Title: Can we count on the private sector in addressing family planning needs of young people in Egypt?

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Background

The recent increase in Egypt's fertility rate, following decades of progress in lowering fertility levels, highlights the need for renewed attention to the country's family planning (FP) program. Currently, the Ministry of Health and Population (MOHP) is the largest provider of FP in Egypt. However, the MOHP may not be able to meet the needs of the growing cohorts of women entering reproductive age, some of whom may not prefer or need the free public service. Hence, expanding the role of the private sector in the provision of FP services and supplies holds great potential to meet the current and future FP needs of millions of Egyptian women. A situational analysis of the private sector implemented by the Evidence Project/Population Council Egypt with funding from USAID/Egypt, recommended reaching out to young people at factories as a strategy to prepare the market before they get married and training private sector physicians, pharmacists and nurses.

Based on the recommendations of the study, the Evidence Project/Population Council Egypt and its local partners, are currently implementing a pilot model to address the FP/RH needs of male and female factory workers in Port Said. The model focuses on demand creation by raising their awareness of FP through peer education, social behavior change communication (SBCC) materials and social media platform. The model also focuses on the supply side by increasing their access to quality private FP services through creating a network of private providers (physicians, pharmacists and nurses) who are trained in quality FP/RH services. The model target is to reach 15,000 factory workers with FP/RH information and 30% of private facilities to establish a network of health providers accessible to them.

Methodology

The model (2017-2020) is currently being pilot tested in Port Said governorate. The latter has a total of 40,000 workers (mostly young people) in the investment zone. The model partnered with five factories in the investment zone. According to criteria set by the model, partner factories nominated some factory workers of both sexes to act as peer educators; each responsible for 50-60 of his/her co -workers. Nominated factory workers of both sexes were trained on basic FP/RH and communication skills to act as peer educators of their co-workers. Peer educators are introduced to Ma3looma (partner social media platform) and provided with SBCC materials to disseminate both among their co-workers. On the supply side, the model

targeted physicians, pharmacists and nurses including those in factory clinics to be trained on quality FP/RH services pertinent to young people comprising among other topics counseling skills, updated FP methods and techniques and volunteerism. Trained peer educators were provided with list of trained facilities, so they can refer co-workers in need of services.

Results

At the end of the project, activities are expected to lead to significant demand creation as well as building an infrastructure of service providers trained and qualified to provide FP counseling and services to young people. The model has been implemented for around one year. Acquired knowledge during trainings were monitored through pre- and post-assessments administered to peer educators and private providers. To date 180 factory workers were trained as peer educators. Seventy percent of peer facilitators in factories scored at least 80% on the post-test. One-on-one messages about FP/RH were transferred to approximately 8000 factory workers. Meetings were conducted for factory mid-level managers, being in direct contact with factory workers, at the start of operationalization and are conducted on regular basis. The buy in of factory managers ensures smooth functioning and sustainability of the intervention through their corporate social responsibility.

On the supply side around 60 nurses, 190 pharmacists and 40 physicians were trained and 160 workers were referred to them. The service quality in the trained facilities was monitored using standardized quality checklists which reflected a significant increase above baseline assessment. The model created network of the trained private providers through information sharing meetings and Facebook page. The Facebook page was established to provide updated knowledge, build professional relationships among providers, and incentivize them to expand their FP/RH services to young people.

Outcome evaluation for the model will be conducted using baseline (which was completed) and end-line (planned to take place in 2020) surveys of intervention and control groups.

Conclusion

The model is still being pilot tested, yet the cornerstone of its success is linking demand creation with referral to quality services. Several challenges were faced during implementation including stock out of some FP methods, absence of effective fair priced FP methods and restricting some methods to the public sector. Main highlights of the model were targeting entities and groups often left behind and using innovative approaches that can be replicated in other governorates in Egypt and scaled up to other countries as follows.

- Factories: the model succeeded in engaging factories which can serve as an entry point for thousands of factory workers.

- Corporates: Levi Strauss Foundation (LSF) supported the implementation costs of management training course on women's and factory health for the Project factories in Egypt (in addition to other Levi's affiliated factories) as part of the company's global Worker Well-Being initiative.
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- Pharmacists: Working with pharmacists who represent the first point of contact with FP clients present a window of opportunity that could be used to expand the role of the private sector in addressing FP needs of Egyptian couples.
- Factory nurse: changing the role of the factory nurse from providing first aid to acting as a credible source of FP/RH information and counseling thus making the factory clinic a trusted place for reproductive health services
- Young people who are not married and often left behind for cultural sensitivity; were involved in culturally respectable way through initiative of health in the work place or a livelihood course in Port Said and Souhag respectively.
- Peer educators: could serve as change agents among young people provided that the awareness component is linked to services and not working in silos.
- Factory workers: The pilot model of integrated factory interventions in Port Said can be tailored and scaled up given the large number of garment factories in Egypt which are mostly staffed by young women with secondary or higher education of whom about 80 percent are unmarried.