



Policy implementation to improve access to family planning: Using local police to promote women's right to family planning using national sexual and reproductive policy in Chad



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Background

Since obtaining independence in 1960, Chad has been involved in 12 wars, contributing to the country's poor health and social indicators. Currently, Chad hosts approximately 300,000 refugees from Sudan and Central African Republic, which has further stressed the country's limited resources. At 1.6%, Chad's contraceptive prevalence rate is one of the lowest in the world and unmet need for contraception is high at 23% (DHS 2004). A Chadian governmental report cites that abortion is the most common cause of obstetric complications (18.9%). In 2002, the national legislature enacted law SRH 006/2002 to protect women's and girls' right to receive family planning, without consent from a father or husband and without regard to her marital status. However, a decade after the bill's introduction, socio-cultural constraints and lack of political will among decision-makers have prevented the full implementation of this law. Local law enforcement and municipal authorities were not aware of its existence. This poster will describe how CARE used this law as an advocacy tool to open discussion at the local level on women's and girls' right to access sexual and reproductive health services as well as their availability.

Program Intervention

Since July 2011, CARE has been implementing the Supporting Access to Family Planning and Post-Abortion Care in Emergencies (SAFPAC) Initiative in Chad, Democratic Republic of Congo, Pakistan and other acute emergencies to reduce unintended pregnancies and deaths from unsafe abortion. For the last 3 years, CARE has worked closely with Chad's Ministry of Health to increase access to quality family planning and post abortion care by supplying essential commodities and equipment, rehabilitating infrastructure, and enhancing the clinical and counseling skills of health care providers through training, supportive supervision and the development of a national training capacity. In addition to these more traditional approaches, CARE has employed innovative approaches, such as engaging the police as protectors of women's right to family planning using national sexual and reproductive policy.

Soon after program implementation began, clinic staff began reporting to CARE staff that men in the community were resistant to the introduction of family planning services. As men heard about newly available family planning services, they registered official complaints against CARE and the health centers that offered family planning with the police. CARE's staff shared the relevant Chadian legislation protecting women's right to family planning services in initial meetings with the police headquarters in all project districts. Based on the positive feedback from the police themselves, the project developed two more workshops for police covering the legislation and basic facts of family planning and birth spacing focusing on benefits to the health of mothers and children.

Methodology



The data presented here represent the period from July 2011 through July 2013. The catchment population of more than 830,000 comprises refugees, internally displaced populations and local residents. SAFAC supports 21 government health facilities and referral hospitals in 3 districts in southern Chad: Gore District in Logone Oriental Province and Sarh and Danamadji Districts in Moyen-Chari Province. Each facility collects service-delivery data in modified MOH registers which country-level program managers analyze monthly. This data includes numbers of new FP users by method, as well as other supervisory and SRH service information. The project documents other activities through a variety of narrative documents including a qualitative, formative assessment of barriers to couple's access to family planning services, bi-annual reports and a communications assessment.

Results

Many changes have occurred in health facilities and communities since the beginning of program implementation, namely:

- 1 FP became a popular topic of conversation among men during group meetings
- 2 Men began accompanying their wives to health facilities for FP consultations
- 3 The number of police complaints from men decreased
- 4 Police officers, soldiers and lawyers began doing outreach with men's groups for FP
- 5 Police officers and soldiers encouraged their own wives to have an FP consultation
- 6 Some apologized to providers and promised to promote FP in their family and villages
- 7 The proportion of adolescents among FP clients increased

These changes in behavior and the social norms underpinning them contributed to an **increase in the number of new users of family planning by 18,430 within two years.**

While other aspects of the intervention contributed to this success, the use of national policy as a tool to shift the understanding and attitudes of an important power holder, the police, and a range of other important stakeholders seems to have played a significant role. Rather than acting as a barrier, communities' enhanced understanding of the policy environment became an asset to the project. Indeed, as a result of this initiative, both health care providers and women began **referring** their husbands to the police to verify and explain the legality of contraceptives.

Graph 1: New FP users by method in Chad, Jun 2011 – July 2013



Conclusions and Implications

Lessons learned from the intervention

- Defining men as a barrier is unproductive and inaccurate. They may simply be uninformed, and, those who already support women's access to services (or those who begin to do so for whatever reason) may be potential assets for changing community norms
- Offering high quality services is not sufficient to overcome barriers related to the access of women and girls to FP services
- While laws are slow to produce effects at the national level, they can bring concrete changes at the local level, which, in turn, have the potential to stimulate change more broadly
- Presenting access to RH services as a human right rather than a gift in all program discourse may hasten progress toward programmatic goals and contribute to a change in social norms.
- By promoting rights of women to access at RH services today, we prepare the way for their daughters to access to the same rights now and in the future.

Future steps for the intervention

- Support advocacy efforts with Parliamentarians for full application of law SRH 006/2002
- Get partners to adopt similar activities promoting implementation of this law
- Strengthen strategies for engaging men and boys in current programming by adopting creative approaches that utilize channels of authority and influence with which men and boys identify

Recommendations for other implementers and/or policy

- Evaluate thoroughly the policy environment for unrealized opportunities.
- Consider the role of men and boys when implementing FP activities at the community level.
- Where they exist, raise awareness and understanding of laws protecting women's right to access to FP/RH services among providers and communities in order to ensure the full benefit of these laws.
- In countries where there is a need to align national laws or policies with international commitments, engaging lawmakers, lawyers and police officers as allies is important for updating laws and ensuring their application.
- Prepare men, boys and other key stakeholders to expect social change at community level in response to increased community awareness about national laws and policies.

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