



Advocacy as a Tool for Policy Change: A Success Story from Bangladesh

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Background

- Family planning (FP) use in Bangladesh has increased dramatically in the past 30 years, but use of long-acting and permanent methods of contraception (LA/PMs) declined from 36% of all method use in 1989 to 7% in 2007.
- FP services provided in Bangladesh are guided by social and medical eligibility criteria.
- Some policies and medical eligibility criteria in Bangladesh are incompatible with World Health Organization (WHO) medical eligibility criteria.
- Key policy barriers contribute to low use of LA/PMs.
- A conducive policy environment is required to enhance the uptake of LA/PMs, which is a key component of the government's strategy to further increase the use of contraception and reach replacement fertility level.

Key Policy Barriers Addressed

Key policy barriers thus far addressed through advocacy include:

- Only couples with two children were eligible to adopt a permanent method of contraception when the youngest child was at least 2 years old.
- Family welfare visitors of the Directorate General of Family Planning (DGFP) and trained paramedics from nongovernmental organizations were authorized to insert an intrauterine device (IUD), while staff nurses were not.
- The hormonal injectable (DMPA) could only be given within two weeks prior to and two weeks after the scheduled reinjection date.
- Women were only eligible to use implants once they had at least one child.



Advocacy Process

The Mayer Hashi advocacy process included the following steps:

- Reviewing international literature on FP policies and on social and medical eligibility criteria
- Identifying key national policy barriers
- Initiating discussion with FP field workers and clients to collect information on how policy barriers limit access to LA/PMs
- Initiating discussion with service providers and program managers to collect information on how policy barriers limit access to LA/PMs
- Discussing the barriers in various meetings and conferences, to create awareness about them



Advocacy Process (2)

- Organizing discussions with population experts and policymakers on identified policy barriers
- Sharing issues with other national and international organizations and advocating for their support
- Sharing global evidence and local service providers' experiences and concerns with policymakers and experts
- Sharing global evidence and WHO medical eligibility criteria with National Technical Committee (NTC) members
- Discussing and obtaining support for the key policy issues in the National Family Planning Advisory Committee (a national advisory group)



Advocacy Process (3)

- Preparing a briefing paper using national and international literature on each policy issue and sending this to all NTC members before the meeting, to raise their awareness
- Informally lobbying with NTC members before the upcoming meeting
- Assisting the Director of the Clinical Contraception Service Delivery Program of the DGFP to raise the prioritized policy issues in the NTC meeting
- Thoroughly discussing and debating in the NTC meeting (For selected issues, more than one meeting was required to ensure approval.)

As a result, the NTC approved four changes in policies related to FP.



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Results

The policy advocacy process resulted in the following policy changes:

- Tubectomy is permitted during cesarean delivery of the 2nd child.
- Tubectomy or no-scalpel vasectomy (NSV) is permitted for couples with 2 children, without an age requirement for the second child.
- Trained staff nurses of the Directorate General of Health Services and of the private sector are allowed to insert the intrauterine device.
- A window period for DMPA reinjection was increased to up to 2 weeks before and within 4 weeks after the scheduled reinjection date.
- Nulliparous married women are allowed to accept the hormonal implant.

Program Implications/Lessons Learned

- Policy change is not a linear process.
- Advocacy and sensitization is a continuous and sometimes long process.
- It is important for advocates to be flexible. Sometimes, the environment is not yet ready for changes, and advocacy needs to be continued later.
- The changed policies expand contraceptive choice and access for men and women in Bangladesh.
- We learned that policies can be changed if a consistent advocacy process is followed—if the right people are sensitized, and appropriate policy issues are addressed.



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