

Evaluation of Advocacy Project of UNFPA through the Training Institutes of Ministry of Home Affairs

[Final Report]

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1. Introduction

1.1 The context

The *International Conference on Population and Development (ICPD)* held in 1994 in Cairo, viewed family planning and reproductive health in a broader development context. The ICPD established a new agenda for population programmes, focusing on a number of themes viz. reproductive health, reproductive rights and women's empowerment. The strength of the new agenda lies in its emphasis on gender equity and improved reproductive health, which constitutes desirable goals on their own rights. The reproductive health services, according to the ICPD, should include a range of services such as education and services for prenatal care, safe delivery, postnatal care, family planning, management of the consequences of abortion, treatment of sexually transmitted diseases (STDs) and counseling on human sexuality.

Recent studies indicate that women's position in reproductive decision making has remained very poor in the most developing countries (Cook and Fathalla, 1996; Hadi, 1999). Although ICPD condemns the sexual rights violation, the concept of the reproductive rights of women has been hardly known to and recognised by most health care providers in Bangladesh. From the cultural context, the sexual relationship between spouses is considered justified even the wife is unwilling to participate. No major religious code of ethics condones the act of rape committed by the spouse. Existing legal or criminal justice system reflects male dominance in sexual matters that perpetuate sexual victimisation.

The reproductive health agenda of the ICPD are essentially based on human rights approach and, as a result, the success of the programme will largely depend on establishing an enabling condition where women are able to make choices concerning their sexuality and reproduction (Salm, 2000). Following the ICPD, implementation of its recommendations was not found simple and easy in most developing countries. The poor status of women and the absence of major promotional activities were found crucial among other important constraints. Given this backdrop, the government of Bangladesh, with the financial and technical assistance from UNFPA, initiated an advocacy project through various government agencies, non-government organizations and private sectors to create that enabling environment for the promotion of reproductive health services in this country.

1.2 UNFPA supported projects

The government of Bangladesh has been getting the support of UNFPA for its population programme since 1974. UNFPA used to provide financial and technical support essentially in the family planning sector. In its Fifth Country Programme (CP-V), UNFPA contributed to the improvement of the reproductive health and family welfare of the people of Bangladesh (UNFPA, 2002). The main purposes of CP-V were to increase the quality and utilisation of reproductive health services, facilitate positive behavioural changes and contribute to raise human resources to implement population programmes. To achieve these objectives, three sub-programs were designed and implemented. These were reproductive health, advocacy and population development projects. The UNFPA along with several ministries of the government and NGOs jointly carried out these projects. The advocacy project attempted to reach a wider audience including policy and decision makers, influential groups, members of the security forces and urban working women who could become advocates for the reproductive health and gender issues (UNFPA, 2001).

1.3 Advocacy project through MOHA

It was assumed that serious discussions among the general public about reproductive rights and gender equality would create a positive environment to implement the reproductive health programme and establish women's rights. As part of reaching key government establishments, the members of the internal security forces were identified to be involved in the advocacy project. This project focussed on education on reproductive health, reproductive rights and gender issues through the eleven *Training Institutes of Ministry of Home Affairs* to increase awareness among the members of the police force, border security personnel, Ansars and Village Defence Force.

The strategy was to incorporate reproductive and gender issues into the existing curriculum of the different training institutes. The faculty members were trained to educate and disseminate selected reproductive health issues at the training institutes. The purpose of this component was to promote greater involvement of the members of the law enforcement agencies in the reproductive health practices of their own, their partners and their families. The project was implemented in 11 training centres of the Police department, the Directorate of Ansars, VDF and the Bangladesh Rifles. A total of 77,430 members of the law enforcement agencies had been given institutional training till December 2001 (Ministry of Home Affairs, 2002). The projects began in late 1998 and continued till the end of 2002.

2. Purpose, scope and methodology

2.1 Purpose

The objective of this study was to assess the advocacy project of the *Ministry of Home Affairs* where the Police, Ansars and the members of VDF were trained to act as advocates for the promotion of reproductive health and gender equity. The major tasks for this evaluation were to:

- understand the role of the Police, Ansars and VDF members as advocates for change,
- assess the change of awareness and behaviour among them, if any,
- identify the difficulties to implement the project,
- examine the effectiveness of advocacy training materials developed and
- recommend to improve the advocacy project in the next phase.

2.2 Scope

It is not expected that the advocacy project would be able to create measurable impact in promoting gender equity and reproductive rights issues in the communities where they live. Thus, no attempt has been made to evaluate their contribution as *advocates*. The project so far has focused on conducting training workshops with police, Ansars and VDF members to raise their awareness on selected reproductive health issues. Thus, this assessment covers the retention of their knowledge regarding reproductive health and gender issues, contents of training materials, and the quality of training programmes. It should be mentioned here that no baseline information of the knowledge level and behaviour of the training programme participants was available which has significantly reduced the scope to address many important issues regarding reproductive health and gender.

2.3 Methodology

In evaluating this project, several approaches such as reviewing project documents, surveys of selected participants of the projects such as police, Ansars and VDF members, and in-depth interviews with relevant officials were used to collect information. Since no baseline information were available on the targeted advocacy project participants, it was not possible

to assess the improvement after the interventions had taken place. This evaluation was based on retrospective survey to collect information of the knowledge of reproductive health and gender, and behavioural changes.

Different sampling procedures were carried out for the various groups. For the police force, lists were collected from police training centres in Tangail and Noakhali. For the Ansars and village defence forces, participant lists were collected from Kolakopa, Gazipur and Shafipur academies. Out of a total of 75,000 participants, a total of 117 police and 80 Ansar and VDF were surveyed after random selection. Other members of police force, ansar and VDF who did not receive any interventions were interviewed for comparison. Data were collected in December 2002. The research and evaluation division of BRAC has conducted the evaluation of this project.

3. Advocacy project through training institutes of MOHA

3.1 Project efficiency

3.1.1 Selection of advocates

In assessing the role of advocacy project of the Ministry of Home Affairs, a total of 370 internal security forces (police, Ansar and VDF members) were interviewed (Table 1). Of them, 197 participated in the advocacy training workshops while the remaining 173 were selected as comparison group who never participated in such workshops. The assumption has been that the difference between the two groups would provide the contribution of advocacy projects in terms of raising reproductive health knowledge and the promotion of gender equities. The socio-demographic profile of the two groups suggests that the participants were quite young with an average age of 25.4 years. This indicates that the selection of participants was highly biased and that the larger proportion of the internal security forces was excluded. The mean year of schooling was 10.2. Only a third of them were married. About 57.4% of them had access to electronic and print media.

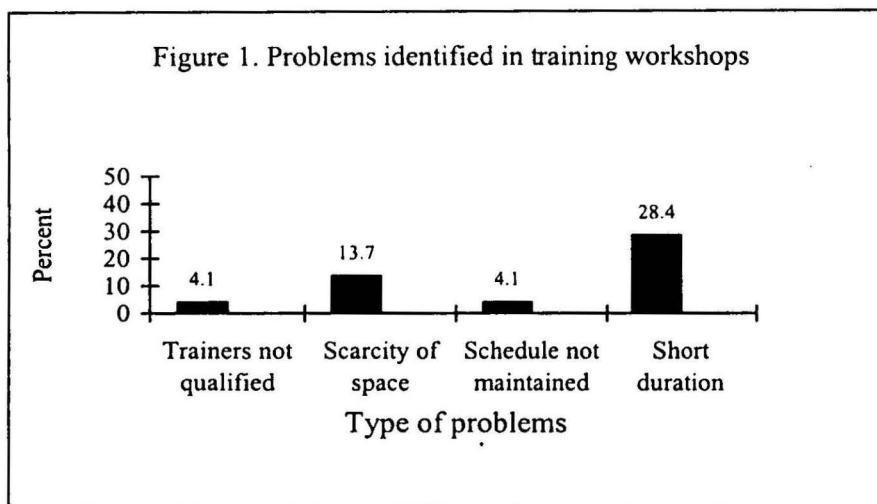
Table 1. Socio-demographic characteristics of the sample population

Socio-demographic factors	Advocacy project	
	Participant	Non-participant
Mean age (year)	25.4	28.4
Mean school (year)	10.6	9.8
% Married	35.1	65.3
% Exposed to media	57.4	52.2
N	197	173

3.1.2 Design of the project

As found in other advocacy initiatives of UNFPA, this project focused essentially on training and dissemination rather than advocating the members of the internal security forces to become and act as advocates. Also, conducting assessment of the project was difficult because of the lack of provision of getting benchmark information. No progress report of this project was available and no information on the processes or changes were collected and

reported. It is recommended that measurable indicators should be selected and routine information should be collected to monitor the process of change and impact of the project.



3.1.3 Management of training

The training materials and workshop curriculum prepared for this project were extensive and exhaustive. The contents of the training workshops appeared to be too many issues. As result, not all materials were covered during the training sessions according to some project officials. Such extensive coverage of the topics may not be the appropriate for most of the participants of this project. The coverage of the issues in training materials in future projects should be more realistic. The organizers had difficulties in selecting appropriate resource persons and facilitators (Figure 1). The participants reported that the facilitators, in many occasions, were not capable or well prepared to conduct training sessions.

3.2 Outcome assessment

3.2.1 Awareness of reproductive health

Overall, the advocacy project raised the awareness and created a positive behavioural change among the participants about reproductive health gender equities. For example, the knowledge of the age at marriage of girls significantly improved among the participants

(Table 2). The consequence of early pregnancy on health particularly among adolescents and afterwards was also better understood among the advocacy participants.

Table 2. Knowledge of nuptial issues

Nuptiality	Advocacy project	
	Participant	Non-participant
Minimum age at marriage		
Not aware	25.9	31.2
Aware	74.1	68.8
Effects of early marriage		
Deterioration of health	69.0	63.6
Remain unhealthy	69.9	59.0
Early pregnancy	39.1	24.9

The level of awareness regarding the types of reproductive health services was very poor among the Police, Ansar and VDF members (Table 3). The concept of family planning and safe motherhood was understood by nearly 40% the workshop participants. The need of antenatal care for women as part of reproductive health services package was felt by a fewer proportion although the major focus of the advocacy has been the promotion of reproductive health. The level of knowledge of other services such as care for newborn, treatment of infertility, prevention of HIV/AIDS and adolescent health was very poor. Only a small proportion was aware about the need of adolescent health services, prevention of HIV/AIDS and neonatal care. While the advocacy had some role in raising knowledge among reproductive health care issues, the awareness level has been poor among the member of the security personnel.

Table 3. Awareness of the types of reproductive health services

Types	Advocacy project	
	Participant	Non-participant
Family Planning	41.2	40.6
Safe motherhood	39.6	31.8
Antenatal care	32.0	19.1
Postnatal care	17.8	14.5
Care of newborn	15.7	5.8
Treatment for infertility	6.6	4.0
Prevention of HIV/AIDS	6.6	1.7
Adolescent health	4.1	0.6

Although the knowledge of family planning as an approach to reduce birth was nearly universal, the members of the security forces were not found equally aware about the family planning methods (Table 4). Oral pills and condoms were almost universally known but the other methods such as injections, ligations, vasectomy and other methods were not well known. Overall, the difference in the level of awareness about family planning methods between the advocacy participants and non-participants was insignificant indicating that advocacy workshop had very limited role in promoting contraceptive methods. It is quite possible that this issue was poorly focused by the workshop organizers or attracted little attention among the participants.

Table 4. Types of family planning methods

Methods	Advocacy project	
	Participant	Non-participant
Oral pill	99.5	98.8
Condom	96.4	96.0
Injection	56.3	39.9
Ligation	45.7	36.4
Vasectomy	35.0	17.9
Norplant	9.1	8.1
MR	9.6	2.3
IUD	7.6	4.0
Safe period	10.7	12.1
Withdrawal	8.1	4.0

Table 5. Knowledge of STD/AIDS

STD/AIDS	Advocacy project	
	Participant	Non-participant
Transmission of STD		
Sexual relations	90.9	88.4
Infected needle	21.3	14.5
Contaminated blood	17.8	5.2
Transmission of AIDS		
Mating with sex workers	45.7	56.1
Multiple sexual partners	64.5	51.4
Contact with infected partner	51.3	45.1

Use of infected needle	54.8	38.2
Prevention of AIDS		
Using condom	73.6	67.1
Sex among spouses only	10.7	5.2

The level of awareness of STD and AIDS was quite high and almost universal among the security personnel (Table 5). However, the transmission and prevention of STDs and AIDS were not so well known among them. The participation in advocacy workshop seemed to significantly raise the level of awareness of both STD and AIDS among them. While the role of multiple sexual contacts in spreading STDs and AIDS was better understood by the security personnel, the other transmission processes and the preventive measures were not well understood and may not have been well focused in the advocacy projects. Although the role of sexual contacts and the use of condom as precaution were better known among them, the other pathways such as the use of infected needles and contaminated blood, etc. should receive more focus in future.

3.2.2 Gender equity and reproductive rights

The security personnel who attended the training workshop were better aware than others about the existing gender inequality in the rights to inherit property (Table 6). However, the knowledge level about the other forms of gender inequality such as their dependence on male members of the family, restrictions on women's mobility in the rural communities, intra-family food distribution and lack of decision-making capacity within the family was very poor. The apparent gaps in knowledge in gender issues between the participants of the workshop and the comparable non-participants were wide. This finding clearly indicates that the advocacy workshops were successful in raising the level of knowledge about gender issues although the retention of such knowledge is very difficult to maintain.

Table 6. Knowledge about gender inequality

Gender issues	Advocacy project	
	Participant	Non-participant
Rights to inherit property	62.4	52.6
Male dependency	23.9	14.5
Physical and social mobility	20.8	10.4
Food intake within family	17.3	9.2

Lack of decision-making capacity	13.7	8.7
Less opportunity	7.6	6.9

Several issues about the effects of gender inequality on the livelihood of women were covered in the workshop although only few received attention among the participants (Table 7). These were the concern for female education, less food intake among girls, poor reproductive health and male preference in fertility. It is not surprising that a very small proportion could remember the reproductive health issues, particularly the vulnerability of women during pregnancy. As expected, the advocacy participants were better aware than the non-participants.

Table 7. Effects of gender inequality on health

Effects	Advocacy project	
	Participant	Non-participant
Less opportunity for education	37.6	33.5
Malnutrition among girls	39.1	27.2
Poor reproductive health	26.4	13.3
Male preference in fertility	7.6	2.9

The security personnel provided a series of recommendations to promote gender equity (Table 8). Among those, allocation of financial resources, legal reform and making women self-reliant received priorities which, according to them, could be achieved through the promotion of female education. The possible role of social organizations in promoting gender equity was also cited by some of them. Among other issues, change of organizational policy issues in promoting gender equity was also highlighted. Overall, findings show a tendency of improvement in understanding the existence of gender gaps in the communities as a result of participation in advocacy workshops.

Table 8. Suggested measures to reduce gender inequality

Suggested changes	Advocacy project	
	Participant	Non-participant
Allocation of resources	27.4	12.7
Legal reform	24.9	13.3
Make women self-reliant	23.4	13.9
Influence social institutions	7.6	5.8

The advocacy project played a role among Police, Ansar and VDF members in modifying their perception and reproductive decisions (Table 9). Regarding the copulation and pregnancy, they felt that the spouses should have joint decisions. This finding was supported when asked whether women should decide alone about the use of contraceptive. Most of them appeared to endorse the idea that women should have the decision-making capacity about their pregnancy by themselves. However, when asked whether women should decide alone about the use of contraceptive, about 74% participants endorsed the idea that women should have the decision-making capacity by themselves. The advocacy workshop appeared to have moderate effects in promoting reproductive rights among its participants.

Table 9. Perception of reproductive rights

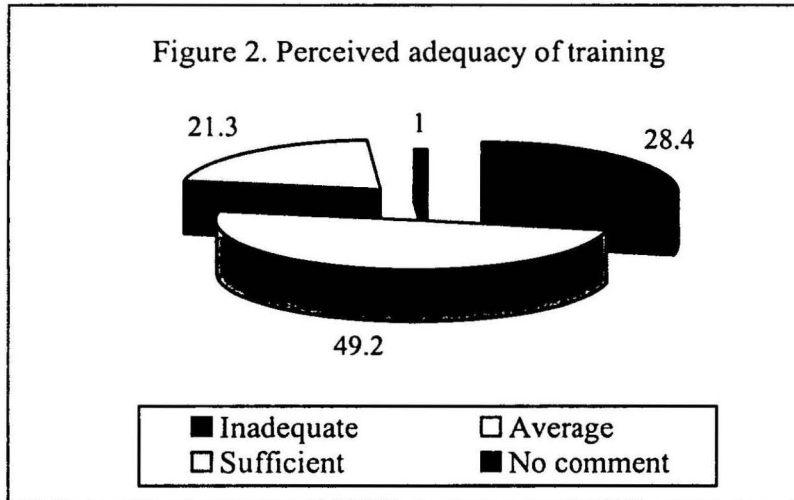
Decision issues	Advocacy project	
	Participant	Non-participant
Sexual intercourse		
Both	99.5	97.7
Husband	--	2.3
Did not answer	0.5	--
Pregnancy		
Only husband	2.0	3.5
Only wife	1.0	1.7
Both	97.0	93.6
Did not answer	--	1.2
Contraception		
No	7.1	9.8
Yes	74.1	60.7
Both	18.8	27.2
No answer	--	2.3

3.2.3 Performance of workshop

The participants recognized that advocacy workshops created a positive and enabled environment among them for promoting gender sensitivity in general and the reproductive health services in particular. As they have wider opportunity to keep public contact than

many others, they could disseminate the lessons among their colleagues and their family members to sensitise the need of the health care for women and children.

Regarding the workshop contents and discussion sessions, about 28.4% participants clearly felt that the duration of the workshop was very short to adequately cover most of the issues planned (Figure 1). While nearly a half of the participants assessed this kind of workshop as average in serving the purpose, only 21.3% expressed their satisfaction about the performance of the workshops. In identifying the problems or difficulties during workshop sessions, only few issues were highlighted. These were the lack of adequate time (28.4%) to meaningfully discuss relevant points and scarcity of space and environment (13.7%). The workshop organizers were not found to be very well prepared (4.1%) in some cases. Nearly 4% expressed their unhappiness because the workshops could not begin on time and did not follow the workshop schedule.



The participants provided useful suggestions as remedial measures to improve the performance of the workshop. In addition to the extension of the workshop duration, routine follow-up at the community level was recommended. The participants also suggested selecting better resource persons in the future.

4. Summary and recommendations

Promoting reproductive rights and gender equity through the members of internal security forces has been an innovative idea in Bangladesh. The members of the security forces had very limited role in policy making although it as expected that the dialogue among them would help them to understand the issues and modify their individual behaviour. This evaluation shows that those objectives have largely been achieved. The advocacy project had positive impact among them in raising awareness and changing attitudes toward reproductive health and gender issues. However, the project had limitations that must be overcome to make them advocates for the promotion of gender equity and reproductive health. In this section, the strengths and future challenges are summarised and recommendations are made.

- The members of the internal security forces who joined the project were relatively young men in their mid-twenties with a modest level of education. This project focused essentially on training and dissemination rather than advocating the members of the internal security forces to become and act as advocates. As a result, their scope to become the advocates was very limited. Senior officials, who had better public contact and decision making capacity, could have been approached to participate in such advocacy meetings. *Selection of participants should be done more carefully.*
- The design of the project was inadequate. Evaluation of this project was difficult because of the lack of provision of getting benchmark information. No progress report of this project was available. No information on the processes or changes was collected and reported. *It is recommended that measurable indicators should be selected and routine information should be collected to monitor the process of change and impact of the project.*
- The advocacy workshops were successful in raising the level of knowledge about gender issues among the members of the security forces although the retention of such knowledge was difficult to maintain. *A series of follow-up activities focusing on the practice of such knowledge should be planned to sustain the retention of knowledge.* While the level of awareness of reproductive health knowledge has improved, there is no indication of

promoting these among others in the communities. *The project should focus to prepare them as potential advocates.*

- The awareness of STDs including AIDS was high. While the role of multiple sexual contacts in spreading STDs and AIDS was known to security personnel, the transmission and prevention of these diseases were not well understood by most of them. Given that they are more vulnerable to such risk factors than others, *it is suggested that transmission and prevention of such diseases should receive more attention in the advocacy training workshops in future. Visual displays and case studies might be used to enhance effectiveness and retention of knowledge.*
- The training materials and workshop curriculum prepared for this project were extensive and exhaustive. The contents of the training workshops covered too many issues. As result, not all materials were covered during the training sessions. *The coverage of the issues in training materials in future projects should be more realistic.*
- The workshop duration was too short to cover most of the issues. The messages were not very effective and the time schedule was not adequately maintained. *It is expected that the advocacy activities in the next phase should be better organized. The duration should be extended. More visual aids should be used to make the messages more effective. The role of the participants as advocates should be clearly specified in promoting reproductive and gender issues.*
- Only a very small proportion of the members of the security forces was aware about the need of safe motherhood, adolescent health services and neonatal care. *It is recommended that these issues should be given priority in conducting advocacy workshops in the new phase. Reproductive health issues should be more focused in the training curriculum.*

The advocacy for the reproductive health and gender issues through internal security personnel was among the most innovative projects in Bangladesh. Although the members of the security forces have not played a very important role as advocates, the advocacy project was able to produce positive influences in sensitizing them to change their own behaviour. This report concludes that the current approach of using organised groups like security forces should be maintained and expanded.

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