified the natural owners. The programme has also forged partnerships for rapid expansion.
4. The model has the potential for amplifying maternity rights in other sectors that have a high proportion of women workers.

# **CHAPTER 6**

## **LESSONS LEARNT**

Lessons learnt play a vital role in shaping the effectiveness and impact of development programmes. In the context of the M@W programme, these provide valuable insights and guidance for improving the implementation and outcomes of workplace interventions aimed at promoting and supporting breastfeeding practices among the working women. This chapter focuses on the key lessons learnt from the programme, highlighting their significance in driving positive changes and informing future interventions.

- A woman's adoption of breastfeeding practices is influenced by the partner and the prevalent social norms. It is, therefore, important that workplace interventions such as M@W that focus on fostering multi-stakeholder partnerships (for ensuring realisation of maternity rights) also engage with men and other family members. Sensitisation of men on importance of breastfeeding, maternity rights and entitlements will not only accelerate adoption of breastfeeding practices. It will also improve rates of sustained breastfeeding and result in improved long-term health benefits for women and their children.
- The M@W programme has demonstrated that workplace can be a relevant space to promote, protect and support breastfeeding among working women. Additionally, it has created an enabling environment at work place that protects mothers' rights to breastfeed and provides them an opportunity to decide whether to breastfeed, and how to do it without any fear, discrimination or pressure. It therefore, respects women's agency by treating them as partners, decision-makers and rights-holders. If

breastfeeding is perceived as a constraint by mothers because it prevents them from achieving other non-maternal/economic opportunities, then programmes such as M@W have the potential to contribute to not only the social objectives such as infant nutrition, but also foster gender equity and women empowerment. All of these can contribute to equitable social outcomes.

- Continual course correction by the factory management during implementation of workplace-related interventions is critical to addressing factors that might limit coverage and potential for impact. Programme improvement requires rigorous self-assessment and reporting to identify challenges in implementation and design pathways to address challenges. A self-assessment tool that collates information related to performance of programme from single or multiple locations will enable management to assess the performance of programme and make it more comprehensive.
- The commitment of the factory management towards ensuring protection of maternity rights determines whether the intervention such as M@W will go beyond proof of compliance. Convincing the factory management and buyers on productivity gains and financial benefits is critical for enhancing their commitment in adoption of responsible/innovative business approaches.

# **CHAPTER** **RECOMMENDATIONS**

This section provides recommendations based on the findings of the evaluation (rationale) and proposed actions required to implement the recommendations. The recommendations also articulate views (on way forward), expressed by the implementing partners, government stakeholders and industry associations. The recommendations are mapped with primary user audience(s) that

will be responsible for undertaking the proposed actions within the specified timeframe and based on priority accorded. The recommendations presented below are based on the evaluators' assessment of the importance, and urgency of actions considering the conclusions presented in the previous sections.

Sl. No.		Rationale	Proposed Actions	Type <sup>126</sup>	Primary Audience	Priority	Timeframe <sup>127</sup>	Mapping with Evaluation Questions
1	Expand the scope of M@W programme, a workplace intervention model, to integrate and develop linkages for accessing other critical health, nutrition and ECCD services	The programme had demonstrated its effectiveness in efficiently delivering on improving awareness on maternal rights and exclusive breastfeeding at the workplace. Expanding the M@W programme to integrate critical health, nutrition, and ECCD services ensures a holistic support system for working parents, particularly women workers. The model paves way for bundling other innovations and services on the same platform. This move addresses diverse needs and optimises resource utilisation, promoting overall well-being and development.	<ul style="list-style-type: none"> <li>Enhance engagement with MoHFW to 1) leverage the network of last mile health workers at the childcare facility and BF, 2) developing an innovative bundle of health services for the healthcare facility at the factory. Additionally, develop a service package for the workers (workplace interventions).</li> <li>UNICEF to lead the advocacy with MoHFW to explore this as an innovative service delivery platform.</li> </ul>	Strategic	UNICEF and MoHFW	High	Short to medium term	EQs: 1.2, 2.2, 4.5, 5.3, 6.1, 6.3, 6.4

<sup>126</sup> Type – Strategic is colour coded as green and Operational is colour coded as blue

<sup>127</sup> Timeframe definitions: short term refers to up to one year; medium term refers to one-two years; long term refers to two-five years' timeframe.



Sl. No.		Rationale	Proposed Actions	Type <sup>126</sup>	Primary Audience	Priority	Timeframe <sup>127</sup>	Mapping with Evaluation Questions
2	Establish standard package of practices for the services offered and quality at the child care facility (CCF) at the factory and support 1) accreditation of the CCF at the factory, and 2) integrating with the complementary government programmes.	Beneficiary feedback indicate low utilisation of the CCF due to poor infrastructure and low quality of the service delivery.	<ul style="list-style-type: none"> <li>Standardise the services available in the CCF.</li> <li>Offer age-appropriate services to support the mothers with children between 2 months – 12 months.</li> <li>Explore and integrate complementary services and connect with the existing government programme and initiatives.</li> <li>Explore accreditation options for consistency and quality of services.</li> </ul>	Strategic	UNICEF and MoHFW	Medium	Short to medium term	EQs: 1.2, 2.4, 3.2, 3.4, 3.5, 4.5, 6.1, 6.2, 6.3, 6.4
3	Expand the coverage of M@W by (i) other factories/smaller units (including Tier-2 and Tier-3 factories); (ii) replicating it across other sectors (such as leather, agro processing, etc, that have higher female work participation.	M@W has demonstrated business case for investments by the private sector.	<ul style="list-style-type: none"> <li>Advocacy with the GoB for integrating M@W with its existing programmes.</li> <li>Technical assistance to BGMEA and BKMEA in rolling M@W to other factories/smaller units.</li> <li>BGMEA and BKMEA can support advocacy with other industry associations for replication.</li> <li>Technical assistance to representatives of industry associations from other sectors.</li> </ul>	Strategic	UNICEF, MoHFW, MoLE, BGMEA and BKMEA	High	Short to medium term	EQs: 4.4, 4.5, 4.6, 5.4, 5.5, 6.2, 6.3, 6.4

Sl. No.		Rationale	Proposed Actions	Type <sup>126</sup>	Primary Audience	Priority	Timeframe <sup>127</sup>	Mapping with Evaluation Questions
4	Establish and conduct significant capacity development activities of the RMG functionaries on monitoring, evaluation, and feedback, learning (MEFL) for the M@W programme.	Currently, there exists no system to gather and analyse programme data. There needs to be a system in place for evidence-based review of programme performance. From a sustainability lens, the onus to collate and analyse the programme evidence should be with a functionary at the factory. The cost benefit analysis also indicates that about 25 per cent of UNICEF expenses is attributed to maintaining the advisors. UNICEF may look at adding the MEL function to the JD of the advisors.	<ul style="list-style-type: none"> <li>• Development of a MEL framework and integrated database to track performance at the factory level.</li> <li>• Develop a standardised singular tracking template for the individual factories for the M@W services</li> <li>• Capture indicators, such as productivity, retention, and uptake of services, at the factory level</li> <li>• Review and feedback mechanism through quarterly reports, self-assessment forms, etc.</li> <li>• Build capacities of the welfare officers in the RMG units on managing programme MEL and database</li> <li>• Explore the potential to add the role of MEL in the JD of supervisors</li> <li>• Knowledge dissemination/ advocacy with the buyers, factories, etc.</li> </ul>	Operational	UNICEF	High	Short to medium term	EQs: 2.1, 2.3, 3.5, 3.7, 6.2

Sl. No.		Rationale	Proposed Actions	Type <sup>126</sup>	Primary Audience	Priority	Timeframe <sup>127</sup>	Mapping with Evaluation Questions
5	Take a stewardship role in championing the M@W programme across other sectors of the economy.	The programme has demonstrated its effectiveness and a business case in the context of RMG. The same benefits should now be extended to the women workers across other sector of the economy as well. Also, this provides UNICEF to really steward a national-level initiative with the private sector across multiple industries/ sectors.	<ul style="list-style-type: none"> <li>Document and disseminate a public-private workplace programme amongst the stakeholders.</li> <li>Develop a comprehensive workplace capacity development approach for the M@W programme across sectors.</li> <li>Conduct sector-specific need assessments and gender analysis.</li> <li>Develop customised action plans.</li> </ul>	Operational	UNICEF	High	Short to medium term	EQ: 2.2, 2.3, 6.3, 3.2, 3.3, 3.4, 3.5, 3.7, 4.4, 4.5
6	Explore strengthening linkages with community-based CCF service models and providers. This includes exploring opportunities between RMG factories and community-based service providers for subscription-based childcare models.	The benefits are now restricted on the factory premises. The factory and the community both stands to gain, if the initiatives are taken beyond the walls of the factories. The communities' benefits from health gains. The RMGs build significant goodwill and brand equity by engaging with the community and the informal sector supporting the RMG through CSR activities.	<ul style="list-style-type: none"> <li>Identify community-based platforms that offer childcare, and healthcare services.</li> <li>Develop and experiment pilot models at community level.</li> <li>Create avenues for knowledge dissemination/ cross-learning among the community-based platforms.</li> <li>Explore options to leverage CSR funds for community-focussed initiatives.</li> </ul>	Strategic	UNICEF, BGMEA and BKMEA	High	Short to medium term	EQs: 1.1, 2.1, 2.4, 3.2, 5.4, 5.5, 3.3, 3.4, 6.2

## **ANNEXES**

### **ANNEXURE 1: TERMS OF REFERENCE**

Provided separately as an attachment.

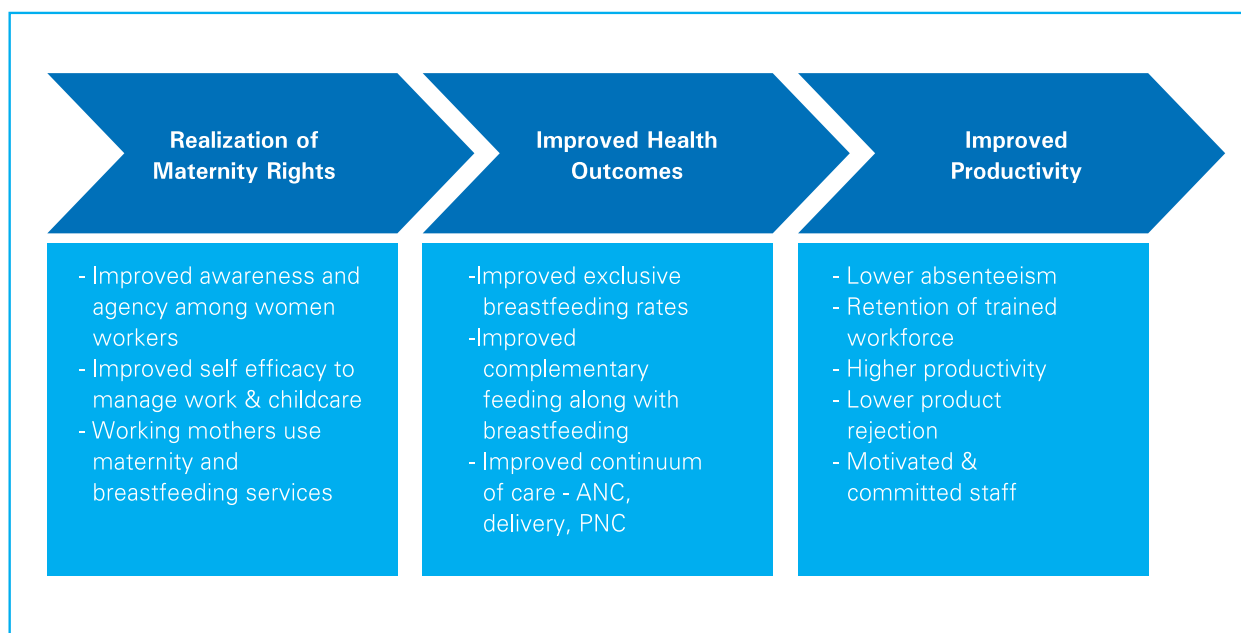
## ANNEXURE 2: M@W PROGRAMME DETAILS

M@W is a model for an **employer-supported child care**, an alternative to community-based service delivery, where the factories provide an enabling environment to the mothers to continue with essential practices such as breastfeeding, provide child care support through creches, breastfeeding spaces and flexibility to the working mothers. The objective is to address the gender employment gap by reducing the

likelihood of mothers dropping out of the workforce and increasing their likelihood of earning a formal wage.

It also supports the employers to achieve better business outcomes, including lower absenteeism and turnover and higher productivity.<sup>128</sup> Redressal of the workers' needs and rights will lead to improved productivity, prevention of annual loss from rejected goods, and retention of skilled workforce; thus, benefitting the workers and the businesses at the same time.<sup>129</sup>

**Figure 29: Envisaged outcomes and impact of the M@W intervention**



In partnership with ILO-Better Work Bangladesh (and its associated factories), Bangladesh Rural Advancement Committee (BRAC) and Phulki, the programme is currently being implemented in the RMG sector of Bangladesh. While the focus of the programme remains on the RMG and the formal sectors, the scope of expanding M@W to other sectors (such as tea, which also

employs a high proportion of women workers) with learnings from the RMG sector, is under consideration.

**The Key M@W Interventions:** Some of the key interventions under the M@W programme that were rolled out in each factory included:

<sup>128</sup> Ibid

<sup>129</sup> Briefing paper by UNICEF Bangladesh (7 October, 2020): Session on creating a common understanding - Country Office FFP models and experience.

✓ **Orient company's senior management or owner on the seven minimum standards and resources required to implement the programme:**

An in-depth orientation meeting was held with the factory personnel including their senior management and operations staff to introduce the seven standards of maternity rights, provide a roadmap to establish the M@W standards within the factory and the support provided by UNICEF and the implementation partners, and also provide an overview of the benefits and business perspective to establishing the M@W programme.

✓ **Support the RMG factories to develop a workplace policy to upholding exclusive breastfeeding, especially among the working mothers:**

UNICEF, BRAC and Phulki provide technical guidance and handholding support to factories for develop workplace policies for establishing the seven minimum standards. Training sessions are conducted by BRAC and Phulki with the company's human resource officials, day-care providers and social welfare officers to operationalise the standards in the factories.

✓ **Support the company to establish and maintain breastfeeding space:**

The factories are supported by the implementation agencies to establish breastfeeding and child care spaces as per the recommended norms ensuring

compliance to the norms. UNICEF also supplies various leaflets, posters and logistics to build a breastfeeding supporting space in factory. Liaising and working with NGOs/organisations to further develop capacity for upholding practices, is also part of the intervention.

✓ **Capacity building of the company's staff including HR manager/officer, health workers and social welfare officers:**

Orientation session and multiple training sessions are arranged by UNICEF and the implementation agencies, with HR officials, social welfare officers and day-care providers. The training sessions include the introduction of services, such as establishment of breastfeeding space/ corner, establishment of breastfeeding supportive workplace environment by ensuring two breastfeeding breaks, child care centre establishment, providing paid maternity leave, cash and medical benefits, employment protection, non-discrimination, and health protection.

✓ **Establish mothers' support group among the employees, mentored by experienced working mothers:**

The social welfare officers of factories convene the pregnant women and lactating working women every month, where a factory appointed physician/ medical professional counsel them on importance of EBF, breastmilk and problems of breastfeeding. In these sessions, an experienced lactating mother

describes her experience regarding pregnancy to others and help and guide the new pregnant working women on steps to be taken post-delivery. Each factory is required to have a mothers' support group to help them receive support and guidance.

✓ **Monitor and track the implementation of the seven minimum standards:**

Apart from the orientation and training sessions conducted with senior managers and factory staff, a mechanism for handholding and supportive supervision has been established to support factories to adopt and adhere to the recommended seven standards. The implementation partners' plan develops a calendar of regular (monthly) visits to the factory to review the progress. Further, ILO has also conducted a social compliance assessment in each factory every year, which includes a factory tour to check if the factory has a functional child care facility, breastfeeding area, other M@W provisions, such as breastfeeding breaks, etc., according to law/standard.

✓ **Integrating the ECCD interventions under standard of child care provision:**

Child care facilities will be provided in all private organisations with more than 40 women employees of reproductive age. While this component was not a specific intervention at the initial stage of M@W, training of day-care staff, provision of meals and increasing access

to play and learning materials in these centres are now part of this intervention. No breastmilk substitute is provided for children in the child care and the M@W programme enables mothers to ensure that young children can continue breastfeeding. The provision of child care provides an opportunity for early childhood care and development, following the ECCD nurturing care framework and operationalising the Child Daycare Act 2022.

✓ **Knowledge management, communications and PR for advocacy:**

**The M@W Toolkit:** Further, to support the RMG factories to implement the M@W programme, a toolkit/package has been designed that provides guidance on the step-by-step for rolling out of the programme and implementing the seven minimum standards. The toolkit includes resource guide, capacity building materials, communication materials, and example of templates and forms required to implement M@W.

**Programme Implementation Process**

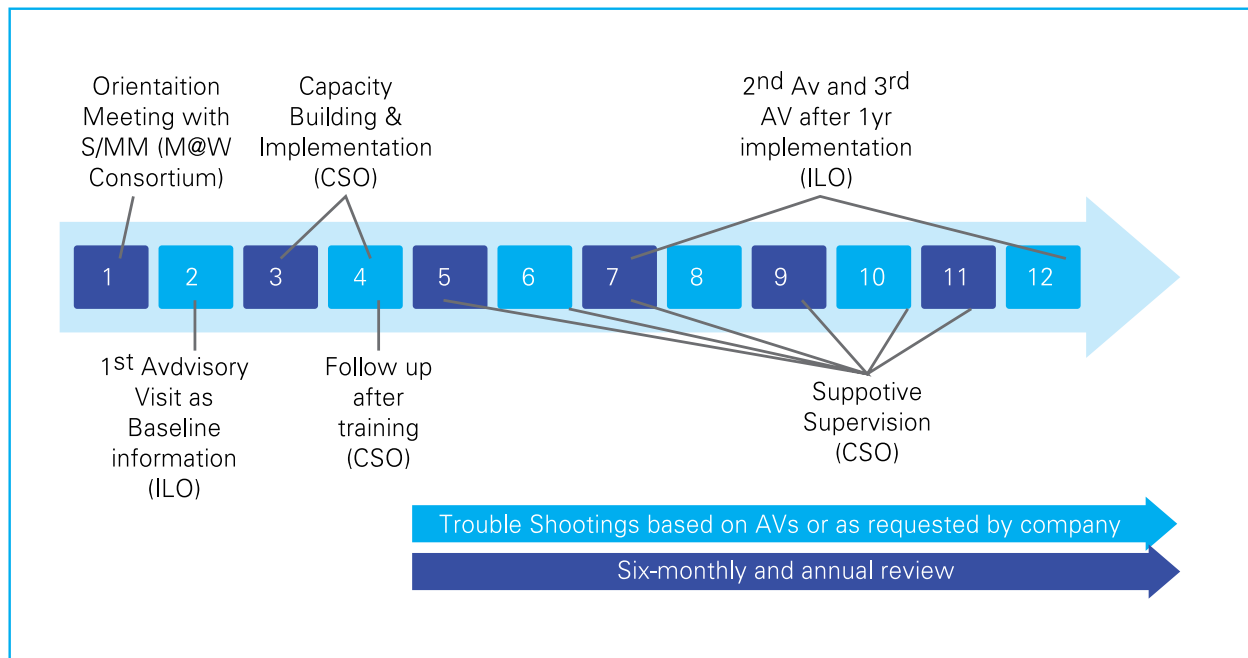
Since its launch in 2017, the programme has expanded from being piloted in five RMG factories of DBL Group and VISION Apparels to being implemented in 113 RMG factories across the country- supported by ILO's Better Work Bangladesh (ILO-BWB)<sup>130</sup>, BRAC and Phulki. Further the government ministries and agencies, such as MoLE and Directorate of Inspection of Factories and Establishments (DIFE), also provide guidance with respect to monitoring and compliance of the initiative.

<sup>130</sup> [https://www.ilo.org/dhaka/Whatwedo/Projects/WCMS\\_402978/lang-en/index.htm](https://www.ilo.org/dhaka/Whatwedo/Projects/WCMS_402978/lang-en/index.htm)

Once a factory has signed up for the M@W programme, the activities are rolled-out over a 12-month period. These include the suits of

activities and interventions mentioned in Section 2.3. The roll-out of factory level activities is illustrated in Figure 7.

**Figure 30: Roll-out of the M@W intervention over a one-year timeframe**



Factories are supported for one year to develop their capacity for implementing and monitoring the M@W programme on their own. Supportive supervision and mentoring provided during the implementation period including training, visits to day-care centres, and advisory support to working mothers and day-care providers. One SS is undertaken per month per factory using a

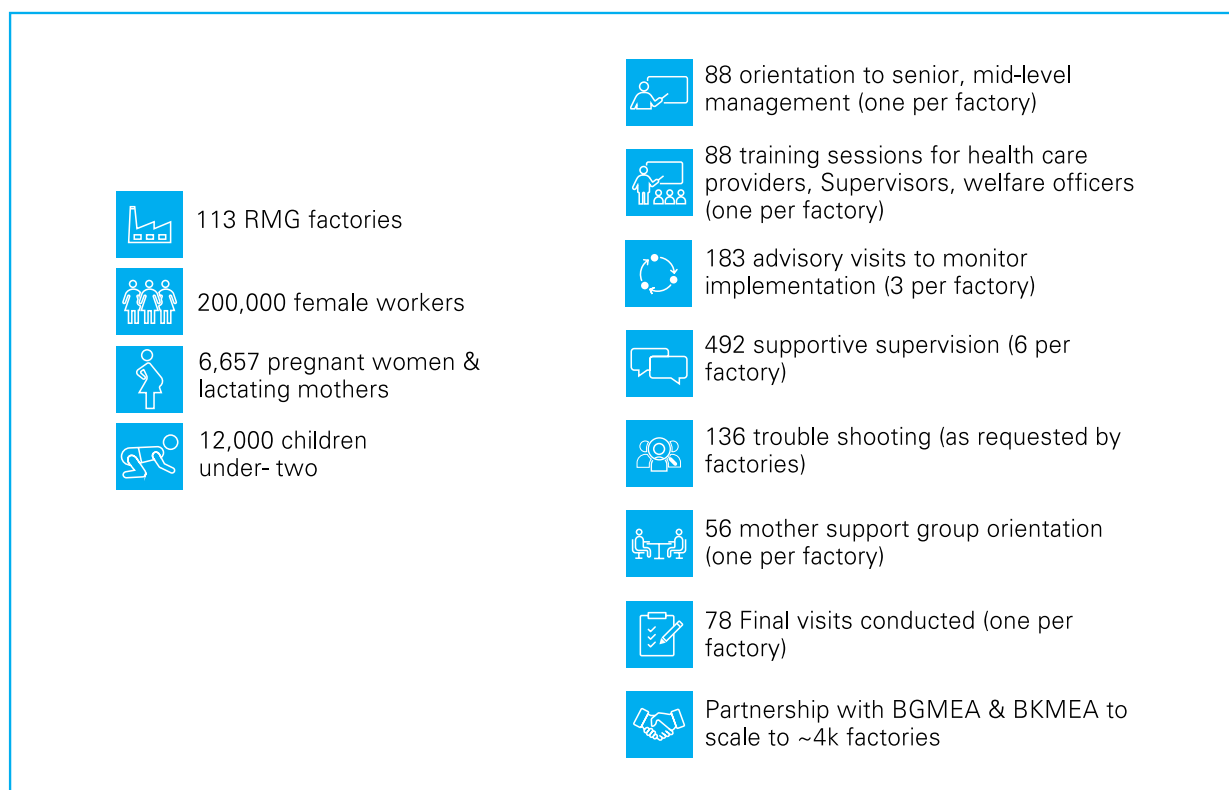
“checklist”. Subsequently refresher training is provided in line with the gaps observed.

### Progress till date

The infographic below provides a snapshot of the progress made since 2017, as per latest available data.<sup>131</sup>

<sup>131</sup> MOTHERS@WORK Overview pptx, March 2022



**Figure 31: Snapshot of coverage and progress made under the M@W programme**

## The Key Partners and Stakeholders

Figure 9 provides an overview of the key partners and their roles. Key highlights of the collaborations and partnership under M@W is detailed below:

- MoHFW and MoLE:** The Government of Bangladesh, MoHFW and MoLE have provided institutional guidance to UNICEF in designing the programme. UNICEF is also collaborating with MoLE and DIFE to integrate the M@W programme indicators in the checklist used by the labour inspectors from DIFE. Further in September 2021, 30 labour inspectors from DIFE were oriented on M@W.
- ILO:** ILO is a strategic partner of UNICEF in designing and implementing the M@W package within the RMG sector. In

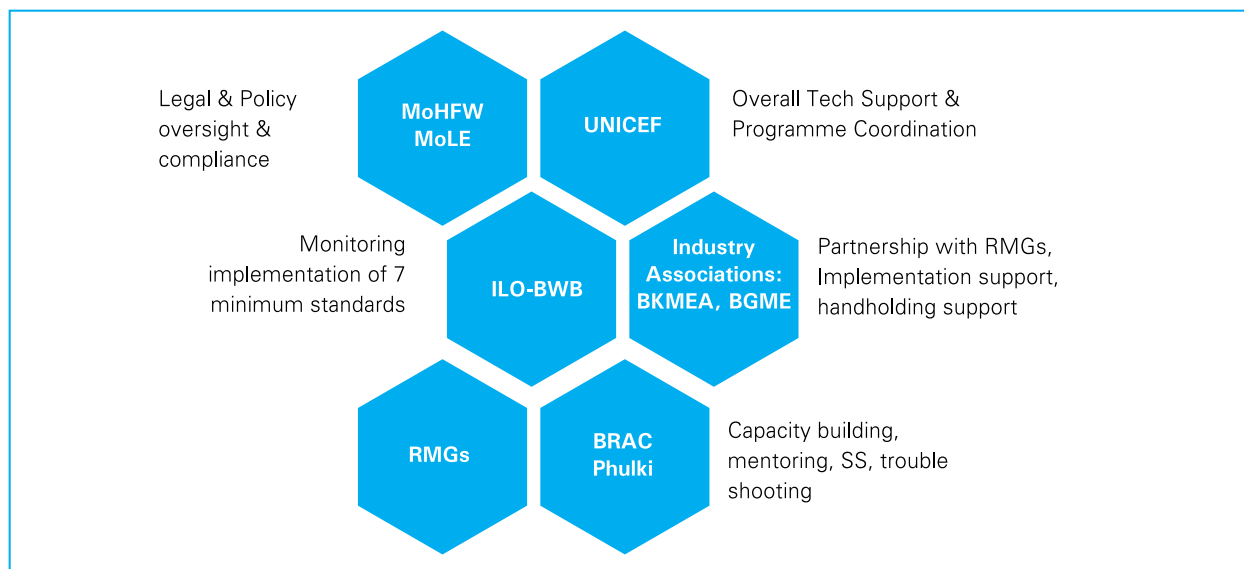
collaboration with ILO-BWB, the M@W programme operates in 103 BW factories. ILO has supported all the 103 factories to adopt and commit to the seven minimum standards, which include maternity rights and breastfeeding protection. ILO enterprise advisors are responsible for monitoring activities through regular follow-up visits - five visits in total in a year including advisory visits to each factory. Final visits completed in 78 factories out of 103. For the remaining 25 factories, ILO has completed first visits and follow-up visits.

- BRAC and Phulki.** The capacity building is provided by BRAC and Phulki. These agencies are responsible for technical support to the RMGs, including two-day capacity building training, which

includes orientation and training for mid-management, senior management, HR, and mothers' support group orientation. BRAC also provides troubleshooting in case the factories are facing any problems in implementing the programme. Having previously supported UNICEF for improving breastfeeding and related practices, BRAC joined as a capacity-building partner. BRAC and Phulki have a similar mandate although the latter's engagement is limited to 10 factories.

- BRAC provided intense handholding support in the pilot phase; consistent interactions with the mothers, factory workers as well as management.
  - First scale-up to 80 factories, BRAC's focus shifted to management and building of internal capacity of factories.
  - During COVID-19, training and orientation were continued online.
- **Partnership with Industry Associations:**  
UNICEF has partnered with BGMEA and BKMEA in October 2022. These associations are interested in long-term sustainability of the sector and looking to build resilience in climate smart issues, labour rights, and ethical business practices and to support negotiations with the government, traders, buyers, etc. The partnerships will expand the reach of M@W among the bigger players in the RMG sector, like BGMEA and BKMEA.
  - Master trainers: UNICEF and BRAC will build capacity of BGMEA/BKMEA on the M@W standards implementation by developing a pool of trainers. The trainers will undertake advocacy work and train RMG stakeholders at the factory level. These master trainers will also encourage factories to maintain/raise resources for implementation of standards.

**Figure 32: Snapshot of the M@W partners**



## ANNEXURE 3: Evaluation Matrix

Evaluation Question	Source(s) of Data	Methodology	Proposed Benchmarks or Indicators	Evaluability Assessment <sup>132</sup>
<b>Evaluation Criteria: Relevance</b> <b>1. Assess the relevance of this programme to the country's and the primary stakeholders' priorities and context, including a gender-transformative and a human rights lens.</b>				
EQ1.1: Were the planned activities informed by discussions/rigorous consultations, secondary assessments and/or analyses (including gender analysis, an inquiry into the needs, prevalence practices, and compliance with existing laws/acts) as well as logical, relevant, and strategically optimal for various stakeholders' needs (including women workers and RMG factory owners)?	<p>Programme documents (proposal, results framework, baseline and endline assessment reports of five pilot factories, communication materials, findings from advisory visits of the enrolled factories)</p> <p>The government plans and strategies (such as the National Nutrition Services (NNS) Operational Plan, 2nd National Plan of Action for Nutrition 2016-2025, 8th Five Year Plan (2021-2025), UNSDCF for Bangladesh 2022-2026,</p> <p>UNICEF Country Programme Document 2022-2026, and Nutrition Section Programme Strategy Note (PSN) 2022-2026).</p>	<p>Desk review of the programme documents, government plans and documents</p> <p>KIIs with representatives from NNS, MoLE, ILO, BetterWork Bangladesh, BRAC, Phulki, mother support group leads and UNICEF programme staff</p> <p>IDIs with staff at enrolled RMG factories (factory owner, HR) to investigate perceptions about women workers, productivity, etc.</p> <p>IDIs and group discussions with pregnant/lactating mothers and men on child care responsibilities.</p>	<ul style="list-style-type: none"> <li>• <i>M@W strategies use and reference global/ national targets and indicators</i></li> <li>• <i>High impact areas have been selected including gender-specific needs of the target population identified are reflected in the design and implementation plan of the programme</i></li> <li>• <i>Intervention with high feasibility of success have been selected (coverage<sup>133</sup> of the programme and alignment of programme components, especially among the most marginalised groups)</i></li> <li>• <i>Programme results framework and ToC promote the GoB's labour and maternity policies</i></li> <li>• <i>Complementarity/uniqueness and overlaps of programme design and activities with similar initiatives undertaken by the other partners</i></li> </ul>	High

<sup>132</sup>Evaluability Assessment refers to extent an indicator/criterion can be evaluated and reported. For the current matrix this has been scored on Low-Med-High

<sup>133</sup>Reach and coverage disaggregated across demographic, location, social and economic context of the programme

Evaluation Question	Source(s) of Data	Methodology	Proposed Benchmarks or Indicators	Evaluability Assessment <sup>132</sup>
<p>EQ1.2: Have the programme's results remained valid and relevant regarding beneficiary needs and the government/partner priorities during the life of the programme?</p> <p>EQ1.2.1: Have the intended beneficiaries changed through the course of the programme, for example, apart from mothers', are the programme also looking at broader gender issues, such as GBW, child rights?</p>	<p>Quarterly review meeting reports</p> <p>Programme documents and reports</p>	<p>KIIs with representatives from NNS, MoLE, ILO, Better Work Bangladesh, BRAC, Phulki, mother support group leads</p> <p>IDIs with enrolled RMG factories</p> <p>FGD with workers</p>	<ul style="list-style-type: none"> <li>• <i>Gaps do/don't exist in the results chain logic</i></li> <li>• <i>Status of implementation of seven standards across RMGs</i></li> <li>• <i>Stakeholders/beneficiaries feel that progress has been optimised</i></li> </ul>	High
EQ1.3: How has the programme adapted to the shocks experienced since the programme began (natural disasters, COVID-19, any global crisis affecting the industry, etc.), including help to reduce the impact of these on pregnant and lactating women?	<p>March-June 2020: COVID-19 closure-related documentation</p> <p>July-December 2020: COVID-19 responses</p> <p>Quarterly review meeting reports</p> <p>Programme documents and reports</p>	<p>KIIs with representatives from NNS, MOLE, ILO, Better Work Bangladesh, BRAC, Phulki, mother support group leads and UNICEF programme staff</p> <p>IDIs and group discussions with factory workers</p> <p>Develop a rubric framework to systematically analyse data (quantitative as well as qualitative) against indicators identified</p>	<ul style="list-style-type: none"> <li>• <i>Status of employment of RMG workers.</i></li> <li>• <i>COVID relief provided by factories and uptake among factory workers.</i></li> <li>• <i>Perceptions of workers on support provided by RMGs during COVID.</i></li> </ul>	High

Evaluation Question	Source(s) of Data	Methodology	Proposed Benchmarks or Indicators	Evaluability Assessment <sup>132</sup>
<b>Evaluation Criteria: Coherence</b> <b>1. Assess the coherence of this programme to the country's and the primary stakeholders' priorities and context, including a gender-transformative and a human rights lens.</b>				
<p>EQ2.1: Do the main programme activities/ components contribute to the main outputs and outcomes of the programme and logically interlink and align with the reconstructed theory of change and results framework?</p> <p>EQ2.2: Understand and review the similar programme seeking to strengthen mother and child rights within the RMG sector in Bangladesh (scope, penetration, coverage).</p>	<p>Programme documents (proposal, results framework, baseline and endline assessment reports of five pilot factories, communication materials, findings from advisory visits of the enrolled factories)</p> <p>Representatives from UNICEF, NNS, MoLE, ILO, Better Work Bangladesh, BRAC, Phulki</p> <p>Staff at enrolled RMG factories</p>	<p>Validation of programme assumptions and pathways through the reconstructed ToC, based on evaluation data</p>	<ul style="list-style-type: none"> <li>• Number of RMGs has management policies and practices to ensure maternity rights for their workforce.</li> <li>• Percentage factories have mechanisms/ systems in place to ensure continuity of programme beyond UNICEF's/M@W support.</li> <li>• Industry associations promote maternity rights as a best practice among its members.</li> <li>• UNICEF/implementation partners have contributed to transferring skills, tools, processes knowledge to others.</li> </ul>	<p>High</p>

Evaluation Question	Source(s) of Data	Methodology	Proposed Benchmarks or Indicators	Evaluability Assessment <sup>132</sup>
<p>EQ:2.3 To what extent the strategy and intervention of M@W are aligned with priorities outlined in National Nutrition Services Operational Plan and 2nd National Plan of Action for Nutrition 2016-2025, <i>Bangladesh Labour Law 2006*</i> as well as 8th Five Year Plan (2021-2025) and UN planning and results frameworks (UNSDCF, CPD) at country level?</p> <p>EQ2.4: To what extent are the M@W components consistent is the programme with UNICEF's global and regional strategies on family-friendly policies? Identify specific gaps. What changes are recommended for the programme to be in alignment with these national and international initiatives and frameworks, especially in the context that currently the programme is being guided by the MoLE while at programme inception MoHFW was leading it?</p>	<p>The government plans and strategies- National Nutrition Services (NNS) Operational Plan, 2nd National Plan of Action for Nutrition 2016-2025, 8th Five Year Plan (2021-2025),</p> <p>UNSDCF for Bangladesh 2022-2026, UNICEF Country Programme Document 2022-2026, and Nutrition Section Programme Strategy Note (PSN) 2022-2026</p> <p>UNICEF family-friendly policy documents and briefs</p> <p>UNICEF children's rights and business principles</p>	<p>Desk review of the government policy documents and UNICEF strategy documents</p> <p>KIIs with representatives from NNS, MoLE, ILO, Better Work</p> <p>KIIs with UNICEF programme staff specifically gender expert</p>	<ul style="list-style-type: none"> <li>• The M@W strategies use and reference global/national targets and indicators- consistency between M@W programme's outputs with goals and objectives of the GoB and UNICEF plans and frameworks.</li> <li>• High impact areas have been selected w.r.t maternity rights from different stakeholders – the govt., ILO, UNICEF etc.</li> <li>• Recommendations towards strengthening the uptake and adherence to the M@W services, improve coverage of services and adherence by mothers of recommended breastfeeding practices.</li> <li>• Performance on indicators under Output-1 Results Framework M@W 2022-23</li> </ul>	High
<p><b>Evaluation Criteria: Effectiveness</b></p> <p><b>1. Assess the effectiveness of the programme from the perspective of both the beneficiaries and the RMG sector, including women's perception of and response to the standards.</b></p>				

Evaluation Question	Source(s) of Data	Methodology	Proposed Benchmarks or Indicators	Evaluability Assessment <sup>132</sup>
<p>EQ3.1: How effectively have the standards and programme interventions been implemented?</p> <p>EQ3.2: Were there any obstacles/bottlenecks/issues on any stakeholders' side that limited the successful implementation and results achievement of the programme?</p>	<p>AV/Monitoring report</p> <p>Supportive supervision report, monthly programme report</p> <p>Training report</p> <p>In-depth interviews with the factory owners, management and HR</p> <p>Quantitative survey data</p>	<p>Secondary review of literature</p> <p>In-depth interviews and key informant interviews</p> <p>Quantitative data analysis-</p> <p>Develop a rubric to analyse available data for each indicator.</p>	<ul style="list-style-type: none"> <li>• Performance on Indicators under Output-1 &amp; 2 Results Framework 2022-23</li> <li>• Performance on CBA</li> <li>• Recommendations on strengthening M@W- (a) implementing the seven minimum standards, (b) forming mothers' groups, (c) training of RMG stakeholders</li> <li>• Trends on the coverage of M@W at the factory level; uptake of services among the working women</li> </ul>	High
<p>EQ3.3: How effectively have the expected results been achieved, and to what level of quality? (analysed by expected results and outputs), considering demographic differences in effectiveness – length of employment, age, first pregnancy, economic stability, existence of support system at home/work, etc.</p> <p>EQ3.4: What, if any, alternative strategies would have been more effective in achieving its objectives?</p>	<p>Workers, HR and management</p> <p>The pregnant and lactating mothers working in the sampled factories</p> <p>The representatives of mothers' groups</p>	<p>Quantitative survey and in-depth Interviews</p> <p>Observation checklist</p> <p>Triangulation of qualitative data/perspectives – UNICEF, PLW, their male and female counterparts, RMG sector management.</p> <p>Develop a rubric to analyse available data for each indicator.</p>	<ul style="list-style-type: none"> <li>• Performance on indicators under Output-1 &amp; 2 Results Framework 2022-23</li> <li>• Knowledge:</li> <li>• % of workers (PW &amp; LM) aware of facilities and benefits available to them</li> <li>• Practices:</li> <li>• % of workers (PW &amp; LM) avail facilities and benefits available to them</li> <li>• Barrier analysis indicators - Recommendations to address challenges faced by the workers (PW &amp; LM) in accessing relevant health services and benefits</li> </ul>	High

Evaluation Question	Source(s) of Data	Methodology	Proposed Benchmarks or Indicators	Evaluability Assessment <sup>132</sup>
<p>EQ3.5: What are the RMG sectors' and the beneficiaries' views on standards? Is the programme implemented in a way to regularly collect these views and adapt the programme to meet them?</p> <p>EQ3.6: Are the pregnant women and lactating mothers using the interventions and protections availed through the implementation of the standards?</p>	<p>The pregnant and lactating mothers working in the targeted RMG factories</p> <p>The mother support group leads</p> <p>The owners, management and HR team members</p>	<p>Quantitative survey and IDIs</p> <p>Review of available secondary literature on lessons learnt and examples from the bonded and forced labour work in other countries in the region on innovative approaches from workers to management<sup>134</sup></p> <p>Develop a rubric to analyse available data for each indicator.</p>	<ul style="list-style-type: none"> <li>• % of the workers (PW &amp; LM) accessing relevant services and benefits</li> <li>• The partners/stakeholders report favourable views on the standards and the manner in which these are implemented</li> <li>• Monitoring mechanisms set in place to collect access data and feedback on the services and benefits offered</li> </ul>	High
<p>EQ3.7: Were the implementation and monitoring strategies for the standards appropriate, on track, and effective to achieve the planned protections and impact?</p>	<p>Monthly programme reports (joint monitoring and programme review report)</p> <p>Quarterly review meeting report</p> <p>Case study documents</p> <p>MoLE, ILO and Better Work</p>	<p>Secondary literature review and KIIs</p>	<ul style="list-style-type: none"> <li>• The partners' report/adhere to the M@W MEL protocols</li> <li>• Monitoring and review mechanisms developed (sufficiency and relevance of information collected, frequency of data collection, quality of data, capacity building of stakeholders, analysis of data and presentation of insights for actions)</li> </ul>	High
<p><b>Evaluation Criteria: Efficiency</b></p> <p><b>1. Assess the quality and fidelity of implementation of the programme's seven standards, including an analysis of compliance monitoring.</b></p> <p><b>2. Assess the efficiency of the programme, including the development of a costing analysis based on the stakeholders' needs</b></p>				

<sup>134</sup> Evaluation team to review literature on "worker voice" such as - (Issara Institute, Aspen Institute, etc) for ideas.



Evaluation Question	Source(s) of Data	Methodology	Proposed Benchmarks or Indicators	Evaluability Assessment <sup>132</sup>
<p>EQ4.1: Was there a clear distribution of roles and responsibilities of the key actors involved, including for programme governance mechanisms, and compliance monitoring, towards the achievement of results?</p> <p>EQ4.2: What are the metrics of performance for each of the key stakeholders? Have these been articulated clearly and substantively?</p> <p>EQ4.3: Are the right set of indicators being tracked based on the theory of change that is constructed?</p> <p>EQ4.4: How have the seven M@W standards enabled the RMG factories in implementing the existing policy guidance to enhance maternity protection and breastfeeding support in the workplace? Do the RMGs perceive they can continue to offer the standards beyond the handholding provided by the programme?</p>	<p>The representatives from UNICEF, NNS, MoLE, ILO, Better Work Bangladesh, BRAC, Phulki</p> <p>The staff at the enrolled RMG factories</p> <p>Monitoring reports</p> <p>Inspection visits by Department of Inspection for Factories and Establishments</p>	<p>Desk review of programme documents, monitoring reports, etc.</p> <p>KIIs with the representatives from MoLE, ILO, Better Work Bangladesh, BRAC, Phulki, and UNICEF programme staff</p> <p>Develop benchmark for assessing 'high', 'medium', 'low' for analysing the data.</p> <p>Develop a rubric framework to systematically analyse data (quantitative as well as qualitative) against the indicators identified.</p>	<ul style="list-style-type: none"> <li>• <i>The partner factories meet the seven standards completely and comprehensively.</i></li> <li>• <i>Results can be replicated in other RMGs.</i></li> <li>• <i>The stakeholders do not raise concern over the results</i></li> <li>• <i>KPIs align with the defined roles and responsibilities</i></li> <li>• <i>Could the partnership have achieved comparable results without UNICEF support?</i></li> <li>• <i>Performance on indicators under Output-1, 2, 3 Results Framework M@W 2022-23</i></li> <li>• <i>Performance on CBA indicators is comparable with results of relevant interventions</i></li> </ul>	<p>High</p>

Evaluation Question	Source(s) of Data	Methodology	Proposed Benchmarks or Indicators	Evaluability Assessment <sup>132</sup>
EQ4.5: To what extent has UNICEF made good use of the human, financial and technical resources, and made appropriate use of tools (programme and financial management) and approaches to pursue the achievement of programme results in a cost-effective way?	Programme documents (enrolment seminar report, orientation report, training reports, AV/monitoring report) Yearly budget documents Annual and semi-annual plans and reports	Desk review of programme documents, monitoring reports and financial documents  IDIs with staff of the enrolled RMG factories (factory owner, HR)  Develop a rubric to analyse available data for each indicator.	<ul style="list-style-type: none"> <li>• <i>Additional funding/resource allocation mobilised by the partnership.</i></li> <li>• <i>Activities conducted as per results framework.</i></li> <li>• <i>Coverage, reach and fidelity of planned activities.</i></li> </ul>	Medium
EQ4.6: What is the <b>perceived cost-benefit</b> of the beneficiary outcomes/ impact and inputs vs. the implementation and monitoring of the standards?	Quantitative data Programme proposal and budget Implementation plan, annual and semi-annual plans; monitoring data	<p>Estimation of costs (investment by the RMGs, TA cost by UNICEF, indirect costs)</p> <p>Estimation of benefits (cost of attrition averted, cost per unit increase in attendance, cost saved on defective products, reduction in absenteeism, etc.)</p> <p>Perceptions of costs and benefits among the RMGs, UNICEF and other stakeholders, such as ILO</p> <p>Triangulation of data from primary as well as secondary sources</p>	<ul style="list-style-type: none"> <li>• <i>Performance on CBA indicators is comparable with results of relevant interventions.</i></li> <li>• <i>CBA indicators developed by UNICEF</i></li> </ul>	High
<b>Evaluation Criteria: Impact</b> <b>1. Identify the impact of the programme on the beneficiaries as well as unintended positive or negative outcomes, identifying the enabling factors and opportunities</b>				

Evaluation Question	Source(s) of Data	Methodology	Proposed Benchmarks or Indicators	Evaluability Assessment <sup>132</sup>
EQ5.1: What has been the impact of the programme, from the beneficiary perspective: 1) higher rates of exclusive breastfeeding until six months, improved maternal nutrition, and improved maternal rights protection; and from the sector's perspective: 2) decreased absenteeism, increased retention of the women workers, and increased/maintained productivity during pregnancy and after birth? Consider any differences in geographic location, ethnicity or age of the beneficiaries, etc.	Attendance records of factories Factory payroll/employee records The workers (PW & LM) in the sampled factories	Secondary literature review and quantitative survey  Develop a rubric to analyse available data for each indicator.	<ul style="list-style-type: none"> <li>• Increase in proportion only breastfed till six months of age- exclusive breastfeeding rate (EBR) [Including average duration for exclusive and any breastfeeding (ever breastfed – EvBF)]</li> <li>• Mixed milk feeding under six months</li> <li>• Performance on CBA</li> <li>• Increased retention of female workers</li> </ul>	High
EQ5.2: What evidence shows the achievement of outcomes? Consider direct and indirect contributions and positive and negative intended and unintended outcomes.  EQ5.3: To what extent has the programme enabled opportunities for other nutrition or rights-based interventions within the M@W factories?	Reconstructed theory of change  Programme design document  Implementation plan  The workers (PW & LM) in the sampled factories  Secondary literature	Desk review specifically to capture model building and lessons learned  Quantitative survey  Develop a rubric to analyse available data for each indicator.	<ul style="list-style-type: none"> <li>• Complementarity/uniqueness and overlaps of programme design and activities with similar initiatives undertaken by the other partners</li> <li>• Gaps do/do not exist in the results chain logic - alignment between programme inputs and processes, evaluation data proving/disproving pathways to change</li> <li>• Proportion of the factories offering child care and ECCD services</li> <li>• M@W offered a unique perspective relative to others</li> </ul>	Medium

Evaluation Question	Source(s) of Data	Methodology	Proposed Benchmarks or Indicators	Evaluability Assessment <sup>132</sup>
<p>EQ5.4: Are there any external factors (including sector-specific obstacles) to the programme that have affected successful implementation of the standards and results achievement, and be a prospect for policy impact?</p> <p>EQ5.5: How could the identified positive or negative external factors be mitigated or exploited further in future interventions?</p>	Review of secondary literature around impact of COVID-19 and climate change on RMG industry; negative impact on the economies of countries which import ready-made garments from Bangladesh/ external disturbances	<p>Secondary literature review, quantitative survey, IDIs and KIIs</p> <p>Develop a rubric to analyse available data for each indicator.</p>	<ul style="list-style-type: none"> <li>• <i>Impact of COVID-19 on demand, production processes, workers' mobility</i></li> <li>• <i>Gaps do/do not exist in the results chain logic</i></li> <li>• <i>Additional support for COVID mobilised or stimulus received for any exigency</i></li> </ul>	Medium
<p><b>Evaluation Criteria: Sustainability</b></p> <p><b>1. Assess the sustainability of the programme and any systemic change among the sector or within the targeted community which would enable or threaten scalability and a more shock-responsive sector.</b></p>				
EQ6.1: Is the programme linked well and in line with broader development efforts to address systemic changes for improving the women worker's rights in Bangladesh as well as complement and strengthen existing local development efforts?	<p>LoE documents</p> <p>Programme documents (results framework, communication materials, scoping studies or situational assessment, orientation reports)</p> <p>MoUs/ partnership documents</p> <p>Rolling work plan documents</p>	<p>Secondary review</p> <p>KIIs and IDIs</p> <p>Framework for assessing efforts around advocacy</p> <p>Develop a rubric to analyse available data for each indicator.</p>	<ul style="list-style-type: none"> <li>• <i>Additional funding/resources/ partnerships mobilised by UNICEF</i></li> <li>• <i>Integration of the M@W monitoring with the DIFE processes, such as factory inspection checklist</i></li> <li>• <i>Results can be replicated</i></li> <li>• <i>The stakeholders do not raise concern over the results</i></li> </ul>	Medium

Evaluation Question	Source(s) of Data	Methodology	Proposed Benchmarks or Indicators	Evaluability Assessment <sup>132</sup>
EQ6.2: To what degree, if any, was the programme designed and implemented with sustainability in mind? What is the likelihood that any changes observed would be systemic and sustained long-term?	Programme documents (ToC and assumptions, programme design document, Orientation report, training reports, pilot evaluation reports) Monthly programme reports (joint monitoring and programme review report)	Secondary review KIIS and IDIs  Develop a rubric to analyse available data for each indicator.	<ul style="list-style-type: none"> <li>• <i>Results can be replicated</i></li> <li>• <i>Intervention with high feasibility of success have been selected</i></li> <li>• <i>Performance on CBA indicators</i></li> <li>• <i>Evidence-generated on best practices</i></li> </ul>	Medium
EQ6.3: What are the possible sustainability models (financial and programmatic), including maintaining the quality of standards implementation? Given the goal of scaling this model of programming, have any programmatic approaches or results emerged that indicate promising signs for replication, including adaptability of the programme to other private sector platforms, and scale up by the relevant actors?  EQ6.4: Analyse and comment on any emerging vision, strategy and measures proposed (and being implemented) for the planned next phase of programming.	Monthly programme reports (joint monitoring and programme review report) UNICEF programme team members, IPs, key officials (NNS, MoLE, ILO, Better Work, BRAC, Phulki) The stakeholders at the factory level (owners, management, HR)	Secondary review KIIS and IDIs  Develop a rubric to analyse available data for each indicator.	<ul style="list-style-type: none"> <li>• <i>Status of funding plans of the factories to provide safeguards and ensure that key infrastructure is maintained (including an adequate number of qualified staff).</i></li> <li>• <i>Performance on indicators under Output-3 Results Framework 2022-23</i></li> <li>• <i>UNICEF/the implementation partners have contributed to transferring of skills, tools, processes knowledge to others</i></li> </ul>	Medium-High

Evaluation Question	Source(s) of Data	Methodology	Proposed Benchmarks or Indicators	Evaluability Assessment <sup>132</sup>
EQ6.5: How well has the programme integrated a gender-transformative approach and a human rights lens into the design and implementation? What have been the current effects of that integration?	Programme documents (ToC, strategic plans, stakeholder analysis/gender analysis/need assessment, pilot evaluation reports, scoping study/situational assessments) case study documents Monthly programme reports (joint monitoring and programme review report)	Secondary review Survey KIIS and IDIs FGDs  Develop a rubric to analyse available data for each indicator.	<ul style="list-style-type: none"> <li>• Performance on indicators under Output-3 Results Framework 2022-23</li> <li>• Performance on CBA Equity indicators</li> <li>• High impact areas have been selected- focus on marginalised women and individuals/groups</li> <li>• Sex-disaggregation of data in planning, implementation, monitoring, and evaluations</li> <li>• UNICEF/the implementation partners have contributed to transferring skills, tools, processes knowledge to others- focused on capacity to monitor and report on the GEEW indicators</li> </ul>	High
EQ6.6: Have current achievements or progress been equitably achieved (according to geographic area, age of mother, vulnerability factor, ethnicity, etc.)?	Programme documents (ToC, strategic plans, stakeholder analysis/gender analysis/need assessment, pilot evaluation reports, scoping study/situational assessments) Case study documents	Secondary review of literature on vulnerability mapping Survey with the workers (PW and LM) FGD with different stakeholder categories at the community level	<ul style="list-style-type: none"> <li>• Performance on indicators under Output-3 Results Framework 2022-23</li> <li>• Performance on CBA Equity indicators</li> </ul>	High

## ANNEXURE 4: METHODOLOGY (EXTENDED)

### Sampling Strategy

Sample size was calculated at district level, using the 'difference in difference method' formula - indicated in the RFP. The formula (Cochran's 1977) has been used for calculating the sample size is provided below, where:

$$\frac{(z^2)pq}{d^2}$$

p = estimated proportion of the population, set at 65 per cent; q = 1 – p;

z = standard score corresponding to the confidence interval set at 1.96; d = estimated difference, set at 5 per cent for this initiative

NOTE:

Margin of error: Usual practice for categorical and dichotomous data suggests keeping 5 per cent margin of error, which will ensure precision in results.

*"p" which is the estimated proportion of the population is the indicator value of exclusive breastfeeding in Bangladesh, which is set at 65.0 per cent<sup>135</sup>*

- Using the above-mentioned figures, the minimum sample size comes out as 360, which was increased to 385 to mitigate non-response or sample loss due to other logistical challenges.
- **Total quantitative sample size is ~540 women.** The sample in intervention factories was 360, which was divided into 30:70 among the pregnant women and

lactating mothers.

- A 50 per cent sample (that is, 180) was used for pregnant women and lactating mothers in the control factories.
- A total of 18 intervention and 9 control factories were covered, interviewing a total of 20 pregnant women and lactating mothers per factory.
- The intervention factories were sampled using **systematic random sampling technique**, ensuring fair representation of factories of all sizes. The control factories are part of BGMEA and BKMEA and sampled based on **manual matching along the parameters** of geographic location, size of factory, proportion of female employees, and year of incorporation of the factories.

### Ethical Considerations

The evaluation was conducted with utmost ethical conduct in accordance with UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis as well as the United Nations Evaluation Group (UNEG) norms, standards, and ethical guidelines. Throughout all processes of the evaluation design, composition, recruitment, and management of the evaluation team, data collection storage and analysis, the evaluation team upheld impartiality, credibility, and accountability as well as promptly addressed conflicts of interest, if any. The evaluation team adopted three overarching and core principles of:

- **Human rights-based approach (HRBA):<sup>136</sup>** The five key human rights

<sup>135</sup> BDHS (2017-18): Percentage of children under six months who are exclusively breastfed (based on 24-hour recall): 65.0 per cent: <https://dhsprogram.com/pubs/pdf/PR104/PR104.pdf>

<sup>136</sup> Human rights-based approach (HRBA): <https://ennhri.org/about-nhris/human-rights-based-approach/#:~:text=The%20HRBA%20is%20underpinned%20by,and%20Equality%2C%20Empowerment%20and%20Legality>

principles of Participation (in planning, evidence generation and decision-making), Accountability (with remedies to prevent human rights breaches), Non-discrimination and Equality (w.r.t participation in the evaluation), Empowerment (through enabling participants to exercise one's rights), and Legality (by respecting legal rights set in domestic and international law) were kept at the forefront of the evaluation.

- **Participation and ownership:** With recognition that the participatory tools alone may not guarantee ownership, the evaluation approached the principle of participation from a holistic manner. Beyond extraction, the beneficiaries and stakeholders affected by the programme were oriented to the nature and purpose of the evaluation, involved in problem identification processes as well as consulted for the recommendation development stages; thus, moving beyond simple participation to development of ownership.
- **Ethics and safety – Do no harm:** The principle of non-maleficence or “do no harm” at all stages of an evaluation is prioritised to ensure that evidence generation do not take precedence over the rights of individual participants. To prevent any unintended physical, psychological or socio-economic harm that in-person interactions may induce, extensive contextual analysis as well as consultation with relevant programme stakeholders were rigorously undertaken to (i) identify potential arms and (ii) develop appropriate mitigation measures. The “do no harm” principle was also ensured by

examining the profile, competencies and skills of researchers and enumerators, and bridging capacity gaps, if any. Meanwhile, explicit consideration to identify possible negative impacts of participation (mentioned in the previous sections) and ensure safety and privacy of participants was also made.

## Integrating Human Rights and Gender Equality

To abide by the UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation, the evaluation team incorporated a human rights-based and gender-sensitive approach to all phases of the evaluation, including planning, data collection and analysis.

Integration of HR and GE began with the **evaluation planning and preparation stage** itself, whereby, under the leadership of team leads well versed in HR and GE standards, dimensions of HR and GE were incorporated into the evaluation thinking process. Operationalising the gender transformative and human rights lens, a 360-degree mixed-method approach was taken to capture multi-stakeholder opinions and reflect a grounded analysis and interpretation. The evaluation also reviewed the ‘care-ecosystem’ perspective to effectively analyse and highlight the burden of care and support required by female RMG workers within households, factory and wider community levels. Meanwhile, norms, power dynamics and nature of communication across women workers, male co-workers, factory management and other stakeholders would also be explored to understand the change, if any, that may have occurred with regard to gender transformation and inclusion. Specifically, the evaluation analysed the extent to which the M@W programme promoted and protected human rights and/or impacted



different forms of discrimination and violence at the workplace against women and marginalised groups (including persons with disability). The evaluation methodology also integrated **HR and GE dimensions in its approach and tools**, whereby, both qualitative and quantitative data were collected to triangulate and comment on the programme's success regarding achievement of gender-transformative and human rights-specific outcomes. All field interactions were undertaken with prior training of enumerators on gender and human rights principles. The data collection process would ensure sensitivity and

confidentiality for all participants, with special emphasis on achieving privacy for women, pregnant and lactating mothers, and people from more vulnerable backgrounds. Data was disaggregated by sex, age, disability, and other indicators, and incorporated within the DAP to explore how the intervention addressed structural inequalities and power relations across genders and different social groups. Data was also analysed on the basis of gender responsive and human rights lens.<sup>137</sup> **Gender-sensitive reporting and writing** was ensured with guidance from gender experts.<sup>138</sup>

<sup>137</sup> [https://msh.org/wp-content/uploads/2017/11/gender\\_transformative\\_supportive\\_supervision\\_technical\\_brief.pdf](https://msh.org/wp-content/uploads/2017/11/gender_transformative_supportive_supervision_technical_brief.pdf)

<sup>138</sup> Reference to practice of producing content in a way which is sensitive to gender inequalities and portrays women and men fairly.

## ANNEXURE 5: IRB APPROVAL CERTIFICATE



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Ref. No. IHE/IRB/DU/17/2023/Final

Date: 9 March 2023

Aali Sinha

Principal – Business Development & Research

Intellect Advisory Services Private Limited

Email: [aali.sinha@intellect.net](mailto:aali.sinha@intellect.net)

**Title: Evaluation of the Mothers@Work Programme in the RMG sector of Bangladesh**

Dear Aali Sinha,

The Institutional Review Board of the Institute of Health Economics (IHE-IRB), which is approved by the U.S. Department of Health and Human Services Federalwide Assurance (FWA) No. FWA00026031 had reviewed your submissions, both the initial and subsequent responding comments of the IHE-IRB for the ethical approval of the proposal "Evaluation of the Mothers@Work Programme in the RMG sector of Bangladesh".

IHE-IRB is providing ethical approval of the proposal.

With thanks and regards,

A handwritten signature in black ink, appearing to read 'Sabur'.

Dr. Muhammod Abdus Sabur

Chair

Institutional Review Board

## ANNEXURE 6: LIST OF PERSONS INTERVIEWED AND SITES VISITED

**Table 19: List of stakeholders interviewed**

Stakeholder Name	Designation	Name
National Nutrition Services (NNS), Institute of Public Health Nutrition (IPHN), Ministry of Health and Family Welfare (MoHFW)	Current Line Director	Dr. S. M. Mustafizur Rahman
	PM, Multi Sectoral Nutrition Governance	Dr. Bulbul Ahmed
	Deputy Programme Manager	Supta Chowdhury
Ministry of Labour and Employment (MoLE)	Joint Secretary	Humayun Kabir
	Deputy Secretary	A. K. M. Rezaur Rahman
Department of Inspection for Factories and Establishments (DIFE) of MoLE	Joint Inspector General	Matiur Rahaman
	Labour inspectors, DiFE	Md. Forhad Ali Labour Inspector (Health) Rezwana Islam Rimi Labour Inspector (General) Md. Muttalib Mia AIG (General)
Better Work Bangladesh (ILO)	Enterprise Advisor	Israt Jahan
	Team Leader, ILO-BWB	Maruf Khan
UNICEF Bangladesh Country Office	Nutrition Officer/Nutrition Specialist	Mayang Sari, Monira Parveen
	Purplewood	Adnan R Amin Tarik Shomi
	Private Fundraising and Partnership Division staff members	Vedprakash Gautam
Implementation agencies	Programme Manager – BRAC	Dr. Mithun Gupta
	CEO, Phulki	Ahlam Ahsan
Industry association	Assistant Secretary, BGMEA	Syed Ahmed Ali
	Joint Secretary, BKMEA	Farzana Sharmin

**Table 20: Sampled factories**

Type	Location	Name of the Factory	Date
Treatment	Gazipur	Bestwool Sweater	12 March
Treatment	Narayanganj	Ananta Denim Technology Ltd	12 March
Treatment	Chittagong	KDS Garments Ltd	12 March
Treatment	Narayanganj	Fakir Apparels Ltd	13 March
Treatment	Dhaka	Active Composite Mills	13 March
Treatment	Gazipur	Meghna Knit Composite Ltd	13 March
Treatment	Chittagong	Clifton Textile and Apparels	13 March
Treatment	Gazipur	Eco Couture	14 March
Treatment	Dhaka	Ornate Knit	14 March
Treatment	Gazipur	Shanta Expressions Ltd	15 March
Treatment	Mymensingh	SQ Birichina Ltd	15 March
Treatment	Mymensingh	SQ Celsius unit-2	16 March
Treatment	Dhaka	Natural Denim Ltd	16 March
Treatment	Gazipur	Creative Collection Ltd	16 March
Treatment	Gazipur	Columbia Apparels Ltd	18 March
Treatment	Dhaka	Hamza Clothing	19 March
Treatment	Gazipur	Green Smart Shirt	19 March
Treatment	Gazipur	Renaissance Apparels Ltd	19 March
Control	Chittagong	HKC Apparels Ltd	14 March
Control	Gazipur	Brothers Fashion Limited	14 March
Control	Gazipur	Int'l Knitwear & Apparels Ltd	15 March
Control	Dhaka	4A Yarn Dyeing Ltd	20 March
Control	Mymensingh	SQ Celsius Ltd	18 March
Control	Dhaka	Nipa Fashion Wear Industry Ltd	18 March
Control	Dhaka	Rizvi Fashions Ltd	18 March
Control	Gazipur	Interstoff Apparel Limited	23 March
Control	Gazipur	Norban Comtex Ltd	27 March

## ANNEXURE 7: SUMMARY TABLES

**Table 21: Demographic profile of respondents**

**Demographic profile (in percentage)**

### 1. Category of respondent

	Overall			Pregnant		Lactating woman	
	Intervention	Control	Total	Intervention	Control	Intervention	Control
<b>Base (n<sup>139</sup>)</b>	<b>378</b>	<b>180</b>	<b>558</b>	<b>123</b>	<b>52</b>	<b>255</b>	<b>128</b>
<b>Lactating woman</b>	67	71	69	-	-	100	100
<b>Pregnant</b>	33	29	31	100	100	-	-

### 2. Location

	Overall		Pregnant		Lactating woman	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Base (n)</b>	<b>378</b>	<b>180</b>	<b>123</b>	<b>52</b>	<b>255</b>	<b>128</b>
<b>Gazipur</b>	45	34	56	25	40	38
<b>Narayanaganj</b>	12	-	10	-	13	-
<b>Valuka (Mymensingh)</b>	11	11	9	8	11	13
<b>Chattogram</b>	11	11	10	12	11	11
<b>Savar (Dhaka)</b>	22	33	15	35	25	33
<b>Mirpur (Dhaka)</b>	-	11	-	21	-	6

### 3. Age of respondents

	Overall		Pregnant		Lactating woman	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Base (n)</b>	<b>378</b>	<b>180</b>	<b>123</b>	<b>52</b>	<b>255</b>	<b>128</b>
<b>&lt; 20</b>	6	9	7	12	5	8
<b>21 – 25</b>	42	47	47	54	39	44
<b>26 – 30</b>	40	36	33	31	43	38
<b>31 – 35</b>	12	8	11	4	12	10
<b>&gt;35</b>	1	1	1	-	2	1
<b>Mean</b>	26.09	25.66	25.47	24.63	26.38	26.08
<b>Standard deviation</b>	3.9	3.99	4.05	3.56	3.8	4.09

<sup>139</sup> (n) figures in numbers

#### 4. Type of employment contract

	Overall		Pregnant		Lactating woman	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Base (n)</b>	<b>378</b>	<b>180</b>	<b>123</b>	<b>52</b>	<b>255</b>	<b>128</b>
<b>Factory Worker</b>	100	100	100	100	100	100

#### 5. Marital status

	Overall		Pregnant		Lactating woman	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Base (n)</b>	<b>378</b>	<b>180</b>	<b>123</b>	<b>52</b>	<b>255</b>	<b>128</b>
<b>Married</b>	100	99	100	100	100	98
<b>Divorced/ separated</b>	*	1	-	-	*	2

#### 6. Household headship distribution among factory workers

	Overall		Pregnant		Lactating woman	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Base (n)</b>	<b>378</b>	<b>180</b>	<b>123</b>	<b>52</b>	<b>255</b>	<b>128</b>
<b>Yes</b>	11	9	11	8	12	10
<b>No</b>	89	91	89	92	88	90

#### 7. Head of household status

	Overall		Pregnant		Lactating woman	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Base (n)</b>	<b>335</b>	<b>163</b>	<b>110</b>	<b>48</b>	<b>225</b>	<b>115</b>
<b>Spouse</b>	93	94	93	100	93	92
<b>Father</b>	3	2	2	-	4	3
<b>Son</b>	-	-	-	-	-	-
<b>Daughter</b>	-	-	-	-	-	-
<b>Son-in-law/ Daughter-in-law</b>	-	-	-	-	-	-
<b>Mother-in-law</b>	1	1	1	-	1	2
<b>Father-in-law</b>	2	2	2	-	2	3
<b>Brother-in-law</b>	1	-	3	-	-	-

## 8. Type of family

	Overall		Pregnant		Lactating woman	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Base (n)</b>	<b>378</b>	<b>180</b>	<b>123</b>	<b>52</b>	<b>255</b>	<b>128</b>
Joint family/ extended family	31	44	29	27	32	52
Nuclear family	69	56	71	73	68	48

## 9. Education attainment

	Overall		Pregnant		Lactating woman	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Base (n)</b>	<b>378</b>	<b>180</b>	<b>123</b>	<b>52</b>	<b>255</b>	<b>128</b>
No formal education	4	2	3	2	4	2
Below primary (up to class IV)	13	8	11	6	14	9
Primary (Class V)	21	19	26	15	19	21
Secondary (VI-X)	42	48	40	56	44	45
SSC	11	10	12	13	10	9
Higher Secondary (HSC not completed)	*	1	-	-	*	2
HSC	4	7	7	4	3	9
Graduation (Bachelors degree)	2	3	1	4	3	3
Post-graduation and above	1	1	-	-	2	1

## 10. Access to resources

	Overall		Pregnant		Lactating woman	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Base (n)</b>	<b>378</b>	<b>180</b>	<b>123</b>	<b>52</b>	<b>255</b>	<b>128</b>
Access to a mobile phone	96	94	97	92	96	95
Access to bicycle/two- wheeler	5	2	3	2	6	2
Access to public transportation	94	91	94	88	94	91
Access to television	75	68	76	50	75	75

	Overall		Pregnant		Lactating woman	
	Intervention	Control	Intervention	Control	Intervention	Control
Access to mobile banking/ mobile wallets (bKash, Rocket, etc.)	78	71	81	60	76	76
Access to formal banking	52	48	42	48	56	48

## 11. Main source of drinking water

	Overall		Pregnant		Lactating woman	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Base (n)</b>	<b>378</b>	<b>180</b>	<b>123</b>	<b>52</b>	<b>255</b>	<b>128</b>
Piped water into dwelling	57	76	50	71	60	77
Piped water to yard/plot	25	18	28	21	24	16
Piped water to neighbour	1	1	-	-	1	1
Public tap/ standpipe	1	-	1	-	*	-
Tube well/borehole (within HH)	4	1	5	-	4	2
Tube well/borehole (Outside HH)	13	4	16	6	11	4
Packaged water (bottle/ sachet)	-	1	-	2	-	-

## 12. Types of toilets used

	Overall		Pregnant		Lactating woman	
	Intervention	Control	Intervention	Control	Intervention	Control
<b>Base (n)</b>	<b>378</b>	<b>180</b>	<b>123</b>	<b>52</b>	<b>255</b>	<b>128</b>
Toilet within household	63	60	61	50	65	64
Shared private toilet	37	40	39	50	35	36

Rest of the data tables are provided separately in Excel format



## ANNEXURE 8: Gender Transformative Conceptual Framework

Governance (LMG) Project's A Conceptual Framework for Gender-Transformative Supportive Supervision.<sup>140</sup>

The conceptual framework is adapted from USAID-funded Leadership, Management, and

Context	Interventions/Functions		Outcomes
	Dimensions	Indicators	
Facility level 1. Workplace policies 2. Resources engaged 3. Career opportunities 4. Organisational culture	<u>Protocols and guidance:</u> <ul style="list-style-type: none"> <li>• Policies, standards, and guidelines may prevent/address gender discrimination or negative gender norms and attitudes.</li> </ul>	1. Equitable treatment for women/ men of same rank 2. Use of non-discriminatory language 3. Gender-balanced recruitment/ promotion policies 4. Gender-equitable professional development and promotion opportunities 5. Adherence to the government policies and mandates 6. Sexual harassment and other gender-related barriers recognised as impacting workforce and service quality	Existence of written policies or guidelines that promote gender equitable work conditions. HR planning, recruitment, and deployment policies and practices that are gender-sensitive. Official communication
Individual Level 1. Sex 2. Age 3. Marital status 4. Ethnicity 5. Socio-economic 6. status 7. Type of employment	<u>Performance planning/ monitoring</u> <ul style="list-style-type: none"> <li>• Gendered beliefs about workers' competencies to assume responsibilities</li> <li>• Gendered expectations regarding career ambitions, equitable pay</li> <li>• Norms about acceptable ways of delivering performance feedback</li> </ul>	1. Challenging inequitable gendered beliefs/norms/ perceptions while developing professional goals/ objectives for supervisors and workers 2. Empowering workers to develop and act on professional goals across life phases, recognising complexity of personal and professional responsibilities	Increased retention Reduced absenteeism among workers Improved employee satisfaction Promotion and career growth potential

<sup>140</sup> [https://msh.org/wp-content/uploads/2017/11/gender\\_transformative\\_supportive\\_supervision\\_technical\\_brief.pdf](https://msh.org/wp-content/uploads/2017/11/gender_transformative_supportive_supervision_technical_brief.pdf)

Context	Interventions/Functions		Outcomes
	Dimensions	Indicators	
	<p><u>Addressing capacity gaps</u></p> <ul style="list-style-type: none"> <li>• Beliefs about male vs. female capacity</li> <li>• Different professional development opportunities</li> <li>• Gender differences in domestic roles and expectations</li> <li>• Different training needs for persons with disability (PWDs)</li> </ul>	<ol style="list-style-type: none"> <li>1. Demonstrating commitment to addressing gendered barriers to capacity development</li> <li>2. Periodic, formal orientation on gender sensitivity in the workplace for all personnel</li> <li>3. Equal participation in training and career development/ opportunities</li> </ol>	<p>Female workers have equal opportunity to earn promotions, achieve pay equity, and participate in decision-making</p> <p>Increased number of women in managerial positions</p> <p>Balanced, equitable number of men and women across the staff hierarchy</p>
	<p><u>Facilitating two-way communication and prioritising joint problem solving</u></p> <ul style="list-style-type: none"> <li>• Gendered beliefs about the value of subordinate input and feedback</li> <li>• Gender-specific needs for safe working conditions</li> <li>• Gender-related beliefs about ability to identify and solve problems</li> </ul>	<ol style="list-style-type: none"> <li>1. Promoting respectful, non-hierarchical communication</li> <li>2. Upward feedback loops that allow for assessment of supervisor's attention to gender norms and accountability for feedback</li> <li>3. Improving staff capacity to solve problems together, regardless of gender</li> <li>4. Understanding that sexual harassment is a workforce problem</li> <li>5. Enforcing policies/modelling actions to guarantee a safe/respectful work environment</li> </ol>	<p>Equal average salary of men vs. women in comparable managerial positions.</p> <p>Increased participation of women in conceptualisation, design, and problem solving.</p> <p>Support provided for survivors of workplace harassment, maintaining privacy and confidentiality (by co-workers, factory management)</p>

## ANNEXURE 9: Data Collection Tools

Provided separately as an attachement. The consent form is attached below for reference.

Good morning/afternoon/evening. My name is \_\_\_\_\_ and I am associated with Human Development Research Centre (HDRC), Dhaka. HDRC is associated with NRMC (a subsidiary of Intellectap), a research and consulting organisation. HDRC is a leading research agency based in Dhaka and have previously worked in your region and spoken to women like you. We are conducting a survey to understand how working women (specifically pregnant and nursing mothers) in the RMG sector are coping with pregnancy and childcare specifically breastfeeding. You may know that the Government of Bangladesh has regulations supporting maternity rights. International agencies, such as UNICEF, are supporting the government in ensuring that the workplace becomes a conducive environment through programmes like Mothers@Work. Through this survey we would like to understand the status of Mothers@Work programme in the RMG sector and document the programme's implementation and learnings and determine proof of model and scalability. This understanding will help us in further improving the services provided to people like you.

We have randomly selected pregnant and lactating mothers from the factory. Your participation in this exercise will be appreciated, but will be completely voluntary. Any information collected from you will be treated as confidential and will be used only for the purpose of this survey. You may choose not to respond to any of the questions and may end the survey whenever you wish to.

The questionnaire will take around 30-40 minutes of your time, and I need your consent to start the survey.

*Note to the interviewer: With nursing mothers, the questions will be poised to gather awareness and current utilisation of services under M@W. With pregnant women, the questions need to seek responses for current awareness of the availability of services at the factory and likelihood of using the same.*

### Consent of the respondent

Would you like to participate in the survey?	Yes	1	Continue
	No	2	Terminate

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## ANNEXURE 11: Assumptions of Cost benefit analysis

### Assumptions, and estimates

1. Estimating the beneficiaries at RMG: In estimating the number of beneficiaries, women

who have returned to the factory, and women who have not returned to work proportion, a consensus number after discussion with the RMG managers has been used.

S. No	Assumptions:	Numbers
1	Average factory workforce size (approx.)	2,000
2	55 per cent of the workforce are women	1,100
3	5 per cent of them are currently pregnant or breastfeeding	55
4	Cohort size of women for the estimation benefits and costs	55
5	Post introduction of M@W women returning to work – 60 per cent	33
6	Women workers not returned to work post-pregnancy	22

2. Cost for RMG in implementing the M@W programme: The following items and assumptions were used to arrive at annual cost incurred by a RMG in implementing the concept/philosophy of M@W. Costs incurred in the

nourishment for mothers and children is an add-on by many RMGs. A median estimated value was used (opinions expressed during discussion with factory representative) to arrive at the unit costs.

S. No	Cost Elements @ Facility and Assumptions	Cost (USD)/ Facility annual
1	Cost of constructing the facility/renovating <i>Assumed that a corner of the factory/health facility or centre is renovated. Estimated at BDT 175,000 is a one-time cost. The cost is apportioned over 15 years.</i>	109.03
2	Cost of trained resources to manage facility. <i>Assumed one welfare officer with a salary of BDT 100,000 shared resource, spends 35 per cent of her time annually on the project, along with two fulltime support staff with a salary of BDT 15,000.</i>	7,289.72
3	Cost of consumables	
	Electricity <i>Part shared with the factory (assumed negligible costs)</i>	

S. No	Cost Elements @ Facility and Assumptions	Cost (USD)/ Facility annual
	Communications/ECCE materials <i>Cost of reprinting and decorations of the breast-feeding corner. (BDT 15,000 annually)</i>	140.19
	Maintenance <i>General upkeep and maintenance</i>	336.45
	Food (Cereal, milk, egg, etc.) and supplements <i>Items only used for the mother and child</i>	1,682.24
4	Cost of training of the staff and involvement of the staff in training <i>Assumed five days salary of the one welfare officer and five days of two support staff (annually) are spent on training</i>	202.49
	<b>Total</b>	<b>9,760.12</b>
	1 USD =107 BDT	

3. Estimated monetised benefits at an RMG: It is important to note that while quantitative data is limited, qualitative feedback from the factory managers and other stakeholders provides valuable insights into the potential benefits of the M@W programme. This qualitative information has been analysed systematically to create potential “benefits.” These items and assumptions were used to arrive at the estimated

benefits by a RMG unit and to develop the cost-benefit analysis framework. The potential benefits include reduced attrition, **increased employee engagement and morale** and **enhanced productivity**. A median estimated value was used (opinion expressed during discussion with factory representative and a review of available documents) to arrive at the unit costs.

S. No	Estimated Benefits for the RMG and Assumptions	Cost (USD)/ Facility Annual
1	Business benefit for recruitments (savings in recruitment costs) <i>The annual loss of 22<sup>141</sup> employees with a median salary of BDT 15,000. Cost of recruitment @ 19 per cent of salary (estimated at 16-21 per cent of the salary of the incoming employees)</i>	585.98
2	Business benefits for retention (savings by preventing attrition) Retention benefits of 33 employees. Estimated savings @ 15 per cent of salary	462.62
3	Business benefits through productivity gains (reduced wastages) <i>Rejection factor of 1 piece/hour/8 hrs duty * 33 mothers * 26 days * 12 @ 2 USD per garment. the factories reported FOB price of garment \$2-\$8 with a production of 5,000-8,000 pieces per day<sup>142</sup></i>	164,736.00

<sup>141</sup> See Table 1

<sup>142</sup> These are anecdotal numbers reported by factory manager - interviewed during field data collection

S. No	Estimated Benefits for the RMG and Assumptions	Cost (USD)/ Facility Annual
4	Reduced absenteeism (increased production) <i>Increased production factor of 0.5 piece/hour/8 hrs duty * 33 mothers * 26 days * 12 @ 2 USD per garment</i>	82,368.00
5	Increased workforce diversity <i>No notional value added</i>	-
6	Business benefits through enhanced corporate reputation/buyer preference/new markets <i>Production factor of 4,000 piece/day * 26 days * 12 @ .01 USD premium pricing per garment</i>	12,480.00
7	Access to new markets <i>Included as in above</i>	-
	<b>Total</b>	<b>260,632.60</b>





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