

EGYPT COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage—<http://www.familyplanning2020.org/entities/113>—on FP2020's website.

We request that you submit your response by **Friday, June 8, 2018**.

Please complete the attached Word document and submit to Martyn Smith on msmith@familyplanning2020.org with a copy to Holley Stewart on hstewart@familyplanning2020.org.

Should you have any questions or concerns, please contact Holley Stewart on hstewart@familyplanning2020.org or Rudy Shaffer on rshaffer@familyplanning2020.org.

Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.

EGYPT COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



This year the questionnaire includes 1) the 2017 commitment, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

UPDATE QUESTIONNAIRE

COMMITMENT OVERVIEW

The Government of Egypt pledges to:

1. Reduce unmet need for family planning (FP) from 12.6% in 2014 to 10.6% by 2020, and the 12-month discontinuation rate from 29% in 2014 to 24% by 2020.
2. Increase prevalence rate of all contraceptive methods used among married women (CPR) from 58.5% in 2014 to 62.8% by 2020.

1. POLICY AND POLITICAL COMMITMENT: The Government of Egypt commits to:

- 1.1. Adhering to the agreements to be made in the 2017 Cairo Declaration for Woman's Health.
- 1.2. Strengthening Ministry of Health and Population's (MoHP) commodity supply chain management system.
- 1.3. Launching the "Logo for Excellence" in family planning clinics considered centers of excellence in providing quality services.
- 1.4. Improving the quality of human resources and services to attract new users and increase couple years of protection from pregnancy provided by contraceptives in a year.
- 1.5. Implementing the recent ministerial decree for the Contraceptive Security Committee to secure the provision of contraceptive commodities.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- Work on the design of an electronic program to manage the supply chain from the central level to the level of the health unit.
- Forming a committee to update and adopt the evaluation tool for the stores of directorates and health departments.
- The standards for obtaining the logo of excellence; a system for accreditation of FP clinics, were established.
- Training courses have been held for all service providers such as
 - Doctors (basic training - Advanced course - and ultrasonography course)
 - Nurses (basic training and the updated counseling course)
 - Managerial staff on management skills
 - Pharmacists on family planning counseling
 - Specialists working in hospitals on family planning work
 - Training media officers and supervisors of women's clubs and community outreach workers
- The role of the High National Committee to ensure the availability and restructuring of family planning methods was strengthened by the inclusion of new experts in order to make decisions on the provision of modern types of means and the development of pricing policies for means which led to the support of approximately 92% of the cost of means.
- There were five meetings of the High National Committee for the availability of family planning methods
- A working group will be formed to study task sharing through field research carried out by USAID to ascertain the feasibility and decision-making of a directory based on the best methods and mechanisms to implement it.

2. FINANCIAL COMMITMENT: The Government of Egypt commits to:

- 2.1. Increasing the national budget allocated to procurement of contraceptive commodities by 20-30% annually to secure a sustainable supply that correspond to national needs; budget for the year 2016/17 is 130 million Egyptian pounds.
- 2.2. Continuing the financial support provided by MoHP to physicians seconded to NGOs.
- 2.3. In collaboration with the Ministry of Finance, creating specific budget lines for support of private physicians to remote areas.
- 2.4. Providing contraception free of charge to poor communities and populations in remote areas.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- The budget allocated for the procurement of family planning methods has been increased (from 130 million Egyptian pounds for the year 2016/2017 to 153 million four hundred and 27 thousand Egyptian pounds for the year 2017/2018)
- Some of the NGOs working in the family planning have already been covered by trained doctors on family planning activities.
- Family planning methods were distributed free of charge in 1000 villages which are the poorest villages
- All family planning methods are provided free of charge in mobile clinics

3. PROGRAMMATIC COMMITMENT: The Government of Egypt commits to:

- 3.1. Developing a national five-year plan to forecast future needs, procure and distribute resources accordingly.
- 3.2. Updating the national standards of practice according to recent WHO standards and build the capacity of service providers at all levels.
- 3.3. Improving the quality of counseling provided to clients through updating and widely disseminating FP counseling guidelines.
- 3.4. Upgrading the supervision system to monitor the quality of service and link it to the Health Insurance System.
- 3.5. Scaling-up partnerships with the curative sector, nongovernmental organizations, and the private sector through providing them with national guidelines, training of service providers on updated standards of practice and provision of FP services.
- 3.6. Integrating family planning services with other primary health care services such as antenatal counseling and post-partum care, vaccination, and healthy child follow-up visits.
- 3.7. Designing and implementing operational research to explore the system gaps and accordingly implement relevant corrective actions.
- 3.8. Increasing acceptability of FP services by improving the knowledge of sexual and reproductive health and family planning through national campaigns, especially in remote areas.
- 3.9. Increasing demand for FP, through advocacy and media, and conducting health education seminars for women of reproductive age in health facilities or through counseling during home visits by community outreach workers.
- 3.10. Formalizing policies for provision of family planning services through task-sharing among different levels of health care providers especially in remote areas.
- 3.11. Addressing regions with poor indicators from the 2014 Demographic and Health Survey (total fertility rates greater than 3, unmet need greater than 13%, CPR less than the national average), such as rural Upper Egypt, through interventions that will improve those indicators and periodically evaluation the interventions to improve sexual and reproductive health.
- 3.12. Activating the post-service follow-up system to monitor existing users, discontinuation and change of methods, and unintended pregnancies, as well as activating the referral system at all levels.
- 3.13. Improving postpartum and post abortion contraception by placing FP counselors in hospitals' departments of obstetrics and gynecology who will provide FP counseling and relay health messages.
- 3.14. Ensuring availability of contraceptive commodities at all levels of service provision, expanding, and monitoring the use of contraceptives.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- The training curriculum has been updated according to the medical eligibility criteria of the World Health Organization
- The new counseling guideline has been updated, printed, and distributed to all governmental and some NGO family planning clinics
- A monitor and evaluation manual has been developed and is being transformed into a training curriculum.
- NGO physicians were trained on updated counseling guideline
- NGO family planning clinics have been provided with the updated counsel guideline
- A research study was carried out to track the new clients of the national family planning campaigns 2016.

- 796 reproductive health convoys have been implemented to disseminate family planning and reproductive health services in remote and underserved areas.
- 9 health education reproductive health campaigns have been implemented
- 8 medical convoys were implemented in cooperation with the medical sector
- Reproductive health convoys were also held on the occasion of the celebration of the National Day of Population in 13 governorates
- Public meetings were held, and 1,372 major symposiums were conducted by the director of the Directorate's media department. 9288 major symposia were conducted by the Information Officer in the departments in the governorates.
- Design, printing, and distribution of brochures for all of family planning methods
- Design and implementation of 3 TV spots
- Implementation of 30 radio episodes to disseminate family planning and reproductive health messages
- Community outreach workers conduct home visits for women of reproductive age in the villages of Egypt
- The national strategy for community outreach workers was launched by H.E. the Minister of Health and Population on 27/12/2017
- The curriculum of community outreach workers has been updated through a committee of experts in various health fields. An operational plan for training has been designed through an advanced training program (small doses high frequency) to train Community outreach to unify the health message
- Initiatives have been launched in the 10 governorates with low indicators to improve population characteristics and raise awareness about family planning issues.
- An electronic system was set up to follow up family planning clients through the automation of family planning services. A pilot experiment was carried out to operate the electronic system in the governorates of Sohag, Qena, Kafr El Sheikh and receive data centrally in cooperation with the Ministry Information Center.
- New family planning clinics have been opened in 8 university hospitals and trained service providers

Please respond to all parts of the following 3 questions:

1. How has Egypt's national government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?

- The National Family Planning Program, represented by the Population and Family Planning Sector, includes a public department for NGOs, so NGOs is an integral part of the core of the sector's work, like provide updated manuals and family planning methods at the same prices in the government sector and training doctors working in their clinics and even provide doctors in the absence of them
- Signature of Cooperation Protocol with the Ministry of Social Solidarity to equip 100 family planning clinics in the 10 NGOs in poorest governorates in order to raise awareness and provide family planning services to 1,460,000 women in Takaful and Karama project.

a. What challenges have you faced in working with these groups? (please give examples)

The most important challenges are the lack of sufficient financial support for these organizations.

b. How has this engagement supported reaching your FP2020 commitment?

c. Please share successes and/or lessons learned from these engagements.

2. How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?

A clinic is available to provide family planning services within all primary health care units and government hospitals. The family planning methods and services are offered at low prices and also free of charge in poor villages and mobile clinics

3. Did the FP2020 Focal Points participate in a national 2018 family planning data consensus meeting?

Yes

a. If so, what insights were gained?

It was agreed to intensify the work of donors in areas with low family planning indicators such as Upper Egypt governorates and some slum areas in other governorates

b. Were domestic expenditures data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

No

Please provide the following information on the Government's point of contact for this update:

- Name: drafted by Dr Amal Philip, cleared by: Dr Soad Abdel Megeed
- Title: Head
- Department: FP sector
- E-mail: soad_meg@hotmail.com
- Phone: N/A
- Address: Ministry of Health and Population, Egypt
- Date: 11 June 2018