2014:41 Sida Decentralised Evaluation

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Evaluation of HERproject

Final Report

Sida

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Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
BSR	Business for Social Responsibility
CEDAW	Convention to Eliminate All Forms of Discrimination Against Women
ENICT	Sida Unit for Private Sector Collaboration and ICT
HER	Health Enables Return
HIV	Human Immunodeficiency Virus
HRBA	Human Rights Based Approach
MDG	Millennium Development Goal
NGO	Non-Governmental Organisation
NOPE	National Organisation of Peer Educators
OECD-DAC	Organisation for Economic Development and Cooperation – Development Assistance Committee
ROI	Return on Investment
RTI	Reproductive Tract Infections
SEK	Swedish Kroner
SRHR	Sexual and Reproductive Health and Rights
STI	Sexual Transmitted Infections
ToC	Theory of Change
UNFPA	United Nations Population Fund
USD	United States Dollars
WHO	World Health Organisation

Preface

The Evaluation of HERproject was commissioned by Sida, the Department for Partnership & Innovation, through Sida's framework agreement for reviews and evaluations.

Indevelop carried out the evaluation in May - September of 2014. The independent evaluation team included Erik Bryld, Team Leader and member of Indevelop's Core Team of Professional Evaluators, Chris Coulter, Gender Expert, Christine Kamau, National Expert, and Reza Iftekhar Patwary, National Expert. Ian Christoplos provided Quality Assurance and Sarah Gharbi was the Project Manager with overall responsibility for managing implementation and the evaluation process.

This report was circulated in draft form to the Sida and BSR and their comments have been incorporated in the final report.

Executive Summary

This report presents the findings of the HERproject evaluation implemented jointly by Tana Copenhagen ApS and Indevelop AB. The purpose of the evaluation is to assess the project core support by Sida to the Business for Social Responsibility's (BSR) HERproject. Sida has provided the funding for the HERproject for two project periods 2010-2011 and 2012-2013. The evaluation concerns both phases with emphasis on the revised logframe for the second project period.

The objective of the support to BSR is to assist the organisation to *'contribute to the realisation of MDG 5 through enhanced women's health knowledge and access to reproductive health services, and resulting in improvements to maternal health.'* The support was in accordance with the overarching goal of the Sida Unit for Private Sector Collaboration and ICT (ENICT) of engaging the business sector in contributing to international development.

HERproject provides awareness raising on Sexual and Reproductive Health and Rights (SRHR) to female factory and farm workers in Asia, Africa and Latin America aimed at improving their health, accessing services and eventually empowering the targeted beneficiaries.

To assess the HERproject in accordance with the OECD-DAC evaluation criteria and standards, the evaluation was implemented using a Theory of Change approach through desk studies and field research. Bangladesh and Kenya were chosen by Sida in cooperation with HERproject for the field research. The countries represent different industries, contexts and timespan of the operations, allowing for comparison of the project in different settings.

The evaluation has found the project to be relevant to most of the needs of the beneficiaries in the targeted countries, but also that implementation is not sufficiently participatory and needs-oriented to fully bring in more SRHR related topics that are assessed to be of high relevance to the beneficiaries. The peer education approach is assessed to be relevant and appreciated by the recipients creating ownership of the implementation process with the target group.

At the international level, the sensitive application of the HERproject methodology, and the substantive advocacy with participating brands provides trust and enables the HERproject access to a substantive number of workers. This approach is also linked to the HERproject's emphasis on productivity gains and Return on Investment (ROI) as a result of improved health and wellbeing of the workers.

For Sida, the project is relevant to the overall Swedish development cooperation policy, the SRHR policy, and the gender equality policy as well as the past ENICT policy. Alignment of past projects with the new ENICT policy is less substantive, given the limited attention to workers in large scale industry and SRHR.

The field research confirmed most of the findings of the HERproject end-line assessments. In most of the farms/factories visited, the HERproject is effective in enhancing the awareness of Sexual and Reproductive Health with evidence of behaviour change leading to improved health and empowering the women to engage in dialogue on sexual and reproductive health issues. In the two factories/farms where the results are less impressive, this is assessed to be as a consequence of lack of ownership and commitment to the project by the farm/factory management.

The effects in terms of securing sexual and reproductive rights are less pronounced due to the limited focus on rights issues in the HERproject curriculum or training. This in spite of the fact that sexual rights issues are core areas for the targeted women (Interviews with BSR show awareness of this and plans to adjust the project design accordingly). Similarly, standardised HERproject approach to the project implementation allows for only limited influence of the beneficiaries on the project (topics may be added but the implementation design remains the same) and the project's content, thereby limiting the level of accountability and participation. There is, therefore, a need for enhancing the Human Rights Based Approach (HRBA) in the design and implementation of the project.

The project has been able to enhance attention to SRH issues with the private sector, and the private sector is increasing the funding to the HERproject, meeting another key objective of the intervention.

The capacity development of local NGOs is, however, an area where the project has been too targeted on HERproject related activities to allow for more broad capacity development. This is largely a consequence of the already existing high levels of capacity of the implementing NGOs; a capacity that could be exploited further by enhancing the role of the NGOs in contextualizing the HERproject in the respective countries. One minor set-back noted from the respondents (especially the factory/farm management) was the limited experience of most of the partner NGOs in working in factories/farms, necessitating an initial period of familiarization with this environment, expertise, which is provided by HERproject.

In terms of efficiency, the team found the project to work efficiently and cost-effectively at local (country) level. However, the costs at international level for coordination, administration and overheads could not be assessed with the information at hand. There is however a need from HERproject, as well as Sida, to undertake a more detailed cost analysis to identify efficiency opportunities.

The behaviour changes documented have evidently continued beyond the project period, illustrating outcomes and possible longer-term impacts. While the documenta-

tion by the farms/factories and HERproject is weak, close to all managers and brands interviewed agreed that participation in the project's awareness raising activities had reduced absenteeism and enhanced investment, eventually resulting in ROI for the factories/farms. However, at the time of the evaluation, ROI could only be assessed from anecdotal information. The project was already taking steps to ensure more solid evidence gathering in this regard in the future.

The sustainability of the project varies between the farms/factories. Where commitment and ownership is high (in most cases), the factory/farm has initiated processes to ensure the continuation of the project and the project gains beyond the HERproject implementation period. This will likely lead to sustainability at factory/farm level. On a more individual level, the behaviour changes documented are assessed to be sustainable in light of their continuation several years after the project has ended, as well as due to the very tangible benefits that the workers experience in their own lives.

The project is still only covering a fraction of the farms and factories in the countries visited for the field research but the results indicate a potential for enhancing the scale of the project. The concerns related to costs as well as the opportunities for enhancing the scale provides an opportunity for focusing efforts on existing project elements, rather than engaging in new themes and areas of operation (i.e. focusing on scale rather than scope).

If the project wants to move more to scale, a key opportunity remains to be explored. It has still not engaged substantially with the national authorities in the countries visited. In principle, there is nothing to prevent the project activities being included in national policies related to SRHR and/or relevant labour laws. Such a move would enable a higher degree of outreach, national (central level) ownership, and ensure further alignment with Swedish policies. Should the project decide to venture in this direction, it is of course critical that the move is agreed with the 'clients' (the brands), so as not to antagonise them in the process.

The evaluation has led to the following recommendations:

- HERproject should adopt a more flexible country level approach based on dialogue and needs assessment with beneficiaries to identify topics of awareness raising (i.e. identify need without focusing on existing topics in the curriculum). This process should include enhanced operational focus on HRBA. Local implementing NGOs should play a key role in this process, utilizing their local knowledge.
- Similarly, the evaluation agrees with the project plans of including men in the project's activities to strengthen the gender elements of the intervention.
- If the HERproject is to comply with Swedish policy, more emphasis will be needed on the 'rights elements' of the HERproject in the design and in particular in the curriculum, with specific reference to SGBV.

- To further enhance effectiveness, the HERproject should increase dialogue with farm/factory management to ensure their ownership and commitment to project implementation.
- To enhance the scalability of the project and ensure sustainability, the HERproject should consider engaging more with national and local authorities and advocate their role in the implementation of SRHR activities for farm/factory workers.
- On the side of Sida, ENICT or any other office overseeing the support to HERproject should assist in the dialogue with the project in relation to implementing the recommendations above, and ensuring a closer monitoring of progress, as well as on the financial management aspects of the project.

1 Introduction

This report presents the findings of the HERproject evaluation implemented jointly by Tana Copenhagen ApS and Indevelop AB.

1.1 PURPOSE

The purpose of the assignment concerns the evaluation of the project core support by Sida to the Business for Social Responsibility's (BSR) HERproject. Sida has provided the funding for the HERproject for two project periods, 2010-2011 and 2012-2013. The evaluation focuses on both phases with emphasis on the revised logframe for the second project period.

The objective of the support to BSR is to assist the organisation to *'contribute to the realisation of MDG 5 through enhanced women's health knowledge and access to reproductive health services, and resulting in improvements to maternal health.'* The support is in line with the Sida Unit for Private Sector Collaboration and ICT (ENICT)'s overarching goal of engaging the business sector in contributing to international development.

We understand that the objective of the evaluation is threefold:

1) To assess the results achieved by the HERproject till December 2013, based on the OECD-DAC evaluation criteria, and against the overall objective of Swedish development cooperation and the private sector collaboration section of the strategy for capacity development and cooperation.
2) To identify and recommend possible improvements for future work of the HERproject.
3) To provide findings, conclusions and recommendations on the alignment with the Global Strategy for Sustainable Economic Development to enable ENICT to decide on possible future funding to the project.

1.2 METHODOLOGY

The methodology applied was chosen to focus on a Theory of Change (ToC)-based approach as outlined in the Inception Report, which can be found in Annex 5. To properly assess change over time and eventually evaluate outcomes (the HERproject's ability to foster change in women's sexual and reproductive health and rights and to improve corporate outputs), the evaluation team reviewed and reconstructed the ToC of the support, based on document review as well as through interviews with BSR. The ToC exercise serves as a learning tool for the evaluation team as well as for

BSR, and facilitates a reflection of the results framework (and causality). Once identified, the ToC was assessed in the field.

In addition to the ToC, the evaluation team also applied the OECD-DAC evaluation criteria to investigate some of the issues.

HERproject is active in 11 countries. Two of these were selected by Sida, in agreement with BSR, as subject to field research by the evaluation team. These are Bangladesh and Kenya, which represent different contexts and degrees of progress and cooperation with HERproject (see details on the two countries below). The two cases, representing very different contexts, have been used to extrapolate cross-country findings in the evaluation.

The team used semi-structured interviews and focus group discussions in the field to interact with all stakeholders in the supply chain (from factory workers to brand senior management), as well as with donors and resource persons (a full list of interviewees can be found in Annex 1). A thorough desk review of relevant documents was undertaken as an initial step.

The interview guidelines were designed to best seek evidence to answer the questions presented in the evaluation matrix (see Annex 3), which form the agreed basis of the evaluation.

Interviewees were selected to provide an opportunity for validation and triangulation. A summary of the interviewees according to role in the supply chain can be found in table 1.1 below.

Table 1.1 interviewed in the supply chain and triangulation

Value Interviewee/Value chain	Interviewees	Comments
Factory worker	Peer educators and workers: 92 (of these 14 were men)	Provided direct reflection from peer perspective who received the training, workers who were trained by peers and male workers for triangulation
Factory management	6 factories/farms. 12 interviewed in total 4 women and 8 men	Provide feedback on impact of project from factory management perspective and reflections on HERproject approach and costs/cooperation with implementing NGO
Brands country management and international management	7 brands interviewed. 11 interviewees. 6 women and 6 men	Provide inputs on rationale for participation and assessed benefits/challenges

(private sector)		
Facilitating NGO/partner	3 NGOs and 1 private sector partner. 8 interviewees. 7 women and 1 man	Input to assessment of NGO capacity; cooperation with HERproject; and assessment of cooperation with management
HERproject/BSR staff and management	5 interviewees. 3 women	Validation of HERproject approach, historical perspective, reflections on cooperation with brands, factory management and NGOs
Sida and other donors	3 donors. 1 bilateral and two funds. 3 women and 1 man	Assessment of cooperation with HERproject, strategy and results

1.3 LIMITATIONS

The evaluation was implemented in accordance with the plan and the methodology presented in the inception report. However, a number of limitations emerged during the implementation, which should be taken into consideration when reading the report. On the other hand, none of these are assessed to have had any substantial influence on the findings and consultations.

Below is a short presentation of the overall limitations and constraints specific to the two countries of field research.

Overall

The overall (non-country specific) limitations are assessed to be minimal. The major limitation relates to access to reliable data and basic information on financial figures.

- *Lack of solid data on Return on Investments (ROI)*. The bulk of interviewees confirmed verbally that there was a decent ROI on the HERproject costs/production time loss due to less absenteeism and improved health of workers. HERproject has undertaken a pilot study aimed at confirming this. However, none of the sites were able to present solid data to confirm the ROI. The evidence thus remains anecdotal, although it is confirmed by all factories/farms and brands visited, and thus assessed to be correct.
- *Lack of detailed budgets and accounts of the HERproject.* Sida is provided with an audit report with only three budget lines. Post-implementation the evaluation was provided with further details. However, the full financial envelope of HERproject has not been made available. Therefore it is not feasible to undertake a detailed financial analysis of the HERproject cost distribution, nor its cost-efficiency.
- *Two-country approach*. The team has had the pleasure of undertaking assignments in two countries, which provides a good overview of HERproject inter-

ventions in different context. The HERproject uses – close to – the same approach in all countries allowing for extrapolation. However, contextual difference in other countries may have provided evidence to nuance the findings further.

Bangladesh

Limitations specific to Bangladesh include:

- *Selection of beneficiary interviewees*. The factories in Bangladesh operate 80-person production lines, producing 150 items an hour. These production lines can only operate if all 80 persons are present at the same time. To reduce production delays, the factories therefore decided to pre-select interviewees for the evaluation and replace these for half a day with their human resource pool. Consequently, a randomised beneficiary selection process was not feasible. According to the factory management, the beneficiaries chosen were a combination of volunteers and persons identified by the welfare officers at the factories. It is the team's assessment that this has resulted in a minor positive bias in terms of the responses (i.e. the factory would be less willing to identify persons less vocal and positive towards the project). There is however, little evidence to suggest that the findings would had differed substantially from a randomised process as the responses were corroborated with HERproject's own statistics and interviews with stakeholders and resource persons.
- *The assignment in Bangladesh was undertaken by two male evaluators*. This would potentially have resulted in a limitation in terms of the willingness of the female target group to open up and discuss openly the more sensitive issues. This might have been the case in one of the four factories visited where the very young interviewees were shy and less willing to discuss sensitive issues. However, in the three other factories, the women (peer educators) as well as regular workers) voluntarily and vocally discussed issues such as HIV/AIDS, the use of condoms and menstrual cycles, with examples from their own lives.

Kenya

Limitations in Kenya were less pronounced. However two limitations should be considered:

- *As in Bangladesh, the team was not in a position to select the interviewees* as this would hamper the production cycle at the farms. Instead, these were chosen by the farm management. However, the team encountered women who were very vocal, as well as those who were very shy, indicating that not only 'the best examples' were chosen, but rather that availability guided the selection as well.
- *Unlike in Bangladesh, there are no brands represented at country level* (instead, these were interviewed by phone/Skype at HQ level). Similarly, the project has limited interaction with other stakeholders in Kenya, limiting the opportunities for cross-referencing information with stakeholders who were neither employed by the farms nor by NOPE.

2 Background

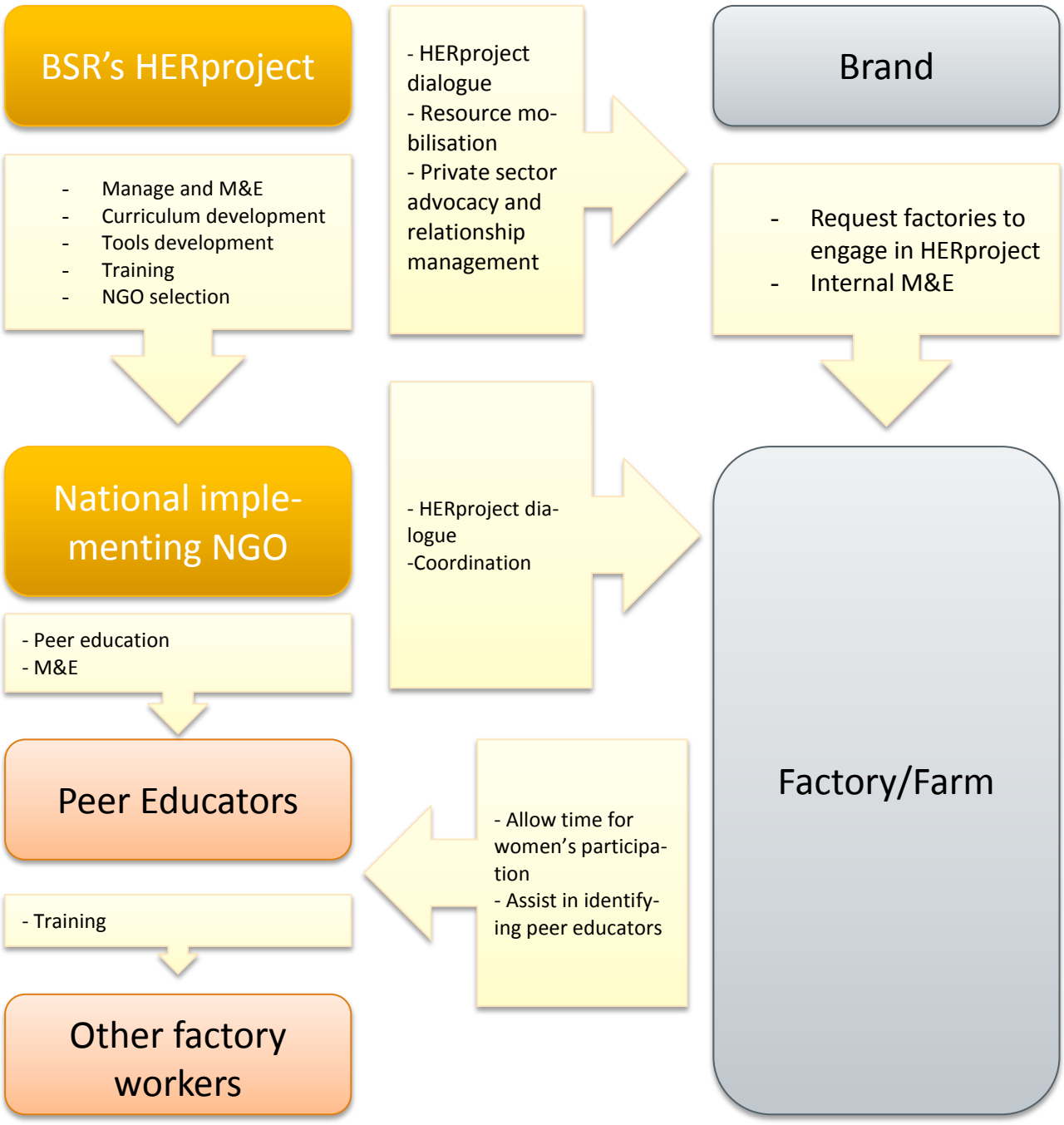
In the following, we present the HERproject, the Sida-HERproject cooperation, and the specifics related to the two countries subject to this evaluation: Bangladesh and Kenya.

2.1 HERPROJECT

The HERproject was launched by Business for Social Responsibility (BSR) in 2007, connecting multinational companies and their production factories to local NGOs to create sustainable health programmes for women in the workplace. Linking development goals with commercial productivity gains, and striving to demonstrate business benefits - including increased productivity, reduced absenteeism and turnover - and improved worker-management relations, are at the core of the HERproject. The workplace is used as the forum to raise female workers' health awareness and access to services, especially concerning reproductive health and maternal health, making HER an example of how public funding can enable private sector investment.

The HERproject is managed by BSR. The implementation approach is identical in each country (but with culturally different (sensitive) drawings supporting the curriculum and adaptive additions where it was assessed to be needed). In practice, HERproject identifies, trains and cooperates with local NGOs that deliver training to peer educators at targeted factories and farms, who then train the remaining female workers. At international level, BSR is responsible for private sector advocacy, including identifying and recruiting new companies to participate, negotiating and organizing growing participation by companies over time, and managing reporting relationships with participating companies. BSR also develops curriculum and tools for global implementation; selects NGO partners, and supervises existing partners (20). A short summary of the HERproject implementation can be found in figure 2.1 below.

Figure 2.1 HERproject implementation overview



Since 2007 and until December 2013, the HERproject has operated in more than 160 factories to reach over 220,000 low-income women workers, addressing sexual and reproductive health issues such as menstrual hygiene, HIV/AIDS prevention, and other common and preventable health conditions such as anaemia. As of December

2013, HERproject was active in Bangladesh, Cambodia, China, India, Indonesia, Kenya, Pakistan, and Vietnam.

HERproject seeks to contribute to the realisation of Millennium Development Goal Five (MDG 5) through enhanced women's health knowledge and access to reproductive health services, and resulting improvements to maternal health. The change assumptions are, first of all, that factories constitute an effective venue for expanding women's health behaviour and access to services, including access to family planning information and services for improving health behaviour; and secondly, that if a factory implements a health education programme and improves on-site health services, there will be a return on investment.

In addition, the HERproject health improvements are expected to enhance the productivity and performance of the factories/farms targeted, through improved health and reduced absenteeism at the workplace. This element forms part of a greater objective of the HERproject in attracting more attention and funding from the private sector globally to HERproject type activities.

Since 2007 the HERproject has evolved from having a pure health focus to an empowerment focus, launching HERfinance and partnering with Walmart for their Women in Factories Programme in China. The HERproject Theory of Change analysis established a number of assumptions on which the programme is based. These are presented in table 2.1 below.

Table 2.2 HERproject ToC assumptions

No.	Level of assumption in causality chain	Assumption
1	Impact	Improved sexual and reproductive health and rights empowers low-income women
2	Outcome (related to objective A - Impact)	Targeted women are able and willing to adapt the enhanced knowledge and access to health services, and to use this proactively for improving sexual and reproductive health (behaviour change)
3	Outcome (related to objective B – programme)	Private sector has a positive attitude towards (from a CSR as well as a financial perspective) engaging in improving sexual and reproductive health in the workplace, and is willing to increase its financial and human resources to the cause
4	Output (related to objective A – impact)	The factory workplace provides an increased opportunity for reaching out to a low-income female target group not otherwise included in SRHR activities
5	Output (related to objective A - Impact)	Targeted women prioritise resources to participate in capacity development / awareness raising activities
6	Output (related to objective B – programme)	Factory management is committed to engage in HERproject activities during and beyond the project period. This includes allowing female workers to participate and allocate needed time Implementing NGOs have the capacity to implement HERproject activities, and are willing to engage in activities to further enhance this capacity International companies commit to engaging in HERproject activities

See the full Theory of Change analysis in the attached Inception Report (see Annex 5).

2.2 SIDA-HERPROJECT COOPERATION

Sida has funded the HERproject with core funding for two project periods 2010-2011 (SEK 7.1 mill.) and 2012-2013 (SEK 7.6 mill.).

The HERproject is part of the Sida 'Drivers of Change' programme initiative that works to influence the private sector and/or the market for the benefit of people living in poverty, and for sustainable development. In order to receive funding under the Drivers of Change programme, the HERproject should ideally cover 30% of the project costs. HERproject meets this requirement. Sida wishes to mobilize private sector funding for all their projects within the portfolio of private sector collaboration.

The HERproject falls within the Sida Unit for Private Sector Collaboration where private companies contribute to the objectives of international development cooperation and reform. The funding for the HERproject is seen to have a win-win objective: women gain better health opportunities and rights, and the companies get more productive workers. The project however also falls under several other sector policies as identified in chapter 3 below.

2.3 BANGLADESH CONTEXT

Bangladesh has elaborate national strategies and policies in place in terms of gender and universal access to health care. The Gender Strategy and the National Policy and Action Plan for Women, as well as the fact that the Ministry of Women and Children's Affairs has created gender focal points in each line Ministry, indicate a mainstreaming of gender issues across national policies. However, the results are less tangible in implementation of family planning and strong maternal and child health within the framework of sexual and reproductive health care, including safe motherhood, family planning, prevention and control of RTI/STI/AIDS, maternal nutrition, adolescent care, infertility, and neonatal care.

Women in Bangladesh have poor awareness about their sexual and reproductive health, including their rights (SRHR), which combined with a male dominated society where women have little or no control of matters related to marriage and sexuality results in poor health conditions. This is compounded by a high poverty rate (81% of

the population lives on less than 2 US$ per day)[1], early marriage and widespread violence against women with domestic violence as the biggest threat facing adolescent girls.[2]

Bangladesh has one of the highest rates of child-marriage in the world. It also has one of the lowest rates of birth registration in the world, which constrains legal protection against child marriages. 74% of the girls marry before the age of 18, and over one third even before the age of 15. Early marriage leads to early pregnancy and is hence considered the most important factor standing in the way of a breakthrough in maternal mortality reduction. Abortion is illegal in Bangladesh but 468,000 abortions happen each year and at least 8.000 women and girls die from complications of unsafe abortions. Out of the 3.9 million pregnancies, 1.2 million are unplanned. Maternal deaths are the most common cause of death for women under 34 years. 14% of pregnant women's deaths are associated with violence and injuries.[3]

The low cultural and socio-economic conditions for women in Bangladesh are reflected in the working conditions in ready-made garments factories[4]. Here sexual harassment by line supervisors is widely reported. The incidents of long working hours, inadequate sanitation facilities and lower pay than men are widespread. The 2006 Bangladesh Labour Law was an improvement for the factory workers and especially the women. The provision of four months maternity paid leave instead of 3 months, as well as establishment of more robust health and safety codes for factories[5] are good initiatives, but even though they are now legally provided for in the law they are hardly enforced in factories leaving the provision only applicable to women working within government institutions, a few complying private organizations and in some international NGOs and development projects. Despite Bangladesh being perceived to be one of the few Islamic states with a considerable tolerance towards the issue of homosexuality, people who are open with their non-conforming sexual orientation are not employed in formal jobs, including factories.[6]

Access to health care is equally limited for women due to lack of health insurance by the factory owners (and governments) as well as the social stigma making them una-

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[1] UNFPA Bangladesh Country Programme Document 2012-2016

[2] Bangladesh Bureau of Statistics: Report on violence against women 2011, UNFPA

[3] Faridpur Med. Coll. J.: Intestinal Perforation as a Complication of Induced Abortion - a Case Report and Review of Literature, 2012

[4] Female workers make up nearly 85% of the garment sector workforce.

[5] War on What: Ignoring the law – labor rights violations in the garment indutry in Bangladesh, 2009

[6] http://koishorkal.com/about-us/current-situation-of-sexual-and-reproductive-health-in-bangladesh/

ble to seek SRH services alone. Furthermore, ready-made garments factories do not employ any health counsellors.

HERproject in Bangladesh
BSR started implementing the HERproject in Bangladesh in 2010, through their local representative, Change Associates. Change Associates is guided and supervised by BSR regional office in Hong Kong.

In Bangladesh similar programmes have been funded by Walmart, Austrian Development Agency, Care International, Embassy of Netherlands in Bangladesh, and different funding consortia. HERproject is, however, unique in the sense that it focuses on SRHR in Bangladesh, runs programmes for a year at the concerned factories where it develops peer-leaders (Shastho-Shokhi in Bangla, literally translated as health-friend). Change Associates as the local representative of BSR ensures quality control of the NGOs implementing the programme.

The Evaluation team visited four factories in total – two in Dhaka and two in Chittagong. The first factory visited in Dhaka had initiated the programme in the last six months. The remaining three factories had all completed the HERproject implementation cycle.

2.4 KENYA CONTEXT

Kenya is a signatory to a number of international and regional human rights instruments: the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the African Charter on Human and Peoples Rights, and the Maputo Protocol. In the country's new constitution of 2010, the right to healthcare is now provided for, including a right to reproductive healthcare (article 43). Kenya's development strategy, Kenya Vision 2030, prioritises reduction in the incidence of HIV and AIDS, and improvement of maternal mortality rates as key in the development of the country.

In comparing Kenya's reproductive health indicators against the indicators linked to MDG 5, progress is lagging. In the MDG report of 2013, Kenya was recorded as one of the eight countries in Africa that had shown insufficient progress. Maternal mortality rate remains high at 488 deaths per 100,000 live births (against the 2015 target of 147).[7] In addition, the number of births attended by skilled health personnel is 44% against a target of 90% by 2015.

[7] Assessing Progress in Africa toward the Millennium Development Goals. Food security in Africa: Issues, challenges and lessons. MDG Report 2013.

In 2012, according to WHO, 465,000 abortions resulted in more than 1,200 deaths due to unsafe procedures. Despite the criminalization of Female Genital Mutilation (FGM) in 2011, 27% of all women are still subjected to this practice. The HIV/AIDS prevalence is 7.1% with less than half receiving treatment including children.[8]

Part of the explanation for the absence of progress within the SRH sector can be attributed to the lack of capacity within the public health services, not least in rural areas, as well as insufficient government funding for public health, which has been reduced from 7.2% in 2010 to 5.7% in 2013.[9] In a bid to improve maternal health, on 1 June 2013, the Government launched a new policy of free maternity services in all public facilities in order to combat the persistently high maternal mortality and morbidity rates in the country. Additionally, user fees were waived in public dispensaries and health centres. However, without additional resources to deal with this policy, the health facilities immediately began to feel the effects. Within a month, the main national referral hospital – the Kenyatta National Hospital – recorded an increase of 100% more pregnant women seeking care. The recent government budget 2014-2015 allocates $45 million towards improving maternal healthcare services. Although this is an improvement from previous years, combined with the overall health budget allocation, it is still well below the required 15% expenditure on health agreed in the Abuja Declaration (2001).

Historically, Kenya has had a poor record with sexual violence in the horticulture, and textile manufacturing sectors. An extensive report by the International Labour Rights Fund revealed that female workers in Kenya's export-processing industries were suffering from violent sexual abuse by their employers and supervisors. Over 90% of their respondents had experienced, or observed, sexual abuse within their workplace. Very few private companies in these industries – whose employees are made up of close to 75% women – provide medical insurance schemes for their employees as provided for under the Employment Act. Kenyan law provides for 90 days of maternity leave; however, a report for the Kenyan Human Rights Commission 2012[10] states that employers in the cut-flower-business withhold the pay and force mothers quickly back to work.

[8] http://apps.who.int/gho/data/node.country.country-KEN

[9] http://www.tradingeconomics.com/kenya/health-expenditure-public-percent-of-government-expenditure-wb-data.html

[10] http://www.khrc.or.ke/media-centre/news/108-employers-withholding-maternity-leave-pay-for-women-employees-in-kenyas-flower-farms-women-suffer-subtle-discrimination-in-multi-million-shilling-industry-.html

One SRHR violation with high prevalence levels in Kenya is sexual violence, which mainly affects women and girls. According to the 2008-09 Kenya Demographic and Health Survey, 12% of women aged 15-49 reported that their first sexual intercourse took place against their will. The report also indicates that one in five Kenyan women have experienced sexual violence.[11]

The root cause of sexual violence in Kenya is the historically unequal power relations between men and women, and the abuse of this power by men.[12] These unequal power relations were born out of laws, policies and community practices which deprive women of autonomy in both private and public spheres. One contemporary example could be the recent Marriage Act of 2014, which legalises polygamous union, and takes away the agency of the first wife to choose any potential co-wives. On the other hand, there is a national and legal framework for SGBV, guided by the 2010 Constitution.

HER Project in Kenya

The HERproject in Kenya has been in operation since 2012. And for BSR, the National Organisation of Peer Educators (NOPE) is the primary implementing partner for the project in the country. As well as working with key groups such as sex workers, and MSM, NOPE has a long history of providing peer education in the workplace in Kenya on HIV/AIDS, as well as working on SRHR issues.

The pilot project was implemented in two flower farms: Longonot Horticulture in Naivasha, and Ravine Roses in Eldama Ravine.

Longonot Horticulture: The project here was implemented between 2012 and 2013. A total of 21 women were trained as peer educators, over 10 training sessions. The farm employs 1,200 workers, of which 600 are women. Longonot horticulture is a supplier to Marks and Spencers, which provides part of the private sector financial contribution allocated to the farm.

Ravine Roses: The project was implemented between October 2012 and March 2014. A total of 25 women were trained as peer educators, trained over a series of six sessions. The farm employs 1,100 staff, with the number of women standing at 560. Ravine roses supplies flowers to Sainsbury's, and Sainsbury's therefore provides part of the private sector financial contribution to the project.

[11] Kenya Demographic and Health Survey (KDHS) 2008-09.

[12] Kiragu J (2011) Status of Sexual Gender Based Violence in Kenya

3 Evaluation Findings

The evaluation findings are presented below in accordance with the OECD-DAC criteria of relevance, effectiveness, efficiency, impact/outcome and sustainability. In presenting each of these, the findings below are provided at individual country level, as well as in relation to issues beyond the country, i.e. overall programmatic and policy issues.

3.1 RELEVANCE

- Is the HERproject reaching the targeted beneficiaries? Are there other beneficiaries to the project?
- Does the new HERproject align with the Strategy for Sustainable Economic Development?
- Does the HERproject align with other Swedish policies?
- Is the HERproject approach relevant to the beneficiary needs?

Below is an assessment of relevance, which, in this case, analyses the appropriateness of objectives to the SRHR issues that the HERproject is designed to address – and to the physical environment and policies around which it is operates.

Bangladesh
The HERproject has direct and indirect beneficiaries. At the first level are the female factory workers; at second level are the factory worker communities, and finally, the HERproject 'clients', i.e. the brands and factory management.

The specific focus on female factory workers of the HERproject means that the direct beneficiaries are easily identified and targeted. Consequently, these can be identified and registered, which also makes it easier to document change over time. The evaluation team can confirm that the HERproject reached the targeted beneficiaries, both in terms of reaching peer educators, and similarly, the peer educators reached out to its target group (i.e. factory workers in general). In all factories visited all female workers had been involved in the project, or plans were in place to ensure that all female workers be involved.

The topics included in the HERproject curriculum were assessed as relevant as per the desk study of the context and confirmed by the factory workers and management. This was particularly the case for: menstrual cycles, nutrition, hygiene, and HIV/AIDS.

The HERproject so far focuses on women's SRHR. While several women interviewed (most of whom were married) did state that they discussed the SRHR issues with their husbands, men are so far not formally involved in the project.

The HERproject reports state that the project reaches out to factory worker communities and families. There were anecdotes from some workers of them reaching out to families at home; but no direct efforts have been made by the HERproject to reach out to the families, beyond the factory worker link; nor have specific tools been provided for this activity to support any such outreach. The target group is not immediately relevant to the factory floor approach, yet relevant to the SRHR needs in Bangladesh.

At the higher level of the intervention, the beneficiaries include the factories, and the brands, who confirmed appreciation with the HERproject focus and approach. The HERproject is consciously using a sensitive approach to engaging with the brands and factories, which enables access to the factory floors. Interviews with brands and factory management revealed general scepticism and reservations about allowing outsiders, and in particular NGOs, access to the premises. For HERproject to succeed in the Bangladeshi context, the project has had to win over the confidence, first of the brands, and secondly of the factories. Gaining acceptance from the brands is of particular importance because, as clients of the factories, they are the ones who may demand (and in most cases finance) HERproject activities at factory level.

HERproject provides an approach, which is aimed at building trust and providing access by:

1) Explaining the project intentions and process in a transparent manner (according to interviewees) to achieve greater understanding and buy-in.
2) Allowing the brands and factories to choose between three different NGO implementers and one private sector company (Change Associates) for the implementation, ensuring ownership.
3) Coordinating and approving all major activities of the NGOs in the factories for oversight and guidance.

From a relevance perspective, this approach has enabled access and is thus relevant to the client (brands and management) beneficiaries. The approach taken reduces sensitivities and focuses on positive benefits in an environment where the brands and factories need not fear what they determine as 'inappropriate' reporting.

Kenya

As in Bangladesh, the project manages to reach all its primary targeted beneficiaries, i.e. female farm workers in the two farms targeted with Sida funding (peers as well as other workers). All female farm workers have been covered through the peer education model. Taking into account the emphasis of the project, male workers were not included in all the awareness raising sessions with the workers. However, due to increased demand from the men, as well a realisation on the part of the women on the need to involve the men, male workers were also targeted for some of the sessions:

nutrition, hygiene and HIV/AIDS. In addition, in one of the farms, the peer educators were reaching out to the wider community outside the workplace, of significance being the awareness raising sessions they were carrying out with children in the surrounding schools.

The project is assessed to be partly relevant to the beneficiary needs. Most elements of the project are assessed to be very relevant. These include nutrition, family planning, HIV/AIDS, and hygiene. The relevance was confirmed by workers as well as factory management. However, some of the topics raised were assessed to be of less relevance, as the women were already well aware of the basic content of these topics. These include a number of maternal health issues, menstrual cycle issues, and use of sanitary napkins.

More importantly, there were a range of topics of high degree of relevance to the workers (according to workers and management), which were not captured or addressed by the project. Of these, particular emphasis was laid on Sexual and Gender Based Violence (SGBV), alcoholism and malaria, which were referred to as 'most pressing needs'. One farm was found to be already addressing some of these issues through its self-initiated farm gender committees.

In terms of relevance of approach, sensitivities towards involving NGOs in farm-related work, and engaging on development and rights issues are substantially less evident in Kenya. According to interviewees, this is partly as a consequence of a long track record of cooperation between the farms and NGOs, and the development sector in general. Therefore, NOPE had fairly easy access to the farms. Reluctance to participate in the project was more associated with concerns related to opportunity costs and ROI for the farms. It is assessed that the HERproject's sensitive approach is still relevant in the Kenyan context, but it is of lesser importance than in Bangladesh.

Findings beyond country level

The support to the HERproject falls well in line with the overall Swedish Development Cooperation policy, where one of three priority areas relate to gender equality and the role of women in development. At a lower level in the hierarchy of relevance, the support is aligned with the policy 'On Equal Footing Policy for Gender Equality and the Rights and Role of Women', which, among others, specifically focuses on women's economic empowerment and working conditions, as well as on SRHR, including HIV/AIDS.

During the evaluation period the strategy of funding was the 'Strategy for capacity development and collaboration 2011–2013'. The support is aligned with the objective of enhancing the private sector engagement in development and enhancing capacities in developing countries.

The team was specifically asked to assess the HERproject against the new strategy: 'Resultatstrategi för globala insatser för ekonomiskt hållbar utveckling 2014-2017'. The team has assessed the evaluation findings against this strategy and thus not the

new HERproject phase, which is still being developed. The HERproject in the period evaluated is only to a very limited degree aligned with the new Swedish Government policy. The strategy has four priority areas:

1) Food Security
2) Inclusive and effective markets
3) Information and Communication Technology
4) Free trade and sustainable private sector activities.

None of the above are substantially aligned with the past HERproject implementation. The strategy does emphasise support to ensure women's economic opportunities in the workforce, though the focus is mostly on women entrepreneurs and small-scale farmers. The alignment with this specific Swedish policy is thus more in relation to the overall objectives of the policy concerning improved income opportunities for women and men living in poverty in rural areas.

At the country policy level, the relevance differs between the two countries of field research. In Bangladesh, the HERproject is highly relevant as SRHR is a key priority in the previous as well as in the new country strategy, and thus contributes towards the fulfilment of the goals of the strategy. In Kenya, however, SRHR does not feature prominently in the country strategy, and there is limited attention to SRHR and to private sector development,[13] but the project could, to some extent, contribute to the gender equality debates that are ongoing in the country.

3.2 EFFECTIVENESS

- Has the HERproject contributed to enhance targeted women's awareness of sexual and reproductive health and knowledge of access to health services?
- Has the HERproject contributed to enhancing the understanding of women's health and rights among the management chain in the businesses supported?
- Has the HERproject contributed to enhancing the capacity of the NGOs implementing the HERproject?
- Has the HERproject contributed to improving factory/farm performance by enhancing female workers wellbeing and improved attendance rates?
- Has the HERproject contributed to enhancing women's awareness about their sexual and reproductive rights?
- Is the HERproject implemented in accordance with the HRBA principles of transparency,

[13] However, efforts towards enhanced private sector development, industrialisation, and economic growth form part of the new Government's commitment to poverty reduction and wealth creation.

accountability, non-discrimination and participation?

This section presents an assessment of the extent to which the planned outputs of the HERproject are being achieved, and the appropriateness of the approaches being used in the various project components. Findings are listed for the two countries followed by reflections on issues that are not country specific.

Bangladesh

In Bangladesh, the effectiveness in relation to the direct target group is assessed to be high overall. The team tested the knowledge of peer reviewers and workers on the six HERproject priority areas selected for each factory, and in three out of four factories visited, the knowledge of nutrition, health, menstruation cycles, HIV/AIDS as well as the use of e.g. condoms was assessed to be high.

In all four factories, in particular the menstrual cycle and the use of proper sanitary napkins (in three out of four cases the napkins were subsidised by the factories and/or brands) had a profound impact on the health of the women, who experienced less infections and as a consequence, less sick leave. Similarly, several had improved their nutritional intake, which at the same time reduced the financial burden on the household, as less funds were required to purchase more expensive meat and fish. Finally, the awareness of HIV/AIDS prevention and cure was generally high. These findings were corroborated with the factory health staff and nurses who reported a greater understanding on women's health issues among staff enabling them to provide more relevant medical services.

The heightened awareness of women's health and nutrition issues also meant improved/more candid discussions of these issues, according to factory workers, welfare officers and nurses. This has enabled women to better articulate their health problems, and the nurses to address these in a more targeted manner.

In terms of sexual rights, the married women were able to discuss some basic family planning with their husbands, though none would agree to this having had any influence on the family planning process. The team assesses that there are three reasons for this less pronounced effectiveness on reproductive health: (i) the cultural barrier to discussing family planning in Bangladesh and the patriarchal society limiting women's ability to influence family planning decision-making; (ii) linked to this is the relative limited intervention period of the HERproject, and the fact that only women are targeted so far, leaving out the real decision-makers: men; and (iii) the limited emphasis on sexual rights in the HERproject curriculum.

The project appears to generate a degree of Return on Investments (ROI) for the brands and factories. While no comprehensive data set documenting ROI is available yet, all four of the factory management teams interviewed stated that participation in the HERproject has resulted in: (i) reduced absenteeism due to improved health; (ii) less turnover of staff, as the workers chose to stay in the same factory for longer periods given the non-production activities of HERproject (and other interventions as

well); and (iii) as an unexpected benefit, the use of the peer reviewers as first point of entry to discuss health and nutrition related issues. This freed up work for the factory health workers who could then prioritise other duties, eventually saving on factory costs.

A key part of the lower levels of the Theory of Change of the HERproject is the ability of the project to enhance the capacity of the NGOs to implement SRHR activities in the targeted countries (though this also has implications for higher level sustainability and ownership). In the case of Bangladesh, the NGOs selected are already engaged in SRHR issues in one area or another. Two of them had previously been directly involved with factory workers, while for the remaining NGOs, working in factories is new.

In all cases, the NGOs have hired new staff specifically for the HERproject, who have received five days training, coaching and follow-up by the BSR Bangladesh partner (Change Associates) and BSR staff. Generally, the staff work in an independent unit in the NGO, to separate the HERproject activities from the other activities of the NGOs. While there are positive aspects to this approach, in terms of improved individual capacities, the opportunity for capacity development on a more strategic level for the NGO is not utilised.

The extent of capacity of the NGOs is limited in the broader scope, though present with specifics related to the HERproject. On the one hand, the capacity of all NGOs has been improved by more staff and specific HERproject training. On the other hand, this training is in most cases isolated from the NGOs' own portfolio, and therefore, it does not form part of the NGOs' overall strategies. It is, consequently, not an overall capacity enhancement of the NGOs according to the NGOs needs and own strategic plans. Instead, the focus is more on HERproject specific implementation capacity (as well as *ad hoc* programme management, monitoring and financial management related training). Most of the HERproject contracted NGOs undertake similar activities in partnership with other international NGOs as well, and already have the capacity in-house (with the exception of factory floor knowledge for some of these). The NGOs will in the future thus be able to implement the HERproject as per the HERproject implementation plans, but their capacity enhancement is not designed to be included in the overall NGO strategy development, and thus influence the norms and ideologies of these organisations in terms of SRHR. As a result, the additional contribution to Bangladesh SRHR NGO capacity is limited to HERproject activities. Finally, it should be noted that the HERproject online toolkit is still to be used in Bangladesh and its utility is therefore not assessed.

HRBA is applied in part during implementation. The process is explained well to all parties, as is the content. Participation in the project activities is voluntary. The project's implementation pays particular attention to the context, and ensures that images and text are culturally appropriate (though with only limited attention to Sexual and Gender Based Violence, of which there is a high prevalence in Bangladesh). Using factory workers as peer educators allows for a high degree of participation in the im-

plementation of the project; however, the content and influence of the peer educators and factory workers remains limited given that the curriculum is, for the most part, already pre-set.

Finally, the effectiveness of the HERproject in Bangladesh is, evidently, closely related to an implementation process that is sensitive to the concerns of the factories and the brands. Interviews showed a high degree of sensitivity from the brands, and in particular factories, in letting external NGOs and resource persons access the factories and engage with the workers. This initial reluctance of engagement is a consequence of the external attention to workers' conditions in Bangladesh by the press, NGOs, and consumers.[14] HERproject has therefore had to build the trust of the factories and brands and it has been successful in doing so by: (i) being transparent about its approach and intentions; (ii) allowing brands a key role in identifying sites of implementation; (iii) carefully selecting and monitoring implementing NGOs, and limiting association with external interest groups such as the unions, the state or activist NGOs. Similarly, the dialogue with the brands and factories has focused on ROI as well as on the health of the employees. This approach is realistic in terms of reaching out to NGOs, however the less sensitive areas of work could also be seen as an opportunity to involve the unions more strategically. This is still to be explored.

Kenya

In the two farms where HERproject was implemented during the Sida funding period, the project has been effective in achieving most of the results related to improved awareness on SRH, and general health and nutrition issues. However, in relation to the 'rights' aspect of SRHR, there was little evidence of effectiveness (this is dealt with in more detail below, in findings beyond country level).

The team found the knowledge to be particularly strong in relation to nutrition, the use of contraceptives, and hygiene. In the two farms, there were ample examples from interviewees of how this information had resulted in positive behaviour change. These changes, among others, resulted in lower levels of reported sick days and improved health of the female farm workers. The effectiveness was attributed to the commitment of the peer educators (trained as per the HERproject approach by NOPE), as well as to the visual effects of the HERproject drawings used during awareness raising sessions. These visual aids enabled easier discussion on sensitive topics such as STIs, which, taking into account the rural context in which the farms are located, are still subject to stigma, and could not be debated publically.

[14] This is, in part, a result of two successive factory tragedies in Bangladesh that brought global attention to the conditions under which factory workers in the country operate: one, a factory fire in 2012 that killed over 100 workers, and the second, a building collapse in 2013 that killed over 1,000 factory workers.

However, in relation to the selection process of peer educators, whereas one farm made this a participatory, voluntary and transparent process, involving the staff as the main decision-makers of the individuals selected, the other farm did not. The effect of these two approaches was evident, in that, for the more transparent approach, the peer educators demonstrated a greater dedication to the awareness raising tasks, compared to that where management hand-picked the educators themselves.

Additionally, there are a few other areas where the assistance has been less effective. This includes, on the one hand, HIV/AIDS, where the respondents were not always fully aware of the disease transmission risks; and, on the other hand, maternal health and menstrual cycles, where the respondents were already well informed and thus the extra awareness raising by HERproject has made only a minor difference.

From the perspective of a human rights-based approach, the project in Kenya has not fully taken into consideration the needs of the beneficiaries. While ergonomics were included as a separate topic on request from beneficiaries, some topics were included in the standard HERproject curriculum where, as mentioned above, awareness was already in place. More importantly, the respondents raised a number of SRHR and health related issues, where they would have preferred to have awareness and training on: SGBV, alcoholism and malaria (as mentioned in the relevance section above). The omission, as well as limited opportunities to alter the process and topics during implementation to cater for contextual needs, illustrates that there is room for improved participation and downwards accountability on the side of BSR. The approach does provide opportunities for engaging the workers in closer dialogue with the factory management on improved SRHR related services and conditions in the factory, and thus enhanced accountability of the management to the workers. This however still needs to be explored. Participation remains though, in terms of letting peer educators implement the project, and in peer-educator to NGO follow-up meetings at refresher trainings.

The implementation of the project has had a positive side-effect in one of the farms in Kenya, where the HERproject has resulted in the reinvigoration of an already existing so called gender committee. The committee is used to discuss women's' labour issues, promotions at work, family and GBV issues (irrespective of the name, these committees comprise women only). The committees were not so active, but have been revived, with management support, using the HERproject peer educators as facilitators, to the appreciation of all interviewed.

The second objective of the HERproject related to the capacity development of local NGOs is less evident in Kenya. The implementing NGO, NOPE, is already a strong NGO specialising in peer education and with previous SRHR experience.[15] NOPE has enhanced its expertise in implementing in farms as a new target area, but is otherwise strong in the methods and themes of HERproject. NOPE has, furthermore, contributed with some of the drawings for the HERproject tools. Irrespective of this NOPE has implemented the HERproject curriculum as agreed.[16]

The final objective of increasing the engagement of the private sector in SRHR related issues at the workplace has, in part, been effective. The farm management was generally very positive towards the project and open to further replicating the activities in other farms. Furthermore additional donor funding has enabled HERproject to be implemented in a further 10 farms across Kenya. However, irrespective of the praise of BSR and NOPE by brands and farm management, one of the brands explicitly found the project too expensive and according to interviewees, smaller farms (100-800 workers) approached were not convinced about the ROI in light of the cost of implementation (USD 8,000 per 2,000 workers). For one of the (arguably large) farms visited, there was agreement by the management that there was sufficient ROI emerging from higher worker welfare and less absenteeism. An ROI assessment could not be done for the other farms due to recent rapid expansion of its operations.

Findings beyond country level

The team found that less attention is paid to human rights and 'rights' elements of SRHR in the HERproject. The team has assessed the BSR curriculum used as the basis for the training of peers (the detailed assessment can be found in Annex 6). The assessment illustrates that, while some rights are addressed, a number of SRHR related 'rights' remains to be included in the curriculum. The curriculum is particularly strong in terms of: HIV/AIDS, menstrual cycles, family planning related to contraceptives and abortion, maternal health, and child mortality; but it refrains from engaging in more sensitive areas. The weaknesses may be categorised into three:

1) Very limited attention to and awareness raising about gender equality and/or gender discrimination.
2) Limited attention to women's rights in terms of family planning, the right to maternity leave, and child marriages.
3) No reference to Sexual and Gender Based Violence (SGBV) as well as Female Genital Mutilation.

[15] NOPE has implemented a number of projects related to sexual and reproductive health and women's empowerment in the past. See also: http://www.nope.or.ke

[16] The team has had access to the NOPE-HERproject Memorandum of Understanding, which states detailed implementation requirements of NOPE in accordance with the HERproject approach.

From a rights perspective, the generalised (global) nature of the curriculum furthermore means that the curriculum does not relate to the rights secured by law in the countries targeted, such as reference to SGBV related legislation, FGM legislation or general legislation about the right to clean water and health services (i.e. as a right rather than an opportunity).

3.3 EFFICIENCY

- Are the inputs provided (human as well as financial resources) acceptable to the outputs for a capacity development project?

The following is an analysis of the HERproject costs, how they are managed, and the effect of these on the overall operations of the project with the limited information at hand. The information is based partly on the HERproject proposal to Sida and on a separate sheet provided to the consultant mid-August.

Bangladesh
Efficiency at local levels in Bangladesh is assessed to be generally high. The project is implemented by local NGOs at a flat rate cost of USD 5,000 per factory. The cost per factory worker thus depends on the size of the factory, and while large factories provide a rate close to USD 1 per beneficiary, the smaller factories will bear a cost of USD 3-5 per beneficiary. This cost covers the full 18 month+ implementation. The cost is either borne fully by the brand or as combined funding between the brand and the factory.

The low cost level at the implementation level is in part a consequence of the peer educator approach (training of trainers), which limits the required NGO presence at the factory, and enables financially cost-free peer education, though there is a noteworthy cost in terms of production loss, in terms of loss of work hours, when factory workers participate in trainings.

Overall, the HERproject services are managed by Change Associates, which acts as the BSR representative in Bangladesh. Funding information for the operation of Change Associates was not available to the evaluation team and, therefore, the efficiency aspect in relation to HERproject and fund use/allocation of the NGO could not be assessed.

Kenya
The Kenya operations of HERproject (at country level only) are assessed to be efficient in light of the context. No funds are used or allocated to local level representation, which is instead covered by NOPE as the implementing NGO. According to all the parties interviewed, NOPE is assessed to be fully qualified for this implementation.

The distances to some of the farms in Kenya can be a challenge in terms of time and cost-efficiency. The selection of farm locations, i.e. in the vicinity and distance from each other is likely to have a substantial impact on the efficiency of the implementation of the project in terms of the costs of the logistics, and the staff time spent in travelling to the various locations.[17] NOPE and HERproject are aware of this issue and have started to includes it as a criteria in the farm selection process.

Findings beyond country level

Full information of HERproject funding, i.e. the full budget envelope and accounts based on all resources available (donor and private), has not been made available, which limits the opportunities to assess overall cost-efficiency. This is in particular relevant as Sida provides core type funding, which allows for a high degree of fungibility, in principle allowing for budget line substitutions, which requires access to full budget/accounts.

However, some general assessments can be made. The funding for the HERproject is applied at two levels: (i) BSR central level work and administration (and coordination fees for some activities at country level); and (ii) HERproject implementation at country level.

At country level the cost-efficiency is generally high, as the cost is calculated to be between USD 1 and 5 per beneficiary in the factories and farms depending on size of the factory/farm and country specifics (Kenya is more costly for implementation than Bangladesh due to higher rates on salaries and reimbursements). The low rates are however, in part, a consequence of the fact that key activities are implemented and their related costs are incurred at BSR level. These include, among others, outreach and dialogue with brands (and donors), curriculum and tools development, coordination, assistance to initial implementation and monitoring, and programme management.

The full cost per person cannot be assessed without the full annual budget and beneficiary statistics. However, the budget narrative for the Sida application does provide a breakdown of the costs in percentages. According to this 39.3% of total costs are allocated for BSR HERproject staff (excluding the costs for staff at NGOs implementing the project; 5.5% is used on travel, while an additional 6% is allocated for overheads). Funding that is directly related to capacity development outputs is categorised as additional resources for local NGO partner pilot project and growth and, curricu-

[17] The NOPE trainers only need a few hours at each factory for each visit, and as some factories are 4-5 hours drive from Nairobi, the visit to just one factory is relatively less cost-efficient.

lum and tool development are combined with communications and other administrative costs, amounting to 6.6%. However, as some staff members are also engaged in capacity development activities the breakdown does not fully reflect the budget utilisation.

The budget figures provided indicate that more than 50% of the HERproject budget is used at central level. Some of this use is justified by the extensive outreach of BSR to private sector at central level, mobilising resources and engaging the brands in sexual and reproductive health issues. The central level costs are however still assessed to be high compared to other NGO projects[18].

Overall, the lack of full budget overview and detailed breakdown of beneficiary per year, makes it difficult to assess cost-efficiency and control the budget based on outputs and outcomes. Additional attention to cost vs. results is needed.

3.4 IMPACT/OUTCOME

- Has the HERproject improved the sexual and reproductive health of the target group?
- Has the HERproject in other ways affected the economic or social situation of the target group?
- Are there unintended longer-term effects outside the target group?
- Has the HERproject contributed to enhancing the corporate partners' long-term interest in investing in women's health?
- Has the HERproject improved the sexual and reproductive rights situation of the target group?

[18] Depending on the funding modality Sida allows a maximum of 20% in administrative costs and overhead (10% under some modalities). In a sample of 10 Sida funded NGO projects the programme management costs ranged from 10 to 47%. See e.g. Henrik Alffram, Pontus Modéer and Camillia Fawzi El Solh, Organisational Assessments of Civil Society Organisations: Assessment Report/ Team Kvinna till Kvinna / Reference number 2011-0001308, February 2013. Sida 2012. Assessment memo: Support to Kvinna till Kvinna (KtK) programme in Bosnia and Herzegovina 2012–2014 ; and Embassy of Sweden. 2012. Assessment memo: Kvinna till Kvinna's Serbian programme . Nilsson, A., Anger, J., Newkirk, J. 2010. Evaluation of support to the civil society in the Western Balkans . Stockholm: Indevelop-IPM. Kvinna till Kvinna. 2010. Sidanasökan Liberia Budget 2011-2013; Kvinna till Kvinna. 2010. Sidansökan Gaza & West Bank Budget 2011 – 2013. Henrik Alffram, Pontus Modéer, Camillia Fawzi El-Solh, Afrikagrupperna: Organisational Assessment, December 2012. Henrik Alffram, Pontus Modéer, Camillia Fawzi El-Solh, Organisational Assessment of Civil Society Organisations in view of possible qualification as Sida's framework or strategic partner organisation: Hand in Hand, Reference number 2011-0001308, March 2013. Martin Schmidt and Henrik Alffram, Evaluation of Olof Palme International Centre, Sida-review 2011:23, Martin Schmidt and Henrik Alffram, Evaluation of Olof Palme International Centre, Sida-review 2011:23. Erik Bryld, Henrik Alffram and Kim Sedara, Evaluation of Forum Syd and Diakonia's Democracy and Human Rights programmes in Cambodia, Final report 12 Sept 2012.

As described in the methodology section, the limited implementation time of the project (particularly in Kenya) makes it challenging to assess or document impact (long-term effects to which the programme has contributed), although outcomes (the actual use of outputs in the short to medium term) can more easily be assessed. Where feasible, possible impact has been documented, or the probability of the same discussed. The presentation of findings in the following section stakes this into account.

Bangladesh

While the project has only been implemented over a short period in Bangladesh, there are evident outcomes and probable impacts already visible.

1) Improved health of factory workers due to improved hygiene, use of sanitary napkins and improved nutritional intake. This is expected to improve the long-term health situation though the statistical evidence to illustrate this is lacking.
2) Probability of impact vis-à-vis improved sexual rights is challenging to assess given the sensitivities around the subject. However, the open discussions during the interviews with factory workers revealed an understanding of some of the main issues, although none reported a change in behaviour in this area.
3) There are evident outcomes in terms of ROI as absenteeism is down due to improved health, and so is the turnover of staff. The extent to which this has resulted in enhanced productivity and earnings for the companies (impact) is still to be fully documented. However, there is a high probability that this is the case given the improved work attendance rates.
4) Finally, a major outcome and possible longer-term impact, is the empowerment evident from the women the team met. These were willing to openly discuss reproductive health and sexual issues in a context where this is generally not accepted. This openness and verbal engagement (with foreign and national white collar men) is assessed to be an outcome of the project.

Kenya

While HERproject has only been implemented in Kenya since 2012, many of the same results as those identified in Bangladesh can also be traced here. Most important of these are arguably the improved health of the farm workers due to better hygiene and nutrition practices, as well as the ability to understand and respond to sexual health related issues. In one of the farms, there are strong indications from the interviews that these behaviour changes are likely to continue in the future as well, increasing the probability of impact. The quality of outcomes was less marked in the other farm visited for a number of reasons:

- The perceived reluctance of the farm management to allocate enough time for awareness raising activities.
- The farm had a much higher staff turnover, resulting in the loss of half of the peer educators, and no new educators had been identified or trained.
- The farm did not have a mechanism in place to induct new staff – employed after the awareness raising activities had been completed – in the health topics already covered by the peer educators.

In relation to outcomes of ROI due to improved wellbeing and less absenteeism of farm workers are, these are assessed as likely to improve productivity in the long run, though the evidence will still need to be quantified by the farm management.

Finally, as in Bangladesh, the women peer educators are very vocal and claim to have improved this skill and their confidence level as a consequence of the HERproject. However, the presence of more outspoken/empowered women is more evident in Kenya.

Findings beyond country level
The most significant outcome of the HERproject beyond country level is the trust and confidence achieved vis-à-vis the brands as a consequence of the HERproject approach, and results the project has been able to achieve. This has increased the interest of the private sector in sexual and reproductive health (less so with rights) at the workplace and helped enhance the understanding of the importance of the wellbeing of female workers. An important factor in this understanding, according to interviewees, is also the understanding of an enhanced ROI from engagement in the programme.

The combined benefits of the HERproject for the brands, has resulted in an increase in the flow of funds from the private sector to this area, enhancing the probability of longer term impact of the project. As an example, one of the brands has decided to replicate the HERproject in non-HERproject countries, through its own means.

3.5 SUSTAINABILITY

- Are (or will) the factories/farms supported continue to undertake SRHR promoting activities beyond the HERproject period?
- Do the NGOs supported have the needed capacity and resources to implement HERproject activities in the future?

This section provides an assessment of the likely continuation of the stream of benefits produced by the HERproject.

Bangladesh
Sustainability in Bangladesh may be assessed in three ways: (i) sustainability of results, i.e. the extent to which the target group continues to practice behaviour change beyond the project period; (ii) sustainability of activities, i.e. the extent to which factories will continue to promote the project beyond the implementation period; and (iii) the sustainability of capacity development to the targeted NGOs.

With regard to the extent to which the behaviour changes documented: (i) improved nutritional intake; (ii) improved hygiene and use of sanitary napkins; (iii) improved use of protection in sexual behaviour, etc. will continue to be manifested, it is too

early to measure. Interviews with factory workers indicate a high degree of satisfaction with the changes in behaviour based on project inputs. Given the time-span between the training and the evaluation where none of the positive changes had been reversed, the team assess it to be likely that these positive changes will remain.

The activities are furthermore, assessed as likely to be sustained in three out of four factories visited. In these three factories, factory management were very positive with the results and had started a process of educating new peer educators when the turnover of staff required this. In all three factories, the management had allocated time to allow the staff to attend refresher trainings as required. There is thus a high probability of continued sustainability in these factories. In the remaining factory, the ownership to the project at the management level was less evident, and the efforts of re-educating new peers were limited.

The NGOs supported are assessed to already have the bulk of the capacity needed in-house to undertake the HERproject implementation (with the exception of some of the outreach to factories). The withdrawal of HERproject will, therefore, not majorly affect the ability of the NGOs to deliver, though access to factories will still require dialogue through BSR at the international level.

Kenya

The sustainability of the project in Kenya at one of the two farms visited is high. This is evidenced by: (i) the high degree of adaptation of the knowledge to change behaviour of the targeted workers; (ii) the low turnover of staff, which means that the institutional knowledge will remain in the workforce; and (iii) the activities are continued through the gender committee, and further reformed by complementing the HERproject discussions with topics outside the HERproject curriculum. The latter is, however, also an illustration of the sustainability challenge the project may have if the curriculum and focus does not sufficiently reflect the needs in the country of implementation, as is the case in Kenya (see section on effectiveness above). Moreover, even in the same country, different geographical contexts, present different sexual and reproductive health challenges, e.g. an urban vs. a rural setting.

In the other farm, sustainability is affected by the lack of commitment to the project at the farm management level; the lacklustre performance of the peer educators (assessed to be partly caused by management selection process as well as the limited engagement of the management in the project), and the limited time allowed for peer educators to hold awareness raising sessions with the workers.

An obstacle for the continued sustainability of the HERproject beyond the existing farms is also related to the costs of implementation to be covered by the brands and/or the farms. Some farms and one brand find the cost-efficiency too unattractive to engage further in the project, which is a limitation in terms of continued sustainability of the planned expansion of the project.

Findings beyond country level

The overall sustainability of the HERproject depends on results and client satisfaction. As the results have generally been achieved in accordance with what was promised to the clients (the brands and to some extent the factories/farms), and, as the satisfaction is high with most of these, there is a high probability of continued commitment to funding the project.

In addition, in the future, the ability of the project to provide statistics and figures in relation to ROI will further increase the likelihood for continued funding, and engagement of the farms, factories and brands.

4 Conclusions

The HERproject is a unique project combining private sector funding with donor funding to deliver development improvement in terms of improved health and well-being of female workers in the countries of operation.

Through the HERproject methodology, and its sensitive approach to implementation and engaging with the brands and factories/farms, the evaluation has found that the HERproject is able to engage the private sector and to access female workers, and through this process improve their sexual and reproductive health.

In parallel, there is a general agreement among all factories, farms and brands interviewed, that the HERproject's improvements to women's health reduces absenteeism and enhances the workers well-being on the job, resulting in a perceived Return on Investment (ROI) for the brands and factories/farms.

With these results, the HERproject has managed to combine the development objectives of improving women's health with the private sector objective of enhancing productivity and eventually ROI (confirming the Theory of Change assumptions that (2) women are able to and willing to adapt enhanced knowledge on SRHR to change their practices, and (3) that the private sector has a positive attitude towards SRHR in the workplace and is willing to continue funding it).

Part of the reason for the effectiveness of the project (in most areas) is the specific targeting of workers at the factory floor/farm production lines. This enables easy access to a single target group whose participation is ensured by upwards accountability of the workers to the factory/farm management[19] (confirming assumption (4) that the factory workplace is a unique forum for reaching out to women on SRHR). At the same time, the use of the peer educator mechanism (and thus the colleagues of the target group) enhances the degree of comfort in discussing sensitive issues related to sexual and reproductive health. Similarly, the peer educator approach keeps the costs low at farm/factory level enabling the perceived ROI.

[19] i.e. given the farm management instructions to workers of their involvement in the project, and their obligation to be involved in the same.

There are, however, a number of areas where the project is not fully compliant with Sida's requirements and/or where there are opportunities for improvements. First and foremost, the 'Rights' in Sexual and Reproductive Health and Rights is limited to only a few areas of the curriculum of the project. Key rights issues related to SRHR such as Sexual and Gender Based Violence (SGBV), the right to maternity leave, and the right to decide the spacing on children (or if to have children at all) are absent from the curriculum and not part of the discussions with the targeted women. The rights part of SRHR does not feature in any significant way in any of the HERproject documents. However, the application to Sida is related to SRHR in accordance with Swedish policy. Interviews with project management shows awareness of this issue and initial plans of addressing this.

Finally, from a HRBA perspective, the focus on women *de facto* excludes men from the process, thereby limiting the gender equity element of the project. The project is aware of this and is in the process of including men in the project as well, which the brands agree to. The general avoidance of engaging in the more controversial rights related issues means that critical power struggles in the workplace and at home are not addressed falling short of the Sida policy objectives.

From a more operational perspective, the HERproject suffers from elements of a 'turn-key' approach to development. While the project does provide 'culturally sensitive' drawings for use during the trainings, and provide options for adding one or two topics to the curriculum, the approach taken is close to identical in all countries, with project type implementation requirements to the implementing NGOs.

The curriculum is implemented universally, but does not sufficiently cater for differences in understanding of SRHR, and the opportunities for including additional topics (or reduction of the number of topics to leave only the most relevant) that are most relevant to the beneficiaries are not always fully utilised. From a Human Rights Based Approach perspective, the project is thus not sufficiently accountable to the beneficiaries, and only offers participation in the implementation but not in shaping the content.

The project is assessed to show elements of cost-efficiency, however with lack of sufficient transparency at the international level. At local level, the use of local NGOs for implementation means that the project can be implemented at low cost, making it attractive to most (though not all) brands and factories/farms. At the same time however, the costs at higher levels in the organisation for administration and coordination (internationally) cannot be fully assessed with the data available, though the budget used at this level is substantive. This finding is particularly relevant as the degree of capacity development of the NGOs implementing the projects is assessed to be limited and focused on the HERproject approach only.

From a sustainability perspective, most farms and factories have developed plans for the continuation of HERproject activities or will integrate this in related activities, indicating a high degree of sustainability at factory/farm level. This, combined with

the finding of evidence of long-term behaviour change of the target group (desired outcomes) provides a basis for a high probability of long-term impact of the project (confirming assumption 6 – that factory management will engage in HERproject activities beyond the project period).

The project is still only covering a fraction of the farms and factories in the countries visited for the field research, while the results indicate a potential for enhanced scale of the project. The concerns related to costs as well as the potential for enhancing the scale provides an opportunity for focusing rather than engaging in new themes and areas of operation (i.e. focusing on scale rather than scope).

If the project is to move more to scale, a key opportunity of government engagement remains to be explored. The project is yet to engage with the national authorities in the countries visited. In principle, there is nothing to prevent the project activities to be included in national policies related to SRHR and/or relevant labour laws. Such a move would enable a higher degree of outreach, national (central level) ownership and ensure further alignment with Swedish policies. If BSR decides to venture in this direction, it is of course critical that the move is agreed with the 'clients' (the brands), so as not to antagonise them in the process.

Finally, the issue of relevance to Swedish policy should be considered. The HERproject is relevant to the overall Swedish policies of SRHR and gender equality (though implementation needs to enhance the HRBA approach and gender focus to remain relevant), it is also aligned with the ENICT 2010-2013 policy. However, the project as implemented in the past is not aligned with the new ENICT policy under which the programme may be funded in the future. This suggests a need for Sida to revisit the origin of funding and/or policy alignment of the project internally.

5 Recommendations

5.1 RECOMMENDATIONS FOR SIDA

Based on the findings and conclusions, the team has the following recommendations for Sida in its future cooperation with HERproject and BSR:

- To ensure impact aligned with Sida's emphasis on human rights, gender and a human rights based approach, It is suggested that Sida engages in dialogue with HERproject on improving: (i) alignment with Swedish focus on HRBA in its approach. Emphasis should be on enhancing participation of beneficiaries in project design phases and ensure stronger accountability of HERproject towards end beneficiaries; (ii), ensure that the 'rights' elements of SRHR are included in the HERproject design; (iii) similarly, ensure that gender is mainstreamed through the inclusion of men in the programme and the adaption of the HERproject curriculum and implementation to a more gender-oriented approach.
- To ensure cost-efficiency of the project, Sida should engage in dialogue with HERproject on more clearly outlining full budgets and accounts and assess these against outputs and outcomes. Part of the assessment should focus on management and overhead costs of the project. The implementation of this should be monitored through more regular financial reports (suggested bi-annually) with greater details than the current audited reports, to allow for greater transparency of the allocation and use of funds of the project.
- To ensure full alignment of the funding to the HERproject with Swedish policies, it is suggested that Sida reassess which Sida policy the HERproject should be funded against. The rationale for the funding should be more explicitly linked to the specific policy.

5.2 RECOMMENDATIONS FOR HERPROJECT AND BSR

Based on the findings and recommendations, the team has the following recommendations for the HERproject and BSR:

- To ensure full relevance for the targeted beneficiaries, it is suggested that HERproject engages more thoroughly in identifying needs of recipients and further realign curriculum and implementation of the project with these needs.
- To improve the gender aspects of SRHR, it is suggested that HERproject continue with their plans of including men in the project activities. Furthermore, the curriculum should be made gender specific.
- If the HERproject wishes to focus on Sexual and Reproductive Health and Rights, it is suggested that the project revise its approach to focus more explicitly on rights issues. This includes in the dialogue, training and curriculum

to further enhance alignment with the 'rights elements' of SRHR. This in particular includes SGBV. This enhanced focus on rights is assessed to be welcomed by most of the clients interviewed.

- To enhance effectiveness of the implementation at farm/factory level, it is suggested that the HERproject increases the efforts for ensuring ownership of the project goal and approach with the local management. Further dialogue and demonstration is needed (in some cases) to convince the management of the benefits of the project. If sufficient ownership and commitment to the project cannot be ensured, it is suggested that the project terminates the implementation at the farm/factory or postpones this until sufficient management commitment is in place. The availability of actual ROI statistics, from previous projects would assist in this process of enabling buy-in.
- To ensure cost-efficiency, it is suggested that the HERproject more transparently documents and reports on overall budget and accounts against outputs and outcomes. This should thus be linked to (i) number of beneficiaries per annum and, (ii) achievements in generating attention, behaviour changes and resources from the private sector. Special attention should be given to overhead and administrative costs at the international level. As part of this process, the HERproject should consider enhancing the cooperation and role of the less costly yet capacitated implementing NGOs.
- The HERproject needs to more specifically decide on the objectives of undertaking capacity development of NGOs. If NGO capacity development more broadly is an objective of the project, the capacity development activities need to be closer aligned with the NGO overall strategies and be based on a thorough needs assessment from which a capacity development plan will be derived. If however, the objective is to capacitate NGOs to specifically implement the HERproject and NGO capacity to engage with the private sector, the project should state this explicitly. In this latter case, the project should consider revisiting the logframe of the project reduce NGO capacity development to an output (and a means to an end) rather than an outcome in itself.
- To improve sustainability and enhance the opportunity of scaling up the outreach of the project, HERproject should consider engaging with authorities nationally and locally to seek support for the implementation of the HERproject at a regional/national scale. This could include project advice to the governments on improved legislation with emphasis on SRHR in the workplace. This activity may be in direct partnership with national business associations in the targeted countries (the team understands that HERproject is now in the process of developing such an up-stream advocacy approach).

Annex 1 – List of Persons Met

Name	Position – organisation
International	
1. Maria Pontes	HERproject focal point, BSR
2. Rachael Meiers	HERproject Director, BSR
3. Jean-Baptiste Andrieu	HERproject manager (Kenya+)
4. Elissa Goldenburg	HERproject Associate, BSR
5. Marat Yu	HERproject Associate, BSR
6. Paula Kermfors	Programme Manager, Sida
7. Libby Annat	Ethical Trade Controller, Primark
8. Ernst Wong	APJ supply Chain Manager, HP
9. Stan Wong	Senior Program Manager, Levi Strauss Foundation
Bangladesh	
10. Nazma Akter	Secretary General, Awaj Foundation
11. Shirin Akter	HERproject project manager, Change Associates
12. Suraiya Haque	Executive Director, Phulki
13. Christian Lannerberth	Swedish Embassy
14. Ylva Sörman Nath	Swedish Embassy
15. Nazneen C. Huq	Executive Director, Change Associates
16. M. Hafizur Rahman	Executive Director, Elegant factory
17. Quamrun Nahar	Assistant Manager, Elegant factory
18. Rozina Parvin	Senior welfare officer, Elegant factory
19. Kaniz Fathema	Managing Director, Ibrahim Knit Garments factory
20. Shahidul Islam	HR Manager, Ibrahim Knit Garments factory
21. Rubina Yasmin	Welfare Officer, Ibrahim Knit Garments factory
22. Anjuman Ara	Welfare Officer, Ibrahim Knit Garments factory
23. Mohammad Ismail	Ethical Trade Manager, Primark
24. Fahima Khatun	Ethical Trade Manager, Primark
25. Swapna Talukder	Director, Mamata
26. Mohammad Irfan Pasha	DGM, Golden Horizon factory
27. Shahana Aktar	Assistant Compliance Manager, Golden Horizon factory
28. Mamunur Rashid	Executive HR, Xin Chang Shoes factory
29. Louis Law	Head of HR, Xin Chang Shoes factory
30. Felicity Tapsell	Sustainability, Bestseller
31. Zahangir Alam	Corporate Sustainability Manager, Bestseller
32. Iffat Sharmin	CSR responsible, Lindex

33. 9 female factory workers and peer educators	Elegant factory
34. 7 female factory workers and peer educators	Ibrahim Knit Garments factory
35. 5 female peer educators	Golden Horizon factory
36. 5 female factory workers	Golden Horizon factory
37. 7 female peer educators	Xin Chang shoes factory
38. 5 female workers	Xin Chang Shoes factory
Kenya	
39. Mark Ireland	Deputy Programmes Director, Self-Help Africa
40. Joan Nyaki	Programme Coordinator - NOPE
41. Mary Kuira	M&E Manager - NOPE
42. Hazel Culley	Marks & Spencer (Food)
43. Laura Hawkesford	Marks & Spencer (Clothing)
44. Ian Finlayson	Former Project Manager on behalf of Sainsbury's
45. John Omumarama	Clinician – Ravine Roses
46. Beth Obila	Human Resources Manager – Ravine Roses
47. Resident Nurse	Longonot Roses
48. Chandrakant Bachche	Farm Manager-Longonot Roses
49. 17 Peer Educators	Ravine Roses
50. 10 male farm workers	Ravine Roses
51. 9 female farm workers	Ravine Roses
52. 9 peer educators	Longonot Roses
53. 5 female farm workers	Longonot Roses
54. 4 male farm workers	Longonot Roses

Annex 2 – Documents Consulted

BSR. (2012). *2010-2011 Final Report to Sida.* San Francisco: BSR.

BSR. (2011). 2012-2015 Core Funding Request. San Francisco: BSR.

BSR. (2013). Appendix 1: Revised HERproject Logframe 2012-2013 . San Francisco: BSR.

BSR. (2013). Appendix 1: Revised HERproject Logframe 2012-2013. San Francisco: BSR.

BSR. (2014). *HERproject Completion Report to Sida.* San Francisco: BSR.

BSR. (2014). *HERproject Completion Report to Sida.* San Francisco: BSR.

BSR. (2013). HERproject financial sustainability . San Francisco: BSR.

BSR. (2013). HERproject HNA & Endline Questionnaire . San Francisco: BSR.

BSR. (2013). *HERproject Interim Report to Sida.* San Francisco: BSR.

BSR. (n.d.). HERproject Logframe. San Francisco: BSR.

BSR. (n.d.). New HERproject Presentation to Sida. San Francisco: BSR.

BSR. (2014). Terms of Reference for Evaluation of BSR's HERproject Unit for Private Sector Collaboration and ICT . Stockholm: Sida.

Completed HERproject factories. (n.d.).

HERhealth Result Chain. (2011).

Pruzan-Jorgensen, P. M. (2011). 2010-2011 Application: HERproject Sida Proposal. Paris: BSR.

Pruzan-Jorgensen, P. M. (2009). Catalysing Partnerships to Advance MDG 5 in Global Supply Chains. Paris: Business for Social Responsibility (BSR).

Wofford, D., & Yeager, R. (n.d.). HERproject Partner Toolkit, Peer Health Educator Trainings. San Francisco: BSR.

Yeager, R. (2011). *HERproject: Health Enables Returns, The Business Returns from Women's Health Programs.* San Francisco: BSR.

Annex 3 – Evaluation Matrix

Suggested evaluation question	Indicator	Answer from desk analysis or interview	Date and initials	Source	Comment
Relevance					
R.1) Is the HER project reaching the targeted beneficiaries? Are there other beneficiaries to the project?					
R.2) Does the new HER project align with the Strategy for Sustainable Economic Development?					
R.3) Does the HER project align with other Swedish policies?					
R.4) Is the HER project approach relevant to the beneficiary needs?					
Effectiveness					
Ef.1) Has the HER project contributed to enhance targeted women's awareness of sexual and reproductive health and knowledge of access to health services?					
Ef.2) Has the HER project contributed to enhancing the understanding of women's health and rights among the management chain in the businesses supported?					
Ef.3) Has the HER project contributed to enhancing the capacity of the NGOs implementing the HER project?					
Ef.4) Has the HER projct contributed to improving factory/farm performance by enhancing female workers well—being and improved attendance rates?					
Ef.5) Has the HER project contributed to enhancing women's awareness about their sexual and reproductive rights?					
Ef.6) Is the HER project implemented in accordance with the HRBA principles of transparency, accountability, non-discrimination and participation?					
Efficiency					
Ey.1) Are the inputs provided (human as well as financial resources) acceptable to the outputs for a capacity development project?					
Impact					
I.1) Has the HER project improved the sexual and reproductive health of the target group?					
I.2) Has the HER project in other ways affected the economic or social situation of the target group?					
I.3) Are there unintended longer-term effects outside the target group?					
I.4) Has the HER project contributed to enhancing the corporate partners' long-term interest in investing in women's health?					
I.5) Has the HER project improved the sexual and reproductive rights situation of the target group?					
Sustainability					
S.1) Are (or will) the factories/farms supported continue to undertake SRHR promoting activities beyond the HER project period?					
S.2) Do the NGOs supported have the needed capacity and resources to implement HER project activities in the future?					

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Annex 4 – Terms of Reference

Background

Launched in 2007, BSR's HERproject links multi-national companies and their factories to local NGOs to create sustainable workplace women's health programmes. HERproject also strives to demonstrate business benefits, including increased productivity, reduced absenteeism and turnover, and improved worker-management relations. Since 2007, HERproject has operated in over 150 factories to reach over 200,000 low-income women workers. HERproject is active in Bangladesh, China, India, Indonesia, Kenya, Pakistan, and Vietnam. BSR partners with 21 multinational companies to implement HERproject in global supply chains.

BSR seeks to contribute to the realisation of MDG 5 through enhanced women's health knowledge and access to reproductive health services, and resulting improvements to maternal health. Under this overall goal, specific programme objectives include:

» **Objective 1:** Achieve and demonstrate meaningful and widespread impacts on women's sexual and reproductive health through workplace training programmes in targeted geographies.

» **Objective 2:** Increase private sector support for workplace women's health programmes through HERproject and beyond, and support private sector outreach and advocacy on those commitments.

» **Objective 3:** Establish programme sustainability through a global HERproject network, local ownership, partner capacity-building and long-term financial viability of workplace programmes.

» **Objective 4:** Achieve factory programme scalability through model redesigns, capacity building, and advocacy.

For further background information, please see application for 2010-2011, and application for 2012-2015. Please note that Sida agreed on supporting the HERproject 2012-2013. Hence, it is important to base the evaluation on the revised logframe, which reflects activities, objectives and targets for the finalized funding period (2012-2013) and funding amount of 7,6 MSEK.

Sida contribution to HERproject

The Sida contribution to Business for Social Responsibility (BSR) http://www.bsr.org/ is a project support to HERproject. BSR runs several projects and services. Sida's contribution is solely to the program HERproject. The funding to HERproject can be seen as core support to that specific program. Sida has funded HERproject for two project periods; during 2010-2011 with an amount of 7,1 MSEK and during 2012-2013 with an amount of 7,6 MSEK.

HERproject has been considered to be a "Driver of Change"; http://www.sida.se/English/Partners/Private-sector/Collaboration-opportunities/Drivers-of-Change/, but can possibly also be seen as a large-scale public private development partnership, http://www.sida.se/English/Partners/Private-sector/Collaboration-opportunities/Public-Private-Development-Partnerships-PPDP/

HERproject fits very well within Sida's Unit for Private Sector Collaboration and ICT (ENICT), the initiative has been well in line with the strategy governing ENICT during 2011-2013; capacity development and collaboration, with the overarching goal: "business sector actors who contribute effectively to the objectives of international development cooperation and reform cooperation in Eastern Europe". The Unit for Private Sector Collaboration and ICT (ENICT) will receive a new strategy, called "Strategy for Sustainable Economic Development", covering the period 2014-2017. This evaluation will in addition to evaluating past performances also investigate and give recommendations to whether the new HERproject is in line with the indicators of the new strategy, Strategy for Sustainable Economic Development, in order for ENICT to make a qualified decision regarding possible continued support from the Unit. Possible scenario is that the new HERproject is better in line with other global strategies, such as the Strategy for Sustainable Social Development, but that is for this evaluation to investigate and give recommendations to.

In the Sida assessment memorandum for funding of HERproject 2012-2013, a key ambition was reduced dependency on Sida funding after the funding period of 2012-2013. BSR has now developed a medium-term HERproject strategy to expand beyond reproductive health to include financial literacy, leadership and professional advancement, positive gender relations and reducing gender-based violence. These new program areas will create a new HERproject which promotes the empowerment of low-income working women through workplace-based programs on a variety of critical topics which help women excel at work, and help insure that positive social and economic benefits from women's employment are fully realised. For further information about the new HERproject", please see appendix 3. BSR has approached Sida with a request to continue its support of the new HERproject.

Previous evaluations and impact assessments

Throughout 2012, BSR and implementing partners tracked project impact and feedback from factory management, female workers, NGO partners, and participating multinational companies through baseline assessments, topical surveys, one-on-one interviews, record analysis and final evaluations. BSR will make all relevant documentation and background information available for the consultant/s and the Evaluation. Some information might be considered "sensitive" and the consultant/s will handle this information accordingly.

Objectives and Scope of the Evaluation

The objective of the evaluation is threefold;

1) to assess the organization and implementation and results achieved by the Sida-supported HERproject program up until December 2013 by evaluating the relevance, effectiveness, efficiency (incl. cost efficiency), impact and sustainability (project sustainability and financial sustainability) against the overall objective of Swedish development cooperation and the strategy for Capacity development and cooperation (section on private sector collaboration).
2) to provide findings, conclusions and recommendations regarding possible improvements for future work of the program HERproject.
3) to provide findings, conclusions and recommendations regarding the alignment with the draft of the Global Strategy for Sustainable Economic Devel-

opment (Annex. 4), in order for the Unit Private sector Collaboration and ICT to make a qualified decision regarding possible continued support.

The results framework and project document for the previous and current support is attached in Annex 1-2.

The evaluation should take into consideration the assessment criteria according to OECD-DAC criteria.

- Relevance
- Effectiveness
- Efficiency (including cost efficiency)
- Impact
- Sustainability (project sustainability and financial sustainability)
- Coherence, complementarity and coordination

The evaluation should also take into consideration the overall objective of the Swedish International Development Cooperation, i.e. to contribute to an environment supportive of poor people's own efforts to improve their quality of life. The four fundamental principles of Sida's work; non-discrimination, participation, transparency, and accountability are also important to take into account during the evaluation.

Methodology

The consultant shall propose an appropriate methodology and time-table for fulfilling the task at hand. Some specific requirements to be reflected in the methodology include:

- 2 field visits including consultation with program beneficiaries of the HERproject.
- Identification of and extract lessons learned from existing evaluations of the HERproject and projects within the network through a desk study to avoid duplication of work.
- Assessment of poverty focus and impact, gender impact, integration of the rights perspective and the four principles of non-discrimination, participation, transparency, and accountability (dialogue issues).

- Assessment according to OECD-DAC criteria; relevance, effectiveness, efficiency, impact, sustainability, coherence, complementarity and coordination.
- Assessment of the appropriateness and effectiveness of HERproject private sector targets, entry points as well as stakeholders and beneficiaries in order to achieve the HERproject objectives.
-Identification of the added value of involving the private sector and its leverage effect on Sida funds.
- Assessment of the relevance of HERproject and its comparative advantage in relation to similar projects, working in the same field of operations.

Evaluation questions

The evaluations should answer the following evaluation questions:

1. Has the HERproject reached the results presented in its results framework for the period of 2010-2011 plus 2012-2013?
2. What social/poverty outcomes and possibly impact has the HERproject program achieved?

3. Who are the real beneficiaries and how have they been affected and benefited from the HERproject program? Both directly and indirectly.
4. What are the positive and negative effects on the beneficiaries of the HERproject program?
5. Does the new HERproject align with the Strategy for Sustainable Economic Development (2014-2017) and how?
6. If the answer is Yes, on the previous questions. How does the new HERproject answer up to the overall objective of the Swedish International Development Cooperation, as well as the four fundamental principles of Sida's work and the OECD-DAC criteria.

Stakeholder Involvement

Stakeholders along the value chain (from demand to supply) are to be involved in the evaluation process, not the least participating companies, NGO partners and beneficiaries such as factory workers.

Expected results

- Key lessons regarding the organization and implementation and results achieved by the Sida-supported HERproject program up until December 2013 with a focus on relevance, effectiveness, efficiency (incl. cost efficiency), impact and sustainability (project sustainability and financial sustainability) against the overall objective of Swedish development cooperation and the Strategy for capacity development and cooperation.

- Key lessons and recommendations to inform planning for a possible future funding of the new HERproject, within the strategy for Sustainable Economic Development, at the Unit for Private Sector Collaboration and ICT.

Work Plan and Reporting

The evaluation is to be carried out no later than between February 28th 2014 and April 30th 2014 (2 months). It shall include 2 field visits, the location of which is to be proposed by the consultant following dialogue between Sida and the HERproject Director.

Sida and the team leader/team of the Evaluation shall meet to discuss the proposed methodology and work-plan.

One draft report, written in English, shall be delivered to provide an overview of the HERproject and Sida partnership, covering the Sida funding period of 2010-2011 plus 2012-2013. The draft report shall be shared with Sida and BSR for review and comments.

One final report, written in English, shall be delivered including an executive summary. Presentation of result shall be performed to Sida. BSR is welcome to attend the presentation/meeting if interested/willing.

For the final report, clear recommendations for a potential future support to the new HERproject is to be included, covering inter alia a more narrow and sharp results framework/log frame and analysis of correlation between ENICT strategy for 2014-2017 and the new HERproject.

Funding

The consultant shall propose a budget based on its suggested methodology and work plan.

Evaluation Team

Evaluation team qualifications:

-The team leader shall have expert knowledge of and experience of conducting evaluations, using qualitative methods and working with organizations.

-At least one team member shall have significant experience and knowledge of Human Rights and Women's Rights in general and gender related issues and sexual and reproductive health in specific.

-At least one team member shall have significant experience and knowledge of partnerships with the private sector in the field of development, corporate social responsibility and sustainable supply chain management.

-At least one team member shall have significant experience and knowledge of support to/partnerships with civil society organizations.

Annexes;

1. Application 2010-2011
2. Application 2012-2015, including logframe and budget for 2012-2013 (Funding was only approved for 2012-2013)
3. Concept note new HERproject 2014-2017 (3 years)
4. Draft for Sida Global Strategy for Sustainable Economic Development
5. Narrative report March 2013, including logframe.

Additional information provided by BSR (not included in appendixes)

Previous narrative and financial reports

Previous evaluations

Existing risk and impact assessments

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Annex 5 – Inception Report

1. Introduction

Indevelop has been contracted to undertake the evaluation of the HERproject, which is implemented by BSR. Tana Copenhagen and Indevelop will carry out the evaluation jointly. This inception report outlines the suggested approach and methodology for the evaluation as well as reflections on the Terms of Reference (ToR) and the implementation planning.

This report has been prepared based on preliminary discussions with Sida and BSR and on an initial document review. Chapter 2 will present a background for this evaluation. Chapter 3 presents an assessment of the scope as indicated in the ToR and Chapter 4 focuses on the relevance and evaluability of the evaluation questions. Finally, Chapter 5 presents the approach and methodology suggested to carry out the evaluation, including a revised work plan that will serve as a management tool for the evaluation process for both Sida and the evaluation team.

2. Background

This chapter presents the background for this evaluation, including a brief outline of the Sida-BSR cooperation as well as an introduction to the Bangladeshi and Kenyan contexts in which the HERproject is implemented. A more detailed description of the HERproject objectives and internal logic can be found in the Theory of Change section in the methodology chapter.

2.1 HERPROJECT

The HERproject was launched in 2007, connecting multinational companies and their production factories to local NGOs to create sustainable workplace women's health programmes. Linking development goals with commercial productivity gains and striving to demonstrate business benefits, including increased productivity, reduced absenteeism and turnover, and improved worker-management relations are at the core of the HERproject. The workplace is used as the forum to raise female workers' health awareness and access to services, especially concerning reproductive health

and maternal health making HER an example of how public funding can enable private sector investment.

Since 2007 and until December 2013, the HERproject has operated in more than 160 factories to reach over 220,000 low-income women workers addressing sexual and reproductive health issues such as menstrual hygiene, HIV/AIDS prevention and other common and preventable health conditions such as anaemia. As of December 2013 date, HERproject was active in Bangladesh, Cambodia, China, India, Indonesia, Kenya, Pakistan, and Vietnam.

HERproject seeks to contribute to the realisation of Millennium Development Goal Five (MDG 5) through enhanced women's health knowledge and access to reproductive health services, and resulting improvements to maternal health. The change assumptions are first of all that factories constitute an effective venue for expanding women's health behavior and access to services, including access to family planning information and services for improving health behaviour, and secondly that if a factory implements a health education programme and improves on-site health services, there will be a return on investment.

The specific programme objectives include:

1) Achieve and demonstrate meaningful and widespread impacts on women's sexual and reproductive health through workplace training programmes in targeted geographies.
2) Increase private sector support for workplace women's health programmes through HERproject and beyond, and support private sector outreach and advocacy on those commitments.
3) Establish programme sustainability through a global HERproject network, local ownership, partner capacity-building and long-term financial viability of workplace programmes.
4) Achieve factory programme scalability through model redesigns, capacity building, and advocacy.

Since 2007 the HERproject has evolved from having a pure health focus to an empowerment focus, launching HERfinance and partnering with Walmart for their Women in Factories Programme in China.

2.2 BACKGROUND ON THE SIDA-BSR COOPERATION

Sida has funded the HERproject with core funding for two project periods 2010-2011 (SEK 7.1 mill.) and 2012-2013 (SEK 7.6 mill.).

The HERproject is part of the Sida Drivers of Change programme initiative that works to influence the private sector and/or the market for the benefit of people living in poverty and for a sustainable development. In order to receive funding under the

Drivers of Change programme the HERproject should preferably cover 30 % of the project cost. Sida wishes to mobilize private sector funding for all their projects within the portfolio of Private sector collaboration.

The HERproject falls within the Sida Unit for Private Sector Collaboration where private companies shall contribute to the objectives of international development corporation and reform. The project is seen to have a win-win objective: women gain better health opportunities and rights and the companies get more productive workers.

2.3 BANGLADESHI CONTEXT

Bangladesh has several elaborated national strategies and policies in terms of gender and universal access to health care including family planning, maternal and child health care, prevention and control of STI/AIDS, maternal nutrition, adolescent care, infertility, and neonatal care, etc. However, the implementation of the strategies is still weak.

Women in Bangladesh have poor awareness about their sexual and reproductive health and rights (SRHR), which, combined with a male dominated society where women have little or no control of matters related to marriage and sexuality, results in poor health conditions. This is compounded by a high poverty rate (81% of the population lives on less than USD 2 per day)[20], early marriage and widespread violence against women with domestic violence as the biggest threat facing adolescent girls.

The low cultural and socio-economic conditions for women in Bangladesh are reflected in the working conditions in ready-made garments factories. Here sexual harassment by line- supervisors are widely reported, as are the incidents of long working hours with inadequate sanitation facilities. There are legal provisions for four months paid maternity leave, but this is rarely enforced in factories, leaving the provision only applicable to women working with government institutions, a few complying private organizations and some international NGOs and development projects.[21]

Access to health care are equally limited for women some of the women working in factories and farms due to lack of health insurance by the factory owners (and governments) as well as the social stigma making them unable to seek SRHR services

[20] UNFPA Bangladesh Country Programme Document 2012-2016

[21] http://koishorkal.com/about-us/current-situation-of-sexual-and-reproductive-health-in-bangladesh/

alone. Some factories do however hire health counsellors, which the women then need to access.

2.4 KENYAN CONTEXT

Kenya is a signatory to a number of international and regional gender and human rights conventions and nationally the Kenya Vision 2030 vision also prioritises the improvement of maternal mortality and addresses their reduction as key to development[22]. In Kenya sexual and reproductive health issues are considered mainly to concern women. However, for the most part women continue to have a weak voice in determining their SRHR, both at household level and at higher policy-making level.

Some progress has been made in regard to SRHR and awareness through national guidelines on provision of SRHR services and the involvement of men has been made under the Ministry of Health and the setup of the National Gender Equality Commission. A concrete step was taken when a new policy in 2013 on free maternal services in all public facilities.[23] The new constitution 2010 has many positive attributes, including improved labour rights.[24]

The political and concrete initiatives have however not put a stop to the declining health statistics. Kenya has a high maternal mortality rate and only 44% of the births are attended by trained health workers, against a 90% target stated in the MDG 2015. In 2012, according to WHO, 465,000 abortions resulted in more than 1200 deaths due to a high degree of unsafe procedures. Despite the criminalization of Female Genital Mutilation (FGM) in 2011, 27% of all women are still subject to this practice. The HIV/AIDS prevalence is 7.1% with less the half receiving treatment including children.[25]

Part of the explanations for the absence of progress within the SRH sector can be attributed to the lack of capacity within the public health services, not least in rural areas as well as insufficient government funding for public health, which has been reduced from 7.2% in 2010 to 5.7% in 2013.[26] Another explanation is linked to private

[22] Kenya Vision 2030 summary, p12

[23] The free maternal health care service for women was implemented as part of the newly elected Jubilee governments election programme in June 2013, http://www.healthpolicyproject.com/Kenya

[24] However, this could be watered down by the new governance structures of counties, as labor grievances instead of being addressed in one central place will be treated according to country procedures, which have different standards.

[25] http://apps.who.int/gho/data/node.country.country-KEN

[26] http://www.tradingeconomics.com/kenya/health-expenditure-public-percent-of-government-expenditure-wb-data.html

companies, especially in the horticulture, floriculture, tobacco and textile industry, employing 75% women on average across sectors, where very few provide medical insurance schemes for their employees as provided for under the Employment Act, while however some have designated service provision models. Kenyan law provides for 90 days of maternity leave, however a report for the Kenyan Human Rights Commission 2012[27] states that employers in the cut-flower-business withhold the pay and force mothers quickly back to work. Another challenge is sexual violence and harassment by male supervisors, which are very common in Kenya in this sector. Lastly, SRHR is also associated to multiple socio-cultural barriers linked to gender and sexuality issues including stigmatization of HIV/AIDS, LGBTI and domestic violence as well as insufficient SRH education, inappropriate legal frameworks to protect SRHR and weak coordination of health activities.

3 Assessment of scope of the evaluation

The scope of the evaluation is based on the directions given in the ToR and the dialogue on the proposal between Sida and the evaluation team.

3.1 REFLECTIONS ON THE TOR

The assignment concerns the evaluation of the core funding support by Sida to the Business for Social Responsibility's (BSR) HERproject. The objective of the support to BSR is to assist the organisation to 'contribute to the realisation of MDG 5 through enhanced women's health knowledge and access to reproductive health services, and resulting in improvements to maternal health.' The evaluation will be based on the OECD-DAC evaluation criteria and standards (see below).

The evaluation will cover both phases and funding cycles, with an emphasis on the revised logframe for the second project period (labelled 'Appendix 1 – Revised HERproject Logframe 2012-2013'). According to the ToR the support is in line with the Sida Unit for Private Sector Collaboration and ICT's (ENICT) overarching goal

[27] http://www.khrc.or.ke/media-centre/news/108-employers-withholding-maternity-leave-pay-for-women-employees-in-kenyas-flower-farms-women-suffer-subtle-discrimination-in-multi-million-shilling-industry-.html

of engaging the business sector in contributing to international development, which will be assessed during the evaluation.

The objective of evaluation is threefold:

1) To assess the results achieved by the HERproject up until December 2013 based on the OECD-DAC evaluation criteria and against the overall objective of Swedish development cooperation and the private sector collaboration section of the strategy for capacity development and cooperation.
2) Identify and recommend possible improvements for future work of the HERproject
3) To provide findings, conclusions and recommendations on the alignment with the Global Strategy for Sustainable Economic Development to enable ENICT to decide on possible future funding to the project.

The objectives thus have a backward looking perspective, looking at past performance against the revised logframe, the indicators related to this, and possible intended and unintended effects. The lessons from these findings will be used to provide recommendations for BSR for further improving the project as well as for Sida for future possible cooperation on the HERproject. Finally, the issue of relevance and alignment with Swedish policies will be assessed.

In accordance with the proposal, a few additions are provided to the ToR. These include:

1) *Theory of Change (ToC).* The ToR specifically refers to the Sida 'Drivers of Change' approach of using civil society as facilitators for the business sector to getting engaged in development. This is also the underlying premise of the HERproject's Theory of Change. The consultants suggest that a Theory of Change approach is used as a key tool in the evaluation in which the Drivers of Change model becomes embedded.
2) *Evaluation questions.* The evaluation questions outlined in the ToR (p 5) are clear and concise. They, however, lay greater emphasis on relevance, effectiveness and impact. It has been agreed with Sida that the evaluation questions are answered as per the ToR, but with a further revision and addition to include all five elements of the OECD-DAC criteria. Given the limited time of implementation, it was further agreed that the evaluation will focus on the outcome level and where feasible an assessment of impact will be undertaken. Impact will also be reflected based on its probability through an analysis of sustainability, effectiveness, degree of ownership and alignment as key parameters (see also section on evaluation questions below).
3) *Lessons learned*. There is a clear focus on lessons learned in the ToR, and it has been agreed with Sida that points of learning are included during the implementation to ensure that BSR has optimal use of the findings from the team, as well as feedback through a validation exercise. This in effect means proper feedback, inputs and discussions with the different stakeholders in the value chain during the implementation of the evaluation.

4) *The rights-based approach.* The Human Rights Based Approach (HRBA) is noted specifically and it was agreed that the evaluation questions include specific reference to the ability of the HERproject to ensure an application of HRBA.
5) *Field study countries*. By request from Sida, Kenya and Bangladesh were chosen as field study countries for the assignment. The advantage of this selection is that it allows the team to evaluate the HERproject:
    a. At different stages in the implementation process, i.e. the HERproject has been implementing in Bangladesh since 2010, but only started implementation in Kenya in 2012.
    b. At different levels in the value chain (Kenyan farms at the primary production level, and Bangladesh factories at manufacturing level)
    c. In different cultural contexts.

3.2 UTILISATION AND AUDIENCE

The recommendations should serve to provide guidance for three sets of audiences:

1) The HERproject and the BSR organisation and their partners. The recommendations will feed into the future planning process of the organisations. To ensure optimal use and utility for BSR and partners, the team will provide points of briefing and discussions throughout the evaluation in support of this. This includes among others: (i) initial teleconference discussions and interviews; (ii) discussions with the BSR management mid-way through the evaluation; (iii) presentation and discussions with BSR partners in the field where feasible to ensure immediate feedback on findings; and (iv) the validation workshop and final presentation with BSR participation and discussions. This will allow for multiple learning points throughout the evaluation.
2) The corporate partners of BSR, who will be able to learn from the evaluation and assess how best to engage with the HERproject to optimize their cooperation.
3) Sida will use the evaluation to inform at two levels: (i) overall to inform Sida and provide lessons leanred across departments, and (ii) to inform its future strategy of support and alignment with the Strategy for Sustainable Economic Development. The evaluation will provide guidance on decision points for funding as well as the nature of possible future partnership. Finally, there will be a specific reflection on possible alignment with other Swedish policies.
4)

4 Relevance and evaluability of evaluation questions

With the considerations outlined in the sections above in mind, we feel confident that the assignment is feasible and suggest it be implemented based on the methodology and implementation plan outlined in this document. That is, the time and resources available are assessed to suffice to make a qualitative evaluation in line with the ToR, however, with a focus on outcomes rather than impact.

The scope of the evaluation means that the findings will be based on desk studies combined with key informant interviews in the two selected field mission countries. The evaluation will thus first and foremost rely on qualitative data, but where possible, use to quantitative data as well.

4.1 DATA AVAILABILITY

The team has received information from Sida and BSR assessed to be relevant to the evaluation. In addition, the team will draw on external assessments of the situation in Bangladesh and Kenya, and cross-check with the information from BSR. Thus, in addition to the documents received from Sida and BSR, the team will undertake its own context-related desk research and combine this with the data collection on the ground.

The desk review will be used to identify areas in need of specific attention and triangulation with field level data collection. The question guides for the focus group discussions and semi-structured interviews will thus be based on the initial desk review as well as on the ongoing discussions with Sida and BSR. The field level data collection will follow immediately after the desk review.

4.2 ASSESSMENT OF EVALUATION TOPICS AND SUGGESTED EVALUATION QUESTIONS

The team has worked to develop evaluation questions based on those outlined in the ToR and discussed with Sida and BSR. To ensure full alignment with the OECD-DAC criteria and enable an approach in accordance with the OCED-DAC quality standards, the team has suggested revision to some of these questions. These are presented in table 4.1 below.

Table 4.1 Revised evaluation questions for HERproject evaluation

Evaluation topic identified in ToR	Comment	Suggested evaluation question
Relevance		

Evaluation topic identified in ToR	Comment	Suggested evaluation question
(3a) Who are the real beneficiaries?	It is suggested that the question is made explicit vis-à-vis the intentions of the project	R.1) Is the HERproject reaching the targeted beneficiaries? Are there other beneficiaries to the project?
(5) Does the new HERproject align with the Strategy for Sustainable Economic Development and how?	Question remains. The issue of how will be addressed as part of the assessment, to illustrate possible relevance. In addition, the team will look into possible alignment with other Swedish policies	R.2) Does the new HERproject align with the Strategy for Sustainable Economic Development?
		R.3) Does the HERproject align with other Swedish policies?
	The approach of the HERproject is expected to be closely linked to the effectiveness (and cultural understanding). It is therefore suggested that a specific question is included to cover this area	R.4) Is the HERproject approach relevant to the beneficiary needs?
Effectiveness		
(1) Has the HERproject reached the results presented in its results framework for the period 2010-2011 plus 2012-2013?	The question is relevant, and is further refined in additional questions related to the HERproject logframe	Ef.1) Has the HERproject contributed to enhance targeted women's awareness of sexual and reproductive health and knowledge of access to health services?
		Ef.2) Has the HERproject contributed to enhancing the understanding of women's health and rights among the management chain in the businesses supported?
		Ef.3) Has the HERproject contributed to enhancing the capacity of the NGOs implementing the HERproject?
	A specific target for the HERproject is to use contribute to improved production at the factories and farms targeted by enhancing the welfare of the HERproject target group. A question has been added accordingly	Ef.4) Has the HERprojct contributed to improving factory/farm performance by enhancing female workers well—being and improved attendance rates?

Evaluation topic identified in ToR	Comment	Suggested evaluation question
(6) How does the new HERproject answer up to the overall objective of the Swedish International Development Cooperation, as well as the four fundamental principles of Sida's work and the OECD-DAC criteria?	This question is interpreted as relating to: (a) Swedish HRBA policy and specific questions are added accordingly, and (b) the OECD-DAC evaluation criteria covered across this matrix	Ef.5) Has the HERproject contributed to enhancing women's awareness about their sexual and reproductive rights?
		Ef.6) Is the HERproject implemented in accordance with the HRBA principles of transparency, accountability, non-discrimination and participation?
Efficiency		
	While the evaluation questions in the ToR do not specifically refer to efficiency, these are part of the overall ToR. While the baseline data is insufficient to give a full account of cost-effectiveness the team will look into efficiency as feasible	Ey.1) Is the project implemented with sufficient focus on efficiency in management setup and cost of implementaiton?
Impact (outcome)		
(2) What social/poverty outcomes and possibly impact has the HERproject achieved?	Question relevant and rephrased closer to BSR logframe	I.1) Has the HERproject improved the sexual and reproductive health of the target group?
(3b) How have (the beneficiaries) been affected and benefitted from the HERproject? Both directly and indirectly?	Question equally relevant to previous question and reflected in I.1 and I.2	I.2) Has the HERproject in other ways affected the economic or social situation of the target group?
(4) What are the positive and negative effects on the beneficiaries of the HERproject program?	The question is partly addressed in I.1 and I.2 but will be further expanded looking into effects beyond the target group	I.3) Are there unintended longer-term effects outside the target group?
	The HERproject specifically aims at improving the motivation of companies to invest in improving women's health at the workplace. A specific question is added in this respect.	I.4) Has the HERproject contributed to enhancing the corporate partners' long-term interest in investing in women's health?
	Given the importance of the rights-based approach to Swedish policy, Specific questions	I.5) Has the HERproject improved the sexual and reproductive rights situation of the target

Evaluation topic identified in ToR	Comment	Suggested evaluation question
	are formulated referring to this	group?
Sustainability		
	Sustainability is not a specific evaluation question in the ToR, but it is part of the overall ToR. Two sustainability questions have been designed accordingly. Sustainability here is related to the take-over of activities by the factories and the ability of the NGOs to continue operating beyond the HERproject funding period	S.1) Are (or will) the factories/farms supported continue to undertake SRHR promoting activities beyond the HERproject period?
		S.2) Do the NGOs supported have the needed capacity and resources to implement HERproject activities in the future?

The evaluation questions presented above will guide the evaluators. Based on these, at the start of the implementation phase, the team will develop question guidelines for interviews and focus group discussions tailored to the type of interviewee.

Note: The HERproject is piloting HERfinance initiaitves in India, which is partly financed by Sida as well. However, as activities have not bene implemented in the two targeted countries of this evaluation and as the sample remains limited for now, the evaluation team will relate to HERfinance primarily in terms of 'relevance'.

5 Proposed approach and methodology

As mentioned earlier, the approach and methodology have been designed based on the ToR and as presented in the proposal. The key instrument for this evaluation will be the evaluation matrix (Section 5.2. below), which will guide the evaluators in their work. This will be complemented by a Theory of Change assessment aimed at confirming (or challenging) the project's relevance and effectiveness.

5.1 THEORY OF CHANGE ASSESSMENT OF HERPROJECT

To properly assess change over time and eventually evaluate outcomes (the HERproject's ability to foster change in women's sexual and reproductive health and rights and to improve corporate outputs), the evaluation team has reviewed and reconstructed the ToC of the support, based on document review as well as through interviews with BSR.

The ToC exercise serves as a learning tool for the evaluation team as well as for BSR, and facilitates a reflection of the results framework (and causality). The programme has been operating since 2007 and the results framework and the theory of change is likely to have evolved over time to meet the realities. This change – and its relevance – can be reflected through a ToC exercise.

The HERproject Theory of Change[28]

Sida provides core funding to the BSR HERproject. Consequently, the ToC underpinning this evaluation relates to that of the totality of the HERproject. The overall vision of the HERproject is *To empower women working in global supply chains through workplace programs promoting health, economic empowerment, and women's rights.*

There are four specific objectives in the core funding application to Sida:

1) Achieve and demonstrate meaningful and widespread impacts on women's sexual and reproductive health through workplace training programmes in targeted geographies.
2) Increase private sector support for workplace women's health programmes through HERproject and beyond, and support private sector outreach and advocacy on those commitments.
3) Establish programme sustainability through a global HERproject network, local ownership, partner capacity-building and long-term financial viability of workplace programmes.
4) Achieve factory programme scalability through model redesigns, capacity building, and advocacy.

The evaluation team argues that there is a distinct hierarchy within these objectives with the second (private sector commitment), third (sustainability), and fourth objec-

[28] This section builds first and foremost on the latest HERproject application to Sida, the revised HERproject logframe, and the HERproject website, in addition to other available documentation.

tive (scalability) being lower level objectives contributing to the first objective of effectively impacting women's sexual and reproductive health. This objective is then the key contributor to the vision of empowering low-income women in developing countries.

The distinction in the logic is more present in the revised logframe 2012-2013, which operates with two objectives: (1) an *impact objective* focusing on sexual and reproductive health, and (2) a *programmatic objective* focusing on scale and sustainability and thus includes a clearer distinction between means and ends. However, the evaluation team argues that even within these there is a hierarchy of segregated importance between HERproject output-related activities and the outcomes and eventual greater impact beyond the HERproject. We have reassessed the logframe and more specifically differentiate between 'means' and 'ends'. See table 5.1 below.

Table 5.1 Suggested hierarchy in objectives and outputs as a consequence of the HERproject ToC

Causality level	Text or assessment based on from revised HERproject 2012-2013 logframe related to ToC	Comment
Input	This is the sum of all the activities undertaken by the HERproject from direct interventions related to training of women, to capacity development of NGOs and advocacy work aimed at the private sector nationally and internationally	
Output (Impact)	Enhanced awareness of sexual and reproductive health (and rights)[29]	The sum of the inputs listed in the logframe are expected to generate the outputs equally outlined in the logframe. The ToC at this level follows an inherent logic
Output (programmatic)	Enhanced capacity of NGOs Factory plans for workplace improvements/women's health Private sector companies participate in HERproject activities and contribute financially	
Outcome 1	'Achieve and demonstrate meaningful and widespread impacts on women's sexual and reproductive	Outcome relate to utilisation of outputs. This is the major outcome of the pro-

[29] The logframe only relates to rights under Outcome A.3 – low-income women workers in the agricultural industry. The rights perspective is however a key part of the evaluation given the Sida mandate and rationale for the funding

	health' or Low-income women change behaviour to improve their health (and rights)	ject of which outcome 2 below is a contributor
Outcome 2	Private sector increases support for improving women's health in the workplace	Text changed to reflect more specifically private sector commitment to low-income women's improvement in sexual and reproductive health in the workplace overall and not just related to HERproject
What is not included under outcome but under outputs instead	Two outcome indicators are assessed to rather relate to the output level: Issues pertaining to enhanced NGO capacity as implementers for the HERproject. Arguably NGO capacity is an outcome in itself if activities are beyond this implemented for the HERproject.[30] Issues related to private sector contribution to HERproject alone. Instead the team will focus on overall private sector commitment to SRHR.	These two areas are means to an end and relate specifically to (and are important elements of) HERproject implementation, but are not considered outcomes
Impact	Empowerment of low-income women working in global supply chains	This is assessed to be key and thus overall objective of the HERproject. All previous levels are eventually aimed at fostering change towards this objective

The ToC supporting the impact objective builds on a range of assumptions, which the evaluation will test through the desk review and field research. The assumptions are relevant to the different levels in the causality logic of the HERproject. The key assumptions (discussed with HERproject) are presented in table 5.2 below.

Table 5.2 HERproject assumptions underpinning the HERproject ToC

No.	Level of assump-	Assumption

[30] Should the evaluation find that the NGOs will continue to work proactively on SRHR issues beyond HERproject implementation, this will be assessed as an outcome

	tion in causality chain	
1	Impact	Increased sexual and reproductive health empowers low-income women
2	Outcome (related to objective A - Impact)	Targeted women are able and willing to adapt the enhanced knowledge and access to health services, and to use this proactively for improving sexual and reproductive health (behaviour change)
3	Outcome (related to objective B – programme)	Private sector has a positive attitude towards (from a CSR as well as a financial perspective) engaging in improving sexual and reproductive health in the workplace, and is willing to increase its financial and human resources to the cause
4	Output (related to objective A – impact)	The factory workplace provides an increased opportunity for reaching out to a low-income female target group not otherwise included in SRHR activites
5	Output (related to objective A - Impact)	Targeted women prioritise resources to participate in capacity development / awareness raising activities
6	Output (related to objective B – programme)	Factory management is committed to engage in HERproject activities during and beyond the project period. This includes allowing female workers to participate and allocate needed time Implementing NGOs have the capacity to implement HERproject activities, and are willing to engage in activities to further enhance this capacity International companies commit to engaging in HERproject activities

The evaluation will thus in its assessment look into the extent to which the foundations for the project are in place, and the extent to which these assumptions can be confirmed, and the extent to which, if required, the project has adapted its approach to take into account changing circumstances.

5.2 EVALUATION MATRIX

The major evaluation tool designed for this evaluation will be the evaluation matrix. The matrix is aligned with the OECD/DAC criteria, and the team will use the OECD/DAC definitions of relevance, effectiveness, efficiency, impact and sustainability.

The matrix is an internal evidence tool, which ensures that all responses and desk work are captured and triangulated in accordance with the evaluation questions, and that these can be derived and aggregated for the report. All team members will use the same format for the data collection to ensure that all areas are covered and that there is consistency in the application of the methodology. A sample of the matrix is presented in table 5.3 below, while the matrix is presented in Annex 2.

Table 5.3 Matrix to be used for the evaluation of the OFFS /CCPA

Suggested evaluation question	Indicator	Answer from desk analysis or interview	Date and initials	Source	Comment
Relevance					
Effectiveness					
Efficiency					
Sustainability					

The matrix will serve as a background tool for the evaluation team and will not be shared beyond the team to ensure anonymity of interviewees. The full matrix is presented in Annex 2.

Interviews will be conducted using a semi-structured interview guide aligned with the questions of the evaluation matrix presented above. This approach is aimed at ensuring that all questions are answered and at the same time leave room for the respondent to go more in-depth with issues of particular importance.

5.3 SAMPLING STRATEGY

The sampling strategy of this evaluation closely follows the value chain of the businesses supported. In terms of focus in interviews, the highest number of respondents will be among the target groups, i.e. the factory and farm workers, while other respondents will be distributed evenly.

The team will depend on HERproject for most of the identification of interviewees, but will strive to triangulate the interview list by interviewing selected resource persons identified by the team based on its own research.

The strategy for identification of interviewees as well as the tools applied are presented in table 5.4 below.

Table 5.4 Overview of interview persons according to value chain, tools and selection process

Value Interviewee/Value chain	Tools applied	Targeting
Factory worker	Focus group discussions Social mapping Semi-structured interviews	Factory workers will be targeted through a random process when at the factories/farms. Factory management will be consulted by

		BSR in advance to agree to this process. In Kenya BSR originally started implementing in in two farms, but have now expanded the programme. Both of these will be visited. In Bangladesh, BSR is active in 45 factories. The team expects to visit up to six of these (geography and time allowing). The selection will undertaken using a randomised method.
Union leader/representative	Focus group discussions Semi-structured interviews	Suggestions by BSR. Additions by the team, based on desk research and knowledge of local team members
Factory manager	Semi-structured interviews	Identified by BSR
Brands country management and international management (private sector)	Semi-structured interviews	Identified by BSR
Facilitating NGO/partner	Semi-structured interviews	Identified by BSR
HERproject/BSR staff and management	Semi-structured interviews Workshop on ToC and validations (if feasible)	Identified by BSR
Local and national authorities (health and labour)	Semi-structured interviews	Combination of BSR suggestions and selection through team knowledge
Sida and other donors (possibly Levi Strauss Foundation	Semi-structured interviews	Combination of BSR and team knowledge
National resource persons/NGOs/Think tanks	Semi-structured interviews	Identified by team

Three types of tools will be used for the data collection:

1) Semi-structured interviews
2) Focus group discussions
3) Workshops

Semi-structured interviews will be applied across the board, while focus group discussions will be particularly relevant for collecting data from the target group to al-

low for broader reflections, and to reach a larger number of people in the target groups. However, factory workers will also be subject to semi-structured interviews, given the sensitivity of some of the issues discussed. Workshops are first and foremost aimed at BSR for the validation of the findings, but may be applied during the missions if thought useful.

The data collection will be complemented by desk studies related to the specific project, including previous evaluations, as well as more contextual documents, which will serve as a key basis for the triangulation exercise, i.e. triangulating written evidence with the interviews.

5.4 IMPLEMENTATION PLAN

The implementation of the evaluation will follow three distinct phases.

1) *Inception phase* (May 2014). The objective of the inception phase is to ensure that the grounds are established for the successful implementation of the assignment. This objective is achieved through, (i) methodology development, (ii) desk analysis of all relevant material in accordance with the assessment questions, and (iii) meetings with BSR and Sida to assess information requirements, and agree on evaluation methodology. The findings from the desk analysis and these interviews have been used for this inception report. Desk studies have included internal BSR and Sida documents such as reports related to progress including previous evaluation studies, the project document, field mission reports, progress reports, publications, etc. (still being collected and therefore reviewing is still in progress and will be included in final report).

2) *Implementation phase* (June-July 2014). This phase will be divided into two: (i) field mission to Bangladesh mid-June, (ii) field mission to Kenya early July. The team will undertake the field mission in selected HERproject implementation sites (as indicated in table 5.4) interacting with target groups through semi-structured interviews and focus group discussions. The findings from this field work will be processed and analysed by the team and will feed into phase 3 (below). During the implementation phase, the team leader will have a mid-term meeting with the BSR management to discuss progress and test preliminary findings.

3) *Analysis and validation phase.* The objective of the analysis and validation phase is to synthesise findings and have these validated. Once all the information has been compiled the team will analyse the data in accordance with the methodology and draft findings. The findings will be compiled into the two draft evaluation reports and submitted for quality assurance in accordance with the QA system proposed in the proposal.

An updated implementation plan can be found in Annex 1.

Annex 6 – HRBA Assessment of HERproject Curriculum

HER Curriculum, REPRODUCTIVE RIGHTS, MDGS				
Elements of Reproductive Rights	**Examples of Rights-based Actions**	**Relevance to specific MDGs**	**Addressed in HERhealth Curriculum**	**Comments**
Right to life and survival	Prevent avoidable maternal and infant deaths	Promote gender equality and empower women (MDG 3)	Modules provide information on technical skills to promote life and survival but do not explitly mention rights. E.g. module on waterborne diseases emphasises that water is essential for life, but not that participants have a right to clean water	Maternal mortality and morbidity can largely be avoided through the provision of reproductive health services, including contraception, safe abortion, and essential and emergency obstetric care
	End neglect of and discrimination against girls that can contribute to premature deaths	Reduce child mortality (MDG 4)	Curriculum addresses child mortality, maternal health and the personal opportunitites of combatting diseases, but does not address gender equality or the individual's right to health.	Discrimination issues could/should be included

	Ensure access to information and methods to prevent sexually transmitted infections, including HIV	Improve maternal health (MDG 5) Combat HIV/AIDS, malaria and other diseases (MDG 6)	Access to information and methods are included in HERhealth Curriculum. Curriculum address HIV/AIDS, malaria and other diseases.	
Right to liberty and security of the person	Take measures to prevent, punish and eradicate all forms of gender-based violence Enable women, men and adolescents to make reproductive decisions free of coercion, violence and discrimination	Eradicate extreme poverty and hunger (MDG 1) Promote gender equality and empower women (MDG 3)	Gender-based violence, sexual coercion and women's rights are NOT discussed in HERhealth Curriculum **Introductory Module: Our Health Is Important.** Confidentiality is emphasised for the trainer to included in the training module, but reasons for and right to confidentiality seems not to be explained to participants.	The right to autonomy in making health decisions in general, and sexual and reproductive decisions in particular, derives from the fundamental human right to liberty. Rights to autonomy and privacy in making sexual and reproductive decisions; In health care contexts, the rights to informed consent and confidentiality are instrumental to ensuring free decision making by the client.

	Eliminate female genital mutilation/cutting	Reduce child mortality (MDG 4)	FGM or other harmful traditional practices are NOT mentioned in HERhealth Curriculum	E.g. spousal authorisation for certain reproductive health procedures are in violation of women's right to full legal capacity in relation to informed consent and to confidentiality in health care.
	Stop sexual trafficking	Improve maternal health (MDG 5)	Sexual coercion, sexual harassment, forced marriage or sexual trafficking are NOT discussed in the HERhealth curriculum	HERhealth training should provide an opportunity to inform women and men about the country's legislation on SGBV crimes and the rights of women
		Combat HIV/AIDS, malaria and other diseases (MDG 6)	**Module Hygiene and Infectuous diseases** discuss malaria and other diseases, with an emphasis on the individual's responsibilities	
Right to seek, receive and impart information	Make information about reproductive health and rights issues and related policies and laws widely and freely available	Promote gender equality and empower women (MDG 3)	HERhealth Curriculum provide information about reproductive health to enable workers to make better informed choices about reproductive health decisions. Information on rights issues are not directly addressed.	

	Provide full information for people to make informed reproductive health decisions	Combat HIV/AIDS, malaria and other diseases (MDG 6)	Workplace safety. In module **Reproductive Cancer**, workplace safety is addressed but emphasis is on the individual and not management. A rights based approach would be recommended.	In the module workplace safety is addressed in the following way: "Not all chemicals cause cancer. But for chemicals that do, including many cleaning solvents and plasticizers, it is important to substitute safer chemicals when possible and to wear the protective equipment that your management provides you if safer chemicals are not provided." The module assumes that management will provide safety gear, but does not mention workers' rights to such if not provided.
	Support reproductive health and family life education both in and out of schools		Curriculum can be said to support education	
Right to decide the number, timing and spacing of children (Reproductive choice)	Provide people with full information that enables them to choose and correctly use a family planning method	Eradicate extreme poverty and hunger (MDG 1)	Module **Family Planning** emphasises that "parents" have a right to make their own decisions on reproductive choices, and that "hopefully you are able to discuss this with your husband". More emphasis could be made on women's rights.	Right to choose whether or not to reproduce, including the right to decide whether to carry or terminate an unwanted pregnancy and the right to choose their preferred method of family planning and contraception

	Provide access to a full range of modern contraceptive methods	Achieve universal primary education (MDG 2)	Module **Family Planning** discuss a range of contraceptive methods and abortion	
	Enable adolescent girls to delay pregnancy	Promote gender equality and empower women (MDG 3)	Module **Your Body and Menstruation** mention that girls are too young to become mothers but only in terms of biology, not in terms of children's rights	
		Ensure environmental stability (MDG 7)	n/a	
Right to voluntarily marry and establish a family	Prevent and legislate against child and forced marriages	Achieve universal primary education (MDG 2)	HERhealth curriculum addresses the prevention and treatment of STIs and HIV/AIDS, and how to improve maternal and child health, but does not address gender equality, child or forced marriages	
	Prevent and treat sexually transmitted infections that cause infertility	Promote gender equality and empower women (MDG 3)	Curriculum does NOT include gender equality or the empowerment of women	

	Provide reproductive health services, including for HIV prevention, to married adolescent girls and their husbands	Reduce child mortality (MDG 4)	Curriculum provides information on how to reduce child mortality	
		Improve maternal health (MDG 5)	Curriculum provides information on how to improve maternal health	
		Combat HIV/AIDS, malaria and other diseases (MDG 6)	Curriculum provides information on HIV/AIDS, malaria and other diseases	
Right to the highest attainable standard of health	Provide access to affordable, acceptable, comprehensive and quality reproductive health information and services	Eradicate extreme poverty and hunger (MDG 1)	HERhealth curriculum provides information to segments of the population believed to have least access	Right to protection of health and to safety in working conditions, including "the safeguarding of the function of reproduction" CEDAW article 11(1)(f).
	Allocate available resources fairly, prioritizing those with least access to reproductive health education and services	Promote gender equality and empower women (MDG 3)	Module on **Maternal Health** mentions that a pregnant woman should understand the risks for expecting mothers in her workplace and, if necessary, ask to be transferred to less hazardous work.	

			Workplace safety. In module **Reproductive Cancer**, workplace safety is addressed but emphasis is on the individual and not management. A rights based approach would be recommended.	In the module workplace safety is addressed in the following way: "Not all chemicals cause cancer. But for chemicals that do, including many cleaning solvents and plasticizers, it is important to substitute safer chemicals when possible and to wear the protective equipment that your management provides you if safer chemicals are not provided." The module assumes that management will provide safety gear, but does not mention workers' rights to such if not provided.
		Reduce child mortality (MDG 4) Improve maternal health (MDG 5)	HERhealth curriculum addresses MDGs 4 and 5	
		Combat HIV/AIDS, malaria and other diseases (MDG 6)	In the module **Serious Illnes: HIV and AIDS** the right to health care is not mentioned	

Right to the benefits of scientific progress	Fund contraceptive research, including female-controlled methods, microbicides and male methods	Promote gender equality and empower women (MDG 3)	Curriculum addresses child mortality, maternal health and the personal opportunitites of combatting diseases, but does not address gender equality or the individual's rights	In the module on STIs, women's rights are not mentioned. In one of the discussion points it is written that: "It can be hard for a woman to protect herself from an STI. Often, she must have sex when her partner demands it." This should be followed by a discussion of rights appropriate for the context.
	Offer a variety of contraceptive options	Reduce child mortality (MDG 4)	Curriculum provides information on contraceptive options	
	Provide access to emergency obstetric care that can prevent maternal deaths and obstetric fistula	Improve maternal health (MDG 5)	Curriculum provides information on maternal health	
		Combat HIV/AIDS, malaria and other diseases (MDG 6)	Curriculum provides information on HIV/AIDS, malaria and other diseases	
Right to nondiscrimination and equality in education and employment	Prohibit discrimination in employment based on pregnancy, proof of contraceptive use or motherhood	Eradicate extreme poverty and hunger (MDG 1)	Curriculum does not address discrimination, in work place or elsewhere	

	Establish programmes to keep girls in schools	Achieve universal primary education (MDG 2)	n/a	
	Ensure pregnant and married adolescent girls, and young mothers, are able to complete their education	Promote gender equality and empower women (MDG 3)	Gender equality and freedom from sexual violence and coercion are not addressed in HERhealth Curriculum	
		Combat HIV/AIDS, malaria and other diseases (MDG 6)	Curriculum provides information on HIV/AIDS, malaria and other diseases	

Evaluation of HERproject

This report presents the findings of the HERproject evaluation implemented jointly by Tana Copenhagen ApS and Indevelop AB. The purpose of the evaluation is to assess the project core support by Sida to the Business for Social Responsibility's (BSR) HERproject.

The evaluation found that the HERproject is a unique approach to accessing women workers in the developing countries and working towards enhancing their health situation in cooperation with the private sector. The HERproject approach is able to reach out to end engage the private sector in development issues in a way that benefits the women as well as the private sector.

The evaluation however, also found that there is room for improving the approach by increasing the attention to sexual and reproductive rights and gender. Furthermore, the approach will benefit from enhanced involvement of the beneficiaries in the design at individual country level to improve relevance and effectiveness.

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