



Family Planning in Malakal, South Sudan



Results of a Community-based Pilot Project by ARC,
Women's Refugee Commission and CDC

August – September 2011

REPORT FOR COMMUNITY CONTRIBUTORS

WHO ARE WE?

The American Refugee Committee (ARC) is an international humanitarian organization that helps persons in conflict and crisis rebuild lives of dignity, health, security and self-sufficiency. ARC has been working in South Sudan since 1994 and in Malakal specifically since 2006.

The Women's Refugee Commission is an advocacy organization based in New York, United States (U.S.). It advocates for changes in laws, policies and programs to improve the lives and protect the rights of refugee and internally displaced women, children and young people around the world.

The Centers for Disease Control and Prevention (CDC) is a U.S. government agency. The CDC has a Division of Reproductive Health that addresses the reproductive health of refugees and internally displaced persons in emergency and post-emergency settings.

RIGHT TO FAMILY PLANNING

Family planning is the ability of individuals and couples to anticipate and have their desired number of children. It is also the ability for them to choose the space between their children through use of contraceptive methods. Under international human rights law, access to family planning is a human right. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) says all individuals and couples have the "right to decide on the number, spacing and timing of children." The Programme of Action from the 1994 International Conference on Population and Development also notes the right of couples and individuals "to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so."



ARC staff and community-based distribution agents

WHY ARE WE IN MALAKAL?

In 2010, and in collaboration with the Upper Nile State Ministry of Health, ARC, the Women's Refugee Commission and CDC began a project to distribute family planning methods at the community level to examine whether the method would enhance people's access to and use of contraceptives. ARC has been working with the Drama Youth Rights Association (DYRA) to provide family planning information and services to members of the Malakal community. Through the project, women and men who have been trained as

community-based distribution (CBD) agents, reproductive health promoters and peer educators provide information on available family planning methods. The project has been implemented in the Central, Eastern and Southern Payams of Malakal. The CBD agents provide condoms and oral contraceptive pills—pills a woman takes every day—and those that prefer to use methods that prevent unintended pregnancy much longer are referred to Malakal Teaching Hospital or the Bam Primary Health Care Centre for more longer-term and permanent methods.



Community-based distribution agent in action

WHAT DID WE DO?

In August-September 2011, we evaluated whether or not our project has been applicable and feasible in Malakal and has enhanced people's access to and use of contraceptives. We evaluated the effectiveness of the project through several activities, including a household survey where we spoke to women to learn about their knowledge, attitudes and behaviors about family planning, and group discussions among women, men and adolescents to hear about their thoughts and experiences with the project. Our team of 13 trained community members interviewed 547 women of reproductive age (15-49 years). They also met with 143

men, women and adolescent girls and boys in group discussions.

Listening to the people in Malakal, we learned directly about their thoughts and experiences. We are grateful to have met with them and for their permission to let us share the information and stories in a responsible way.

WHAT DID WE LEARN?

We learned that 5.3 percent of women of reproductive age currently use a modern method of contraception. Although this number is very low, it is higher than it was in 2007, when the rate was 1.9 percent. The most commonly used method is the oral contraceptive pill, although more women prefer to use the “calendar method,” which is a natural method of spacing births where a couple abstains from sexual intercourse during the days when the woman is most likely to become pregnant.

Over all, the discussions showed that the project had a more limited reach within the community than was intended due to the small number of CBD agents. As a result, knowledge of contraceptives and the availability of pills and condoms through CBD agents was low. Moreover, none of the students in the schools that were visited recalled meeting with peer educators. Despite this, communities expressed openness to community-based distribution efforts.



Adolescents were the keenest group motivated to learn about contraceptives. Girls especially seemed to understand the consequences of unwanted pregnancy and were eager to continue their education; hence, while some were shy than others, they appeared interested in learning about the different methods. The most popular method was the calendar method, as recurring concerns were fears of condoms becoming stuck during intercourse. Both girls and boys eagerly requested that family planning be formally integrated into their education.

Outreach was widely seen as necessary to inform communities about the benefits and availability of family planning methods. Participants suggested training more CBD agents, including male agents, to inform and educate men and women in a non-forceful way. They further recommended awareness-raising, including hands-on demonstration, through peer groups and group discussions, at churches, health centers, markets and other public points.

WHAT WILL WE DO NOW?

ARC, the Women's Refugee Commission and CDC will share these findings to improve family planning services for those in Malakal and to advocate for the provision of family planning services in other post-conflict settings around the world. Some of the recommendations are:

- Increase the number of CBD agents and expand reach to *bomas* outside of Malakal town.
- Expand awareness-raising through peer groups and group discussions in schools and the community, and encourage men to become involved.
- Strengthen linkages between the facilities and CBD agents and reproductive health promoters, so that it is easier for women to access long-term and permanent methods of family planning.

WHAT CAN YOU DO IF YOU WANT TO LEARN MORE?

To obtain family planning methods, go to Malakal Teaching Hospital or Bam Primary Health Care Centre. The family planning clinic hours are posted in the Reproductive Health and Maternity Ward of each facility.



Family planning clinic at Malakal Teaching Hospital

To learn more about ARC's work in Malakal, visit the ARC Office.

To learn more about the Women's Refugee Commission's advocacy, visit www.womensrefugeecommission.org or contact us at info@wrcommission.org.

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