



Best Practices in Egypt: Creating NGO-Government Partnerships



The CATALYST Consortium is a global reproductive health and family planning activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health of the United States Agency for International Development (USAID). The Consortium is a partnership of five organizations: Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia. CATALYST works in reproductive health and family planning through synergistic partnerships and state-of-the-art technical leadership. Its overall strategic objective is to increase the use of sustainable, quality reproductive health and family planning services and healthy practices through clinical and nonclinical programs.

Mission

CATALYST's mission is to improve the quality and availability of sustainable reproductive health and family planning services.

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THE NEED

The Ministry of Health and Population (MOHP) has attained good results in improving health and increasing couples' access to good quality reproductive health/family planning (RH/FP) services. Yet there is a limit to what the public sector can achieve in a low-resource country, and pockets of need remain in Egypt, notably among the hard-to-reach, underserved communities of Upper Egypt and in Cairo's lowest-income neighborhoods. To address this need, models and best practices developed in other countries,¹ suggest that all stakeholders should be mobilized, including communities, community leaders, the commercial sector, and NGOs. The role of NGOs is particularly critical, not just because they provide services to underserved populations, but because as institutions they are flexible, creative, involved in community development, and have a deep understanding of the needs and assets of their constituencies. Not only can they give government and others credible access to their communities but, given an opportunity, they can also effectively advise policymakers about community concerns.

In Egypt, however, the government and NGOs involved in RH/FP do not have strong experience working together. Neither the government nor the NGO sector was fully aware of the many ways in which the two sectors could profitably work together. This is partly because NGOs are relative newcomers to family planning in Egypt, and also because there has simply been little precedent for collaboration. Yet collaboration would benefit both NGOs and the government. NGOs currently liaise with the Ministry of Insurance and Social Affairs, because it is through this ministry that they achieve their legal status, but they could also benefit from stronger *technical* relations with ministries like the MOHP or the Ministry of Youth and Sports. Some NGOs provide clinical services, for example, but they do not always have access to national quality standards and protocols. The government, on the other hand, could benefit from using NGOs as community-level allies in its plans to help Egyptians attain better health. But it had no mechanism for ensuring that the messages disseminated by NGOs were consistent with those of the MOHP or represented state-of-the-art knowledge. Nor was there a way of ensuring that NGO activities complemented, rather than duplicated, those of the MOHP. The MOHP had a unit dedicated to NGO coordination, but this unit was, by its own admission, largely inactive.

THE TAHSEEN SOLUTION

One of TAHSEEN's strengths is catalyzing partnerships, in particular, between groups with little or no experience of working together. This may involve radically changing institutions way of thinking. This was certainly the case with NGO-government partnerships in Egypt.

¹ In Turkey, USAID and the GOT successfully developed and implemented a plan to enhance private and public ability to meet contraceptive demand independent of USAID support. The program strengthened the GOT policy environment, forging ties among private firms and facilitating increased nongovernmental (NGO) participation.

TAHSEEN was able to effect such changes because (1) it involved both the public and NGO sectors from the start of its activities; and (2) through this process, it established a durable trust with each sector. TAHSEEN was then able to successfully strengthen both NGOs and government groups, and to effect in each an unprecedented openness, respect, and interest in working with the other. To reinforce improved relationships, TAHSEEN trained MOHP and NGO staff together, when possible, to ensure consistency of their approach and rationalize their efforts. Details of these partnerships are outlined below.

Transforming government attitudes and behavior. The role of the MOHP NGO Unit is to coordinate NGO-related activities among the various sectors of the MOHP as well as with other ministries (e.g., the Ministries of Youth and Sports, and of Insurance and Social Affairs). When the director of this unit acknowledged in a public forum that she wanted to reactivate her unit, TAHSEEN was quick to see the role it might play. TAHSEEN helped this unit:



Brochure developed with the MOHP NGO Unit: We Are Here Together for Egypt

- Better understand how NGOs can and do contribute to MOHP health objectives, by providing services, modeling and encouraging behavior change, and acting as articulate voices for community concerns. For example, through TAHSEEN, the MOHP has become particularly interested in the possibility of local NGOs conducting literacy or income-generation classes at clinics, in cooperation with clinic boards. Such programs would not only share health messages, they would also empower participants, and empowered, knowledgeable participants are more likely to access health services. Such programs also, of course, would acquaint participants with a clinic; they would feel more comfortable there and experience the clinic as a familiar and vital part of the community.
- Conceptualize the coordinating and technical-assistance role the unit might play both with NGOs directly and with other ministries that work with NGOs. The unit would not be just a source of subsidized commodities, but also a source of useful information, tools, and technical guidance.
- Strengthen the Unit's capacity to reach out to NGOs and provide them with advocacy, coordination, and technical support.

Through TAHSEEN's interventions, the NGO Unit began to see how it might advocate for NGOs within

the government, and create an enabling environment in which NGOs, acting as equal partners, could make much-needed, sustainable contributions to community health.

Improving the capacity of Egypt’s NGOs. Egyptian NGOs are respected by their communities and so are involved in many facets of TAHSEEN’s community-level programs. NGO workers are among the many leaders TAHSEEN equips to bring messages about optimal birth spacing, delayed marriage, the importance of postpartum and emergency postabortion care, the availability of services at renovated clinics, and other issues to their communities. As noted above, NGOs also work within government clinics, conducting reproductive health/family planning education, literacy, and income-generation classes for women. Their promotion of clinics and work within clinics has made clinics more approachable and acceptable to many potential clients.

Some of the NGOs TAHSEEN works with are well established, but some are small community development associations (CDAs). These CDAs are staffed by volunteers who are committed but have little governance experience and too little training in reproductive health/family planning and community mobilization.

TAHSEEN works, through a special grant mechanism, with 23 such NGOs and CDAs (seven in Minia, four in Beni Suef, and 12 in Fayoum). It chose them based on their contributions to reproductive health, the populations they serve, and their capacity. Partners include the Coptic Evangelical Organization for Social Services (CEOSS), San Marc, the Egyptian Family Planning Association, Minia Family Planning Association, Jesuites et Freres, and the Islamic Youth Association. Grantees define scopes of work that include the following elements:

- **Conduct situation analyses.** They conduct situation analyses (including household surveys and focus group discussions) in order to identify *client groups* (women of reproductive age, engaged youth, and postpartum/postabortion women); available *resources* (women’s groups, agricultural extension agents, pharmacies, religious leaders, youth groups, and so on); and prevailing reproductive health *beliefs and behaviors* required to shape BCC activities in selected communities
- **Link communities to clinic.** NGOs link communities to their newly renovated clinic—by providing referrals, conducting activities at the clinic that attract potential clients, and organizing community support for the clinic.
- **Raise awareness.** Much of the work NGOs do for TAHSEEN is designed to increase community knowledge of key reproductive health issues (including optimal birth spacing, postpartum care, and postabortion care), by conducting classes, home visits, community meetings, and integrating reproductive health awareness-raising into other, existing activities (e.g., literacy classes, microcredit programs). Because NGO and CDA workers are also respected leaders, they have the opportunity not just to increase knowledge but to help establish new norms.
- **Work with CDAs.** NGOs also supervise the activities of CDAs, and build their capacity. This involves conducting pre- and postproject institutional capacity assessments, training CDA board members, offering refresher training to CDA outreach workers, and monitoring CDA activities on a monthly basis. (In Fayoum, there were no “umbrella” NGOs meeting TAHSEEN’s selection criteria, so in that governorate, TAHSEEN works directly with CDAs.)

TAHSEEN assisted NGO/CDA grantees by:

- Providing technical assistance with proposal development.
- Training outreach workers and literacy facilitators in communication, referral, and reproductive health/family planning topics.
- Building the training and management skills of the larger, more established NGOs (e.g., Young Muslim Men's Association, Jesuites et Freres, CEOSS, Saint Marc, and Minia Family Planning Association), so they could, in turn, build the capacity of smaller CDAs. Topics included strategic planning, sustainability, fundraising, networking, and finance/administration.
- Providing ongoing technical assistance, as needed.

RESULTS

TAHSEEN has seen strong results both in terms of institutional change within the government and in terms of the contributions NGOs are making at the community level to improve reproductive health:

- **A revitalized role for MOHP NGO Unit.** The NGO Unit has defined a role for itself that involves coordinating and facilitating NGO work and offering NGOs technical, networking, and communication support. With TAHSEEN's assistance, the Unit used a participatory process with its local offices, national NGOs, media, and the Ministry of Social Affairs to produce a common vision and a plan for working together (2004-07). The Unit created a brochure to publicize its new role with NGOs (pictured above). In a recent workshop convened by the Unit, government officials who once did not see an important role for NGOs made a clear, formal statement recognizing NGOs as valuable partners in the development process. For their part, NGOs, which once had to contend with a maze of ministry offices, are very pleased to now work with a centralized MOHP office whose sole concern is helping them become more productive.
- **NGOs connected with donors and each other.** In a recent workshop, the Unit brought together NGOs and international donors to establish new linkages between them, though it is too soon to know what the outcomes of these new linkages will be. The Unit has also created a national network for NGOs that meets regularly to exchange ideas and lessons learned.
- **Technical assistance for increasing the quality of NGO RH/FP services.** With TAHSEEN's assistance, the MOHP made updated standards of practice available to NGOs. NGOs are now interested in defining a system for ensuring compliance with standards of practice. The MOHP is also making educational materials, such as brochures, available to NGOs and has plans to become more of a resource center and clearinghouse for ideas, information, program models, and lessons learned.
- **Increased NGO technical knowledge.** TAHSEEN trained 92 NGO *literacy facilitators*, who delivered reproductive health and gender messages to 541 literacy students up to June 2005. According to pre- and posttest results, facilitator knowledge about the optimal birth spacing interval increased from 33% to 90%;

their knowledge of the timing of postpartum family planning increased from 22% to 91%; and their knowledge of danger signs in pregnancy increased from 20% to 86%, as a result of this training. TAHSEEN also trained 524 NGO *female outreach workers* in technical and communication skills; as a result, their knowledge improved—for example, their knowledge of suitable FP method to be used during lactation increased from 37% to 84% and their knowledge of menopausal warning signs increased from 44% to 89%. All of these results were statistically significant using a Chi Squared analysis at a level of $P < 0.001$.

- **Increased NGO management knowledge.** Management training conducted with 108 NGO staff resulted in increased knowledge of essential management concepts (related to project design, project management, human resource management, and resource mobilization), according to pre- and posttest results. Whereas pretest results for 26 training topics almost always showed understanding levels of less than 10%, posttest results almost always showed understanding levels in excess of 80%.
- **Increased NGO involvement in community mobilization.** NGOs are mobilizing their communities by conducting reproductive health/family planning home visits, giving reproductive health and family planning seminars for both adults and youth, and helping TAHSEEN stage plays and puppet shows that spread priority TAHSEEN health messages. Figures from Fayoum Governorate illustrate that CDAs conducted a total of 129,027 home visits during an eight-month period spanning late 2004 to June 2005 to educate women about RH/FP and encourage them to use the nearly renovated local clinics for their health needs. During this same period, 774 reproductive health and family planning seminars were held and attended by 23,123 people. A total of 287 literacy classes disseminating RH/FP messages were held with 6,839 people attending. Data for Beni Suef Governorate during the same period shows that 67,955 home visits were conducted, 174 seminars reached 7,324 people and 284 literacy classes disseminating RH/FP messages were held for 5,888 students. Data for Minia Governorate during the same period shows that 165,578 home visits were conducted, 638 seminars reached 31,711 people and 1,144 literacy classes disseminating RH/FP messages were held for 29,085 students.
- **Increased service use.** Although TAHSEEN cannot attribute increased service use to any one of its integrated interventions, its combined efforts have contributed to a three- to tenfold increase during a 12 months period, while the couple-years of protection achieved by FP methods distributed at these clinics has more than doubled during the same period. Referrals made by NGO/CDA community outreach workers numbered 7,002 in Beni Suef Governorate and 3,159 in Fayoum Governorate between the beginning of November 2004 and the end of January 2005. NGOs, and the new productive relationship between NGOs and the MOHP, have been responsible for a significant portion of this success.

