



Report on
Summative Joint Evaluation of the UN SDG Joint Programme
Titled “Enhancing Social Protection for Female Tea Garden
Workers and Their Families in Sylhet Division, Bangladesh”

(ILO component BGD/19/51/UND)

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Executive Summary

Introduction

The Government of Bangladesh is accountable for social protection and the provision of basic services to the tea garden communities, as it is for the people in other areas of the country, according to the National Social Security Strategy (NSSS 2015). The unique feature of the tea industry in Bangladesh is that the entire land for tea production belongs to the Government of Bangladesh, which has been leased out to private entities for 35 years or less for tea production in exchange for taxes. According to the lease agreement signed between the Bangladesh Tea Board, Ministry of Labour, and Tea Garden Labour Union, the tea garden owners are responsible for providing basic housing, health, education, and water, sanitation, and hygiene (WASH) services and wages and rations to the permanent tea garden workers. The tea garden workers live within the tea estate for generations without the right to own land. It should be mentioned here that there are more numbers of temporary/casual tea garden workers than permanent workers.

Thus, access to entitlement, public services, and social safety nets remain areas for further improvement. The studies conducted by ILO (2016) and BBS (2018) identified tea workers as some of the most left behind people in Bangladesh. Especially women and girls face discrimination and inequalities. However, due to the limited number of agencies providing services in the tea gardens, there is a shortage of up-to-date and reliable data on the socio-economic condition of the tea workers. The Government of Bangladesh has endeavored to address their difficulties in recent years, and there is a recognition of the need for comprehensive policy measures for tea garden workers to receive adequate social safety net coverage. In addition, existing systems need to be strengthened, and the quality of essential services for everyone living in these areas has to be ensured.

The UN SDG Joint Program

The female tea garden workers and their families are Bangladesh's one of the most left behind population groups. Therefore, the four UN agencies, i.e., International Labour Organization (ILO), United Nations Population Fund (UNFPA), UN Women, and United Nations Children's Fund (UNICEF), with overall coordination of the UN Resident Coordinator's Office, have implemented the UN SDG Joint Programme to enhance the social protection for female tea garden workers and their families in Sylhet Division, Bangladesh from January 2020 to January 2022. The Ministry of Labour and Employment (MoLE) was the nodal ministry for this joint programme. The UN SDG Joint Programme aimed to identify strategies to enhance social protection for tea garden workers and the communities. The expected outcome of the Joint Programme was that "by 2021, tea garden workers and their families, especially women, enjoy increased social protection and access to quality public services, notably health, as well as education and decent work, in a safer and more empowered environment".

Purpose and Objectives of the Evaluation

The main purpose of this evaluation is to assess the overall performance and short- and long-term effects of the 'Joint Programme', considering the Theory of Change and intended transformative results. In addition, the findings, conclusions, lessons learned, and recommendations from this evaluation will be utilized for current and future programmatic and policy-related decisions around social protection in marginalized communities. However, the evaluation has the following specific objectives:

1. To assess the relevance and coherence of this program in the tea gardens in Sylhet Division (Sylhet, Moulvibazar, Habiganj) and context, considering the needs assessment, gender-responsive, and human rights lens, Sustainable Development Goals (SDGs), United Nations Development Assistance Framework (UNDAF), and COVID-19 pandemic, and other national development priorities and frameworks.

2. To assess the progress, quality, and fidelity of implementation, including coordination across implementing agencies and assessment of systems for monitoring, risk analysis, and knowledge management.
3. To assess the effectiveness and efficiency of the program, considering differences in and reach across gender, age, disability, and other vulnerabilities.
4. To understand the level of sustainability and scalability for the program, including systemic change in the tea garden communities, including the extent of government buy-in, ownership, and participation.
5. To understand the contribution of the UN SDG Joint Programme to improved UNCT collaboration and coherence in Bangladesh.
6. Identify the program's strengths, weaknesses, lessons learned, and strategic and operational recommendations for future programming or similar contexts

Evaluation Questions

This summative evaluation was conducted to present conclusions about the merit of the UN SDG-funded program and recommend the program's scalability. The evaluation questions were informed by the revised Organisation for Economic Co-operation and Development's Development Assistance Committee (OECD-DAC) criteria of relevance, coherence, effectiveness, efficiency, and sustainability. The evaluation also had an element of gender equality, equity, and human rights assessment, given the vulnerability of the population and the intersectionality present in the tea garden communities.

Methodology

Methodological Approach: The evaluation adopted a qualitative approach to responding to the objectives and questions. The data were collected from primary sources as well as document reviews. The evaluation collected primary data using key informant interviews (KIIs), focus group discussions (FGDs), field visits, and observations.

Sample Gardens: This summative evaluation selected the tea gardens based on the following two issues: (1) the number of PUNOs provided intervention in a single garden, and (2) composite scores of performances (poor, average, good, excellent) based on Multiple Indicator Cluster Survey (MICS) outcome 2018, which was used to select the tea gardens for interventions. The following gardens were selected: Lackatoorah tea estate, Burjan, Madhabpur, Satgaon tea estate, Rajnagar tea estate, Kalighat Tea Garden, Modhupur tea estate, and Chandpore Tea Estate.

Sample Stakeholders Consulted: The stakeholders/population involved in this evaluation are broadly two types: tea garden centric and outside the tea garden. A total of 254 persons participated in 34 FGDs among the following types of respondents, of whom 170 were female, and 84 were male: adolescent group; adolescents and women who participated in gender talk; female tea garden workers; male tea garden workers; Panchayat members. On the other hand, 43 KIIs were conducted with the following respondents: tea garden management, tea garden health care providers; government officials; PUNO officials; IP officials; BCSU officials, and BTA officials.

Main Findings and Conclusions

The findings of this summative evaluation have been presented according to the evaluation questions.

Relevance

- The beneficiaries and all the stakeholders echoed that the UN SDG fund program was highly relevant for the tea garden workers and their family members as this community is one of the most left behind population groups in Bangladesh.
- The activities taken under the UNSDG joint program were informed by the needs assessment of different stakeholders and limited consultation with relevant stakeholders. The program was implemented in the 25 gardens. Each of these gardens has some branch gardens. However, the SDG fund program did not cover the workers of these branch gardens, except

the health program supported all the main and branch gardens as the branch garden patients were referred to main garden health centers. Thus, the program was not fully adapted to meet the needs of the most vulnerable households and also the most vulnerable groups, particularly people living with disabilities and older persons.

- The program implementation did not face any new/more relevant needs. However, the program was re-purposed during the COVID-19 pandemic for strategic reasons, and COVID-19 awareness and prevention were added to the SDG program, including small group or one-to-one communication, distribution of leaflets, and miking on social distancing and supply of logistics.

Coherence

- The Joint Programme maximized access, quality, and added value for the tea garden communities through the compatible and coordinated effort with other social protection programs in the country.
- The UN SDG joint program was consistent with country priorities, including the five-year plans of the Government of Bangladesh (both 7th and 8th five-year plans), the National social security strategy, UNDAF 2017-2021, and UNSDCF 2022-2026, and aligned with “Leave No One Behind” and other UN principles, and relevant international human rights mechanisms (e.g., CRC)
- The UN SDG joint program, a pioneering effort adopting the one UN approach, significantly improved UNCT's collaboration and coherence in Bangladesh by working jointly to enhance social protection for female tea garden workers and their families in Sylhet Division.

Effectiveness

- The program covered broad areas for improvement, including tea garden workers' overall health status and related factors and capacity development of the tea garden's healthcare facilities. To achieve these targets, the program implementing partners worked at the field level with direct beneficiaries, healthcare facilities and personnel, tea garden management, and other related stakeholders.
- The program effectively increased respondents' awareness of several issues, including early marriage, child labor, maternal healthcare services use, family planning, infant and young child feeding, and child nutrition. But there was contradictory evidence that awareness made from the program had become a reality, especially in healthcare-seeking behavior, child marriage scenarios etc.
- The joint program worked effectively to link tea garden healthcare facilities and government healthcare facilities and increase awareness about maternal healthcare services use. As a result, tea garden healthcare facilities' capacity to deliver services was also found to be increased. However, it was not enough to ensure continuity of service access. For example, four or more antenatal care visits were relatively low; most deliveries were found to occur at home with/without midwifery help. In addition, the use of post-natal healthcare services was relatively low.
- Family planning is an important issue for tea garden workers. However, the program focused only on awareness-building and supplied a few short-term contraceptive methods, including pills and condoms. Therefore, the unmet need for modern contraception was evident in many instances.
- The daycare center was established and strengthened as part of the program. However, the capacity of the daycare (number of caregivers, playing tools, etc.) was relatively low. In addition, infrastructural challenges were also common. Therefore, the program could not make much significant influence at the community level through the daycare centers.
- Significant progress was made in reducing violence against women throughout the program period. However, no significant contribution was seen to ensure their equal leadership participation. For instance, their active involvement in the panchayet and other related bodies was low.

Efficiency

- The joint program involved different stakeholders from various tiers of government, tea garden management authorities, tea garden workers' associations, and different implementing partners to plan, implement, and monitor the activities at different program levels. However, different stakeholders' levels of involvement and integration left scopes for development.
- The coordination among PUNOs was satisfactory, effective, and efficient. The uninterrupted coordination among the PUNOs positively influenced the overall program's better implementation.
- The coordination among the IPs was not satisfactory, especially at the grassroots level. The separate work plans and working strategies often raised challenges while implementing the program activities. The failure of PUNOs to provide a specific and concrete direction for a joint action-oriented working strategy is also visible here.
- Among the challenges in ensuring collaboration and coordination, COVID-19 was a crucial issue. Because of the restrictions, accessibility to different stakeholders was highly challenging. The consequent delays in the joint decision-making process of PUNOs upon consensus also affected the timeliness of the program activities during this period.
- The program's short duration also challenged the coordination and collaboration to ensure efficient joint program implementation.

Gender Equality, Human Rights, and Equity

- The UN SDG joint program interventions predominantly focused on children, adolescent girls, and women as the program's primary beneficiaries and provided various services in line with their needs.. However, male tea garden workers universally mentioned that the program focused less on men. In addition, we did not find some key population groups, including adolescent boys, older persons, and PWDs in the FGDs with the program's primary beneficiaries, which may result from participant selection bias.
- Women's and girls' rights and gender equality issues were mainstreamed across the program's outputs.
- While the voice and participation in the decision-making process for male and female tea workers are limited irrespective of their gender, the female workers were found to be more disorganized, with hardly any presence of their agency to raise their voices. Female tea garden workers had barely any idea about agency and rights. Major decisions were made by the husbands only.
- In the panchayat committee, women representatives were structurally the minority compared to men. Male panchayat leaders were more vocal and dominated the voices of female leaders.
- Gender Responsive Planning and Budgeting (GRP) was a key element of the UN SDG JP. As GRP is the key element of mainstreaming gender, several capacity-building workshops were held at local and national levels to develop a common understanding of policymakers, practitioners, and rights holders. In addition, the national level webinar on GRP created strong advocacy on the issue to enhance social protection for female tea garden workers and got a commitment from key government ministries in this regard.
- The PUNO collaborated with relevant government ministries, including the Ministry of Labour and Employment, Ministry of Women and Children Affairs, and other relevant line ministries, and the women's rights organization and CSOs at the national and local levels to strengthen the empowerment of women tea garden workers.
- Both men and women acknowledged that the prevalence of gender-based violence reduced significantly in the past two years. In addition, women participating in the gender talk sessions were more aware and vocal about their rights.

Sustainability

- The positive changes brought by the UN SDG JP can be sustained by properly integrating the roles of every concerned stakeholder (government, non-government, community, beneficiaries) in the

planning, implementation, monitoring phase and addressing the coordination challenges (between and within different stakeholders) and gaps in protecting the sustainability mechanisms.

- The support towards maximizing the facility readiness can be sustained with the involvement of concerned stakeholders but will certainly face some challenges. For example, maintaining readiness for the establishments like crèche houses will be challenging without a proper takeover process by capable workforces from the community, tea garden management, or government authorities.
- To ensure the sustainability of the program activities, a continuous flow of funding has a crucial role to play. The relevant and concerned ministries and departments from the government wings and donors from partner UN organizations can manage and continue funding such programs in the tea garden.
- The garden owners, community entities such as Union Parishad authority, and Panchayat members should also come forward to be integrated with the necessary sustainability mechanisms, as the welfare of tea garden workers will benefit them as a whole.
- The ownership of tea garden workers will play a strong role here in ensuring the sustainability of the program's outputs.

Lessons Learned

- More collaboration is needed between all stakeholders, including NGOs/CSOs, BCSU, BTA, local and national government bodies, development partners, and the tea garden workers, to enhance social protection for the tea garden workers by addressing human rights and gender concerns.
- The large-scale joint program demanded a well-designed collaboration technique and coordinated work strategy of all PUNOs and IPs while implementing program activities, especially at the grassroots level.
- Accountability and ownership of the beneficiaries regarding the maintenance of the program interventions (both material and non-material) can maximize the potential of ensuring the sustainability of the joint program, even in the absence of external funding and involvement.
- As men are the gatekeepers and the primary decision-makers in the family, equal focus toward men and women in the sensitization process promotes and sustains gender equality.
- Awareness-building sessions, leadership training, and gender talk are effective interventions in making women more vocal and increasing awareness and bargaining capacity.
- The pandemic period (such as the outbreak of COVID-19) largely hampers program implementation, and the coordination process and prompt evidence-based action in this regard with the involvement of all stakeholders from implementing agencies and government and non-government bodies can be significantly facilitating.
- Creating model health care centers by strengthening the existing ones with various facilities and maximizing the facility's readiness and improved service utilization (e.g., antenatal care, delivery care, postnatal care, family planning, malnutrition and child nutrition, health, etc.).
- Diminishing service-seeking behavior (in terms of health-related services, especially maternal and child health care services) strongly implies the necessity of continuing the program activities in the short and long term.

Conclusions

In conclusion, it can be said that, based on the existing context of tea gardens in Bangladesh, the joint program provided relevant and significant interventions within this two-year program tenure. The interventions successfully covered the issues of policy and legislative reform and coordination issues, data-related capacity building, and strengthening the capacity of management and other relevant stakeholders to work in a more coordinated and efficient way. Though there are remarkable achievements in terms of the quantitative output of the program, ensuring increased social protection and access to quality public services, especially for women tea garden workers and their family members, is still a challenge. The safer and more empowered environment for women tea garden workers, which is the ultimate expected outcome of this program, requires integrated and

comprehensive efforts focusing on all these loopholes, challenges, and obstacles. In this regard, the contribution should come from government, non-government, local, and community stakeholders connected to this process. Finally, proper meaningful recognition of the role of tea garden workers, especially the women workers, and ensuring their participation in a true sense can play a significant contributive role.

Recommendations

The summative evaluation findings implied the necessity of taking different actions in the program planning, implementation, coordination, and sustainability phase. The recommended actions derived from the findings are in a table on the next page.

SI	Recommendation Area	Actions to be taken	Supported by the findings of	Responsible/Primary duty bearer	Users/beneficiaries	Resource Implications	Timeline
1	Policy Level Reformation	<p>1.1. Reform structural policy framework and legal environment that operates in the tea gardens through long-term as well as strengthened advocacy to have real improvements in the lives of tea garden workers. (Supported by the findings from the relevance section)</p> <p>1.2. Covid-19 pandemic was the major challenge for the implementation of UN JP and disrupted by the multiple lockdowns, mobility restrictions, health crisis and socioeconomic challenges. The PUNOs have repurposed JP activities in consultation with MPTF without hampering the original project design and implementation plan to address the health safety issues of the target beneficiaries. The UN JP has taken alternative and innovative approaches to reach out tea garden workers maintaining health protocol. So, there is a critical need for BTA to develop a Standing Order Procedures (SOP) for the tea sector to mitigate the shocks in collaboration with Government, BCSU and relevant stakeholders. This would help for the tea garden workers and their families to handle any future challenges and crisis could occurred due to pandemics, or natural disaster. Reform structural policy framework and legal environment that operates</p>	Relevance section	Ministries of government (DoL, DSWO, DIFE)	Tea garden workers and their	High	Long term

SI	Recommendation Area	Actions to be taken	Supported by the findings of	Responsible/Primary duty bearer	Users/beneficiaries	Resource Implications	Timeline
		in the tea gardens through long-term as well as strengthened advocacy to have real improvements in the lives of tea garden workers. (Supported by the findings from the relevance section)					
2	Program Planning	2.1. More inclusion of persons with disabilities (PWDs) and their needs in project planning and interventions should be adequately ensured. (Supported by the findings from the relevance section)	Relevance section	PUNOs and IPs	Tea garden workers and their family members	Medium	Long term
3	Program Coordination	3.1. The UNRCO should adopt the necessary strategies to plan and implement an institutional coordination mechanism among the PUNOs and IPs through <ul style="list-style-type: none"> • sharing a comprehensive and joint work plan with the involvement of all concerned stakeholders and regular experience sharing. • Arranging regular meetings at the field level and office level with the presence of both PUNO and IP personnel • Ensuring proper monitoring of the partnership throughout the program implementation period • Taking prompt necessary actions at the field level in incidences of lack of coordination, especially among IPs. 	Efficiency section	UNRCO, PUNOs, IPs	PUNOs, IPs, and other concerned stakeholders	Low	Long term

SI	Recommendation Area	Actions to be taken	Supported by the findings of	Responsible/Primary duty bearer	Users/beneficiaries	Resource Implications	Timeline
		3.2. The involvement of key stakeholders (government, workers, employers and civil society organizations) should be more effective in planning, implementing, and monitoring.	Efficiency and sustainability section	PUNOs, IPs	Concerned government stakeholders (DoL, DIFE, DSWO, MoHFW, MoWCA)	Medium	Long term
4	Program Implementation	4.1. Awareness-building sessions, leadership training, collective bargaining, and gender talk sessions should be continued for longer terms for maximum impact. The sessions should be conducted at a convenient day and time to reach both men and women equally.	Effectiveness section	PUNOs, IPs, Local Volunteers, and Concerned government stakeholders from the government level (DoL, MoWCA, MoHFW)	Tea garden workers, adolescent boys, and girls	High	Short term
		4.2. Ensuring qualified midwife (at least 3-year diploma in Govt. recognized institute) for tea garden health facility, Minimum test facility for pregnant mother and available medicine. BTA will ensure in collaboration with Civil Surgeon	Effectiveness section	BTA, Civil Surgeon	Tea garden workers (especially pregnant mothers and their husbands)	High	Short term
		4.3. Ensuring continuity of using maternal healthcare services through proper counseling of the pregnant mothers about the importance of maternal healthcare services, addressing community-level misconceptions related to maternal healthcare services, and improving the quality of maternal healthcare services.	Effectiveness section	BTA, Civil Surgeon	Pregnant mothers and their husbands	High	Long-term
		4.4. Harmonized data collection framework developed by the UN SDG joint program should be used in all targets to record data.	Effectiveness section	BTA, government	Tea garden workers and their family members	High	Long term

SI	Recommendation Area	Actions to be taken	Supported by the findings of	Responsible/Primary duty bearer	Users/beneficiaries	Resource Implications	Timeline
5	Program Funding and Sustainability	5.1. Strengthen the social protection services and other relevant services more accessible and flexible beneficiaries selection criterias for tea communities by mandated ministries, departments and employers (BTA).	Sustainability section	Different relevant ministries of the government of Bangladesh	Tea garden workers and their family members, garden management	Medium	Long term
		5.2. Mobilizing funds for the program's continuation should be ensured for at least 5-6 years.	Sustainability section	Donor agencies (PUNOs)	Tea garden workers and their family members	Low	Long term
		5.3. A proper handover process should be ensured while phasing such a program. The handover process should include the participation of donors, implementers, BTA, BCSU, Panchayet members, and tea garden workers, where a specific post-program work plan can be constructed with the data-driven informed-decision regarding the distribution of different roles and responsibilities among these stakeholders in the short term and long term. The handover process can be done through different activities such as seminars, signing of MoU, and construction shared work plans.	Sustainability section	PUNO, IP, BTA, BCSU, relevant government ministries, Panchayet Members, Tea garden workers	BTA, BCSU, Panchayet Members, Tea garden workers, and their family members	Low	Long term

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AUEO	Assistant Upazila Education Officer
BBS	Bangladesh Bureau of Statistics
BCSU	Bangladesh Cha Sramik Union
BTA	Bangladesh Tea Association
BTB	Bangladesh Tea Board
BTS	Breaking the Silence
CIPRB	Centre for Injury Prevention and Research Bangladesh
CM	Child Marriage
COVID-19	Coronavirus Disease 2019
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
DAC	Development Assistance Committee
DC	Deputy Commissioner
DDFP	Deputy Director of Family Planning
DHIS2	District Health Information Software (Version 2)
DIFE	Department of Inspection for Factories and Establishments
DSWO	District Social Welfare Officer
ERIC	Ethical Research Involving Children
FGD	Focus Group Discussion
FIVDB	Friends In Village Development Bangladesh
FP	Family Planning
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
GBV	Gender-based Violence
GED	General Economics Division
GoB	Government of Bangladesh
GRB	Gender Responsive Budgeting
HIV	Human Immunodeficiency Virus
IDI	In-depth Interviews
ILO	International Labour Organization
IP	Implementing Partner
IYCF	Infant and Young Child Feeding
JP	Joint Programme
KII	Key Informant Interviews
MICS	Multiple Indicator Cluster Survey
MoLE	Ministry of Labour and Employment
MoWCA	Ministry of Women and Children Affairs
MPDSR	Maternal and Perinatal Death Surveillance Review
NGO	Non-Government Organization
NSSS	National Social Security
NTC	National Tea Company
OECD	Organization for Economic Co-operation and Development
Oxfam	Oxford Committee for Famine Relief
PLW	Pregnant and Lactating Women

PNC	Postnatal care
PUNO	Partner United Nations Organizations
PWD	Persons with Disabilities
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goals
STI	Sexually Transmitted Infections
ToC	Theory of Change
UEO	Upazila Education Office
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNHQ	United Nations Headquarter
UNICEF	United Nations Children's Fund
UNRCO	United Nations Resident Coordinator's Office
UNSDCF	United Nations Sustainable Development Cooperation Framework
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WASH	Water, Sanitation, and Hygiene

Chapter One: Introduction

1.1 Contextual Background

1.1.1 Tea Garden Population in Bangladesh

In Bangladesh, tea garden workers are a highly marginalized group who lack access to adequate health care services, education, labor protection, and decent work conditions. They are often restricted within tea garden facilities and face structural barriers in accessing care outside tea gardens. As a result, they are considered the most 'left behind' ethnic minority population in Bangladesh. The tea communities were brought to Bangladesh more than 150 years¹ ago by the British from different parts of India. They comprise around 80 different ethnic communities² with unique cultures, languages, beliefs, and surnames. However, the tea workers have always been denied fair wages, access to education and healthcare, and proper living conditions. Many of the tea garden workers identify as Dalits. The Dalit workers are segregated in socially stigmatized service sectors traditionally assigned to them and face severe difficulties accessing employment outside those sectors. As a result, they became the poorest of the poor.

According to ILO's study report on the working conditions of tea garden workers (2016)³, approximately 360,000 workers and their families live in 166 commercial tea gardens. Out of these workers, 64 percent represent women and girls workers⁴. Most of these women are tea leaf pickers, and others work in tea factories. Studies revealed that women workers had been the significant labor source in the tea gardens and leading bread makers of the families. However, these workers experience multidimensional poverty and multiple discriminations, deprivations, marginalization, and exclusion, which may continue across generations. Their rights, needs, and demands remain suppressed by the tea industry and the chains of patriarchy. Moreover, the situation in the tea gardens has not substantially changed since the colonial period. These workers are landless, and their families have been dependent on tea estates for their livelihoods for generations since their indigenous and tribal ancestors from India settled in the tea garden areas.

The lives of the tea workers cannot be improved if the specific problems faced by the women are ignored. The situation of pregnant and lactating tea workers is even worse, considering vulnerability. They are entitled to four months' maternity leave, but usually, they take the leave only after childbirth, which can have severe consequences as they work in hilly remote tea gardens. It is common for pregnant tea garden workers to work even until delivery. In extreme cases, some give birth while working in the tea gardens and others give birth before they can be taken to an *Upazila* health complex or hospitals, usually situated far away. As a result, in the BBS study conducted in 2018⁵, only 15.7 % of delivery occurs in health facilities. In addition, decent healthcare is not accessible to most tea workers. Consequently, malnutrition among pregnant and lactating women (PLWs) and infant and young children and maternal and child mortality rate are higher in tea gardens than in the rest of the country. For example, the rate of stunting, underweight, and wasting among the under-five children in the tea garden⁶ are 41.5%, 47.5%, and 27%, respectively, compared to 31%, 22%, and 8%, in the rest of the

¹ Sabrina Miti Gain. 2018. Tea workers: The women's tale. DhakaTribune. 22nd November 2022. Available from: <https://archive.dhakatribune.com/magazine/weekend-tribune/2018/11/22/tea-workers-the-women-s-tale>

² Ibid

³ Ahmmmed, F. & Hossain, M.I. (2018). A Study Report on Working Conditions of Tea Plantation Workers in Bangladesh. Dhaka: International Labour Organization (ILO). Available from https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/--ilo-dhaka/documents/publication/wcms_563692.pdf

⁴ Ibid

⁵ Bangladesh Bureau of Statistics (BBS). 2018. Baseline Survey on Situation of Children in Tea Gardens of Sylhet Division (Key results). Dhaka: Bangladesh Bureau of Statistics (BBS) and UNICEF Bangladesh.

⁶ Ibid

country⁷. On the other hand, the rate of under-five mortality in the tea garden is 79 per 1000 live birth⁸, while the rate is 45 per 1000 live birth in the rest of the country⁹.

A study conducted by International Labour Organization (ILO) in 2016¹⁰ stated that in several instances, children are engaged in the tea gardens as relievers or helpers of their parents. Once they grow up, they change their status so that they are no longer assistants to or relievers of their parents but temporary workers and a portion of them become permanent workers. About 47% of respondents acknowledged the existence of child labor in tea plantations. However, children do not work as permanent workers but as a substitute for or in addition to another family member. For example, some children work as a replacement for a parent who cannot work to secure their residence. During peak season, the presence of child labor is more visible. Besides child labor, access to education, including the opportunity to study in their mother tongue, and malnutrition have been barriers to children's best interests in tea gardens.

The marginalized tea garden communities have fallen into an inter-generational cycle of poverty due to structural inequality, sociocultural norms, and limited and constrained access to education in Tea Garden areas. The tea garden workers have very limited options to come out of this traditional profession and are compelled to choose the profession for survival. The educational services needed for early childhood development, school readiness, and primary and secondary education are inadequate. The rate of educational attainment is low in the tea garden. The BBS study shows that the net primary enrollment rate in the tea garden is 58.7 percent, while this rate was 91 percent in 2010¹¹. The quality of services in the existing institutions is far below the national standard. That contributes to a low transition into the next level of education at every tier, causing many dropouts from the education system. The primary completion rate¹² among the children of the tea garden is 79 percent, while the transition from primary to lower secondary school¹³ is 90 percent. These statistics are quite lower compared to the national statistics. The alternative education approach for out-of-school children and employability skills-based education services are absent. Thus, the educational rights of tea garden children have not been appropriately addressed. Despite these realities, the ILO study¹⁴ finds that a significant number (46.1%) of tea workers expect their children to be educated and work in tea gardens. Most respondents complained that children of tea plantation workers do not get official jobs in the tea gardens despite being educated.

The physical dimension of health problems of older persons in the tea workers' community is different than in the other part of the country. The health services utilization by these older persons is very low compared to the other part of the country. Both tea garden men and women had very high-risk factors

⁷ National Institute of Population Research and Training (NIPORT), and ICF. 2020. *Bangladesh Demographic and Health Survey 2017-18*. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT and ICF.

⁸ Bangladesh Bureau of Statistics (BBS). 2018. *Baseline Survey on Situation of Children in Tea Gardens of Sylhet Division (Key results)*. Dhaka: Bangladesh Bureau of Statistics (BBS) and UNICEF Bangladesh.

⁹ National Institute of Population Research and Training (NIPORT), and ICF. 2020. *Bangladesh Demographic and Health Survey 2017-18*. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT and ICF.

¹⁰ Ahmmed, F. & Hossain, M.I. (2018). *A Study Report on Working Conditions of Tea Plantation Workers in Bangladesh*. Dhaka: International Labour Organization (ILO). Available from https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/--ilo-dhaka/documents/publication/wcms_563692.pdf

¹¹ World Bank data available from: <https://data.worldbank.org/indicator/SE.PRM.NENR?end=2010&locations=BD&start=1970&view=chart>

¹² Primary completion rate is defined as the number of children attending the last grade of primary school (excluding repeaters) divided by the number of children of primary school completion age (age appropriate to the final grade of primary school).

¹³ Transition from primary to lower secondary school (up to class eight) is defined as the number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year divided by the number of children attending the last grade of primary school during the previous school year.

¹⁴ Ahmmed, F. & Hossain, M.I. (2018). *A Study Report on Working Conditions of Tea Plantation Workers in Bangladesh*. Dhaka: International Labour Organization (ILO). Available from https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/--ilo-dhaka/documents/publication/wcms_563692.pdf

like the use of non-smoked tobacco and consumption of alcohol. Educational status, meaning lack of health awareness, may be an important determinant of diseases and disability in the older population. Disability is an issue for children, and many children with disabilities have limited access to services under social safety net programs. The “Persons with Disabilities (PWD) Rights and Protection Act 2013” and the 7th and 8th Five Year Plan, National Education Policy, National Skills Development Policy, and other policy frameworks articulate the importance of improving the situation of PWD.

1.1.2 Social Protection and Social Services Provision in the Tea Gardens

The social protection of the tea-garden communities is a long-standing and complex issue. The governance in the tea garden areas is also highly complex and lies with four agencies: 1) The Governmental Bangladesh Tea Board, under the Ministry of Commerce, deals with policy (agricultural inputs and productivity, tea production-related policies) issues; 2) the Bangladesh Tea Association (BTA), a business grouping responsible for managing issues related to privately owned tea gardens; 3) the National Tea Company (NTC) accountable for issues regarding government-owned tea gardens, and 4) the Ministry of Labour and Employment on matters related to worker’s rights and human resources policies and practices.

The state is accountable for social protection and basic services to the tea garden communities, as it is for people in other areas of the country, according to the National Social Security Strategy (NSSS 2015). One unique feature of the tea industry in Bangladesh is that the entire land granted for tea production belongs to the Government. Over the years, it has leased much of the tea garden land to private entities for 99 years or less for tea production in exchange for taxes. As per an agreement signed between the Bangladesh Tea Board, Ministry of Labour, and Tea Garden Labour Union, the tea garden owners provide basic housing, health, education, and WASH services to the population in addition to the wages and food rations in these areas. Thus, in practice, care provision lies on the tea garden owners. State agencies have passed on their responsibilities to ensure effective inclusion and targeting in social safety net programs. They have been carrying out limited-service delivery and regulation or oversight over the quality, availability, accessibility, affordability, and appropriateness of services, mandated by basic human rights as set out in international human rights and labor conventions. Decent work for tea garden workers is poor. Stigma experienced by persons from ethnic and religious minorities leads to deprivation and vulnerabilities, with women facing multi-dimensional poverty, discrimination, and inequalities.

As a result of the limited engagement of the government service-providing agencies in the tea gardens, the lack of up-to-date and reliable data on systems, coordination, implementation of existing policies, and as a result, the availability and accessibility of social safety net-related payments and basic services for children and women in the tea gardens are issues of concern from a ‘Leave No One Behind’ perspective. However, in recent years, the Government and tea garden owners’ actions in the area have been seeking to change the situation in a limited way. Where the government and tea garden owners have sought to ensure the implementation of social protection schemes and initiated service delivery inside or outside of the gardens, the situation has improved somewhat though it is insufficient, which is acknowledged by stakeholders.

1.2 Detailed Description of the Evaluation

1.2.1 The UN SDG Joint Programme: Beneficiaries

The Joint UN SDG fund program targeted to serve the following beneficiaries:

- Women
- Children
- Girls
- Youth/Adolescents
- Members of the Bangladesh Cha Shramik Union
- Persons with disabilities

- Older persons
- Indigenous peoples
- Persons living in extreme poverty

1.2.2 The UN SDG Joint Programme: Stakeholders and Their Roles

The Project mapped different stakeholders, which included relevant ministries/departments of the Government of Bangladesh, the private sector, trade unions, and civil society organizations (CSOs). These stakeholders are:

Government Ministries/Departments:

1. Prime Minister's Office
2. Ministry of Labour and Employment (MoLE)
3. Directorate General of Health Services, Ministry of Health and Family Welfare (MoHFW)
4. Directorate General of Family Planning, MoHFW
5. Ministry of Women and Children Affairs (MoWCA)
6. Ministry of Social Welfare
7. Ministry of Primary and Mass Education
8. Divisional Commissioner, Sylhet
9. Deputy Commissioner, Sylhet, Moulvibazar, and Habiganj District

Private sector:

1. Bangladesh Tea Association (BTA)

Trade unions:

1. Bangladesh Cha Shramik Union (BCSU) (Bangladesh Tea Workers' Union)

Civil society organizations partners:

1. Indigenous Peoples Development Services (IPDS)
2. Centre for Injury Prevention and Research (CIPRB)
3. Breaking the Silence (BTS)
4. Oxfam Bangladesh
5. FIVDB

The Government of Bangladesh was in the lead in implementing the program through the MoLE, with policy guidance from the Prime Minister's Office. The MoLE served as the platform and the coordinator for the joint program. The MoLE can coordinate inter-ministerial bodies delivering social protection services. They are the addressees of policy advocacy for amending ambiguity of articles of Bangladesh Labour Law (2018 amendment) in favor of tea garden workers. MoLE's Department of Labour (DoL) and Department of Inspection for Factories and Establishment (DIFE) were the key partners in preparing a tripartite action plan and addressing Organizational Safety and Health issues in the tea sector.

The four participating agencies made their unique contribution to the joint program in the sense that they each had a dedicated portfolio, with, for example, strong engagement in norms-based policy and legislative reform, empowerment and capacity development (ILO), system strengthening, policy reform, capacity development, data and research, service delivery and protection (UNICEF, UNFPA) and a focus on capacity development in gender equality, mobilization of civil society and application of empowerment tools (UN Women). In addition, the UNCT was regularly updated about the program and involved through seminars, workshops, policy dialogues, parts of research etc., since many of the issues dealt with by the program also involve portfolios of various UNCT members.

The Ministry of Health and Family Welfare (Director General Health System/ Director General Family Planning) is one of the key stakeholders of this program. The main functions of this agency are implementing different health programs, health management, planning & execution of different policies through administration. The DGHS under the MOHF is key to ensuring that health policies work effectively for tea garden female workers. The Directorate General of Family Planning is a

government agency responsible for family planning. It is a key government partner in ensuring that female tea garden workers have the appropriate family planning choices, are informed about these choices, and are empowered to make decisions about their reproductive life.

The Ministry of Women and Children Affairs (MOWCA) handles all issues relating to women's and children's rights, protection, and welfare. The Ministry of Social Welfare (MoSW) is a key counterpart to work on policy analysis and advocacy for integrating the tea garden workers' issue into the National social protection strategy. The Ministry of Primary and Mass Education (MoPME) is the primary counterpart to address children's education issues relating to integrating tea garden workers' children into the national system. Finally, the Office of the Divisional Commissioner and Deputy Commissioner is the local level government entity representing the national Government, delivering and coordinating social protection services of different departments, and works as the project's entry point for monitoring social protection services delivery for the tea workers.

The Bangladesh Tea Association of the tea garden owners and business representatives contributed to the successful implementation of the program by providing access to the tea gardens and engaging in a constructive national dialogue with the Government and the UN and beneficiaries/rights holders on the reform and improvement of the social protection system, system strengthening, and service delivery functions. In addition, the Bangladesh Cha Shramik Union contributed to the policy dialogue and became the strategic partner in women's empowerment, serving as a platform for representation.

The program was implemented by four national-level NGOs and one international NGO. These NGOs are Indigenous Peoples' Development Services (IPDS), the Center for Injury Prevention and Research (CIPRB), Friends in Village Development Bangladesh (FIVDB); Breaking the Silence (BTS); and Oxfam Bangladesh.

1.2.3 The UN SDG Joint Programme: Budgetary Provision

Female tea garden workers and their families are among Bangladesh's most left behind population groups. Therefore, the ILO, along with the United Nations Population Fund (UNFPA), UN Women, and United Nations Children's Fund (UNICEF), with overall coordination of the UN Resident Coordinator's Office, have implemented the UN SDG Joint Program to enhance the social protection for female tea garden workers and their families in Sylhet Division, Bangladesh from January 2020 to January 2022. These partner UN organizations (PUNOs) received 2 million US\$ from the UN joint SDG program for this period. . Each UN agency received equal share of the fund.

In addition to the Joint SDG Fund, the program is primarily geared toward the Government making additional national budgets and other funding available for enhanced social protection, and Government and tea garden owners establishing strengthened systems for additional public services available in the tea gardens and by government-run facilities, which should ensure sustainability in the future. The program also aimed to leverage further external financing through engagement with existing development partners, such as bilateral donors present in Bangladesh who have already been informed and consulted. Additionally, the program intended to indirectly increase the capacity of civil society/NGOs to leverage funding and financing from development partners by drawing attention to their engagement with the joint SDG program and other initiatives. However, the PUNO-wise breakdown of the Joint SDG fund is given below:

Table-1: Distribution of UN SDG Fund among the Various Categories by the PUNOs

Budget Categories	UNFPA	ILO	UN Women	Unicef	Total (USD)
1. Staff and other personnel	82,700	166,992	154,370	25,000	429,062
2. Supplies, Commodities, Materials	7,940	4,800	5,000	10,000	27,740
3. Equipment, Vehicles, and Furniture	-	3,400	4,600	15,000	23,000
4. Contractual services	-	172,798	90,000	100,000	362,798
5. Travel	-	6,000	7,000	12,000	25,000
6. Transfers and Grants to Counterparts	376,649	93,000	180,000	295,290	944,939
7. General Operating and other Direct Costs	1	20,300	26,320	10,000	56,621
Total Direct Costs	467,290	467,290	467,290	467,290	1,869,160
8. Indirect Support Costs (Max. 7%)	32,710	32,710	32,710	32,710	130,840
TOTAL Costs	500,000	500,000	500,000	500,000	2,000,000
1st year	267,233	265,995	260,390	257,010	1,050,628
2nd year	232,767	234,005	239,610	242,990	949,372

Through this joint program, the social security system focused greater attention on coordinated, streamlined social protection policy, system strengthening, and service delivery interventions, with the government, alongside tea garden owners, taking increasing responsibility to deliver social protection outcomes, especially for women tea garden workers who are ‘left furthest behind’. The program targeted that the women and children have improved access to social protection and quality social services and be more empowered to claim their rights to development, health, education, information, participation, and decent work.

The core of the joint program was developing the capacity of national institutions, communities, and individuals, fostering cross-sectoral collaboration and partnerships, and promoting equality, non-discrimination, and protection of human rights. The joint program focused on generating evidence and facilitating policy-level discussions between the tea garden owners’ association, trade unions, local government institutions, and relevant ministries and sectors to address bottlenecks and improve the coverage and quality of services for children and women in the tea gardens. The program facilitated dialogue and sought to inform agreements by analyzing the situation and institutional bottlenecks. In addition, the program had the upstream advocacy for more coordinated social security policy and programs, innovative partnerships with the private sector, support for women’s and communities’ participation and empowerment, capacity building for improved work conditions, and practical skills training pilots.

The joint program aimed to support the efforts of the Government of Bangladesh, Bangladesh Tea Association, Bangladesh Cha Shramik Union (Tea Plantation Workers’ Union [BCSU]), other tea garden workers’ representatives, UN and civil society partners to achieve the following outcome: *By 2021, tea garden workers and their families, especially women, enjoy increased social protection and access to quality public services, notably health, as well as education and decent work, in a safer and more empowered environment.* The program has the following five outputs. (For further detail, please see the JP Logframe included in Appendix I).

1.2.4 Theory of Change of the UN SDG Joint Programme

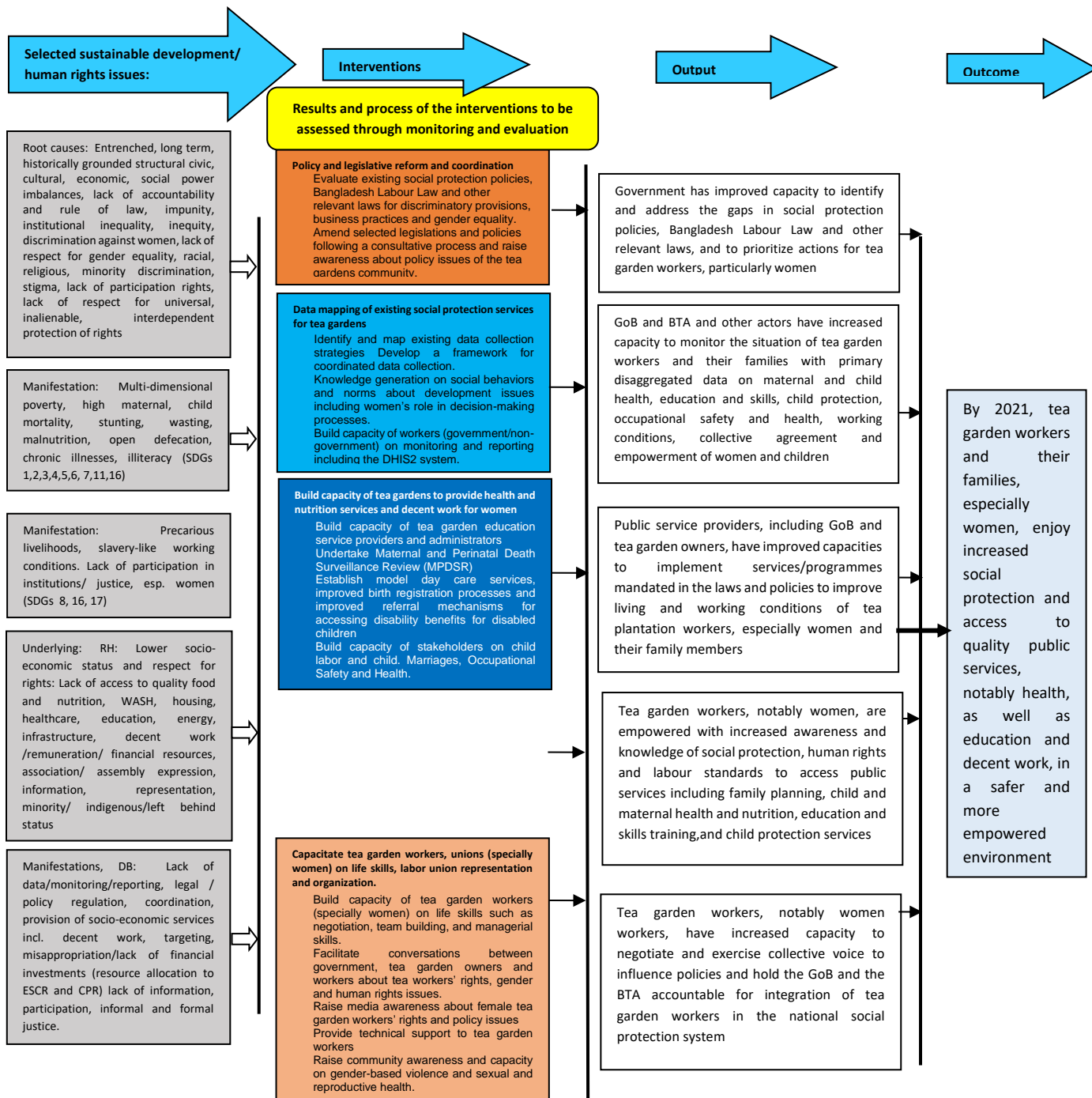
The theory of change of this joint program stated that through the successful delivery of this joint program, the social security system would focus greater attention on coordinated, streamlined social protection policy, system strengthening, and social service interventions. The program aimed that the

Government and tea garden owners as duty bearers take responsibility to ensure increased social protection outcomes, especially for women tea garden workers and rights holders who are 'left furthest behind'. If the joined-up interventions are effective, the women and their families will be more empowered and enjoy their rights per Bangladesh's national legal provisions and international obligations, and multiple SDGs will be accelerated, notably SDGs 1, 3, 4, 5, 8, and 16.

Social protection policies and legislation have developed and expanded over the years. However, current frameworks still show inconsistencies across sectors, implementation gaps, lack of coordination, and coverage for tea garden workers. There is limited provision of services by the Government and tea garden owners. The tea garden workers suffer from multidimensional poverty, precarious living and working conditions, inequality, racial discrimination, and under-representation in the national dialogue. Their health status is also poor, even for maternal and neonatal health, which has succeeded in other parts of the country.

The strategic focus is on a mix of approaches emphasizing systems strengthening, data and evidence generation, increased capacity to monitor the situation of tea garden workers and their families with primary disaggregated data, policy dialogue and coordination, advocacy, partnerships, participation, empowerment, and equity-responsive and resilient services delivery. If this builds on the comparative advantages of the UN and Government, this will ensure a balance between upstream and downstream work. As a result, the UN is well placed to add value to accelerate multiple SDGs through more coordinated social security policies and programs.

Figure 1: Theory of Change of Joint UN SDG Program



The following were the assumptions adopted by the Joint SDG Programme:

- If gaps and challenges are identified through data strategies and necessary changes and adjustments, including funding models, are proposed to existing policies and strategies, duty bearers will prioritize actions.
- If there is policy and legislative change and the necessary allocation of funding, in that case, the Government and tea garden owners will increasingly meet the basic rights of the most deprived tea garden workers, who are typically women and children, and the Government will also exercise increasing regulatory responsibilities relating to tea gardens.

- If social protection policies, the Bangladesh Labour Law Act, health, education, women's and children's affairs policies, and other relevant policies were more coordinated and streamlined, the division of responsibility between the State and tea garden owners would be clarified. As a result, access, availability, and quality barriers to services outside tea gardens would be removed. The social security coverage of workers would increase, and existing services would be better delivered, targeted, used, accessed, and would address any inequality and discrimination.
- If the duty bearers were to take action in consultation and collaboration with the rights holders and their labor representatives, and these actions were to be monitored through participatory review mechanisms, the tea garden workers' ability for active participation and the empowerment of workers would improve to hold authorities accountable to ensure social protection schemes, women's and girls' rights and decent work. In addition, the UN would add value to human rights-based programming and provide an enabling environment for joint work with both duty bearers and rights holders.
- If there is a strong focus on the rights of women and their empowerment, then not only female tea garden workers will be able to claim their rights and benefit from the program but also their families, which can set standards for other groups of marginalized populations and women living in poverty in Bangladesh. Broader changes can then be expected where the lives of tea garden workers will be improved and their families, notably girl children, through opportunities and access to services inside and outside the tea gardens.
- If commitment and collaboration by government officials, the private sector (BTA), and tea garden workers' representatives as well as tea garden workers themselves jointly create the conditions for enhanced livelihoods and enjoyment of more decent work, in that case, the collaboration with the private sector/tea garden owners will also contribute to the implementation of the SDGs in a manner consistent with the UN Guiding Principles on business and human rights, which clarify business responsibilities concerning labor and human rights. This Joint Programme could model a successful intervention in this context.
- If the program builds on existing interventions and is used to create synergies with existing programs of individual agencies, in that case, this will contribute to greater effectiveness, better resource use, and improve the program's outcome: female tea garden workers will then enjoy enhanced social protection.

Based on these assumptions, the joint SDG program offered the following interventions:

- An extensive review of existing laws, acts, and policies governing tea garden communities' rights and working conditions were performed to identify the discriminatory laws and acts that are affecting the tea garden workers. This is expected to improve the legal structure under which the tea garden workers are administered and ideally lead to an improvement in realizing their rights and wellbeing. In addition, the existing social security options for this marginalized group will also be mapped, and mechanisms found to connect them to these social services.
- At the community level (among tea garden owners, government and non-government organizations, administrators, and managers of tea gardens) through (1) increased awareness and understanding of developmental issues of tea workers, (2) improved social security mechanisms and social service structures for health, nutrition and education, and (3) accountability, data tracking and monitoring of existing projects and services will be improved through this project.
- At the interpersonal level, through building negotiation and team-building skills and tea labor union's representation and management skills among tea garden workers. This is expected to increase the voice and representation of tea garden workers and enable them to speak for

their rights and concerns. Liaison and increased interaction between government decision-makers and tea garden owners with the workers will ensure that these duty bearers hear their concerns and perceptions

- At the individual level, there will be a focus on improving services available to tea garden workers, specifically for health, nutrition, and education (through enhanced capacity of service providers as a project activity). In addition, women's empowerment through developing entrepreneurial skills and other economic options will also be undertaken.

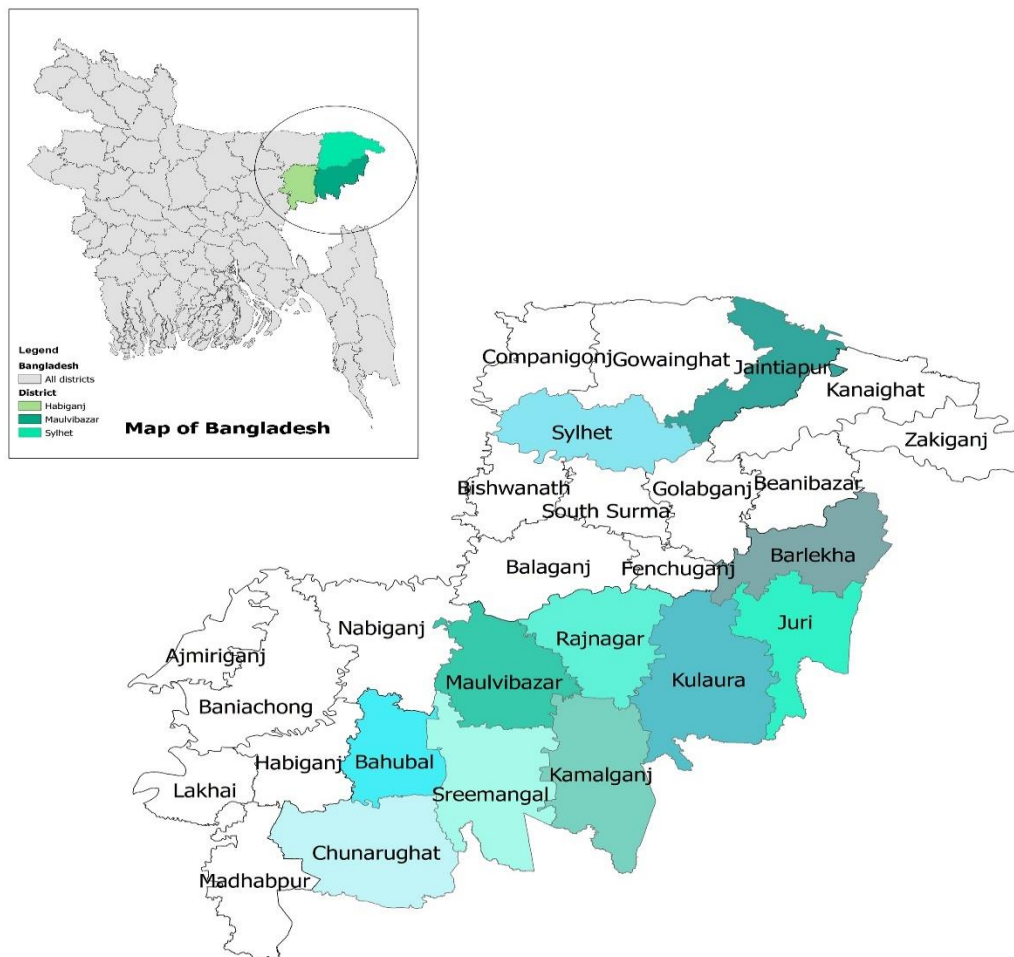
1.2.5 Geographic Coverage of the Joint UN SDG Programme

The regular interventions of the UN JP were limited to 25 tea gardens in Sylhet, Habiganj, and Moulvibazar. However, the policy advocacy initiatives, capacity-building training, and workshops, particularly for Bangladesh Cha Shramik Union (BCSU), tea garden authorities/managers, and Bangladesh Tea Association (BTA), covered the entire Sylhet division-based tea gardens. The PUNOs met with the BTA in Dhaka on 28 January 2020 and BCSU representatives in Sylhet on 18 February 2020 to discuss the selection. The tea gardens, where specific system strengthening interventions are conducted, were selected applying the following criteria: distribution across three Sylhet Division districts, existing gardens of UNICEF and UNFPA, and the mix of accessible and underserved/hard-to-reach tea gardens.

Table 2: Distribution of Gardens with JP Interventions

District	Upazila	Name of Tea Garden	
Sylhet	Jaintapur	Habibnagar tea estate	Lalakhali tea estate
	Sylhet Sadar	Lackatoorah tea estate	Burjan
Moulavibazar	Moulvibazar Sadar	Moulvi tea estate	Dauracharara tea garden
		Kamalganj	Madhabpur
	Kulaura	Clivdon tea estate	Chatlapur tea estate
	Sreemangal	Rajghat tea estate	Mirzapore tea estate
		MR khan tea estate	Satgaon tea estate
		Hossainabad	
	Juri	Kapnapahar tea estate	Rotna
		Sonarupa	
	Rajnagar	Karimpore tea estate	Hajinagar tea estate
		Chandbagh Tea estate	Rajnagar tea estate
Borolekha	Pallathal		
Habiganj	Chunarughat	Deundi tea estate	Chandpore tea estate
	Bahubal	Modhupur tea estate	

Figure-2: Geographic Coverage of the Joint UN SDG Program



UN SDG joint program areas in Sylhet, Maulvibazar and Habiganj districts

1.3 Evaluation Purposes, Objectives, and Scope

1.3.1 Purposes and Objectives of the Evaluation

The main purpose of this evaluation was to assess the overall performance and short- and long-term effects of the ‘Joint Programme’, considering the Theory of Change and intended transformative results. In addition, the findings, conclusions, lessons learned, and recommendations from this evaluation will be utilized for future programmatic and policy-related decisions around social protection in marginalized communities. Therefore, the evaluation had the following specific objectives:

1. To assess the relevance and coherence of this program in the tea gardens in Sylhet Division (Sylhet, Moulvibazar, Habiganj) and context, considering the needs assessment, gender-responsive, and human rights lens, SDGs, UNDAF, and COVID-19 pandemic, and other national development priorities and frameworks.
2. To assess the progress, quality, and fidelity of implementation, including coordination across implementing agencies and assessment of systems for monitoring, risk analysis, and knowledge management.
3. To assess the effectiveness and efficiency of the program, considering differences in and reach across gender, age, disability, and other vulnerabilities.

4. To understand the level of sustainability and scalability for the program, including systemic change in the tea garden communities, including the extent of government buy-in, ownership, and participation.
5. To understand the contribution of the UN SDG Joint Programme to improved UNCT collaboration and coherence in Bangladesh.
6. Identify the program's strengths, weaknesses, lessons learned, and strategic and operational recommendations for future programming or similar contexts.

The evaluation report will be primarily used by the PUNOs, the relevant ministries/department of the Government of Bangladesh, BTA, BCSU, and the CSOs who implemented the program. The evaluation report will be secondarily used by the other development partners and CSOs/NGOs working in the country.

1.3.2 Scope of the Evaluation

This summative evaluation covered the 'UN SDGs Joint Program' full life, implemented from January 2020 to January 2022, based on evaluation objectives and questions. The evaluation aimed to generate evidence against the evaluation questions and analyze the evidence to conclude the program's overall achievements and challenges associated with the achievements and make recommendations for future directions. The evaluation rigorously appraised the UNJP from multiple perspectives:

1. Assess the performance of the UNJP implementation against the Log-frame and Programme Document.
2. Review the performance and integration of the program pillars towards achieving the overall UNJP objectives through joint programming.
3. The efficiency of the joint program administration, governance, and coordination includes reporting, disbursement schedules, coordination between participating UN agencies, coordination with donors and government, planning, and budgeting.
4. Assess the relevance of the program in terms of the dynamic environment and the crosscutting/mainstreaming of Gender and Disability.
5. Analysis of expenditure/cost-effectiveness and sustainability of the program.

1.3.3 Evaluation Questions

This summative evaluation was conducted to present conclusions about the merit of the UN SDG-funded program and recommend the program's scalability. The evaluation questions were informed by the revised OECD-DAC (Organisation for Economic Co-operation and Development's Development Assistance Committee) criteria of relevance, coherence, effectiveness, efficiency, and sustainability. The evaluation also addressed an additional criterion of gender equality, equity, and human rights, given the target population's vulnerability and the intersectionality in the tea garden communities. Appendix II provides the detailed Evaluation Design Matrix, where specific research questions of this evaluation are presented. Table 3 below sets out the final evaluation questions that guided the data collection, analysis, and triangulation.

Table 3: Evaluation Questions

EQ1: Were the program objectives and activities/ components logical and relevant to the needs and interests of the tea garden community (males, females, children, families, persons with disabilities, and most vulnerable households)?

EQ2: Were the planned activities informed by consultations with relevant stakeholders and existing or new need assessments or analysis to identify different needs of different stakeholders?

EQ3: Did the program remain relevant throughout the life course? Was the program successfully adapted to the emerging needs throughout the program implementation, including adaptations needed for the changing context and vulnerabilities due to COVID-19?

EQ4: What was the compatibility and coordination of the Joint Programme with other social protection programs in the country to maximize access, quality, and value add for the tea garden communities?

EQ5: Was the program consistent with country priorities (7th/8th Five Year Plan, NSSS, UNDAF/UNSDCF, etc.), aligned with “Leave No One Behind” and other UN principles, and relevant international human rights mechanisms (CRC, etc.)?

EQ6: Did the UN Joint Program improve UNCT's collaboration and coherence in Bangladesh?

EQ7: What was the extent of achieving outputs, and how do these contribute to the outcomes (analyzed by expected results, outputs)?

EQ8: The extent to which the Joint Programme supported the beneficiaries (rights holders) and local government and tea garden sector (duty bearers) in developing capacities, establishing mechanisms, and strengthening the enabling environment to ensure buy-in, ownership, and durability?

EQ9: Was the integration of joint interventions effectively done? How has the integrated nature of the model impacted the quality and effectiveness of implementation and realization of current results? Consider differences among vulnerable groups and varying demographics (gender, age, ethnicity, ability, etc.)

EQ10: How did the distribution of roles and responsibilities, structural organization, collaboration, and contribution among the UN Joint Programme Task Team, concerned ministries, and other key actors work efficiently to achieve the outputs?

EQ11: What was the extent of services provided (types and quality) and results equitably achieved across different groups (Sex, age, disability status, vulnerability status, etc.)?

EQ12: How did the program integrate gender and human rights/equity lens into the design and implementation, including gender analysis, indicator, output development, budget, and level of engagement with CSOs and the Government? What have been the current effects of that integration?

EQ13: How did the JP employ the social and behavior change strategy to address harmful practices (CM, GBV) and adopt appropriate behaviors and care practices, including seeking services?

EQ14: To what extent are the positive changes resulting from the Joint Programme likely to be sustained, particularly the social protection for female tea garden workers and their families?

EQ15: What are the major factors affecting and contributing to the sustainability of these changes? How well are national partners (BCSU, BTA, BTB, MOLE) set up for success in sustaining the results over time?

EQ16: To what extent was the JP successful in facilitating deeper connections: linking community people, garden management, and GoB line departments across the level and issues; connecting our JP work locally, nationally, and globally; and linking program, policy, communications, and collaboration with development partners?

Chapter Two: Methodology

2.1 Evaluation Design

This study adopted a summative evaluation design. In particular, the summative evaluation was informed by the revised OECD-DAC criteria of relevance, effectiveness, efficiency, coherence, and sustainability. Through this evaluation, we looked at the influence of the planned activities of the UN SDG JP on the target group, i.e., the female tea garden workers and their families living in the selected tea gardens in Sylhet after the program ended in March 2022. Moreover, we also explored the elements of gender, equity, and human rights assessment, given the vulnerability of the tea garden workers and the intersectionality present in the tea garden communities. However, the summative evaluation was outcome-focused, not process-focused. Thereby, in line with its nature, this evaluation adopted a realist approach that aimed to assess the overall performance and short- and long-term effects of the “Joint Programme”, considering the Theory of Change and intended transformative results. The realist evaluation was used because we aimed to understand whether and to what extent the UNSDG JP was effective and the mechanisms behind that effectiveness. As part of the realist summative evaluation, we utilized qualitative data collection methods to understand better what the UN SDG JP project has achieved and how or why this has occurred.

2.2 Methodological Approach

The evaluation adopted multiple methods to respond to the objectives and questions. These included a qualitative approach and the use of various data gathering methods. A detailed evaluation design matrix has been developed to carry out this evaluation, added in Appendix II. We also triangulated the findings with the Logframe and the baseline-endline data.

2.2.1 Secondary Data

The document review was considered a continuous process for generating data for this consultancy. Therefore, the documents prepared by the General Economics Division, Planning Commission, and the Social Security Policy Support Programme (an initiative of the Cabinet Division and the General Economics Division (GED), Bangladesh Bureau of Statistics, Planning Commission, Government of Bangladesh), and project-related documents prepared by different implementing partners and UN agencies, were reviewed. The list of documents reviewed as part of this evaluation can be found in Appendix III.

2.2.2 Primary Data

This evaluation employed qualitative approaches to collect primary data. The idea behind qualitative data is to purposefully select participants that would best help the researcher to understand a particular issue in more depth. As the detailed evaluation design matrix (Appendix II) shows, the evaluation collected primary data using qualitative approaches, such as in-depth interviews (IDIs), focus group discussions (FGDs), field visits, and unstructured observations for the tea garden primary schools, daycare centers, adolescent clubs and so on to assess what has been done as part of the UN SDG JP and their effect.

2.3 Target Population for Collecting Primary Data

We reviewed the program document, Terms of Reference (ToR), and log frame (Appendix I) of this program and found the following broad categories of the population were part of this program: (1) Direct Project Beneficiaries/rights holders: Different types of tea garden workers (men, all women, adolescent boys and girls, older persons, persons with disabilities etc.), Panchayet committee members (including women members), and Bangladesh Cha Sramik Union members (including women Union members); (2) Representatives of Bangladesh Tea Association, Garden managers, tea garden doctors, paramedics, midwives, creche (daycare) center caregivers; (3) Government stakeholders at the local level/duty bearers (Divisional Commissioner, Deputy Commissioner, Additional Deputy Commissioner, Department of Labour and Employment (DoLE), Department of

Inspection for Factories and Establishments (DIFE), Civil Surgeon, Deputy Director Family Planning, District Primary Education Officers, District Women Affairs Officer, District Social Welfare officers, Local Government, BBS Officials at District level, Upazila Health and Family Welfare Officer); (4) Government stakeholders at the national (ministries/departments) level (Ministry of Labour and Employment, Ministry of Health and Family Welfare, Ministry of Women and Children Affairs, Ministry of Social Welfare); (5) Representatives of the National Advisory Committee and Project Management Committee (Senior Coordinator for SDGs, Prime Minister's Office, Government of Bangladesh, UN Resident Coordinator, HOAs of PUNOs, BTA, and BCSU); and (6) Representatives of the implementing partner NGOs.

2.4 Geographic Coverage and Tea Garden Selection for the JP Evaluation

This summative evaluation was carried out in the three districts where the Joint SDG Program was implemented in 25 gardens. The following two issues were considered in selecting the gardens where JP provided interventions: (1) the number of PUNOs provided intervention in a single garden, and (2) composite scores of performances (poor, average, good, excellent) based on MICS outcome used to select the tea gardens for interventions. The following gardens were selected for this evaluation following the abovementioned criteria: Lackatoorah and Burjan Tea Estate of Sylhet District; Madhabpur, Satgaon, and Rajnagar Tea Estate of Moulvi Bazar District; and Modhupur and Chandpore Tea Estate of Habiganj District.

2.5 Sample Size and Sampling Strategy

This evaluation adopted a qualitative approach which does not necessarily require a big sample size, as typically found in quantitative evaluation/research. The evaluation attempted to visit every entity to reflect the full range of interventions under the joint program regarding themes and contexts across priority geographic areas of work and target groups. Thus, the evaluation prepared a stakeholder mapping through discussion with concerned UN agencies and document review. The stakeholders/population involved in this evaluation are broadly two types: tea garden centric and outside the tea garden.

The data for this evaluation were collected from seven (7) out of twenty-five (25) tea gardens where the JP program was implemented. From each of these seven gardens, one FGD was conducted with the following five types of respondents: Panchayat Members, Women Tea Garden Workers, Men Tea Garden Workers, Adolescent Group, and Breaking the Silence (BTS) Group (both adolescent and women tea garden workers who were exposed to gender talk intervention by the BTS). A total of 34 FGDs (we could not conduct one FGD with the BTS member in a particular garden) were conducted involving the above population. On average, seven persons participated in each FGD, comprising 254 participants (Table 4). The details of the FGDs have been presented in Appendix IV(a). Besides, an in-depth interview was conducted with either Manager or Assistant Manager and the health care providers (compounder, midwife, and medical officer) of each of these tea gardens (list attached in Appendix IV(b)). A total of 43 in-depth interviews were conducted with representatives of the Bangladesh Tea Association, Government stakeholders at the local (district) level/duty bearers and national (ministries/departments) level, representatives of the National Advisory Committee and Project Management Committee, and representatives of the implementing partner NGOs (list attached in Appendix IV(b)).

Table 4: Number of Participants per Category of Stakeholders

Category of Stakeholders	Number of Participants		
	Female	Male	Total
Focus Group Discussions			
Adolescent Group	51	-	51
Adolescents and women who participated in Gender Talk	49	-	49
Female Tea Garden Workers	54	-	54
Male Tea Garden Workers	-	55	55
Panchayat Members	16	29	45
Total Participants of FGDs	170	84	254
In-depth Interviews			
Tea Garden Management	-	07	7
Tea Garden Health Care Provider	04	03	7
Government Officials	01	09	10
PUNO Officials	03	06	9
IP Officials	01	05	6
BCSU Official	-	03	3
BTA Official	-	01	1
Total Participants of KIIs	9	34	43

2.5 Data Collection, Data Processing, and Analysis

Several sets of separate tools were developed for this evaluation's data collection, including IDIs and FGDs. The data collection tools have been developed based on the desk review and evaluation objectives, questions, and log frames. The detailed data collection tools have been presented in Appendix V (i) to Appendix V (xi). Besides data were also collected from the key service points in the Intervention Area: community clinic, tea garden health centers, and adolescent clubs. The National Consultant, two Research Associates, and three Research Assistants collected the data (two female). All the data collection team members were of social science background with experience in qualitative research. The data collection team received three days of training from the National Consultant. The National Consultant also provided one day of hands-on experience to the data collection team in the tea garden before the beginning of data collection.

The data collection team obtained oral informed consent from the respondents of this evaluation, as many of them could not read and write. On the other hand, for adolescent respondents, the team obtained assent from them and consent from their legal guardians. Furthermore, the data collection

team obtained permission from all the respondents to record the interview. The respondents were assured about the interview's confidentiality, privacy, and anonymity. The data collection team developed an analysis framework in Microsoft Excel based on the research questions of this evaluation. The data were then simultaneously transcribed and placed in the analysis framework. Finally, the data were analyzed using the thematic analysis approach. Qualitative data were continuously validated from the results of the Logframe and the other sources (e.g., annual progress reports).

2.6 Quality Assurance

The evaluation team took strict quality assurance measures at all levels of the study implementation. A total of three data collection teams, each team consisting of two persons, collected the data. The National Consultant was in the field during the entire data collection period. The presence of the National Consultant in the fieldwork ensured the quality of the data collected for this evaluation. The National Consultant checked the data quality during the data collection and at the end of each day of data collection. This process helped to give daily feedback to improve the data quality. In addition, the female research assistants collected data from the female tea garden workers and adolescent girls to ensure the quality of the data. The internationally agreed upon evaluation principles like independence and impartiality, credibility, and utility were followed throughout the evaluation process to ensure quality assurance.

2.7 Ethical Considerations

The evaluation ensured the ethical issues associated with the study, including the risks and benefits of the respondents. Before collecting data, each respondent was informed about the purpose, type of information coverage, confidentiality, interview time, and other relevant issues regarding the study. The respondents were given the right to refuse a response during the interview. The study asked for the respondent's verbal consent to participate in the interview. The girls aged below 18 years are known as minors, and they cannot give consent to participate in this study. In this case, the data collectors obtained the assent from the minors, and then consent was obtained from their parents. We followed the ethical research involving children (ERIC) guidelines to ensure the safety and security of the children. In particular, at the very outset of this study, the evaluation team discussed the purpose of the research and the impact that participating in the research may have on children in terms of potential harms and possible benefits. We also carefully ensured informed consent, privacy, and confidentiality and appropriately reimbursed for any payment and compensation.

We were also very careful about discussing topics with the adolescents, avoiding any sensitive issues or anything that would make them comfortable. Furthermore, the respondents were informed that their information would be kept strictly confidential for anyone other than the evaluation team. Furthermore, privacy during the interview process was safeguarded. The interview was conducted under conditions where the respondents felt most comfortable responding. The data collected as part of the IDIs and FGDs are safeguarded in a password-protected computer with the access of the evaluation team only.

2.8 Limitations of the Evaluation Study

This summative evaluation study of the UNSDG joint program has some limitations. These include:

- There might be bias in terms of selecting the study participants. For example, the primary beneficiaries group, including the Panchayat leaders, female tea garden workers, male tea garden workers, adolescent groups, and gender talk participants, were recruited by the IPs for the convenience of the evaluators due to time constraints. Thereby, recruiting participants may suffer from selection bias because

we did not find some key population groups during our FGDs, e.g., older persons, persons with disability, and adolescent boys.

- The study participants within the tea garden community (e.g., the Panchayat leaders, female tea garden workers, male tea garden workers, adolescent groups, and gender talk participants) might not be able to differentiate between the activities undertaken as part of the UNSDG joint program and another concurrent/adjacent program. Because the PUNOs, especially the ILO, UNICEF, and UNFPA, had been working in the tea garden on various areas/issues for a long time. Thus, as the donor and IPs were the same, it was difficult for the beneficiaries to highlight the effectiveness of the joint program interventions only, especially because of the widespread poor literacy among the tea garden communities.

Chapter Three: Findings

3.0 Introduction

The chapter has the following sub-sections for presenting the findings: relevance, coherence, effectiveness, efficiency, gender equality, equity, human rights assessment, and sustainability. The findings of each sub-sections have been organized according to the evaluation questions presented in Appendix II.

3.1 Relevance of the UN SDG Program

The relevance of the UN SDG program was assessed by using three questions. Thus, the program's relevance-related findings have been presented to answer these questions.

Evaluation Question: *Were the program objectives and activities/ components logical and relevant to the needs and interests of the tea garden community (males, females, children, families, persons with disabilities, and most vulnerable households)?*

The UN SDG joint program was highly relevant for the tea garden workers and their family members as this community lives far behind.

The program was significant for the tea garden workers as it aimed to uphold their rights as citizens of Bangladesh. The data generated from the beneficiaries as part of the evaluation reveals that the program was very relevant. The participants unanimously mentioned that the activities/interventions taken as part of the joint program aligned with their actual needs. For example, the female tea garden workers mentioned that health care service delivery was poor in the tea garden facilities, which improved significantly due to the joint program interventions. The service providers, including the medical officers, compounders, and midwives, also validated the findings that UNICEF provided adequate support to develop service provision in the garden healthcare centers by providing training to the service providers, tools, and instruments as well as undertaking health awareness campaign among the garden population. The male and female tea garden workers also highlighted their other needs addressed through the UNSDG joint program, including child education and care by improving the tea garden schools and operationalizing the daycare centers. The panchayet leaders also acknowledged that awareness-building sessions conducted by the ILO helped them realize their rights and increased their actual bargaining capacity with the tea garden authority. However, as the focus of the joint program activities was predominantly surrounding the main tea gardens, the branch tea gardens received limited interventions where the most vulnerable households resided. Moreover, we also found limited interventions dedicated to other marginalized groups of the population, including the person with disabilities.

The program covered many issues that were genuine problems in our community. From awareness-building campaigns on child marriage, child labor, child education, etc., to developing our healthcare center and renovating the daycare center, the program did a lot for us in just two years. Now that the program is gone, we only want it to come back again. (Male Tea Garden Worker, Rajnagar TE, Moulovibazar)

Evaluation Question: *Were the planned activities informed by consultations with relevant stakeholders and existing or new need assessments or analyses to identify different needs of different stakeholders?*

The activities taken under the UNSDG joint program were informed by the needs assessment of different stakeholders and limited consultation with relevant stakeholders. The UN agencies assessed the relevance of the UN SDG program using indirect ways. The three UN agencies, ILO, UNICEF, and UNFPA, worked for quite a long time in the tea garden before implementing the UN SDG

program. The lesson these UN agencies learned through their previous work in the tea garden motivated them to work further to improve the quality of life of this tea garden community. Studies conducted by ILO in 2016 and UNICEF in 2018 played a catalytic role in determining the vulnerability of tea garden workers and their family members.

However, the evaluation also found some shortcomings of the UN SDG JP, as highlighted in the KIIs. For example, the program was implemented in 25 gardens. Each of these gardens had some branch gardens. The BCSU leaders felt that the workers of these branch gardens were more vulnerable than the main gardens. However, the JP did not cover the workers of these branch gardens. Thus, the program was not fully adapted to meet the needs of the most vulnerable households. The program was also not fully adaptive to meet the needs of the most vulnerable groups, particularly people living with disabilities and older persons. In a few tea gardens where the evaluation was done, the male tea garden workers did not have any clear idea of what had been done as part of UN SDG JP. They mostly perceived that the program worked for and with women, thus addressing their needs and issues only. A PUNO personnel described how people living in branch tea gardens were also covered under the UNSDG joint program. He mentioned that they were referred to the main tea garden healthcare, their children experienced the facility development in schools, and they were part of community outreach activities, e.g., awareness-building campaigns. However, due to the time limitation, consultation with relevant stakeholders was limited in the program's development phase.

It needs attention here that all aspects of project development, consultation with GoB stakeholders, and project submission had to be done within 30 days. That is why pre-project submission consultation with the target population was very limited due to the time constraint. (A PUNO Official)

Evaluation Question: Did the program remain relevant throughout the life course? Was the program successfully adapted to the emerging needs throughout the program implementation, including adaptations needed for the changing context and vulnerabilities due to COVID-19?

The beneficiaries and stakeholders reported that the program remains valid after the end of its life as the duration and coverage of the program were limited. One recent study by UNICEF shows that the poverty incidence among tea garden communities is estimated at 61.4%, almost four times the corresponding poverty incidence in the Sylhet division and three times the national poverty rate. This finding suggests the remaining validity of programs like UN SDG in the tea garden. Moreover, the beneficiaries also unanimously mentioned that the program needs to be restarted again. The program implementation did not emerge any new/more relevant needs, but the program was re-purposed during the COVID-19 pandemic. As the garden workers live within the garden, the tea garden production system is considered isolated from the mainstream

In the third month of the JP initiation, COVID-19 came, and it was the greatest challenge to implement the project as planned. There were already some inherent challenges to working in the tea gardens. So, when we were at the take-off phase of the project, at that moment, COVID-19 hit, and accessibility was hit the most. For example, during the pandemic, UNICEF supported the government to go for online schooling of children. But we could not do the same in the tea garden because there was no such infrastructure there in the first place. So, upon consulting with the UNHQ, we had to do some re-purposing of the UN SDG JP, such as the inclusion of awareness building campaign about COVID-19 transmission and prevention. (A PUNO official)

population. Due to this 'closed' nature of the tea garden operation, the COVID-19 pandemic did not affect the production system of the tea garden. Thus, COVID-19 did not increase the vulnerability of the tea garden workers. However, the UN SDG program was re-purposed for strategic reasons, and COVID-19 awareness and prevention were added to the SDG program involving small group or one-to-one communication, distribution of leaflets, and miking on social distancing and supply of logistics.

3.2 Coherence of the UN SDG Program

Evaluation Question: *What was the compatibility and coordination of the Joint Programme with other social protection programs in the country to maximize access, quality, and value add for the tea garden communities?*

The UNJP maximized access, quality, and added value for the tea garden communities through the compatible and coordinated effort with other social protection programs in the country. For example, access to the government health care system has increased due to the development of referral mechanisms from the tea garden. The JP interventions also increased the quality of services received by the tea garden workers and their families from the Upazila or district government health facilities. In addition, the program has contributed to strengthening the capacity of the service providers and raising awareness among the right holders. According to the annual progress report 2021, 22 tea garden health centers were linked with government health facilities for referral and quality services. We also found that the health service providers of the tea gardens have now improved their knowledge of infection prevention and referral, MPDSR, MNCH, and nutrition packages due to the capacity-building programs organized under the UN SDG joint program.

Previously our tea garden workers were stigmatized in the government health facilities located in the district or Upazila level. They were treated as 'filthy' beings and nobody cared to provide them any service. But this scenario has completely changed over the past two years. Now, our workers and families are receiving prompt and quality services like other general patients in those facilities. To me, this is the biggest contribution of the UN SDG joint program. (Manager, Satgaon Tea Estate, Moulvibazar)

In alignment with the national education and child protection programs, the UN SDG joint program contributed to increased access, quality education, and care for children living in the tea gardens. The beneficiaries and the school teacher were highly satisfied with the works of UNICEF in tea garden schools. As part of childcare and protection activities, the joint program interventions supported operating/running the existing daycare centers in the tea gardens and managed them by providing human and material resources. However, as children, adolescents, and women received more attention in programmatic

UNICEF formed a student fund in our school. They provided students with various books, notebooks, pens, and other utensils for free. They also conducted various seminars on the school premises on sanitation, healthy food habit, nutrition, etc. They conducted multiple training sessions for the teachers. Besides, in terms of structural development, UNICEF built two washrooms (for boys and girls) in the school and set up a tube well for safe drinking water for the students. They also provided an almirah, and a bookshelf, and set a handwashing tank and basin at the entrance of the school. I would say this project totally transformed the environment of education in our tea garden. (Teacher, Madhobpur Tea Garden Primary School, Madhobpur TE, Moulvibazar)

activities, the social protection of older persons and other vulnerable groups (e.g., persons with disability) were less prioritized.

Evaluation Question: *Was the program consistent with country priorities (7th/8th Five Year Plan, NSSS, UNDAF/UNSDCF, etc.), aligned with “Leave No One Behind” and other UN principles, and relevant international human rights mechanisms (CRC, etc.)?*

The relevance of the joint program is also highlighted in various government and UN documents, including the five-year plans of the Government of Bangladesh (both 7th and 8th five-year plans), the National social security strategy, UNDAF 2017-2021, and UNSDCF 2022-2026. For example, the 7th and 8th five-year plans explicitly lay out the various strategies for the Dalits and Extreme Poor Groups, including the tea garden community, so they can take their place as full citizens of the country. The program related to the national 7th and 8th Five-Year Plan’s goal ‘Reduction of inequality and extreme poverty’ through social protection, equal access to health services, addressing child and maternal malnutrition, gender equality, and family planning. The NSSS of Bangladesh also aims to ensure that socially excluded groups, including the tea garden community, have similar access as the rest of the population to all social security programs and all publicly provided basic services in education, health, nutrition, population planning, water supply, and sanitation. Therefore, the planned activities undertaken as part of the UNSDG joint program were consistent with the country’s priorities to leave no one behind. Moreover, the joint program was also aligned with the UNDAF 2017-2020 (outcome one and outcome three) and UNSDCF 2022-2026 (Strategic Priorities 1, 2, 4, and 5). However, the government stakeholders, PUNO, and IP officials acknowledged that realizing the principle of leaving no one behind requires a program with longer terms and not merely two years.

Evaluation Question: *Did the UN Joint Program improve UNCT’s collaboration and coherence in Bangladesh?*

The UN SDG joint program, a pioneering effort adopting the one UN approach, made a significant contribution to improving UNCT’s collaboration and coherence in Bangladesh by enhancing social protection for female tea garden workers and their families in Sylhet Division. The four UN agencies-ILO, UNICEF, UNFPA, and UN WOMEN have implemented this joint program with the overall supervision of the Office of the UN Resident Coordinator, Bangladesh. The joint program has demonstrated the possibilities and strengths of one UN approach, where the four UN agencies engaged in their thematic areas with a focus on achieving the overall result. The PUNO officials emphasized that the joint UN interventions have improved coherence, effectiveness, and efficiency in supporting the realization of program goals and outcomes in line with the national mandate. During the entire process of project implementation, the presence, guidance, and support given by the UNRC’s office and Head of Agencies remained fundamental in leading the entire project goals. Throughout the project period, the PUNOs and Resident Coordinator’s Office (RCO) organized the weekly virtual meeting of the Task Team to steer the day-to-day implementation of the program. In addition, they provided updates to the Head of Agencies and the UN RC for further advocacy at a higher level of government and employers’ organizations. Multiple PUNO officials mentioned that this process has led to a cultural shift among agencies in planning, monitoring, and reporting the joint program. Finally, we found an increased realization among the PUNO officials that this process for the success of any such joint programs needs to be sustained.

3.3 Effectiveness of the UN SDG Program

The UN SDG joint program effectiveness was assessed using the three sub-questions, whereas data presented in the log frame were considered together with the summative evaluation data and field-level observation.

Evaluation Question: What was the extent of achieving outputs, and how do these contribute to the outcomes (analyzed by expected results, outputs)?

The UN SDG program had several outputs to ensure adequate development for tea garden workers with sustainability. These outputs included addressing policy gaps (**output 1**), ensuring quality disaggregated data (**output 2**), duty-bearers capacity for service delivery (**output 3**), right holder capacity to access services (**output 4**), and ensuring women's and girls' rights (**output 5**). The UN SDG program had numerous governmental, organization, and field-level efforts to achieve these outputs.

UN SDG joint program contribution towards output 1

The first output was targeted to improve the governmental capacity to identify and address the gaps in the Bangladesh Labour Act and other relevant laws that are important to prioritize actions for tea garden workers, particularly for women. For these to be achieved, as a first output indicator, the UN SDG joint program conducted a policy gap analysis of the existing Bangladesh Labour Act and NSSS. A total of six (virtual and offline) joint advocacy workshops and national discussions with a total of 310 direct beneficiaries' coverage were conducted. The UN SDG joint program initially targeted to conduct all of these by 2020, but they later shifted this target to be achieved by the end of 2021 due to the COVID-19 pandemic. Consequently, related policy amendment proposals making, another output indicator of the UN SDG program, was also delayed, though, by the end of 2021, the UN SDG joint program successfully developed three policy briefs. They covered several areas, including amendment proposals on Bangladesh Labour Act, Bangladesh Labour Rule, and NSSS. Another output indicator of the UN SDG joint program was to increase the number of tripartite/bipartite action plans among related stockholders to address the identified gaps by 2020. However, like gap identification, the timeframe was revised to the end of 2021 due to the COVID-19 pandemic, and by this time, the UN SDG joint program conducted two tripartite/bipartite action plans. The UN SDG joint program also set an output indicator to prepare four gender-responsive budgets (two in 2020 and 2021) for the concerned ministries and local authorities. However, the program achieved 2021's target fully with the planned two gender-responsive budgets, and 2020's target was half done with one of the two gender-responsive budgets.

In normal situation, we could have taken policy reform and advocacy discussions at an alleviated level with more strength due to collaboration of four PUNOs. But it was harder amidst the movement restriction during the pandemic tenure. Consequently, every aspect of the project implementation, management and monitoring were delayed (An ILO representative talked about the effect of COVID-19 pandemic on the UN SDG program implementation).

UN SDG joint program contribution towards output 2

The second output of the UN SDG joint program targeted to improve the capacity of duty bearers on primary disaggregated data on maternal and child health, education and skills, child protection, occupation safety and health, working conditions, collective agreement, and empowerment of women and children. Quality disaggregated data are essential for the government and BTA to monitor the situation of tea garden workers and their family members and to undertake any decision to improve their lives. However, the data management system in the tea garden is a bit different from other sectors because each garden maintains its own data collection and reporting format, which is unique from others. Consequently, the generation of disaggregated data on the targeted variable was not possible as long as they will not follow harmonized data collection template.

By realizing the importance of disaggregating data on the different variables, the joint program undertook a series of activities that included framework development, introduced a common data collection format based on the existing practices, training, consultation workshop, data quality assurance visits by the government stakeholders, advocacy meeting at the national and sub-national level. In this regard, the UN SDG joint program provided training to 174 members (Female-100, Male-74) that covered health care providers (garden paramedics), garden managers, and duty bearers. The target was to enhance their capacity for data collection, processing, and reporting. In addition, the UN SDG joint program organized five advocacy meetings with key project stakeholders, including garden authority, BTA representatives, relevant government stakeholders, PUNO and BCSU members, tea garden workers, and panchayat members. These advocacy meetings aimed to take their opinions and feedback on harmonized data collection framework.

After a series of consultation workshops, training, meeting, and discussion, the joint program finally created a harmonized data collection framework. The framework developed also rolled out in five intervention tea gardens: MR Khan Garden, Kapnapahar Garden, Husanabad Garden, Hazinagar Garden, and Burjan tea estate. The panchayat committee members and garden owners/management were primarily responsible for generating data from the garden level using harmonized data collection format. Thirty-two data quality assurance visits were conducted by data collecting agencies (government and other stakeholders from national and sub-national levels) to ensure data quality. Several stakeholders, including the garden managers, acknowledged this support to the evaluation team and the presence of an excellent data collection system.

We have a strong data collection system developed by the UN SDG program. It helps us to understand the current situation, progress, and challenges and responds accordingly (Manager, Burjan tea state)

The reporting of different health indicators using the UN SDG program developed a unique structure that should have come from all tea gardens. However, the program collected data from only five tea gardens (A Government Official, Moulvibazar)

However, the evaluation team also reported some mentionable advantages and criticisms of this harmonized data collection framework. For instance, participants acknowledged that this common data framework helped them monitor the present situation, progress, and challenges and compare their situation with other gardens where a similar data reporting framework is used. However, the evaluator team reported criticism on several areas, including coverage area (the UN SDG joint program was able to roll out the common template in the five intervention tea gardens out of 25) and the framework development process. Some other challenges reported were ensuring the use of harmonized data collection framework in other gardens, lack of coordination meetings among the gardens, and lack of workforce and/or other resources to handle harmonized data collection framework. Consequently, in many cases, the garden management could consider this harmonized data collection framework as an additional burden to their existing work. The evaluation team also found that the common data collection framework included disaggregated data on several important issues, including gender and maternal and child health. However, the common data collection framework was missing many other important issues, including education and skills, child protection, and occupational safety.

In addition, the evaluator found that the UN SDG joint program has aligned a reporting template regarding antenatal, delivery, postnatal care, EPI, birth registration, and nutrition counseling in line with the government health system (DHIS2 platform), which is currently being implemented by garden managers and reported by government health workers at the national level. Twenty-two variables are collected through the government health MIS (DHIS2) covering the tea garden communities. As a

result, the program contributed to strengthening the capacity of the service providers, linking the tea gardens with government facilities, and raising awareness among the right holders.

As per the documents review, it has been revealed that the UN SDG joint program commissioned a study to understand the tea garden population's behaviors, social norms, and practices. This study employed mixed methods to assess the knowledge and practice level of adolescent girls and women having children aged 0-23 months in terms of sexual and reproductive health and right and health-seeking behaviors.

UN SDG joint program contribution towards output 3

The third output of the UN SDG joint program was to increase duty-bearers capacity to implement services/programs mandated in the laws and policies to improve the living and working conditions of tea plantation workers, especially women and their family members. For this, the program set several output indicators covering strengthening the existing institutions of the tea garden (healthcare facilities, schools, daycare centers, etc.) and increasing tea garden residents' capacity to access government-provided services at the national level. The first output indicator was to increase interlinkage between governmental health facilities and tea garden healthcare centers. By 2021, 22 governmental healthcare facilities were reported to be linked with the UN SDG joint program covering tea garden healthcare centers. Almost 65,000 residents of the UN SDG program-covered tea gardens benefitted from this linkage. Participants of the summative evaluation acknowledged that they are now getting better care from the government healthcare facility because of the UN SDG joint program initiative.

Before the UN SDG program, governmental health facilities' quality of care was not much satisfactory. However, now tea garden workers get adequate care from the governmental facilities following the UN SDG program implantation. In some cases, governmental health facility has separate wings to provide services to the tea garden workers (a male participant, Kalighat TE)

The second output indicator of the UN SDG program was to ensure improved maternal healthcare services and nutrition counseling to pregnant and lactating women in 65% of the total tea garden healthcare centers by 2021. However, these services were reported to be available in around 88% of the tea garden healthcare centers. The participants of the summative evaluation also reported that because of the UN SDG joint program, their tea garden healthcare centers improved significantly in terms of service provision capacity and availability. However, the evaluators observed that such development was inconsistent across healthcare centers, and in some cases, the development made was quite a few. For instance, the UN SDG joint program increased healthcare center capacity at the Satgaon TE, Rajnagaor TE, and Madhobpur TE. Participants from these tea

Our tea garden hospital was not much developed and equipped before the UN SDG program implementation. (A Male FGD participant, Satgaon TE)

Our tea garden hospital was comparatively better even before the UN SDG program implementation. However, the program further developed its capacity. For this, the hospital is now providing better maternal health care services. (A Panchayet member, Madhobpur TE)

Where we are seated now is a labor room; but there is no equipment here to perform delivery. (A Panchayet member, Modhupur TE)

gardens also stated that their tea garden hospitals had changed significantly because of the UN SDG joint program. However, the evaluation team observed an opposite picture in Modhupur TE with no mentionable capacity development that the participants from this tea garden also acknowledged. For the issue of healthcare personnel and another supportive workforce, we found midwives were recruited in a few gardens. However, participants felt the need for measures to be taken by the UN SDG joint program to ensure the presence of other healthcare personnel, including the medical doctor in the tea garden hospitals.

The UN SDG program also worked with the tea garden management to improve the existing daycare centers (output indicator 3) and increase the number of teachers to provide quality education in pre-primary and primary educational institutions (output indicator 4). They also provided workforce (for daycare centers), and other logistic support and capacity-building training (for both daycare centers and pre-primary and primary educational institutions) throughout the program. The caregivers of the daycare centers reported to the evaluation team that the daycare center worked effectively during the UN SDG joint program period, particularly to ensure the children's safety and pre-primary education. However, the evaluation team found that the daycare centers were less functional at the time of the evaluation. This was because the UN SDG joint program recruited caregivers no longer providing services in the daycare centers once the program ended, and tea garden management did not similarly prioritize the welfare of daycare centers. However, during the evaluation, logistic support and training provided in the pre-primary and primary schools were effective.

The fifth output indicator targeted to increase birth registration of under-five-aged children in the tea garden. It was reported that by 2021, 75% of the total under-five children in the tea garden completed their birth registration. During the field visit, the participants of the summative evaluation also reported the UN SDG joint program helped them to complete their children's birth registration in several ways: (i) accompany them to the nearest registration center (Union Parishad office) and (ii) completed parents' birth registration (if it was not done) before completing their children birth registration. However, the evaluation team reported focusing on other social protection issues, including widow's and elder's allowance, which were missing in the UN SDG joint program.

Before UN SDG program birth registration was not common. However, FIVDB personnel aware tea garden workers about the importance of birth registration and process of doing it. In many cases they bring under-five children parents to the nearest registration centre to complete registration (panchayet members, Kalighat TE)

The sixth output indicator focused on the number of health workers trained on IYCF and maternal under-nutrition counseling services. As reported, 60 health workers will receive such training by 2021. The evaluation team also found that trained health workers on these particular issues are available in almost all healthcare centers of the tea garden.

The seventh output indicator focused on the percentage of SAM children identified and referred to the healthcare center. It was reported that the UN SDG joint program identified 100% of SAM children in the tea garden community and referred them to the healthcare center. However, during the field visit, the evaluation team found that malnourished and SAM children were available in the tea garden communities with a significantly declined prevalence over the years. The things done as part of the UN SDG program were not effective enough to address

Nutrition programs have not started yet though related training was provided from the program. From the program, equipment was also given, including a weight machine, height machine, and tape. However, they are still unused. (Midwife, Modhupur TE)

these issues. For instance, the UN SDG program trained healthcare providers about malnutrition and SAM and provided relevant equipment, including the weight and height measuring machine. However, there was a prominent lack of effort in monitoring the proper use of provided equipment. Moreover, the participant felt the need for food and/or vitamin support from the joint UN SDG program at the field level; instead, the program covered only awareness building and treatment of the SAM children by midwives recruited under the UN SDG program. Consequently, SAM children are present in the community.

The eighth-output indicator focused on the percentage of tea garden school visits conducted by UEO/AUEO/URC instructors, where the progress reported was 50% at the time of the program closer to the end of 2021. Unfortunately, the evaluation team did not get any relevant information. Important to mention that the tea garden authority operates tea garden schools, and most governmental officials, including UEO/AUEO/URC, hardly visit these schools.

The ninth-output indicator focused on BTA and parents trained to prevent and eliminate child labor. It was reported that the program conducted 50 training programs covering that issue, which included 249 direct beneficiaries and 58,377 indirect beneficiaries. As a result, the evaluation team reported that the adolescents in the tea garden and their parents now have increased knowledge about child labor and associated adverse consequences. Consequently, child labor prevalence is comparatively lower in the tea garden than before the UN SDG program implementation. In addition, tea garden management is now more aware of child labor's adverse effects; as such, they do not often recruit children for the garden's work. However, in some cases, evidence of child labor was also reported.

The prevalence of child labor was higher in the tea garden. It was a norm in the tea garden community to start working soon after touching the age of 12/13 years. However, the situation is better now following the UN SDG program implementation. Parents and adolescents are now aware; therefore, they prefer to continue the education of their children rather sending them to work and earn. Also, the tea garden authorities do not recruit children to their gardens. Together these contributed to a declined prevalence of child labor though it still presents to some extent in the community (An Adolescent, Modhupur tea state)

The tenth output indicator focused on the strength capacity of BTA, tea garden managers, and union leaders to monitor and ensure occupational safety and health compliance, particularly for women workers in the tea garden. It was reported that the program will train 213 participants by 2021 on these issues. Tea garden managers also acknowledged that the UN SDG joint program conducted several sessions in which they were invited and participated. Several aspects of occupational safety and health compliance were discussed there. Consequently, they are now better aware of these issues than before. They also acknowledged that the training provided by the UN SDG joint program is now helping them ensure their tea garden workers' occupation safety. However, the evaluation team did not report any relevant data from the tea garden workers to support this claim.

The UN SDG program conducted several programs where I was invited and participated. Several aspect of occupational safety, including possible dangers during plucking, were discussed (Manager, Chandpur TE)

UN SDG joint program contribution towards output 4

The fourth outcome of the UN SDG joint program focused on the capacity of rights holders (program beneficiaries, especially women and children). The target was to empower program beneficiaries with increased awareness and knowledge of social protection, human right, and labor standards to access public services, including family planning, child and maternal health and nutrition, education and skills training, and child protection services. To achieve these, the UN SDG program partners worked with several groups, including maternal women, panchayet members, and adolescents. Courtyard meetings were conducted 2000 times by 2021, where the number of direct and indirect beneficiaries was 2,119 and 9,747, respectively (output indicator 1). Participants also acknowledged that the implementing partners continued courtyard meetings throughout the program, even during the COVID-19 pandemic. They also reported some drawbacks of this effort, including low coverage and repetition of backyard meetings with the same participants, and prioritizing women. In addition, males, older persons, and disabled people did not get enough coverage.

The UN SDG programme conducted courtyard meetings where the main participants were women and adolescent. I am not aware of any backyard meeting that the UN SDG joint programme conducted for us (male). However, these were beneficial for us too, as their participants were our daughters or wife. (A panchayet member, Madhabpur TE)

The second output indicator focused on the number of satellite clinics with an uninterrupted supply of family planning (FP) commodities. FP commodities were reported available in 42 satellite clinics by 2021, which increased from 25 in 2020. Participants also reported that FP commodities are available in their nearest satellite clinics. However, the major criticism received was related to the degree of availability of FP commodities. It was reported that almost all the satellite clinics provided only short-term contraceptive methods, including pills and condoms, and they rarely provided long-acting contraceptive methods, even if the participants were interested in getting them. For this case, satellite clinics referred participants to the nearest governmental healthcare facility. Moreover, family planning and contraception are still considered female issues, whereas male participation is extremely lower in tea garden. The participants of the summative evaluation did not report any initiative that the UN SDG joint program has taken to increase male participation in family planning and contraception.

Contraceptive methods, mostly pill and condom, are available in the tea garden satellite clinics. Family planning field workers also provided these contraceptive methods during home visits (A Panchayet member, Satgaon TE)

Female normally used family planning and contraception in the tea garden and it is unlikely for male to adopt any method (panchayet members, Madhabpur TE)

The next two output indicators focused on healthcare services delivery, including antenatal care (output indicator 3) and facility delivery (output indicator 4). By 2021, around 62% of women were satisfied with provided antenatal care, and facility delivery was conducted for 48% of cases. The

Antenatal care service up to six months of pregnancy was available in the tea garden health facility; however, midwives recommend visiting another health facility after that. (A Panchayet member, Rajnagaor TE)

The service quality hadn't improved much following the UN SDG program implementation. When I brought my pregnant wife to the tea garden health center, the midwife said, without even a physical check-up, "she is in critical condition, take her to Sadar hospital. Immediately admit her, go!" (A male FGD Participant, Madhabpur TE)

participants also reported growing awareness regarding the importance of maternal healthcare services among tea garden workers for a healthy pregnancy and to reduce pregnancy complications. Consequently, it is common for women in tea gardens to access antenatal care services that were not similar before the UN SDG joint program implementation. However, when it comes to the quality issues (service received with satisfaction), the participants of the summative evaluation reported they were not fully happy with the services provided by tea garden hospitals.

Some of the important challenges mentioned by the participants of the summative evaluation were: (i) long waiting time to access services and (ii) lack of expertise in healthcare personnel. Participants also reported that the capacity development of the healthcare facility as part of the UN SDG joint program was not parallel with the healthcare facility's provision to provide services. As such, though increased awareness contributed to initiating antenatal care visits, this awareness rarely contributed to access to the recommended number of four or more antenatal care visits and continuity of using antenatal care. Such challenges could reduce subsequent access to services, including delivery and post-natal care. During the evaluation, survey participants reported that delivery and post-natal care services access were extremely low in the tea gardens. Community-level perception and misconceptions related to the use of

these services were also found as important reasons for such lower use of these services. We found the following community-level perception related to the use of delivery and post-natal care services: (i) home delivery is better than institutional delivery as this way a mother can stay with her family

We have a well-structured delivery care facility developed as part of the UN SDG program. However, we could not use this to perform a single delivery till now. There is a misconception at the community level regarding this facility. Tea garden workers believe there are ghosts here and they attack those who will deliver here. As a result, no one comes here to deliver. (Medical Officer, Rajnagor TE)

members and known environment during delivery, (ii) all issues related to the pregnancy and delivery are settled down once delivery has occurred as such there is no need to access postnatal care services, and (iii) doctor will recommend unnecessary tests if they visit for delivery and postnatal care which would increase pregnancy associated costs. Tea garden workers also believe several paranormal activities occurred in the hospital, particularly in the delivery room, which was also reported as a major cause of not using delivery care services. The participants of the Lakkatura TE reported only an exception in response to the use of delivery at the healthcare center. The participants of this tea garden said almost all

Since October 2021, almost all the deliveries have occurred in the hospital. A few months ago, three infants died in the tea garden: one died just after birth, one after three days, and there was another case where both mother and infant died. For each case, mothers did not do any check-ups before and came to the hospital at the very last stage. As a result, they died. It shocked most families here, and they have become more aware now. (A Panchayet member, Lakkatura TE)

deliveries in this tea garden occurred in the healthcare facility. Such change was because of the community-level awareness regarding the importance of maternal healthcare services, mainly the delivery healthcare services use, which was raised following three

newborn deaths and one maternal death in the tea garden. However, supply-side barriers were also found as an important reason for the lower use of maternal healthcare services, particularly the delivery and post-natal care services. For instance, by existing law, tea garden workers can get

maternity leave for up to two children. However, in usual practice, a significant portion of the tea garden workers have more than two children, so they could not access services.

The fourth and fifth output indicators focused on the number of FISTULA cases identified in healthcare facilities and referred and increased awareness of preventing sexually transmitted infections and HIV, respectively. As per the results reported in the log frame, by 2021, 66 FISTULA cases were identified in the tea garden health facilities and referred. Thirty-two percent of the tea garden workers know about sexually transmitted infections and HIV. Participants also stated that the UN SDG joint program worked on these issues. In addition, they reported that the midwives who worked at the community level created awareness about sexually transmitted infections, including HIV and FISTULA, and the possible transmission roots.

Midwives working with the women in tea garden awared them about several health issues, including FISTULA, sexually transmitted infection, and HIV/AIDS (A women participant, Satgaon TE)

The sixth output indicator focused on menstrual hygiene, school attendance, and other related issues. It was reported that half of the total adolescents in the tea garden are now aware of these issues. During the summative evaluation, it was reported that adolescents in the tea garden are now better aware of their health, hygiene, and safety and can communicate with others to ensure these. In the case of menstrual hygiene, changes have been made in (i) perception about menstruation, (ii) behaviors during menstruation, and (iii) sanitary napkin use patterns. Participants reported that before the UN SDG joint program implementation, they considered menstruation a matter of shame; therefore, they did not discuss this with others. They also reported that they were used to restricting themselves from eating different foods during menstruation. However, these things changed during the program. Changes also occurred in the sanitary napkin use pattern. Sanitary napkins are now common in the tea garden, and the case of cloth used, they are washed and dried properly.

At first, we were ashamed that a man was talking about menstruation at the UN SDG program meeting. But after 2-3 times training, we understood that menstruation is an ongoing and natural process. There is nothing to be ashamed of. (An adolescent girl, Burjan TE)

In my first period, I ate only lentils and vegetables and stayed home for a week. However, adolescent and their parents are now aware of menstruation. Therefore, these behaviors have been reduced significantly in the tea garden. (An adolescent, Lakkahtura TE)

The seventh output indicator focused on training, including entrepreneurship and green job-related skills linked with industries. It was reported that, by 2021, the UN SDG joint program would provide training to 87 persons. However, the participants of the summative evaluation said they were not aware of any of such training programs operated as part of the UN SDG joint program, and they did not participate in any.

UN SDG joint program mainly worked with the women and women health issues were mainly covered. We did not see any training program that the UN SDG joint program conducted to increase job related skills of the tea garden workers though this is very important issue to be considered. (A panchayet member, Rajnagor TE)

The eighth-output indicator focused on the grievance mechanism for accessing public services established and successfully tested with cases. It was reported that by 2021, a total of 20 grievance mechanism was established. Participants reported the commonest form of grievance mechanism was tea garden workers sharing their problem first with panchayet members, and they later shared this with the tea garden management. The evaluation team also observed the availability of complaint boxes in Rajnagor TE where tea garden workers can share their desires and problems with the tea garden management, which addressed them accordingly.

The commonest grievance mechanism was tea garden workers problem with the tea garden management where panchayet members work as bridge. In some cases, like a worker has been detected with cancer and 2/3 lakh BDT is needed for treatment, worker can send direct application to the tea garden management (KII with a field level program implementer)

The ninth output indicator focused on strengthening women's capacity to access sexual and reproductive health care services, including family planning. Women's capacity to access part of the sexual and reproductive healthcare services, including antenatal care, delivery care, and post-natal care, are described in output indicators 3 and 4. It was also found that tea garden workers were adequately aware of family planning services and contraception. They mentioned that the midwife recruited as part of the program to work at the community level to ensure maternal healthcare services use also made eligible couples aware of the importance of limiting the number of children, timing of pregnancy, and contraceptive methods. As such, the use of contraception was found to be increased during the program period. The healthcare providers also acknowledged the progress of contraception use in the tea garden during and following the program implementation. The most available contraceptive methods in the tea gardens were injections, pills, and condoms. The supply of these contraceptive methods was also adequate, and the participants did not report interrupted supply. It was also said that the family planning wing of the Ministry of Health and Family Welfare of Bangladesh provides contraceptive methods to tea garden healthcare facilities to distribute among the tea garden workers.

Tea garden healthcare facility and satellite clinics are now better equipped with contraceptive methods. However, condom and pill are mostly distributed from the satellite clinics as well as healthcare centers. Long-acting modern contraception, such as sterilization, are rarely available. However, insertion of these sorts of contraceptive methods needs expertise healthcare personnel that most of the satellite clinics do not have. (A health care provider, Madhobpur TE)

UN SDG joint program contribution towards output 5

The fifth output of the UN SDG joint program focused on to increase the capacity of tea garden workers to negotiate and exercise a collective voice to influence policies and hold the Government and the Bangladesh Tea Association accountable for enhanced integration of tea garden workers in the national social protection system.

The first output indicator focused enhancement of women workers and adolescent life. For this to be achieved, the UN SDG joint program provided life skill training to 325 tea garden women workers and adolescents (100 adolescents and 225 women representatives from Panchayat, valley, and national

committees) received life skill training. The ultimate objective of this training was to increase women and adolescents' self-management skills so they could participate in their rights and service provision issues inside and outside the tea garden. However, the summative evaluation participants reported they are unaware of any training organized and provided by the UN SDG joint program. They also shared that they want to get training in the future program, like sewing, beauty parlour and computer training.

The UN SDG joint program did a lot for us, mainly to create awareness on several social issues and address existing health challenges. However, direct training program was absent in the programs, though it is important for the tea garden workers. It gives them a chance to earn in different activities rather than work in the tea garden (adolescent participated in gender talk, Satgaon TE)

In future, the programme should consider machine training (computer training) for the tea garden workers. It enables them to work outside of tea garden and earn (a panchayet member, Rajnagor TE)

The second output indicator focused on women workers' voices so that they could negotiate with the representatives from the Government, BTA, local government, and relevant stakeholders on the issues related to living and working conditions of tea gardens. The UN SDG joint program initiated four dialogues sessions for this to be achieved. As a result, 397 tea garden women workers and adolescents' issues were identified and

Antenatal care service up to six months of pregnancy was available in the tea garden health facility; however, midwifery recommends visiting another health facility after that. (A Panchayet member, Rajnagaor TE)

documented through dialogue sessions. As a result of dialogues and constructive negotiations done by women leaders, 278 issues (60%) were addressed by the garden authority and local government. The women participants, mostly panchayet members, also reported they joined several programs organized by the UN SDG joint program where they shared their problems. However, the usual problem-sharing option was when women first shared their problems with male panchayat members and later shared this with the respective body.

The third output indicator focused on gender equality issues and collectively organized for their rights. For this, the UN SDG joint program supported BCSU in organizing a "Gender talk" to change social norms and gender stereotypes and contribute to a positive and respectful work environment through women's solidarity. Through these

My husband used to beat me almost every day without any reasons. I had nothing to do but endure in silence. This project made me aware; one day, I protested against my husband and beat him too. Now the situation is under my control. He does not beat me now anymore and even follows my direction. Now I am the chairman and the member of my house. (Female FGD participant, Madhabpur TE)

sessions on "Gender talk", women groups better understand the information on various social services provided in the tea gardens and build the capacity to express their needs to duty bearers. Throughout the UN SDG joint program, a total of 12 "Gender talk" sessions were held where 360 participants were present. The evaluator team reported that "gender talk" was

one of the most effective initiatives taken by the UN SDG joint program. As a result, the participants of this program became more enabled to raise their voices against violence. However, the UN SDG

joint program coverage was comparatively low in gender talk sessions. Thus, many women were left behind in the program activities, though women were the main target group.

If we do not specifically suggest, in any meeting of BCSU, you won't get a female leader. If two of them come, two will be male; if three come, three will be male. Still, their mindset is very masculine dominated. (A PUNO official)

The focus point of the fourth output indicator was to increase awareness through media advocacy on issues related to women workers' rights in the workplace and at home. A total of four media articles were produced by the UN SDG joint program to achieve this target, reflecting the social protection issues of female tea garden workers.

The UN SDG joint program also focused on tea garden workers, particularly women's workers, a capacity enhancement to practice freedom of association, collective bargaining, and sound industrial relations (output indicator 5). For this, the UN SDG joint program organized capacity-building training sessions for BCSU leaders, Panchayet, and valley-level tea community leaders on negotiation skills, management and leadership, collective bargaining, freedom of association, and sound industrial relations for tea workers. However, the evaluators reported that women's capacity on these mentioned issues is still limited, and they still depend on and follow their male counterparts. The major reason is that the UN SDG joint program covered several groups of women for several purposes. As such, a participant in one program was not aware enough of another program, and the capacity enhancement train captured only a portion of the total number of women. Such a challenge was raised because of a lack of coordination and coherence among several programs taken by the several stakeholders of the UN SDG joint program.

The women receiving maternal healthcare, pregnancy, and neonatal support should have also received leadership training for better effectiveness. However, it was not ensured in the UN SDG program. Consequently, a group of women received services, and a separate group received leadership training. This is a failure of coordination. For this reason, maternal healthcare service user (women) were not capable enough to raise their voices. (A PUNO Official)

The sixth output indicator was to conduct a concluding biennium collective agreement 2018-2019 between BCSU and BTA with the active participation of women workers by mid-2020. Accordingly, the 2017-2018 biennium collective agreement was placed, and by the end of 2021, 386 BCSU leaders and valley and panchayet leaders were trained. Almost half of them, 187 in total, were women.

Evaluation Question: The extent to which the Joint Programme supported the beneficiaries (rights holders) and local government and tea garden sector (duty bearers) in developing capacities, establishing mechanisms, and strengthening the enabling environment to ensure buy-in, ownership, and durability?

To ensure durability, the UN SDG joint program engaged tea garden owner associations, local tea garden management, relevant government stakeholders, BCSU, and local Panchayet members thought out the program tenure. The program supported the capacity development of the existing tea garden-owned healthcare facility and enhanced healthcare providers' capacity to ensure better service facilities. In addition, the project facilitated establishing a strong linkage with the government facilities (e.g., Community Clinic, Upazila Health Complex) so that after the withdrawal of the project support, facilities could provide essential services to tea garden workers especially female workers, with direct support from government facilities. This needs close monitoring from the governmental level to ensure the current linkage between the tea garden healthcare centers and the government facilities will stay and strengthen in the future.

Much have been achieved in two years of project time. If the project runs in longer terms, the health and well-being of the tea garden workers will improve a lot. However, in absence of the project government should take the responsibility to ensure current progress will continue in future, or even further strengthen in future. BTA and other NGOs working in the tea garden should also take some responsibility (Health care service provider, Madhobpur TE)

Daycare centers boost the productive role of female workers, as they leave their children during working hours in the center. As per the plan, after the completion of the project, daycare centers should be operated with support from the garden authority. However, the evaluation team reported that the daycare centers' functionality gradually decreased after the tea garden management took over the responsibility. The reasons for such decreasing functionality were the tea garden management: (i) did not recruit any permanent workforce for the daycare center, and (ii) did not provide any special support for the daycare centre. The tea garden management had an option to keep the UN SDG joint program recruited workforce (who received capacity support from the program) for the future under their management. However, this was not done; instead, one of the female tea garden workers decided to be employed in the daycare center rather than considering her skills and education. Consequently, some daycare centers were shut down following the program closure. However, the ongoing daycare centers are running with the available logistics provided as part of the UN SDG program. Nevertheless, the tea garden authority considers such a handover of the daycare centers' responsibility to the tea garden management as a challenging process.

The UN SDG program worked to ensure sustainability. They established a daycare center and ran it during the program period. That means they create an expectation/demand for the daycare center's services at the community level. However, following the program closer, they hand over the daycare center to the tea garden management without providing any support. Consequently, this is now the tea garden management's responsibility to run the daycare center. So, where was the sustainability issue? The tea garden is a business organization, not a charity firm. We have many important areas to focus on with limited funds. Therefore, we could not focus on every area. (Manager, Rajnagor TE)

The UN SDG joint program introduced the common data collection and reporting template to enhance the existing data coordination system. In addition, it provided training to improve the capacity of garden managers, paramedics, and other duty bearers for data collection, analysis, and reporting. The joint program successfully piloted the harmonized data collection system in 5 tea gardens while they

started to collect their routine data using a common template. However, this is a very small fraction of the total gardens where no harmonized data collection framework exists. Consequently, the target to generate harmonized data is still not achieved fully, though it started very well. The relevant stakeholders, including the BTA and government, should take the initiative to continue this effort and collect data from every tea garden using a harmonized data collection framework. The UN SDG joint program organized a series of advocacy meetings with the government and BTA and explained the necessity of data coordination and integration for other gardens in the light of the successful piloting of 5 tea gardens.

Harmonized data collection framework generated by the UN SDG joint program should be used in all tea gardens. This enables everyone to know about the current situation and comparison among the tea gardens. As such, tea garden management would be able to know their lacking and potential space of improvement. However, following the program closure, it is now the government and BTA responsibility. (Manager, Burjan TE)

Courtyard meetings and BTS meetings were the most effective interventions of the UN SDG joint program. However, these initiatives included only a portion of the total women and adolescents; still, most women and adolescents are left behind. They still lack awareness about their health and rights. Therefore, it is important to include them in the courtyard and BTS meetings like programs. However, the UN SDG joint program stopped its initiatives, including courtyard and BTS meetings. Therefore, further progress on these is now improbable, unlike the similar programs taken at the field level. For this to happen, the women and adolescents who participated in the UN SDG joint program should take the trainer role, whereas government or the tea garden management should take the leadership role.

The women and adolescent participated in the courtyard meeting or BTS meeting organized by UN SDG joint program can train other women or adolescent in the tea garden. We feel they will take this responsibility happily. However, tea garden workers prioritize more the person comes from outside of the tea garden, like government employee, rather than their community people. So that it would be good if the government take the leadership role and use current trained women or adolescent to train others (panchayet members, Rajnagor TE)

The UN SDG joint program developed evidence-based Policy briefs and study findings. These will help the policymakers and guide references for policy advocacy beyond the project end.

Evaluation Question: *Was the integration of joint interventions effectively done? How has the integrated nature of the model impacted the quality and effectiveness of implementation and realization of current results? Consider differences among vulnerable groups and varying demographics (gender, age, ethnicity, ability, etc.).*

The UN SDG joint program was undertaken by UNFPA, ILO, UNICEF, and UN Women with overall coordination of the UN Resident Coordinator's Office in collaboration with the Ministry of Labour and Employment (MoLE), BTA, and BCSU. As per the secondary document review (AR, 2021) evaluator found that the program partners, notably PUNOs and RCO, ensured regular, ongoing coordination and joint activities through the integration and jointness of their activities and performed regular ongoing

consultations and interaction with program participants, notably the tea garden workers and other beneficiaries. Consequently, the joint UN SDG program worked well, even amidst of COVID-19 pandemic.

However, the evaluation team reported several challenges throughout the coordination of the UN SDG program. The challenges can be classified as (i) challenges in coordination between implementing agencies and the government and (ii) challenges in coordination within the implementing UN agencies. The government stakeholders linked with the UN SDG program reported several coordination issues throughout the program period. The government stakeholders mentioned that they were not contacted adequately by the implementing partners of the UN SDG program. As such, they were not aware of all UN SDG program activities. Some governmental stakeholders also stated that because of such coordination gaps, they could not be able to contribute significantly to the program though they had such intentions. It was

All four UN SDG program partner agencies used to have regular weekly meetings to discuss the progress and issues of the program. I believe these regular meetings greatly impacted the program achievement and what we gained within this short tenure, even amidst the COVID-19 pandemic. (A PUNO official)

Though we are a lead ministry to work with the tea garden, we were not contacted much throughout the program period. Even the time of the program activities was not shared with us. Therefore, we couldn't monitor the program activities. (A government official affiliated with DoL)

Some of the PUNOs did not collaborate with the government, including the government's health department. They just arranged a workshop and invited some government stakeholders, including me. Except that I was not informed about any level of the UN SDG program's activities (Civil Surgeon, Moulvibazar)

also reported that the government stakeholders believe such coordination gaps were due to the lack of budgeting and/or UN SDG program implementing partners' intention to work independently, particularly amidst the COVID-19 pandemic. However, participants reported coordination between the UN SDG program implementing partners was ensured effectively instead of a few challenges: 1) as it was a joint program between four partner UN agencies, any decision needs to be agreed upon by all four partners, which essentially consumes much time and costs, and 2) modalities of work pattern, documentation, and regulation were different for each of the four organizations. So, coming to a

The transaction costs among all four UN SDG program partner agencies were very high, ultimately increasing the overall coordination costs. So in the overall cost-benefit analysis of this low-budget project [2 million USD for two years], this is a drawback. (A PUNO official)

UNICEF and UNFPA worked on various issues, including health and education. The BTA was well informed about them. But discussions with BTA personnel and the tea garden manager are not the same. The managers have a preconceived idea that NGOs are working on wage issues, a significant area of debate between workers and the owners' party. So they were not always welcoming. Also, when they heard about UNICEF, ILO, or UN agencies, it was one thing, but when they heard about implementing partners like FIVDB, CIPRB, Oxfam, etc., they couldn't relate: who was doing? What were you doing? So, these issues created additional challenges to working in the tea gardens. (A PUNO official)

common point was very challenging. A challenge was reported regarding the UN SDG program's current coordination approach. The participants also reported a lack of coordination among several project implementation partners. A further coordination challenge was recorded for the implementing partners of the UN SDG program and their relationship with the tea garden management. The participants reported that the tea garden management was always not welcoming.

3.4 Efficiency of the UN SDG Program

Evaluation Questions: *How did the distribution of roles and responsibilities, structural organization, collaboration, and contribution among the UN Joint Programme Task Team, concerned ministries, and other key actors work efficiently to achieve the outputs? How did the human, financial, and technical resources contribute to achieving program outputs and result monitoring and management, accountability assurance, and risk assessment?*

The UN SDG joint program for enhancing social protection for female tea garden workers and their family members in the Sylhet division involved different stakeholders from different tiers of government, tea garden management authorities, tea garden workers' associations, and different implementing partners in the planning, implementation, and monitoring of the activities in different level and different timeline of the program. However, the actual distributed roles and responsibilities, level of collaboration, and the level of involvement and integration of different concerned stakeholders mentioned above left scopes for development. Different issues in this regard are mentioned below based on the findings of the evaluation fieldwork.

Collaboration and Coordination with Government Stakeholders: As the Government of Bangladesh (GoB) is a crucial stakeholder in ensuring and maintaining the social safety net and social protection of tea garden workers, establishing collaboration and coordination with different government tiers was crucial for the UN joint program task team. Better accessibility and facilitation were expected from such partnerships, which would positively impact the implementation phase. However, the evaluation team found a lack of harmony in this regard, especially in keeping a balanced and continuous interaction with different government stakeholders, including significant ministries, departments, and administrative tiers.

The PUNOs and IPs frequently visited my office before starting the program. I myself suggested some activities for the program. As a line ministry official, I was treated very well. But, on the other hand, at the time of implementation, they did not engage us as a concerned authority. They didn't even mail me or didn't provide any updates about how the program is running. If they allowed, we could also take part in the monitoring phase too. (A government official from the DIFE, Sreemongol)

According to the evaluation findings, the engagement of different tiers of government stakeholders (especially core ministries) in the planning phase was satisfactory. Still, in the implementation phase, the involvement of government stakeholders (especially at the district level) was not much visible. Similarly, government stakeholders' contribution in the monitoring phase was absent in the later period of the joint program. In addition, the inconsistent, uneven, and unsystematic nature of maintaining communication by PUNOs and IPs while arranging different workshops with the government and other relevant stakeholders was also a barrier to proper collaboration. Here, it must

...They (PUNOs and IPs) arranged four workshops in Grand Sultan for sharing their plans and updates regarding the program activities to be taken in the tea garden. They invited me to the first two workshops. But they did not invite me to the later ones. Why? Was I irrelevant for the later ones? If it was so, how was I relevant for the earlier ones? Why was I invited there? (A higher official from DDFP)

be mentioned that the project was implemented mostly at a time when COVID-19-related restrictions and government posed nationwide lockdown was in place. This greatly hampered the mobility of people connected to both PUNOs and IPs. The mobility restriction also reduced the access of PUNOs and IPs to government officials, especially in the early phase of the COVID-19 outbreak. The challenges of accessing and establishing a continuous communication mechanism also played a role in the lack of

collaboration and coordination with government stakeholders.

In this regard, addressing different levels of the government's working unit was crucial, according to the participants from different government organs. Participants said interaction with only the higher officials as a token did not effectively ensure coordination. Therefore, to get the expected result out of this interaction, recognition of the different levels of government working units connected with the tea garden workers' social welfare and protection was very much necessary.

".....you cannot expect to have comprehensive and expected coordination with the family planning department of government just by a once or twice with DDFP and inviting him to one or two workshops. There are many more tiers and many more root working units of DDFP. Where is your connection with them? They work in the field; they are connected with the garden workers. Where are you incorporating them?" (A DDFP official)

The participants also reported the failure of PUNOs and IPs to address and collaborate with some pre-existing government initiatives (especially the data collection mechanism initiated by government stakeholders). For example, according to a higher official from DIFE Sreemongol, a pre-existing maternity reporting system was already in place for the tea garden workers for quite a long period, which the government stakeholders initiated. However, according to the participant, the program task team initiated a newer data collection template which denied the scope of collaboration with the existing ones from the government's side. According to the participants from government organizations, the data framework introduced in the tea garden by this program was comprehensive. Also, it included added indicators that can facilitate different government health and education-related actions in the tea garden areas. However, two separate data collection mechanisms in the same area can create complexities and policy decisions based on data availability can also be negatively impacted.

You have spent a lot of money on creating a new data reporting structure; you don't even know that the government already established such reporting mechanisms and formats through concerned ministries. Why will the tea garden coordinate with you? You just denied the activities of government here! (A higher official from DIFE)

Such coordination can be ensured by maintaining a continuous, uninterrupted, and smooth flow of communication. Maintaining proper communication, and ensuring effective collaboration with government stakeholders, requires a prompt dealing mechanism from PUNOs and IPs, according to the participants. Different officials like DDFP or DSWO – are subject to frequent transfers according to the government job structure. So often, the person in charge of government stakeholders remains comparatively less informed about the ongoing program. In such cases, a prompt communication mechanism and systematic integrative approach of PUNOs and IPs would facilitate the contribution of government officials to such programs.

Coordination with BTA, BCSU, and other key actors: In the SDG joint program, BTA, BCSU, and many other concerned stakeholders were also involved throughout the planning, implementation, and monitoring phase. The summative evaluation found different dimensions of the collaboration and coordination of these key actors during the program phase. In the interviews with Bangladesh Cha Sramik Union (BCSU) personnel, their absence of participation in the planning phase was reflected when choosing the gardens for implementing program activities. Though BCSU is a very crucial actor as a representative of tea garden workers, it was reported by the participants that the program did not address their opinion while finalizing the list of gardens.

We did not have any participation in the process of selecting gardens for this joint program. Even, our opinions were not reflected in the process. I think the opinions of owners were only valued! They even admitted that they could not accept any opinion except tea garden owners regarding the selection of tea gardens. (A BCSU leader)

Even while implementing, the role of BCSU was not paid much attention to, according to the participants. The donors had a better connection with the owner and management committee of the tea garden. Thus, they initiated the implementation of the program activities in the absence of proper involvement of BCSU. The BCSU leaders also mentioned the communication gap in updating the program activities. The BCSU was not informed by the PUNOs and IPs about the progress of the program, how it was affecting the lives of tea garden workers and how they (the tea garden workers and their family members) were getting access to and accepting the overall program initiatives.

UNICEF had better communication with owners. They provided different initiatives only with the involvement of owners and garden management. In some cases, the beneficiaries thought it was garden owners doing all these things, helping them and supplying different services. If we were there, we could properly educate them about the whole process with transparency. But we had hardly any involvement there too! (A BCSU leader)

Panchayet Committee, a grass root level unit of BCSU working in the tea gardens as an elected body, also expressed their dissatisfaction regarding their low level of participation throughout the program phase in the absence of a proper collaboration and coordination plan throughout the program phase. According to the findings, the implementation phase significantly lacked the true involvement of panchayat members, who could be very helpful in establishing a connection with the tea garden workers and their family members. Furthermore, panchayat

There were no programs dedicated for the panchayat members, however, we joined several programs at the community level dedicated to other groups of beneficiaries. Only the ILO program was dedicated for the panchayat members, and we joined there two times in the program period (A panchayat member from Madhupur TE)

members frequently mentioned that only one of the PUNOs (ILO) tried to ensure the active involvement and participation of the panchayat members in the program implementation phase. On the other hand, the evaluation found comparatively more positive feedback from BTA personnel regarding the coordination and collaboration of PUNOs, especially during the program designing phase.

Coordination among Partner UN Organizations (PUNOs): According to the evaluation findings, the collaboration and coordination among partner UN organizations were pretty systematic. The coordination among PUNOs was satisfactory, effective, and efficient through regular meetings and sharing of the plans and strategies. The uninterrupted coordination among the PUNOs positively influenced the implementation of the overall program and facilitated the accountability of different program partners throughout the program period.

As UNJP is a coordination-centered program, there were a lot of challenges we faced actually. I can mention two types broadly. Firstly, as it is a joint program between four partner UN agencies, any decision must be agreed upon by all four partners, which essentially consumes much time. Secondly, each organization has different modalities of work pattern, documentation, and regulation. So, coming to a common point was very challenging. (One PUNO official)

Coordination at the Planning phase among PUNOs: The summative evaluation found an interactive work approach among the PUNOs, especially in the program designing phase. Each PUNO conducted the stakeholder meetings, and the meetings came with different feedback. The earlier stage of the program planning witnessed high official meetings of PUNOs with the SDG coordinator of the Prime Minister's Office. All the PUNOs, through their visits and the engagements of IPs, gathered early-level field data to conceptualize the existing context of the tea garden workers and their family members regarding different program priority issues. The PUNOs arranged meetings with relevant stakeholders, BTA BCSU, and tea garden workers and gathered feedback for the planning phase. They conducted different in-person meetings at the field level with the government and demand-side people. All this input contributed to the program's overall design in a timely and coordinated manner.

The PUNOs always put effort towards ensuring proper communication with the relevant stakeholders. And the feedback from these communications were merged together while planning the program activities. For example, UN women always tried to maintain a strong connection with MOWCA within this program period, ILO maintained such connection with ministry of labor. The input we received from such connection was shared throughout the program period and that boosted the efficiency of the program. (A PUNO official)

However, this summative evaluation found a lack of equal and harmonized participation from all PUNOs and IPs in some issues in the planning phase, such as specifying tea gardens to be intervened through program activities. Though PUNOs aimed to engage different stakeholders in the garden selection process, some IPs reported their lack of active participation in this case. At the same time, the coordination among PUNOs was also challenged by some issues that the evaluation participants mentioned.

Coordination of monitoring of Program Implementation: The participants from PUNO also highlighted the successful conduction of monitoring and progress review of the program through a

systematic and collaborative process. Some representatives from each PUNO arranged weekly meetings daily during the program period where they discussed the progress of the program activities, monitoring issues, and other concerns. In addition, joint monitoring visits were conducted, which were effective for reviewing the progress and very cost-effective. According to the participants, these greatly facilitated different interim decision-making and understanding of the context. Even during the COVID-19 period, such an effective way of maintaining partnerships also enhanced the efficiency of the overall program. However, participants mentioned that the transaction costs of these meetings were also very high, ultimately increasing the overall coordination cost. So in the overall cost-benefit analysis of this low-budget project [2 million US\$ for two years], this is a drawback. Therefore, it can be another area where we can focus on how to develop a better coordination approach.

The UNJP was a coordination –heavy program. This is both a challenge and an opportunity. For example, we 6/7 persons from all four partner agencies used to have regular weekly meetings to discuss the progress and issues of the program. I believe these regular meetings had a great impact on the program achievement what we gained within this short tenure, even amidst the COVID-19 pandemic situation. (A PUNO official)

Budgetary issues: The overall budget allocation for this joint program was 2,000,000 US dollars. The total estimated costs for each of the PUNOs were 500,000 dollars. The estimated cost for the 1st year was 1,050,628 dollars, and the estimated cost for the 2nd year of the program implementation was 949,372 dollars. The summative evaluation found that the allocation of the fund for each PUNO and IP was not hampered throughout the program implementation period and was very facilitative even during the ongoing pandemic. Though some re-adjustments because of the COVID-19 situation took place at the time of implementation, no budgetary concerns were raised because of this issue.

The donor agencies smoothly ensured the funding towards implementing partners. Without this, the program would not run efficiently, and their coordination will be needed for any future planning regarding this program. (An IP official)

Coordination among Implementing Partners (IPs): According to the evaluation's findings, the coordination among the IPs was not much satisfactory, especially at the grassroots level. The IPs had working plans based on the program targets and expected outcomes. The individual work plan and working strategies often raised challenges while implementing the program activities. For example, IPs who provided interventions on the awareness building about the rights of adolescents could integrate their plans with the IPs providing interventions on the health of tea gardens adolescents. But such kind of integration among IPs was not much visible. The failure of PUNOs to provide a specific and concrete direction for a joint action-oriented working strategy is also visible here.

The women receiving maternal health support, pregnancy support, and neonatal support from one IP should have also received the leadership training from another IP. Now some women received services, some women received leadership training, some separate women received pregnancy support. I think, this is a failure of coordination. For this reason, who are receiving services, still are not being capable to raise their voice. (A PUNO official)

The individual work plan of implementing partners created different challenges according to the evaluation participants. Maintaining a coordinated schedule was obstructed by IPs' different working strategies, which undoubtedly affected the overall coordination mechanism.

The flow of funding toward implementing partners: The joint program included five implementing partners: Breaking the Silence (BTS), CIPRB, FIVDB, Oxfam, and IPDS. The implementing partners conducted the field level activities based on the program's objectives throughout the program implementation period. The continuous flow of funding was very much crucial in this regard. The summative evaluation found the smooth flow of the funding towards all implementing partners every quarter in the implementation periods. According to the participants, the fund management from the donor's side was highly efficient, facilitating easier conduction of program activities.

Challenges towards ensuring the proper distribution of roles and responsibilities, structural organization, collaboration, and contribution among the UN Joint Programme Task Team: There were indeed some challenges towards ensuring the proper distribution of roles and responsibilities, structural organization, collaboration, and contribution among the UN Joint Programme Task Team, concerned ministries, and other key actors involved in the project period. These challenges negatively impacted the timely coordination of the concerned stakeholders and hampered the proper collaborative approach in the program planning, implementation, and monitoring phase. Amongst the challenges, the spread of COVID-19 was a crucial issue. Because of the nationwide lockdown and different preventive measures adopted by the Government of Bangladesh, getting access to and building connection with various stakeholders at different levels became a hugely challenging task which impacted the overall coordination level. The mobility restriction of the PUNOs, IPs, and other stakeholders in peak COVID-19 hampered the coordination mechanism greatly.

The timeliness of different program activities implemented by different IPs is also affected because of the restrictions posed by COVID-19. Furthermore, as almost the whole project duration was when the spread of coronavirus consistently remained a serious threat, the consequent delays in the joint decision-making process of PUNOs upon consensus also affected the timeliness of the project activities. The project's short duration also challenged the coordination and collaboration to ensure efficient joint project implementation. In such a short period, creating specific roles and particular responsibilities among concerned stakeholders, integrating them into different phases, and building accountability was very challenging. This had an impact on the efficiency of the overall joint project. In addition, the lack of better managerial capacity of PUNOs and IPs in COVID-19 to effectively collaborate with particular government stakeholders and other relevant authorities also hindered the process.

3.5 Gender Equality, Human Rights, and Equity

Gender equality and human rights reality in the *tea gardens*- a whole different world within- is one of the most complex and undesirable manifestations of structurally designed power (over) dynamics, deprivation, and normative malpractices. While the tea garden workers were already lagging far behind, girls and women were the most vulnerable groups among themselves due to deep-rooted patriarchal dominance.

For example, two issues of gender inequalities were recurrently highlighted in FGDs with the female tea garden

Men can make a group and meet one another during the day or at night in any place. However, women will not come from home as their fathers or husbands will not allow. (Female FGD participant, Burjan TE, Sylhet)

workers: 1) women tea garden workers could not spend their income as they wished to as their husbands did, and 2) women could not move freely, particularly at night, within the tea estate like men.

The disempowerment of women was also found in their lack of voice and participation in household decision-making. They mentioned that women usually make decisions related to a few issues like children's needs, schooling, buying clothes, etc. Meanwhile, major decisions were made by the fathers/husbands only. Female tea garden workers had barely any idea about agency and rights as they already took their situation for granted. However, as women were disempowered, their needs were also less prioritized. For example, women mostly worked in plucking, where they did not have adequate WASH facilities, while men worked in factories. Thereby, the issues related to WASH were more pronounced for women yet had not been addressed so far.

Men are the household heads. So if the project only aware women and girls without making men aware, it won't bring much positive change. It's like if the root is not taken care of, the branches and leaves of the tree can't grow much! (Male worker, Chandpur TE, Hobigoni)

In the panchayat committee, women representatives were structurally the minority compared to men. Male panchayat leaders were more vocal and dominated the voices of female leaders. Also, their presence was less compared to male leaders in every FGD. Thus, it is quite clear that the idea of equity was nowhere present in the tea gardens when the UNSDG Joint Program was initiated to bring about change. Thus, the UNJP accurately identified and prioritized women's needs and empowerment by providing various services and social and behavioral change campaigns.

Evaluation Question: *To what extent were services provided (types and quality) equitably across different groups? (Sex, children/adults, disability, vulnerability status, etc.)?*

The UNJP interventions predominantly focused on children, adolescent girls, and women as the program's primary beneficiaries and provided various services in line with their needs. The most notable areas of service provision were health care services for pregnant or lactating women, children's education, child care, nutrition, and access to sexual and reproductive health and rights-related services for women and adolescents (e.g., family planning, menstrual hygiene management etc.). For example, male and female FGD participants mentioned that awareness and service utilization of antenatal care had remarkably increased in the last two years. However, in this regard, one important finding is that these services were equitably provided to workers and non-worker women and their families, especially in a reality where the tea garden management only focuses on their registered workers and their families. In addition, there was infrastructure development in the tea garden schools, like repairing the classrooms, building separate washrooms for girls and boys, and providing tube wells for safe drinking water. The focus group participants and teachers also expressed their concerns and satisfaction with the service quality. However, the services did not equitably cover different groups of the population. Male tea garden workers universally mentioned that the UNJP focused less on men. Most FGD participants shared their views, like "it (UNJP) was a women's program" and saw women and adolescent girls joining various courtyard meetings. One male FGD participant, however, mentioned that focusing only on women might not bring expected results without sensitizing men, who are the gatekeepers of the family. In addition, both men and women highlighted that the program interventions completely missed out on the older and disabled population in their communities and recommended including their needs in future interventions.

If we do not specifically suggest, in any meeting of BCSU, you won't get a female leader. If two of them come, two will be male; if three come, three will be male. Still, their mindset is very masculine domination. (A PUNO official)

Evaluation Question: *How did the program integrate gender and human rights/equity lens into the design and implementation, including gender analysis, indicator, and output development, budget, and level of engagement with CSOs and the Government?*

The PUNOs had a large-scale consultation in 2016 with all stockholders, including local government, related ministries, BTA, and NGOs, to decide on working areas and areas that need to be prioritized in tea gardens. Along with the long-standing working experiences of the PUNOs in tea gardens, this consultation formed the basis for understanding the gender reality of tea gardens, assessing needs, and setting priority areas adopting a gender lens.

The UNSDG JP targeted women workers in the tea gardens as they were the most vulnerable groups. Thereby, women's and girls' rights and gender equality issues were mainstreamed across the program's outputs. All five outputs explicitly mentioned women and girls and their living and working conditions. Sex disaggregated data on the targeted population was integrated under situation analysis for the tea garden workers' health, education, and nutrition situation. Moreover, the output level indicators were formulated to measure the changes in the lives of women and girls. The program budget was ultimately allocated to benefit women workers and their family members. Beyond the program budget level, the UNJP also proposed and implemented gender-responsive budgeting as part of the program interventions/activities. PUNO had a strong partnership and linkages with the women's rights organization and CSOs at the national and local levels. Each of the PUNOs had substantial working relationships with CSOs with a strong background in women empowerment as well as collaborated with relevant Government ministries, including the Ministry of Labor and Employment, Ministry of Women and Children Affairs, and other relevant line ministries, to strengthen the empowerment of women tea garden workers.

At the implementation level, PUNOs and their implanting partners upheld the gender equity-based design. For example, ILO organized multiple leadership training and capacity-building sessions with the Panchayat leaders (both male and female). The UN Women dedicated their efforts to empowering women through 'Gender Talk' on gender relations and equality issues, agency and voice, collective bargaining, etc., and forming adolescent clubs in tea gardens. The UNFPA focused on women and adolescents through various awareness-building sessions (e.g., court-yard meetings) on matters related to rights and health issues, including child marriage, child labor, gender-based violence, STI/HIV, etc., and awareness-building sessions with the adolescent girls on menstrual hygiene, school attendance, and other education-related issues. The UNICEF focused on the children's right to education through awareness-building campaigns and facility readiness activities in tea garden schools and built model health centers by strengthening the existing tea gardens health facilities with increased capacities to provide antenatal care, postnatal care, and nutrition counseling to pregnant and lactating women and for children aged under 5. They also supported the daycare centers providing quality care support to the children of working parents. However, though gender equality elements were adequately integrated into the context analysis of the program, at the implementation level, it was pretty visible that the focus was predominantly given to women and adolescent girls. Most male FGD participants also mentioned that the project focused on women and adolescent girls. Besides, men could not attend the awareness-building sessions as these were held during their working hours in the factory.

Evaluation Question: *What have been the current effects of integrating gender and human rights/equity lens into the design and implementation of the UNSDG JP?*

While the tea garden management mainly focuses on registered workers, UNJP activities cover registered and non-registered workers and their families, which resulted from its unique integration of human rights and equity lens. The effects of such integration were also widely reflected. For

example, women participating in the courtyard meetings were well aware of child marriage's and child labor's negative consequences, which ultimately reduced their prevalence in the community. In addition, both men and women acknowledged that the prevalence of gender-based violence had decreased significantly in the past two years. Moreover, we also found that the women participating in the gender talk sessions were more aware and vocal about their rights than the participants of FGDs with women tea garden workers. However, there were also some areas where expected positive change did not occur. For example, service utilization, especially delivery at the healthcare centers, did not increase in the tea gardens. Home-based delivery is still the prevalent norm, which may be attributable to midwives assisting in delivery at home if/ when called. Thus, though the labor rooms were renovated and equipped to handle regular vaginal deliveries, the rooms were hardly utilized.

Evaluation Question: *How did the JP employ the social and behavior change strategy to address harmful practices (CM, GBV) and adopt appropriate behaviors and care practices, including seeking services?*

Social and behavioral change strategies were found to be the key *soft*, non-service-related element of the UNJP interventions adopted in various awareness-building sessions to develop a sense of rights, gender equity, freedom of association, and bargaining capacity. Besides, the joint program effectively employed the social and behavior change strategy to address harmful practices like CM and GBV widely prevalent earlier in the tea garden communities. For example, in courtyard meetings, women and adolescent girls were made aware of child marriage's negative consequences and prevention and care-seeking services for gender-based violence. The FGD participants comprising female tea garden workers and adolescent girls acknowledged that the courtyard meetings raised their level of awareness and individual and group agency against these harmful practices in the community. Both male and female FGD participants mentioned that people became more aware of the importance of birth registration and child education. It was also reported that the program addressed the intimate partner violence issue and equal rights of males and females in the family. The panchayat leaders mentioned that they learned a lot of new issues related to entitled rights in the training sessions, which helped them raise their voices and engage in effective bargaining with the garden management and BCSU personnel.

3.6 Sustainability of the Joint SDG Program

Evaluation Question: *To what extent are the positive changes resulting from the Joint Programme likely to be sustained, particularly the social protection for female tea garden workers and their families?*

The joint program produced positive changes at the beneficiary level regarding modifications and increasing readiness of different facilities within the tea gardens, behavioral output, and social protection, which are closely related to the welfare of tea garden workers and their family members. However, achieving short-term and long-term positive changes comes with the crucial issue of the sustainability mechanisms through which the more prolonged effects of these positive changes can be ensured.

Sustainability of lifestyle-related capacities of tea garden workers and their families: The evaluator found that the joint program produced notable outcomes, such as the development of leadership capacity of tea garden workers, development of bargaining capacity, growth of different life skills, the development of voice against the violation of worker's rights, education of responsibility, health-related knowledge, women's and adolescent's better communication, and leadership capacity. These outcomes are directly connected with the lifestyle of the tea garden workers and their family members and greatly determine their welfare.

According to the participants, after the exposure to the program activities, workers were more aware of their rights as inhabitants of the tea garden and occupational and other related responsibilities in a better way. The tea garden workers and their family members also became well informed about their health-related issues, especially regarding protecting and managing maternal health-related issues. These enabled them to adopt more health-enhancing practices such as being involved in continuous communication with health care providers, growing a sense of responsibility regarding taking care of pregnant women in the family, and being very careful about the child's health-related issues on time. In addition, the program activities like gender talk also facilitated better communication skills, especially for adolescent girls and young workers. These resulted in better and logical bargaining capacity at the household level and workplace. According to the participants, these positive changes can be sustained by themselves even after the program activities in the tea garden areas end.

Through the works of PUNOs and IPs, some skills like leadership and bargaining capacity have developed among the beneficiaries. Once they learn them, once they internalized them in their own life, the skills will never be gone or faded. One won't just forget this. The changes themselves will continue and can be sustained. (A PUNO)

The program also initiated some changes in the level of community awareness. For example, awareness against child marriage, the importance of the proper timing of childbearing, and the importance of continuing education, especially for girls, were discussed in many dedicated sessions throughout the program sessions in the tea garden areas. Through these programs, tea garden workers and their family members could conceptualize the importance of empowerment, uphold their fundamental rights, and encourage them to perform accordingly.

Similar sorts of notions have been received by other participants, too, especially while discussing health-related non-infrastructural interventions like awareness programs and courtyard meetings. Sustainability can mostly be ensured if the beneficiaries realize the urge and act accordingly - according to the evaluation participants. In this process, enabling them with the necessary services and resources will ensure the longer sustainability of different positive outcomes.

According to the participants, positive changes like maintaining adolescent clubs in the tea garden community can also be a great tool for ensuring the sustainability of the overall program outputs. These platforms can be very much facilitative towards ensuring the longer practice of tea garden communities on women's rights, protection of health, and social awareness-related activities, which were seen as fruits of these joint programs. According to this summative evaluation, the reduction of different social problems like child marriage can also be ensured through the proper running of these platforms within the tea garden area.

FIVDB did a lot for us. They gave all the necessary things. Now I think it is up to the garden authority and volunteers from the community. They should not stop it here, rather they must continue the good things. They should continue the yard meetings and training even when FIVDB people are not here. (One of the health care providers)

Sustainability of Readiness of Infrastructure facilitated by the joint program: Though the life skill-related outcomes mentioned earlier in this section are likely to be sustained by the beneficiaries, things are not similar for the facility readiness that has been brought as a part of program activities. Under the program activities, the crèche house has been supported by providing soft materials and modifications, and the readiness of health service centers has been increased through supporting delivery corners with some products and equipment. According to the participants, a proper handover process was crucial for community people, garden management authorities, government stakeholders, or other concerned authorities to manage these interventions.

The government can and must be a part of the sustainability of this program. The program already involved a lot of human resources and brought different structural changes under their different level of interventions. But before phasing out, they could have prepared a list of requirements that would be needed to continue the activities i.e., how many people will be required to continue performing which activities, what infrastructural maintenance would be needed to properly ensure the protection of the infrastructure they built in different communities. And they could communicate about it with us periodically. Only then government stakeholders like us could give a hand and could also be a part of the sustainability of the overall program. (A higher official from DSWO, Moulvibazar)

According to the participants, the sustainability of the existing infrastructures within the tea gardens, such as crèche house for the tea garden communities, would be harder to ensure after the project ended. One of the female panchayat members of Rajnagar Tea Estate provided her opinion in this regard where she said that, in the absence of help from the implementing partners or the community people, the achievements like a smooth running of the crèche house would be very much in risk.

The FIVDB (partner agency of the joint UNSDG program) renovated one day-care center in our tea garden. However, they stopped their work in January 2022, and since then, the activities of the daycare center were also stopped. (A female panchayat member).

Similar notions were received in terms of receiving health care services too. Though the health care center-related infrastructures remained (such as maternity ward, labor room, child ward, etc.) even after the program ended, the visit to health care centers decreased. The preference for home-based services for maternal health care issues again rose once the program ended, which was why home-based delivery in some tea gardens (such as Rajnagar tea estate and Lakkaturah tea estate) remained an issue of concern. Along with that, once the program ended, the antenatal and postnatal care visits of women also decreased rather, they started preferring to have the home visits of health care service providers of the facilities. Consequently, the incidences of maternal death also increased in those tea gardens.

Evaluation Question: What are the major factors affecting and contributing to the sustainability of these changes? How well are national partners (BCSU, BTA, BTB, MOLE) set up to sustain the results over time?

The evaluation also focused on the significant factors that could affect and contribute to the sustainability of the changes brought by the program activities. In addition, mentions of different elements have been received from the interview of the participants, where they also focused on the readiness of various national stakeholders towards ensuring the sustainability of the program outcome.

Budgeting and Skilled Manpower Challenges: The flow of funding for ensuring the maintenance of the interventions/program activities under this joint venture was considered very important by the participants, which can contribute to the longer sustainability of the changes. Different interventions such as crèche houses and maternity wards need proper and continuous maintenance, which may face challenges without proper budgeting. As the program activities were called off in early 2022, without any community or government involvement, the budgeting remained challenging. With budgeting comes another challenge: the absence of a skilled workforce to continue the changes –related to technological or non-technological, somewhat awareness-related activities. According to the participants, initiatives like awareness sessions regarding maternal and child health, adolescent health, rights of women, and life skill developments would be harder to maintain as the program ended. The implementing partners deployed skilled human resources for conducting these sessions with the tea garden workers and their family members, but in the absence of a program and the lack of proper community involvement, maintaining these and ensuring the sustainability of the changes brought by these sessions will be pretty hard.

When they (the implementing partners) were here, they did a lot for the development of the crèche house. They supplied toys; they also maintained a specific person who would look after all these. But now, when they are not here, who will bear these expenses? Who will pay for the costly toys? The people of tea gardens will not do that. Where will they get that money? (A community people)

Institutionalization of the Sustainability: According to the evaluation findings, the institutionalization of the sustainability brought through the program activities is crucial. The absence of institutionalization in many interventions related to the sensitization of rights, health, and education (especially of the child of tea garden workers) resulted in the risk of the unsustainability of the program outcomes. The program undoubtedly brought different changes in how tea garden workers live their daily life and their overall awareness level. These alterations were reflected in their education, health, and rights-related activities. But without a proper process of institutionalizing these changes with the involvement of government, non-government, and other relevant stakeholders, achieving sustainability was not ensured according to the participants of this evaluation.

One aspect of sustainability is institutionalization. So, how far we could do to institutionalize things- that's a question. By institutionalization, I mean compliance with the labor law from the perspective of ILO, for example. From service accessibility point of view where UNFPA worked, to what extent govt. has improved it in the tea gardens. UNICEF worked on the education sector of children, and we planned to include these children in the govt. stipend program. We identified children and schools, collected their names, and completed all the documentation and sent them to Ministry of Education. But there is no achievement so far. (A PUNO official)

The level of a comprehensive partnership among PUNOs, IPs, and other relevant stakeholders: The establishment of a comprehensive and integrated partnership among PUNOs, BTA, BCSU, Local government, and other government authorities could contribute to the effective and long-lasting sustainability of the project – but the lack of coordination among these operating authorities hampered this process to a great extent in many cases according to the participants. Though there were challenges in the level of coordination within the IPs and between different government and non-government stakeholders, changes and progress through the activities were visible after the program ended. But the sustainability issues again deployed the concerns regarding the continued partnership of different concerned stakeholders. A proper handover process of different program initiatives from donor agencies or implementing agencies to the government or other important

authorities could be convenient according to the participants to ensure the sustainability of the outcomes. So, the transition phase was also crucial, where maintaining a proper partnership with all the relevant stakeholders was important to ensure the project's sustainability, according to the study participants.

Some important factors will be crucial to ensure the sustainability of the program outcomes. These are: (1) the inclusion of family planning authority, especially the involvement of root level family planning workers such as FWA and FWV from the government's side after the implementing partner ended their activities, (2) the result/outcome status of this project is important. After that, we will get to know how Health and Family Planning can work together to sustain the good works of this project, and the last one, (3) different tea garden owners like Duncan and Finlay can increase the connectivity with the government to sustain these activities. (A govt. official, Moulvibazar)

Sense of ownership of tea garden management: Another crucial issue that the participants raised was the sense of ownership of the managerial level of tea gardens which, according to them, will be a very important aspect in ensuring sustainability. The changes in the lifestyle, awareness level, healthcare-seeking attitude, and any aspect of the tea garden workers and their family members induced a change in their productivity. Hence, that would be profitable for the tea garden owners and management authorities. According to the participants, a growing sense of ownership regarding the sustainability of these changes should come from the owner and managerial level of the tea garden. But the sense of ownership was not always visible in terms of sustaining the good practices brought as a result of the program activities from the managerial level of tea gardens. According to the evaluation findings, lack of interest, funding, and human resources contributed to this. Besides, some unintended outcomes of the program activities also played a role here.

The project was obviously helpful for the tea garden workers. And with their progress, the tea garden will be developed. So, I think, the owners can come forward here to take some responsibilities. The well-being of workers is a kind of way to increase profit. So, taking care of health-related services, and education services should be paid attention to by the owners. That will maximize their profits eventually. (A higher-level management staff from Burjan tea estate)

Unintended outcome: The program outcomes that could give rise to unrest in the tea garden (such as imbalanced learning of tea garden workers in terms of ownership rights, roles, and responsibilities, faulty adoption of bargaining skills, where according to the managers, the workers intentionally misjudge the context of the tea garden management and involve themselves in different revolts against managerial level which creates unrest in the tea gardens, etc.) would not be welcomed by the garden authority. According to the participants, they would hardly put effort into sustaining these processes for these reasons.

Sometimes these project activities fuel unrest in the tea garden. This is very wrong. The project implementing partner should be concerned about this. They have to understand the reality of the tea garden. You cannot teach wrong education of 'basic rights' to these tea garden workers. They have to understand the context. (A higher level management staff from Lakkaturah tea estate)

Duration of the program: Ensuring sustainability in outcomes from such a short-duration program was always tough, according to the evaluation participants. Though the program provided a huge range of interventions within this small period, expecting sustainability of the outcome from this would face many challenges. Hence, a longer period of program activities would benefit the participants. Similarly, the current coverage of tea gardens (only 25 gardens for intervention) also

hindered the potential of achieving sustainability of the changes brought by the program after the program ended, according to the participants. Sustainability could be ensured if more tea gardens could be included in interventions, especially the hard-to-reach ones.

We have seen how the officers from the joint program worked hard to aware people of the reasons for visiting healthcare centers, and about different healthcare practices. Now, as they are not here, we must take part in these activities. We must continue sensitizing people for continuing their visits to health care centers as soon as it is needed. Without us taking responsibility, this cannot be sustained. (A health care provider from Lakkaturah tea estate)

Evaluation Question: *What extent was the JP successful in facilitating deeper connections: linking community people, garden management, and GoB line departments across the level and issues; connecting our JP work locally, nationally, and globally; and linking program, policy, communications, and collaboration with development partners?*

The sustainability of the changes brought by the program activities requires a more profound connection among the community people, garden management, and GoB line departments across the level and issues.

Building connection with the community people: Connecting the community under these program activities was questionable to some of the study participants – especially those from the community of tea garden workers and their family members. One frequently mentioned issue was the low number of community people exposed to the program activities. Linking a few tea garden workers and their family members with the program activities may provide a short time success, but when it was about sustaining the outcomes – connecting more people would be more facilitating, according to the participants. Similar sorts of notions have been received from other participants too. According to the evaluation participants, the lower level of male engagement throughout the program activities also hindered the potential of sustaining the program outcomes.

There are around 10000 people in the tea garden. However, the joint UNSDG program covered only a few of them throughout the program period. There was no replacement option. Therefore, awareness made among only a portion of the total population and such awareness among an extremely low portion of the total population would not sustain for the long term. (One of the panchayat members of Rajnagar Tea estate)

On the other hand, a positive attitude towards providing efforts to sustain the program outcomes was also seen among the community. The evaluation participants mentioned commitments regarding continuing the initiatives from the community level. According to the participants, the involvement of community people in sustaining the program outcome and integrating these initiatives into the daily practices would be very beneficial for the community people and the longer sustainability of the program.

I don't think the progress made from this program can be sustained. One main reason is the lower engagement of male workers and family members in this program. They are the decision-makers of the family. Without involving them in a larger number, how can you expect to sustain all these?" (A male FGD participant, Rajnagar TE)

Commitments to protecting the rights of children, adolescents, and women in the tea garden community were also mentioned in the interviews, where community participants noted the importance of their roles and responsibilities to keep working on the rights issues of the tea garden workers and their family members.

Linking garden management to ensure sustainability: To ensure the sustainability of the program outcome, establishing a linkage with garden management is a must. Without the involvement of garden management, continuing the initiatives after the closure of the program would not be possible, according to the participants. In this regard, initiatives that align with the garden management's interest had higher chances of being sustained, according to the participants. However, linking garden management and involving managers in different stages of the program implementation often remained unimplemented because of different challenges. The heavy work schedule of the garden managers, other priorities, and lack of interest in the integration was mentioned in the study as reasons behind this gap.

The program's sustainability will be very challenging for the community without the involvement of tea garden management. And even if they are involved, you must be concerned about whether the desired program outcome connected to tea garden communities is prioritized by the garden management at this moment or not. If this is in line, then the garden management can play a big role in sustaining the program outcome. (One of the higher level management officials of Chandpur tea estate)

But on the other hand, commitments regarding the continuation of works were also received from the garden management. Hence, the connection built with the garden authorities was crucial for maintaining the program's sustainability. Participants also said that BCSU could play in continuing the program activities as they represent the tea garden workers and their community. The participants frequently mentioned the importance of including BCSU members in this journey towards sustainability. The participants also mentioned BTA's roles, especially in a higher-level policy decision; BTA can engage by adopting the lessons learned and recommendations generated from this program's activities.

The data collection mechanism they introduced in my garden is very effective and includes many data which will be important in the future. They came and trained us on how to collect them. Now I am planning to continue this in the future with my manpower. But it is mandatory, that they have a partnership with the government as the government already had its own template for data collection in the tea gardens. (One of the management officials of Burjan Tea estate).

Linking GoB Line Department: Different line departments of the Government of Bangladesh (GoB) were contacted and connected during the planning phase of the program. As a result, different modifications and directions were planned for designing the program activities with their valuable feedback and suggestions. According to the evaluation participants, the sustainability mechanism is also connected with the GoB line departments. As DOL, DIFE, DSWO, DDFP, DGHS, and some other line departments were directly connected with the scopes and coverage of the program activities; it was a must to link the GoB line department, especially in the program implementation phase and also in the monitoring phase. According to the participants, building a comprehensive connection is very important in this regard. The layers under the line departments of GoB should also be recognized where the field level workers are involved in providing services. According to the participants, integrating the services with the existing government-run facilities could be very handy for ensuring the project's sustainability. But in this regard, the coordination gaps and collaboration challenges can lower the linkage quality. And without paying proper attention to establishing such linkages with the GoB, sustainability will be much harder, according to the evaluation findings. Therefore, line ministries like DDFP, DSWO, DIFE, and DOL should have been a prioritized concern for the PUNOs and IPs even when they ended the project. However, coordination gaps regarding

establishing communication were reported from the participants of GoB which would leave fewer scopes for government to take part in the sustainability approach of this program.

Chapter Four: Discussion, Lesson Learned, Recommendations, and Conclusions

4.1 Assessing the Theory of Change: How the UNJP Achieved Its Outcomes?

The joint program of the Government of Bangladesh and four UN agencies (ILO, UNICEF, UNFPA, and UN Women) aimed to provide female tea garden workers and their families in Sylhet Division, one of the most left behind population groups of the country, a strengthened and more coordinated access to national social protection coverage and local social services, in an empowering way, which could contribute to the decent work opportunities and better productivity. With this aim ahead, the joint program focused on some specific issues, which were:

- a combination of upstream policy and legislative advocacy, dialogue, and coordination
- data generation, analysis, and coordination
- capacity development for increased system strengthening, strengthening basic social services for the tea gardens community, and ensuring access
- individual and institutional empowerment and life skills training
- Social mobilization and community engagement on key household-level behaviors and life-saving care practices for infants, young children, and their mothers; Ending harmful social norms and practices among families and communities

This chapter will provide a detailed discussion on the initiatives under the program in the two years and discuss the achievements and challenges of the program towards gaining the ultimate program outcome. The theory of change mentioned in the earlier section will guide the discussion of this chapter.

4.1.1 Policy and legislative reform and coordination

Several initiatives took place in this program's policy, legislative reform, and coordination process. Some joint advocacy workshops and national discussions were organized on the amendment of specific policies and laws connected to the social protection issues of tea garden workers and their family members. As a part, ILO, UN Women, and UNICEF prepared several policy briefs. UNICEF also conducted a study on poverty impact of a potential universal social protection program for 0-4 years of children in the tea garden. Tripartite action plans were designed to cover the aspects of decent work and gender issues, including education and health concerns. As catalysts, PUNOs provided different interventions to support the government and develop their existing capacity. Through policy briefs and other consultations, concepts like gender-responsive budgeting were brought forward and disseminated to ensure the coverage of social protection of tea garden workers. It facilitated the rise of accountability regarding the gender-responsive approach while creating budget plans among the government stakeholders.

However, the reformation process in the policy and legislative structure through the program initiatives faced different challenges. The shorter duration of the program was a crucial barrier to such policy and legislative reform and coordination. It requires continuous input from the program implementation perspective to bring any alteration or reformation to the existing policies. Bringing changes in the conception and awareness level of the policy planners and translating these changes into practices through policy reformation required a comprehensive and focused effort for a longer period. However, the program was designed for a short duration.

Additionally, COVID-19 caused a significant interruption to the overall implementation process. The coordination among the different concerned stakeholders who would act as working units for such policy reformulation was greatly hampered because of the accessibility and mobility challenges caused by the restriction posed by COVID-19, especially at the earlier stage of the program. Besides that, other coordination challenges, especially among the implementing partners in the program implementation

phase, were also evident from the evaluation findings. For these challenges, the incorporation of concerned stakeholders from different tiers of the government in various program initiatives was not always successful; hence the level of true and meaningful participation of these stakeholders got lowered.

Finally, the program undoubtedly paved the way for developing the improved capacity of government and other concerned stakeholders to recognize and assess the loopholes in existing policies and social protection processes. However, creating this achievement as a basis to prioritize actions for tea garden workers, particularly for women, through necessary policy amendments necessitates further and more comprehensive interventions in a larger number of tea gardens for extended periods.

4.1.2 Data mapping of existing social protection services for tea gardens

The data-related insufficiency to monitor the situation of tea garden workers and their family members was another focus of the current joint program. Therefore, initiatives were provided to increase the capacity of the Government of Bangladesh, Bangladesh Tea Association, and other relevant stakeholders to monitor the situation of tea garden workers and their family members. The joint program provided different initiatives under this focus. These were mapping of data collection methods of different government agencies, framework development for data coordination, strengthening the capacity of relevant stakeholders to utilize the disaggregated data for enhancing social protection for tea garden workers and their families, conduction of surveys to understand behaviors, social norms and practice of tea garden population, providing training towards health care providers and other stakeholders regarding data collection, processing, and reporting, and meetings with the district and national level stakeholder for data sharing.

The field-level outcome of the initiatives to increase the existing situation monitoring capacity through the generation of quality primary disaggregated data facilitated a better understanding of the issues such as maternal and child health, education, and skills, child protection, occupational safety and health, working conditions, empowerment of women and children under this program. An updated data collection template was used in five selected gardens out of twenty-five gardens: MR Khan Garden, Kapnapahar Garden, Husanabad Garden, Hazinagar Garden, and Burjan TE. The current study team visited the Burjan tea estate and found that the data collection mechanism provided by the joint program is properly in operation. Along with increased indicators, a strengthened strategy for data collection indeed facilitated the garden authority to track the overall situation of tea garden workers and their family members in a more articulated manner. However, the data reporting structure under the joint program initiatives was in operation along with government agencies' existing data reporting mechanism in the tea gardens. Furthermore, the evaluation found that overlapping the primary data collection-related initiatives has created some administrative burden as the garden management did not replace the earlier data collection mechanism. In such cases, coordination-related gaps were prominent and hampered the program objective to some extent.

The coordination-related loopholes were also visible when organizing advocacy meetings to share the primary disaggregated data at the district and national levels. Though different sessions took place as outlined in the program initiatives, broad participation of the stakeholders from other tiers of government organizations was not appropriately ensured. The study found an inconsistent pattern of the connection built up with the relevant stakeholders when the program was in operation. These challenges created miscommunications among the implementing partners and government stakeholders, leading to field-level issues like overlapping the data reporting mechanism mentioned above.

4.1.3 Establishment of the capacity of tea gardens to provide health and nutrition services and decent work for women

The joint program focused on increasing the capacity of public service providers, including government and tea garden workers, through which they can provide health and nutrition-related services to the tea garden workers and their family members to improve their living and working conditions. With these aims, the program offered different initiatives, such as increasing the health facility's capacity to provide maternal health-related services such as antenatal care, post-natal care, and maternal and child nutritional counseling to pregnant and lactating women. Furthermore, facilitating the readiness of different infrastructures in daycare centers and supplying different necessary soft supports for the children were performed. In addition, the training was provided to increase their capacity to construct quality teaching approaches in pre-primary and primary schools run under garden management in the community. The program also focused on removing the barriers to ensuring a proper birth registration process for the children of tea garden workers and their family members through consulting with demand and supply side stakeholders. The health care providers were trained under this program's initiatives so that they could provide IYCF and maternal nutrition-related counseling services. Identifying and referring SAM children of the tea garden community to garden health care centers was another focus of this program. Besides that, creating community awareness regarding different social concerns like child marriage and child labor was focused on under this program, along with strengthening the capacity of garden-related stakeholders to properly monitor and ensure occupational safety and health compliance, particularly for the women workers of the tea gardens.

The program provided efforts to reach the tea garden workers through comprehensive health, education, and social security initiatives. However, the concerns around the qualitative success of the output received under the program left some scopes to consider for the joint program task team. Maternal healthcare-related services were provided under the joint program through infrastructure development, awareness sessions, and training. That indeed increased the capacity of garden health care centers to provide maternal services. However, the availability of the services was not always translated into the ensured receipt from the demand side. Interventions were provided to bring facility readiness supporting the maternity ward and supplying different modernized health care tools. However, accessibility to the health care centers and the acceptability of the provided services were not successfully ensured. The utilization of infrastructural establishments was not very satisfactory because the community often preferred home-based services. Home-based services provided by the community health workers (often they are the same health workers working in the tea garden hospitals) were well accepted by the community people because of some stigmatized mindset issues (i.e., considering the receipt of health care services from male health care providers as sin, sharing pregnancy related issues with other people would be harmful to the upcoming children). The inbuilt patriarchal attitude often disallowed women to receive maternal health and pregnancy-related services where their husbands were not supportive of providing them access to such institutional services. In addition, these cultural barriers often restricted their number of visits to the healthcare facilities even if all the amenities were present in the healthcare centers.

The inconsistency in providing interventions to the health care facilities was another concern. The evaluation found the complete absence of health care service providers' training-related interventions (in Madhupur tea garden specifically) in the selected gardens, indicating the lack of consistency that may arise from the lack of coordination among implementing partners. However, the data-keeping process regarding maternal and perinatal deaths was systematic under the program and included the systematic inclusion of vital health service-related data and information.

Providing soft support for existing daycare centers and making daycare centers operational under the joint program also facilitated the productivity of garden workers as they had this opportunity to keep their children in a safe and well-structured facility within the tea gardens while working. This initiative positively impacted the operational flexibility of the women tea garden workers. However, quality-

related issues also questioned the integrity of the efforts the implementing partners provided under this program. The service duration was very short (till 1 pm when it was under IPs), whereas when the daycare centers were under the direct management of the garden, the workers could keep their children at the daycare centers till 4 pm. The infrastructural development of the daycare centers was very prominent after the takeover of IPs during the program period, which significantly contributed to increasing the interest among women workers in keeping their children in these centers during their working time. However, internal mismanagements eventually reduced such initiatives' effectiveness and the public interest. For example, food-related mismanagements were frequently reported in the interviews where the food supply for children was considered very insufficient when it was under the IPs compared to when it was under the direct garden management in some of the gardens.

The birth registration practice significantly improved during the program implementation phase within the tea garden community. The awareness regarding the birth registration process and accessibility to the birth registration points increased. However, initiatives regarding the identification and treatment of disabled children were not much visible in the health care facilities. Very few gardens have reported the presence of special initiatives regarding disabled children within the community and health care facilities. Such exclusion in the tea garden community can be detrimental to the agenda of 'leaving no one behind', which was also a guiding principle of this joint program.

Elimination of child labor was another crucial focus of this joint program through training and awareness building of relevant stakeholders. As a result, the absence of involvement of the children in the tea garden's labor activities reflected the success of such a program. In addition, the strong 'no child labor' policy in the tea garden management indicated success.

4.1.4 Equipping duty bearers with tools for better delivery of social protection and social services

The program aimed to empower female tea garden workers, notably women, with increased awareness and knowledge of social protection, human rights, and labor standards to access public services, including family planning, child and maternal health and nutrition, education and skills training, and child protection services. The program provided counseling sessions with tea garden workers regarding social protection, social safety net, health-related issues such as preventing fistula, sexually transmitted diseases, menstrual hygiene, etc. Besides, short course training was provided to women tea garden workers regarding entrepreneurship, apprenticeship, and green job-related skills linked with different industries.

Remarkable progress was achieved by raising awareness among beneficiaries regarding social protection issues and social safety net programs. The courtyard meetings provided them with a clear understanding of these issues, based on which they got to know about their social rights. However, the small coverage of the beneficiaries was a concern towards ensuring that no one would be left behind. Moreover, with the shorter duration of the program, COVID-19-related restrictions had a detrimental impact on implementing these awareness sessions, especially the courtyard meetings. In addition, IPs faced trouble accessing the community, especially in 2020, when the program provided different interventions. These issues posed obstacles to the proper implementation and lowered the coverage and, to some extent, the quality of the courtyard sessions. Despite that, the positive outputs received through these sessions reflected the success of this program.

Regarding the care-seeking attitude among the beneficiaries, the program indeed increased the level of awareness to a great extent. However, converting this awareness into the rise of the practice often was challenged by cultural taboos and deep-rooted social stigmas. For example, the number of facility-based delivery saw a noticeable increase from what it used to be within the tea garden community. Still, at the same time, many tea garden workers remained outside of these facilities as they preferred

home-based deliveries with the help of midwives and other traditional health care providers. Therefore, the program had much scope to emphasize such socio-cultural aspects, which were influencing the healthcare-seeking behavior of the community when the implementation was taking place. In addition, the program increased the awareness level of tea garden workers regarding fistula and sexually transmitted infections, and HIV. Identifying fistula patients among the tea garden workers and their family members and referral to the higher service facility were also successfully conducted simultaneously.

Awareness sessions, including adolescents regarding health issues, school attendance, and other education-related issues, were also conducted under this program. These awareness sessions influenced adolescents' general conceptualization, information, and recognition of these issues. However, the timing challenges often made adolescents miss these sessions, which affected the program's coverage. Besides, ensuring the proper inclusiveness was also questionable in this segment as it was found that the participation of male adolescents was very negligible. Thus, they remained almost excluded throughout these sessions.

Nevertheless, the program activities allowed them to recognize their rights, the value of justice, the importance of continuing education, the necessity of maintaining sound physical and mental health, and adopting proper health care practices. But the awareness solely could not be translated into their practice because of different family-related issues and infrastructural challenges. For example, despite having a good understanding of the necessity of menstrual hygiene, the adolescents were not being able to buy sanitary napkins because of the lack of availability of sanitary pads in the community stores, affordability problems caused by financial inabilities, and the unwillingness of the guardians triggered by economic issues and cultural perspectives. These certainly are alarming issues that should be considered while assessing the outcome of the joint program initiatives.

Though the program provided an effort to take the women tea garden workers through entrepreneurship, apprenticeship, and job-related training, proper inclusion was challenging. It could not be possible in many instances. The timing of the training, other engagements of the women tea garden workers in both family and work sectors, and lack of information caused by the mismanagement of information circulation in terms of timing and venue of the sessions reduced the effectiveness and efficiency of the sessions significantly. This negatively impacted inclusiveness, which was the program's main aim. However, the positive outputs were also visible among the tea garden women workers through their increased learning regarding social protection, human rights, labor standards, job-related skills, occupational rights and responsibilities, and entrepreneurship.

It must be admitted that the program significantly contributed to increasing the capacity of tea garden workers and their family members with increased awareness and knowledge of social protection, human rights, and labor standards to facilitate access to health-related services, education, skills training, and child protection services. But the loopholes and challenges mentioned above, both from supply and demand perspectives, reduced the effectiveness, restricted the beneficiaries' access to some extent, and created barriers to translating the program outputs into achieving the ultimate program outcome.

4.1.5 Capacitating tea garden workers, unions (especially women) on life skills, labor union representation, and organization

The joint program focused on capacitating women workers to negotiate and exercise collective voice on life skills such as negotiation, team building, and managerial skills. The JP team also focused on facilitating conversations between government, tea garden owners, and workers about tea workers' rights, gender, and human rights issues, raising media awareness about female tea garden workers' rights and policy issues, and providing technical support to tea garden workers, raising community awareness and capacity on gender-based violence and sexual and reproductive health and rights.

Under these aims, the program successfully organized dialogues, including beneficiaries, government stakeholders, BTA, and other concerned bodies, organized learning sessions, published media articles and reports, and trained tea garden leaders during the program tenure. These covered many concerned stakeholders, beneficiaries, and their family members.

However, the ultimate qualitative outcome of all these interventions and visible outputs is questionable because of some backdrops and failures in this regard. Panchayat, which is a representative unit of the tea garden workers, has provisions for both male and female members of the committee. Both can play a similarly important role in the decision-making process. However, traditionally the participation of women in the panchayat committee has been lower. Despite different initiatives provided by the joint program, the women's involvement in leadership activities at all levels remained negligible. Women panchayat members' mobility challenges, shyness, submissive mindset, etc., were considered responsible for their lack of participation in various program activities and also considered responsible for their lower level of share in the panchayat committee till now. This situation had specific impacts on the absence of women panchayat members in the meetings with BCSU and other relevant tea garden-related stakeholders. The culturally rooted masculine-dominated perspective created a significant barrier in this regard. Even on the committee, their participation in different bargaining and negotiation activities was not prominent among other male members. Not only the representative body of the tea garden workers, but the lack of decision-making ability of women beneficiaries was also true at the family level. Though the program aimed at increasing women's capacity to practice freedom of association, collective bargaining, and sound family and industrial relations through training and awareness building, our findings indicated that women beneficiaries could participate in very few and negligible decision-making processes.

On the other hand, the male family members made significant decisions on family-level issues. In such a way, the violation of the rights was also visible. Because of the inability to participate in healthcare-related decisions, different initiatives were taken to increase the bargaining capacity of women members, which could lead them to access better work-related services, health-related services, and other amenities. Despite the quantitative achievements in this regard, the reality showed a different situation for women workers where they could not manage basic amenities like sufficient and quality WASH facilities to increase productivity. The lack of voice in the committees and culturally rooted male-dominated mindsets played crucial roles even in the presence of different program initiatives. The evaluation also indicated that the lack of ability to express the needs of the women tea garden workers in front of the panchayat committee members could not improve the daily lifestyle of the women tea garden workers in the long run.

However, the program's positive influence in raising the capacity to increase community awareness and capacity on gender-based violence and sexual and reproductive health, and other issues cannot be overlooked and should be acknowledged. These initiatives raised awareness levels significantly regarding gender equality, rights, and gender violence-related issues. Furthermore, the reduction of gender-based violence within this two-year program period, slightly higher institutional health care utilization among women tea garden workers, the visible rise of voice regarding the violation of basic rights among women workers and their family members, and growing media attention regarding the rights of tea garden workers and their lifestyle also indicated the success of this program.

4.2 Lessons Learned

- Better readiness of the health care facilities in the tea gardens improves service utilization of tea garden workers and their family members (e.g., ANC, delivery, PNC, family planning, child nutrition, health, etc.) with a higher level of service satisfaction.
- Establishing a referral mechanism and direct linkage between tea garden health facilities and nearby governmental healthcare facilities brought significant progress in service utilization and satisfaction.

- Increased collaboration between all stakeholders, including NGOs/CSOs, BCSU, BTA, local and national government bodies, development partners, and the tea garden workers, enhances social protection for the tea garden workers by addressing human rights and gender concerns.
- The large-scale joint program demanded a well-designed collaboration technique and coordinated work strategy of all PUNOs while implementing program activities, especially at the grassroots level.
- One comprehensive and flexible master plan with a detailed discussion on the roles and responsibilities of each IPs (while providing program interventions in a different layer) could enhance and accelerate the efficiency of the joint program.
- A fruitful and effective coordination mechanism among PUNOs and IPs for enhancing program performance requires a significant amount of program implementation time.
- The pandemic period (such as the outbreak of COVID-19) largely hampers program implementation, and the coordination process and prompt evidence-based action in this regard with the involvement of all stakeholders from implementing agencies and government and non-government bodies can be significantly facilitating.
- The sustainability of the joint program is heavily dependent on the comprehensive and integrated collaboration mechanism between government stakeholders, tea garden authorities, private institutions, and beneficiaries.
- Accountability and ownership of the beneficiaries regarding the maintenance of the program interventions (both material and non-material) can maximize the potential of ensuring the sustainability of the joint program, even in the absence of external funding and involvement.
- As men are the gatekeepers and the primary decision-makers in the family, equal focus toward men and women in the sensitization process promotes and sustains gender equality.
- Awareness-building sessions, leadership training, and gender talk are effective interventions in making women more vocal and increasing awareness and bargaining capacity.
- Diminishing service-seeking behavior (in terms of health-related services, especially maternal and child health care services) strongly implies the necessity of continuing the program activities in the short and long term.

4.3 Conclusions

In conclusion, it can be said that, based on the existing context of tea gardens in Bangladesh, the joint program provided relevant and significant interventions within this two-year program tenure. The interventions successfully covered the issues of policy and legislative reform and coordination issues, data-related capacity building, and strengthening the capacity of management and other relevant stakeholders to work in a more coordinated and efficient way. In addition, the program supported the beneficiaries' ability to develop their lifestyle, increasing recognition of rights issues, productivity, and bargaining and negotiation skills. The quantitative outputs against the interventions proved the successful implementation of the program to some extent. But on the other hand, the loopholes and backdrops created from different demand side issues also raised questions regarding achieving the ultimate program outcome. Though there are remarkable achievements in terms of the quantitative output of the program, ensuring increased social protection and access to quality public services, especially for women tea garden workers and their family members, is still a challenge. The safer and more empowered environment for women tea garden workers, which is the ultimate expected outcome of this program, requires integrated and comprehensive efforts focusing on all these loopholes, challenges, and obstacles. In this regard, the contribution should come from government, non-government, local, and community stakeholders connected to this process. Finally, proper meaningful recognition of the role of tea garden workers, especially the women workers, and ensuring their participation in a true sense can play a significant contributive role here.

4.4 Recommendations

SI	Recommendation Area	Actions to be taken	Supported by the findings of	Responsible/Primary duty bearer	Users/beneficiaries	Resource Implications	Timeline
1	Policy Level Reformation	<p>1.3. Reform structural policy framework and legal environment that operates in the tea gardens through long-term as well as strengthened advocacy to have real improvements in the lives of tea garden workers. (Supported by the findings from the relevance section)</p> <p>1.4. Covid-19 pandemic was the major challenge for the implementation of UN JP and disrupted by the multiple lockdowns, mobility restrictions, health crisis and socioeconomic challenges. The PUNOs have repurposed JP activities in consultation with MPTF without hampering the original project design and implementation plan to address the health safety issues of the target beneficiaries. The UN JP has taken alternative and innovative approaches to reach out tea garden workers maintaining health protocol. So, there is a critical need for BTA to develop a Standing Order Procedures (SOP) for the tea sector to mitigate the shocks in collaboration with Government, BCSU and relevant stakeholders. This would help for the tea garden workers and their families to handle any future challenges and crisis could occurred due to pandemics, or natural disaster.</p>	Relevance section	Ministries of government (DoL, DSWO, DIFE)	Tea garden workers and their	High	Long term

SI	Recommendation Area	Actions to be taken	Supported by the findings of	Responsible/Primary duty bearer	Users/beneficiaries	Resource Implications	Timeline
		Reform structural policy framework and legal environment that operates in the tea gardens through long-term as well as strengthened advocacy to have real improvements in the lives of tea garden workers. (Supported by the findings from the relevance section)					
2	Program Planning	2.1. More inclusion of persons with disabilities (PWDs) and their needs in project planning and interventions should be adequately ensured. (Supported by the findings from the relevance section)	Relevance section	PUNOs and IPs	Tea garden workers and their family members	Medium	Long term
3	Program Coordination	3.1. The UNRCO should adopt the necessary strategies to plan and implement an institutional coordination mechanism among the PUNOs and IPs through <ul style="list-style-type: none"> • sharing a comprehensive and joint work plan with the involvement of all concerned stakeholders and regular experience sharing. • Arranging regular meetings at the field level and office level with the presence of both PUNO and IP personnel • Ensuring proper monitoring of the partnership throughout the program implementation period • Taking prompt necessary actions at the field level in incidences of lack of coordination, especially among IPs. 	Efficiency section	UNRCO, PUNOs, IPs	PUNOs, IPs, and other concerned stakeholders	Low	Long term

SI	Recommendation Area	Actions to be taken	Supported by the findings of	Responsible/Primary duty bearer	Users/beneficiaries	Resource Implications	Timeline
		3.2. The involvement of key stakeholders (government, workers, employers and civil society organizations) should be more effective in planning, implementing, and monitoring.	Efficiency and sustainability section	PUNOs, IPs	Concerned government stakeholders (DoL, DIFE, DSWO, MoHFW, MoWCA)	Medium	Long term
4	Program Implementation	4.1. Awareness-building sessions, leadership training, collective bargaining, and gender talk sessions should be continued for longer terms for maximum impact. The sessions should be conducted at a convenient day and time to reach both men and women equally.	Effectiveness section	PUNOs, IPs, Local Volunteers, and Concerned government stakeholders from the government level (DoL, MoWCA, MoHFW)	Tea garden workers, adolescent boys, and girls	High	Short term
		4.2. Ensuring qualified midwife (at least 3-year diploma in Govt. recognized institute) for tea garden health facility, Minimum test facility for pregnant mother and available medicine. BTA will ensure in collaboration with Civil Surgeon	Effectiveness section	BTA, Civil Surgeon	Tea garden workers (especially pregnant mothers and their husbands)	High	Short term
		4.3. Ensuring continuity of using maternal healthcare services through proper counseling of the pregnant mothers about the importance of maternal healthcare services, addressing community-level misconceptions related to maternal healthcare services, and improving the quality of maternal healthcare services.	Effectiveness section	BTA, Civil Surgeon	Pregnant mothers and their husbands	High	Long-term
		4.4. Harmonized data collection framework developed by the UN SDG joint program should be used in all targets to record data.	Effectiveness section	BTA, government	Tea garden workers and their family members	High	Long term

SI	Recommendation Area	Actions to be taken	Supported by the findings of	Responsible/Primary duty bearer	Users/beneficiaries	Resource Implications	Timeline
5	Program Funding and Sustainability	5.1. Strengthen the social protection services and other relevant services more accessible and flexible beneficiaries selection criterias for tea communities by mandated ministries, departments and employers (BTA).	Sustainability section	Different relevant ministries of the government of Bangladesh	Tea garden workers and their family members, garden management	Medium	Long term
		5.2. Mobilizing funds for the program's continuation should be ensured for at least 5-6 years.	Sustainability section	Donor agencies (PUNOs)	Tea garden workers and their family members	Low	Long term
		5.3. A proper handover process should be ensured while phasing such a program. The handover process should include the participation of donors, implementers, BTA, BCSU, Panchayet members, and tea garden workers, where a specific post-program work plan can be constructed with the data-driven informed-decision regarding the distribution of different roles and responsibilities among these stakeholders in the short term and long term. The handover process can be done through different activities such as seminars, signing of MoU, and construction shared work plans.	Sustainability section	PUNO, IP, BTA, BCSU, relevant government ministries, Panchayet Members, Tea garden workers	BTA, BCSU, Panchayet Members, Tea garden workers, and their family members	Low	Long term

Appendices

Appendix I: Logical Framework of the UN SDG Joint Programme

Result / Indicators	Baseline	Targets and Results				Beneficiaries Direct covered (Cumulative)		Indirect beneficiaries		Remarks
		Targets 2020	2020 Results	2021 target	2021 Result	Female	Male	Female	Male	
Outcome 1: By 2021, tea garden workers and their families, especially women, enjoy increased social protection and access to quality public services, notably health, as well as education and decent work, in a safer and more empowered environment.										
Output 1 (Policy and legislative advocacy, coordination)										
Government has improved capacity to identify, address the gaps and coordinate social protection policies, Bangladesh Labour Act and other relevant laws, and to prioritize actions for tea garden workers, particularly women.										
Output 1.1 indicator: Analysis completed to identify coherence, attention to discriminatory provisions and gender equality in Bangladesh Labour Act 2018 and NSSS	-Existing Amended Bangladesh Labour Act 2018	Gap Analysis report of relevant laws and policies completed by mid-2020	Completed policy gap analysis	Number of joint advocacy workshops/national discussions organized on proposed policies and laws amendment by end of 2021	06 (virtual and offline)	140	170			
	-Bangladesh Health policy									
	-Bangladesh Labour Rules 2015	joint advocacy workshops/national discussions organized on proposed policies and laws amendment by end of 2020	Shifted to 2021 due to COVID-19 pandemic;							

Result / Indicators	Baseline	Targets and Results				Beneficiaries Direct covered (Cumulative)		Indirect beneficiaries		Remarks
		Targets 2020	2020 Results	2021 target	2021 Result	Female	Male	Female	Male	
	-National Social Security Strategy 2015									
	Education policy									
	Health policy									
	National Action Plan on Violence against Women and Children, 2018									
	National Action Plan on Child Marriage									
Output 1.2 indicator legislation/policies amendment proposals prepared on Bangladesh Labour Act, Bangladesh Labour Rule, NSSS including relevant laws and policies	Baseline will be finalized after the study/assessment report	NI	Shifted to 2021 due to COVID-19 pandemic;	A set of legislation/policy brief prepared by end of 2021	3 policy briefs developed	0	0	50,619	50,000	Permanent workers are considered for coverage as indirect

Result / Indicators	Baseline	Targets and Results				Beneficiaries Direct covered (Cumulative)		Indirect beneficiaries		Remarks
		Targets 2020	2020 Results	2021 target	2021 Result	Female	Male	Female	Male	
Output 1.3 indicator Increased number of tripartite/bipartite action plans between BTA, BCSU, MoLE and relevant ministries/department to address the identified gaps and prioritize actions for tea garden, particularly women	Tripartite action plan is not available	Tripartite/bipartite action plans prepared covering decent work and gender issues including education and health sectors by end of 2020	Shifted to 2021 due to COVID-19 pandemic;	2	2	42	66			
Output 1.4 Indicator Gender responsive budgeting (GRB) implemented in the concerned ministries and local authorities		2	1	2	2	75	75			
Output: 2 (Data) (Capacity of Duty-Bearers)						257	311	50619	50000	
Government and Bangladesh Tea Association and other actors have increased capacity to monitor the situation of tea garden workers and their families with primary disaggregated data on maternal and child health, education and skills, child protection, occupational safety and health, working conditions, collective agreement and empowerment of women and children.										

Result / Indicators	Baseline	Targets and Results				Beneficiaries Direct covered (Cumulative)		Indirect beneficiaries		Remarks
		Targets 2020	2020 Results	2021 target	2021 Result	Female	Male	Female	Male	
Output 2. 1 indicator Development of a framework/ strategy for data coordination and mapping of data collection methods and tools of different Government agencies		1	1							
Output 2.2 indicator Strengthened interagency capacity for coordination and collaboration to collect, analyse and use of disaggregated data for enhancing social protection and basic social services for tea garden workers and their families	Limited, baseline tbc	2 interagency initiatives	2	3 interagency initiatives	3	0	0			
Output 2.3 Indicator No. of indicators/ variables collected through the government health MIS (DHIS2) covering		10	20	20	22	0	0			

Result / Indicators	Baseline	Targets and Results				Beneficiaries Direct covered (Cumulative)		Indirect beneficiaries		Remarks
		Targets 2020	2020 Results	2021 target	2021 Result	Female	Male	Female	Male	
the tea garden communities										
Output 2.4 Indicator No. of studies/ surveys conducted to understand behaviors, social norms and practice of the tea garden population		1	In progress	1	1	0	0			
Output 2.5 indicator No. of health care providers / multi stakeholders are trained on the collection of data, data processing and reporting		100	133	150	174	74	100	340	460	
Output 2.6 indicator No. of data quality assurance visits conducted by data collecting agencies (Govt. and other stakeholders from central and sub-national levels)		10	8	15	32		32			

Result / Indicators	Baseline	Targets and Results				Beneficiaries Direct covered (Cumulative)		Indirect beneficiaries		Remarks
		Targets 2020	2020 Results	2021 target	2021 Result	Female	Male	Female	Male	
Output 2.7 indicator No. of quarterly/yearly advocacy meetings at the district/ national level held and data shared		3	3	4	5	60	162	276	745	
Output 2.8 indicator No. of cases raised under access to data mechanisms (including RTI Act) by tea garden workers or their representatives	0	2	Nil	4	4	100	100	460	460	
Output 3 (Capacity of Duty-Bearers)						234	394	1076	1665	
Public service providers, including government and tea garden owners, have improved capacities to implement services/programmes mandated in the laws and policies to improve living and working conditions of tea plantation workers, especially women and their family members										
Output 3.1 indicator Number of tea garden health centers connected with GoB health facilities for health and nutrition	0	5	5	15	22	3,702.00	3,235.00	29,785.00	28,592.00	

Result / Indicators	Baseline	Targets and Results				Beneficiaries Direct covered (Cumulative)		Indirect beneficiaries		Remarks
		Targets 2020	2020 Results	2021 target	2021 Result	Female	Male	Female	Male	
Output 3.2 indicator percentage of tea garden health facilities have increased capacities to provide AnteNatal Care (ANC), Post-natal-care (PNC) and nutrition counseling to pregnant and lactating women	38% (BBS Tea garden Survey)	50%	65%	65%	88%	3,172.00		29,785.00	28,592.00	Total pregnant and lactating women in 22 tea gardens are considered as direct beneficiary and total population of 22 tea gardens are considered as indirect beneficiary
Output 3.3 indicator # of day care centres providing quality care support to the children of working parents	20	40	23	40	40	257.00	243.00	1,400.00	1,100.00	
Output 3.4 indicator No of teachers have increased capacity (TLM/ Pedagogy) to provide quality education in pre-	20	24	0	24	39 (Female 21, male 18)	21.00	18.00	500.00	500.00	

Result / Indicators	Baseline	Targets and Results				Beneficiaries Direct covered (Cumulative)		Indirect beneficiaries		Remarks
		Targets 2020	2020 Results	2021 target	2021 Result	Female	Male	Female	Male	
primary and primary cycle										
Output 3.5 indicator Percentage Of birth registration of children under five years increased in tea gardens	46%	0%	0%	75%	50%	1,494.00	1,675.00	3,268.00	3,235.00	Total children under 5 who have birth registration are considered as direct beneficiary and total children under 5 in the 22 tea gardens are considered as indirect.
Output 3.6 Indicator # of Health workers trained on IYCF and maternal nutrition counseling services	0	40	40	60	80 (Female 48, Male 32)	68.00	52.00	15,000.00		
Output 3.7 indicator Percentage of SAM children identified and	0%	20%	10%	50%	100%	29.00	13.00	2,905.00	2,889.00	Total SAM identified children are direct beneficiary

Result / Indicators	Baseline	Targets and Results				Beneficiaries Direct covered (Cumulative)		Indirect beneficiaries		Remarks
		Targets 2020	2020 Results	2021 target	2021 Result	Female	Male	Female	Male	
referred to health facility									and total MUAC screened children are indirect beneficiary here. All the children between 6-59 months were screened in 22 gardens	
Output 3.8 indicator % tea garden school visits conducted by the UEO/AUEO/URC Instructor		0 20	0	50	75%	12.00	400.00	300.00	Among the 16 primary school in the intervention area 12 visits were conducted. Indirect beneficiary is from 1000 students from the 16 primary schools.	

Result / Indicators	Baseline	Targets and Results				Beneficiaries Direct covered (Cumulative)		Indirect beneficiaries		Remarks
		Targets 2020	2020 Results	2021 target	2021 Result	Female	Male	Female	Male	
Output 3.9 Indicator # of Bangladesh Tea Association, GoB and parents trained to prevent and eliminate child labour	0	50	50	50	199 (Female 77, male 122)	102.00	147.00	29,785.00	28,592.00	
Output 3.10 indicator Strengthened capacity of Bangladesh Tea Association/tea garden managers/Union leaders to monitor and ensure Occupational Safety and Health compliance, particularly for women workers in the tea gardens	0	150 participants trained 2020;	87 participants (male-72 female-15)	213 participants trained 2021. BTA managers/administration	229 (female-40 and male189)	55.00	261.00			
						8,912	5,644	112,828	93,800	
Output 4: (capacity of rights-holders)Tea garden workers and their families, especially women and children, are empowered with increased awareness and knowledge of social protection, human rights and labour standards to access public services including family planning, child and maternal health and nutrition, education and skills training, and child protection services.										

Result / Indicators	Baseline	Targets and Results				Beneficiaries Direct covered (Cumulative)		Indirect beneficiaries		Remarks
		Targets 2020	2020 Results	2021 target	2021 Result	Female	Male	Female	Male	
Output 4.1 indicator # of tea garden workers counseled on social protection/ social safety net programmes, social services and how to access them (including family planning methods) at the household level/in the courtyard meetings	500	1500	1514	2000	2119	847	1272	3896	5851	
Output 4.2 indicator # of satellite clinics have uninterrupted supply of FP commodities without any stock-outs	Nil	25	25	40	42	31	36			
Output 4.3 indicator % of clients satisfied with the social service delivery, including antennal care and other health care from the teagarden	Nil	25%	50%	40%	62%	471	0	2167	0	

Result / Indicators	Baseline	Targets and Results				Beneficiaries Direct covered (Cumulative)		Indirect beneficiaries		Remarks
		Targets 2020	2020 Results	2021 target	2021 Result	Female	Male	Female	Male	
facilities and public facilities										
Output 4.4 indicator % of facility deliveries increased	Nil	20%	36%	30%	48%	563	0	2590	0	
# of new fistula case identified in health facilities and referred	30	50	62	50	66	48	80	120	184	
Output 4.5 indicator % of teagarden workers (both men and women) are aware of prevention of sexually transmitted infections and HIV	Nil	20%	21%	30%	32%	996	689	4582	3169	
Output 4.6 indicator # of awareness sessions organized and held for the adolescent girls on menstrual hygiene, school attendance and	Nil	30	103	50	141	82	162	189	460	

Result / Indicators	Baseline	Targets and Results				Beneficiaries Direct covered (Cumulative)		Indirect beneficiaries		Remarks
		Targets 2020	2020 Results	2021 target	2021 Result	Female	Male	Female	Male	
other education-related issues										
Output 4.7 indicator Number of tea garden workers particularly women who received new short course training including entrepreneurship, apprenticeship and green job-related skills linking with industries	Baseline will be established after TNA	50 persons trained	TNA completed	100 persons trained	87 persons trained	12	72	55	331	Due to COVID-19 distance learning is not shown interest among youth.
Output 4.8 indicator Grievance mechanisms for access to public services established and successfully tested with cases	0	10	12	20	20		32	92	0	
Output 4.9 indicator Strengthened capacity of women to access sexual, reproductive health and rights services including family planning and	0		Yes		Yes					

Result / Indicators	Baseline	Targets and Results				Beneficiaries Direct covered (Cumulative)		Indirect beneficiaries		Remarks
		Targets 2020	2020 Results	2021 target	2021 Result	Female	Male	Female	Male	
other services for enhancing social protection										
						3050	2343	13691	9995	
Output 5: (Capacity of rights holders)Tea garden workers, notably women workers, have increased capacity to negotiate and exercise collective voice to influence policies and hold the Government and the Bangladesh Tea Association accountable for enhanced integration of tea garden workers in the national social protection system.										
Output 5.1 indicator Tea garden women workers and adolescents have enhanced life skills for increased leadership capacity and are able to apply at all levels.	baseline to be decided after a needs assessment study is conducted.	200 women representatives from Panchayat, valley and national committees	100 women and adolescent were trained	200 women representatives from Panchayat, valley and national committees	225 women representatives from Panchayat, valley and national committees participated in the life skills training	325	0			
Output 5.2 indicator Women workers' voices are raised in the dialogues organized with Govt, BTA, and relevant stakeholders to better		4 events	2 events organized during 16 days of activism	4 events	4 events /dialogues held	400	400			

Result / Indicators	Baseline	Targets and Results				Beneficiaries Direct covered (Cumulative)		Indirect beneficiaries		Remarks
		Targets 2020	2020 Results	2021 target	2021 Result	Female	Male	Female	Male	
communicate and negotiate for their rights.										
Output 5.3 indicator Created spaces for women workers to learn Gender Equality issues and collectively organized for their rights.	0	12 learning session	6 learning sessions organized	12 learning sessions	12 “Gender talk” sessions held	360	0			
Output 5.4 indicator Awareness increased through media advocacy on issues related to the women workers rights at workplace and home. (joint activity of UN agencies)		4 op-ed/ media articles	5 media articles/reports	4 op-ed/media articles	4 media articles (8th March, GRPB dialogue etc)	261	670			
Output 5.5 indicator Tea garden workers, particularly women’s capacity enhanced to practice freedom of association, collective		400 tea garden leaders of which 60% women trained by end of 2020	338 (male-230 female-158)	662 tea garden leaders of which 60% women trained by end of 2021	674 tea garden leaders of which women were 296	454	608			

Result / Indicators	Baseline	Targets and Results				Beneficiaries Direct covered (Cumulative)		Indirect beneficiaries		Remarks
		Targets 2020	2020 Results	2021 target	2021 Result	Female	Male	Female	Male	
bargaining and sound industrial relations										
Output 5.6 indicator Concluded Biennium collective agreement 2018-2019 between Bangladesh Cha Shramik Union and Bangladesh Tea Association with active participation of women workers and gender perspectives by mid of 2020	2017-2018 biennium collective agreement in place	200 BCSU leaders, Valley and Panchayet leaders, of which 40% women trained by end of 2020	184 (male-118 female-66)	316 BCSU leaders, Valley and <i>Panchayet</i> leaders, of which 40% women trained by end of 2021	386 BCSU leaders, Valley and <i>Panchayet</i> leaders of which women were 187	253	317			
Sub-total						2053	1995	0	0	
Grand Total						14,506	10,687	178,214	155,460	333,674

Appendix II: Evaluation Design Matrix

Sl.	Description of Question	Sub-Questions	Indicators	Sources of Data	Methods of Collection with Potential Respondents	Assumptions
Relevance						
1	Were the programme objectives and activities/ components logical and relevant to the needs and interests of the tea garden community (males, females, children, families, persons with disabilities, and most vulnerable households)?	a. How well the programme objectives and activities/ components were relevant with the needs and interests of the tea garden community?	<ul style="list-style-type: none"> Situation analysis of needs and interests of the tea garden community 	1. Primary data	1. KIIs with relevant stakeholders 2. FGDs with project beneficiaries	<ul style="list-style-type: none"> Tea garden community is willing to share their needs and interests.
2	Were the planned activities informed by consultations with relevant stakeholders and existing or new need assessments or analysis to identify different needs of different stakeholders?	a. Did the programme consultations with relevant stakeholders in the formulation and implementation of the programme lead to integration of the needs and priorities of the tea garden community?	<ul style="list-style-type: none"> Situation analysis on the needs and priorities of the tea garden community 	1. Document review/ Secondary 2. Primary data	1. KIIs with BTA, BCSU, PUNO, and implementing partners 2. FGDs with project beneficiaries	<ul style="list-style-type: none"> Program documents are available. Officials from BTA, BCSU, PUNO, and implementing partners are willing/ able to meet. Project beneficiaries are willing to

Sl.	Description of Question	Sub-Questions	Indicators	Sources of Data	Methods of Collection with Potential Respondents	Assumptions
						share their experience.
3	Did the programme remain relevant throughout the life course? Was the programme successfully adapted to the emerging needs throughout the programme implementation, including adaptations needed for the changing context and vulnerabilities due to COVID-19?	<p>a. Were the planned activities relevant for the entire duration of the program?</p> <p>b. What type of new/more relevant needs emerged, especially due to the onset of COVID-19 pandemic?</p> <p>b. Whether the programme has successfully adapted to these emerging needs.</p>	<ul style="list-style-type: none"> Whether the UNSDG JP continued the activities throughout the 2 years of its duration Shifts in priorities/adaptations made in the programme interventions 	Primary data	<p>1. KIIs with BTA, BCSU, PUNO, and implementing partners</p> <p>2. FGDs with project beneficiaries</p>	<ul style="list-style-type: none"> Officials from BTA, BCSU, PUNO, and implementing partners are willing/ able to meet. Project beneficiaries are willing to share their experience
Coherence						
4	What was the compatibility and coordination of the Joint Programme with other social protection programmes in the	a. Was the UNSDG JP compatible with other social protection	<ul style="list-style-type: none"> Alignment with national social 	1. Primary data	1. KIIs with PUNO, government stakeholders	<ul style="list-style-type: none"> Officials are willing/ able to meet

Sl.	Description of Question	Sub-Questions	Indicators	Sources of Data	Methods of Collection with Potential Respondents	Assumptions
	country to maximize access, quality, and value add for the tea garden communities?	programmes in Bangladesh? b. Was the UNSDG JP effectively coordinated with existing social protection programmes in the country?	protection programmes		both local and national level, and implementing partners	
5	Was the programme consistent with country priorities (7th/8th Five Year Plan, NSSS, UNDAF/UNSDCF, etc.), align with “Leave No One Behind” and other UN principles, and relevant international human rights mechanisms (CRC, etc.)?	a. How well the programme objectives and activities/ components were: i. consistent with country priorities (7th/8th Five Year Plan, NSSS, UNDAF/UNSDCF, etc.)? ii. align with “Leave No One Behind” and other UN principles and relevant international human rights mechanisms (CRC, etc.)?	<ul style="list-style-type: none"> Alignment with national plans and UN principles. 	1. Document review/Secondary	-	<ul style="list-style-type: none"> National and UN plan/policy documents are available.
6	Did the UN Joint Program improve UNCT's collaboration and coherence in Bangladesh?	a. To what extent did the UNSDG JP improve the	<ul style="list-style-type: none"> Changes in level of interagency coordination, 	1. Primary data	1. KIIs with PUNO/UN SDG Task Team,	<ul style="list-style-type: none"> Officials are willing/ able to meet

Sl.	Description of Question	Sub-Questions	Indicators	Sources of Data	Methods of Collection with Potential Respondents	Assumptions
		UNCT's collaboration and coherence in Bangladesh?	decision-making, management, and performance among the UNCTs.		government stakeholders both local and national level, and implementing partners	
Effectiveness						
7	What was the extent of achieving outputs, and how do these outputs contribute to the outcomes (analyzed by expected results, outputs)?	<p>a. To what extent the outputs and outcomes of UNSDG JP were achieved?</p> <p>b. Had the results been achieved with adequate quality?</p>	<ul style="list-style-type: none"> UNSDG JP outputs and outcomes Beneficiaries satisfaction with service quality 	<p>1. Primary data</p> <p>2. Document review/Secondary data</p>	<p>1. FGDs with beneficiaries</p> <p>2. KIIs with PUNO/UN SDG JP Task Team, implementing partners, BCSU, BTA</p> <p>3. Project results framework and project reports</p>	<ul style="list-style-type: none"> Project beneficiaries are willing to share their experience Officials are willing/ able to meet Program documents are available
8	The extent to which the Joint Programme supported the beneficiaries (rights holders) and local government and tea	a. What sorts of support have been provided to the beneficiaries?	<ul style="list-style-type: none"> Sustainability of lifestyle related capacities of tea 	1. Primary data	1. KIIs with PUNO, implementing partners, BCSU,	<ul style="list-style-type: none"> Officials are willing/ able to meet

Sl.	Description of Question	Sub-Questions	Indicators	Sources of Data	Methods of Collection with Potential Respondents	Assumptions
	garden sector (duty bearers) in developing capacities, establishing mechanisms, and strengthening the enabling environment to ensure buy-in, ownership, and durability?	<p>b. What sorts of support have been provided to the local government and tea garden authorities?</p> <p>c. How those supports develop capacities of both parties involved, establish mechanisms, and strengthen the enabling environment to ensure buy-in, ownership and durability of the positive changes?</p>	<p>garden workers and their families</p> <ul style="list-style-type: none"> ● Sustainability of Infrastructural Development 		<p>BTA, and government stakeholders both local and national level</p> <p>2. FGDs with project beneficiaries</p>	<ul style="list-style-type: none"> ● Project beneficiaries are willing to share their experience
9	Was the integration of joint interventions effectively done? How has the integrated nature of the model impacted the quality and effectiveness of implementation and realization of current results? Consider	a. How did the UNSDG JP integrate differences among vulnerable groups and varying demographics and provided interventions effectively?	<ul style="list-style-type: none"> ● Opportunities and challenges of joint interventions 	1. Primary data	<p>1. FGDs with beneficiaries</p> <p>2. KIIs with PUNO/UN SDG JP Task Team, implementing</p>	<ul style="list-style-type: none"> ● Officials are willing/ able to meet ● Project beneficiaries are willing to

Sl.	Description of Question	Sub-Questions	Indicators	Sources of Data	Methods of Collection with Potential Respondents	Assumptions
	differences among vulnerable groups and varying demographics (gender, age, ethnicity, ability, etc.)	b. What has been the effect of such integrated model in terms of effectiveness of implementation and achieved results?			partners, BCSU, BTA	share their experience
Efficiency						
10	How did the distribution of roles and responsibilities, structural organization, collaboration, and contribution among the UN Joint Programme Task Team, concerned ministries, and other key actors work efficiently to achieve the outputs?	<p>a. What was the level of collaboration and coordination with concerned stakeholders?</p> <p>b. How efficiently the key actors worked together?</p> <p>c. How well the resources were utilized to achieve the output and in management, accountability assurance, and risk assessment?</p>	<ul style="list-style-type: none"> • Collaboration and coordination with Government Stakeholders, BTA, BCSU and other key actors • Coordination among the PUNOs and implementing partners • Challenges emerged in the process 	<p>1. Program Document review</p> <p>2. Primary data</p>	<p>1. KIIs with PUNO/UN SDG JP Task Team, government stakeholders both local and national level, BTA, BCSU and other key actors, and implementing partners</p>	<ul style="list-style-type: none"> • Officials are willing/ able to meet

Sl.	Description of Question	Sub-Questions	Indicators	Sources of Data	Methods of Collection with Potential Respondents	Assumptions
Gender Equality, Human Rights, and Equity						
11	What was the extent of services provided (types and quality) and results equitably achieved across different groups (Sex, age, disability status, vulnerability status, etc.)?	<p>a. Were the services equitably provided to the tea garden community?</p> <p>b. Were the results equitably achieved across different groups?</p>	<ul style="list-style-type: none"> Types of services received by various groups in the tea garden community Satisfaction of service receivers in terms of service quality 	<p>1. Primary data</p> <p>2. Secondary data</p>	<p>1. FGDs with beneficiaries particularly separate women groups/adolescent groups, women leaders</p> <p>2. KIIs with PUNO/UN SDG JP Task Team, implementing partners, BCSU, BTA</p> <p>3. Log Frame, project results framework and project reports</p>	<ul style="list-style-type: none"> Project beneficiaries are willing to share their experience Officials are willing/ able to meet Program documents are available
12	How did the programme integrate gender and human rights/equity lens into the design and implementation, including gender analysis, indicator, and output development, budget,	a. Did the UNSDG JP integrate gender and human rights/equity lens into the design and implementation?	<ul style="list-style-type: none"> Gender analysis in context analysis Gender Equality mainstreamed in program outputs 	1. Primary data	1. KIIs with PUNO, implementing partners, BCSU, BTA	<ul style="list-style-type: none"> Officials are willing/ able to meet

Sl.	Description of Question	Sub-Questions	Indicators	Sources of Data	Methods of Collection with Potential Respondents	Assumptions
	and level of engagement with CSOs and the Government? What have been the current effects of that integration?	b. How did they integrate them and in what areas?	<ul style="list-style-type: none"> • Output indicators measuring changes on gender Equality • Gender-responsive budget • PUNOs collaboration and engagement with Government and CSOs on gender equality and the empowerment of women 			
13	How did the JP employ the social and behavior change strategy to address harmful practices (CM, GBV) and adopt appropriate behaviors and care practices, including seeking services?	<p>a. What are the areas of intervention in which the JP employed SBCC strategies?</p> <p>b. How it led to adoption of appropriate behaviors and care practices to address harmful practices like CM and GBV?</p>	<ul style="list-style-type: none"> • Awareness building sessions (e.g., courtyard meetings) on the harmful effects of CM, GBV etc. 	1. Primary data	<p>1. KIIs with PUNO, implementing partners</p> <p>2. FGDs with project beneficiaries</p>	<ul style="list-style-type: none"> • Officials are willing/ able to meet • Project beneficiaries are willing to share their experience

Sl.	Description of Question	Sub-Questions	Indicators	Sources of Data	Methods of Collection with Potential Respondents	Assumptions
Sustainability						
14	To what extent the positive changes resulting from the Joint Programme are likely to be sustained, particularly the social protection for female tea garden workers and their families?	<p>a. Which positive changes from the UNSDG JP were likely to be sustained in the future?</p> <p>b. Which positive changes from the UNSDG JP were unlikely to sustain in the future?</p>	<ul style="list-style-type: none"> ● Current situation of the services provided in the tea garden 	1. Primary data	KIIs with PUNO, implementing partners, BCSU, BTA, and government stakeholders	<ul style="list-style-type: none"> ● Officials are willing/ able to meet
15	What are the major factors affecting and contributing to the sustainability of these changes? How well are national partners (BCSU, BTA, BTB, MOLE) set-up for success in sustaining the results over time?	<p>a. Are there any challenge(s) contributing to the sustainability of these changes?</p> <p>b. What can be done by the national partners such as BCSU, BTA, BTB, MOLE in sustaining the results over time?</p>	<ul style="list-style-type: none"> ● Budgeting and skilled manpower related challenges ● Institutionalization of the Sustainability ● level of a comprehensive partnership among PUNOs, IPs, and other relevant stakeholders 	1. Primary data	KIIs with PUNO, implementing partners, BCSU, BTA, and government stakeholders	<ul style="list-style-type: none"> ● Officials are willing/ able to meet

Sl.	Description of Question	Sub-Questions	Indicators	Sources of Data	Methods of Collection with Potential Respondents	Assumptions
			<ul style="list-style-type: none"> ● Sense of ownership among tea garden management ● Duration of the programme 			
16	To what extent the JP was successful to facilitate deeper connections: linking community people, garden management and GoB line departments across the level and across issues; connecting our JP work locally, nationally and globally; and linking programme, policy, communications and collaboration with development partners?	<p>a. Did the UNSDG JP built stronger connection among the stakeholders from different tiers in relation with the tea gardens?</p> <p>b. Did the UNSDG connected the JP work locally, nationally and globally, and linked programme, policy, communications and collaboration with development partners?</p>	<ul style="list-style-type: none"> ● Building connection with the community people ● Linking garden management to ensure sustainability ● Linking GoB line department 	1. Primary data	<p>1. KIIs with PUNO, implementing partners, BCSU, BTA, and government stakeholders both local and national level</p> <p>2. FGDs with project beneficiaries</p>	<ul style="list-style-type: none"> ● Officials are willing/ able to meet ● Project beneficiaries are willing to share their experience

Appendix III: List of Documentary Evidence

The document review was considered a continuous process for generating data for this consultancy. Therefore, the documents prepared by the General Economics Division, Planning Commission, and the Social Security Policy Support Programme (an initiative of the Cabinet Division and the General Economics Division (GED), Bangladesh Bureau of Statistics, Planning Commission, Government of Bangladesh), and project-related documents prepared by different implementing partners and UN agencies, were reviewed. The following major documents were reviewed:

Government documents:

- National Social Security Strategy of Bangladesh (2015)
- Action Plan: Implementation of the National Social Security Strategy (NSSS) of Bangladesh (2016-2021) (2018)
- Assessment and Road Map Report: Situation Assessment for Establishing a National Social Protection Management Information System in Bangladesh (2020)
- Midterm Progress Review on Implementation of the National Social Security Strategy (2020)
- A Compendium of Social Protection Research (2020)
- Gender Diagnostics, Policy, Strategy and Action Plan for National Social Security Strategy (NSSS) of Bangladesh (2020)

Project-related documents:

- Project documents, including the theory of change and log frames
- Baseline and Endline study conducted by implementing partner
- Different socio-economic assessment surveys/reports
- Study/research conducted under JP Training modules
- Quarterly, half-yearly, and annual monitoring reports
- Joint monitoring visits reports
- Annual progress reports
- Different event reports
- Different workshop reports
- Different meeting minutes
- Financial reports

Appendix IV(a): List of Evaluation Participants (Focus Group Discussions)

District	Tea Estate Name	FGD with	Number of Participants
Moulvibazar	Satgaon TE	Panchayat Members	07
		Female Tea Garden Workers	08
		Male Tea Garden Workers	08
		Adolescent Group	08
		Breaking The Silence Group	08
	Madhabpur TE	Panchayat Members	07
		Female Tea Garden Workers	07
		Male Tea Garden Workers	08
		Adolescent Group	08
		Breaking The Silence Group	08
	Rajnagar TE	Panchayat Members	07
		Female Tea Garden Workers	08
		Male Tea Garden Workers	08
		Adolescent Group	06
		Breaking The Silence Group	07
Sylhet	Lakkaturah TE	Panchayat Members	06
		Female Tea Garden Workers	08
		Male Tea Garden Workers	10
		Adolescent Group	06
		Breaking The Silence Group	07
	Burjan TE	Panchayat Members	07
		Female Tea Garden Workers	07
		Male Tea Garden Workers	07
		Adolescent Group	07
		Breaking The Silence Group	None
Habigonj	Chandpur TE	Panchayat Members	07
		Female Tea Garden Workers	08

District	Tea Estate Name	FGD with	Number of Participants
		Male Tea Garden Workers	10
		Adolescent Group	08
		Breaking The Silence Group	08
	Modhupur TE	Panchayat Members	04
		Female Tea Garden Workers	08
		Male Tea Garden Workers	04
		Adolescent Group	08
		Breaking The Silence Group	11

Appendix IV(b): Evaluation Participants Details (In-depth Interview with Key Persons)

Sl	Name	Designation	Institution
Tea Garden Management			
1	Mr. Rafiqul Islam	Manager	Satgaon Tea Estate (Moulvibazar)
2	Mr. Selimur Rahman	Asst. Manager	Madhabpur Tea Estate (Moulvibazar)
3	Mr. Md. Anisur Rahman	Sr. Asst. Manager	Rajnarar Tea Estate (Moulvibazar)
4	Mr. K M Emdadul Haque	Manager	Lakkaturah Tea garden (Sylhet)
5	Mr. Md. Qumruzzaman	Manager	Burjan tea estate (Sylhet)
6	Mr. Samim Mia	Manager	Chandpur Tea Estate (Hobigonj)
7	Mr. Shafiqur Rahman	Manager	Modhupur Tea Estate (Hobigonj)
Tea Garden Health Care Provider			
8	Ms. Swapna Sen	Midwife	Satgaon Tea Estate (Moulvibazar)
9	Ms. Swapna Dev	Midwife	Rajnarar Cha Bagan Hospital (Moulvibazar)
10	Ms. Shayantini Huala	Midwife	Lakkaturah Tea Garden (Sylhet)
11	Ms. Sumi Rani Shil	Midwife	Burjan tea estate (Sylhet)
12	Mr. Monobir Karmakar	Compunder	Burjan Tea Estate (Sylhet)
13	Mr. Avishik Chowdhury	Medical Officer	Chandpur Tea Estate (Hobigonj)
14	Mr. Rupol Banai	Compunder	Modhupur Tea Estate (Hobigonj)
Government Officials			
15	Mr. Mir Nahid Ahsan	Deputy Commissioner	Moulvibazar
16	Mr. Arnab Malakar	Assistant Commissioner Tea Cell	DC Office, Moulvibazar
17	Dr. Chowdhury Jalal Uddin Murshed	Civil Surgeon	Civil Surgeon Office, Moulvibazar
18	Dr. Md. Sazzad Hossain Chowdhury	UHFPO	Srimangal Upazilla Health Complex, Moulvibazar
19	Mr. Mohammad Mahbubul Hasan	Deputy Inspector General	DIFE, Srimangal, Moulvibazar
20	Mr. Mahbubur Rahman	Labor Inspector	DIFE, Srimangal, Moulvibazar
21	Mr. Md. Abdur Razzak	Deputy Director	District Family Planning Office, Moulvibazar
22	Mr. Rasheduzzaman Chowdhury	Deputy Director	District Social Welfare Office, Moulvibazar
23	Mr. Mohammad Nahidul Islam	Deputy Director	Divisional Labor Office, Moulvibazar

24	Ms. Shahida Akter	Deputy Director	District Women Affairs Office, Moulvibazar
PUNO Officials			
25	Dr. Noor-E-ALam Siddiqui	District Officer	UNFPA
26	Mr. Mashiur Rahman	Information Management Officer	UNFPA
27	Dr. Animesh Biswas	Technical Officer	UNFPA
28	Ms. Tapati Saha	Program Analyst	UN Women
29	Mr. Khandaker Lutful Khaled	Program Officer	UNICEF
30	Ms. Kazi Dil Afroza Islam	Head, Zone Office, Sylhet	UNICEF
31	Ms. Hasina Begum	Social Policy Specialist	UNICEF
32	Mr. Alexius Chicham	National Programme Coordinator	ILO
33	Mr. Tuomo Poutiainen	Country Director	ILO
IP Officials			
34	Mr. Sumon Kairi	Field Officer	IPDS, Sreemangal
35	Mr. Altaf Rahman	Program Coordinator	CIPRB
36	Ms. Tarifa Chowdhury		FIVDB
37	Mr. Tarek Aziz	Program Officer	Oxfam Bangladesh
38	Mr. Ripon C Banai		IPDS, Sreemangal
39	Mr. Mohammad Tarequzzaman		Breaking the Silence
BCSU Official			
40	Mr. Rambhajan Kairi	Former President	BCSU
41	Mr. Poreshe Kalindi	Treasurer	BCSU
42	Mr. Pankaj Kando	Vice President	BCSU
BTA Official			
43	Mr. Tahsin M Choudhuory	Convener, Labor and Welfare Sub-Committee	BTA

Appendix V(i): Interview guidelines for Panchayet Committee Members

● Relevance

- What were the importance of this project according to you?
- Do you consider the project as relevant towards ensuring better well-being/ improving your work and living conditions of the tea garden workers? If you, do, how? If you don't, why?
- Do you think the interventions taken in the project were well in line with the actual needs of the tea garden workers and their family? If you think so, how were they in line? If you don't think so, why don't you?
- Do you think that the interventions under this project can help tea garden workers in near and long term future too? If yes, how? If no, why?
- Did COVID-19 increase/accelerate tea garden workers' daily vulnerability?
 - Health vulnerability
 - Financial vulnerability
 - Educational vulnerability
 - Psychological/mental vulnerability
 - Rights related vulnerability (violence, violation of rights)
 - Social vulnerability (mobility, decision making etc.)
- Were the activities under this project helpful to mitigate these vulnerabilities? If yes, how? If not, why?
- Do you think that the project helped you to connect with garden management/ higher authorities to present your challenges? If yes, how? If not, why?

Effectiveness

- Did the health care centers provide health care and nutritional services effectively to the tea garden workers and their family members? If no, why?
- Were the services effective for tea garden workers? If yes, how? If no, why?
- Were the quality of child related services (nutrition, education, day care center) satisfactory? If yes, how? If not, why?
- Did you go through any training under this project? How many? What types?
- If yes, do you think that this training had an effective impact on you? How? If you don't think, why?
- Do you consider the awareness program/trainings under this project were of good quality and effective for tea garden workers and for their family? How? Why not?
 - Leadership capacity (for tea garden workers and adolescents)
 - Freedom of association, collective bargaining and sound industrial relations
- If you did not go through such training, why? What were the challenges?

Gender Equality, Human Rights, and Equity

- Do you think the services provided under the project emphasized on both men and women equally?
 - People from all ethnicity and religion? Not equally? Why?
 - People with disabilities? Not equally? Why?
- If you think so, why do you think that? If you don't think so, what types of inequalities were there?
- Do you think that the project properly emphasized the equity regarding other context while providing different services?
 - Age
 - Equal opportunities for vulnerable group
 - Equal opportunities for disabled population group
 - Human rights

- If there are inequalities, why were those inequalities taking place according to you?

Sustainability

- Do you think that the activities under the project could be sustained for future too?
 - Health
 - Educational
 - Social safety net related
 - Rights related
- If you think that it could be sustained, who can play the major role here?
- If you think that these could not be sustained, what are the challenges in this regard?

Appendix V(ii): Interview guidelines for Female Tea Garden Workers

Relevance

- What types of services did you receive as part of the UNSDG JP?
 - Health care services for tea garden workers
 - Health care services for pregnant and lactating women
 - Access to sexual and reproductive health and rights services
 - Health care services for SAM children
 - Awareness program regarding social protection/social safety net
 - Awareness program on menstrual hygiene
 - Employment/entrepreneurship training
 - Leadership development training for tea garden worker
 - Development of better communication of women workers skill with stakeholders
 - Development of sense of rights, gender equity, freedom of association, bargaining capacity
 - Development of women's capacity regarding leadership, negotiation and communication skills.
- How is this project relevant to the overall wellbeing of your life?
- Were the project activities under this project benefitting everyone in the tea garden society according to you? Especially the most vulnerable i.e. people with disabilities? How? If not, why?
- Did COVID-19 increase/accelerate your daily vulnerability?
 - Health vulnerability
 - Financial vulnerability
 - Educational vulnerability
 - Psychological/mental vulnerability
 - Rights related vulnerability (violence, violation of rights)
 - Social vulnerability (mobility, decision making etc)
- Were the activities under this project helpful to mitigate these vulnerabilities? If yes, how? If not, why?

Effectiveness

- Were you satisfied with the number of health care centers in your tea garden and neighborhood? If no, why?
- Were women getting proper maternal health related services (ANC, PNC, and Nutrition Counselling) in your neighborhood?
 - Available?
 - Accessible?
 - Affordable?
 - Acceptable?
- Were the quality of maternal health care services satisfactory? If yes, how? If not, why?
- Were your children getting proper quality care in the day care centers? If not, what are your complaints?
- Did you think the educational institutions for pre-primary and primary students are of good quality? If yes, how? If not, why?
- Did you complete the birth registration of your children? If no, why? What were the challenges?
- If yes, were you satisfied with the service? Reasons behind satisfaction or dissatisfaction.

- Were your children getting proper nutrition related services in your tea garden and neighborhood?
 - Available?
 - Accessible?
 - Affordable?
 - Acceptable?
- Were the quality of child nutrition related services satisfactory? If yes, how? If not, why?
- Did you receive any training/ join awareness sessions regarding
 - Prevention and elimination of child labor? If not, why?
 - Social protection/social safety net
 - The prevention of STI/HIV
 - Menstrual hygiene, school attendance, other education related issues
 - Entrepreneurship, apprenticeship, and green job related skills
 - Access towards SRHR services
 - Life skills/leadership capacity
 - Gender equality issues
 - Women's rights at workplace/home
- If yes, what was your opinion about the quality of the training/awareness session? Were you satisfied? How? Not satisfied? Why?

Gender Equality, Human Rights, and Equity

- Were all the project activities sufficiently available, accessible, and acceptable
 - for male and female both? If not, why?
 - for different age category? If not, why?
 - People from all ethnicity and religion? Not equally? Why?
 - People with disabilities? Not equally? Why?
- Were everyone in the society benefitted from the project activities?
 - Male female both? Not equally? Why?
 - All age category? Not equally? Why?
 - People from all ethnicity and religion? Not equally? Why?
 - People with disabilities? Not equally? Why?
- Have you gone through any social or behavior change communication campaign? If yes, what types of campaigns?

Sustainability

- Do you think that the project authorities have provided proper attention to your needs, rights and necessities while implementing their project and providing interventions? If yes, how? If no, how?
- Do you think they have ensured the maximum inclusion of the beneficiaries while implementing the projects? Anyone/any issues left behind? What? How?
- Do you think that the project helped you to connect with garden management/ higher authorities to present your challenges? If yes, how? If not, why?
- Do you think that the activities under the project could be sustained for future too?
 - Health
 - Educational
 - Social safety net related
 - Rights related
- If you think that it could be sustained, who can play the major role here?
- If you think that these could not be sustained, what are the challenges in this regard?

Appendix V(iii): Interview guidelines for Male Tea Garden Workers

Relevance

- What types of services did you receive as part of the UNSDG JP?
 - Health care services for tea garden workers
 - Access to sexual and reproductive health and rights services
 - Health care services for SAM children
 - Awareness program regarding social protection/social safety net
 - Employment/entrepreneurship training
 - Leadership development training for tea garden worker
 - Development of sense of rights, gender equity, freedom of association, bargaining capacity
- How was this project relevant to the overall wellbeing of your life?
- Were the project activities under this project benefitting everyone in the tea garden society according to you? Especially the most vulnerable i.e. people with disabilities? How? If not, why?
- Did COVID-19 increase/accelerate your daily vulnerability?
 - Health vulnerability
 - Financial vulnerability
 - Educational vulnerability
 - Psychological/mental vulnerability
 - Rights related vulnerability (violence, violation of rights)
 - Social vulnerability (mobility, decision making etc.)
- Were the activities under this project helpful to mitigate these vulnerabilities? If yes, how? If not, why?

Effectiveness

- Were you satisfied with health care services in your tea garden and neighborhood? If no, why?
 - Quantity of health care centers
 - General health related services
 - Maternal health related services
 - Child health related services
 - Nutrition related services
- Do you think the educational institutions for pre-primary and primary students were of good quality? If yes, how? If not, why?
- Did you complete the birth registration of your children? If no, why? What were the challenges?
- If yes, were you satisfied with the service? Reasons behind satisfaction or dissatisfaction.
- Did you receive any training/joined awareness sessions regarding
 - Prevention and elimination of child labor?
 - Social protection/social safety net
 - The prevention of STI/HIV
 - Entrepreneurship, apprenticeship, and green job related skills
 - Access towards SRHR services
 - Life skills/leadership capacity
 - Gender equality issues
- If yes, what was your opinion about the quality of the training/awareness session? Were you satisfied? How? Not satisfied? Why?

Gender Equality, Human Rights, and Equity

- Were all the project activities sufficiently available, accessible, and acceptable
 - for male and female both? If not, why?
 - for different age category? If not, why?
 - People from all ethnicity and religion? Not equally? Why?
 - People with disabilities? Not equally? Why?
- Were everyone in the society benefitted from the project activities?
 - Male female both? Not equally? Why?
 - All age category? Not equally? Why?
 - People from all ethnicity and religion? Not equally? Why?
 - People with disabilities? Not equally? Why?
- Have you gone through any social or behavior change communication campaign? If yes, what types of campaigns?

Sustainability

- Do you think that the project authorities have provided proper attention to your needs, rights and necessities while implementing their project and providing interventions? If yes, how? If no, how?
- Do you think they have ensured the maximum inclusion of the beneficiaries while implementing the projects? Anyone/any issues left behind? What? How?
- Do you think that the project helped you to connect with garden management/ higher authorities to present your challenges? If yes, how? If not, why?
- Do you think that the activities under the project could be sustained for future too?
 - Health
 - Educational
 - Social safety net related
 - Rights related
- If you think that it could be sustained, who can play the major role here?
- If you think that these could not be sustained, what are the challenges in this regard?

Appendix V(iv): Interview guidelines for Adolescents

Relevance

- What types of services did you receive as part of the UN SDG JP?
 - Awareness program for adolescent girls on menstrual hygiene and education related issues
 - Employment/entrepreneurship training
 - Leadership development training for adolescents and tea garden worker
 - Development of sense of rights, gender equity, freedom of association, bargaining capacity
 - Development of women's capacity regarding leadership, negotiation and communication skills.
- How was this project relevant to the overall wellbeing of your life?
- Did COVID-19 increase/accelerate your daily vulnerability?
 - Health vulnerability
 - Financial vulnerability
 - Educational vulnerability
 - Psychological/mental vulnerability
 - Rights related vulnerability (violence, violation of rights)
 - Social vulnerability (mobility, decision making etc.)
- Were the activities under this project helpful to mitigate these vulnerabilities? If yes, how? If not, why?

Effectiveness

- Were you satisfied with the health care centers in your tea garden and neighborhood? If no, why?
 - Did you visit any health care centers in this tea garden?
 - If yes, what was your opinion about the quality of services
 - If you were dissatisfied about the quality, why?
 - If you didn't visit, why didn't you visit?
- Do you think the educational institutions for pre-primary and primary students were of good quality? If yes, how? If not, why?
 - Did you go to school regularly?
 - If no, why?
 - Did other students come regularly to the school?
 - If no, what were the challenges in this regard?
 - If yes, did both male and female students come regularly?
 - If no, why?
- Did you have birth registration? If no, why?
- Did you receive any training/joined awareness sessions regarding
 - Prevention and elimination of child labor
 - Menstrual hygiene, school attendance, other education related issues
 - Entrepreneurship, apprenticeship, and green job related skills
 - Life skills/leadership capacity
 - Gender equality issues
 - Women's rights at workplace/home
- If yes, what was your opinion about the quality of the training/awareness session? Were you satisfied? How? Not satisfied? Why?

Gender Equality, Human Rights, and Equity

- Were all the project activities sufficiently available, accessible, and acceptable

- for male and female adolescents both? If not, why?
- Were everyone in the society benefitted from the project activities?
 - Male female both? Not equally? Why?
 - All age category? Not equally? Why?
 - People from all ethnicity and religion? Not equally? Why?
 - People with disabilities? Not equally? Why?
- Did you go through any social or behavior change communication campaign? If yes, what types of campaigns?

Sustainability

- Do you think that the activities under the project could be sustained for future too?
 - Health
 - Educational
 - Social safety net related
 - Rights related
- If you think that it could be sustained, who can play the major role here?
- If you think that these could not be sustained, what are the challenges in this regard?

Appendix V(v): Interview guidelines for Gender Talk Participants

Relevance

- What types of services did you receive as part of the UNSDG JP?
 - Leadership development training for tea garden worker
 - Development of better communication of women workers skill with stakeholders
 - Development of sense of rights, gender equity, freedom of association, bargaining capacity
 - Development of women's capacity regarding leadership, negotiation and communication skills.
- How is this project relevant to the overall wellbeing of your life?
- Were the project activities under this project benefitting everyone in the tea garden society according to you? Especially the most vulnerable i.e. people with disabilities? How? If not, why?
- Did COVID-19 increase/accelerate your daily vulnerability?
 - Health vulnerability
 - Financial vulnerability
 - Educational vulnerability
 - Psychological/mental vulnerability
 - Rights related vulnerability (violence, violation of rights)
 - Social vulnerability (mobility, decision making etc.)
- Were the activities under this project helpful to mitigate these vulnerabilities? If yes, how? If not, why?

Effectiveness

- Have you received any training/joined awareness sessions regarding
 - Prevention and elimination of child labor? If not, why?
 - Social protection/social safety net
 - The prevention of STI/HIV
 - Menstrual hygiene, school attendance, other education related issues
 - Entrepreneurship, apprenticeship, and green job related skills
 - Access towards SRHR services
 - Life skills/leadership capacity
 - Gender equality issues
 - Women's rights at workplace/home
- If yes, what is your opinion about the quality of the training/awareness session? Are you satisfied? How? Not satisfied? Why?
- What is your learning from the gender talk sessions?
- Do you think that these learnings/experiences can help you to lead a better life?
 - If yes, how?
 - If no, why?

Gender Equality, Human Rights, and Equity

- Do you think that the activities under this JP were sufficiently available, accessible, and acceptable
 - for male and female both? If not, why?
 - for different age category? If not, why?
 - People from all ethnicity and religion? Not equally? Why?
 - People with disabilities? Not equally? Why?
- Were everyone in the society benefitted from the project activities?
 - Male female both? Not equally? Why?
 - All age category? Not equally? Why?

- People from all ethnicity and religion? Not equally? Why?
- People with disabilities? Not equally? Why?
- Have you gone through any social or behavior change communication campaign? If yes, what types of campaigns?

Sustainability

- Do you think that the activities under the project could be sustained for future too?
 - Health
 - Educational
 - Social safety net related
 - Rights related
- If you think that it could be sustained, who can play the major role here?
- If you think that these could not be sustained, what are the challenges in this regard?

Appendix V(vi): Interview guidelines for Doctors, Paramedics, and Midwives

Relevance

- Do you consider the project as relevant towards ensuring better wellbeing of the tea garden workers? If you, do, how? If you don't, why?
- Do you think the interventions taken in the project were well in line with the actual needs of the tea garden workers and their family? If you think so, how were they in line? If you don't think so, why don't you?
- Do you think these interventions could benefit tea garden workers throughout their life? If yes, how? If no, why?
- Do you think COVID-19 created any impact on the implementation of the project activities? If yes, how?
- Do you think COVID-19 created any impact from the demand side which hindered the flow of the project activities? If yes, how?
- Were there any additional needs of the tea garden workers emerged from the outbreak of COVID-19 along with the already recognized ones? If yes, what were the additional needs?

Effectiveness

- Were you satisfied with the amount and frequency of health care visits by tea garden workers and their family members regarding health problems? If not, why?
 - Maternal health problems
 - Family planning issues
 - ANC/PNC/Nutritional counselling services
- If there were challenges, what were the challenges?
 - Supply side issues
 - Demand side issues
- Did you go through any training on IYCF and nutritional counselling services? if you have, what was your opinion about the quality of the training and its impact?
- If you did not, why didn't you?
- What quantity of SAM children were referred to your health facility? Did you consider it as satisfactory in terms of need? If you didn't, why?
 - Demand side challenges
 - Supply side challenge
- What was the condition of FP commodity supply in your health facility? Were they interrupted? If yes, why?
- What quantity of patients with fistula cases were referred to your health facility? Did you consider it as satisfactory in terms of need? If you don't, why?
 - Demand side challenges
 - Supply side challenge
- Do you think that the tea garden workers were aware enough about the STDs and HIV? If not, why?
- Do you think the adolescents of your area were well aware about menstrual hygiene and other health related issues? if not, why?
- Did the health care services under this project satisfy the clients (tea garden workers and their family)? if yes, how? If not, why?

Gender equality, human rights and equity

- Do you think that the project properly emphasized the equity regarding other context while providing different services?
 - Age
 - Equal opportunities for vulnerable group
 - Equal opportunities for disabled population group
- If there were inequalities, why were those inequalities taking place according to you?

- Do you find any gender inequalities in the health care service seeking attitude of the tea garden workers?
 - If yes, what types of inequalities?
 - Why are these taking places?

Sustainability

- Do you think that the activities under the project can be sustained for future too?
- If you think that it can be sustained, who can play the major role here?
- What can be the role of health care service providers behind sustaining these activities in the future?
- If you think that these cannot be sustained, what are the challenges in this regard?
- Do you think that this joint program has effectively linked tea garden workers with GoB, garden managements, line departments and policy level?
 - If yes, how?
 - If not, why?
- Can this connection be sustained in the future?
 - If yes, How?
 - If not, Why?

Appendix V(vii): Interview guidelines for Tea Garden Managers

Relevance

- Do you consider the project as relevant towards ensuring better wellbeing of the tea garden workers? If you, do, how? If you don't, why?
- Do you think the interventions taken in the project were well in line with the actual needs of the tea garden workers and their family? If you think so, how were they in line? If you don't think so, why don't you?
- Do you think COVID-19 created any impact on the implementation of the project activities? If yes, how?

Effectiveness

- Were you satisfied with the health care services provided under the joint programme in your tea garden?
 - Maternal health care services
 - ANC, PNC, Nutritional counselling
 - Family planning services
 - Child health related services
 - Child nutrition related services
- Did the birth registration related initiatives under this project go well? Did it ensure the maximum coverage? If no, what are the challenges/loopholes?
- Do you think the household level/courtyard meeting counselling regarding social safety net/social protection were of good quality and effective for tea garden workers? If yes, how? If not, why?
- How did you perceive the coordination of PUNOs, implementing partners and relevant stakeholders while running the project activities?
 - If it well coordinated according to you, what makes you think so?
 - If it is not well coordinated according to you, what are the reasons?
- Did you consider the awareness program/trainings under this project are of good quality and effective for tea garden workers and for their family? How? Why not?
 - Prevention of STD/HIV (for tea garden workers)
 - Menstrual hygiene, school attendance and other education related issues (for adolescents)
 - Training on entrepreneurship, apprenticeship, green job related skills (for tea garden workers)
 - Leadership capacity (for tea garden workers and adolescents)
 - Women worker's rights through media advocacy
 - Freedom of association, collective bargaining and sound industrial relations
- Did you go through any training under this project regarding monitoring and ensuring occupational safety and health compliance?
- If yes, do you think that this training had an effective impact on you? How? If you don't think, why?
- If you did not go through such training, why? What were the challenges?
- Did you take part in the dialogue organized with tea garden workers, GOvt and other stakeholders? If you did, did those put impact on you? What type of impacts?
- If you didn't, why didn't you?

Gender equality, human rights and equity

- Do you think that the project properly emphasized on ensuring gender equity while planning/budgeting/implementing the project activities?
 - if you don't think so, where were the loopholes?
- Do you think that the project properly emphasized the equity regarding other context while planning the project activities?

- Age
- Equal opportunities for vulnerable group
- Equal opportunities for disabled population group
- Do you see any significant changes among the female tea workers capacity (communication, negotiation, community participation etc) after project interventions, particularly who directly part of this JP?
- If there were inequalities, Why were those inequalities taking place according to you?

Sustainability

- Do you think that the activities under the project can be sustained for future too?
 - Health
 - Educational
 - Social safety net related
 - Rights related
- If you think that it can be sustained, who can play the major role here?
- What can be the role of BCSU behind sustaining these activities in the future?
- If you think that these cannot be sustained, what are the challenges in this regard?
- Do you think that this joint program effectively linked tea garden workers with GoB, garden managements, line departments and policy level?
 - If yes, how?
 - If not, why?
- Can this connection be sustained in the future?
 - If yes, How?
 - If not, Why?

Appendix V(viii): Interview guidelines for BCSU Officials

Relevance

- Do you consider the project as relevant towards ensuring better wellbeing of the tea garden workers? If you, do, how? If you don't, why?
- Do you think the interventions taken in the project were well in line with the actual needs of the tea garden workers and their family? If you think so, how are they in line? If you don't think so, why don't you?
- Were you able to take part in the activity planning process of the project?
- If you were able to take part in the activity planning process, what were your roles in it?
- If you were not able to take part in it, why? Do you think that hindered the planning process? If yes, how?
- Do you think these interventions can benefit tea garden workers throughout their life? If yes, how? If no, why?
- Do you think COVID-19 created any impact on the implementation of the project activities? If yes, how?
- Do you think COVID-19 created any impact from the demand side which hindered the flow of the project activities? If yes, how?
- Were there any additional needs of the tea garden workers emerged from the outbreak of COVID-19 along with the already recognized ones? If yes, what were the additional needs?
 - Health
 - Education
 - Social safety
 - Rights issues
 - Financial issues
 - Equity issues (gender, age, ethnicity)

Effectiveness

- Were you satisfied with the health care services provided under the joint programme in your tea garden?
 - Maternal health care services
 - ANC, PNC, Nutritional counselling
 - Family planning services
 - Child health related services
 - Child nutrition related services
 - Birth registration process
- Do you think the household level/courtyard meeting counselling regarding social safety net/social protection were of good quality and effective for tea garden workers? If yes, how? If not, why?
- DO you consider the awareness program/trainings under this project were of good quality and effective for tea garden workers and for their family? How? Why not?
 - Prevention of STD/HIV (for tea garden workers)
 - Menstrual hygiene, school attendance and other education related issues (for adolescents)
 - Training on entrepreneurship, apprenticeship, green job related skills (for tea garden workers)
 - Leadership capacity (for tea garden workers and adolescents)
 - Women worker's rights through media advocacy
 - Freedom of association, collective bargaining and sound industrial relations

- Did you go through any training under this project regarding monitoring and ensuring occupational safety and health compliance?
- If yes, do you think that this training had an effective impact on you? How? If you don't think, why?
- If you did not go through such training, why? What were the challenges?

Gender equality, human rights and equity

- Do you think that the project properly emphasized on ensuring gender equity while planning the project activities?
 - if you don't think so, where are the loopholes?
- Do you think that the project properly emphasized the equity regarding other context while planning the project activities?
 - Age
 - Equal opportunities for vulnerable group
 - Equal opportunities for disabled population group
- Do you think the services provided under the project emphasized on both men and women equally?
- If you think so, why do you think that?
- If you don't think so, what types of inequalities were there?
- Do you think that the project has properly emphasized the equity regarding other context while providing different services?
 - Age
 - Equal opportunities for vulnerable group
 - Equal opportunities for disabled population group
- If there were inequalities, Why are those inequalities taking place according to you?

Sustainability

- Do you think that the activities under the project can be sustained for future too?
 - Health
 - Educational
 - Social safety net related
 - Rights related
- If you think that it can be sustained, who can play the major role here?
- What can be the role of BCSU behind sustaining these activities in the future?
- If you think that these cannot be sustained, what are the challenges in this regard?
- Do you think that this joint program has effectively linked tea garden workers with GoB, garden managements, line departments and policy level? If not, why?
- Can this connection be sustained in the future? How? Why not? (if not).

Appendix V(ix): Interview guidelines for BTA Officials

Relevance

- Do you consider the project as relevant towards ensuring better wellbeing of the tea garden workers? If you, do, how? If you don't, why?
- Do you think the interventions taken in the project were well in line with the actual needs of the tea garden workers and their family? If you think so, how are they in line? If you don't think so, why don't you?
- Were you able to take part in the activity planning process of the project?
- If you were able to take part in the activity planning process, what were your roles in it?
- If you were not able to take part in it, why? Do you think that hindered the planning process? If yes, how?
- Do you think these interventions can benefit tea garden workers throughout their life? If yes, how? If no, why?
- Do you think COVID-19 created any impact on the implementation of the project activities? If yes, how?
- Do you think COVID-19 created any impact from the demand side which hindered the flow of the project activities? If yes, how?
- Were there any additional needs of the tea garden workers emerged from the outbreak of COVID-19 along with the already recognized ones? If yes, what were the additional needs?
 - Health
 - Education
 - Social safety
 - Rights issues
 - Financial issues
 - Equity issues (gender, age, ethnicity)

Effectiveness

- Were you satisfied with the health care services provided under the joint programme in your tea garden?
 - Maternal health care services
 - ANC, PNC, Nutritional counselling
 - Family planning services
 - Child health related services
 - Child nutrition related services
 - Birth registration process
- Do you think the household level/courtyard meeting counselling regarding social safety net/social protection were of good quality and effective for tea garden workers? If yes, how? If not, why?
- DO you consider the awareness program/trainings under this project were of good quality and effective for tea garden workers and for their family? How? Why not?
 - Prevention of STD/HIV (for tea garden workers)
 - Menstrual hygiene, school attendance and other education related issues (for adolescents)
 - Training on entrepreneurship, apprenticeship, green job related skills (for tea garden workers)
 - Leadership capacity (for tea garden workers and adolescents)
 - Women worker's rights through media advocacy
 - Freedom of association, collective bargaining and sound industrial relations

- Did you go through any training under this project regarding monitoring and ensuring occupational safety and health compliance?
- If yes, do you think that this training had an effective impact on you? How? If you don't think, why?
- If you did not go through such training, why? What were the challenges?

Gender equality, human rights and equity

- Do you think that the project properly emphasized on ensuring gender equity while planning the project activities?
 - if you don't think so, where are the loopholes?
- Do you think that the project properly emphasized the equity regarding other context while planning the project activities?
 - Age
 - Equal opportunities for vulnerable group
 - Equal opportunities for disabled population group
- Do you think the services provided under the project emphasized on both men and women equally?
- If you think so, why do you think that?
- If you don't think so, what types of inequalities were there?
- Do you think that the project has properly emphasized the equity regarding other context while providing different services?
 - Age
 - Equal opportunities for vulnerable group
 - Equal opportunities for disabled population group
- If there were inequalities, why are those inequalities taking place according to you?

Sustainability

- Do you think that the activities under the project can be sustained for future too?
 - Health
 - Educational
 - Social safety net related
 - Rights related
- If you think that it can be sustained, who can play the major role here?
- What can be the role of BTA behind sustaining these activities in the future?
- If you think that these cannot be sustained, what are the challenges in this regard?
- Do you think that this joint program has effectively linked tea garden workers with GoB, garden managements, line departments and policy level? If not, why?
 - Can this connection be sustained in the future? How? Why not? (if not).

Appendix V(x): Interview guidelines for PUNO and IP Officials

Relevance

- During the preparation phase, how UNSDG Programme involved relevant stakeholders through consultations or information sharing (specifically the target populations and women and girls)?
- Did the programme's results remain valid and relevant regarding beneficiary needs and government/partner priorities
- How well did the programme adapt to the COVID-19 situation to reduce the impact of these on beneficiaries?
- How did your programme activities/components contribute to the main objectives of the programme and logically interlink and align with the Theory of Change and log frame?
- How the joint programme aligned with the country priorities along with 'left no one behind' and other UN principles (non-discrimination, gender equality, equity) and relevant international human rights mechanisms (CRC, etc.), and strategically optimal for the achievement of the SDGs?
- To what extent did the UN Joint Programme contribute to improve UNCT collaboration and coherence in Bangladesh? (PUNO)?
- How did you distribute the roles and responsibilities of key actors involved, including programme governance mechanisms, staff, implementing partners toward the achievement of objectives?
- How effectively the key actors involved were completed their provided responsibilities? If they were failed to complete their assigned responsibilities, then why?
- Do you think that the resources that were requested and allocated were utilized adequately to implement the planned activities?
- In your opinion, to what extent have UN Task Team and Implementing Partners made good use of the human, financial and technical resources, and have made appropriate use of tools (programme and financial management) and approaches to pursue the achievement of programme results in a cost-effective way? Please explain with an example.

Effectiveness

- Did you achieved the result according to your plan? How effectively were the results achieved, and to what level of quality?
- In your perspective, was there any obstacles/bottlenecks/issues on the PUNO/Government/Programme partner side that limited the successful implementation and results in the achievement of the programme?
- What were the findings and lessons from this programme that should influence future interventions of the social protection programme.

Gender Equality, Human Rights, and Equity

- *How did you ensure that your programme was adequately addressed gender and human rights?*
- *Did you ensure that your programme ensured adequately the gender responsive planning and budgeting? If not, then why?*
- What is the current effects of that integration?

- Did your program target persons with disabilities?
- *If yes*, did support to data collection and analysis, registries, and information system feature disability?

Sustainability

- In your opinion, what were the positive changes made resulting from the Joint Programme likely to be sustained, particularly the social protection for female tea garden workers and their families?
- In your opinion, how the momentum continues in absence of the JP programme created by the UN SDG joint programme.
- In your opinion, what were the possible sustainability mechanisms for each of the programme result areas/ components?
- Did any programmatic approaches or results emerged that lead the promising signs for scale-up this programme in future?

Appendix V(xi): Interview guidelines for Government stakeholders

Relevance

- What do you know about UNSDG Joint Programme that was implemented in the last two years?
- To what extent you were engaged with this programme? What were your roles and responsibility in the programme?
- To what extent this programme was important for the tea garden workers?
- What problems and opportunities did you report throughout the programme period?
- Did this programme cover everyone in the tea garden society including males, females, and adolescents?
- Did this programme focus on vulnerable people, including people with disabilities?
- To what extent the programme was relevant to the country's priorities including targets set in the Health, Population, and Nutrition Sector Development Program (HPNSDP), five-year plan and SDGs? These include but are not limited to-
 - Health care services for tea garden workers
 - Health care services for pregnant and lactating women
 - Access to sexual and reproductive health and rights services
 - Health care services for under-five children
 - Educational services
 - Awareness program regarding social protection/social safety net
 - Awareness program for adolescent girls on menstrual hygiene and education-related issues
 - Development of sense of rights, gender equity, freedom of association, bargaining capacity
- In your opinion, did this programme provide services by maintaining adequate quality?
- What were the challenges they faced to provide services by maintaining quality?
- What were your roles to overcome challenges faced by this programme in providing high-quality services?
- Did the number of health facilities providing services in the tea garden increase throughout the programme period?
- Did healthcare personnel and other logistics to provide healthcare services increase in the tea garden throughout the service period?
- Were this programme activities and priorities aligned with the UN target for “Leave No One Behind”? If yes, how? If not, why?
- Did this programme help to control the COVID-19 pandemic in the tea garden? If yes, how? If not, why?

Effectiveness

- To what extent the programme was effective?
 - Did this programme was adequate to provide services to everyone in the tea garden? If not, what were the areas where the programme was not effective enough? What areas should be considered in the future programme?
 - Did this programme effective enough to improve overall health knowledge? If not, what are the areas that should be considered in future programme?
 - Did this program was adequate enough to provide sexual and reproductive healthcare services to all?
 - Did the quality of sexual and reproductive healthcare services ensure?
 - Did adequate visits of sexual and reproductive healthcare services ensure?
- If the programme was inadequate, then please mention the reasons for inadequacy in your opinion.

- Did this programme adequate for disabled people? Was there any specialised services and arrangement available for disabled people? If yes, mention them, please. If not, please mention the reasons behind inadequacy that should be addressed in the future programme.

Gender Equality, Human Rights, and Equity

- Was the UNSDG programme for everyone irrespective of the respondents' characteristics including age and gender?
- Was the UNSDG programme provided services sufficiently available, accessible, and acceptable?
 - Was this programme equally benefitted the male and female? If not, why?
 - Was this programme equally benefitted the people of different ages? If not, why?
- Was this programme had any priorities to ensure equality? If yes, what they were? If no, then mention your recommendation about areas where improvement should be done.

Sustainability

- To what extent are the positive changes resulting from the UNSDG programme is likely to be sustained, particularly the social protection for female tea garden workers and their families?
- To what extent, progress made in providing healthcare services is likely to be sustained in future?
- In your opinion, what factors should affect the sustainability of this programmer's achievements? How these difficulties should be overcome?
- To what extent the UNSDG programme will be able to support the beneficiaries (rights holders) and local government and tea garden sector (duty bearers) in developing capacities, establishing mechanisms, and strengthening the enabling environment to ensure buy-in, ownership and durability?
- To what extent, the UNSDG programme was successful to facilitate deeper connections among community people, garden management and Government of Bangladesh line departments across the level and across issues? In your opinion, do you think connections made will be sustained in future?
- To what extent the joint programme was successful in making connections among development partners who work locally, nationally and globally to develop linking programme, policy, communications and collaboration.

Appendix VI: Consent Form and Data Collection Tools

Hello, my name is [.....]. We are conducting a summative evaluation of the UN SDG Joint Programme titled “Enhancing Social Protection for Female Tea Garden Workers and Their Families in Sylhet Division, Bangladesh” which ended in 2021. This evaluation is conducted by Professor Dr. Mohammad Bellal Hossain, Department of Population Sciences, University of Dhaka, Bangladesh and his team on behalf of the four Partner UN Agencies (ILO, UNICEF, UNFPA, and UNWOMEN). We will ask you questions about the relevance and coherence of UNSDG JP in the tea gardens along with its effectiveness, efficiency, and the level of sustainability and scalability for the programme. We will also try to identify the programme’s strengths, weaknesses, lessons learned, and strategic and operational recommendations for future programming or similar contexts. Your answers will not affect you positively or negatively nor impact the services you received from the UNSDG JP. There are no right or wrong answers, what matters most is to receive your honest opinion. Your participation is entirely voluntary and you are free to withdraw at any time and/or refuse to answer any question if you don’t feel comfortable. The interview will take approximately 30-45 minutes. For the better understanding of your responses and data analysis, we would like to audio record the conversation.

Do you understand the objectives/information and would you like to participate in the interview?

- If ‘yes’, start the Interview.
- In ‘no’, terminate the interview by thanking the participant(s) for their valuable time.

Appendix VII: Ethical Considerations (expansion) & PSEA statements

The evaluation ensured the ethical issues associated with the study, including the risks and benefits of the respondents. Before conducting data collection, each respondent were informed about the purpose, type of information coverage, confidentiality, interview time, and other relevant issues regarding the study. The respondents were given the right to refuse response during the interview. We asked for the respondent's verbal consent to take part in the survey. However, it should be noted here that for the girls aged below 18 years who are known as minors, the data collectors first obtained their consent, and then consent were obtained from their parents.

There was widespread agreement about the interests of participants in the protection of privacy and the corresponding duties of researchers to treat personal information confidentially. However, privacy risks in research related to the identifiability of participants, and the potential harms they or groups to which they belong, may experience from the collection, use, and disclosure of personal information. Privacy risks were dealt with caution at all stages of the research life cycle, including the initial collection of information, use, and analysis to address research questions, dissemination of findings, storage and retention of information, and disposal of records or devices on which information is stored.

The respondents were informed clearly that their information will be kept strictly confidential. Furthermore, privacy during the interview process was safeguarded. The interviews were held under conditions where the respondents will feel most comfortable in responding.

Appendix VIII: Evaluation Team Structure

Role	Name	Affiliation
Principal Investigator	Professor Dr. Mohammad Bellal Hossain	Department of Population Sciences, University of Dhaka
Research Associate(s)	Shafayat Sultan Lecturer	Department of Population Sciences, University of Dhaka
	Dr. Nuruzzaman Khan Assistant Professor	Department of Population Science, Jatiyo Kabi Kazi nazrul Islam University
Research Assistant(s)	Tasnim Mumu MSS Completed	Department of Population Sciences, University of Dhaka
	Tasnuva Tabassum MSS Completed	MSS, Department of Sociology, University of Dhaka
	Md. Anwer Hossain MSS Completed	MSS, Department of Population Sciences, University of Dhaka