Draft Final Report

End Line Evaluation for Girl Led Action (GLA) Project

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List of Acronyms

AAB	ActionAid Bangladesh
BDHS	Bangladesh Demographic and Health Survey
FGD	Focus Group Discussion
GLA	Girl Led Action
GLR	Girl Led Research
HHs	Households
IDI	In-depth Interview
KII	Key Informant Interview
LGI	Local Government Institutions
MHM	Menstrual Hygiene Management
OECD/DAC	Organisation for Economic Co-operation and Development/Development Assistance Committee
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI/HIV	Sexually Transmitted Infections/Human Immunodeficiency Virus
UNAIDS	Joint United Nations Programme on HIV/AIDS+

Executive Summary

Background:

Bangladesh faced challenges in adolescent development, including limited SRH knowledge, child marriage, and gender-based violence. ActionAid Bangladesh (AAB) addressed these through initiatives like Girl Led Action (GLA) Project, focusing on SRHR and MHM. AAB collaborated to sensitize communities and provide essential services, including mental health support. An endline evaluation by dRi assessed project impact and sustainability, informing future programming strategies.

Objectives:

- Assessing the status of the indicators at the outcome/results level in the logical framework.
- Assessing the relevance, efficiency, effectiveness, impact and sustainability of AAB's interventions.
- Capturing the programme related learning for further improvement.
- Developing future action plans taking into account identified gaps and lessons

Methodology:

In order to conduct the study, dRi followed a mixed-method approach in combination of both quantitative and qualitative methods.

Quantitative Data Collection

- 120 household surveys with adolescent girls and their mothers

Qualitative Data Collection

- 3 Focus Group Discussions
- 3 In-depth Interviews
- 6 Key Informant Interviews
- One Case study
- One Observation

Key Findings:

The study surveyed 120 households from Chanpara community. The below table presents demographic insights into the respondents' age and disability status. Concerning age, the majority (69.17%) fall within the 15-20 years frame, indicating a focus on adolescents and young adults, while 30.83% are less than 15 years old. Regarding disability status, a significant majority (99.17%) report no disabilities, with only 0.83% indicating speech impairment.

Relevance

ActionAid Bangladesh was active in Chanpara since 2019, implementing programs through its long-term partnership program, LRP-51. Throughout their involvement period, it was observed that region faces challenges like crime, drug addiction, and lack of education, exacerbated by the COVID-19 pandemic. Girl Led Research (GLR) conducted in Chanpara identified key challenges faced by adolescent girls. The GLA project, derived from GLR, was designed with the aim to address specific challenges of adolescent girls in Chanpara, focusing on Sexual and Reproductive Health Rights (SRHR) and Menstrual Health Management (MHM).

The program output and activities largely aligned with the goals and objectives of raising awareness about SRHR and promoting safe MHM practices. However, it was challenging to fully realize these objectives due to time constraint, conservative attitudes and societal stigma prevalent in the community.

Effectiveness

Menstrual Hygiene Management: The study revealed that respondents had an improved understanding of the importance of maintaining proper hygiene and sanitation practices during menstruation, with nearly all the adolescents' girls (95%, n=114) recognizing this with a strong voice. Majority credited ActionAid Bangladesh's contribution (workshop, training modules, door-to-door campaigns) in building this awareness. Additionally, there was substantial awareness about methods for the safe use and disposal of menstrual products among the adolescents' girls. The qualitative findings also revealed that adolescent girls are now well-informed about the importance of proper hygiene during menstruation, including eating balanced-diet, maintaining cleanliness, and changing sanitary pads regularly. When inquired whether the respondents had observed improvement in MHM status since the beginning of GLA project, it was found that majority responded positively – reported by 97%.

Sexual and Reproductive Health Rights (SRHR): The survey highlighted varying levels of awareness regarding SRHR, with a notable percentage of respondents acknowledging the importance of autonomy over reproductive health choices (47.5%, n=57). Most adolescent girls reported increased awareness through AAB intervention, with family members and school teachers also contributing to their knowledge. Qualitative findings revealed a deeply entrenched societal taboo surrounding SRHR, characterized by superstitious beliefs and embarrassment within families. Despite efforts by AAB to raise awareness, many girls and women remained hesitant to engage in conversations about SRHR, highlighting persistent challenges in breaking down societal barriers. When inquired whether the respondents had observed improvement in SRHR status since the beginning of GLA project, it was found that more than half responded positively – reported by 62.5%.

Mental Health and Sexual and Reproductive Health Services: Interestingly, 84.17% of mothers were aware of SRHR and MHM services, showing a positive trend in accessibility and awareness, though targeted outreach efforts are needed for the remaining 15.83%. Qualitative findings addressed that in the absence of a community clinic, on any issues people had to travel to Dhaka. Even, pregnant women experiencing pain had no choice but to seek care in Dhaka as well. However, with the establishment of the community clinic, accessibility to healthcare has drastically improved.

Efficiency

The majority of respondents (90%) reported receiving door-to-door family counseling sessions on SRHR and MHM practices from community volunteers deployed by ActionAid Bangladesh. This high engagement demonstrated the significant reach and impact of the intervention. Volunteers efficiently conveyed the project's messages, as the respondents were able to accurately identify topics of discussions regarding both MHM and SRHR. Qualitative findings indicated increased awareness among adolescent girls due to these sessions, with participants expressing gratitude for the newfound understanding of their bodies and menstrual health. However, there was a shared desire for more frequent and consistent counseling sessions.

Impact

Collaboration in Chanpara led to improved menstrual hygiene awareness among adolescent girls, with many adopting disposable sanitary napkins. However, discussing SRHR, contraception, and family planning remained challenging due to societal taboos, which are yet to be uprooted. Men particularly showed minimal interest and often imposed birth control methods on their wives.

Sustainability

The findings revealed strong community commitment to SRHR and hygienic MHM practices. Majority of the respondents were confident in sustaining efforts without future campaigns. Additionally, more than half of the respondents reported improved overall health (58.65%). Local ownership, combined with the tangible benefits experienced by the community members, provided a strong foundation for ongoing support and engagement in SRHR and MHM practices beyond the project's lifespan. However, in the qualitative findings, it was observed that the area faces various challenges such as drug abuse, unemployment, and other prevalent issues.

Recommendation:

- Take targeted actions to dismantle social stigma surrounding sexual and reproductive health, challenging misconceptions through community-wide awareness campaigns and dialogue initiatives.
- Address barriers stemming from orthodox religious beliefs by developing tailored educational materials and programs that promote SRHR in alignment with diverse cultural and religious perspectives.
- Strengthen enforcement and monitoring mechanisms to ensure the effective implementation of comprehensive sexual education in school curricula, emphasizing gender-sensitive approaches and providing ongoing support and resources for teacher training and capacity building.
- Empower community leaders, including religious figures and local authorities, through training and resources, enabling them to advocate for SRHR and facilitate open discussions within their spheres of influence.

Chapter 01: Introduction and Methodology

1.1 Background of the study and Objective

Bangladesh has an adolescent population of approximately 36 million: more than one-fifth of the total population of Bangladesh is those between the ages of 10 and 19 years[1]. Adolescents in Bangladesh, particularly girls, face obstacles in developing their full potential and ensuring overall health during their transition to adulthood. Challenges include structural poverty, limited access to information and services, negative social norms, inadequate education, social discrimination, child marriage, and early childbearing. Gender-based discrimination is evident in practices such as child marriage, high rates of adolescent fertility, domestic violence, sexual abuse, and increased dropout rates from secondary education due to patriarchal norms. The sexual and reproductive health (SRH) status of both unmarried and married adolescents is a concern, marked by low knowledge on SRH and STI/HIV, high prevalence of child marriage, adolescent fertility, and limited access to quality, age-appropriate information and services. While nationally representative data on SRH knowledge among adolescents is lacking, available sources, particularly comprehensive knowledge on HIV, indicate low awareness levels, emphasizing the need for targeted adolescent health programs in Bangladesh. According to UNAIDS Bangladesh, only 12.8 percent of adolescents and youth have comprehensive knowledge on HIV2[2]. The BDHS (2014), which highlights that only 12 percent of ever-married adolescents had comprehensive knowledge about HIV/AIDS, is further testimony to the low levels of knowledge on SRH issues among adolescents. As a patriarchal and strongly hierarchical society, the prevalence of violence is a common and socially accepted phenomenon in Bangladesh. The Violence against Women Survey highlighted that 42.8 percent and 28.4 percent ever married adolescents aged 15-19 years reported physical or sexual violence during their lifetime and in the last 12 months respectively1. Importantly, with regard to non-partner violence, in this same survey 27.8 percent of all interviewed girls and women, regardless of their marital status, have experienced violence in their lifetime. Worryingly, the rates for non-partner violence were highest among adolescent girls (15-19 years) where 30.9 percent had experienced physical violence in their lifetime and 11.2 percent experienced physical violence in the last 12 months. Rates of non-partner sexual violence was second highest among the adolescent age group (15-19 years) for both during their lifetime - 3.4 percent and in the last 12 months - 3.1 percent1. Similar to many countries globally, Bangladesh faces low awareness and acceptance of mental health issues and treatment, mainly due to social stigma and superstition. Limited data on the mental health of adolescents complicates a comprehensive assessment of their mental health status in the country. A needs assessment survey among urban adolescents done by BRAC and Population Council (Amin 2015) identified factors associated with depression, including marriage, childbearing, harassment experiences, drug use, poor school performance, and childhood exposure to disasters/conflict[3]. The study revealed that adolescent girls without pregnancy experience showed fewer symptoms of depression compared to those who had been pregnant or were mothers. ActionAid Bangladesh (AAB) is dedicated to achieving social justice and eliminating all forms of inequality. A key focus for ActionAid Bangladesh (AAB) is enhancing awareness of sexual and reproductive health and rights (SRHR) and promoting safe and hygienic menstrual health management (MHM). AAB has collaborated over the past decade with various services addressing contraception, sexual and reproductive health, mental health support, and counseling. This effort aims to address harmful gender norms, dispel misconceptions, overcome stigma, tackle limited availability of healthcare resources, and address restrictions on freedom of movement. Girl Led Action (GLA) Project has been implemented since April 2023 in Chanpara, a suburb in Rupganj located close to Dhaka City. The project seeks to empower adolescent girls facing barriers to essential services such as contraception, sexual and reproductive health, mental health support, and counseling. These barriers stem from harmful gender norms, misconceptions, stigma, limited healthcare resources, and restricted movement. Proposed interventions aim to sensitize community members, family, and school

[1] National Strategy For Adolescent Health (2017-2030). https://www.unicef.org/bangladesh/sites/unicef.org.bangladesh/files/2018-10/National-Strategy-for-Adolescent-Health-2017-2030.pdf

[2] UNAIDS. Global Report. https://files.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/20101123_globalreport_en.pdf

[3] Urban adolescents needs assessment survey in Bangladesh. https://knowledgecommons.popcouncil.org/departments_sbsr-pgy/648/

authorities about the importance of safe and accessible menstrual health practices. The goal is to provide readily available mental health services, counseling, and menstrual health management to address the urgent needs of adolescent girls and enhance their reproductive and menstrual health in the targeted community. The project aimed to conduct an end-line review to assess its current status, document its impact, and offered recommendations for potential implications.

In this regard, dRi conducted an endline evaluation study to document the progress, processes, and lessons learned from the project through OECD/DAC Criteria (relevance, efficiency, effectiveness, impact and sustainability). The assessment explored the potential sustainability plan and evaluated the project's design, scope, implementation status, and capacity to achieve objectives. Lessons learned, challenges, and best practices were analyzed to inform the programming strategy in collaboration with the AAB team.

1.2 Objective of the Study

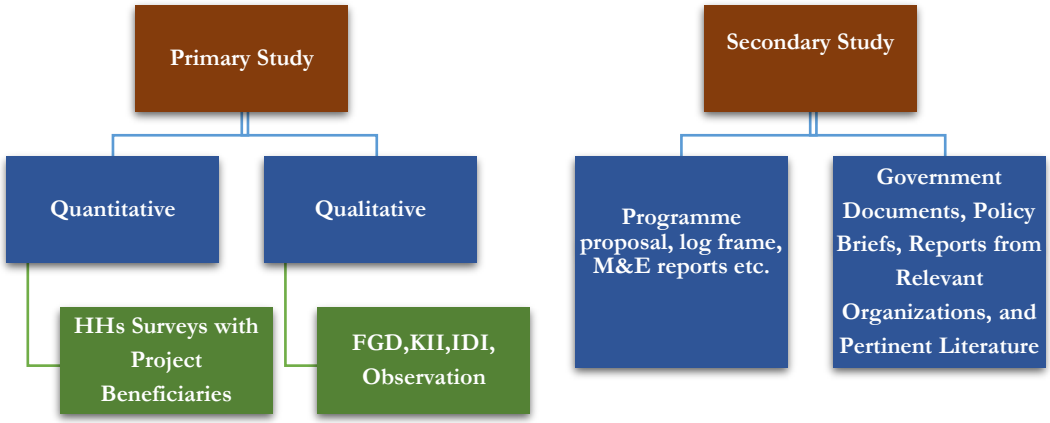
- **Assessing the status of the indicators** at the outcome/results level in the logical framework.
- **Assessing the relevance, efficiency, effectiveness, impact and sustainability** of AAB's interventions.
- **Capturing the programme related learning** for further improvement.
- **Developing future action plans** taking into account identified gaps and lessons

1.3 Methodology

To conduct the study, dRi's approach for the Endline Evaluation Study was a combination of quantitative and qualitative methods. This included

- Focus Group Discussion (FGD)
- In-depth Interview (IDI)
- Key Informant Interview (KII)
- Observation

Participation of all relevant stakeholders was ensured while comprehending and documenting data. Besides the primary data, dRi conducted a desk review of relevant project documents in order to get a broader idea of the study area context and interventions. The collected data was then analyzed through OECD/DAC criteria.

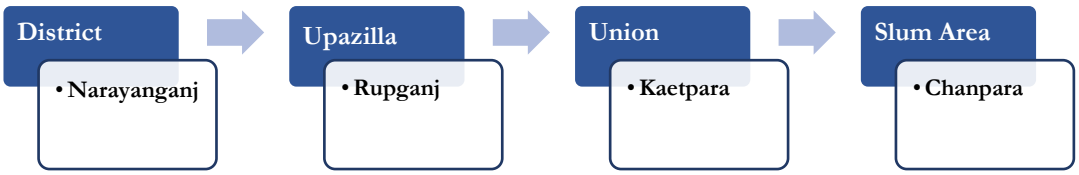


- **Desk review:** Desk Review of project documents including Logical Framework, Progress Reports, Situation updates, Real Time Evaluation Report, Monitoring reports and other relevant documents was conducted in order to get familiarize with the project and its context. Besides relevant government documents, policy briefs, reports from relevant organizations, and pertinent literature was reviewed along with other project documents. Based on the desk review, dRi developed the final evaluation questions and strategy as well as the structured/semi structured questionnaires and checklist in consultation with the AAB team.

- **FGD and IDI** was conducted with targeted project beneficiaries to substantiate the findings from the survey of HHs as well as to assess the effectiveness and impact of the AAB interventions.
- **KII** was conducted with the Local Govt. institutes, community leaders, school authorities, service provider, Project Staff of AAB and other relevant stakeholders to assess the relevance, efficiency, impact, sustainability, strength and weakness of the programme as well as to identify lessons learned, good practices and recommendations to inform future programme design.
- **Observation** was conducted in the health service centers to assess the efficiency with which they deliver services related to sexual and reproductive health and mental health management for adolescents and women.

1.4 Area of Data Collection

The study was conducted in the project intervention area in Chanpara, a suburb in Rupganj located in Narayanganj district.



1.5 Quantitative Sampling and Distribution

There were two key considerations in generating descriptive statistics from the survey data – a) statistical precision and b) representativeness of the sample. While the first point about statistical precision was directly related to calculating the required sample size, the second point was primarily about the sampling process to avoid sample biases. Both of these issues were addressed in the survey.

There were three steps in calculating the required sample size for statistically valid estimates. The first was to determine the level of precision that was considered desirable and feasible. The second step, which was also related to the sampling process, was the adjustment for design effect. If the sample selection was done by (multi-stage) clustered sampling, there was a need for adjusting for design effect based on the intra-cluster correlation. Finally, the sample size could be adjusted for finite population correction factor if the sample size became more than 5% of the population.

Target Population: The respondents were the households with beneficiary adolescent females of the Chanpara area.

Sample Size Calculation: The approach for calculating sample size requirement for binary estimates (i.e., proportions) from a target population was:

$$n_{adj} = \frac{NZ^2(pq)}{Ne^2 + Z^2(pq)}$$

Where n stood for the sample size, N was total population, p was the proportion or percentage estimate expected for specific indicators, q was the proportion who did not share the characteristics (i.e., p=1-q), Z is the z-statistics for specific confidence level and e is the margin of error. When there were multiple outcome indicators of interest, the most conservative sample size calculation was done based on the indicator that was expected to be closer to 50% since that gave the highest number for sample size requirement. In a situation where the expected ratio for the indicators was unknown, the same approach of using 0.5 for p was used. Using 12% for p (Only 12% of unmarried adolescent girls practiced proper menstrual hygiene[4], and 90% confidence level (i.e., z-score of 1.96) and absolute precision of 0.05 (i.e., 5 percentage points),

[4] Taking measures before opportunities bleed away. http://rdm.icddrb.org/wp-content/uploads/2023/09/Taking-measures-before-opportunities-bleed-away.pdf

it was yielded a required sample size of 112.4129384 households for a total number of 5000 households. **The sample was rounded up to 120 to avoid fraction during distribution.**

Sample Distribution: dRi intended to equally divide the Chanpara area into two geographical parts, aligning with the AAB team's criteria, ensuring both sections exhibit comparable socio-economic, professional, ethnic, religious, and other forms of diversity. Subsequently, 60 households with adolescent females were selected from each part, based on the list provided by the AAB team, resulting in a total sample size of 120 HHs.

Sample Selection: In order to select the sample, dRi was initially planning to use the beneficiary list of ActionAid (if available) from where sample was selected randomly and the selected sample list was shared with ActionAid. In order to conduct the surveys, dRi informed ActionAid about the data collection schedules with fixed date. ActionAid ensured the presence of the survey respondents on the scheduled days and dRi conducted the surveys.

Survey Tools: Assuming that, the survey questionnaire was developed by dRi and it was considered that the questionnaire included 60-70 questions which took maximum 30 minutes to conduct one interview. If ActionAid required more questions to include in the questionnaire that took more times to complete one survey, then it would have an implication in budget.

1.6 Qualitative Sample Distribution

The qualitative study involved diverse stakeholders, including adolescents, women, men, transgender, persons with disabilities (female), pregnant and lactating women, community members, as well as healthcare service providers, local representatives, government officials, etc. Consulting with these stakeholders provided valuable insight into the endline evaluation study.

Respondents	Tools	No	Remarks
Adolescent Girls (12-17)	FGD	1	Assuming the arrangement of all the respondents, sitting arrangement and logistic support (respondent travel allowance, snacks etc.) was provided by ActionAid. dRi conducted the FGDs/IDIs.
Adult female household members (21-40)		1	
Community groups /volunteers' group		1	
	(A) FGD (Sub-Total)	**3**	
Pregnant and lactating Women	IDI	1	
Persons with disability (Female)		1	
MHM kits Businessman/seller		1	
	(B) IDI (Sub-Total)	**3**	
School Management Committee	KII	1	Assuming ActionAid was supported to select the respondent, fix schedule of the respondents and provide the logistic supports. dRi conducted the interviews.
Community Health Workers/ Family Welfare Assistant (FWA)/Health Assistant (HA)		1	
Local Govt. Institutions (LGI) Representatives (Upazila Chairman/ Vice Chairman, Male, Female Members, Councillors)		1	
Responsible Person from Counselling Corner in Upazila Health Complex (Preferably female)		1	
NGO workers in the study area		1	
Project Personnel		1	
	(C) KII (Sub-Total)	**6**	
Health Facility	Observations	1	
	(D) Observation (Sub-Total)	**1**	
	(E) Case Studies	**1**	
	Total (A+B+C+D+E)	**14**	

1.7 Technical Approach to Conduct the Study

Multi-disciplinary expertise: dRi deployed a diverse, multi-disciplinary team led by a Team Leader and Gender Expert responsible for project success. The expert actively engaged in meetings, trainings, methodology finalization, tool development, and report drafting. A Research Manager supported in her respective areas, aiding the team leader throughout the study. The research manager also handled communication, coordination, research design, field

management, and project oversight. The field team, consisting of in-house Qualitative field researchers along with Enumerators, was gender-balanced at a ratio of 50:50.

Partnership with the Counterparts: dRi began the assignment with the approach of maintaining close relationships with the counterparts. They worked closely with the AAB colleagues.

Ethical Consideration: dRi placed immense importance on upholding ethical considerations in all of its research endeavors. Adhering to this principle, the endline evaluation study was conducted with utmost ethical and legal compliance, with a paramount focus on the well-being of all participants involved. During the data collection process, researchers provided clear and comprehensive explanations to respondents regarding the study's objectives and purpose. Privacy and anonymity of the respondents were assured, with their information used responsibly and with due respect. It was explicitly communicated that participation in the study was entirely voluntary, and informed consent was obtained from each participant before commencing data collection. dRi ensured that the data collection techniques employed had no adverse effects on individuals. The study team was trained to conduct the study while maintaining sensitivity. The team held a profound regard for the respondents' decisions and respected their choices throughout the research process. Both as an organization and as individuals, dRi pledged to uphold the values of respect, kindness, and fairness. No bullying, harassment, or any action that infringed upon the rights of others was tolerated. dRi strictly adhered to ActionAid's Anti-Sexual Harassment Policy and Procedures, ensuring a safe and secure environment for everyone involved. dRi was aligned with the ethical principles and code of conduct of AAB during the whole study.

Human rights, Gender Equality and Inclusion: In its unwavering commitment to human rights, gender equality, and inclusion, dRi stood resolute in ensuring that these principles formed the bedrock of its endeavors. The essence of gender equality and non-discrimination permeated every aspect of dRi's work, ensuring that all individuals, irrespective of age, gender, or identity, were afforded equitable protection. dRi maintained equity and justice irrespective of gender, sexual orientation and gender identity, race, ethnicity, caste, class, age, disability, location, and religion during the whole study.

Safeguarding/Protection/ Age/ Child Policy: dRi strictly followed dRi's Policy on Safeguarding and Child policies. dRi ensured male interviewer interviews male and female interviews female. No such incidents such as sexual exploitation, abuse, and harassment occurred. dRi ensured parental consent and consideration of the child's/adolescent's agreement and used comforting questions to ease fear when interviewing youths. dRi ensured no harm was done to children/adolescents and people in situations of vulnerability and did not expose them to any risk during the whole process.

Occupational/Workplace Health and Safety Policy: As a socially responsible research firm, dRi had a well-developed Health and Safety policy which was applicable to all prospective and current employees of dRi as well as volunteers, temporary/part-time workers, enumerators, contractors, and consultants. This policy was applicable at all locations. dRi strictly followed its own Health & Safety Policy. dRi was committed to complying with the policy on occupational/workplace health and safety. Under this policy, the below-mentioned measures were taken by dRi

Preventive Measures: dRi took the following preventative measures:

- When employees worked in dangerous contexts or locations, dRi made sure there were safety precautions such as informing local authorities of the aim of the study to provide them with security.
- dRi held employee training sessions in health & safety standards and procedures.
- dRi prohibited smoking indoors.
- dRi adhered to ActionAid's Global Security Management Policy during the total duration of the study.

Approach to Interview people with disability: When conducting interviews with individuals who had hearing or visual impairments, researchers created an inclusive environment by describing the surroundings, providing appropriate seating, and giving verbal cues. It was important to consider the individual's specific level of vision or hearing and offer assistance with any required forms or documents. For individuals with speech-related disabilities, researchers asked questions in a sensitive manner, gave their full attention, and actively listened to the interviewee's responses. Researchers spoke in a natural tone and ensured the interview location was accessible. When interviewing someone using assistive devices like wheelchairs, canes, or crutches, researchers prioritized their comfort and avoided leaning on these aids.

1.8 Data Analysis Plan

Quantitative Data Analysis

Quantitative data analysis was carried out using STATA, a statistical data analysis software. All data cleaning, labeling, transformation, and analysis were documented in a software-specific scripting file (e.g., STATA 'do' file) for simple replication and verification. The detailed data processing and analysis plan were shared with the AAB team, and dRi was open to accepting any necessary changes in the analysis plan and report outline as per AAB's requirements. The quantitative data were analyzed with descriptive statistics, inferential statistics, and econometric modeling as appropriate in order to reflect to what extent different groups of the population were included in design, implementation, and monitoring.

- **Descriptive Statistics:** Standard descriptive statistical methods were used to analyze the data to summarize the observations, estimate their reliability, make comparisons, and draw inferences. Measures of Central Tendency (e.g., mean, median, and mode) summarized the performance level of a group of scores, while Measures of Variability (e.g., The Range, The Variance, and the Standard Deviation) described the spread of scores among participants. Raw scores, measures of central tendency, and measures of variability were presented in the report as tables or graphs. Tables and graphs provided a user-friendly way of summarizing information and revealing patterns in the data.
- **Inferential Statistics:** Inferential Statistics allowed drawing conclusions based on extrapolations. It involved making inferences for the population from which a representative sample had been drawn based on the analysis of the sample. The procedure included choosing a sample, applying tools like regression analysis and hypothesis tests, and making judgments using logical reasoning.
- **Tabulation Plan:** Data included multi-variant analysis including respondents' gender, age distribution, ethnic group, education, profession, vulnerabilities, disabilities, accessibility, etc. It was captured as proportion, percentage, ratio as appropriate, and presented in simple or multivariant tables, charts, and graphs.

The aforementioned tools enabled one to characterize the study outcome both quantitatively as well as visually. While the statistical analysis provided quantitative assessment, the well-planned tabulation enabled us to have quick visualization of the phenomena.

Qualitative Data Analysis

Qualitative data analysis was conducted by quantifying the qualitative data. dRi conducted qualitative data analysis through NVivo, a qualitative data analysis software, to ensure accuracy and detailed analysis of qualitative data with many other advantages. dRi had expert qualitative data analysts who were well-trained in administering NVivo. By using NVivo, the proficient data analysts of dRi could systematically capture and analyze qualitative data such as open-ended survey interviews in evaluations through focused reporting. The well-equipped team had the capacity to generate, analyze, and report qualitative information from primary and secondary data from evaluations and other information sources. The team could generate descriptive, interpretive, and analytic codes using induction and deduction; they were able to produce queries and reports in NVivo; capable of importing and classifying text, multimedia, survey, and webpages data and extracting data using Nvivo; and finally, they could generate graphic displays to present findings using models, tables, and networks. dRi believed that the use of NVivo in qualitative data analysis significantly improved the quality of research since NVivo ensured accuracy in the analysis of qualitative data. The qualitative data analysis was encompassed by the following activities:

- **Documentation and formation of the qualitative information:** Qualitative data were documented through a number of muddled data documents including interview transcripts, notes of observations, etc. Recordings of the interviews with respondents' permission helped to get accurate transcription which was later used to analyze data in a holistic and robust approach.
- **Organization/categorization of the data into concepts:** The data were organized into groups which related to particular areas of interest. The next step was reading all of the data carefully and constructing a category system that allowed all of the data to be categorized systematically. The categories were internally homogeneous and externally heterogeneous.
- **Coding transcripts and preparing codebook and code summaries:** Once a system was created for organizing the data, each category was assigned a number, and then transcriptions of interviews or survey results were coded.

Data were coded in order to understand the conceptual and theoretical issues generated in the course of the study.

- **Connection of the data to show how one concept may influence another:** Software analysis helped to generate different themes from the coded data and showed comparisons, queries, and relationships between themes. Moreover, comparing the findings of interview/focus group/observation/any other qualitative data collection method was done with the findings of literature review and discussing differences between them.
- **Corroboration/legitimization:** Data corroboration or legitimization was conducted by evaluating alternative explanations, disconfirming evidence, and searching for negative cases.
- **Presenting and interpreting it:** Data were displayed and organized in a way so that it could be interpreted. Simple matrices or charts were used to compile interview data so that patterns could be determined among respondents. Causal network diagrams and flow charts also helped to assess the cause and effect of relationships that appeared in the data.

Secondary Data Analysis

The secondary data analysis helped to complement the primary data collected from the respondents through quantitative/qualitative approaches. Secondary data analysis was conducted following the below-mentioned key steps:

- **Determining the research question**: Determining the research questions was very crucial prior to looking for secondary data from relevant sources.
- **Locating data:** Once the research questions were fixed, data sources were located from where relevant data could be extracted, and after that, the study team conducted a detailed and profound desk review to gather secondary data.
- **Evaluating relevance of the data:** When the study team obtained data from the secondary sources, the relevance of the data was evaluated considering certain issues like the original purpose of the data, the time period of the sources, population, sampling strategy/sample, data collection protocols, operationalization of concepts, questions asked, and form/shape of the data.
- **Assessing credibility of the data**: In the next step, the study team established the credentials of the original researchers, searched for a full explication of methods including any problems encountered, determined how consistent the data was with data from other sources, and discovered whether the data had been used in any credible published research.
- **Analysis:** After completing the aforementioned steps, the obtained secondary data was transferred to Excel or SPSS/STATA depending on data complexity/volume and was analyzed through statistical processes. All secondary data analyses were reviewed separately with expert stakeholders at early and late stages to ensure that each data point was being properly understood and that the types of analysis were appropriate to the data sets' intent, comprehensiveness/size, and quality.

Data Triangulation

Data triangulation confirmed and validated the quality of research findings by gathering data from various sources. Triangulation helped to validate research findings by checking that different methods or different observers of the same phenomenon produced the same results. After conducting analysis of the collected data, the study team conducted methodological triangulation of quantitative data from secondary documents with data from interviews and observations in order to enhance the validity of data as well as to create a more in-depth picture of the study. The datasets were compared for convergence, complementarity, and divergence. If the results led to the same conclusions, then triangulation helped to validate each other.

1.9 Limitation of the Study

- Many adolescents were predominantly in school, necessitating our team to wait until their school hours finished for interviews.
- Volunteers in the GLA team often had limited knowledge about specific households where adolescent girls could be found. This led to confusion about which homes to visit for interviews.

- The first phase of the country's sixth Upazila Parishad Election was scheduled for May 8th (right towards the end of fieldwork). Consequently, key personnel such as Members and UNO of the Chanpara union were preoccupied with campaigns. Obtaining their schedules amidst this busy period posed a significant challenge. Despite commitments to provide time, scheduling proved difficult until the final day of fieldwork.
- All volunteers themselves were adolescents who also had commitments at school. This led to reluctance in providing time for interviews. Instead, they opted to hand over checklists of adolescent girls, posing a considerable challenge. Fortunately, this issue was resolved through discussions with ActionAid project personnel.

Chapter 02: Findings and Analysis

2.1 Demography of the Quantitative study Respondents

The study surveyed 120 households from Chanpara community. The following table presents demographic insights into the respondents' age and disability status. Concerning age, the majority (69.17%) were within the 15-20 years frame, indicating a focus on adolescents and young adults, while 30.83% are less than 15 years old. Regarding disability status, a significant majority (99.17%) reported no disabilities, with only one respondent indicating speech impairment.

Table 1: Demographic characteristics of the respondents at Chanpara

Variables	Categories	Frequency (n)	Percentage (%)
Age	Less than 15 years	37	30.83
	15-20 years	83	69.17
	Total	**120**	**100**
Disability Status	Speech	1	0.83
	No disability	119	99.17
	Total	**120**	**100**

2.2 Relevance of the Project

The interventions were considered particularly relevant to the needs and priorities recapitulated by beneficiaries.

Program Objectives: Still Spot On?

Chanpara is a remote suburb in Rupganj, located close to Dhaka city, with around 5000 households residing in it. ActionAid Bangladesh has been actively working in Chanpara since 2019, implementing programs and campaigns through their long-term partnership program known as Local Rights Program (LRP). This partnership typically spans for 10 years. Chanpara currently falls under ActionAid's LRP-51.

The region is characterized by issues like crime, drug addiction, and religious extremism, on top of which there is a lack of education. The combination of these issues contributed to widespread superstitions and misconception regarding women's and girls' rights. These issues were multiplied manifolds following the COVID-19 pandemic. Several rounds of national lockdowns had a profound impact on the businesses of this area, which were the primary driving force of the local economy.

To identify the key challenges faced by adolescent girls of the region, Chanpara was one of the locations where ActionAid conducted "Girl Led Research" (GLR). The GLR project, conducted between June 1st, 2021, and December 31st, 2021, with funding from the People's Postcode Lottery, focused on understanding the impact of COVID-19 on adolescent girls in urban slums in Bangladesh. The initiative aimed to identify challenges faced by these girls and propose recommendations to address them. Led by girls themselves, the research project employed a participatory approach, involving 37 adolescent girls and young women as peer researchers from Bangladesh, Ethiopia, and Indonesia. Girls were actively engaged in all stages of the research process, including design, data collection, analysis, and dissemination of results, emphasizing their agency and involvement in addressing issues affecting their communities. Findings from this research project were utilized during the project designing phase of GLA project. After the dissemination of findings from the girl-led research project, ActionAid UK (AAUK) received extra funding from the People's Postcode Lottery to support the girls who participated in the research. This funding was allocated to implement actions based on the findings outlined in the 'Building Power Together' report, a product of the research. To plan these activities, ActionAid UK's team organized a proposal development workshop on January 9th, 2023, involving seven girl researchers from the Chanpara community. During this workshop, the participants outlined activities and objectives that directly addressed the challenges and findings identified in the Girl Led Research (GLR) project.

Key takeaway: The objectives and activities of GLA project were a product of Girl Led Research (GLR), making the project a timely intervention which addressed the specific challenges of the adolescent girls of Chanpara.

Sexual Reproductive Health Rights (SRHR) advocate for the fundamental human rights related to sexuality, reproductive health, and bodily autonomy. Sadly, these rights are often violated, and discussing topics like sexual health is taboo in many societies, including the target area. This stigma creates barriers to accessing essential information and services, perpetuating harmful misconceptions. Menstruation, for example, was shrouded in misconceptions, with girls being restricted from leaving their homes, attending school, or consuming certain foods during their periods. Keeping this in mind, ActionAid Bangladesh begun working with the new generation, specifically focusing on adolescents, to promote Sexual and Reproductive Health Rights (SRHR), with a specific focus on Menstrual Health Management (MHM), Access to Contraception and Health Services, and Mental Health and Wellbeing among Adolescent girls at Chanpara.

Through the ActionAid GLA project there have been quite some changes among the people in this area. People have become much more aware. Specifically, girls are now having better understanding of their menstrual health management. Regarding this, one of the respondents of FGD echoed others that,

> **"Many girls in our area used to skip school during their periods. They were often discouraged from going out after dark during their periods. There were many superstitions regarding menstruation. But now, things have changed. We attend school regularly and engage in various activities without any restrictions. No one criticizes us anymore because everyone realizes that these beliefs are superstitions" - FGD: Adolescent Female**

Therefore, the objectives of the program remain certainly valid. The program's focus on empowering adolescents, particularly girls, to understand and assert their MHM and SRHR is crucial. Additionally, the context in which the program operates, such as the Chanpara community near Dhaka city, emphasizes the relevance of its objectives. Communities grappling with issues like crime, drug addiction, and religious extremism often face barriers to accessing comprehensive MHM and SRHR awareness and services. Hence, considering the continued prevalence of these challenges and the importance of empowering adolescents with accurate information and resources, the objectives of the program was relevant.

Program Output and Activities: Aligning with Goals and Objectives?

During the GLR project, a range of issues regarding MHM, sexual and reproductive health and rights (SRHR), and mental health were identified in the community. Recognizing the importance of raising awareness on these topics, the project aimed to foster awareness among adolescents, women, and men in the Chanpara community, ultimately aiming to reduce their illness rates.

Output 1.1: Girl led programme toolkit and interactive, adolescent friendly and easy-to-follow MHM module developed and facilitated training/ orient.

The Mentors Training and Facilitation Toolkit and the Girl Activist Toolkit were primarily designed for mentors and activists, aligning with the goals and objectives of the project. Handouts in Bengali were prepared from these toolkits to ensure trainers owned the training topics. Additionally, training was condensed into a five-day period covering the entire module or toolkit. However, mastering these subjects within such a short timeframe was challenging, so handouts were provided. These handouts contained information on MHM, SRHR, gender discrimination, and more. Mentors ventured into the community, identified issues, and proposed solutions. They also made efforts to raise awareness among women, men, and adolescents in the community. While the toolkits were adequate for this project, within a year, delivering all the services and expecting the community members to access them was actually quite limited in scope.

Output 1.2: Target groups and relevant stakeholders (school authority, community; religious leaders; family members; local government authorities) participated in awareness session or event related to SRHR and safe and hygienic menstrual health management (MHM) practices.

The adolescent girls, volunteering in the village, actively engaged in discussions with various stakeholders, including school authorities, community members, religious leaders, family members, and local government authorities, about their responsibilities. They demonstrated a commitment to open communication while also respecting privacy. During these discussions, they emphasized the importance of addressing sexual and reproductive health issues and promoting safe and hygienic menstrual health management practices. This engagement proved crucial in raising awareness among stakeholders about the significance of these topics for everyone's well-being.

Furthermore, apart from local leaders and religious figures, legend leaders, school teachers, and individuals from Upazila health complexes and union sub-centers also actively participated in various workshops. Through these workshops, they gained a deeper understanding of the importance of addressing sexual and reproductive health issues and promoting safe menstrual health management practices. This collective engagement contributed significantly to raising awareness among all participants, reinforcing the significance of these topics for everyone's well-being. As a result of these conversations, stakeholders within the community, including *imams* (religious leaders), school teachers, and government representatives, recognized the importance of discussing and addressing sexual and reproductive health issues and menstrual health management, addressing taboo and stigma surrounding these topics.

Output 2.1: Adolescent girls and family members got message related to SRHR and safe menstrual hygienic MHM practices by Community Volunteers through door-to-door family counselling sessions.

A peer-to-peer approach was employed for the GLA project's implementation, which proved to be rather fruitful in addressing sensitive topics surrounding MHM and SRHR. Initially, 20 adolescent girls received five days of training. From this group, 6 mentors and 6 activists were selected to work together. Subsequently, they provided additional training and selected 10 community volunteers, who then worked directly in the community. The purpose of the project was to ensure the rights of adolescents, women, pregnant women, and ordinary people in this area to stay healthy by providing them with knowledge about their sexual and reproductive health issues. The community volunteers played a significant role in achieving this goal by conducting door-to-door family counseling sessions.

Output 2.2: Adolescent SRH corner established and functioned in 4 educational institutes.

Although plans were made, it was not feasible to implement SRHR corners in the four schools until now. Lack of cooperation from the school authorities, difficulty in securing a room in the school, issues with school holidays or during class hours, etc., were identified as problems. However, AAB worked tirelessly to initiate this program anew in some of these schools in a different manner.

Key takeaway: The program output and activities largely aligned with the goals and objectives of raising awareness about SRHR and promoting safe MHM practices. However, it was challenging to fully realize these objectives due to time constraints, conservative attitudes and societal stigma prevalent in the community.

2.2 Effectiveness of the Project

Menstrual Hygiene Management

The study revealed that respondents had a great understanding of the importance of maintaining proper hygiene and sanitation practices during menstruation, as majority of the adolescent girls (95%, n=114) recognized this with a strong voice (Figure 1). Additionally, there was significant awareness about methods for the safe use and disposal of menstrual products among the adolescents' girls – reported by 86.67% respondents.

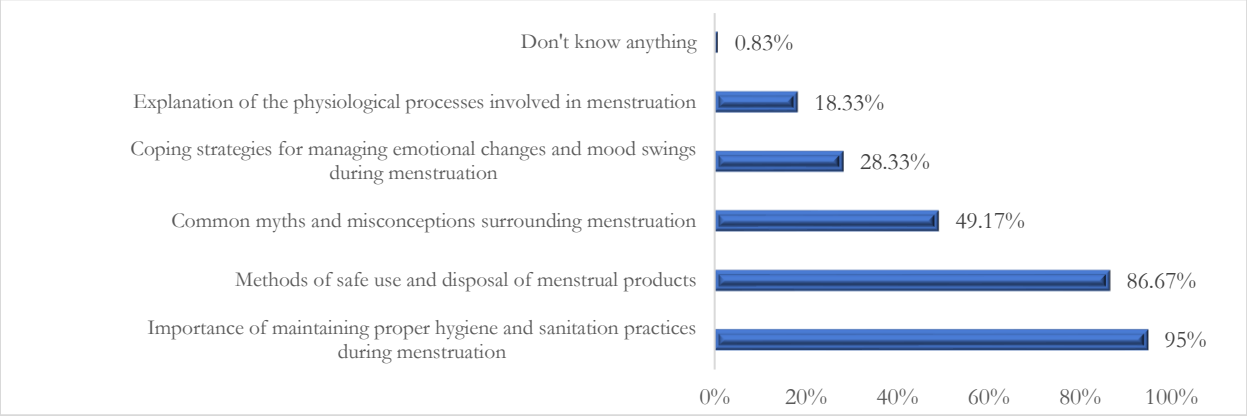


Figure 1: Response to "What do you know about MHM?"

Interestingly, nearly all respondents had some level of awareness regarding menstrual hygiene management (MHM), with various sources contributing to this knowledge. A notable portion of the respondents reported that they attained information on MHM through ActionAid Bangladesh's community volunteers/activists (67.23%, n=80), MHM module (42.02%, n=50), and awareness raising campaigns/workshops (33.61%, n= 40), exhibiting the effectiveness of their outreach efforts (Figure 2). Additionally, family members played substantial roles in educating individuals about MHM. This underscores the importance of community-based initiatives and familial support in disseminating essential knowledge about MHM practices.

As a consequence of this increased awareness, a considerable proportion (89.17%) of adolescent girls reported using disposable sanitary napkins during menstruation (Figure 3). This finding underscores the impact of knowledge dissemination initiatives on menstrual health practices and highlights the importance of providing accessible and accurate information to adolescent girls, particularly through community-based approaches and engagement with family members.

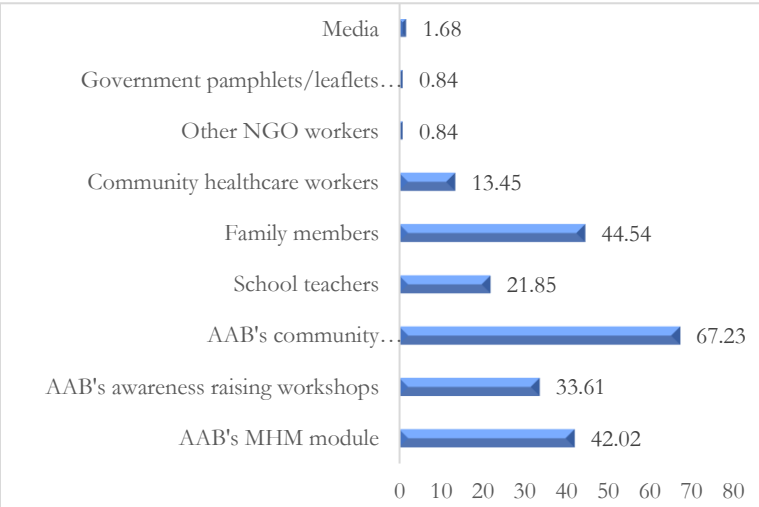


Figure 2: Response to "Where did you learn about MHM?"

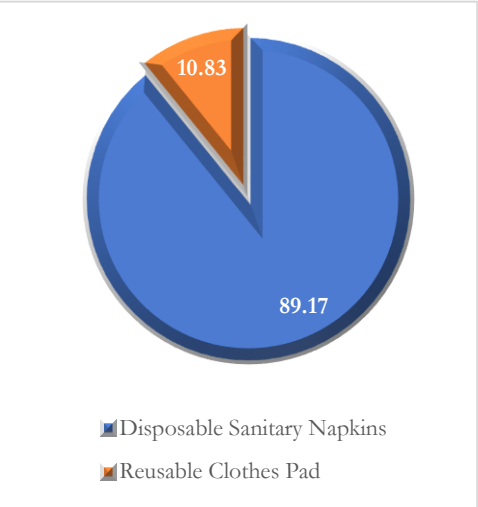


Figure 3: Response to "what do you use during menstruation?"

On top of that, majority of the survey respondents reported that there has been an improvement in awareness about Menstrual Health Management (MHM) in the last one year (since the beginning of the project). With 96.67% of respondents indicating a positive change, it's clear that efforts to increase awareness had been highly successful (Figure 4).

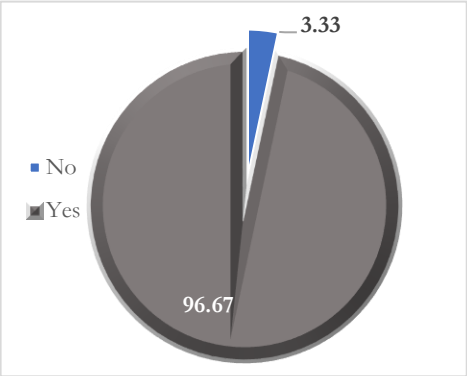


Figure 4: Response to whether there has been improvement in MHM status in the last one year

The qualitative findings revealed that adolescent girls are now well-informed about the importance of proper hygiene during menstruation, including eating properly, maintaining cleanliness, and changing sanitary pads regularly. They also learned that if they chose to use cloth, it needed to be washed thoroughly and dried in the sun before reuse. This knowledge was acquired through community clinic meetings and interactions with volunteers. One adolescent girl emphasized the value of this information, stating,

> **"The information provided by the volunteers was invaluable. It helped us understand the importance of proper hygiene during menstruation and how to safely use and dispose of menstrual products" FGD: Adolescent Female**

Sexual and Reproductive Health Rights (SRHR)

The survey findings shed light on the varying levels of awareness regarding Sexual and Reproductive Health Rights (SRHR). A considerable number of respondents acknowledged the importance of the right to make informed decisions about one's own body (47.5%, n=57), right to protection from and treatment of STI (23.33%, n= 28), right to access healthcare services without discrimination (17.5%, n=21), and awareness of access to information and services related to contraception and family planning (13.33%, n=16), and). These findings implied a general awareness of the need for individuals to have autonomy over their reproductive health choices and access to supportive services. However, there was also a notable percentage of respondents (39.17%, n=47) who were not familiar with these rights, indicating a potential gap in education or awareness regarding SRHR (Figure 5).

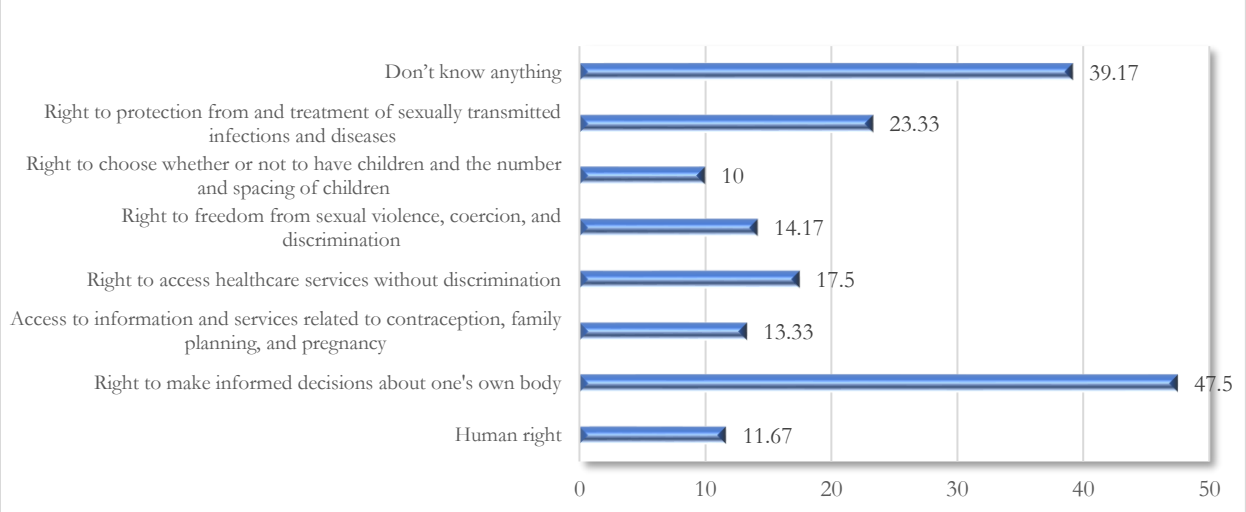


Figure 5: Response to what adolescent girls know about SRHR

In addition, most of the adolescent girls reported that their awareness about SRHR increased through AAB intervention (**Error! Reference source not found.**). A considerable portion also identified family members and school teachers as their source of information, which indicated that taboo and hesitation surrounding these conversations are breaking.

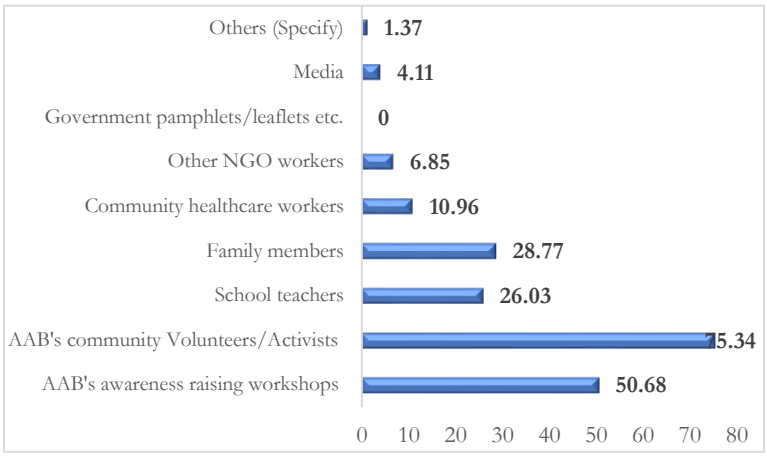


Figure 6: Response to where they learned about SRHR

Qualitative findings revealed a deeply entrenched societal taboo surrounding Sexual and Reproductive Health Rights (SRHR), characterized by superstitious beliefs and a pervasive sense of embarrassment within families. Discussions about SRHR were often avoided due to cultural norms, making it a sensitive and rarely broached topic. Despite efforts by ActionAid Bangladesh (AAB) to raise awareness through sessions, the impact was limited, with many girls and women still hesitant to engage in conversations about SRHR. This reluctance underscored the persistent challenges in breaking down societal barriers and promoting open dialogue on such important health issues.

> **"The sessions from AAB have started to break through the silence surrounding SRHR, but the taboo remains deeply ingrained. Even now, many girls and women feel uncomfortable discussing this topic openly. It's clear that there's still a long way to go in overcoming societal barriers to meaningful conversations about sexual and reproductive health" FGD: Adult female**

Furthermore, the findings revealed a substantial improvement in awareness about SRHR since the beginning of the GLA project. Sixty-two percent of respondents acknowledged a positive change, indicating successful efforts to enhance awareness. However, it's concerning that 37.5% reported no change, suggesting areas where further attention was needed (Figure 7).

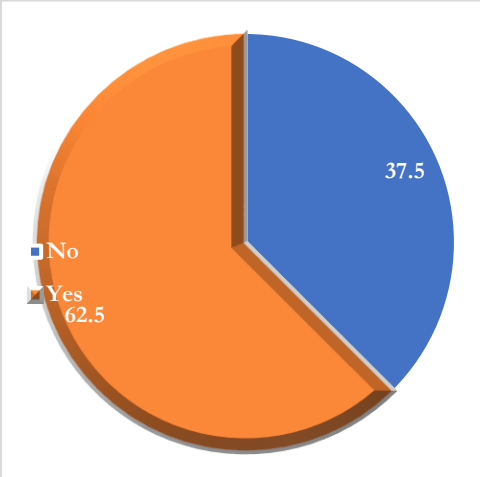


Figure 7: Response to whether there was improvement in SRHR awareness in the last one year

Mental Health, and Sexual and Reproductive Health Services

While discussing the availability of Sexual and Reproductive Health and Rights (SRHR) and Menstrual Hygiene Management (MHM) services in the targeted community, it was noted that while there's a variety of services, as well as that awareness levels vary among mothers of adolescents. Contraceptive services at the clinic were well-known among respondents, but awareness about antenatal and postnatal care, STI/STD treatment, counseling services, and menstrual kit vending machines seemed lower, suggesting a gap in communication strategies (Figure 8). Improving awareness about these services could lead to better reproductive health outcomes for adolescent mothers.

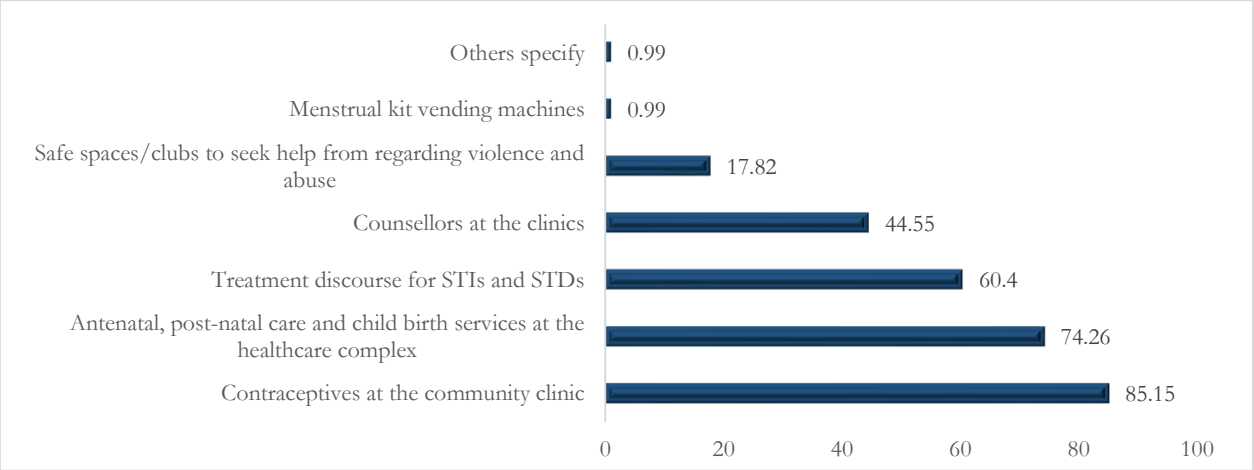


Figure 8: Response to what SRHR and MHM services are available in your community

Interestingly, 84.17% of mothers were aware of SRHR and MHM services, showing a positive trend in accessibility and awareness, though targeted outreach efforts are needed for the remaining 15.83% (Figure 9).

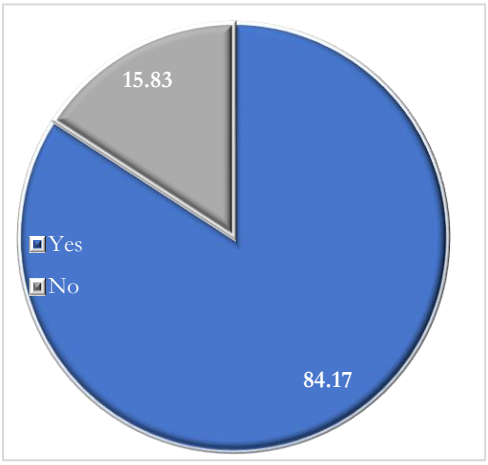


Figure 9: Response to whether the mother of adolescents aware about the SRHR and MHM services available in the community

Qualitative findings addressed that in the absence of a community clinic, on any issues people had to travel to Dhaka. Even, pregnant women experiencing pain had no choice but to seek care in Dhaka as well. However, with the establishment of the community clinic, accessibility to healthcare has drastically improved. Now, elderly individuals, pregnant women, mothers with children, and anyone facing health issues can readily visit the clinic for treatment on different personal issues. The doctor at the clinic attends to everyone's medical needs and provides necessary medications. Regarding this one woman mentioned that

> **"The doctor at the clinic treats pregnant women and other patients with great care, reassuring them and addressing any concerns they may have." IDI: Lactating Women**

2.3 Efficiency of the Project

The overwhelming majority of the respondents (90%) reported receiving door-to-door family counseling sessions on SRHR and MHM practices from community volunteers deployed by ActionAid Bangladesh. The reported high engagement indicated a significant reach and effect of the intervention, highlighting that community members actively participated in and benefited from the SRHR and MHM initiatives facilitated by ActionAid Bangladesh (Figure 10). The volunteers were found to efficiently convey the messages of GLA project to the beneficiaries, as they accurately identified the topics of discussions regarding SRHR (Figure 12A) and MHM (Figure 12B).

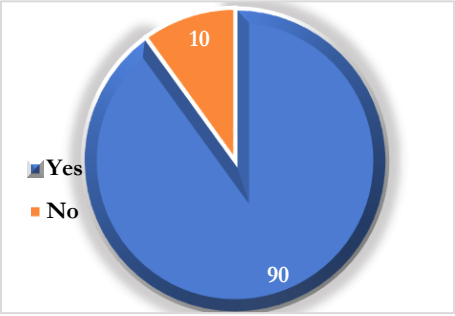


Figure 10: Response to whether the sampled HH received any door-to-door family counselling session on SRHR and MHM practices from community

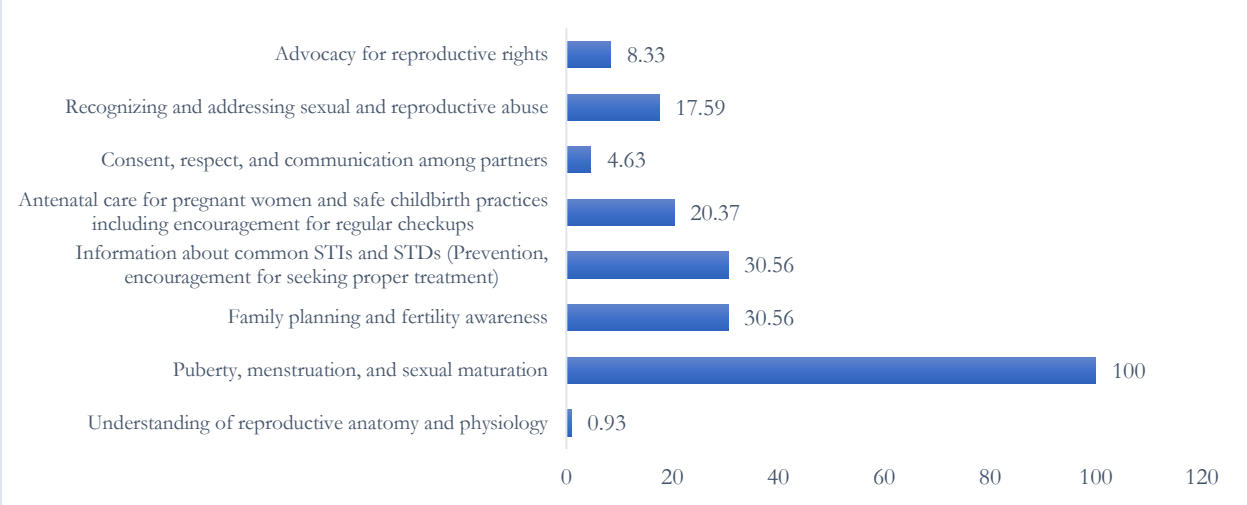


Figure 12A: Response to points of discussions regarding SRHR in door-to-door sessions

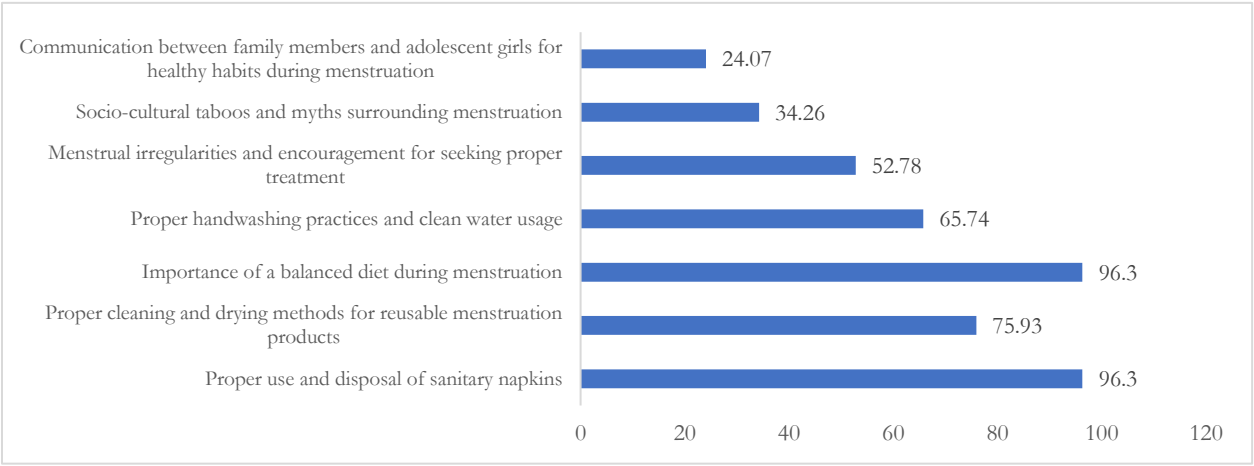


Figure 12B: Response to points of discussions regarding MHM during door-to-door sessions

Qualitative findings showed that adolescent girls are now much more conscious from the door-to-door counseling sessions on Sexual and Reproductive Health and Rights (SRHR) and Menstrual Health Management (MHM) facilitated by ActionAid Bangladesh. One of the respondents from FGD mentioned that

> **"Earlier, there were no arrangements for seeking services when girls or women faced various menstrual or reproductive health issues, which caused embarrassment. But the sessions helped me understand my body better and how to take care of myself during menstruation." FGD: Adolescent Female**

However, there was a shared view among the adolescent girls of wanting more frequent and consistent access to counseling. From their viewpoint, it was found that while the sessions were helpful, it would have been better if they occurred regularly so they could ask questions and seek guidance whenever needed. It emphasized desire for ongoing support beyond occasional visits.

2.4 Impact of the Project

While expecting significant impact within a year was unrealistic, collaboration with everyone in the Chanpara community did lead to some necessary changes. Particularly, regarding menstrual hygiene management, adolescent girls are now much more aware. Through this project, they learned about the importance of maintaining cleanliness during menstruation, such as trimming nails, consuming nutritious food like meat, dairy, and eggs, and reducing heavy workloads. Most of them have also started using disposable sanitary napkins, which has had a great impact.

However, discussing sexual and reproductive health and rights (SRHR), contraception, and family planning-related issues remains challenging. There's a prevailing societal taboo and superstition surrounding these topics, making adolescents and family members reluctant to engage in conversations about them. Especially for men, the change has been minimal. They show little interest in learning about birth control methods and hesitate to adopt them themselves. Instead, they often impose these methods on their wives, believing that it may cause problems in their own bodies. Regarding this, the project personnel mentioned that

> **"Our school teachers do not cover chapters in physical education or health and safety books that discuss menstrual and adolescent changes, or mental changes, in school. Teachers only mention that students should study these topics at home. These should be taught separately to boys and girls. Otherwise, boys will tease girls about these matters. It was very challenging to raise awareness among community members where teachers are having their orthodoxic beliefs challenged." KII: Project Personnel**

2.5 Sustainability of the Project's Goals

The findings revealed a strong commitment within the community to promoting SRHR and MHM practices. Almost half of the respondents expressed confidence in sustaining these efforts without future campaigns, while an equal percentage reporting confidence in continuing the ongoing promotion (Figure 13). Moreover, more than half of the respondents (58.65%) acknowledged that there has been a significant improvement in their overall health since accessing SRHR and MHM services. Additionally, 41.35% noted slight improvements, indicating a positive trend (Figure 14). By building upon the community's existing commitment and the demonstrated improvements in health outcomes, the project's interventions were poised to be sustainable. Local ownership, combined with the tangible benefits experienced by the community members, provided a strong foundation for ongoing support and engagement in SRHR and MHM practices beyond the project's lifespan.

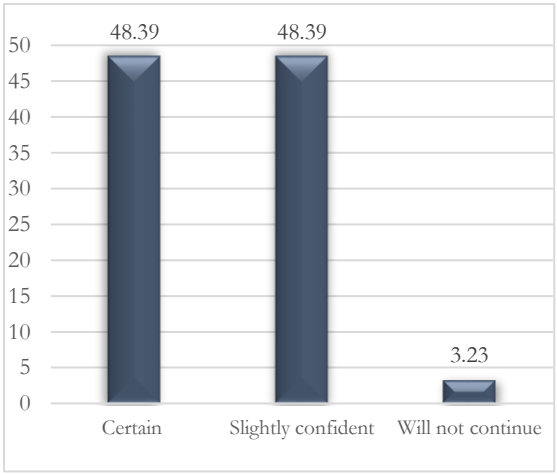


Figure 13: Whether respondents think community will keep promoting SRHR and MHM practices once the intervention stops

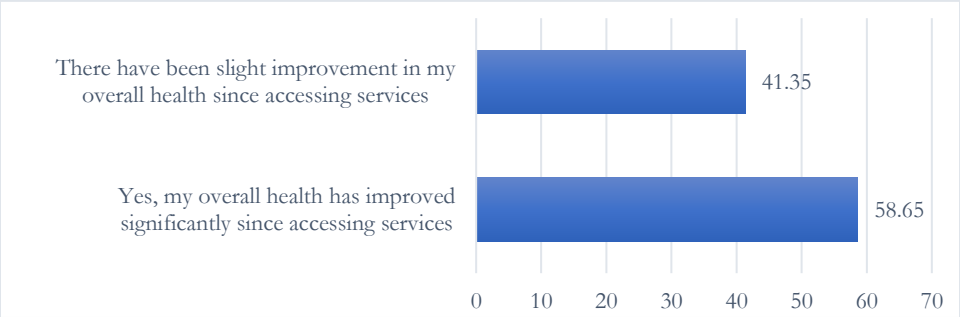


Figure 14: Whether access to and utilization of SRHR and MHM services positively impacted the overall health and wellbeing

In the qualitative findings, it was observed that the area faces various challenges such as drug abuse, unemployment, and other prevalent issues. Establishing a project focused on raising awareness about Menstrual Hygiene Management (MHM) and Sexual and Reproductive Health and Rights (SRHR) in such circumstances posed a significant challenge. However, the volunteers undertook commendable efforts by going door-to-door and educating women about these topics, which was crucial. Even that previously unaware gained knowledge and became capable of informing others, including within their own households. Furthermore, the volunteers extended their efforts to educate men on various issues related to birth control. However, there is a concern that without continued initiative, there is a risk of forgetting this vital information. Yet, increasing the number of volunteers and reinstating door-to-door awareness campaigns could ensure the longevity of this knowledge dissemination. Regarding this, a local government official emphasized.

> **"Without the continuation of this project, the awareness crucial for future generations will cease to exist, leaving them vulnerable to the consequences of ignorance." KII: Upazila Parishad Member**

> **"If the project can be sustained over the long term, I believe it will yield even greater success. There is a need for ongoing training or sessions for adolescents to address long-term issues and solutions. It's essential to sustain awareness among all members of society, including parents, about these matters." KII: NGO Worker**

Chapter 03: Recommendation

- Despite the progress made, to further solidify the project's sustainability, ActionAid should design a longer intervention, which is essential to uproot the deeply stemmed misconceptions and social stigma surrounding SRHR and MHM.
- ActionAid should address barriers stemming from orthodox religious beliefs by developing tailored educational materials and programs that promote SRHR in alignment with diverse cultural and religious perspectives. ActionAid should involve religious leaders more rigorously into project implementation.
- The GLA project included a limited number of male members of the community. To produce lasting and impactful results, it is essential that they incorporate the male household members, particularly adolescent boys, through various awareness campaigns and workshops.
- ActionAid should strengthen enforcement and monitoring mechanisms to ensure the effective implementation of comprehensive sexual education in school curricula, emphasizing gender-sensitive approaches and providing ongoing support and resources for teachers' training and capacity building.

Annex 1: HH Survey Questionnaire

Consent Form:

সম্মতিপত্রঃ

Greetings! I am ....., I have come from a research institute called Development Research Initiative (dRi). The organization is conducting a research study in collaboration with ActionAid in Bangladesh that is aimed at providing mental health services, counseling, and menstrual health management to address the urgent needs of adolescent girls and enhance their reproductive and menstrual health in your community

শুভেচ্ছা! আমার নাম ....., আমি ডেভেলপমেন্ট রিসার্চ ইনিশিয়েটিভ (ডিআরআই) নামক একটি গবেষণা প্রতিষ্ঠান থেকে এসেছি। ডিআরআই, ActionAid in Bangladesh এর সঙ্গে যৌথভাবে একটি গবেষণা পরিচালনা করছে। এই গবেষণার লক্ষ্য হল, এই কমিউনিটিতে কিশোরীদের মানসিক স্বাস্থ্য সেবা, কাউন্সেলিং, মাসিক স্বাস্থ্য ব্যবস্থাপনা প্রদান করা যাতে করে তাদের জরুরি প্রয়োজনগুলো মেটান যায় এবং প্রজনন ও মাসিক স্বাস্থ্য উন্নত করা যায়।

Your participation in this discussion depends entirely on your wishes. We assure you that no record (tape record) of this conversation will be kept and all information provided by you will be kept completely confidential and will only be used for research purposes. You may refrain from answering any questions during the interview. Providing this interview will not deprive you of any of the other benefits you have received or cause you any loss. There will be no gain or loss for you in providing this information, but the information you provide will help ActionAid Bangladesh measure the impact of their project titled "Girl Led Action" and take appropriate steps for women empowerment in your community.

This interview can take between 30-40 minutes to complete and you will not receive any cash or gifts. Now if you agree to participate, we can start a discussion with you.

এই গবেষণায় আপনার অংশগ্রহণ সম্পূর্ণ আপনার ইচ্ছার উপর নির্ভরশীল। আমরা নিশ্চয়তা প্রদান করছি যে এই আলোচনার কোনো রেকর্ড (টেপ রেকর্ড) রাখা হবে না এবং আপনার দেওয়া সকল তথ্য গোপন থাকবে এবং শুধু গবেষণার কাজে ব্যবহার করা হবে। আপনি চাইলে কোনো প্রশ্নের উত্তর দেওয়া থেকে বিরত থাকতে পারেন। সাক্ষাৎকারে অংশগ্রহণ করলে আপনি কোনো সুবিধা পাওয়া থেকে বঞ্চিত হবেন না বা আপনার কোনো ক্ষতি হবে না। এই তথ্য প্রদান করলে ব্যক্তিগতভাবে আপনার কোনো লাভ বা ক্ষতি হবে না তবে আপনার দেওয়া তথ্য ActionAid Bangladesh কে "Girl Led Action" প্রকল্পের প্রভাব বুঝতে এবং আপনার কমিউনিটিতে নারীর ক্ষমতায়নের জন্য যথাযথ উদ্যোগ সহায়তা করবে।

Are you willing to take part in this discussion with us? □ 1= Yes □ 2= No

আপনি কি সাক্ষাৎকারে অংশ নিতে রাজি আছেন? □ 1= হ্যাঁ □ 2= না

Metadata

Sl.	Questions	Option/Response
a.	Interview Date সাক্ষাৎকার গ্রহণের তারিখ	□□-□□-□□□□
b.	Start Time সাক্ষাৎকার শুরুর সময়	□□:□□
c.	Enumerators Name এনুমিরেটরের নাম	----------
d.	Supervisor Name সুপারভাইজারের নাম	□
e.	Respondent Unique ID উত্তরদাতার আইডি	----------
f.	Age of the Respondent উত্তরদাতার বয়স	□□

f.1	Disability status উত্তরদাতার কি কোনো ধরণের প্রতিবন্ধকতা আছে? (Multiple answer) (একাধিক উত্তর প্রযোজ্য)	1= Visual দৃষ্টি প্রতিবন্ধী 2= Hearing শ্রবণ প্রতিবন্ধী 3= Speech বাক প্রতিবন্ধী 4= Physical শারীরিক প্রতিবন্ধী 5= Mental মানসিক প্রতিবন্ধী 6= No disability কোনো প্রতিবন্ধকতা নেই
g.	Did you come across any campaign/training sessions/promotional materials from ActionAid Bangladesh as part of the Girl Led Action (GLA) Project? আপনি কি গার্ল লেড অ্যাকশন (জিএলএ) প্রকল্পের অংশ হিসেবে অ্যাকশনএইড বাংলাদেশের কোনো ক্যাম্পেইন (প্রচারণা)/ট্রেনিং সেশন/প্রমোশনাল (প্রচারমূলক) উপকরণ পেয়েছেন?	1= Yes হ্যাঁ 0= No না [End Interview if 0] [যদি উত্তর ০ হয় তবে সাক্ষাতকারটি শেষ করুন]
g.1	Is the mother of the adolescent or other adult female member available in the household now? এই মূহুর্তে খানায় কি কিশোরী'র মা কিংবা অন্য কোনো প্রাপ্তবয়স্ক নারী উপস্থিত আছে?	1= Yes হ্যাঁ 0= No না [End Interview if 0] [যদি উত্তর ০ হয় তবে সাক্ষাতকারটি শেষ করুন]
h.	Mobile Number মোবাইল নাম্বার (If don't have any number, put 888, and if have an number, but don't know the number, put 999) (যদি কোনো মোবাইল না থাকে তাহলে ৮৮৮ লিখুন। যদি মোবাইল থাকে কিন্ত নম্বর না জানে তাহলে ৯৯৯ লিখুন)	☐☐☐☐☐☐☐☐☐☐☐
i.	Alternative Mobile Number বিকল্প মোবাইল নাম্বার (If don't have any alternative number, put 888, and if have an alternative number, but don't know the number, put 999) (যদি বিকল্প কোনো মোবাইল নাম্বার না থাকে তাহলে ৮৮৮ লিখুন। যদি বিকল্প মোবাইল থাকে কিন্ত নম্বর না জানে তাহলে ৯৯৯ লিখুন)	☐☐☐☐☐☐☐☐☐☐☐
j.	Upazila Name উপজেলা	☐
k.	Union Name. ইউনিয়ন	☐☐
l.	Number of Ward ওয়ার্ড নং	☐☐
m.	Village গ্রাম	----------
n.	Landmark ল্যান্ডমার্ক	----------

The questionnaire has been prepared into two segments. The first module is designed for collecting information from the adolescent beneficiaries, while the second module will collect information from the adult household members

Module A: For Adolescents

Section A.1: Knowledge of and Practice of- Safe and Hygienic Menstrual Health Management (MHM); Sexual and Reproductive Health Rights (SRHR)

The questions under this section will target the indicator "% of target groups and relevant stakeholders (family members; community; school authority, religious leaders; local government authorities) have improved knowledge of SRHR and safe and hygienic menstrual health management (MHM) practices" under the "Result 1" in the projects logical framework.

Sl.	Questions	Option/Response	Skip
	Menstrual Hygiene Management (MHM)		
1.	What do you know about menstrual hygiene management? [Can select more than one option] মাসিক স্বাস্থ্য ব্যবস্থাপনা সম্পর্কে আপনি কী জানেন? [একাধিক উত্তর প্রযোজ্য]	1= Importance of maintaining proper hygiene and sanitation practices during menstruation মাসিকের সময় সঠিক স্বাস্থ্যবিধি/পরিচ্ছন্নতা এবং স্যানিটেশন চর্চা মেনে চলার গুরুত্ব 2= Methods of safe use and disposal of menstrual products মাসিকের উপকরণসমূহের সঠিক ব্যবহার এবং নিষ্পত্তির পদ্ধতি 3= Common myths and misconceptions surrounding menstruation মাসিককে কেন্দ্র করে প্রচলিত মিথ এবং ভুল ধারণাসমূহ 4= Coping strategies for managing emotional changes and mood swings during menstruation মাসিকের সময়ে ঘটা মানসিক পরবর্তন এবং মুড সুইং মানিয়ে নেওয়ার কৌশল 5= Explanation of the physiological processes involved in menstruation মাসিকের সঙ্গে সম্পর্কিত শারীরিক/শরীরবৃত্তীয় ব্যাখা 6= Don't know anything আমি এই সম্পর্কে কিছুই জানি না	If 6 skip to Q.4
2.	Where did you learn this information from? [Can select more than one option] আপনি কোথায় থেকে এই এই তথ্যগুলো জেনেছেন? [একাধিক উত্তর প্রযোজ্য]	1= MHM module from ActionAid Bangladesh একশনএইড বাংলাদেশের মাসিক স্বাস্থ্য ব্যবস্থাপনা (এমএইচএম) মডেল 2= From awareness raising campaigns/workshops organized by ActionAid Bangladesh অ্যাকশনএইড বাংলাদেশ কর্তৃক আয়োজিত সচেতনতা বৃদ্ধিমূলক ক্যাম্পেইন (প্রচারণা)/ ওয়ার্কশপ থেকে 3= Community Volunteers/Activists deployed by ActionAid Bangladesh	

Sl.	Questions	Option/Response	Skip
		অ্যাকশনএইড বাংলাদেশ কর্তৃক নিয়োগকৃত কমিউনিটি ভলান্টিয়ার/কর্মী 4= School teachers স্কুল শিক্ষক 5= Family members পরিবারের সদস্য 6= Community healthcare workers কমিউনিটি স্বাস্থ্য কর্মী 7= Other NGO workers অন্য এনজিও'র কর্মকর্তা 8= Government pamphlets/leaflets etc. সরকারি প্রচারপত্র/লিফলেট ইত্যাদি 9= Internet/Television ইন্টারনেট/টেলিভিশন	
3.	Did you know this information prior to the GLA project's interventions by ActionAid? অ্যাকশনএইড বাংলাদেশের জিএলএ প্রকল্প বাস্তবায়নের আগেও কি আপনি এই তথ্য জানতেন?	1= Yes, I knew these information before হ্যাঁ, আমি আগে থেকেই এই তথ্য জানতাম 2= I had some basic knowledge, but now I have more in-depth knowledge আমার বেসিক/ প্রাথমিক কিছু জানাশোনা ছিল, কিন্তু এখন আমার আরও বিস্তারিত/গভীর জ্ঞান আছে 3= I knew nothing before the project interventions প্রকল্পের বাস্তবায়নের আগে আমি কিছুই জানতাম না	
4.	What do you use during menstruation? মাসিকের সময় আপনি কি ব্যবহার করেন?	1= Disposable Sanitary Napkins ডিসপোজেবল/নিষ্পত্তিযোগ্য স্যানিটারি ন্যাপকিন 2= Reusable Clothes Pad পুনরায় ব্যবহারযোগ্য কাপড় 3= Tissue paper/Toilet paper টিস্যু পেপার/টয়লেট পেপার 4= Only underwear শুধু আন্ডারওয়ার	If 2 skip 4.a-4.f
4.a	Where do you source these menstrual products from? [Can select multiple options] মাসিকের পণ্যগুলি কোথা থেকে পান? [একাধিক উত্তর প্রযোজ্য]	1= Buy from pharmacy/store ঔষধের দোকান/ দোকান 2= Receive from school স্কুল থেকে পাই 3= Received from ActionAid Bangladesh under GLA project অ্যাকশনএইড বাংলাদেশের জিএলএ প্রকল্প থেকে পাই 4= Receive from healthcare clinic স্বাস্থ্যকেন্দ্র থেকে পাই 5= Receive from other NGOs অন্যান্য এনজিও থেকে পাই	
4.b	Who buys these products for you? [Can select multiple options] এগুলো আপনাকে কে কিনে দেয়? [একাধিক উত্তর প্রযোজ্য]	1= I buy them myself আমি নিজে কিনি 2= My father আমার বাবা 3= My mother আমার মা	Skip If Q4.a= 2,3,4,5

Sl.	Questions	Option/Response	Skip
		4= My brother আমার ভাই 5= My sister আমার বোন 6= My husband আমার স্বামী 7= Others [Specify] অন্যান্য [নির্দিষ্ট করুন]	
4.c	How much money do you have to pay each time to obtain these products? এই পণ্যগুলি পেতে প্রতিবার আপনাকে কত টাকা দিতে হয়?	1= [Amount of Money] [টাকার পরিমান লিখুন] 2= I get them for free বিনামূল্যে পাই If don't know the price put 888 যদি দাম না জানে তাহলে ৮৮৮ লিখুন	Skip If Q4.a=2,4
4.d	Are you satisfied with the price of these products? আপনি কি এগুলোর দাম নিয়ে সন্তুষ্ট?	1= Yes, the price is justified হ্যাঁ, দাম ঠিক আছে 2= The price is reasonable but could be cheaper দাম যুক্তিসঙ্গত কিন্তু আরও কম হতে পারে 3= Yes, because the price is lower than the market price হ্যাঁ, বাজারদর থেকে কম দাম এখানে 4= The price is really high and totally unjustified দাম অতিরিক্ত বেশি এবং কোনভাবেই যুক্তিসঙ্গত নয়	Skip if Q4.c=2 or 888
4.e	How satified are you with the quality of these products? আপনি কি পণ্যের মান নিয়ে সন্তুষ্ট?	1= I am completely satisfied হ্যাঁ, আমি পুরপুরি সন্তুষ্ট 2= I am somewhat satisfied আমি মোটামোটি সন্তুষ্ট 3= I am completely dissatisfied আমি একদমই সন্তুষ্ট নই	Skip If Q4.a= 2,4
4.f	Did you ever feel uncomfortable while buying/carrying your menstrual products from the pharmacy/store? [Can select multiple options] আপনি কি কখনো ঔষধের দোকান/ দোকান থেকে আপনার মাসিকের পণ্য কেনা/বহন করার সময় অস্বস্তি বোধ করেছেন? [একাধিক উত্তর প্রযোজ্য]	1= Yes, the shopkepper stares at me so it is uncomfortable হ্যাঁ, দোকানি তাকিয়ে থাকে তাই অস্বস্তিবোধ করি 2= Yes, the other customers at the store stares at me so it is uncomfortable হ্যাঁ, দোকানের অন্যান্য ক্রেতা তাকিয়ে থাকে তাই অস্বস্তিবোধ করি 3= Yes, I have been stared at/tauted by passesers by while carrying the menstrual products on the way home হ্যাঁ পণ্য কিনে বাড়ি ফেরার পথে পথচারী তাকিয়ে থাকে/ বিব্রতকর বা খারাপ কথা বলে 4= No না	Skip if Q4.b= 2,3,4,5,6,7 and Q4.a= 2,3,4,5,6
5.	How often do you change your disposable sanitary napkins? কতক্ষণ পরপর আপনি ডিসপোজেবল/নিষ্পত্তিযোগ্য স্যানিটারি ন্যাপকিন পরিবর্তন করেন?	1= Every 3 hours প্রতি ৩ ঘন্টা পরপর 2= Every 6 hours প্রতি ৬ ঘন্টা পরপর 3= Every 12 hours প্রতি ১২ ঘন্টা পরপর 4= Once a day দিনে একবার	Skip if Q4=2,3,4
6.	Where did you learn that you should change your pads at regular intervals? নিয়মিত বিরতিতে প্যাড পরিবর্তন করা উচিত এটা আপনি কোথায় শিখলেন?	1= GLA project initiatives জিএলএ প্রকল্পের কার্যক্রম 2= Other NGO initiatives অন্যান্য এনজিও'র কার্যক্রম	Skip if Q5=3,4

Sl.	Questions	Option/Response	Skip
	(multiple Response) একাধিক উত্তর প্রযোজ্য	3= School teachers স্কুল শিক্ষক 4= Family members পরিবারের সদস্য 5= Community healthcare workers কমিউনিটি স্বাস্থ্য কর্মী 6= Internet/Television ইন্টারনেট/টেলিভিশন 99= Others (Specify) অন্যান্য (নির্দিষ্ট করুন)	
7.	Did your frequency of changing sanitary napkins change after learning the importance of changing pads at regular intervals through the project interventions? প্রকল্প থেকে নিয়মিত বিরতিতে প্যাড পরিবর্তনের গুরুত্ব জানার পর থেকে কি আপনার স্যানিটারি ন্যাপকিন পরিবর্তনের হার পরিবর্তন হয়েছে?	1= Yes হ্যাঁ 0= No না	Skip if Q4=2,3,4
8.	How do you clean your reusable cloth pads? পুনরায় ব্যবহারযোগ্য কাপড় কীভাবে পরিষ্কার করেন?	1= Wash with water and dry in the sun পানি দিয়ে ধুয়ে রৌদ্রে শুখান হয় 2= Wash with soap and water and dry in the sun পানি এবং সাবান দিয়ে ধুয়ে রৌদ্রে শুখান হয় 3= Wash with water and dry hidden under other clothes/indoor পানি দিয়ে ধুয়ে অন্যান্য কাপড়ের সাথে গোপনে/ঘরের মধ্যে শুখান হয় 4= Wash with soap and water and dry hidden under other clothes/indoor পানি এবং সাবান দিয়ে ধুয়ে অন্যান্য কাপড়ের সাথে গোপনে/ঘরের মধ্যে শুখান হয়	Skip if Q4=1,3,4
9.	Where did you learn that you should clean your cloth pads with soap and water and sundry? [Can select more than one option] আপনি কোথায় থেকে জানলেন যে কাপড় সাবান এবং পানি দিয়ে ধুয়ে দিয়ে রৌদ্রে শুখান উচিৎ? [একাধিক উত্তর প্রযোজ্য]	1= GLA project initiatives জিএলএ প্রকল্পের কার্যক্রম 2= Other NGO initiatives অন্যান্য এনজিও'র কার্যক্রম 3= School teachers স্কুল শিক্ষক 4= Family members পরিবারের সদস্য 5= Community healthcare workers কমিউনিটি স্বাস্থ্য কর্মী 6= Internet/Television ইন্টারনেট/টেলিভিশন 99= Others (Specify) অন্যান্য (নির্দিষ্ট করুন)	Skip if Q8=1,3,4

Sl.	Questions	Option/Response	Skip
10.	Did your way of cleaning your clothes pad change due to the projects intervention? প্রকল্প বাস্তবায়নের কারণে কি আপনার কাপড়/কাপড়ের প্যাড পরিষ্কার করার পদ্ধতি পরিবর্তিত হয়েছে?	1= Yes, previously I used to only wash with water and dry in the sun হ্যাঁ, পূর্বে আমি শুধু পানি দিয়ে ধুয়ে রোদে শুকাতাম 2= Yes, previously I used to wash with water and dry hidden under other clothes/indoor হ্যাঁ, পূর্বে আমি পানিতে ধুয়ে অন্যান্য কাপড়ের সাথে গোপনে/ঘরের মধ্যে শুখাতাম 3= Yes, previously I used to wash with soap and water but dry hidden under other clothes/indoor হ্যাঁ, পূর্বে আমি পানি ও সাবান দিয়ে ধুয়ে অন্যান্য কাপড়ের সাথে গোপনে/ঘরের মধ্যে শুখাতাম 4= No, there is no change না, কোনো পরিবর্তন আসে নি	Skip if Q4=1,3,4
11.	Did your school arrange non-classroom sessions with MHM modules prepared by ActionAid Bangladesh for the students? আপনার স্কুল থেকে কি শিক্ষার্থীদের জন্য একশনএইড বাংলাদেশ কর্তৃক প্রস্তুতকৃত মাসিক স্বাস্থ্য ব্যবস্থাপনা মডিউল নিয়ে শ্রেণীকক্ষ বহির্ভূত (নন-ক্লাশরুম) সেশনের ব্যবস্থা করা হয়েছে?	1= Yes হ্যাঁ 0= No না	
12.	How often were these non-classroom sessions organized? কত ঘনঘন শ্রেণীকক্ষ বহির্ভূত (নন-ক্লাশরুম) সেশনের আয়োজন করা হত?	1= Weekly সাপ্তাহিক/ সপ্তাহে ১ বার 2= Monthly মাসিক/ মাসে ১ বার 3= Twice a week সপ্তাহে ২ বার 4= Twice a month মাসে ২ বার 5= Occasionally, not on a regular basis মাঝে মাঝে, নিয়মিতভাবে নয়	Skip if Q11=0
13.	How many sessions were conducted in total? মোট কতগুলো সেশন আয়োজন করা হয়েছে?	[Number of sessions] [সেশনের সংখ্যা]	Skip if Q11=0
14.	Did these sessions teach you essential information regarding MHM you were unaware of? এই সেশনগুলি থেকে কি আপনি মাসিক স্বাস্থ্য ব্যবস্থাপনা (এমএইচএম) সম্পর্কিত প্রয়োজনীয় তথ্য শিখেছেন যা আপনি জানতেন না?	1= Yes হ্যাঁ 0= No না	Skip if Q11=0
15.	Did the improved knowledge contribute to your adoption of overall healthy MHM practices? এই জ্ঞান কি আপনার স্বাস্থ্যসম্মত মাসিক স্বাস্থ্য ব্যবস্থাপনা (এমএইচএম) চর্চায় অবদান রেখেছে?	1= Yes, I have completely changed my MHM practices হ্যাঁ, আমি পুরোপুরিভাবে মাসিক স্বাস্থ্য ব্যবস্থাপনা (এমএইচএম) চর্চা পরিবর্তন করেছি 2= I have adopted certain practices আমি কিছু বিষয়/চর্চা পরিবর্তন করেছি 3= The new knowledge did not have any effect on my current MHM	Skip if Q3=1; Q14=0

Sl.	Questions	Option/Response	Skip
		practices আমার মাসিক স্বাস্থ্য ব্যবস্থাপনা (এমএইচএম) চর্চায় এই জ্ঞান কোনো প্রভাব ফেলে নি	
16.	How confident are you in your ability to continue with the healthy MHM practices you adopted if the project interventions stopped? যদি প্রকল্পটি বন্ধ হয়ে যায় তাহলে আপনি যে স্বাস্থ্যকর মাসিক স্বাস্থ্য ব্যবস্থাপনা (এমএইচএম) চর্চা করছেন সেটি চালিয়ে যাওয়ার বিষয়ে আপনি কতটা আত্মবিশ্বাসী?	1= I am certain I will still be following healthy MHM practices আমি নিশ্চিত যে আমি স্বাস্থ্যকর মাসিক স্বাস্থ্য ব্যবস্থাপনা (এমএইচএম) চর্চা চালিয়ে যাব 2= I am slightly confident that I will be able to keep up these practices to some extent আমি কিছুটা আত্মবিশ্বাসী যে এই চর্চাগুলো আমি কিছু পরিমাণে চালিয়ে যেতে পারব 3= I will not be able to follow these practices আমি এই চর্চাগুলো চালিয়ে যেতে পারব না	Skip if Q15=3
Sexual and Reproductive Health Rights (SRHR)			
17.	What do you know about Sexual and Reproductive Health Rights (SRHR)? [Can select more than one option] আপনি যৌন ও প্রজনন স্বাস্থ্য অধিকার (SRHR) সম্পর্কে কি জানেন? [Can select more than one option] [একাধিক উত্তর প্রযোজ্য]	1= Human right মানবাধিকার 1= Right to make informed decisions about one's own body নিজের শরীরের সিদ্ধান্ত নিজের নেওয়ার অধিকার 2= Access to information and services related to contraception, family planning, and pregnancy জন্মবিরতিকরণ উপকরণ, পরিবার পরিকল্পনা এবং গর্ভধারণ সম্পর্কে তথ্য এবং সেবা গ্রহণের সুযোগ 3= Right to access healthcare services without discrimination কোনো ধরণের বৈষম্য ছাড়া স্বাস্থ্য সেবা গ্রহণের অধিকার 4= Right to freedom from sexual violence, coercion, and discrimination যৌন সহিংসতা, জবরদস্তি এবং বৈষম্য থেকে মুক্তির অধিকার 5= Right to choose whether or not to have children and the number and spacing of children গর্ভধারণ করা বা না করা, কতটি সন্তান থাকবে এবং দুইটি সন্তানের মধ্যবর্তী বিরতি কত হবে সেটি নির্ধারণের অধিকার 6= Right to protection from and treatment of sexually transmitted infections and diseases যৌনবাহিত সংক্রমণ এবং রোগ থেকে সুরক্ষা এবং চিকিৎসার অধিকার	If 7 Skip to Q19.a

Sl.	Questions	Option/Response	Skip
		7= Don't know anything আমি এই সম্পর্কে কিছুই জানি না	
18.	Where did you learn this information from? [Can select more than one option] আপনি কোথা থেকে এই তথ্যগুলো পেয়েছেন? [একাধিক উত্তর প্রযোজ্য]	1= From awareness raising campaigns/workshops organized by ActionAid Bangladesh একশন এইড বাংলাদেশ থেকে আয়োজিত সচেতনতামূলক ক্যাম্পেইন/ ওয়ার্কশপ 2= Community Volunteers/Activists deployed by ActionAid Bangladesh অ্যাকশনএইড বাংলাদেশ কর্তৃক নিয়োগকৃত কমিউনিটি ভলান্টিয়ার/কর্মী 3= School teachers স্কুল শিক্ষক 4= Family members পরিবারের সদস্য 5= Community healthcare workers কমিউনিটর স্বাস্থ্য কর্মী 6= Other NGO workers অন্যান্য এনজিও কর্মকর্তা 7= Government pamphlets/leaflets etc. সরকারি প্রচারপত্র/লিফলেট ইত্যাদি 8= Internet/Television ইন্টারনেট/টেলিভিশন 99= Others (Specify) অন্যান্য (নির্দিষ্ট করুন)	
19.	Did you know this information prior to the GLA project's interventions by ActionAid? একশনএইড বাংলাদেশের জিএলএ প্রকল্প বাস্তবায়নের আগে কি আপনি এই তথ্যগুলো জানতেন?	1= Yes, I knew these information before হ্যাঁ, আমি আগে থেকেই এই তথ্যগুলো জানতাম 2= I had some basic knowledge, but now I have more in-depth knowledge আমার বেসিক/ প্রাথমিক কিছু জানাশোনা ছিল, কিন্তু এখন আমার আরও বিস্তারিত/গভীর জ্ঞান আছে 3= I knew nothing before the project interventions প্রকল্পের বাস্তবায়নের আগে আমি কিছুই জানতাম না	
19.a	Who makes the sexual and reproductive decisions in your life? আপনার ক্ষেত্রে যৌন ও প্রজনন সম্পর্কিত সিদ্ধান্ত কে নিয়ে থাকে?	1= I do আমি নিজে 2= My husband আমার স্বামী 3= Elderly household members (father/mother in law, grand parents etc.) বাড়ির বয়স্ক সদস্যরা (শশুর-শাশুরি, দাদা-দাদি, ইত্যাদি) 4= We both do উভয়ে 5= The Respondent is unmarried উত্তরদাতা অবিবাহিত	

Sl.	Questions	Option/Response	Skip
20.	Did you participate in any campaign/workshop/training session organized by ActionAid Bangladesh to raise awareness regarding SRHR? যৌন ও প্রজনন স্বাস্থ্য অধিকার সম্পর্কে সচেতনতা বাড়াতে আপনি কি অ্যাকশনএইড বাংলাদেশ কর্তৃক আয়োজিত কোন ক্যাম্পেইন/ওয়ার্কশপ/ট্রেনিং সেশনে অংশগ্রহণ করেছেন?	1= Yes হ্যাঁ 0= No না	
21.	What did these campaign/workshop/training session cover? এই ক্যাম্পেইন/ওয়ার্কশপ/ট্রেইনিং এ কী কী বিষয় নিয়ে আলোচনা করা হয়েছিল? (multiple Response) একাধিক উত্তর প্রযোজ্য	1= Contraceptives and family planning methods গর্ভনিরোধ এবং পরিবার পরিকল্পনা পদ্ধতি 2= Antenatal care knowledge for pregnant women গর্ভবতী নারীদের জন্য প্রসব পূর্ববর্তী সেবা সম্পর্কে জ্ঞান 3= Preventive methods for sexually transmitted infections and diseases যৌনবাহিত সংক্রমণ এবং রোগের প্রতিরোধমূলক পদ্ধতি 99= Others specify অন্যান্য নির্দিষ্ট করুন	Skip if Q20=0
21.a	Did these SRHR campaign/workshop/training session bring any kind of change in your life? এই ক্যাম্পেইন/ওয়ার্কশপ/ট্রেইনিং গুলো কি আপনার জীবনে কোন পরিবর্তন এনেছে?	1= Yes, these campaign/workshop/training session have enabled me to exercise my SRHR rights হ্যাঁ, এই ক্যাম্পেইন/ওয়ার্কশপ/ট্রেইনিং গুলো আমাকে আমার যৌন ও প্রজনন স্বাস্থ্য অধিকার চর্চা করতে অনেক সাহায্য করেছে 2= No, I have always been aware of my rights and duly exercised them না, আমি সবসময় আমার যৌন ও প্রজনন স্বাস্থ্য অধিকার সম্পর্কে সচেতন ছিলাম এবং তা সবসময় চর্চা করেছি 3= No, these initiatives did not improve my ability to exercise my SRHR. না, এগুলো আমাকে আমার যৌন ও প্রজনন স্বাস্থ্য অধিকার চর্চা করতে কোন সাহায্য করে নি	Skip if Q20=0
	Day Observations		
22.	Have you come across any campaign strategies targeted towards observation of events such as- menstrual hygiene day, international girl child day etc.? আপনি কি মাসিক স্বাস্থ্যবিধি দিবস, আন্তর্জাতিক কন্যা শিশু দিবসের মত ইভেন্টগুলোতে কোনো ক্যাম্পেইন/প্রচার-প্রচারণা দেখেছেন?	1= Yes হ্যাঁ 0= No না	
23.	What strategies have you witnessed? [Can select more than one option] আপনি কি ধরণের ক্যাম্পেইন/প্রচার-প্রচারণা দেখেছেন? একাধিক উত্তর প্রযোজ্য	1= Rally র‍্যালি 2= Theatre shows থিয়েটার শো 3= Quiz shows কুইজ শো 4= Sporting Events ক্রীড়া ইভেন্ট/প্রতিযোগীতা	Skip if Q22=0

Sl.	Questions	Option/Response	Skip
24.	How effective has these strategies been in promoting and mainstreaming SRHR and hygienic MHM practices in your community? এই ক্যাম্পেইন/কৌশলগুলো আপনার কমিউনিটিতে যৌন ও প্রজনন স্বাস্থ্য অধিকার এবং স্বাস্থ্যকর মাসিক স্বাস্থ্য ব্যবস্থাপনা চর্চা-কে উৎসাহিত করা এবং এটিকে মূলধারা/স্বাভাবিক হিসেবে প্রতিষ্ঠিত করার ক্ষেত্রে কতটা কার্যকর হয়েছে?	1= These strategies have successfully mainstreamed SRHR and MHM practices in the community এই ক্যাম্পেইন/কৌশলগুলো সফলভাবে কমিউনিটিতে যৌন ও প্রজনন স্বাস্থ্য অধিকার এবং স্বাস্থ্যকর মাসিক স্বাস্থ্য ব্যবস্থাপনা চর্চা-কে মূলধারা/ স্বাভাবিক হিসেবে প্রতিষ্ঠিত করেছে 2= The strategies have made slight improvements in mainstreaming SRHR and MHM in the community এই ক্যাম্পেইন/কৌশলগুলো মাধ্যমে কমিউনিটিতে যৌন ও প্রজনন স্বাস্থ্য অধিকার এবং স্বাস্থ্যকর মাসিক স্বাস্থ্য ব্যবস্থাপনা চর্চা-কে মূলধারা/ স্বাভাবিক হিসেবে প্রতিষ্ঠিত করার ক্ষেত্রে সামান্য উন্নতি হয়েছে 3= The strategies did not have any effect এই কৌশলগুলো কোনো ধরণের প্রভাব ফেলে নি	Skip if Q22=0
25.	Do you think your community can keep promoting and mainstreaming SRHR and hygienic MHM practices once these interventions stop? আপনি কি মনে করেন যে, এই প্রকল্পের কার্যক্রম বন্ধ হয়ে গেলেও যৌন ও প্রজনন স্বাস্থ্য অধিকার এবং স্বাস্থ্যকর মাসিক স্বাস্থ্য ব্যবস্থাপনা চর্চাকে মূলধারা/ স্বাভাবিক হিসেবে প্রতিষ্ঠিত করার ক্ষেত্রে কমিউনিটি থেকে কার্যক্রম পরিচালনা করা হবে?	1= I am certain even if there are no campaigns in the future my community will keep promoting and mainstreaming SRHR and hygienic MHM practices আমি পুরোপুরি নিশ্চিত যে, ভবিষ্যতে কোনো ক্যাম্পেইন/প্রচার-প্রচারণা না থাকলেও কমিউনিটি থেকে যৌন ও প্রজনন স্বাস্থ্য অধিকার এবং স্বাস্থ্যকর মাসিক স্বাস্থ্য ব্যবস্থাপনা চর্চা মূলধারায় নিয়ে আসার ক্ষেত্রে কার্যক্রম পরিচালনা করা হবে 2= I am slightly confident that my community will keep promoting and mainstreaming SRHR and hygienic MHM practices to some extent আমি কিছুটা নিশ্চিত যে, ভবিষ্যতে কোনো ক্যাম্পেইন/প্রচার-প্রচারণা না থাকলেও কমিউনিটি থেকে যৌন ও প্রজনন স্বাস্থ্য অধিকার এবং স্বাস্থ্যকর মাসিক স্বাস্থ্য ব্যবস্থাপনা চর্চা মূলধারায় নিয়ে আসার ক্ষেত্রে কিছু কার্যক্রম পরিচালনা করা হবে 3= My community will not be able to keep continuing promoting and mainstreaming SRHR and hygienic MHM practices কমিউনিটিতে যৌন ও	Skip if Q24=3

Sl.	Questions	Option/Response	Skip
		প্রজনন স্বাস্থ্য অধিকার এবং স্বাস্থ্যকর মাসিক স্বাস্থ্য ব্যবস্থাপনা চর্চা মূলধারায় নিয়ে আসার ক্ষেত্রে কার্যক্রম পরিচালনা করা সম্ভব হবে না	

Section A.2: Access to Mental Health and Sexual and Reproductive Health Services

The questions under this section will target the indicator "% of adolescent girls and family members got easy access to SRH and mental health services and counselling" under the "Result 2" in the projects logical framework.

Sl.	Questions	Option/Response	Skip
26.	Did you and your family members receive any door-to-door family counselling session on SRHR and MHM practices from community volunteers deployed by ActionAid Bangladesh? আপনি এবং আপনার পরিবারের সদস্যরা কি একশনএইড বাংলাদেশ কর্তৃক নিয়োগকৃত কমিউনিটি ভলান্টিয়ার/স্বেচ্ছাসেবকদের কাছ থেকে যৌন ও প্রজনন স্বাস্থ্য অধিকার এবং মাসিক স্বাস্থ্য ব্যবস্থাপনার উপরে ডোর-টু-ডোর কাউন্সেলিং সেশন পেয়েছে?	1= Yes হ্যাঁ 0= No না	
27.	How often did you receive these counselling sessions? কত ঘনঘন আপনি এই কাউন্সেলিং সেবা পেতেন ?	1= Weekly সাপ্তাহিক/ সপ্তাহে ১ বার 2= Monthly মাসিক/ মাসে ১ বার 3= Twice a week সপ্তাহে ২ বার 4= Twice a month মাসে ২ বার 5= Occasionally, not on a regular basis মাঝে মাঝে, নিয়মিতভাবে নয়	Skip if Q26=0
28.	In total how many such sessions have you encountered? আপনি মোট কতগুলো সেশন পেয়েছেন?	[Number of Sessions] [সেশনের সংখ্যা]	Skip if Q26=0
29.	What issues did these counselling sessions cover regarding SRHR? [Can select more than one option] কাউন্সেলিং সেশনে যৌন ও প্রজনন স্বাস্থ্য অধিকার নিয়ে কী কী বিষয়ে আলোচনা হত? [একাধিক উত্তর প্রযোজ্য]	1= Understanding of reproductive anatomy and physiology রিপ্রোডাকটিভ এনাটমি ও ফিজিওলজি সম্পর্কে বোঝা 2= Puberty, menstruation, and sexual maturation বয়ঃসন্ধি, মাসিক এবং সেক্সুয়াল ম্যাচুরেশন 3= Family planning and fertility awareness পরিবার পরিকল্পনা এবং সন্তান জন্মদান সম্পর্কিত বিষয় 4= Information about common STIs and STDs (Prevention, encouragement for seeking proper treatment) সাধারণ যৌনবাহিত সংক্রমন ও রোগ সম্পর্কে তথ্য (প্রতিরোধ, সঠিক চিকিৎসা গ্রহণের জন্য উৎসাহিত করা) 5= Antenatal care for pregnant women and safe childbirth practices including encouragement for regular checkups গর্ভবতী নারীদের প্রসবপূর্ববর্তী সেবা এবং নিয়মিত চেকআপের জন্য উৎসাহিত করাসহ নিরাপদ প্রসবের চর্চা	Skip if Q26=0

Sl.	Questions	Option/Response	Skip
		6= Consent, respect, and communication among partners পার্টনারদের মধ্যে সম্মতি সম্মান এবং যোগাযোগ 7= Recognizing and addressing sexual and reproductive abuse যৌন ও প্রজনন এবিউজের স্বীকৃতি (এবিউজ হিসেবে মেনে নেওয়া) এবং সমাধান 8= Advocacy for reproductive rights প্রজনন অধিকার নিয়ে এডভোকেসি	
30.	What issues did these counselling sessions cover regarding safe and hygienic MHM practices? [Can select more than one option] এই কাউন্সেলিং সেশনগুলোতে নিরাপদ এবং স্বাস্থ্যসম্মত মাসিক স্বাস্থ্য ব্যবস্থাপনা সম্পর্কিত কী কী বিষয় নিয়ে আলোচনা হত? [একাধিক উত্তর প্রযোজ্য]	1= Proper use and disposal of sanitary napkins স্যানিটারি ন্যাপকিনের সঠিক ব্যবহার এবং নিষ্পত্তি 2= Proper cleaning and drying methods for reusable menstruation products পুনরায় ব্যবহারযোগ্য মাসিকের উপকরণগুলোর সঠিকভাবে পরিষ্কার এবং শুকানোর পদ্ধতি 3= Importance of a balanced diet during menstruation মাসিকের সময় সুষম খাদ্যের গুরুত্ব 4= Proper handwashing practices and clean water usage সঠিকভাবে হাত ধোয়ার অভ্যাস এবং পরিষ্কার পানির ব্যবহার 5= Menstrual irregularities and encouragement for seeking proper treatment অনিয়মিত মাসিক এবং সঠিক চিকিৎসা গ্রহণের জন্য উৎসাহিত করা 6= Socio-cultural taboos and myths surrounding menstruation. মাসিককে কেন্দ্র করে সামাজিক-সাংস্কৃতিক ট্যাবু ও মিথ 7= Communication between family members and adolescent girls for healthy habits during menstruation মাসিকের সময় স্বাস্থ্যকর চর্চার জন্য পরিবারের সদস্য এবং কিশোরীদের মধ্যে যোগাযোগ	Skip if Q26=0
31.	What SRHR and MHM services are available in your community? [Can select more than one option] আপনার কমিউনিটিতে যৌন ও প্রজনন স্বাস্থ্য অধিকার এবং মাসিক স্বাস্থ্য ব্যবস্থাপনা নিয়ে কী ধরণের সেবা আছে? [একাধিক উত্তর প্রযোজ্য]	1= Contraceptives at the community clinic কমিউনিটি ক্লিনিকে গর্ভনিরোধক পদ্ধতি/সেবা পাওয়া যায় 2= Antenatal, post-natal care and child birth services at the healthcare complex স্বাস্থ্যকেন্দ্রে প্রসব পূর্ববর্তী, প্রসব পরবর্তী এবং সন্তান জন্মদান সেবা 3= Treatment discourse for STIs and STDs যৌনবাহিত সংক্রমন এবং রোগের	

Sl.	Questions	Option/Response	Skip
		(এসটিআই এবং এসটিডি) চিকিৎসা সম্পর্কিত ডিসকোর্স 4= Counsellors at the clinics ক্লিনিকগুলোতে কাউন্সিলর থাকে 5= Safe spaces/clubs to seek help from regarding violence and abuse সহিংসতা এবং এবিউজের শিকার নারীদের সহায়তার জন্য নিরাপদ স্থান/ক্লাব 6= Menstrual kit vending machines মাসিকের উপকরণ পাওয়ার জন্য ভেন্ডিং মেশিন 7= No service available কোনো সেবা নেই 88= Don't know জানি না 99= Others speicify অন্যান্য নির্দিষ্ট করুন	
32.	Did these door-to-door sessions encourage you to learn about these SRHR and MHM services available in your community এই ডোর-টু ডোর সেশন কি আপনাকে যৌন ও প্রজনন স্বাস্থ্য অধিকার এবং মাসিক স্বাস্থ্য ব্যবস্থাপনা সম্পর্কিত সেবাগুলো জানতে উৎসাহিত করেছিল?	1= Yes হ্যাঁ 0= No না	Skip if Q26=0
33.	Have you been able to better access and utilize these services than you used to prior to these sessions? এই সেশনগুলো পরিচালিত হওয়ার আগের চেয়ে এখন কি আপনি আরও ভালোভাবে এই সেবাগুলো গ্রহণ এবং ব্যবহার করতে পারছেন?	1= Yes, the sessions have been extremely helpful in increasing my access and utilization of available services হ্যাঁ, সেশনগুলো আমাকে সেবাসমূহ গ্রহণ এবং ব্যবহারের সক্ষমতা বৃদ্ধি করতে অনেক সহায়তা করেছে 2= The sessions have slightly improved my capacity to access and utilize services সেশনগুলো আমাকে সেবাসমূহ গ্রহণ এবং ব্যবহারের সক্ষমতা বৃদ্ধি করতে কিছুটা সহায়তা করেছে 3= The sessions did not have any effect on my access to and utilization of services এই সেশনগুলো আমার সেবাসমূহ গ্রহণ এবং ব্যবহারের উপর কোনো প্রভাব ফেলে নি	Skip if Q26=0
34.	Did better access to and utilization of SRHR and MHM services positively impacted your overall health and wellbeing? যৌন ও প্রজনন স্বাস্থ অধিকার এবং মাসিক স্বাস্থ্য ব্যবস্থাপনা সম্পর্কিত সেবাগুলো আরও ভালোভাবে গ্রহণ এবং ব্যবহারের সুযোগ কি আপনার সামগ্রিক স্বাস্থ্য এবং সুস্থতার উপর ইতিবাচক প্রভাব ফেলেছে?	1= Yes, my overall health has improved significantly since accessing services হ্যাঁ, সেবাগুলো গ্রহণের পর থেকে আমার সামগ্রিক স্বাস্থ্যের উল্লেখযোগ্য উন্নতি হয়েছে 2= There have been slight improvement in my overall health since accessing services সেবাগুলো গ্রহণের পর থেকে আমার সামগ্রিক স্বাস্থ্যের কিছুটা উন্নতি হয়েছে	Skip if Q33=3

Sl.	Questions	Option/Response	Skip
		3= I have not noticed any considerable change in my overall health since accessing services সেবাগুলো গ্রহণের পর থেকে আমি আমার সামগ্রিক স্বাস্থ্যের কোনও উল্লেখযোগ্য পরিবর্তন লক্ষ্য করিনি	
35.	Do you think you can maintain your access to and utilization of SRHR and MHM services once these door-to-door counselling sessions stop? আপনি কি মনে করেন যে এই ডোর-টু-ডোর কাউন্সেলিং সেশন বন্ধ হয়ে গেলেও আপনি যৌন ও প্রজনন স্বাস্থ অধিকার এবং মাসিক স্বাস্থ্য ব্যবস্থাপনা সম্পর্কিত সেবাগুলো গ্রহণ এবং ব্যবহার করতে পারবেন?	1= I am certain even if there are no sessions in the future I will be able to maintain access to and utilization of SRHR and MHM services আমি নিশ্চিত যে ভবিষ্যতে কোনো সেশন না থাকলেও আমি যৌন ও প্রজনন স্বাস্থ অধিকার এবং মাসিক স্বাস্থ্য ব্যবস্থাপনা সম্পর্কিত সেবাগুলো গ্রহণ এবং ব্যবহার করতে সক্ষম হব 2= I will be able to maintain access to and utilization of SRHR and MHM services some extent আমি কিছুটা হলেও যৌন ও প্রজনন স্বাস্থ অধিকার এবং মাসিক স্বাস্থ্য ব্যবস্থাপনা সম্পর্কিত সেবাগুলো গ্রহণ এবং ব্যবহার করতে সক্ষম হব 3= I will not be able to maintain access to and utilization of SRHR and MHM services at all আমি মোটেও যৌন ও প্রজনন স্বাস্থ অধিকার এবং মাসিক স্বাস্থ্য ব্যবস্থাপনা সম্পর্কিত সেবাগুলো গ্রহণ এবং ব্যবহার করতে পারব না	Skip if Q33=3
36.	Did ActionAid Bangladesh establish any adolescent Sexual and Reproductive Health (SRH) corner in your school? অ্যাকশনএইড বাংলাদেশ কি আপনার স্কুলে কোনো কিশোর-কিশোরী যৌন ও প্রজনন স্বাস্থ্য (SRH) কর্নার স্থাপন করেছে?	1= Yes হ্যাঁ 0= No না	
37.	How many such corners are there in your school? আপনার স্কুলে মোট কতগুলো এমন কর্নার আছে?	[Number of SRH corners] [যৌন ও প্রজনন স্বাস্থ্য (SRH) কর্নারের সংখ্যা]	Skip if Q36=0
38.	Do the school teachers regularly provide support and information regarding SRHR and MHM practices through the SRH corner at your school? আপনার স্কুলে শিক্ষকরা কি নিয়মিত যৌন ও প্রজনন স্বাস্থ্য (SRH) কর্নারের মাধ্যমে যৌন ও প্রজনন স্বাস্থ্য অধিকার এবং মাসিক স্বাস্থ্য ব্যবস্থাপনা চর্চা সম্পর্কিত সহায়তা এবং তথ্য প্রদান করেন?	1= Yes হ্যাঁ 0= No না	Skip if Q36=0
39.	Does the SRHR corner provide service to both male and female students?	1= Yes হ্যাঁ 0= No না	Skip if Q36=0

Sl.	Questions	Option/Response	Skip
	যৌন ও প্রজনন স্বাস্থ্য (SRHR) কর্নার থেকে কি ছেলে এবং মেয়ে উভয় শিক্ষার্থীদের সেবা প্রদান করা হয়?		
40.	What kind of support is provided? [Can select more than one option] সেখান থেকে কী ধরণের সেবা প্রদান করা হয়? [একাধিক উত্তর প্রযোজ্য]	1= Information regarding menstruation and sexual maturity মাসিক এবং সেক্সুয়াল ম্যাচুরিটি সম্পর্কিত তথ্য 2= Counselling sessions and guidance কাউন্সেলিং সেশন এবং দিক-নির্দেশনা 3= Necessary support in terms of reported sexual and reproductive abuse যৌন ও প্রজনন এবিউজের ঘটনার ক্ষেত্রে রিপোর্ট করা হলে প্রয়োজনীয় সহায়তা প্রদান 4= Information and necessary support in terms of safe MHM at school স্কুলে নিরাপদ মাসিক স্বাস্থ্য ব্যবস্থাপনা সম্পর্কিত প্রয়োজনীয় তথ্য ও সেবা প্রদান	Skip if Q36=0
40.a	Did you use [insert support name from Q40]? আপনি কি [প্রশ্ন ৪০ থেকে সেবার নাম] গ্রহণ করেছিলেন?	1= Yes হ্যাঁ 0= No না	If Q40 = 1,2,3 or 4
41.	Did you have these services at your school prior to the GLA project interventions? জিএলএ (GLA) প্রকল্প বাস্তবায়নের আগেও কি আপনার স্কুলে কি এই সেবাগুলো ছিল?	1= Yes হ্যাঁ 0= No না	
42.	Did you feel the need for these services prior to the GLA project interventions? জিএলএ (GLA) প্রকল্প বাস্তবায়নের আগে কি আপনি এই সেবাগুলোর প্রয়োজনীয়তা অনুভব করেছিলেন?	1= Yes হ্যাঁ 0= No না	Skip if Q41=1
43.	Did these support have any positive impact on your life and overall health? এই সহায়তাগুলো কি আপনার জীবন এবং সামগ্রিক স্বাস্থ্যের উপর কোনো ইতিবাচক প্রভাব ফেলেছেন?	1= Yes হ্যাঁ 0= No না	Skip if Q40.a=0
44.	Did your school organize any mental health and wellbeing support sessions for the students? এই প্রকল্পের আওতায় আপনার স্কুল থেকে কি শিক্ষার্থীদের জন্য মানসিক স্বাস্থ্য ও সুস্থতা সহায়তার উপরে কোনো সেশনের আয়োজন করা হয়েছে?	1= Yes হ্যাঁ 0= No না	
45.	How often are those sessions held? কত ঘন ঘন এই সেশনগুলো আয়োজন করা হত?	1= Weekly সাপ্তাহিক/সপ্তাহে ১ বার 2= Monthly মাসিক/ মাসে ১ বার 3= Twice a week সপ্তাহে ২ বার 4= Twice a month মাসে ২ বার 5= Occasionally, not on a regular basis মাঝে মাঝে, নিয়মিতভাবে নয়	Skip if Q44=0

Sl.	Questions	Option/Response	Skip
45.a	Did you attend any of these sessions? আপনি কি কোনো সেশনে অংশ নিয়েছিলেন?	1= Yes হ্যাঁ 0= No না	
46.	How many sessions did you attend? আপনি কতগুলো সেশনে অংশ নিয়েছেন?	[Total number of sessions] [সেশনের সংখ্যা]	Skip if Q45.a=0
47.	What contents were covered in these sessions? [Can select more than one option] এই সেশনগুলোতে কী কী বিষয় নিয়ে আলোচনা হত? [একাধিক উত্তর প্রযোজ্য]	1= Normalizing mental health discussion to reduce stigma স্টিগমা কমাতে মানসিক স্বাস্থ্য সম্পর্কিত আলোচনা-কে স্বাভাবিক করা 2= Encourage help-seeking behavior সহায়তা চাওয়া-কে উৎসাহিত করা 3= Stress management and emotion regulation স্ট্রেস (মানসিক চাপ) ম্যানেজমেন্ট এবং আবেগ নিয়ন্ত্রণ 4= Identification of signs of distress and knowing how to respond মানসিক চাপ/কষ্টের লক্ষণ চিহ্নিত করা এবং এই পরিস্থিতিতে কী করতে হবে তা জানা 5= Peer Relationships and communication for healthy school environment স্কুলের সুন্দর পরিবেশের জন্য পরস্পরের সঙ্গে যোগাযোগ এবং সম্পর্ক	Skip if Q45.a=0
48.	Did you have an mental health support sessions at your school prior to the GLA project interventions? জিএলএ (GLA) প্রকল্প বাস্তবায়নের আগে আপনার স্কুলে কি মানসিক স্বাস্থ্য সহায়তা সেশন ছিল?	1= Yes হ্যাঁ 0= No না	
49.	Did you feel the need for these sessions prior to the GLA project interventions? আপনি কি জিএলএ (GLA) প্রকল্প বাস্তবায়নের আগে এই সেশনগুলির প্রয়োজনীয়তা অনুভব করেছিলেন?	1= Yes হ্যাঁ 0= No না	Skip if Q48 =1
50.	Did these sessions contribute to improvement of your overall mental health? এই সেশনগুলো কি আপনার মানসিক স্বাস্থ্যের সামগ্রিক উন্নতিতে অবদান রেখেছে?	1= Yes, my mental health helped me pay attention to my mental health condition হ্যাঁ, আমার মানসিক স্বাস্থ্য আমাকে মানসিক স্বাস্থ্যের অবস্থার দিকে মনোযোগ দিতে সহায়তা করেছে 2= These sessions have slightly improved my mental health এই সেশনগুলোর মাধ্যমে আমার মানসিক স্বাস্থ্যের কিছুটা উন্নতি হয়েছে 3= The sessions did not have any effect on my mental health condition এই	Skip if Q45.a=0

Sl.	Questions	Option/Response	Skip
		সেশনগুলো আমার মানসিক স্বাস্থ্যের অবস্থার উপর কোনো প্রভাব ফেলেনি 4= These sessions have deteriorated my overall mental health এই সেশনগুলোর কারণে আমার সামগ্রিক মানসিক স্বাস্থ্যের অবনতি হয়েছে	
50.a	Are there SRHR and mental health services such as counselling and information availability for adolescents like you in your community clinic? আপনাদের কমিউনিটি ক্লিনিকে কি আপনার মতো কিশোর-কিশোরীদের জন্য কাউন্সেলিং এবং সহজে তথ্য পাওয়ার মত যৌন ও প্রজনন এবং মানসিক স্বাস্থ্য সেবা রয়েছে?	1= Yes হ্যাঁ 0= No না	
50.b	Do you avail those services? আপনি কি এইসকল সেবা গ্রহণ করেন?	1= Yes হ্যাঁ 0= No না	Skip if 50.a=0
50.c	Did the project's interventions (counselling, awareness raising etc.) increased your access to these services? প্রকল্প বাস্তবায়নের ফলে (কাউন্সেলিং, সচেতনতা বৃদ্ধি ইত্যাদি) কি এই সেবাগুলো গ্রহণের সুযোগ বৃদ্ধি করেছে?	1= Yes, now I feel comfortable to visit the clinic and access these services হ্যাঁ, এখন আমি ক্লিনিকে যেতে এবং এই সেবাগুলো গ্রহণ করতে স্বাচ্ছন্দ্য বোধ করি 2= I feel more comfortable than before in accessing these services at the clinic ক্লিনিকে এই সেবাগুলো গ্রহণের ক্ষেত্রে আমি আগের চেয়ে অনেক বেশি স্বাচ্ছন্দ্য বোধ করি। 3= The project interventions did not have any effect on my access to these services at the clinic ক্লিনিকে এই সেবাগুলো গ্রহণের ক্ষেত্রে এই প্রকল্পটি আমার উপর কোন প্রভাব ফেলেনি	Skip if 50.b=0

Module B: For Mother of the Adolescent/Adult Household Member

Sl.	Questions	Option/Response	Skip
51.	What do you know about Menstrual health and hygiene? মাসিক স্বাস্থ্য এবং পরিচ্ছনতা সম্পর্কে আপনি কি জানেন? (multiple Response) একাধিক উত্তর প্রযোজ্য	1= I know girls need to maintain proper hygiene during this time আমি জানি, এই সময়ে মেয়েদের পরিচ্ছন্নতা সঠিকভাবে বজায় রাখতে হবে 2= I know girls need to take proper rest and a nutritious foods during this time আমি জানি, এই সময়ে মেয়েদের পর্যাপ্ত বিশ্রাম এবং পুষ্টিকর খাবার খাওয়া দরকার 3= I know girls should regularly change their sanitary napkins and properly clean their cloth pads আমি জানি মেয়েদের	If 4 skip to 54

Sl.	Questions	Option/Response	Skip
		নিয়মিত স্যানিটারি ন্যাপকিন পরিবর্তন করা উচিত এবং তাদের কাপড়ের প্যাড (পুনরায় ব্যবহারযোগ্য কাপড়) সঠিকভাবে পরিষ্কার করা উচিত 4= Don't know anything আমি এ সম্পর্কে কিছুই জানি না	
52.	Do you follow proper menstrual hygiene practices in your life? আপনি কি সঠিকভাবে মাসিক স্বাস্থ্যবিধি অনুসরণ করেন?	1= Yes হ্যাঁ 0= No না	
53.	Did the GLA project interventions contribute towards your knowledge of and practices of MHM? জিএলএ (GLA) প্রকল্পের বাস্তবায়ন কি আপনার মাসিক স্বাস্থ্য ব্যবস্থাপনা সম্পর্কিত জ্ঞান এবং চর্চায় ভূমিকা রেখেছে?	1= Yes হ্যাঁ 0= No না	
54.	Are you aware of the type of menstrual product the adolescent girls and women in your family use? আপনার পরিবারের কিশোরী এবং মহিলারা মাসিকের সময় যে ধরনের উপকরণ ব্যবহার করে সে সম্পর্কে আপনি কি জানেন?	1= Yes হ্যাঁ 0= No না	
55.	Who sources these products for them? তারা মাসিকের উপকরণগুলো কার কাছ থেকে পায়? (multiple Response) একাধিক উত্তর প্রযোজ্য	1= They themselves তারা নিজেরাই ব্যবস্থা করে 2= I do আমার থেকে 3= Their father বাবা 4= Their siblings ভাই-বোন 5= Collected from school স্কুল থেকে সংগ্রহ করে 99= Others speicify অন্যান্য নির্দিষ্ট করুন	
56.	Do you know if the adolescent girls and women in your family properly uses and disposes of/cleans their sanitary products? আপনার পরিবারের কিশোরী এবং মহিলারা তাদের স্যানিটারি পণ্যগুলি সঠিকভাবে ব্যবহার এবং নিষ্পত্তি/পরিষ্কার করে কিনা সেটি কি আপনি জানেন?	1= Yes হ্যাঁ 0= No না	
57.	Are you aware of your Sexual and Reproductive Health rights? আপনি কি যৌন ও প্রজনন অধিকার সম্পর্কে জানেন?	1= Yes হ্যাঁ 0= No না	
58.	Where did you learn about SRHR? আপনি যৌন ও প্রজনন অধিকার সম্পর্কে কোথায় থেকে জেনেছেন? (multiple Response) একাধিক উত্তর প্রযোজ্য	1= Door-to-door family counselling sessions by ActionAid একশনএইড থেকে আয়োজিত ডোর-টু-ডোর ফ্যামিলি কাউন্সেলিং সেশন 2= Awareness raising campaigns/workshops by ActionAid	Skip if b57=0

Sl.	Questions	Option/Response	Skip
		একশনএইড থেকে আয়োজিত সচেতনতা বৃদ্ধিমূলক ক্যাম্পেইন/ওয়ার্কশপ 3= Interactive theater shows/rally organized by ActionAid Bangladesh অ্যাকশনএইড বাংলাদেশ আয়োজিত ইন্টারেক্টিভ থিয়েটার শো/র‍্যালি 4= Community healthcare workers কমিউনিটি স্বাস্থ্যকর্মী 5= Other NGO workers অন্যান্য এনজিও কর্মী 6= Government pamphlets/leaflets etc. সরকারি প্রচারপত্র/লিফলেট ইত্যাদি 7= Internet/Television ইন্টারনেট/টেলিভিশন 99= Others (SPecify) অন্যান্য (নির্দিষ্ট করুন)	
59.	Who makes the sexual and reproductive decisions in your life? আপনার ক্ষেত্রে যৌন ও প্রজনন সম্পর্কিত সিদ্ধান্ত কে নিয়ে থাকে?	1= I do আমি নিজে 2= My husband আমার স্বামী 3= Elderly household members (mother in law, grand parents etc.) বাড়ির বয়স্ক সদস্যরা (শশুর-শাশুরি, দাদা-দাদি, ইত্যাদি) 4= We both do উভয়ে	
60.	Can the adolescent girls and women comfortably talk about SRHR and MHM in your family? আপনার পরিবারে কিশোরী এবং মহিলারা কি স্বাচ্ছন্দ্যে যৌন ও প্রজনন এবং মাসিক স্বাস্থ্য ব্যবস্থাপনা নিয়ে কথা বলতে পারে	1= Yes হ্যাঁ 0= No না	
61.	Are you aware about the SRHR and MHM services available in your community? আপনার কমিউনিটিতে যৌন ও প্রজনন স্বাস্থ্য অধিকার এবং মাসিক স্বাস্থ্য ব্যবস্থাপনা সম্পর্কিত কী কী সেবা পাওয়া যায় সেটা কি আপনি জানেন?	1= Yes হ্যাঁ 0= No না	
62.	What SRHR and MHM services are available in your community? [Can select more than one option] আপনার কমিউনিটিতে যৌন ও প্রজনন স্বাস্থ্য অধিকার এবং মাসিক স্বাস্থ্য ব্যবস্থাপনা নিয়ে কী কী ধরণের সেবা আছে? [একাধিক উত্তর প্রযোজ্য]	1= Contraceptives at the community clinic কমিউনিটি ক্লিনিকে গর্ভনিরোধক পদ্ধতি/সেবা পাওয়া যায় 2= Antenatal, post-natal care and child birth services at the healthcare complex স্বাস্থ্যকেন্দ্রে প্রসব পূর্ববর্তী, প্রসব পরবর্তী এবং সন্তান জন্মদান সেবা 3= Treatment discourse for STIs and STDs যৌনবাহিত সংক্রমন এবং রোগের (এসটিআই এবং এসটিডি) চিকিৎসা সম্পর্কিত ডিসকোর্স	Skip if Q61=0

Sl.	Questions	Option/Response	Skip
		4= Counsellors at the clinics ক্লিনিকগুলোতে কাউন্সিলর থাকে 5= Safe spaces/clubs to seek help from regarding violence and abuse সহিংসতা এবং এবিউজের শিকার নারীদের সহায়তার জন্য নিরাপদ স্থান/ক্লাব 6= Menstrual kit vending machines মাসিকের উপকরণ পাওয়ার জন্য ভেন্ডিং মেশিন 7= Others specify অন্যান্য নির্দিষ্ট করুন	
62.a	Have you been able to better access and utilize these services than you used to prior to the project's interventions such as door-to-door counselling? প্রকল্প বাস্তবায়নের আগে (যেমনঃ ডোর-টু-ডোর কাউন্সেলিং) আপনি কি এই সেবাগুলো আরও ভালোভাবে গ্রহণ এবং ব্যবহার করতে পারতেন?	1= Yes, the interventions have been extremely helpful in increasing my access and utilization of available services হ্যাঁ, প্রকল্পের বাস্তবায়ন আমার সেবাগুলো গ্রহণ এবং ব্যবহারের সুযোগ বৃদ্ধিতে অত্যন্ত সহায়ক হয়েছে 2= The interventions have slightly improved my capacity to access and utilize services এই প্রকল্পের বাস্তবায়ন আমার সেবা গ্রহণ এবং ব্যবহারের সক্ষমতা কিছুটা বৃদ্ধি করেছে 3= The interventions did not have any effect on my access to and utilization of services এই প্রকল্পের বাস্তবায়ন আমার সেবা গ্রহণ এবং ব্যবহারের উপর কোনো প্রভাব ফেলে নি	Skip if Q61=0