Advancing Family Planning in Egypt: Strengthening Health Systems through Social Behavior Change for Postpartum Contraceptive Uptake

Mostafa Mahmoud, SBCC Director(1); Dr. Mai Dawoody, M&E Director(1); Dr. Marwan Sobhy, Senior Technical Service Delivery Director(1); Marie Maroun, Communication Team leader-International Division(2); Amy Casella, M&E Advisor-International Division(2), Melinda McKay, Director-Behavior Initiative(2)
(1) USAID Strengthening Egypt's Family Planning Program, (2) JSI Research & Training Institute, Inc

HEALTH SYSTEMS STRENGTHENING ACCELERATOR

Context

Egypt's population rose from 72 million in 2006 to 100 million in 2020, primarily due to an increasing birth rate. At this rate, Egypt's population is expected to reach 128 million by 2030. The government of Egypt is acutely aware of these impacts and aims to decelerate this growth by reducing the unmet family planning need of women and men. The latest Egyptian Family Health Survey (EFHS, 2021) reported an unmet need for family planning services at 12.6%.

Postpartum family planning (PP-FP) provides a critical opportunity to prevent unintended pregnancy and promote healthy birth spacing within the first 12 months following childbirth. Studies have shown that pregnancies within the first postpartum year pose significant risks to both the mother and the fetus, including higher rates of morbidity, preterm birth, low birth weight, and small gestational age.

The postpartum period is a critical window to address unmet family planning needs and birth spacing. However, in Egypt, few women opt for postpartum Family Planning (PP/FP) methods. To address this, in November 2021 the Ministry of Health and Population (MOHP) began working closely with the USAID Strengthening Egypt's Family Planning Program (SEFPP) to introduce PP/FP in hospitals by upskilling physicians and nurses on PP-IUD insertion immediately during C-Section in 288 hospitals and 20 governorates. The focus on IUD insertion during C-Sections was due to the fact that Egypt is one of the countries with the highest number of C-Sections deliveries (72%) and that IUDs are already a well-accepted method of contraception.

Despite several months of increased service provision, PP-IUD insertions remained low, prompting the MOHP and SEFPP to conduct focus group discussions and interviews with hospital physicians and administrators to understand the underlying causes. Qualitative findings indicated a lack of awareness and misconceptions among C-section clients, their partners and families about PP-IUD service availability, its safety, and benefits compared to other FP methods.

MOHP/FP Sector and SEFPP identified the need for multiple health system interventions to generate PP-IUD demand. Chief among these was a social behavior change (SBC) approach to improve the capability and motivation of women, their partners, and families to make informed decisions about PP/FP use in the Egyptian context. It is important this awareness and intention setting be established before the mother is admitted to hospital so it became clear that an additional cadres of health care workers needed to be engaged in generating demand, particularly Community Health Workers (CHWs). This is because CHWs are a mother's primary connection point to the health system in the antenatal period and could be better leveraged also during hospital admission.

Activity Description

An example of an new PP-IUD insertion during C-Sections poster in Arabic *for beneficiaries in the PHUs*

The SBC component was started almost one year after the new PP-IUD insertion during C-Sections activity. By integrating SBC approaches that focused on changing knowledge, attitudes, and practices of CHWs and women/families at key points in the service delivery pathway, it was expected that providers and clients (including families) would understand the availability, safety, and benefits of PP-IUD insertion during C-Section and be motivated to support and use the service.

In March 2022, MOHP and SEFPP brought together hospitals physicians and administrators, representing both urban and rural settings across participating governorates, to discuss the slow uptake of the PP IUD insertion during C-Sections in participating hospitals. The discussions uncovered why PP-IUD rates remained low, captured successes and challenges, and elicited recommendations to improve service IUD uptake.

One of the main gaps and weaknesses identified was related to a lack of awareness and misconceptions among C-section clients, their partners and families about PP-IUD service availability, its safety, and benefits compared to other FP methods. To address this, the MOHP and SEFPP added a promotional and outreach component to the PP-IUD insertion intervention as follows:

1. Extending counseling service to the primary care level by training nurses at the health centers to provide information on PP-IUD insertion during C-Sections during the women's antenatal visits.
2. Extending promotional and outreach activities to the community level through training of CHWs to promote correct information on PP-IUD insertions during C-Sections.
3. Training hospital-based CHW (population educators) to give correct information on PP-IUD insertions during C-Sections to women at the OB/GYN wards of the hospitals. This gives women more opportunities to receive iterative counselling on PP-IUD while in hospital.
4. Introduced a population educator role in hospital OB/GYN departments to provide orientation and counseling to pregnant women, and enhanced clinical and counseling skills among physicians, nurses, and community health workers.

Working with the MOHP/FP Sector, SEFPP trained community health workers (CHWs) within their respective communities and at each MOHP hospital to generate demand for PP-IUD during C-Sections. In June 2022, approximately 420 CHWs underwent training in one-on-one counseling with women during antenatal care prior to C-section hospital admission. An additional 260 CHWs were trained in community dialogue approaches to dispel myths and rumors.

Throughout the implementation, MOHP and SEFPP monitored service delivery trends via joint coordination meetings with hospital managers, FP governorate managers and other decision makers at the governorate and central level, including the FP Sector director. These meetings facilitated experience sharing as well as data-driven discussions to inform iterative course corrections such as adding the outreach and promotion activities as described above.

Activity Impact

Leveraging qualitative research findings, advocacy efforts were effectively made with the MOHP and their hospitals to integrate CHWs into the PP-IUD approach as a way to increase demand. CHW became a part of the solution when they were equipped with the necessary capability, opportunity and motivation to provide high-quality FP counseling and services. This integration of CHW into a hospital system supported improvements in three of the six WHO health system building blocks:

- **Leadership and governance:** The MOHP and hospital administrators and managers discussed the low IUD uptake and with USAID-SEFPP co-designed a solution to integrate the CHWs to increase demand.
- **Service delivery:** Through CHW's work, women and their families are better educated and informed on this type of service delivery; its efficacy, safety and the favorable economic and social consequences for their family.
- **Health workforce:** Training existing MOHP human resources strengthens Egypt's health system by building capacity of the local health workforce to meet identified needs. This approach also changes the behavior of health system actors, namely women and others involved in the postpartum FP decision making process.

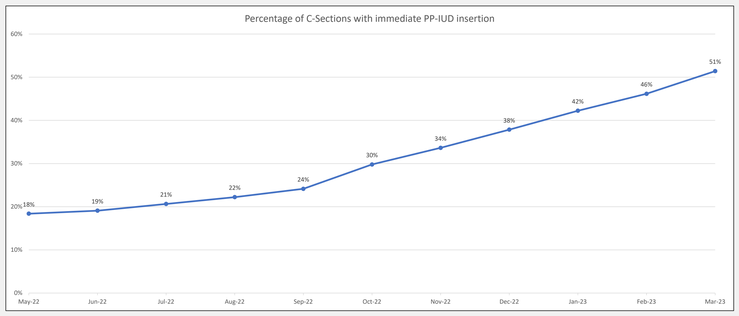
This USAID-SEFPP's activity has far-reaching social, economic, and political impacts. By lowering birth rates and unintended pregnancy, this reduces maternal and child mortality, increases child schooling and improves quality of education, and contributes to economic growth and the conservation of natural resources. According to a report on the cost benefit analysis of Egypt's FP Program 2014–2050, FP yields high returns on investment in sectors including health, education, food security, housing, and utilities; on average, one Egyptian pound (EGP) spent on FP returns EGP 56.12, representing a savings in government expenditure as a result of births averted. *(Heba Nassar and Jasmin Fouad, Family Planning in Egypt is a Financial Investment: Benefit-Cost Analysis of Egypt Family Planning Program 2014-2050 Program, (Cairo University, February 2015), 5)*

This SBC activity had a significant direct impact on the uptake of PP IUD insertion during C-Section, raising it from 18% to 51% of all C-sections in less than one year.

CHW providing awareness session in a community setting on PP-IUD insertion during C-Sections

Evidence

Between June 2022 and March 2023, 159,216 pregnant women received counseling from CHWs in clinical settings, while 413,7385 individuals engaged in dialogues facilitated by CHWs in community settings. From May 2022 to March 2023, the percentage of PP-IUD insertions during C-Section increased significantly from 18% to 51%, representing a 33-percentage point increase (Figure 1).



Facilitators

Several key facilitators across the World Health Organization's (WHO) health systems strengthening building blocks emerged as follows:

Leadership and Governance: To lay the foundation, the MOHP/Family Planning (FP) sector and SEFPP gained the trust and partnered with university, and insurance hospital institutions to ensure hospitals would apply PP-IUD post C-section. They then worked with hospital staff to adapt their counseling system to make sure all women admitted for C-section delivery would receive information on the procedure. Hospitals also adapted legal procedures to protect their clients and physicians' rights by adding the PP-IUD authorization consent form.

Service Delivery: SEFPP provided posters to hospitals and health centers as well as flyers, which health centers and hospitals show to women. Through this approach, women and their families are better educated and informed on the type of service delivery, its efficacy, and safety. By the time the patient is ready for the procedure, she is well informed, knows the type of health service she will receive, and a well-trained physician on PP-IUD insertion will carry out the procedure.

Health Workforce: To strengthen the health workforce capacity, SEFPP and the MOHP/FP sector conducted a training on PP-IUD insertion (adapted from WHO curriculum) for service providers in 288 hospitals and the community awareness teams which includes the community health workers on PP-IUD promotion. These trainings are to ensure both health promoters and health service providers work hand-in-hand to promote and provide PP-IUD services to women.

Access to the Commodities: in order to meet the demand generated by the SBC strategy, hospitals participating in the immediate C-section PP-IUD insertion service made IUD stock availability a critical factor in OB/GYN hospital departments.

Health Financing: To implement PP-IUD education and training, a budget is necessary. USAID-SEFPP supported the MOHP/FP Sector to advocate for adequate funds to be allocated for specific activities related to PP-IUD including, training of medical personnel, monitoring visits, review meetings, and refresher courses as needed.

Health Information: To closely monitor hospitals' performance and maintain quality health service delivery, the MOHP/FP Sector established a monitoring system for PP-IUD in all 288 hospitals. The hospitals' reports and performances are discussed during regular review meetings and hospitals. The MOHP shares progress in PP-IUD rate in all governorates to support learning and adaptation among the governorates.

Challenges

The PP-IUD insertion approach was introduced in Egypt for the first time in November 2021. Since it is a new service added to the health system structure, it has taken some time for health service providers and clients (women) to adopt the approach. Given this was an anticipated challenge, USAID-SEFPP pursued the following activities to facilitate adoption. Below summarizes only challenges on the demand side.

Client side (demand): challenges identified in the focus groups, including women's fear of complications/discomfort and husband's reaction and preference for other methods, could be addressed in the CHW training curricula since we took the time to understand barriers to use. Most importantly, failing to involve the husband and the mother-in-law, who are part of the FP decision-making around method and use in Egypt, in the awareness or orientation sessions could affect a woman's decision. The CHW training curricula covered communication tactics to better understand the community's concerns and deliver culturally appropriate and tailored health messages to assist them to make informed choices regarding reproductive health.

Provider side (supply): initially, there was a lack of awareness of PP-IUD among CHWs and a hesitancy regarding the protocol amongst the hospital-based cadres. It was important to address provider knowledge and motivation in order for them to become effective facilitators for PP-IUDs. These aspects became a particular focus of the training sessions held for CHWs and other hospital-based staff that had contact with mothers and their families.

Lessons Learned

Incorporating an SBC approach to strengthen a health system response to a new practice is important as it can bridge the gap between supply and demand in service delivery. Three lessons stand out in this context:

Leveraging CHWs: In the SEFPP experience, training CHWs to work in both clinical and community settings made a positive impact on demand generation for postpartum FP services. CHWs who not only reside within but are also trusted members of their respective communities have the unique ability to bring routine health information to residents who need it most, helping to reduce disparities. But it was important to first understand the different barriers and facilitators to uptake. It was then possible to equip CHWs with counselling skills and accurate health information that directly addressed key issues. These CHWs became the agents of change who imparted trusted knowledge and advice among their communities.

Understanding the local context: Egypt, as in many other cultures and countries, husbands and mothers-in-law are key behavioral gatekeepers, who can act as either barriers or facilitators. In this case, engaging them in the conversation and educating them about the benefits of PP-IUD insertion during C-Section proved critical to achieving results.

A systems approach: a focus on just generating demand or only ensuring supply is insufficient to achieve change. The entire system, across each of the WHO's six building blocks, needs to be considered in an SBC strategy that aims to support health systems strengthening. Starting with the key behavioral outcome (in this case, women elect to have a PP-IUD during C-Section) and tracking back the pathway to change from there will allow implementers to understand the different stakeholders involved and what changes need to occur at each level.

USAID FROM THE AMERICAN PEOPLE
RESULTS FOR DEVELOPMENT
HEALTH STRATEGY AND DELIVERY FOUNDATION
ICF
BILL & MELINDA GATES foundation