



# 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.

# 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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