Evaluation of Advocacy Project of UNFPA through the IEM Unit of Family Planning Directorate

[Final Report]

Abdullahel Hadi
Ehsanul Matin
M. Showkat Gani
Amina Mahbub

February 2003

BRAC
Research and Evaluation Division
Mohakhali, Dhaka, Bangladesh
E-mail: hadi.a@brac.net

Table of Contents

~~93~~ 06

1. Introduction

1.1 The context

Although the need of reproductive health care in reducing maternal mortality and morbidity has been widely reported, women have little control on their sexuality and reproductive decisions in the most developing countries. This inability of women has direct impact on fertility, maternal morbidity, sexually transmitted diseases and neonatal mortality. The feminist groups and some other development organisations have long been struggling to improve women's health condition although the issues of reproductive rights have been getting recognition in the demographic discourse in only recently.

The *International Conference on Population and Development* (ICPD) in Cairo endorsed an agenda for population programmes at the global level which included reproductive health, human rights and women's empowerment among others. All women were declared to have the opportunity 'to decide freely and responsibly the number, spacing and timing of her children'. The rights of bodily integrity, sexual health and freedom from sexual coercion have been formally recognised as the core principles for the first time in history. Gender equity in sexual relations, mutual respect and consent for sexual behaviour were also recognised and endorsed.

Although ICPD and others condemn the sexual rights violation and coerced intercourse, the concept of the reproductive rights of women has been hardly known to and recognised by the health providers, opinion leaders and policy-makers in Bangladesh. The government, donor agencies and a number of development agencies in Bangladesh have been trying to promote reproductive rights and gender issues along with reproductive health and family planning programmes. The outcome of those initiatives was not known as no systematic assessment of the effects of those projects was attempted.

1.2 Advocacy project

UNFPA has been assisting the government and other development agencies in Bangladesh for many years in the areas of maternal and child health, and family planning services. In its 5th Country Programme (CP-V), UNFPA provided both financial and technical assistance to improve reproductive health and family welfare in Bangladesh (UNFPA, 2002). The main purposes of CP-V were to increase access and utilization of reproductive health services, raise the quality of services, facilitate positive behavioural changes, create a supportive environment for improved family welfare and contribute to increased national capacity to implement population policies and programmes. One major component of UNFPA's programmes was advocacy.

The advocacy components of CP-V were implemented through 13 separate projects that involve nine ministries of the government of Bangladesh, one non-governmental organization and private sector organizations. The advocacy components, focusing to improve the reproductive health and gender issues, were among the most innovative projects in Bangladesh. The purpose of launching such projects was to initiate a process of community dialogue and actions to prevent violence against women, advocate against early marriage and risky sexual behaviours, and promote access to better care during pregnancy and delivery.

The projects attempted to reach a wide audience who can become advocates for the reproductive health and gender issues, and community members identified as vulnerable and hard-to-reach groups (UNFPA, 2001). The underlying idea was that if a critical mass of influential people could act as pressure groups to promote improved reproductive health services for the community, then achieving the ICPD goals would be much easier. These influential groups include men who are usually policy makers, religious and political leaders, police and security forces, vulnerable and hard-to-reach community groups including women in the industrial sectors, and youths and adolescents.

There was a lack of serious discussion among the general public about issues that were considered as constraints to the establishment of reproductive health and reproductive rights. It was thought that influential community leaders at the grassroots level should be included in this project. Thus, one of the advocacy projects was designed to target the influential groups such as elected parliament members, UP chairmen, journalists and opinion leaders in the community. The *Information Education and Motivation* (IEM) Unit of the Directorate of Family Planning was given the responsibility to implement this project. The goal of the project was to begin deeper interests and discussions in the influential communities about reproductive health issues. The assumption has been that a process of community dialogue and actions to reduce violence against women, early marriage and risky sexual behaviours will produce desired outcome to promote improved reproductive health services. The projects began in late 1998 and continued till the end of 2002.

2. Purpose, scope and methodology

2.1 Purpose

The purpose of the project was to facilitate positive behaviour changes among the influential community leaders to support the promotion of reproductive health and gender equity. The major tasks for this evaluation as outlined in the terms of reference were to:

- assess the contribution of the project in making the influential groups as advocates,
- identify the facilitating and constraining factors to project achievement,
- assess positive behavioural changes among the participants, if any,
- examine the effectiveness of advocacy workshops, and
- recommend suggestions for the next phase of the project.

2.2 Scope

Given the terms of reference outlined above and as the project has still a long way to go, we felt it was not appropriate to focus on the contribution of advocates in creating positive environment for the promotion of gender equity and reproductive rights issues. This decision in no sense implies that such important issues have been over-looked. Rather, it recognises that for the moment, the project has only been able to have an impact on the participants of advocacy activities who are expected to act as advocates in future. Also, the lack of benchmark information of the perception, knowledge level and behaviour of the advocacy project participants and the unavailability of systematic process documents have significantly reduced our scope to address those important issues.

2.3 Methodology

A combination of several methods such as reviewing relevant documents of the project, sample survey of the participants of advocacy projects and in-depth interviews with key officials were used to collect information for this evaluation. This approach has allowed us to work as much as possible from evidence which have been found either in the project documents or recorded questionnaires and the notes of meetings with officials.

Since there was no baseline information on the targeted advocacy project participants, it was difficult to determine any change after the interventions had taken place in the project. This evaluation

Another major design flaw was the lack of provision of getting benchmark information. As a result, it was difficult to assess the impact of advocacy activities at the end of the project. The annual reports, prepared by the IEM unit, were not found very useful as they contained essentially the description of events. 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.

Sustainability of the project impact has never been a serious issue probably because advocacy initiative was a new concept to many of the project officials. Sensitising and convincing a group to become advocates is a continuous process and, thus, advocacy for reproductive rights and gender equity must continue for long to have desired and visible impact. This can be better achieved by forming partnerships or coalition with other community level organisations.

3.1.3 Ownership and governance issues

The advocacy project was funded by UNFPA and implemented by the nine ministries of the government, one NGO and several private sector organizations. Although the IEM unit of the Directorate of Family Planning was expected to co-ordinate all components of the project, it seems that the advocacy project has no clear owner. As a result, no coherent and systematic monitoring or follow-up of the performance of projects were designed and implemented. In-depth interviews with the project officials indicate that the selection of advocates was not appropriately done. The provision of per-diem and honorarium influenced the selection process in many cases. The outcome of some project activities such as study tour to overseas countries and the use of funds could not be assessed for obvious reasons.

3.1.4 Project efficiency and sustainability

The workshop curriculum and the IEC materials developed and used were appropriate. The contents of the training workshops, however, included too many issues which, according to some project officials, were difficult to cover in the allocated time. It seems that the wide coverage of the topics may not be the best use of resources and, thus, it is suggested that the coverage of issues in training materials in future projects should be more realistic and limited in scope.

Also, the organisers of the workshops seemed to have difficulties in selecting appropriate trainers and facilitators. In many instances, the facilitators were not capable or not well prepared to conduct such workshop sessions. The organisers could be more innovative in selecting the venues and facilities, and careful in maintaining the workshop schedules.

3.2 Outcome assessment

3.2.1 Contribution in raising awareness of reproductive health

The workshops played an important role in raising knowledge of selected advocates about correct marital age and the effects of early marriage on the health of women. The project participants were significantly better aware (73.3%) than the comparable non-participants (58.9%) about the minimum age of marriage (Table 2). This finding also suggests that a significant proportion of community leaders had no knowledge about such important issues. Regarding the effects of early marriage, the participants could better link early marriage with the early pregnancy and adolescent health than non-participants.

Table 2. Knowledge of nuptial issues

Nuptial Issues	Advocacy project	
	Participant	Non-participant
Minimum age at marriage		
Not aware	26.7	41.1
Aware	73.3	58.9
Effects of early marriage		
Early pregnancy	52.1	33.3
Deterioration of maternal health	81.1	76.7
Remain unhealthy	80.5	70.0

Table 3. Awareness of the types of reproductive health services

Types of services	Advocacy project	
	Participant	Non-participant
Safe motherhood	53.2	33.3
Antenatal care	46.8	36.7
Family planning	43.7	43.3
Postnatal care	27.9	23.3
Adolescent health	11.1	6.7
Prevention of HIV/AIDS	7.9	6.7
Care of newborn	8.4	6.7
Treatment for infertility	3.2	--

The advocacy workshop participants were significantly more aware about the types of reproductive health services and basic features of safe motherhood than the non-participants (Table 3).

The knowledge about other services such as routine health check-up during pregnancy, family planning services and postnatal care also improved. While the advocacy had some role in raising knowledge among reproductive health care issues, the results clearly suggest that the awareness level has been poor and that IEM activities needs to be strengthened further across the community.

While knowledge of family planning as an approach to reduce birth was universal, not all participants were found equally aware about the types of family planning methods (Table 4). Oral pills and condoms were almost universally known but the other methods such as injections, ligation, vasectomy and other methods were not well known. It appears that advocacy workshop had very limited role in raising the knowledge of contraceptive methods.

Table 4. Awareness of family planning methods

Methods	Advocacy project	
	Participant	Non-participant
Oral pill	99.5	99.5
Condom	96.8	98.0
Injection	61.1	33.3
Ligation	58.4	33.3
Vasectomy	39.5	26.7
Norplant	21.6	23.3
MR	12.1	10.0
IUD	6.8	13.3
Safe period	14.2	13.3
Withdrawal	6.8	--

Awareness of STD and AIDS was quite high among the community leaders. However, the transmission and prevention were not so well known among them (Table 5). The advocacy workshop appeared to have a role in raising awareness of both diseases although the value addition appeared to be limited. One possible reason has been the role of electronic and print media in dissemination of STDs and AIDS on which the influential community leaders had wide access. Although the role of sexual contacts and the use of condom as precaution were well known in this group, the transmission and prevention aspects of the diseases should be more focused in future BCC and advocacy kinds of activities. Being exposed to electronic media, they preferred television and radio to disseminate the threat of AIDS

epidemic although a significant group of community leaders felt that promoting awareness at the grassroots would be an effective approach in disseminating such knowledge.

Table 5. Knowledge of sexually transmitted diseases and AIDS

STD/AIDS	Advocacy project	
	Participant	Non-participant
Transmission of STD		
Sexual relations	95.8	76.7
Infected needle	50.0	50.0
Contaminated blood	18.9	10.0
Transmission of AIDS		
Mating with sex workers	66.8	63.3
Contacting with infected partner	65.3	46.7
Multiple sexual partners	54.2	53.3
Use of infected needle	43.7	40.0
Prevention of AIDS		
Using condom	72.1	53.3
Sex among spouses only	17.9	16.7
Recommendations		
Use electronic media	36.8	30.0
Interpersonal communication	21.6	13.3
Continue current efforts	17.9	16.6

3.2.2 Understanding gender equity and reproductive rights

Most of the community leaders knew about the existence of unequal rights to inherit property between women and men (Table 6). They were, however, relatively less aware about other forms of gender inequality such as restrictions on women's mobility in the rural communities, lack of decision-making capacity within the family and their dependence on male members of the family, lack of opportunity and intra-family food distribution. 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 regarding gender inequality

Gender issues	Advocacy project	
	Participant	Non-participant
Nature of gender inequality		
Rights to inherit property	85.3	76.7
Social mobility among women	40.5	41.3
Lack of decision-making capacity	37.9	20.0
Male dependency	33.3	29.5
Less opportunity	25.8	6.7
Food intake within family	20.0	16.7
Suggested changes		
Make appropriate state laws	54.7	43.3
Make women self-reliant	56.8	26.7
Allocation of resources	46.8	43.3
Modify organizational policies	32.6	20.0
Influence local institutions	24.7	13.3

The community leaders identified legal reform and women's participation in economic activities as two measures that could reduce the gender inequality. Allocation of financial resources for them came as the continuity of raising the opportunity of economic activities. Among other issues, change of organizational policy issues, the possible role of local government and other organisations in promoting gender equity were also highlighted. The participants were in better position to suggest measures to reduce the gender gaps in the communities.

Table 7. Knowledge of the role of gender on reproductive health

Gender issues	Advocacy project	
	Participant	Non-participant
Effects of gender inequality		
Less opportunity for education	77.9	73.3
Male preference in fertility	57.9	43.3
Malnutrition among female children	45.8	33.3
Poor reproductive health	16.3	13.3
Steps to promote gender equity		
Education for women	50.1	43.4
Social awareness	18.9	6.6
Opportunity to raise their voice	4.2	3.3
Legal measures	3.2	3.3

As possible effects of gender inequality, the community leaders identified that women were generally deprived of education (Table 7). The existence of male preference in fertility and gender variation in food intake in the household was also mentioned. Relatively a very small proportion could reflect on the reproductive health issues particularly the vulnerability of women during pregnancy. As expected, the advocacy participants were better aware than the non-participants although the differences were significant. As a logical consequence, about 46% community leaders regarded female education as the lasting solution while other interventions such as the need of social awareness programmes at the grassroots level, creation of women forum to raise their problems and demands, and the adoption of pro-women legal measures were recommended.

Table 8. Knowledge of reproductive rights

Reproductive rights	Advocacy project	
	Participant	Non-participant
Decision about pregnancy		
Only husband	2.1	--
Only wife	1.6	--
Both	96.3	100.0
Use of contraception		
Husband should decide	10.3	7.7
Wife should decide	48.9	49.3
Joint decision	30.7	33.0
No answer	10.1	10.0
Suggested recommendation		
Continuing current efforts	22.1	23.2
Expansion of the health network	12.6	--
Reduce early marriage	8.9	6.7

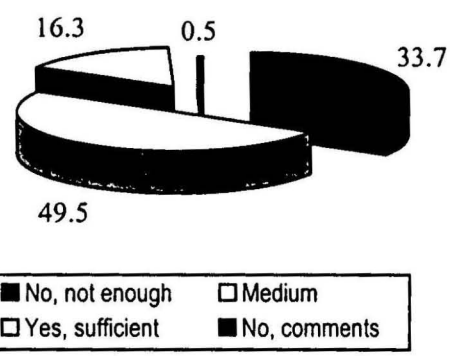
Regarding the promotion of reproductive rights, decision in copulation and pregnancy, the community leaders appeared to take a modest approach as nearly all of them favoured a joint decision among spouses (Table 8). This finding seemed to be contrary to the expectation and conventional wisdom. However, when asked whether women should decide alone about the use of contraceptives, only a half endorsed the idea that women should have the decision-making capacity by themselves. The advocacy workshop appeared to have no role in promoting reproductive rights among its participants. When asked whether they have any suggestion to promote reproductive rights issues in their communities, only a small proportion responded indicating their unwillingness to promote this further.

Among the recommendations, most favoured existing promotional activities while others proposed expansion of the reproductive health network where women can discuss these sensitive issues in more detail.

3.2.3 Workshop environment

Most of the participants expressed that conducting advocacy workshops at the community level would create a positive and enabling environment for promoting gender sensitivity in general, particularly in reproductive health services. As responsible members of their relevant communities, they could disseminate the lessons they have learned from the workshop. The journalists and the local government officials felt that they could use their public contacts to sensitise the need of health care for women, children and other vulnerable segments of the community, and activate the social mechanism to reduce gender discrimination in the society.

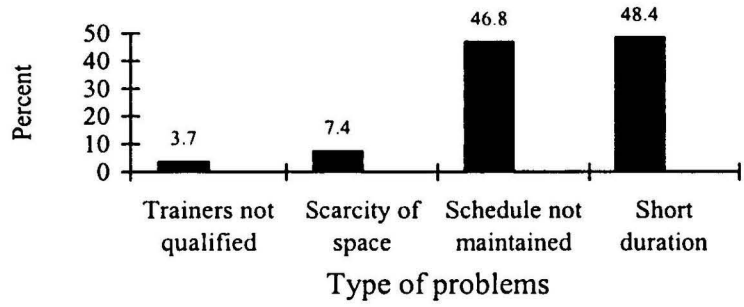
Figure 1: Adequacy of training as perceived by the participants



Regarding the workshop contents and discussion sessions, a third of the participants clearly indicated 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 community leaders scored this kind of workshop as average or mediocre in serving the purpose and only 16.3% expressed their satisfaction about the performance of the workshops. No training need assessment was done before designing the project which could be arranged by the technical cell of UNFPA. The evaluation team has discussed with project officials to understand the approach followed and the training materials used in the advocacy workshops. As routine IEM activities, the workshop design was appropriate although 'advocacy' is missing in the training approach

and materials. It seems that the confusion regarding the operational concepts of IEC and advocacy persists among the project designers and the implementers of the project.

Figure 2: Problems identified by the participants during training workshops



When the participants were asked to recollect the problems that they experienced in the workshop, they provided some valuable information that is expected to be useful for the organisers of such workshops in future (Figure 2). While a large group reiterated the lack of time for discussion as a problem, nearly 47% expressed their dissatisfaction that the session could not begin on time and did not follow the workshop schedule. Some also raised scarcity of space as a problem. In some instances, the workshop organizers were not found to be very well prepared and well conversant.

As remedial measures and to improve the performance of the workshop, the participants offered several recommendations. In addition to the extension of the workshop duration, routine follow-up of the lessons at the community level was recommended. The participants also suggested identifying more qualified resource persons in the future.

4. Summary and recommendations

The project goal has been to initiate a dialogue to change in policy through sensitising the influential members of the community. *Overall, the project has produced desired outcome in terms of raising awareness of reproductive health and gender equity issues.* While several workshops were organised for them to make them advocates, it seems that their role to promote these issues of gender and reproductive health was very limited.

The participants selected to become the advocates were not truly representative of the influential groups in the community. They were mostly older men with relatively better education. The proportion of women was negligible in the meetings. Teachers, politicians and officials of the non-government organizations, who had routine public contact, could have been approached to participate in such meetings. *Selection of participants should be done more carefully.*

Although the awareness level has remained poor among the participants, the advocacy project played a role in raising the need of reproductive health knowledge. The influential communities had limited opportunity to promote these issues and strengthened the health services further. The need of reproductive health knowledge has improved but no indication of advocating new insights in the community. *It is argued that their role as potential advocates should be carefully reviewed.*

The importance of female education was regarded as the lasting solution to promote gender equity than any other interventions. Other suggestions like raising women's voice and decision-making were also appreciated by the community. Acceptance of such issues as gender equity and reproductive rights as discussion topics in formal meetings should be considered as significant development for change. *This implies that the community has begun to understand gender inequality and the need of change.*

Although advocacy had a positive role in raising the level of awareness, several issues such as transmission and prevention of STD and AIDS should be more focused in future advocacy activities. In other words, *priority issues should be identified and included in future advocacy programme.*

Greater emphasis should be placed on gender and reproductive rights than health issues in the next phase of the project. Real stories of the incidence of gender discrimination should be presented in the meetings so that the messages become more effective. Also, their potential role as advocates of reproductive health and gender issues should be specified and included in the role-playing in workshop sessions. *Pictures and other visual aids should be used so that the training becomes more effective and the participants can retain the information for a longer time.*

The workshop duration was too short to cover most of the issues. Also, only a small section of the respondents expressed satisfaction with the programmes. The organizers should take note from this observation. *Management and implementation of the project should be more professional.*

Although the community leaders have yet to play a significant role as advocates, the advocacy project was a good start for promoting reproductive rights and gender equity in the community. This evaluation report concludes with two specific remarks. First, designing advocacy for the next phase should include routine monitoring where the process of change is documented. Secondly, advocacy initiative should be a concerted effort where all relevant stakeholders should be given opportunities to participate.

Documents cited

BBS, 2001. Population Census 2001. Preliminary Report. Dhaka: Bangladesh Bureau of Statistics.

Bertrand, J. T. and Escudero, G., 2002. Compendium of Indicators for Evaluating Reproductive Health Programs, MEASURE Evaluation Manual Series, No. 6. Carolina Population Center at the University of North Carolina at Chapel Hill.

Directorate of Family Planning, 2001. Support to Advocacy Activities through the Information, Education and Motivation Unit. Annual Progress Report 2001. Dhaka: IEM/BCC Unit, Directorate of Family Planning.

IEM/BCC Unit, 2001. Support to Advocacy Activities through the Information, Education and Motivation Unit. Annual Progress Report 2001. Dhaka: Directorate of Family Planning.

International Planned Parenthood Federation, 2000. Manual to Evaluate Quality of Care from a Gender Perspective. Available [Online]: http://www.ippfwhr.org/resources/QCGPtoc.htm

Khan, M.E. 2002. Desk Review – Evaluation. UNFPA/Bangladesh 5th Country Programme (1998 – 2002). Dhaka: UNFPA Country Office.

Ministry of Home Affairs, 2002. Advocacy on Reproductive Health and Gender Issues through the Training Institutes of Ministry of Home Affairs. Annual Project Report 2001. Dhaka: Government of Bangladesh.

Ministry of Religious Affairs, 2002. Involvement of Religious Leaders in Human Resource Development. Annual Project Report (January 2001 – December 2001). Dhaka: Government of Bangladesh.

UNFPA, 2001. UNFPA 5th Country Programme. Bangladesh. Mid-Term Review Part II. Dhaka: UNFPA.

Unnayan Uddog, 2000. Baseline Survey/Situation Analysis under the Project "Family Welfare and Reproductive Health Education and Services for Garment Workers". Dhaka: Unnayan Uddog.

WHO, 2001. *World Health Report 2000*. Geneva: World Health Organization.

World Bank, 2001. *Attacking Poverty: World Development Report 2000 - 2001*. Washington DC: The World Bank.