Evaluation Summaries

International Labour Office

Evaluation: Women's Empowerment through Employment and Health (WEEH) Project

Quick Facts

Country: Bangladesh

Final Evaluation: July 2005

Mode of Evaluation: Independent

Technical Area: Employment

Evaluation Management: Asia

Evaluation Team: Dil Prasad Shrestha, Lisa Wong-Ramesar

Project Start: July 2001

Project End: September 2005

Project Code: BGD/00/51/USA

Donor: United States (US$ 3,066,307)

Background & Context

Project Background: The overall development objective of the project is to empower poor women in Bangladesh through increasing their access to decent employment and viable health insurance systems.

The project has two sub-projects, namely:

a. Women's Empowerment through Decent Employment (WEDE)
b. Micro-Health Insurance for Poor Rural Women in Bangladesh (MHIB)

The WEDE sub-project has two components – Gender and Employment (G&E) and Public Sector Initiatives (PSI). The MHIB sub-project also has two components – Micro-Health Insurance Schemes (MHIS) and Knowledge Development and Advocacy (KDA).

In order to integrate various sub-objectives under different components, the project developed the following immediate objectives (IO) in the project document:

Women's Empowerment through Decent Employment:

IO 1 – Provide decent employment for women and at the same time improve family and children's welfare.

IO 2 – Enhance the capacity of the concerned ministries to ensure respect for women workers' rights and promote women's employment.

IO 3 – Promote gender equality in private sector employment.

IO 4 – Strengthen women's participation and leadership in trade unions.

Micro-Health Insurance for Poor Rural Women in Bangladesh:

IO 1– Increase the number of poor women and their families enjoying access to primary health care through existing and new micro health insurance schemes managed by Grameen Kalyan (GK).

IO 2 – Increase the number of poor women and their families enjoying access to primary health care through existing and new micro health insurance schemes managed by Bangladesh Rural Advancements Committee (BRAC).

IO 3- Increase awareness and knowledge among policy makers, the ILO social partners, selected NGOs and local community members of the concept and management of micro

health insurance and how such schemes can form part of national poverty alleviation programs targeting poor women.

IO 4 – Promote the gained knowledge and experience on the functioning of micro health insurance schemes for poor women for use and adaptation by other organizations/ structures in Bangladesh and elsewhere.

Evaluation Context: The main purpose of the final evaluation is to assess whether the WEEH project has been successful in achieving its key objectives and overall goal.

The primary methods for gathering information/data included interviews and interaction meetings with stakeholders. The evaluator designed broad evaluation guidelines/checklist in consultation with project staff to facilitate these interviews and interaction meetings. In order to encourage widespread stakeholder participation, the evaluation team conducted interaction meetings and interviews. The evaluator reviewed relevant documents, collected primary and secondary data, analyzed data/information, and presented preliminary findings at the end of the field visits.

Main Findings & Conclusions

The overall findings indicate that the WEEH project largely achieved its main objectives. As a result of the project's inputs, most of the target groups showed an improved ability to manage daily tasks and apply some skills such as planning, marketing, account keeping, monitoring, and so on. In addition, most trained members were aware of and practicing some of the principles of 'decent work', e.g., workplace environment. A few women entrepreneurs with the help of partner NGOs had considerably expanded their business and were switching over from 'income generating activities (IGA) to enterprise operations'. Moreover, the project seemed largely successful in providing poor women's group access to MHI services through upgraded health centres/clinics and increased number of policy cardholders. Similarly, many partner organizations showed a high likelihood of continuing their current activities after the WEEH project's closure in September 2005. In addition to improved management abilities, a key reason for their likely continuation was their ability to network at both domestic and international levels.

However, several factors impeded the WEEH project from achieving greater success. Most important was that the WEEH project tried to provide too many services to too many diverse beneficiaries. Next, the scope of the WEEH project's objectives, strategies and activities seemed too broad, complicated and ambitious. Finally, it faced difficulties in focusing on its core competencies and satisfying diverse targeted beneficiaries.

The project largely achieved its goals of improved staff development and communication with the major stakeholders. It has also helped build the foundation for its current partnership work with some NGOs.

Recommendations & Lessons Learned

Recommendations:

Decent employment is a new concept and it needs a longer duration to gain momentum and achieve sustainability in both the formal and informal private sector economies. In order to sustain the project's interventions and further promote the principles of 'decent work, continuous follow-up, monitoring and training are required. Refresher type of follow-up, spot monitoring and additional need-based training programs would help sustain the project interventions.

Although the project seems able to enter the private sector and create long-term opportunities to promote gender equity, it has been able to produce little impact in this sector. This suggests no explicit training on gender, but gender elements introduced through practical measures.

While the partner organizations want to expand the MHI scheme to the rural areas they need to integrate it with other programs. Small organizations/NGOs may find it difficult to implement this concept in all situations, and should be supported for at least another two to three years.

The target groups for the WEEH project implementation are poor women. In the work with indigenous people, it has proven very difficult to reach the poorer segments of poor women. Some women cannot even afford to buy a policy card. In such circumstances, one must ask the question how can the poorest of the poor participate in the MHI schemes? In response, partner organizations should take up the challenge of tackling the issue of "inclusion of exclusion".

The combination of workers' rights, women empowerment and micro health insurance should be considered as complementary, and an appropriate perspective to tackle poverty among rural poor women is required. The government of Bangladesh with a collaborative support of international organizations such as WHO and ILO should take lead role to extend MHI scheme to rural areas. Longer and continuous financial and technical support to partner organizations would be required for achieving longer-term social goals and sustainability.

Lessons Learned:

The systems consideration to bring synergic impact between health and economic activities was very essential for overall development.

A longer and continuous financial and technical support to partner organizations was essential for achieving longer-term social goals and sustainability.

A change in attitude was the first requisite towards applying the principles of decent work at the enterprise level.

A community participation/involvement was very essential for the promotion of MHI concept.

The interactions with stakeholders and their consensus were crucial at the project design phase.

Good working condition was a pre-requisite for higher productivity and better quality, particularly in the tea sector.

Since the project dealt with the "established" women's groups, the achievement level seemed to be relatively low.

The project, having special components such as workers' rights, women empowerment and micro health insurance required support from many other sectors, at least for 2-3 years more.