Building Momentum for Change:
The TAHSEEN Integration Experience in Minia

February 2003 - February 2004

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The TAHSEEN Project/CATALYST Consortium
Cairo, Egypt

Cover Photo: The door of the renovated Nazlet El-Amoudein clinic painted with the TAHSEEN logo.

The CATALYST Consortium is a global reproductive health activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development (USAID). The Consortium is a partnership of five organizations: the Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia. CATALYST is dedicated to working in partnership with the public, private and NGO sectors in developing, expanding and sustaining quality family planning and reproductive health services and healthy practices through both clinical and non-clinical programs.

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Preface

Over the next few years, after a successful start in Minia Governorate during 2003, TAHSEEN/CATALYST will expand its activities into other governorates in Upper Egypt. The purpose of this report is to document TAHSEEN's first year prior to scaling up. It is hoped that this chronicle will serve as a guide to assist program planners and managers and others interested in implementing family planning programs at the community level to develop similar activities and anticipate challenges inherent in field level implementation.

This document is divided into five parts. Part One describes the TAHSEEN model – a comprehensive and inclusive approach to family planning and reproductive health that involves quality improvement, linkages to other sectors, community involvement and capacity building organized around four interlocking themes and three cross-cutting strategies.

Part Two describes relevant background information on Minia Governorate including demographic information, policy considerations and a description of the current state of family planning/reproductive health and maternal and child health in the governorate.

Part Three details the steps taken by TAHSEEN to lay the groundwork for the first year's activities. TAHSEEN started by conducting a situation analysis and baseline study of family planning and reproductive health in Minia, holding a kickoff workshop with governorate officials, key stakeholders and community members in Minia, and establishing a steering committee headed by senior governorate officials.

Part Four examines several activities in depth, expanding on the process used and highlighting some of the lessons learned. The focus is on TAHSEEN's work with youth, women, non-governmental organizations, the commercial sector and the Ministry of Health and Population. This document looks in depth at the development of question and answer booklets aimed at engaged and newly married couples and parents, the production and staging of a puppet show and play, the launching of a local media group, an inventory and assessment of non-governmental organizations, the integration of family planning/reproductive health services with maternal and child health services and a redesign of the MOHP's supervision system.

The last section, Part Five, describes TAHSEEN's sustainability strategy, its menu of activities and the methodology it will use to scale up activities into other governorates during the second and subsequent years.

Acknowledgments

The genesis of this document was the desire to capture and preserve on paper, as a chronicle for future reference, the process of change that took place during the first year of the TAHSEEN Project. As start-up activities scale up and TAHSEEN/CATALYST expands into new districts and governorates, the importance of communicating the experience and acknowledging the tremendous efforts of our partners intensifies.

Funded by the Office of Population and Health, United States Agency for International Development (USAID) and implemented by the CATALYST Consortium, a partnership that includes the Academy for Educational Development, Centre for Development and Population Activities, Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia, TAHSEEN/CATALYST would like to acknowledge the contributions made by the dedicated staff of the many organizations that have made project implementation possible.

TAHSEEN also values the tremendous commitment to enhancing the quality of family planning and reproductive health care in Egypt demonstrated by the leadership of the Ministry of Health and Population (MOHP) at the central, governorate and district levels. The MOHP staff at all levels have established their willingness to dialogue and exhibited a capacity for change that has moved the project forward at an unexpected and welcomed pace.

To the people and leadership of Minia Governorate, TAHSEEN offers its deepest appreciation for extending your hand in partnership and welcoming us into your communities. The progress made within the past year reflects your own hard work and is testimony to your commitment.

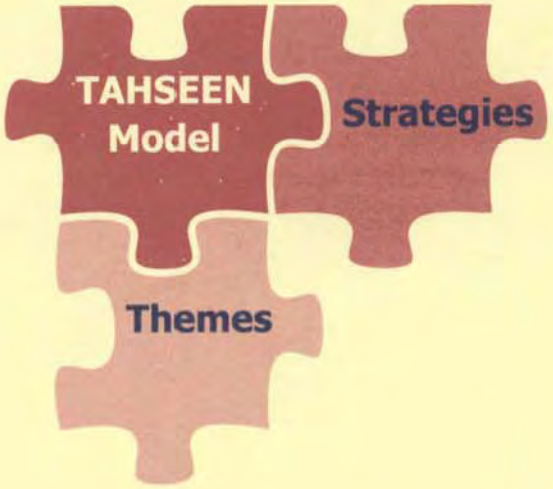
Dr. Damianos Odeh
CATALYST Country Representative
CATALYST Consortium/TAHSEEN Project

Acronyms

ANC	Antenatal care
BCC	Behavior change communication
CAPMAS	Central Agency for Public Mobilization and Statistics
CCR	Contraceptive coverage rate
CEDPA	Centre for Development and Population Activities
CEOSS	Coptic Evangelical Organization for Social Services
CME	Continuous medical education
COCs	Combined oral contraceptives
CORE	Cost recovery
CSR	Corporate social responsibility
CYP	Couple years protection
EBM	Evidence based medicine
EDHS	Egypt Interim Demographic and Health Survey
FP/RH	Family planning and reproductive health
HDI	Human Development Index
IEC	Information, education and communication
IUD	Intrauterine device
JSI	John Snow, Incorporated
NFP	Natural family planning
NGO	Non-governmental organization
MCH	Maternal and Child Health
MISA	Ministry of Insurance and Social Affairs
MOHP	Ministry of Health and Population
MWRA	Married women of reproductive age
NCCM	National Council for Childhood and Motherhood
NCW	National Council for Women
OB/GYN	Obstetrics and gynecology
RH	Reproductive health
RTIs	Reproductive tract infections
STDs	Sexually transmitted diseases
TT	Tetanus toxoid
USAID	United States Agency for International Development

Part One

TAHSEEN Project/ CATALYST Consortium



The TAHSEEN Project, implemented by the CATALYST Consortium and the POLICY II Project,[1] is working closely with the Ministry of Health and Population (MOHP) of Egypt at the central, governorate and district levels to build on almost three decades of United States Agency for International Development (USAID)-supported progress in the fields of family planning and reproductive health (FP/RH). By reaching out to non-governmental organizations (NGOs), academia, community and religious leaders, health care professionals and other community members, TAHSEEN demonstrates its commitment to using an inclusive and participatory approach to solidify USAID/Egypt's investments in FP/RH, establish a sustainable FP/RH program that provides quality services to those in need, and assist the Government of Egypt to reach its goal of replacement level fertility by 2017.

To this end, TAHSEEN works closely with other USAID-funded projects such as Healthy Mother/Healthy Child, Communications for Healthy Living, and Towards New Horizons/Towards New Visions demonstrating that a range of technical interventions can function synergistically to build a more effective health care model, while simultaneously enhancing MOHP health reform efforts and national population programs.

The TAHSEEN Model

While the Project's ultimate goal is to contribute to a decrease in fertility by increasing access to and use of quality FP/RH services for those who want and need them, the TAHSEEN model emphasizes a comprehensive approach to development that addresses behavior change, quality improvement, linkages to other sectors and community involvement. By working with NGOs, women's groups, religious leaders and other community members to generate demand for FP/RH services, strengthen relationships between clinics and the communities they serve, improve the quality of care and the service delivery environment, and improve systems and management at the central level of the MOHP, the parts of the puzzle that make up the TAHSEEN model for change are brought together. As the final USAID-funded population program in Egypt, building the capacity of implementing agencies and sustainability are integral to the Project's design.

Generating Interest in or "Demand" for FP/RH Services

Women and young people are naturally seen as the primary beneficiaries of most FP/RH efforts. In order to generate interest in FP/RH services, however, TAHSEEN believes that men, opinion leaders and influential members of the community are equally important targets

[1] Although the TAHSEEN Project is jointly implemented by CATALYST and the POLICY II Project, this document will refer only to the activities of TAHSEEN/CATALYST.

for messages that encourage support of women in their efforts to seek FP/RH services.

The Project, therefore, works with NGOs, women's groups, men, religious leaders and community members to create a culture that encourages women to seek out contraception, antenatal and postpartum care, and advice regarding birth spacing. Enhancing the skill sets of community outreach workers, known as *raedat rifiat*, is an important way to communicate critical messages directly to targeted women. At the same time, working with agricultural outreach workers provides the opportunity to get messages to both male and female audiences who may not have been reached by traditional FP/RH media campaigns, especially in largely rural governorates such as Minia.[2]

Figure 1: The TAHSEEN Model for Change

Small-scale awareness raising activities and media campaigns have important and complementary roles in this effort. Local educational and informational activities can reach religious leaders, community leaders and other important information sources in Egyptian

[2] TAHSEEN's first-year activities were focused in two districts in Minia Governorate: Minia and Samalout. Throughout this document "Minia" or "Minia Governorate" will refer to the governorate. "Minia District" will be used to refer to the district.

society. If they are knowledgeable and aware of issues surrounding FP/RH care, then they will be in a position to offer appropriate advice to people seeking their counsel.

It is not enough, however, to just inform individuals. Media campaigns are effective methods of communicating key messages to large groups of people and encouraging targeted groups to seek care. In this vein, TAHSEEN provides input into the development of FP/RH messages that are being designed at the national level by other programs, while facilitating the development of local media efforts through capacity building of media professionals and assisting implementing partners in their own efforts to develop behavior change communication (BCC) activities.

Improving the Delivery or "Supply" of FP/RH Services

Generating demand for services through media campaigns and outreach efforts without addressing concerns at the points of delivery, however, ignores half of the equation and will potentially disappoint clients who are seeking care. TAHSEEN, therefore, focuses on improving the delivery of FP/RH services, most notably by renovating clinics so that they offer clean, comfortable and private places for clients to receive family planning counseling, information and methods. TAHSEEN also trains physicians, nurses, lab technicians and *raedat rifiat* affiliated with those clinics in the provision of FP/RH counseling and care, and collaborates with the MOHP to improve management and supervision of the clinics. Another important part of TAHSEEN's overall strategy is to improve linkages between the clinics and the communities they serve.

In the past, USAID-funded population programs have focused on the development of national systems applied at the central level. Limited attempts were made to determine how and whether these projects were implemented at the health unit or district level. Furthermore, little attention was paid to exploring challenges in the implementation process.

Just as TAHSEEN has a comprehensive design in terms of addressing both supply and demand, its activities are at once aimed at systems and at how they are implemented. The Project's work at the field level, therefore, is complemented by its work at the central level, specifically with the MOHP.

TAHSEEN's approach addresses systemic issues at the central level, while concurrently developing targeted interventions in the field. This permits the development of practical concepts, systems and activities at the central level, and their near-simultaneous application at the field level. Successful implementation of these activities offers validation of systems, which in turn provides critical momentum to work being done at the central level. Field level

activities are also necessary in order to develop responses that address local needs, especially in the area of behavior change communication, and are key to developing linkages with other sectors.

In the first year of the project, TAHSEEN's activities were focused in Minia Governorate, with the most intensive set of activities rolled out in five communities: El-Dawoudia, Sawada, Edmo, El-Tayeba and Nazlet El-Amoudein.

In the second year and beyond, TAHSEEN will expand its work into other governorates throughout Upper Egypt and into selected urban squatter areas of Cairo and Alexandria, by scaling up best practices and lessons learned in Minia.

Themes

TAHSEEN is designed around four interlocking themes: focused attention to priority groups, improved quality for the customer, stronger institutional capacity and systems, and sustainable sector shares. There are also three cross-cutting strategies: youth, gender and sustainability.

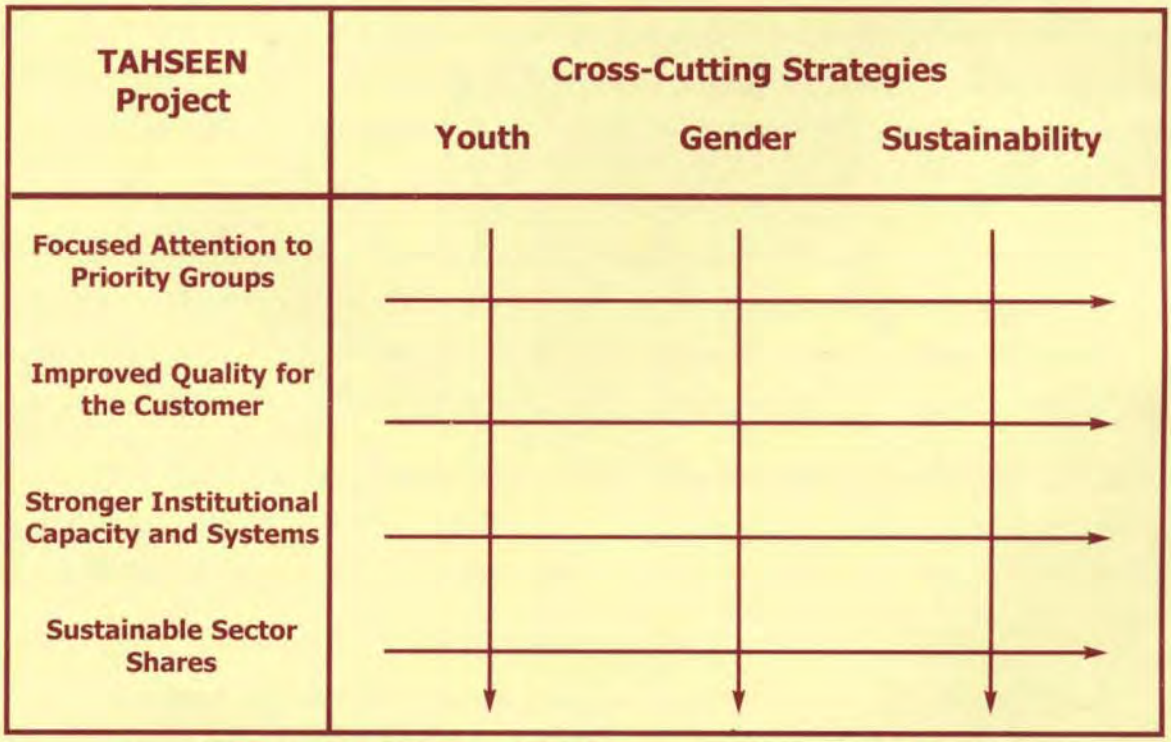


Figure 2: The TAHSEEN Themes/Cross-Cutting Strategies Matrix

Focused Attention to Priority Groups

There are still pockets of underserved populations, including both high-risk groups and those in hard-to-reach geographical areas. Providing services to these groups is necessary if Egypt is to attain its goal of replacement level fertility. Their participation as stakeholders will also contribute to long-term program sustainability.

Improved Quality for the Customer

Despite excellent progress on quality improvement in previous years, the quality of services provided by public and private providers is highly variable. Within the MOHP, the supervision system has come to rely more on compliance with checklists than continuous quality improvement. While performance recognition and bonus systems encourage quantity rather than quality, it has been demonstrated elsewhere that high quality stimulates demand and contributes to efficient utilization of facilities.

Stronger Institutional Capacity and Systems

Stronger institutions will help ensure that the Project meets its long-term objectives with respect to ensuring the overall sustainability of the gains made in the FP/RH sector in Egypt.

Sustainable Sector Shares

The public sector share in the provision of health care services is currently rising. Its dependence on heavily subsidized prices, however, makes its high proportion of service provision unsustainable over the long term. This is particularly true in the absence of substantial donor support. Encouraging the development of the NGO and commercial sectors will diversify sector shares and also contribute to long-term sustainability.

Cross-Cutting Strategies

Youth

TAHSEEN identified five approaches toward working with youth, including:

- The youth development approach, which involves community youth mapping and identifying youth resources;
- Youth involvement, which in its highest form involves youth-initiated efforts and shared decision making;
- Youth/adult partnership, which involves youth and adults working together in shared decision making and program planning, with adults serving as mentors and youth sharing their expertise;

- The youth friendly services approach, which means that clinic staff are youth oriented and sensitive to their needs; and
- The asset-based approach, which encourages a paradigm shift from thinking of youth as a problem to celebrating youth as an asset. This latter philosophy is challenging as most cultures identify youth as a troubled time before adulthood. In this model even "troubled" youth are tapped as a resource and encouraged to fulfill their potential in the community.

Gender

TAHSEEN's gender strategy takes an integrated approach towards empowering women and reaches them through a range of activities including literacy classes, micro-credit lending programs, BCC campaigns and youth outreach. This strategy addresses five levels of women's equality and empowerment ensuring that:

- Quality FP/RH services are in place;
- Women have access to these services and to other resources such as education, income and training;
- Women are more aware of gender relations that affect their health, their position in society and how this influences fulfillment of their reproductive rights;
- Women are participating at every level of the program (design, implementation, monitoring and evaluation) and influencing policies and legislation affecting them; and
- Women are able to make decisions that affect their destiny.

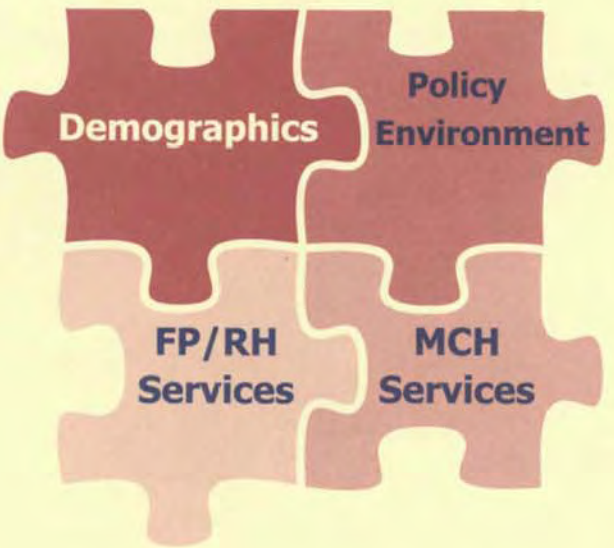
Involving and educating men about reproductive health and family planning is an equally important part of empowering women and is one of TAHSEEN's main objectives. TAHSEEN believes that comprehensive FP/RH programs should serve the needs of both men and women at all stages of their lives and that women need to be integrated into the decision-making process. This would enable them to make decisions, especially crucial ones, even where there are socio-cultural obstacles to improving their position.

Sustainability

TAHSEEN defines a sustainable organization as one that has the capacity to continue providing quality services/products that respond to client and community needs without continued financial support. It further defines the elements of organizational sustainability and maturity as demand sustainability, institutional sustainability and financial sustainability. TAHSEEN refers to this sustainability framework when designing and implementing various activities and when considering which partners with whom to work.

Part Two

Minia Governorate



Minia Governorate is located 247 kilometers (153 miles) south of Cairo. Beni Suef Governorate borders it to the north, Assuit Governorate to the south and the Red Sea Governorate to the east; the desert forms its western border.

The governorate is 135 km (84 miles) in length, and covers an area of 2,262 square kilometers (1406 square miles). It is divided into nine health districts: Samalout, Bani Mazar, Maghagha, Mallawi, Minia, Idwa, Dir Mawas, Mattay, and Abo Qurqas. The population resides in 57 (mother) villages with 346 affiliated villages and 1,117 *izab* and *nagha* (unaffiliated villages).

Map of Egypt

Demographics

The total population of Minia is 3,874,665 (Statistical Yearbook, 2003).[3] Its health and population indicators trail behind the national indicators, making it an important governorate for targeted TAHSEEN attention. Although crude birth and death rates have come down, they continue to be higher than the averages for both Upper Egypt and the nation as a whole. In 2003, the total fertility rate in Minia was 4.0 children per woman compared to a national average of 3.5 (El-Zanaty, Table 3.1).[4] The growth rate in Minia was 2.43 percent while the national growth rate was 1.99 percent (Statistical Yearbook, 2003).

Minia is predominantly a rural governorate with 81 percent of its population living in rural areas. Its main crops include sugar cane, garlic, grapes and cotton. According to *Menya Governorate: A Profile Based on the 2003 Egyptian Demographic Health Survey*, only 15 percent of ever-married women of reproductive age were working in a cash economy, similar to the national rate. (El-Zanaty, Table 3.5).

Using the Human Development Index (HDI), an overall measure of socioeconomic status, Minia Governorate has one of the lowest rankings of any governorate in Egypt. At 0.609, compared to the national average of 0.680, Minia ranks number 20 out of 22 governorates. Individual districts in Minia, however, vary remarkably. There are a total of 451

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[3] *The Statistical Yearbook (1995-2002)*. Central Agency for Public Mobilization and Statistics (CAPMAS). Cairo, Egypt: 2003.

[4] El-Zanaty, Fatma and Ann A. Way. *Menya Governorate: A Profile Based on the 2003 Egypt Demographic Health Survey*. Ministry of Health and Population [Egypt], National Population Council, El-Zanaty and Associates, and ORC Macro. Cairo, Egypt: 2003.

administrative districts in all of Egypt. Minia District ranked 196 while Samalout District ranked 423.[5]

Education levels among women, a key factor in the development of successful family planning programs, are extremely low in Minia: 53.2 percent of ever-married women ages 15-49 have never attended school, compared to the national average of 37.7 percent. In 2003, 72.9 percent of girls ages 6-15 years old attended school during the 2002-2003 school year, compared to 83.4 percent nationwide (El-Zanaty, Table 2.8).

The Policy Environment

Although Minia has low HDI and education levels, the political leadership of the governorate has shown tremendous support for population programs. The Governor and the Secretary General, enthusiastic supporters of family planning and reproductive health programs, are fully committed to the National Population Policy, which aims to decrease the population's rate of natural increase. Minia Governorate has a five-year population strategic plan covering 2001/2002 - 2006/2007 prepared by the governorate's Regional Council for Population and Family Planning in concert with the National Population Council and Institutional Development Project.

A variety of foreign governments, United Nations agencies and international donor organizations support health sector projects in Minia Governorate. TAHSEEN's mandate involves working closely with these various projects and utilizing available local resources more effectively. One outstanding local resource, Minia University Medical School offers an excellent prospect for developing local FP/RH program capacity.

Family Planning/Reproductive Health Services

Family Planning Method Use

Contraceptive use in Minia Governorate has risen steadily over the last several years. In 2003, approximately 49.1 percent of women in Minia used a family planning method, as compared with 60.0 percent for women nationwide (El-Zanaty, Table 4.3). The intrauterine device (IUD) is the most commonly used method, followed by injectable contraceptives and pills. Some 58.0 percent of married women do not want any more children (El-Zanaty, Table 3.9). The mean ideal number of children for ever-married women in Minia is 3.3, which is low, especially for Upper Egypt, indicating a potential for expanding the reach of FP/RH

[5] The Human Development Index is based on data reflecting citizen participation in development and a host of socio-economic indicators. Allam, Dr. Saad Taha. *Egypt Human Development Report 2003*. United Nations Development Programme and Institute of National Planning. Cairo, Egypt: 2003.

programs (El-Zanaty, Table 3.7). Of the 16.3 percent of women in Minia with an unmet need for family planning, one-third want another child but would like to wait two or more years, while another third do not want to have another child (El-Zanaty, Table 4.4).

Awareness of FP Messages

The Family Planning Department in the Ministry of Health and Population and the Youth Department in Minia Governorate organize monthly awareness raising events, contributing to the high exposure and awareness of family planning messages. This effort has been so successful that 62.6 percent of women in the governorate had heard a family planning message in the six months prior to being interviewed for the Egypt Interim Demographic and Health Survey (EDHS), the basis for the Minia Governorate Demographic and Health Survey (El-Zanaty, Table 4.10).

Non-users

Although only 3 percent of married non-users of family planning methods cited opposition to using a family planning method, a surprisingly high 75 percent of women in Minia had not discussed family planning during a visit to a public or private health facility or during a visit from a family planning worker in the six months prior to being interviewed for the EDHS (El-Zanaty, Table 4.12).

Teenage Pregnancy

Due to the early age of marriage in Egypt, especially in the TAHSEEN focus areas of rural Upper Egypt, teenage pregnancy is a major health concern due to the greater risk of morbidity and mortality among adolescent mothers. As a result of the early age of marriage, 13.8 percent of women ages 15 to 19 had either given birth or were pregnant with their first child (El Zanaty, Table 3.4).

Maternal and Child Health Services

The practice of birth spacing in Minia and the rest of the country, like contraceptive use, has steadily increased but has not yet reached the new international standard of three to five-year spacing. Furthermore, utilization of reproductive health services also lags behind the country's averages.

Antenatal Care

Early and regular antenatal care (ANC) is important for the health of both the mother and the child. In Minia, 75.7 percent received one or more tetanus toxoid (TT) injections, 52.1

percent of mothers received some ANC and just 36.1 percent received regular ANC. (El-Zanaty, Table 6.4).

Delivery Care

An important factor for ensuring the health of both mother and child is the presence of trained medical staff at deliveries. Although the percentage of women assisted by a trained provider in Minia has more than doubled since 1988, at 44 percent it still lags far behind the rate of 69 percent for Egypt as a whole (El-Zanaty, Table 6.10).

Postpartum Care

Although 13.7 percent of women who gave birth in Minia had a postpartum checkup within two days of delivery and 27.4 percent had at least one visit by a medical provider, 72.6 percent did not receive any postpartum care (El-Zanaty, Tables 6.10 and 6.11).

Part Three

First Steps in Minia

TAHSEEN's first steps in Minia involved conducting a situation analysis of family planning and reproductive health services and a baseline study of the targeted health units, organizing a kickoff conference to introduce TAHSEEN to the community and establishing a steering committee of key Minia Governorate officials.

Situation Analysis

Before embarking on a comprehensive long-term project of the size and scope envisioned in Minia, it was critical that TAHSEEN determine the current state of family planning and reproductive health services in the governorate.

Map of Minia Health Districts

The *Situation Analysis of Family Planning and Reproductive Health in Minia Governorate* was undertaken to determine the status of the FP/RH program in Minia, define TAHSEEN areas of intervention and establish an improvement plan that maximizes available resources.

Existing statistics and studies concerning FP/RH and Maternal and Child Health (MCH) services, data on demographics, policies, culture and education, physical conditions, service delivery capacity and quality of care provided in public sector health units and community and NGO resources/capacities were collected, analyzed and used to identify gaps in the current FP/RH service delivery system.

The clinic-level analysis focused on infrastructure and maintenance of the clinics, facility management, staffing issues, supervision, use of the "service improvement fund," drugs and supplies, counseling and BCC materials, management and maintenance of medical records, lab services, infection control and prevention, and contraceptive commodities. The situation analysis also included an assessment of NGO and community resources.

Of the forty-five clinics analyzed in this study, five clinics in El-Dawoudia, Sawada, Edmo, El-Tayeba and Nazlet El-Amoudein (and their satellite communities) were selected for targeted TAHSEEN intervention.

Baseline Study

Once the clinics were selected, TAHSEEN conducted a baseline study to identify the status of the selected units and measure the attitudes of beneficiaries. The information collected from the fifty clients at each clinic will also be used to determine the effectiveness of TAHSEEN's interventions in these areas.

The study found that the contraception prevalence rate (CPR) was 50.8 percent among all clients and 59.1 percent among clients who had children. Sawada and El-Dawoudia had the highest prevalence rates at 66.0 and 62.0 percent while Edmo had the lowest at 30.0 percent. The most commonly used contraceptive method among respondents was three-month injectables (48.8 percent), while 26.8 percent used IUDs.[6]

Confirming the findings of the *Situation Analysis*, nearly one-third of the respondents described the health units as either unclean or average (30.4 percent) and 49.6 percent perceived the waiting time to be "not short." Most of the beneficiaries felt that the doctors and nurses had communicated well with them and that the doctors' interpersonal skills were above average. Nevertheless, 37.3 percent of respondents were not offered a physical examination and more than 30 percent claimed inadequate communication from nurses. Community leaders consider conditions inside and outside the clinics as major causes for their underutilization.

Kickoff Conference

In the summer of 2003, TAHSEEN organized a Kickoff Conference in Minia to present an overview of the Project and its prospective role in improving the provision of FP/RH services in the governorate. TAHSEEN invited the people of Minia – women, religious leaders, representatives of the medical school, NGO representatives, youth, the media, local officials, physicians, commercial sector representatives and other stakeholders – to participate in the decision-making process to select issues that TAHSEEN should address.

Officials at the medical school, for example, requested that TAHSEEN help establish an evidence based medicine (EBM) unit and physicians asked for help with clinic management. TAHSEEN staff listened to the community's priorities and incorporated these and other suggestions into its work plan.

[6] In contrast, according to the EDHS profile of Minia Governorate, IUDs were the most commonly used contraceptive method.

Steering Committee

Following the Kickoff Conference, TAHSEEN established a Steering Committee in order to bring local guidance, perspectives and knowledge to its work at the governorate level. With its broad representation of government partners, the committee also provides a platform for institutionalizing initiatives. It is headed by the Secretary General and includes the Undersecretaries for Health and Population, Agriculture, Social Affairs, Education, and the Directors of the Information Center, FP/RH and MCH programs.

One of TAHSEEN's first steps in Minia was establishing a Steeering Committe including the Governor (holding the microphone) and other high level governorate officials.

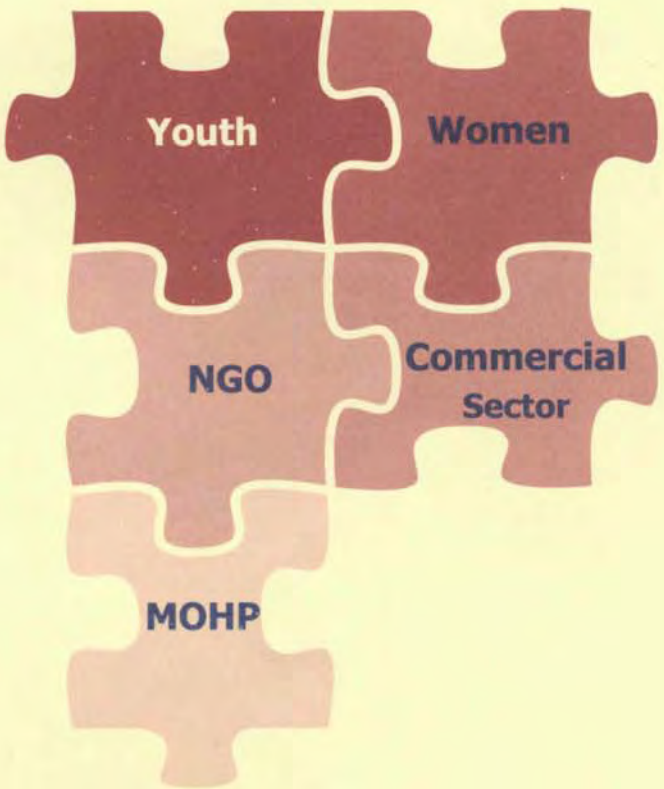
The Steering Committee ensures that Minia officials are involved in the day-to-day planning and implementation of TAHSEEN's activities. In this way, project activities become a joint undertaking of TAHSEEN and the Minia community, as opposed to something that TAHSEEN is doing "in" or "for" Minia.

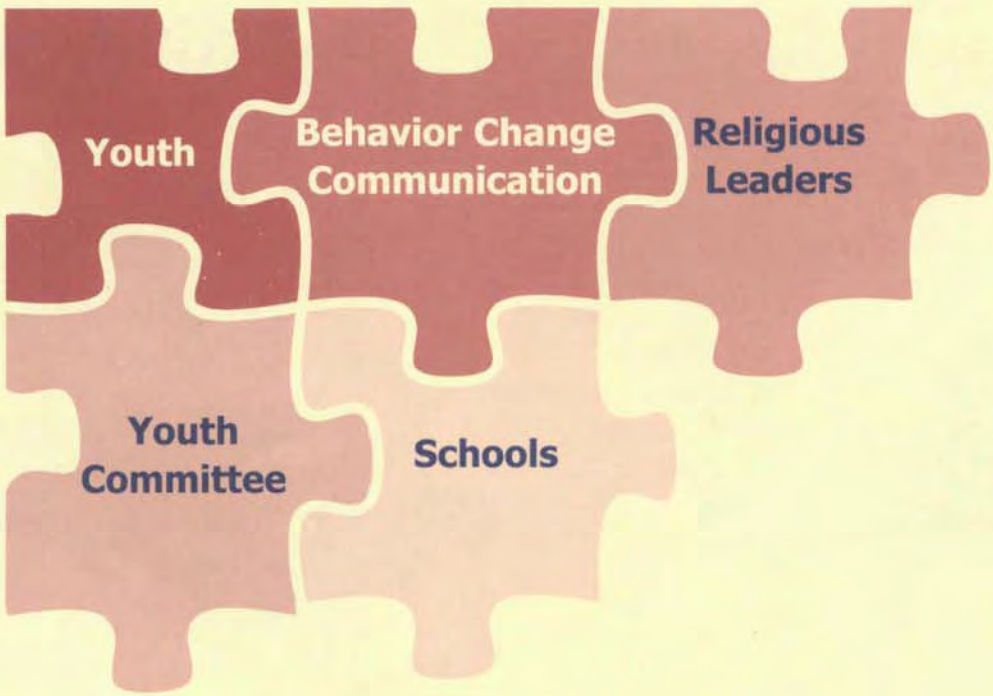
In addition to building a sense of ownership, the institutional support provided by the committee has proved invaluable. There have been countless occasions where concerns raised at a Steering Committee meeting have been completely resolved during the meeting. While renovating the clinics, TAHSEEN wanted to build a wall around a clinic in order to offer patients a certain amount of privacy. Although it had been a long-standing need, boundary disputes had prevented construction of the wall for over fifteen years. The Steering Committee worked closely with the community and local merchants to resolve the issue.

At the same time, the committee has also provided opportunities to improve the Project's linkages to other sectors. TAHSEEN was ready to assist, for example, when the Minister of Agriculture, on his own accord, asked if his extension workers could be trained so that they could help reach out to people on FP/RH issues. Furthermore, at TAHSEEN's suggestion during one of the meetings, governorate officials added two commercial sector representatives to the Regional Council for Population and Family Planning to further integrate this important sector into the planning process.

Part Four

Activities




Youth
Behavior Change Communication
Religious Leaders
Youth Committee
Schools

Working with Youth

TAHSEEN has two goals in working closely with youth. The first goal is to better inform young people about family planning, reproductive health issues and available services and to increase utilization of those services. TAHSEEN's second youth-related goal is to increase awareness of the FP/RH needs of youth among service providers, community and religious leaders and community institutions. Many of the initial steps taken in the first year involved inventories and assessments. The development of two question and answer booklets, a puppet show and the establishment of the Minia Youth Committee were highlights of TAHSEEN's youth activities. An important partner in this effort has been the Ministry of Youth and Sports at the governorate level.

An Inventory and Assessment of BCC Materials

One of TAHSEEN's first activities was preparing an *Inventory of FP/RH Behavioral Change Communication Materials (1995-2003)*, an assessment of all behavior change communication (BCC) materials addressing FP/RH issues developed in Egypt between 1995 and 2003. An analysis of 252 pieces, only 30 of which were actually directed toward youth, revealed an overabundance of materials for certain population groups (e.g., married women of reproductive age), but a shortage of materials for other groups such as postmenopausal women, postabortion women, mothers, and mothers-in-law.

While many of these pieces discussed small family sizes or contraceptive method side effects, topics such as sexuality, conflict resolution and husband-wife relations were rarely covered. According to this assessment, there was also an over reliance on television for reaching target audiences, while other media such as radio programs, posters, brochures and leaflets were insufficiently used.These results reflect the importance of intensifying BCC activities directed toward youth.

Reproductive Health Services Study

The, *Reproductive Health Services for Young Engaged and Newly Married Couples* study, involved an analysis of materials available to youth, their understanding of reproductive health issues and an exploration of the knowledge, attitudes and practices of service

providers and community groups. One of the objectives of this study was to identify social and psychological behaviors that prevent youth from seeking FP/RH medical care and advice. Although this rapid assessment found young men and women are not well informed about reproductive health issues, they do have some familiarity with the issues. Often, even when they are informed about such issues, they do not seek assistance because of embarrassment, fear of the results and/or not knowing how and where to access services. Young married women are the only demographic group that has ready access to FP/RH services, specifically family planning and prenatal care. The study also found that community groups, schools, religious institutions and NGOs are untapped resources for disseminating information to youth.

The Puppet Show

Realizing that a variety of media was necessary for community education, TAHSEEN worked with a local group to develop a puppet show addressing issues of interest to engaged and newly married couples. Although puppet shows have often been used to convey BCC messages, TAHSEEN augmented the puppet show with a panel discussion featuring a Minia-based physician, sociologist/psychologist and religious leaders. An average of 60-70 people, mostly youth, attended each of twelve performances. Combining the panel discussion with the puppet show allowed TAHSEEN to tailor the material to the specific needs and interests of each village where it was staged. Interaction between the puppets and the panelists made the discussion sessions more interesting.

The puppet show will be used in other governorates as part of a larger BCC strategy and TAHSEEN will explore the possibility of building the capacity of local groups to undertake management of this activity in the future.

Question and Answer Booklets

The inventory of BCC materials and the rapid assessment of reproductive health services revealed that several different groups would benefit from a frank and open discussion about sexual health, family planning and related issues. Although earlier question and answer booklets included input from parents, they did not include any feedback from youth. Drawing on questions raised by youth, TAHSEEN developed its own set of questions and answers and worked closely with religious leaders, youth and parents to prepare two relevant and meaningful booklets, titled *100 Q&A for Parents* and *100 Q&A for Engaged and Newly Married Couples*. Various alternatives are being explored with local institutions and implementing partners that will allow for continuous updating and widespread, long-term distribution of the booklets.

100 Questions and Answers for Parents

100 Questions and Answers for Engaged and Newly Married Couples

TAHSEEN developed two sets of question and answer booklets with the goal of answering common questions about FP/RH issues

Contents

- What Is Reproductive Health?
- How To Understand My Baby
- How To Answer My Child's Questions
- How To Understand Adolescent Children – Psychology And Physiology
- How To Answer Questions From Adolescent Boys
- How To Answer Questions From Adolescent Girls

Contents

- Female Reproductive System
- Menstrual Period
- Vaginal Discharge
- Hymen
- Male Reproductive System
- Fertility
- Spouse Selection
- Wedding Night
- Marital Relations
- First Pregnancy
- Sexually Transmitted Diseases

In Depth: The Puppet Show
The Engagement of Aragoz and Kishkelioz

In looking for alternative and creative methods of educating the community about family planning and reproductive health needs, TAHSEEN settled on using the familiar Egyptian puppets of Aragoz and Kishkelioz.

Colorful, entertaining puppets, combined with a discussion led by FP/RH experts, proved a novel and successful way of reaching out to the community.

Although the puppet show is a familiar BCC tool, TAHSEEN enhanced it by adding a panel discussion with local experts who could reinforce the messages in the puppet show against early marriage and in favor of pre-marital counseling, and parent-adolescent communication. A physician, a sociologist/psychologist and two religious speakers (one Muslim, one Christian) lead the seminar. Aragoz the puppet, moderates, much to the delight of the audience.

Although the puppet show has proven to be very successful, it was initially met with some resistance. Many government officials thought that puppet shows were only for children and that they could not be used to discuss family planning issues with young adults. The puppet show/panel discussion has been particularly successful because it allowed the information to be tailored to the specific needs of the audience in each village where it was performed.

Attracting the Right Audience

Traditionally, seminars and presentations are advertised by hanging a banner at the theater announcing the time and date of the event. This advertising approach relies on the prospective audience members walking by the theater, reading the sign and then returning on the appointed date and time. TAHSEEN's audience for the first show was comprised mostly of older women and their children who had been recruited from the health clinics by community outreach workers. Many of them were confused about the purpose of the puppet show and why it was important to them, which weakened the impact of the first presentation.

Changing behavior patterns among TAHSEEN's target audience – engaged and newly married couples – necessitates the creation of a supportive community environment. In addition to the target audience, TAHSEEN reaches out to the rest of the community including older men and women, adolescents, religious and community leaders. TAHSEEN needs entire communities to advocate against early marriage for it to take hold.

Solution: Following this initial experience, the MOHP and the State Information Service in Minia created a flyer and distributed it at mosques, churches, youth centers and coffee shops. More importantly, the people distributing the flyers encouraged community members to attend by talking about the puppet show and describing it in detail. Potential audience members were specifically told that they would be "seeing a puppet show" dealing with "early marriage, pre-marital counseling and parent-adolescent communication." They were also reminded that the puppet show would be followed by a panel discussion featuring experts on these issues.

Engaging the Audience

Afte attracting the right audience, it is important to engage them. Before the first show, TAHSEEN staff met with the speakers for about fifteen minutes to brief them on their presentations. Although the panelists knew their subjects very well, they were used to presenting the information in a traditional lecture format. This format was less effective following the puppet show, which was engaging and entertaining.

Attracting a broad-based audience requires a proactive advertising campaign. Engaging them requires well-trained speakers.

Solution: With subsequent shows, TAHSEEN staff met with the panel members several days before the event to discuss the script and potential questions from the audience, and to provide guidance on how best to engage the audience. Using the lead puppet (in this case, Aragoz) as a moderator was an effective way of keeping the audience engaged and entertained. TAHSEEN also found that with each production, the speakers adopted a more interactive style.

Lessons Learned

- Use familiar characters and music to get the audience's attention and create an immediate bond with the characters;
- Engage in proactive advertising. Do not take a passive approach to marketing; and
- Train the speakers to be as engaging and entertaining as the puppets.

In Depth: Question and Answer Booklets

A comprehensive literature review preceded development of these question and answer booklets, confirming and detailing issues surrounding the lack of appropriate and accessible information for youth and barriers to youth-parent communication. The review found that young adults of pre-marital age do not have reliable information sources for reproductive health, and that parents typically do not discuss these topics with their children. TAHSEEN, therefore, decided to fill this gap by addressing the needs of both groups. The general process for developing both question and answer booklets was similar:

- Develop an initial list of questions with input from experts in the field
- Test the initial list of questions with the target group (youth and/or parents)
- Develop the answers
- Review the questions and answers with both Muslim and Christian religious leaders
- Review the questions and answers with the target group
- Review the questions and answers with an expert committee:heads of the MOHP Population and Maternal and Child Health (MCH) Sectors, Ministry of Education representatives, and university OB/GYN, venereology and psychology staff
- Re-test the booklets with the target groups after the final layout

Spotlight: Working with Youth

The youth panel that TAHSEEN consulted was particularly interested in providing input on the 100 Questions and Answers for Parents. It suggested several valuable changes and was forthcoming with opinions and ideas.

They suggested deleting a few questions, "nobody asks anymore," including: "Why did my aunt have a baby by caesarean section?" "Do boys have external genital openings like girls?" and "Why don't children have wet dreams?"

Panelists also added several questions, such as: "Will I marry my father when I get older?" "Why doesn't my mother breastfeed me like she does my younger brother?" "How does the fetus move and eat inside its mother?" "If I don't have frequent wet dreams, is it normal?" and "Why don't men have babies?" They even suggested specific illustrations including one depicting different types of hymens and another depicting the fetus in the womb, the umbilical cord and the placenta.

Spotlight: Working with Religious Leaders

The religious leaders TAHSEEN worked with were very interested in sharing their input on the content of *100 Questions and Answers for Engaged and Newly Married Couples*.

Working closely with religious leaders in Minia was an important part of the TAHSEEN model for change.

They raised several concerns with the wording, particularly the sections that dealt with masturbation and wet dreams. Their main concern when they reviewed the booklet was that TAHSEEN had treated some subjects too lightly when, for example, the booklet said masturbation was not "unhealthy" or "bad."

In some instances, they wanted to add religious verses to provide context for some of the answers. Although this is something TAHSEEN considered, after much debate it was decided not to include religious messages and to keep the booklet focused on health care messages.

The question and answer booklet included references to a first night wedding tradition that takes place in some rural areas – the manual deflowering of the bride. The religious leaders agreed that it is an undesirable practice and thought it was important to include in the booklet.

In general, they had more concerns and suggestions with the *100 Questions and Answers for Engaged and Newly Married Couples* than with the *100 Questions and Answers for Parents*. This was partially due to the fact that the issues raised in the first booklet were very sensitive in nature. Another reason for this is the fact that after working together for several months, they felt more comfortable with TAHSEEN's goals and objectives.

Working with the religious leaders to develop these booklets gave the endeavor enormous credibility and ensured that critical segments of the community would accept it. The more closely TAHSEEN worked with them, the more comfortable they became with the overall process.

Lessons Learned

- Involve religious leaders in developing reproductive health and family planning materials. Not only does this contribute to greater audience acceptance of the products, but in the process the religious leaders will gain a better understanding of the needs and concerns of the target audience;
- Publications that do not involve youth in the development of questions and answers will not be age-appropriate and will most likely include questions that are of minimal interest; and
- Engage in a rigorous process of development, review and field-testing.

Contraception for Young Newleywed Couples

The results of the *Reproductive Health Services for Young Engaged and Newly Married Couples* study revealed that service providers lack knowledge about family planning methods suitable for young couples and have misconceptions about the negative impact of different family planning methods on young couples' fertility.

Therefore, TAHSEEN, in close collaboration with the Health Workforce Development Project, used an evidence based medicine approach to synthesize information surrounding contraception and specific methods for young people. The resulting document, *Contraception for Young Newlywed Couples*, provides material for inclusion in service providers' training materials and in undergraduate medical school curricula. Some of the results of that study include:

- Oral contraceptives are a safe and effective method that causes no harm and provides multiple health benefits (preservation of fertility, rapid return of fertility on discontinuation and prevention of anemia). Combined oral contraceptives (COCs) may be very suitable for delaying a first conception in young newlywed women;
- The return of fertility after discontinuation of Depo-Provera and NET-EN is slightly prolonged in comparison with most other methods. It is important to clearly counsel young newlywed women planning to become pregnant, and they should be specifically informed about the details of this choice;
- IUDs have been avoided by this group of women due to a false belief that they increase both the incidence of pelvic inflammatory disease and ectopic pregnancy. IUD use in nulliparous women, however, is not associated with any adverse fertility consequences;
- The long duration of contraception using implants may not be suitable for young newlywed women who might require a shorter duration of contraception. Implants, of course, can be removed upon request;
- Natural family planning (NFP) has both positive and negative outcomes; its use by young newlywed couples warrants special counseling and sex education. NFP requires periodic abstinence, and partner cooperation is mandatory to prevent pregnancy; and
- The use of barrier methods requires special counseling and sex education.

Minia Youth Committee

TAHSEEN also helped establish the Minia Youth Committee launching a community mobilization process organized around important youth-specific family planning and reproductive health issues and messages. The committee embraces a wide spectrum of civic, community, religious and media figures.

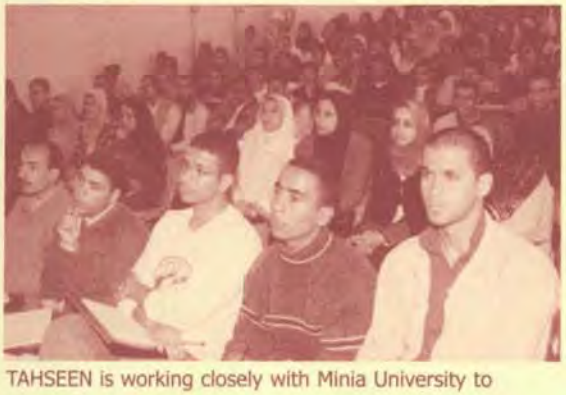
TAHSEEN's youth outreach efforts are coordinated through the Minia Youth Committee. During a training session in January 2004, they discussed strategies for reaching out to youth.

During its first meeting in December 2003, the Youth Committee independently decided to modify its composition and include up to eight youth as members. While TAHSEEN advisors had quietly hoped for such a decision, the suggestion was made by the Youth Committee itself, assuring youth that their participation would be integral to the its work.

During a four-day training session in January 2004, the Youth Committee established a common framework for discussing FP/RH issues identifying strategies for networking, problem solving and exchanging ideas and experiences.

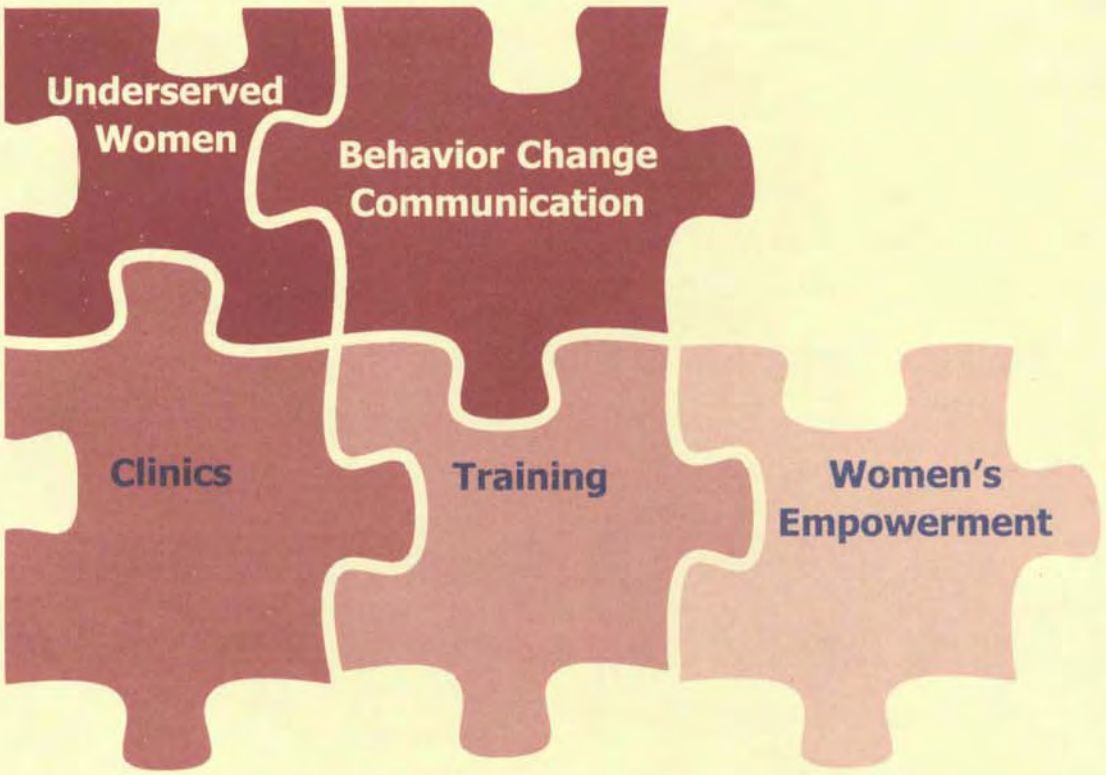
Peer Educator Program at Minia University

TAHSEEN is collaborating with senior Minia University officials and staff to provide technical assistance, materials and ongoing program monitoring for the development of a reproductive health peer educator program. The peer educators will provide appropriate information to other students on an individual basis, through special events, and by referring them to FP/RH services as necessary. At a workshop in February 2004, prospective peer educators participated in training sessions where health professionals delivered presentations on the male and female reproductive systems, pre-marital fears faced by youth, reproductive tract infections and sexually transmitted diseases (STDs), fertility and birth control, counseling and communication skills.



TAHSEEN is working closely with Minia University to establish peer educators who can counsel fellow students and refer them to FP/RH services as necessary.

Student peer educators are designing an action plan that addresses the activities they will undertake, how to assess impact and how to make the program sustainable.


Underserved Women
Behavior Change Communication
Clinics
Training
Women's Empowerment

Working with Underserved Women

One of TAHSEEN's main priorities is working with underserved and unempowered women. In an effort to reach out to these women, TAHSEEN conducted a number of BCC activities at the local level and improved the quality of FP/RH services. Initial steps were also taken to strengthen outreach activities and to link with other sectors, especially those addressing issues of women's empowerment. Specific activities included the preparation of a document titled Women's Empowerment in Egypt, *the production of a play intended to convey key FP/RH messages, working with local journalists to increase their capacity to cover FP/RH issues, renovating clinics in each of the five targeted districts, conducting a situation analysis of community outreach workers and initiating projects with two key national women's institutions.*

Inventory of Women's Development Programs

TAHSEEN laid the groundwork for its activities with underserved women by conducting an inventory of women's development programs in Egypt titled, *Women's Empowerment in Egypt: Current Situation and Supporting Organizations*. This analysis documented national women's empowerment activities and health, literacy, democracy and micro-credit programs, and guided TAHSEEN's work in Minia. It will be shared with TAHSEEN's partners and serve as a reference for organizations interested in women's empowerment activities. It will also be a key resource as TAHSEEN expands its work into other governorates.

Behavior Change Communication Activities

Minia Media Group

TAHSEEN established a Media Group in Minia to enhance the capacity of local media to cover FP/RH issues. Monthly meetings focus on individual topics and media professionals are encouraged to work together to develop television, radio or newspaper stories based on each month's topic. Some of the sessions included discussions on family planning methods, gender roles, male involvement in reproductive health and girls' education/employment and its impact on health. An important part of the meeting is the review of participants' news stories by TAHSEEN's media consultant who offers suggestions and advice on how they can improve their work.

Several articles have appeared in Minia media outlets as a result of these meetings with some of the pieces focusing on: family planning and Islam, family planning methods, use of the health clinics, the situation of women in Minia, early marriage and adolescent health.

At a community meeting in Minia, a radio announcer and member of the Media Group said, "Before the training, the messages that were going out were vague, not very clear. After the training we were more capable of producing relevant programs that communicated clear messages."

The media group has proven to be so popular that TAHSEEN has already received numerous inquiries from individuals who would like to participate in the 2004-2005 group.

The Play

In addition to the puppet show, TAHSEEN recognized that a variety of BCC materials and methods would be needed to reach audiences that had not previously been reached. Although television advertisements and shows, radio spots and other written materials had been successful in reaching a high percentage of the population, face-to-face methods were needed to have maximum impact.

The Story of Hanneya wa encourages men to take more responsibility for family planning and reproductive health. Other themes discussed in the play include early marriage, son preference/gender equity, optimal birth spacing, girls' education, couple communication and the empowerment of women.

In creating the play, TAHSEEN identified themes and asked a professional acting troupe from the private sector to develop an initial script. Although the script was modified numerous times, initial versions took a conventional approach to the identified themes and lacked an inspirational message.

TAHSEEN felt very strongly that the script should include an empowerment message, promoting the idea that women can overcome the restrictions of gender biases and that they have the right to improve their situation in life through employment and education. After several more revisions — including weekly sessions — the script was finished. What differentiates this production from others is its positive, yet realistic ending and the use of fewer messages subtly embedded in the plot.

In Depth: The Play
The Story of Hanneya

The Plot

Working with Minia-based actors and crew members, TAHSEEN developed *The Story of Hanneya*, a play about Hanneya and her marriage to Sayed, who is out of work and spends most of his time in the coffee shop with his friends. Sayed, who marries Hanneya despite the fact that she is only fourteen years old, is disappointed after having two daughters in a row and leaves Egypt in search of a job in the Gulf. Failing to find one, he is deported back to Egypt, finding his wife an educated and successful woman. The play ends with him advising a friend not to marry until the bride is at least eighteen, to delay the family's first pregnancy, to be happy regardless of the child's sex and to support his wife's education.

One of TAHSEEN's BCC activities was the production of a play discouraging early marriage and promoting male responsibility, birth spacing, women's empowerment and other FP/RH messages.

The Production

Once the script was finalized, TAHSEEN presented it to the MOHP as a finished product and began working with the Cultural Palace in Minia (a state-sponsored supporter of the arts) to arrange for its production. Working with the Cultural Palace enabled TAHSEEN to localize the play's dialogue, setting and culture, thus attracting and holding the audience's attention.

According to the Director of the Cultural Palace, the team that developed the original script created a production that was too complicated and too expensive to produce. It involved too many scene changes and called for too many costumes. The Cultural Palace made the production more cost-effective and more mobile, enabling it to be staged in a variety of venues, thus reaching a larger audience. They also recommended changing the ending so that Hanneya dies giving birth to her third child. Although this was a more dramatic ending, it was not the inspirational and uplifting message TAHSEEN had expected. After much discussion, TAHSEEN and the Cultural Palace agreed on an ending where although Hanneya's health suffers from giving birth to two children without appropriate birth spacing, she also attends literacy classes and receives a micro-credit loan to set up a small weaving factory.

After one performance an audience member commented that the actors used the "right language" and had the "right balance." Working with the Cultural Palace in Minia and Minia-based actors will open the door to future plays in Minia that contain embedded FP/RH messages.

In Depth: The Minia Media Group

Newspaper articles, television segments and stories on the radio are effective ways to reach people and convey family planning and reproductive health messages. As generalists, however, journalists do not always have the background necessary to cover these issues adequately. That is why TAHSEEN established the Minia Media Group; its objective is to build capacity in the various media outlets and, by extension, educate the local community.

The Minia Media Group meets once a month to help build the capacity of local journalists to cover FP/RH issues.

The Minia Media Group holds one four-hour meeting every month, where the highlight of each meeting is a presentation by an expert in reproductive health. A well-respected media consultant and the governorate's director for FP/MCH also attend the meetings, which provide journalists with a unique opportunity to interact with experts and officials knowledgeable about FP/RH issues.

During its first four months, the group produced a total of nine stories or articles including six television spots, two radio pieces and one newspaper article. In December 2003, TAHSEEN held a contest to determine the best news product based on the following criteria: coverage of the issues, level of innovation, inclusion of service providers and beneficiaries, and ability to work in a group. A medal was awarded in recognition of the contributions these media professionals were making to bring FP/RH issues to the public's attention.

Selecting the Members

The Minia Media Group, which will meet once a month for one year, consists of five television journalists, five radio reporters, four print journalists and six information education and communication (IEC) specialists (four from the MOHP, one from the State Information Service and one from the Minia Cultural Palace).

TAHSEEN's first step was to meet with the directors of television and radio stations and newspaper editors in Minia to ask them to nominate members for the group. Later, a representative from the Cultural Palace was added to the group, maximizing resources and adopting a cost-effective strategy for incorporating family planning and reproductive health messages into plays and other productions produced under the auspices of the Cultural Palace.

Monthly Meetings

Prior to each meeting, TAHSEEN provides the expert with a specific topic and asks him/her to prepare a PowerPoint presentation in Arabic that is informative, clear and non-technical in nature. TAHSEEN prepares an information packet that includes a copy of the presentation and background materials appropriate for use by the media. This material is added to a binder that each member of the group received at the first meeting.

After that, TAHSEEN divides the large group into working groups based on their medium and assigns topics for their stories based on the presentation. Then, the media consultant leads a review and critique of the various work products. At the end of the meeting, TAHSEEN administers a post-test to encourage participants to actively participate in the meeting. The same group will stay together for a period of one year.

Meeting Topics

- The health and FP situation in Minia compared to the rest of the nation
- Safe motherhood: disadvantages of early, late, frequent and closely spaced pregnancies, warning signs, nutrition, etc.
- An update on family planning methods
- RH needs of youth
- Breastfeeding and postpartum care
- Abortion/postabortion care
- Premarital counseling and exams
- Gender roles and husbands' involvement in RH
- Sexually transmitted diseases
- Clients' rights and improving quality of services
- Girls' education and its impact on their health and that of their children
- Sustainability of RH programs and enhancing corporate social responsibility

Working in Groups

Dividing the participants into groups and asking them to work together proved challenging. TAHSEEN quickly learned that not everyone is comfortable working in groups and that many are accustomed and prefer to work individually. This was particularly true for newspaper journalists, who, probably due to the competitive nature of the newspaper industry, had some difficulty working together. The radio show representatives, whose supervisor was actively involved and worked closely with the group worked well together.

Health Care Service Delivery – The MOHP Clinics

Initial Assessment

Of the forty-five clinics visited for the *Situation Analysis*, most needed repainting and small to medium-scale renovations. During the visits, TAHSEEN did not observe any regular preventive maintenance schedules for infrastructure or equipment.

TAHSEEN's initial assessment of the health clinics found that both the inside and the outside of the clinics were in disrepair.

The assessment further revealed that the equipment repair system was slow and administratively burdensome. Providers who reported problems related that they had often been falsely blamed for breaking the equipment. Most clinics had no wheelchairs, ramps or bathrooms for physically-impaired patients. Some facilities had broken windows and few had fly or insect screens. Despite the presence of cleaners on the payroll, most of the clinics had no housekeeping or cleaning systems.

Waiting areas often lacked chairs, were poorly ventilated and dimly lit. Bathrooms were usually unavailable, closed, or in a bad state of repair. There were no adequate privacy measures, either during counseling or examinations. Counseling sometimes took place in waiting areas, and patients confessed they were concerned that someone might open the door during an examination. In terms of record-keeping, the study disclosed the use of four FP/RH registers and some 20 different MCH registers. Some data were duplicated, while some were omitted altogether. Clients had different identification numbers and different records for FP/RH and MCH services. There were neither comprehensive medical records nor medical record rooms.

According to the analysis, there was a lack of supplies and disposal equipment necessary for handling waste. Apart from dispensing boxes for needles, which were not always used, no other medical waste management procedures or systems were observed. Needles were seen in wastebaskets, next to sharps containers and on the clinic grounds.

Interviewing beneficiaries, TAHSEEN found widespread dissatisfaction with the clinics. Clients said the clinics were unclean, often in disrepair, and lacked the necessary equipment. They also noted that waiting times were long and that the physician was sometimes not present when he/she were expected to be there.

Renovations

Clinics are a cornerstone for providing quality service. In addition to using BCC activities to encourage women to visit the clinics and receive FP/RH services, TAHSEEN devoted considerable resources toward renovating clinics in the five targeted communities – El-Dawoudia, Sawada, Edmo, El-Tayeba and Nazlet El-Amoudein – addressing concerns raised in the *Situation Analysis*. Renovating the clinics was also a tangible way of establishing confidence in TAHSEEN's commitment to change.

Well-functioning and well-managed clinics are also critical to improving morale among service providers and clinic personnel. Improving and renovating the doctors' and nurses' residences attached to the clinics were an incentive for providers to stay in the rural communities where they were working.

TAHSEEN also believed that newly renovated clinics, especially when equipped with ultransound machines, would increase demand for and quality of FP/RH services.

TAHSEEN hired a local contractor to serve as a consultant, manage the contracts and oversee the renovations. Following a bidding process, two local construction companies were selected to carry out the renovations.

Extensive renovations to both the inside and the outside of the clinics helped build staff morale and encouraged clients to seek FP/RH services and care.

TAHSEEN worked with governorate and district health officials to relocate the health centers to temporary facilities during the renovation process. Work on the clinics included fortifying the walls, re-tiling floors, painting, renovating bathrooms, upgrading electricity and plumbing, installing water heaters and signage, improving the garden areas and building fences around the units as necessary.

According to an NGO representative, "The renovation of the clinic was particularly successful in sending a message to people who had historically been difficult to reach." These people, who in the past had resisted outreach efforts, were eager for the clinics to open and were now more receptive to receiving FP/RH messages. One of the physicians at the clinics said, "The renovations are great. They make the clinic a place that encourages you to work harder."

Training of MOHP Providers and Raedat Rifiat

Providers

TAHSEEN is also supporting provider training at both the central and governorate levels, addressing systems and curricula, and supporting training activities in selected technical areas. In Minia, the Project's first step was assessing individual providers' needs, which were ascertained through field visits, interviews and observation checklists. Information collected focused on training, experience, continuous medical education (CME), supervision received and perceptions of the service delivery environment.

Doctors and nurses in Minia were trained to deliver integrated FP/RH and MCH care in the newly renovated clinics.

Following that analysis, TAHSEEN facilitated a training course in integrated primary health care for MOHP and NGO health personnel in Minia. This training prepared twelve doctors, thirty nurses, eight lab technicians and sixteen *raedat rifiat*, community outreach workers, to provide integrated services in the newly renovated and integrated clinics. It included both theoretical and practical segments and refreshed FP/RH knowledge.

TAHSEEN is also planning to offer clinic management training to staff on long-term management and maintenance of the newly renovated clinics. Topics will include basic managerial skills focusing on communication, planning, data analysis, team building, motivation, customer service, management of change, delegation, time management, presentation skills, performance management, organizational development, meeting management skills, data analysis principles, finance, conflict management, problem solving and leadership development.

Raedat Rifiat

Raedat rifiat are important health care service providers in Egypt. Their current role is to raise community awareness about family planning and to encourage women to visit the health clinics, particularly through home visits. One of the initial studies conducted by TAHSEEN was a *Situation Analysis of Outreach Workers*, which highlighted system strengths and weaknesses as well as variations in the selection, training and preparation, roles and responsibilities, monitoring, supervision and evaluation practices among organizations employing raedat.

The study concluded that these workers' roles should be expanded to include other aspects of health and development. It also determined that *raedat* should be better integrated into the clinic-based health care team and that their training should be improved.

As a follow up to this study and at the request of the MOHP, TAHSEEN also reviewed and revised the *raedat rifiat* training curriculum taking into consideration optimal birth spacing, youth, gender, FP methods and MCH topics and conducted training using this new curriculum for both MOHP and NGO *raedat*.

Women's Empowerment

National Council for Women

The National Council for Women (NCW) was established to enhance the status of all Egyptian women; their focus is on narrowing existing socio-economic gender gaps and addressing women's stratgic needs including social, economic and political empowerment.

TAHSEEN has committed to collaborating with the NCW on two important projects. One is the *Minia Multifaceted Development Project*, targeting female heads of households. The goal of this project is to issue birth certificates, identification and voting cards, hold literacy classes and establish a micro-credit lending program. Initial collaboration on this project involved TAHSEEN's input into the development of a baseline survey, reviewing it for gender sensitivitiy and adding FP/RH components. It is anticipated that this collaboration will lead to the implementation of joint activities.

The second area of collaboration with NCW will take place at the central level involving their *Ombudsman's Office*, which serves as a legal resource for women throughout Egypt. TAHSEEN plans to collaborate with this office and train lawyers and other staff members about FP/RH issues to encourage them to convey this information, and distribute flyers and brochures, to women who visit the office.

National Council for Childhood and Motherhood

The National Council for Childhood and Motherhood (NCCM) is the highest government authority entrusted with policymaking, planning, coordinating, monitoring and evaluation of activities in the areas of protection and development of children.

TAHSEEN is also working with the NCCM on three separate projects. The first project is NCCM's *Year of the Egyptian Girl*, which puts issues facing Egyptian girls on the public agenda and helps motivate girls to participate in finding solutions to those issues.

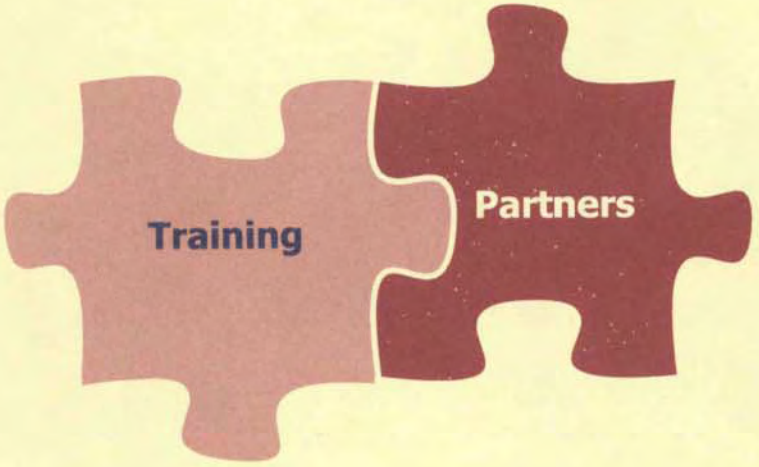
TAHSEEN's contribution to this project included the development of an RH curriculum designed to address girls within the context of this project's activities. It is being used by NCCM in ten governorates, including Minia.

TAHSEEN also collaborates with another NCCM project, the *Girls' Education Initiative*. In this project, TAHSEEN will train the project's facilitators in Minia and seven other governorates in FP/RH issues.

Finally, TAHSEEN is working with NCCM on its *Elimination of Child Labor Project*, which aims to provide working children in the Doweika urban squatter area near Cairo with opportunities for educational and social development. The project also targets the mothers of the working children. TAHSEEN has started focus groups to assess the community's health needs and will be incorporating FP/RH messages into literacy classes and joining forces with the NCCM and the MOHP to improve health services provided by the local NGO implementing partner.

Gender and Reproductive Rights Training

TAHSEEN has also piloted a CATALYST-developed gender and rights training in Minia Governorate for clinic doctors, NGO board members and pharmacists. This is the first time that such training has been held in the governorate. It provides participants with conceptual and methodological tools to examine and change personal attitudes and incorporate gender and human rights perspectives in the development of action plans of clinics that offer FP/RH services.


Training
Partners

Working with Non-governmental Organizations

Non-governmental organizations (NGOs) play an important role in reaching out to underserved groups and can help link the community with health clinics, provide education and counseling on FP/RH issues and address a comprehensive set of needs beyond FP/RH, leading to greater overall impact. TAHSEEN's objectives in working with the NGO sector are twofold. Strengthening key, large NGOs will contribute to building a sustainable NGO share of the FP/RH service sector, and building the technical and organizational capacity of those NGOs will help fill gaps in communities' access to information and services. In the first year, TAHSEEN undertook an ambitious inventory of NGOs in Minia and engaged in a rigorous selection process to determine which ones to train and develop.

NGO Inventory/Analysis/Training

There are more than 400 NGOs in Minia Governorate whose work addresses or touches on reproductive health, family planning or women's health. Of those, 170 are in Minia and Samalot districts and 25 are active in specific villages targeted by TAHSEEN. Focusing on sustainability potential and RH programming experience, TAHSEEN selected 22 NGOs that would be fully assessed. Based on interviews with their boards of directors and executive staff, TAHSEEN selected six NGOs in five communities that would be able to quickly scale up their activities.This process of developing an NGO inventory, assessing capabilities and choosing potential partners will be replicated as TAHSEEN expands its work into other governorates.

TAHSEEN held two workshops with the selected NGOs to gather suggestions and input into the training needs of NGO community outreach workers, their board members and staff. From these workshops, it was concluded that outreach worker training would include communication skills, counseling, home visits, referral and reproductive health issues/messages. Topics for board member and staff training will include resource mobilization, strategic planning, financial and managerial issues/skills, gender issues and negotiation skills. Two of the largest NGOs, The Coptic Evangelical Organization for Social Services (CEOSS) and St Mark, were selected to assist in building the capacity of smaller NGOs and in sharpening their technical skills.

In Depth: Compiling the NGO Database

TAHSEEN faced several challenges in developing a database of NGOs. These included:

- The lack of a single source of accurate information about existing NGO activities;
- The lack of an electronic database at the Ministry of Insurance and Social Affairs (MISA) where most NGOs are registered; and
- The timing of the research conflicted with the Ministry's registration renewal process.

Sources

Most of the organizations TAHSEEN works with already had their own electronic database of information on NGOs and readily shared that information. These organizations included the National Population Council, the Egypt Population Project (MOHP), the Social Fund for Development, the Egyptian Family Planning Association, the NGO Service Center, the Centre for Development and Population Activities (CEDPA) and John Snow, Incorporated (JSI).

Other data sources used to compile the inventory included manuals and reports on NGOs such as the *Arab Network for NGOs*, the Al Ahram newspaper's *Manual of Developmental NGOs in Cairo*, the Population Council's *Report on NGOs Serving Youth in Egypt*, and TAHSEEN's own report, *Women's Empowerment in Egypt: Current Situation and Supporting Organizations*.

Ministry of Insurance and Social Affairs

While these sources all represented important contributions to the inventory, it was important to utilize MISA data to ensure that the inventory was complete. Perhaps the biggest challenge was the fact that the MISA did not have an electronic database.

Although TAHSEEN was willing to review individual NGO registration forms to collect the information it needed, confidentiality issues did not allow TAHSEEN such direct involvement in data compilation. Instead, an agreement was reached with the Ministry for MISA staff to complete TAHSEEN-designed forms to gather the necessary information; after the information was collected, TAHSEEN entered the data into an electronic database. In addition to using the database for its own purposes, TAHSEEN will share it with the NGO unit at the MOHP Population Sector.

In Depth: NGO Assessment

After identifying the NGOs with partnership potential, TAHSEEN visited them and conducted extensive interviews with staff and board members, reviewed activities and internal processes and assessed their institutional capacities. Based on the results of this process, TAHSEEN divided them into three main groups:

Group A: Large, highly reputable, experienced and sustainable NGOs that have diverse funding sources, on-going activities, and work on a national basis.

Group B: Relatively capable NGOs that have achieved some degree of sustainability, but not to the extent of Group A, and that usually operate regionally or at the village level.

B1: NGOs that are capable, experienced, relatively sustainable, work at the governorate or district levels, and are capable of providing technical assistance to smaller NGOs.

B2: Smaller NGOs that have ongoing activities but with less experience and fewer resources, requiring longer term investments in technical and institutional capacity building in order to reach a degree of sustainability These are NGOs that are willing to activate themselves and have enthusiastic, committed boards of directors. They typically work at the village level and sometimes serve different villages in close proximity.

Group C: Smaller, more recently formed NGOs that have limited experience. These NGOs probably have some human or financial resources but their sustainability is not assured. They may have a place on the NGO map, be keen to activate themselves and serve their communities, and may be looking for an opportunity to grow. These NGOs typically work at the village level.

From this list, TAHSEEN identified two NGOs from Groups A and B1 that will serve as umbrella NGOs, each helping to train 2-3 NGOs from Groups B2 and C.

In order to build their capacity, the board members and management teams of the NGOs from Groups B2 and C will receive training in areas such as proposal writing, resource mobilization, fundraising, financial and management skills, gender issues, RH issues, negotiation skills and conflict resolution.

The community outreach workers will receive training in areas such as communication skills, outreach, FP/RH messages, referral, etc. Medical staff, including physicians and nurses working for NGOs, will receive the same training offered to MOHP physicians and nurses.

After the training is completed, TAHSEEN and the umbrella NGOs will jointly supervise, monitor and evaluate activities assigned to the NGOs in areas such as community education, awareness raising and service referrals. Technical assistance will be provided as a form of on-the-job training.

Ask/Consult Network
Evidence Based Medicine
Corporate Social Responsibility
Pharmaceutical Companies

Working with the Commercial Sector

Recognizing the potential strength of the commercial sector to support FP/RH initiatives, TAHSEEN is expanding the physician-pharmacist network, known as the Ask/Consult Network, and linking it to continuous quality improvement initiatives while working to improve contraceptive supply by participating in a policy dialogue focused on the interests of the pharmaceutical industry. TAHSEEN is also helping local partners to develop a culture of corporate social responsibility by engaging the private sector as sponsors of various initiatives, including the evidence based medicine (EBM) Unit at Minia University Medical School. Over the course of the project, TAHSEEN will work with the Ask/Consult Network nationwide and help create a national EBM society.

Private Sector Physicians and Pharmacists

The Ask/Consult Network, a network of private sector physicians and pharmacists, is a USAID-funded initiative that was established in Upper Egypt in 1995 to support and expand the role of private sector physicians, pharmacists and pharmaceutical companies in the provision of family planning and reproductive health services.

TAHSEEN is working to strengthen the private sector Ask/Consult Network of physicians by providing updated scientific information and strengthening relationships with government institutions.

Its initial objectives were to correct and update network members' understanding of FP/RH issues, improve their communication and counseling skills, coordinate with pharmaceutical companies, promote referrals and increase understanding of the private sector's role in family planning.

In 1999, the program expanded to include Cairo and Giza Governorates, established courses on oral contraceptives and injectables, adopted an evidence based medicine (EBM) approach, added periodic visits to members by network representatives, increased training opportunities and added a newsletter, reference guides and community communication activities.

One of TAHSEEN's goals is to further improve and strengthen the existing Ask/Consult Network. To this end, TAHSEEN conducted an assessment of the network, which is now being used to help guide TAHSEEN's activities.

Over the course of the project, TAHSEEN plans to expand the Ask/Consult Network into remote areas, improve counseling techniques, increase coordination with EBM activities, provide the network with accurate family planning/reproductive health and maternal and child health information, and strengthen relationships between the network and the Regional Councils for Population and Family Planning in each governorate.

Many women rely on their pharmacist for advice on family planning methods.

As a short-term priority, TAHSEEN updated the Ask/Consult database in Minia because the existing information on members was outdated and did not provide a good foundation from which to launch new activities.

Initially, the updated database will be used to send network members information on training activities, analyze the geographic distribution of its members and better monitor efforts at improving and expanding the network. A questionnaire distributed to members and non-members yielded a wide range of data from targeted private clinics, pharmacies, NGO health clinics and university health centers in Minia, helping to determine what services were being delivered, what services were available and providers' opinions about those services. A similar process will be repeated in other governorates.

In the long-run, TAHSEEN aims to institutionalize the Ask/Consult Network, work with members to clarify its mandate and improve the network's capacity for distributing methods and offering continuous medical education.

Evidence Based Medicine

Evidence based medicine (EBM) combines individual clinical expertise with the best available clinical evidence gathered from systematic research in making decisions about individual patient care. EBM is a process of life-long, self-directed learning in which caring for patients creates a need for clinically important information about diagnosis, prognosis, therapy and other clinical and health care issues. TAHSEEN is in the vanguard of establishing an EBM approach in Egypt by assisting the Minia University Medical School to establish an EBM Unit. The new unit has identified ten members from the OB/GYN

Department of the medical school who will form the core of the EBM unit, and the basis of a national EBM society, joining colleagues from other governorates who have been trained in evidence based medicine.

TAHSEEN is also working closely with the Minia EBM unit to support publication of a new monthly journal, Evidence Based Medicine on Family Planning and Reproductive Health. This journal contains concise, up-to-date critically appraised topics and is distributed to Ask/Consult Network and MOHP physicians and pharmacists. Physicians in the EBM unit also take part in a monthly roundtable with colleagues in the Ask/Consult Network, sharing the latest information on FP/RH services and care.

Corporate Social Responsibility

One of TAHSEEN's goals is to help increase corporate social responsibility (CSR) in Egypt, particularly in the field of family planning and reproductive health. Following accepted norms for the development of a CSR strategy, TAHSEEN focused on conducting a rapid assessment of the potential for CSR partnerships, determined a preliminary CSR strategy and identified potential CSR partners. Encouraging private sector support of FP/RH services is an effective way of ensuring long-term sustainability.

In its first year, after determining that the potential for CSR exists in Minia, TAHSEEN identified potential pharmaceutical and non-pharmaceutical corporate partners and worked with local members of the Peoples' Assembly to reach out to potential regional, national and multinational partners. Initial activities focused on supporting and equipping the five clinics in Minia and Samalot districts renovated by TAHSEEN and coordinating support for the EBM unit at the Minia University Medical School.

TAHSEEN has been and will continue to work with Minia University and other local partners to build their capacity to seek CSR funding. TAHSEEN will use its experience in Minia to design and implement a strategy for other governorates by outlining methodologies of pursuing corporate support and identifying the types of implementing partners most likely to participate in such efforts.

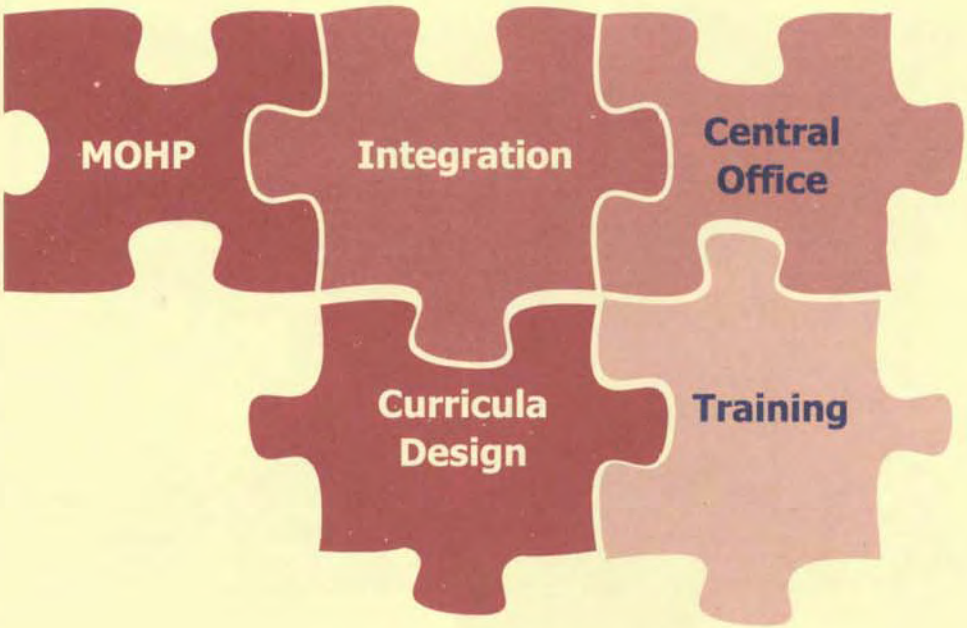
Commercial Sector Participation in Policy Discussions

During one of the Minia Steering Committee meetings, TAHSEEN pointed out that the commercial sector did not have representation on the Regional Council for Population and Family Planning. The Governor's appointment of two Minia commercial sector representatives to that council is an important step in linking the commercial sector to policy

dialogue at the regional level. Inclusion on this council, which designs a governorate-wide strategy on family planning and population issues, gives the private sector a voice in planning, monitoring and evaluating FP/RH activities and an opportunity to discuss problems that impede private sector participation at both regional and local levels.

Pharmaceutical Companies' Participation in FP/RH Markets

TAHSEEN conducted an assessment to explore currently available FP/RH products in the Egyptian market and the impact of currency depreciation and fixed subsidized prices on FP/RH product availability. The study includes detailed information about the producers, manufacturers, distributors and prices to consumers for each product. The assessment also explores product promotion and registration processes, challenges and suggestions to facilitate the processes, the pros and cons of local contraceptive production and the impact of currency depreciation on FP/RH product availability in the marketplace. The completion of the product availability study paves the way for TAHSEEN to develop a more detailed strategy to encourage pharmaceutical companies to increase participation in campaigns targeting TAHSEEN priority groups. Results are already being used to open discussions with pharmaceutical companies to develop a protocol regarding production, importation, registration, pricing, distribution and promotion and will have a significant impact on policy decisions.


MOHP
Integration
Central Office
Curricula Design
Training

Working with the Ministry of Health and Population - Central Level

Although most of TAHSEEN's first-year activities were focused on the field level in Minia, its work at the governorate level was supported by several initiatives at the MOHP central level. Some of those initiatives have already been described. New curricula at the national level, for example, will support the training of future medical staff nationally as well as at the clinics in Minia. Furthermore, the integration of FP/RH and MCH service delivery at the clinic level (in newly renovated clinics and with the retraining of medical staff) was made possible by critical support generated at the central level. Redesigning the supervisory system at the central level will also improve service delivery in Minia and other governorates.

Integration of FP/RH and MCH Services

An analysis of current FP and MCH service delivery and organization suggests that within the current management structure of vertical programs, it would be difficult to better meet the full range of client health needs and improve the efficiency and effectiveness of service delivery. Vertical programming relies on the provision of separate programs that cater to the unique goals of FP and MCH as distinct programs; each has its own training curricula, staffing patterns, information systems, supervisory tools and top-down management approaches.

Integrated services reach more clients by using all opportunities for service delivery while requiring fewer provider-client contacts. From a client's perspective, an integrated FP/RH and MCH service delivery system simplifies seeking and receiving the reproductive and child health care they need. When only provided with antenatal and delivery care without comprehensive information on family planning or the signs and symptoms of reproductive health problems, and vice versa, clients are at a disadvantage. Through the integration of FP/RH and MCH services, it is expected that clients will be able to satisfy more of their reproductive and child health needs in fewer visits.

While considerable progress has been made in placing reproductive health on Egypt's national health agenda and including the issue in a policy dialogue at the highest levels within the MOHP, integration means different things to different people and different stakeholders. Stakeholders do agree that the ultimate goal of integration is improved child

and reproductive health for women, men and children throughout Egypt, and that improved services are merely a means to an end for improved health services for all. For the purpose of the current integration activities, which focus on the service provision level, integration means the provision of all necessary services by one provider to the client, in one visit.

The rationale and vision for integration were established in a study prepared by TAHSEEN titled, *Integration of FP/RH and MCH Services: Missed Opportunities and Challenges.* TAHSEEN's first step in this effort was the signing of a Memorandum of Understanding between MOHP Family Planning and Maternal and Child Health Sectors, USAID, John Snow, Incorporated's (JSI) Healthy Mother/Healthy Child Project and the CATALYST Consortium's TAHSEEN Project. The Memorandum describes the steps to be taken towards integration as well as a plan of action.

After signing the memorandum, TAHSEEN engaged in a series of meetings to build support for integration. A pivotal show of support came from the Undersecretaries for Population and MCH who sent a joint letter to all MOHP staff announcing their commitment to integration and asking for their full and enthusiastic support. To coordinate this effort, TAHSEEN helped organize an Integration Task Force, comprised of key staff from the two sectors, Healthy Mother/Healthy Child and TAHSEEN.

In an effort to establish an integrated service delivery package, TAHSEEN first assisted the FP/RH Sector to develop its own basic package. Once that package was in place, an integrated FP/RH and MCH package was developed by the task force. The MOHP, which had planned to update the FP Standards of Practice (SOP), decided to take the opportunity to develop an integrated FP/RH/MCH standards of practice, taking into account current efforts in the Health Sector Reform Program.

Integration of the two sectors complements health sector reform, which will insure long-term sustainability of the provision of FP/RH and MCH services in Egypt.

The Gold Star Program

With the integrated package in hand, TAHSEEN worked with the MOHP Integration Committee to change the performance criteria for the Gold Star program, a public quality recognition system in the clinics to make them more quality driven. These changes ensure that providers are evaluated on quality-related measures and ensure that youth, gender and sustainability elements are incorporated into the criteria. Reforming the Gold Star program is critical to overall integration of services at the clinic level.

The new Gold Star program will now include measurements for MCH services and will thus reflect the quality of integrated care. The FP and MCH supervisors will jointly implement this new system.

In Depth: Integration of FP/RH and MCH Services Missed Opportunities and Challenges

Missed Opportunities

The *Integration of FP/RH and MCH Services* study conducted by TAHSEEN established the basic framework for this effort and identified numerous examples of missed opportunities for service provision resulting from the absence of integrated services. From a client's perspective, an integrated FP/RH and MCH service delivery system would simplify the care of reproductive and child health care needs. Clients are at a disadvantage when only provided with antenatal and delivery care without comprehensive information on family planning or the signs and symptoms of reproductive health problems, and vice versa.

Challenges

This study also identified several challenges to integration. At the service delivery and administrative levels, there is a lack of consensus on the definition of integration. Separate service packages, curricula, supervision tools and clinical guidelines are also obstacles to integration. Two separate supervisory teams, two separate standards of quality assurance guidelines, different incentive mechanisms, and varied data collection formats also challenge the integration process. Funding is still allocated according to vertical programming. If integration is to succeed, donors will have to integrate their projects as well. National support within MOHP is critical to integrating FP/RH and MCH services.

Components of an Integrated FP/RH/MCH Program

- A basic package of essential FP/RH/MCH services;
- An integrated record and service delivery system to reduce the administrative burden and eliminate the need for separate reporting and evaluation systems;
- An integrated set of standards of practice that encompasses all FP/RH and MCH services offered in Egypt;
- An integrated supervision system to reinforce, monitor and strengthen management training and finance;
- An integrated Gold Star supervisory system that represents both FP/RH and MCH services;
- An integrated incentive system;
- An integrated approach to district planning; and
- Integrated counseling and training courses related to integrated service delivery.

Central Office Support

Redesign of the MOHP Supervisory System

A significant achievement at the central level was the redesign of the MOHP Population Sector central office supervisory system from a functional to a geographical system. The new system will increase the cost-effectiveness and efficiency of supervision, while at the same time encouraging a more participatory, problem-solving and integrated approach. Minia was one of the first governorates to implement this new system.

TAHSEEN also conducted supervision and leadership training for the MOHP staff and suggested convening monthly meetings among supervisory staff to discuss problems common to other governorates.

Financial Management

TAHSEEN worked in close collaboration with the MOHP Population Sector staff to analyze the current capacities of financial managers. They carried out a thorough review of the current financial management system and manual and conducted in-depth interviews at the central office and governorate levels with both senior and junior managers and accountants. Not surprisingly, perhaps due in part to differing educational backgrounds, one of the findings of this situation analysis was that there was no common basis of knowledge among the groups.

Based on the results of this situation analysis, TAHSEEN designed and developed a financial managers' training course, complete with participants' reference materials, trainers' guide and evaluation tools. In January 2004, a total of 104 MOHP financial officers from across the country were trained in four separate courses. An *On-the-Job Financial Management* Manual was also developed and distributed to participants upon completion of the training course.

The manual given to participants is a valuable reference document that will enable financial managers to apply their new skills in the workplace. This manual includes information about the MOHP Population Sector's financial department policy, organizational structure, central office and governorate level position descriptions, accounting supervision functions, forms and bookkeeping processes, and monthly report formats for comparing expenses and budgets. It also includes journal entry procedures, Egyptian supervisory authority procedures and USAID reporting requirements.

In Depth: A New Supervision System at MOHP

One of TAHSEEN's most significant accomplishments in the first year was the re-organization of MOHP's supervision system. Officials in Minia, as well as other governorates, agreed that the old system was time-consuming and out of proportion to the benefits received by those being supervised.

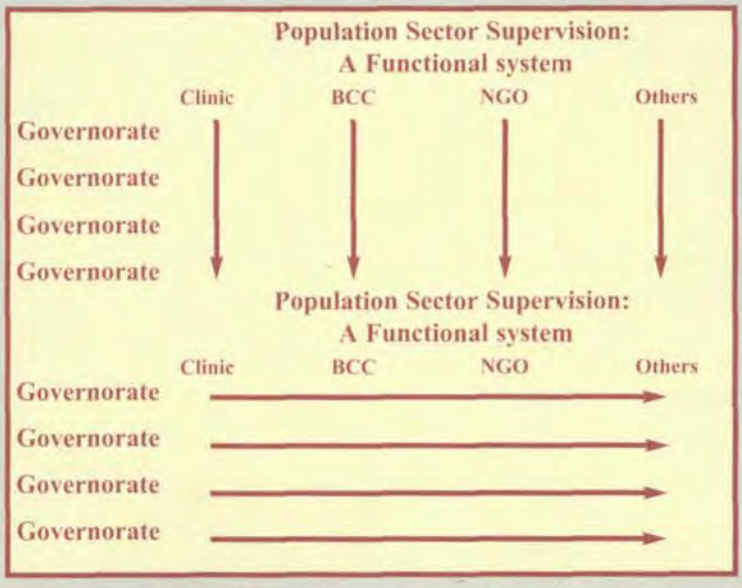


Figure 3: Different Supervision Systems

A "Functional" Supervision System

The old system was a "functional" system. Supervisors were assigned one of twelve specific functional areas (clinics, BCC, NGOs, etc.) and asked to supervise those functions in every governorate. This design works well in small departments or agencies where there is close contact between the supervisors. In large departments, however, where communication between different supervisors is more difficult, it may hinder development and effective management. In large departments such as the MOHP, following up on each governorate was difficult, and each governorate was theoretically subject to a disproportionate number of supervisory visits (12 function areas x 3 visits per quarter totaling 36 days out of every 60 working days per quarter).

A "Regional" Supervision System

To alleviate this burden, and to make the supervision system more efficient, TAHSEEN suggested rearranging supervisory responsibilities into a "regional" system. Supervisors are now responsible for supervising all the work (clinics, BCC, NGOs, etc.) in a particular governorate. They retain their technical specialty, however, and act as a resource for their colleagues, answering questions and offering advice on the area of their technical expertise. Two functional groups, finance and information systems, are available to join regional supervision visits if and when requested by the supervisors. This new supervision system, established in the fall of 2003, is more productive and efficient, and has improved communication within the sector, decreased supervision costs and eased the burden of supervision at the governorate level.

Management Information Systems

TAHSEEN provided the MOHP with management information systems (MIS) technical assistance in several critical areas, including MIS Cost Recovery (CORE) financial management system adaptation and service integration activities, training management systems, sub-dermal implants tracking system and ongoing technical support. TAHSEEN also supported the development of an MOHP NGO database, which will benefit both the MOHP and TAHSEEN in their work with the NGO sector.

Work Planning and Evaluation

TAHSEEN assisted the MOHP in the development of its 2003 work plan and monitoring and evaluation system. Specifically, TAHSEEN helped develop a revised organizational chart, a workshop on operationalizing the monitoring and evaluation plan and a follow up to this workshop, including design of data recording formats.

National Level Curricula

TAHSEEN worked with the MOHP to develop in-service training packages for the insertion and removal of sub-dermal implants (Norplant® and Implanon®) that include counseling in the use of both brands. Other important projects include the revision of the MCH and FP chapters of the *Family Planning Curricula for Secondary Technical Nursing Schools*, the revision and updating of the *raedat rifiat* training curricula and the family planning section of the MOHP postabortion care curriculum. TAHSEEN also developed training guides for community and religious leaders, *dayas* and teachers for delivering FP/RH messages and the *Integrated Counseling Curriculum*. This curriculum includes basic principles of counseling and client-provider interaction and counseling topics specific to FP/RH and MCH issues, with an emphasis on optimal birth spacing.

In 2004, TAHSEEN will provide training in basic and advanced supervision and leadership skills, as well as clinic and financial management.

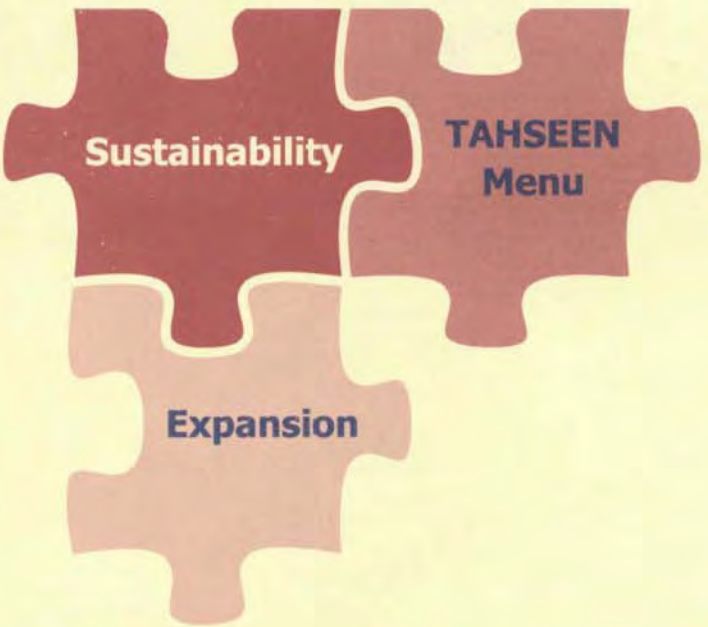
Postpartum/Postabortion Care and Tubal Ligation for Medical Reasons

Some of TAHSEEN's long-term goals are to develop a comprehensive postpartum care program, a national strategy for comprehensive postabortion care (PAC), clinical standards of practice, a PAC referral system and a better understanding of the issues surrounding medically indicated tubal ligation. With regard to the latter, the Project will provide policy and clinical care implementation recommendations and identify possibilities for training private physicians.

The results of three key studies, *Situation Analysis of Postpartum Health Care Services in Egyptian MOHP Facilities*, *An Assessment of Postabortion Care in Egypt* and *Tubal Ligation for Medical Reasons* will help TAHSEEN determine the best approach to address each of these topics in 2004.

Part Five

Next Steps



TAHSEEN, after a successful first year in Minia, is turning its attention to ensuring the long-term sustainability of its activities and developing a menu of activities that reflect the TAHSEEN model. In the next few years, TAHSEEN will use this menu to expand its efforts into other governorates in Upper Egypt, and several urban squatter areas, based on a methodology that will ensure focused attention on the communities most in need.

In its first year, TAHSEEN established a comprehensive approach to development that addresses behavior change, quality improvement, linkages to other sectors, community involvement and capacity building. By working with NGOs, women's groups, religious leaders and other community members to generate demand for FP/RH services, strengthen relationships between clinics and the communities they serve, improve the quality of care and the service delivery environment, and improve systems and management at the central level of the MOHP, the parts of the puzzle that make up the TAHSEEN model for change are brought together.

Sustainability

Ensuring the long-term sustainability of TAHSEEN's activities is an important part of the TAHSEEN model and is one of its cross-cutting strategies. Even before beginning work at the field level, TAHSEEN conducted sustainability training for its own staff, encouraging them to incorporate the four elements of sustainability into their work. These elements include: demand sustainability, institutional sustainability and financial sustainability.

Demand Sustainability

Demand sustainability addresses the question of identifying the beneficiaries of the activity and determining their interest in seeing the activity continue after TAHSEEN phases out. Journalists in Minia, for example, constitute a group of beneficiaries who would be interested in the long-term viability of the Minia Media Group. This stems from the people's desire for FP/RH messages and the journalists' ability to respond to those desires.

Institutional Sustainability

Institutional sustainability refers to the organization's internal capacity (human and financial resources, management and information systems and organizational structure) to maintain its integrity as an organization with social purpose and its ability to generate revenues to support itself. Minia University's institutional commitment to the EBM unit, and its campaign to expand the donor base to the corporate sector, are milestones on the road to institutional sustainability.

Financial Sustainability

Financial sustainability addresses the question of whether or not the activity could be self-sustaining. This is likely the most difficult component of the sustainability framework and can be divided into two stages. The first stage is meeting expenses with available income, or with a subsidy from a donor or other institution. The second stage involves generating enough income to satisfy expenses.

In order to facilitate the application of these key sustainability components to its activities, TAHSEEN developed a sustainability checklist. All activities and results were examined using this list and were modified as necessary. Insuring sustainability is critical because TAHSEEN, as the final USAID-funded FP/RH program, will be phasing out support for the activities it has rolled out. Over a three-year period, TAHSEEN will gradually reduce its financial support for and management of field-level activities, increasingly handing over responsibility to local partners in three phases:

- Phase One: The first phase includes the application of relevant activities chosen from the TAHSEEN menu and focusing on selected clinics and their surrounding communities. During this phase, TAHSEEN will collaborate with the central and local levels of the MOHP and other partners to implement project activities while building the capacity of partner organizations. In this phase TAHSEEN will provide any and all necessary technical and financial support.
- Phase Two: The second phase includes the application of relevant activities focused on several additional clinics and their respective communities. During this phase, the MOHP, NGOs, and other government organizations will assume greater responsibility for managing the activities.
- Phase Three: During the third and final phase, partner organizations will assume full responsibility for the activities governorate-wide with the support of MOHP's central office and TAHSEEN, as needed.

The TAHSEEN Menu

The following general menu of activities are part of the TAHSEEN model, many of which have been described in this document. A different combination of activities will be tailored for each governorate based on the interests, needs and resources of the local communities.

Training for Service Providers (MOHP and NGO)

Service providers, including *raedat rifiat*, may be trained using various training packages developed by TAHSEEN. These packages include modules on clinic management, financial management, integrated standards of practice and service delivery, counseling and supervision, postabortion care, gender and rights, and youth-friendly services.

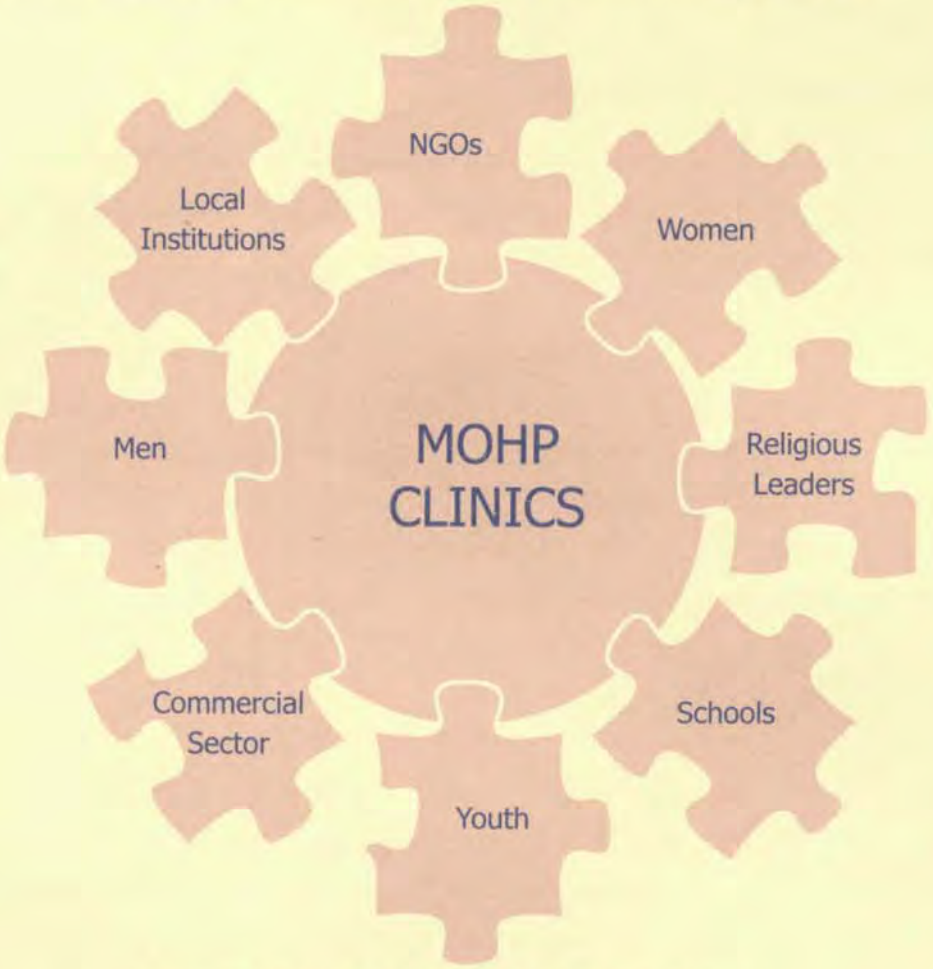


Figure 4: The TAHSEEN Model for Change

MOHP Clinics

Activities involving the clinics may include structural renovations, securing equipment through corporate social responsibility and upgrading clinic surroundings.

NGOs

Work with NGOs may include training of board members and staff on issues related to institutional capacity, partnership and advocacy, BCC, youth, gender, outreach services and the provision of small subgrants for implementating and strengthening outreach or clinical services.

Commercial Sector

Activities with the commercial sector may include expansion of the Ask/Consult Network, the provision of information and updated technical materials to its members, participation in seminars, discussion groups and local EBM efforts, the linking of small pharmacies to large pharmacies and the establishment of CSR efforts in support of NGOs and public sector services.

Behavior Change Communication

Communication activities may include the establishment of a local media group, production of a play and/or puppet show, the active involvement of local religious leaders, and incorporation of FP/RH messages into existing projects.

Youth

Activities with youth may include establishment of a youth committee and/or task force, distribution of and orientation to the use of question and answer booklets, technical assistance to MOHP clinics in establishing youth friendly services, the roll out of the Towards New Horizons/Towards New Visions programs, family life education programs in schools, peer education programs in universities and interpersonal skills training for non-medical professionals in premarital counseling.

Gender

Gender-related activities may include support to the MOHP for women's clubs, strengthening of presentation skills and inclusion of gender messages into the work of information, education and communication (IEC) specialists and male community outreach workers, integration of FP/RH messages into empowerment projects organized by national women's institutions and projects targeting men.

Expansion Methodology

Although quantitative utilization data is not yet complete, initial results point to the successful implementation of the TAHSEEN model in Minia. Over the next several years, TAHSEEN will work closely with the MOHP to apply this model in the Upper Egypt governorates of Fayoum, Beni Suef, Assuit, Sohag, Qena, Luxor, Aswan and several urban squatter areas in Cairo and Alexandria.

The Project's geographic scope is driven by the need to fill service gaps in underserved areas. The level of effort extended in each governorate will depend on its macro-level needs

as determined by a standard set of socioeconomic and demographic indicators. TAHSEEN will also take into account local district and community needs, including the presence or absence of other donor projects. The timing of TAHSEEN's intervention in each governorate will be based on an analysis of:

- The contraceptive prevalence rate (CPR) data from the most recent Egyptian Demographic and Health Survey;
- The contraceptive coverage rate (CCR);[7]
- A group of 25 socioeconomic and broader RH indicators from the analysis of the *EDHS 2000 (Women's Health Indicators: A Governorate Profile)*; and
- The presence of other USAID-funded programs as potential partners, logistics, MOHP priorities and other factors.

To ensure success, the district-level intervention in each governorate will be based on a more detailed situation analysis of underserved areas. In order to allow for at least three years of activities in each governorate, before TAHSEEN phases out, work in each governorate will begin no later than 2005. In 2004, TAHSEEN will begin working in the Upper Egypt governorates of Fayoum, Beni Suef, Assuit, Sohag and several urban squatter areas in Cairo. In 2005, TAHSEEN envisions working in Qena, Luxor, Aswan and several urban squatter areas in Alexandria.

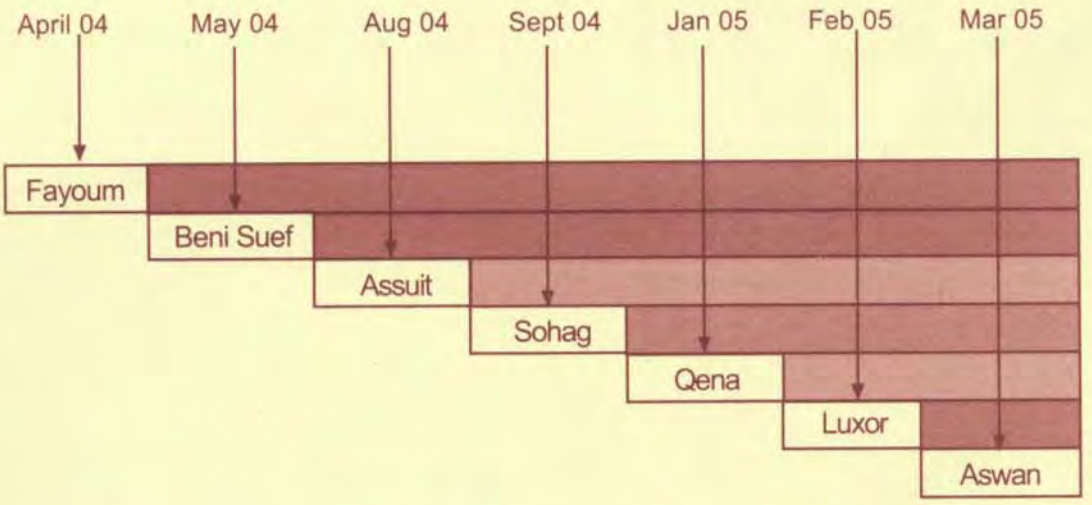


Figure 4: TAHSEEN Expansion Plan

[7] CCR is the number of couple years protection (CYP) for married women of reproductive age (MWRA).

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