

ADDRESSING GAPS IN REPRODUCTIVE HEALTH AND RIGHTS IN EGYPT

Policy Paper



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Acronyms

EFHS	Egypt Family Health Survey
FP	Family Planning
GBV	Gender Based Violence
GOE	Government of Egypt
MOHP	Ministry of Health and Population
MOPED	Ministry of Planning and Economic Development
MOSS	Ministry of Social Solidarity
MOYS	Ministry of Youth and Sports
NAPDEF	National Action Plan for the Development of Egyptian Family
NGO	Non-governmental Organization
PACs	Population Awareness Clubs
PWDs	Persons with Disabilities
RH	Reproductive Health
SC	Steering Committee
SOP	Standard of Practice
TOT	Training of Trainers
UNFPA	United Nations Population Fund
YC	Youth Center

Background

Egypt is a transcontinental country spanning the Mediterranean, the northeast corner of Africa and southwest corner of Asia by a land bridge formed by the Sinai Peninsula. Egypt is the most populous country in the Arab world and the third in the African Continent.¹ Egypt is home to approximately 105 million people with a gender composition of nearly 52 % male, and 48% female, and reproductive-age females (15-49 years) constitute about 41.8 % of the female population.²

Investment in the reproductive health (RH) services for young people will enable Egypt to reach the sustainable development goals (SDGs) namely SDGs 3 and 5 and applicable targets. Target 3.7 calls on governments and partners to “ensure universal access to reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes”. Target 5.6 calls on governments and partners to “ensure universal access to reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences”.³

The United Nations Population Fund (UNFPA) Egypt implemented the project “Addressing gaps in reproductive health and rights in Egypt” funded by the Government of Canada, as part of the Country Programme throughout the period July 2019 – September 2024. The project was approved by the Government of Egypt (GOE) in June 2017 and the agreement between the Department of Foreign Affairs, Trade and Development and UNFPA was signed in July 2019. In March 2020, the subsidiary arrangement was finalized and signed with the Ministry of International Cooperation and in August 2020, the agreement was approved by the parliament.

UNFPA Egypt implemented the project in collaboration with the Ministry of Health and Population (MOHP) and Ministry of Youth and Sports (MOYS). The project goal was reducing fertility, by scaling FP and focusing on strategies tailored for young people especially young women and adolescent girls, which is adapted with the national priorities described in the Egypt Vision 2030. The vision includes two health indicators relevant to population policies; one of them is a composite indicator including the percentage of married women of reproductive age using modern contraception and new FP methods.

The project aimed to empower women and engage men by increasing their awareness on reproductive health and FP in addition to enhancing access to quality FP services in all the governorates of Egypt. The project specifically focused on addressing the barriers women and girls are facing in accessing quality health services including non-conductive social norms, behaviors and attitudes. Furthermore, the project empowered women through supporting the “Egyptian Women Speak” program. The project also aimed to

educate young males on the rights of women with regard to childbearing decisions, the value and contribution of women to society and the concept of smaller family size. Furthermore, one of the main project outcomes was to strengthen the capacity of line ministries and civil society at national and governorate level for the provision of high quality integrated reproductive health and FP services including for youth and persons with disabilities (PWDs).

According to the 2021 Egyptian Family Health Survey (EFHS), the total fertility rate declined from 5.3 births per woman in the reproductive age in 1980 to 2.85 in 2021. The national contraceptive prevalence rate increased to 66.4 % from 58.5% in 2014. The modern contraceptive prevalence rate also increased to 64.7% from 56.9 % in 2014. However, the use of modern methods of FP among younger age groups is significantly lower at 39% for married women aged 15-19-years and 52.3% for those aged 20-24 years. Despite the observed decline of the total fertility rate and the progress in contraceptive prevalence rates, Egypt is still faced with the persistent challenge of high unmet need for FP. The 2021 EFHS revealed that 13.8% of married women aged 15-49 years had an unmet need for FP which presents an increase from the 2014 figure of 12.6%. The recorded percentages of unmet need for FP were higher among young age groups; 16.2% for the age group 15-19 and 15.5% for the age group 20-24. A difference of the percentage of unmet need for FP was also observed between urban areas (13.5%) and rural areas (13.9%) and between rural Upper Egypt (18%), and rural Lower Egypt (11%).¹

The increase in the unmet need between 2014 and 2021 and the observed disparities between rural and urban areas and different age groups suggest gaps in quality of care as well as deeply rooted gender and social norms that disempower rural and younger women. Younger age groups are thus more at risk to unwanted pregnancies and minimal spacing between births. Women with too short intervals between births face increased risk of mortality and complications such as puerperal endometritis, anemia, third trimester bleeding and premature rupture of membranes.⁴

Objectives of the policy paper

This policy paper aims to highlight the key results, achievements and lessons learnt from the project “Addressing gaps in reproductive health and rights in Egypt” and reflect their contribution to the national goals. The paper also aims to synthesize recommendations for sustainability of the project achievements.

Methodology of developing the policy paper

To develop this policy paper, qualitative methodology was used including in-depth interviews, in addition to desk review as detailed below:

Desk review

Review of project documents, reports and manuals to analyze the results of the project was conducted. Additionally, relevant documents at national and global levels including advocacy examples from countries with similar context were also reviewed.

In-depth interviews

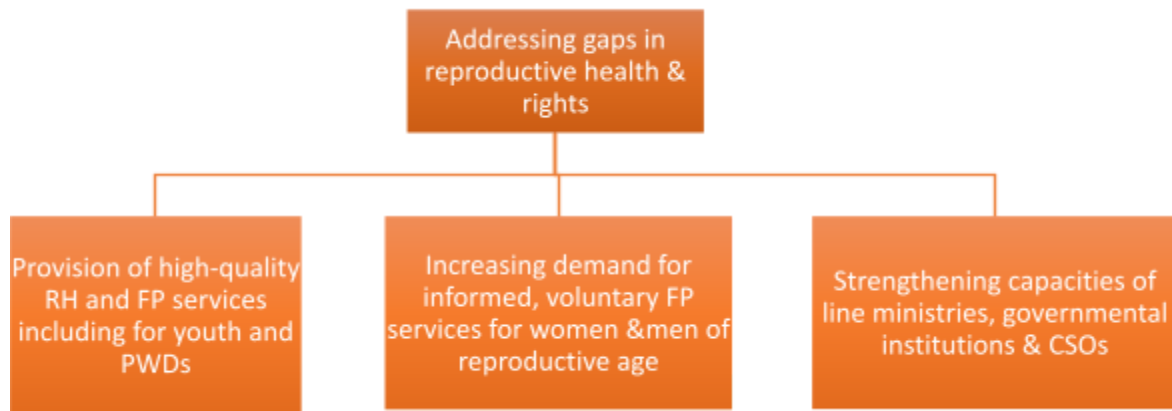
A total of 15 in-depth interviews (IDIs) were conducted with stakeholders and beneficiaries (see annex for list of interviewees). The interviews aimed to explore the insights of the interviewees regarding the project achievements, challenges faced, lessons learned and suggested recommendations for sustaining project results and effective population awareness interventions (see annex for interview guides). The individual interviews started by brief introduction of the assessment process and the importance of his/her contribution. Consent was sought for the voluntary participation of the interviewees and recording the interviews for those who consented to participate in the interviews. If the interviewee refused recording, the consultant resorted to taking notes.

Data analysis and validation

IDIs were transcribed then analyzed manually using thematic analysis. The findings of the study were validated through virtual meetings with stakeholders from different entities focusing on FP.

Project achievements

The disparities of the unmet need for FP between urban and rural governorates and between different age groups, per the 2021 EFHS, disempowered rural young women rendering them more vulnerable to unintended pregnancies and closely spaced pregnancies leading to maternal morbidity and mortality. These disparities suggested gaps in quality of care and in fertility behaviors influenced by deeply rooted social norms. The project adopted a multidimensional and multisectoral approach to address these gaps. Hence this section displays project achievements, derived from desk review and interviews with key stakeholders, under three main themes as follows: improving quality and accessibility of FP services, creating demand through different behavior change communication approaches, in addition to strengthening the capacities of implementing partners for improved governance, increased effectiveness and ensured sustainability of the interventions.



I. Provision of accessible high-quality RH and FP services

Capacity building of FP managers and service providers

Identification of technical gaps is imperative for adequate planning of capacity building activities. Hence, the project conducted four workshops in different governorates to identify the required technical support to enhance the capabilities of the FP managers and statisticians from the governorates and central level. The resulting recommendations from these workshops were communicated to the senior officials at MOHP to organize the required training to fill the detected gaps.

Furthermore, to enhance the knowledge and skills of health care providers to provide quality FP services, the project trained a total of 1,506 service providers (including a baseline of 318) on the provision of quality FP services. The training sessions included hands-on practice, effective application of medical eligibility criteria in addition to dealing with side effects and referrals. The project also worked to increase the capacity of service providers to effectively communicate with persons with disabilities (PWDs) and provide quality and responsive reproductive services.

Supporting accessibility of FP services

The project focused on enhancing accessibility of women in remote and underserved areas to RH and FP services through equipping mobile clinics that serve hard-to-reach groups, who may face geographical, cultural or social barriers to utilizing services at fixed FP units provided by MoHP. Being able to reach women in their catchment areas, particularly remote and underserved sites, entails that the mobile clinics can fill the gap in FP services, in case the beneficiaries have difficulty accessing fixed clinics.

Mobile clinics provide multiple services, mainly FP services through well-equipped vehicles staffed by a female doctor, and a nurse. The services provided are completely free including the contraceptive methods, examination, ultrasound examinations, general examination, OB/GYN services, and child and neonatal care.

The MOHP conducted an assessment of all (550) mobile clinics, and identified the needs in terms of medical, and non-medical furniture and equipment. The project supported equipping 310 mobile clinics through the procurement of 50 blood pressure measuring devices, 50 adult scales, and 310 air conditioners. The project supported 335 rounds of FP convoys that were implemented in underserved areas and Haya Karima villages using the renovated mobile clinics. The project reached 768,180 women with FP and RH services and counseling and among these women, 595,139 received different types of contraceptives. The contraceptives dispensed by the mobile clinics included 50,743 IUDs, 205,028 combined pills, 53,114 one-hormone pills, 32,813 combined injections, 60,736 one-hormone injections, 16,154 subdermal implants and 3,201 other methods, such as dispensing 26,081 condoms.

The project also expanded FP services to university clinics through equipping and refurbishing one clinic in Kafr Elsheikh University hospital.

Securing contraceptives

The FP sector – MOHP highlighted that the most important gap that may face the provision of services is the shortage of contraceptives and hence the project supported procurement of contraceptives to ensure uninterrupted supply of FP methods. The project was supportive to the FP sector - MOHP request for budget reallocation for contraceptive procurement instead of training given that the sector proposed to conduct the training for the remaining service providers (416) using the MOHP resources. The project procured 3,120 units of Levonorgestrel 52mg hormonal IUD and 33,408 units of Implanon NXT implants and provided them to the MOHP.

Mainstreaming of disability in the FP services

When seeking health care, persons with disabilities (PWDs) usually face stereotyping, stigma, prejudice, and discrimination. The project supported the development of a training manual for service providers after conducting needs assessment of PWDs. The manual focused on enhancing the capacity of FP service providers to effectively communicate with PWDs and provide quality services for them. Training of trainers (ToT) workshops were conducted in selected governorates to capacitate service providers to address negative stereotypes about PWDs, and learn how to address the needs of PWDs for accessible FP services. Furthermore, the project refurbished a clinic in Kafr Elsheikh University hospital with bed handles and bed steps to ensure accessibility to PWDs.

Project efforts to mainstream disability in the FP services reinforced the implementation of article 25 (right to health, specifically sexual and reproductive health) of the United Nations Convention on the Rights of Persons with Disabilities, as well as article 16 of the Egyptian Disability Law 10/2018. Furthermore, these interventions were in line with the human rights strategy, launched by the GOE in 2021, which emphasizes the rights of PWDs.

Assessing the impact of climate change on RH

Climate change can affect unmet need for FP by directly limiting access to essential RH services, has negative impacts on maternal health and may result in increases in gender-based violence (GBV), including harmful practices such as child marriage. The project conducted a qualitative study to assess the impact of climate change on women and girls' reproductive health in Egypt in collaboration with MOHP.⁵ Findings of the study revealed that climate change exacerbates the vulnerabilities of women and girls as it disrupts access to healthcare services, hinders nutritional intake, and increases susceptibility to diseases, affecting RH. Furthermore, climate change disrupts livelihoods and the burden of household responsibilities disproportionately falls on women, leading to increased stress and potential for GBV. The conducted literature review was presented during the COP27 and the final study was presented at the 9th African Population Conference.

The study presented an opportunity for inclusion of FP/RH in the National climate policy documents and enhancing the health surveillance systems to track the impact of climate change on RH indicators.

II. Increasing demand for FP services

With the support of the project activities, 7,714,491 people (including baseline), were reached with awareness messages on FP (including COVID-19 awareness targeting women in reproductive age).

Supporting FP campaigns

The project supported the FP campaign "Ayamna Ahla" our days are better where all the efforts to increase the demand were intensified. During the campaign, mobile clinics were deployed to provide FP services in addition to maternal and child health services.

Supporting population awareness clubs

The project supported population awareness clubs (PACs) in 200 youth centers in 24 governorates, identified according to set criteria, to act as hubs for raising RH and FP awareness of youth utilizing theatre performances, interactive sessions, songs, sports and/or films-facilitated sessions.

The project equipped the PACs with chairs, fans, flipcharts, and paper to create conducive environments for hosting various awareness activities. The project identified youth volunteers in project areas and trained them to facilitate the awareness sessions by providing them with knowledge related to, FP, child marriage, adolescent health and GBV in addition to facilitation skills. The project also engaged PWDs in the PACs activities and per the interviewees, they were very happy being considered as part of the community entitled to be part of the target group for awareness raising and attend the different PAC activities including theatre performances. The project developed standard operating procedures (SOPs) for PACs and used them to train staff from youth centers, MOYS and Etijah field coordinators responsible for operating the PACs to enhance their knowledge of PACs implementation procedures and routine operations while adhering to quality and efficiency standards. The SOP workshop also focused on basic RH training

to raise awareness about the topics to be delivered through the activities of PACs. The SOP workshop facilitated effective interaction and collaboration among the participants and provided a platform for planning upcoming activities at PACs.

The activities of PACs included interactive awareness sessions, film-facilitated sessions, sports sessions, in addition to Nawah community art theater and Shamandora music performances. Each theatre performance was followed by an open discussion, between actors and audience, providing the time and space needed for the audience to engage with the topic. Regarding musical performances, the songs were developed by the Shamandora youth volunteers. Some interviewees stated that participants who attended the Shamandora music performances recalled the lyrics for long following the sessions. The lyrics of the songs raised awareness through the creative melodies that helped the messages reach the attendees' hearts and minds alike. The Zad Art Team coached the volunteers on developing theatrical scripts and songs to raise RH awareness. Following each song performance, facilitators held discussions with youth attendees to discuss issues raised through the songs and correct the misconceptions. The RH topics were selected based on needs assessment conducted to focus on the governorate specific challenges.

The project contributed to development of 17 Nawah community art theatre teams and 24 Shamandora music teams who conducted their performances at PACs. The project also trained 29 youth volunteers on sports for development techniques, major population topics including FP, GBV, child marriage, and adolescent health in addition to skills to transfer this knowledge using sports techniques.

The project trained 1,142 youth on FP, RH, GBV and facilitation techniques, these trained youth facilitated events and sessions in their communities focusing on FP, GBV, and child marriage. Mobilizing youth to attend PACs activities was challenging at the beginning because they were accustomed that youth centers are places for sports and not awareness raising sessions in addition to theatre and musical performances. However, as few started attending, numbers increased through word of mouth.

The post sessions discussions and the difference between pre and post session tests demonstrated that the interactive methods were effective in improving FP/RH knowledge among the attendees of PACs activities. The PACs activities corrected misconceptions and myths related to FP concept and methods; some young women were motivated to ask about suitable FP methods including to delay the first pregnancy and they were referred to health facilities. Others were impressed and had their husbands attend theatre performances with them.

Development of Information, Education, and Communication materials

To enhance the awareness of beneficiaries about different FP methods, the project supported the production of 13 brochures featuring FP methods. The brochures provided information about how these methods work, common side effects and how to handle and when to seek medical care in addition to key messages about birth spacing

and the importance of FP. Around four million brochures were printed and disseminated during FP campaigns and RH convoys by outreach workers, and during awareness seminars conducted in women health clubs.

Development of radio spots

To enhance demand for FP services, the project developed 40 radio spots, including 20 drama spots where a doctor addresses FP related myths and misconceptions and 20 religious spots displaying religious perspective of RH/FP issues through questions and answers by a religious expert. MOHP coordinated with MOYS for airing the radio spots on the MOYS radio channel using national resources, ensuring a broader reach to the target audience. However, the radio spots could not be aired on the MOYS radio channel, as agreed in the steering committee meeting the radio spots were disseminated on social media to reach people with messages through social media.

Using online media for disseminating knowledge

During the COVID-19 pandemic, the project utilized the online media in disseminating knowledge for raising community awareness. The project partnered with the GOE in conducting risk communication campaigns to the public and launched an online campaign on UNFPA social media platforms, in partnership with WHO and MOHP. The project supported a campaign that entailed a music video featuring popular Egyptian singer “Angham”, singing a song of hope. The lyrics echoed messages of unity and a call to protect ourselves, our families and our communities. The video reached over 3 million viewers in less than one week. The project supported another campaign that featured a day in the life of a pregnant woman, whereby viewers follow a pregnant woman as she goes about her day, flagging certain issues and providing information about pregnancy, childbirth and COVID-19. The video featured the pregnant woman doing regular chores, but while ensuring she sanitizes, or takes necessary precautions to protect herself. The video reached over 900,000 viewers in less than one week.

The project also conducted ToT training for 11 media officers at the central level of the FP sector on managing online platforms as well as planning, implementing and monitoring social media campaigns to promote FP services. These participants transferred gained knowledge to media officers at governorate-level to ensure the sustainability of interventions.

Additionally, the project extended its educational reach online via the Learn UNFPA platform, initiated in 2021 through other resources, and launched GBV module that was delivered to 182 participants (134 females, 48 males) including young people from different governorates.

Supporting “Egyptian Women Speak” program

Women's empowerment is considered a key factor affecting FP and RH outcomes among women. The project refurbished 39 women clubs and developed the work system for women clubs and outreach workers to roll-out the Egyptian Women Speak program

which is a training program that aims at empowering Egyptian women. The project also conducted TOT for outreach workers and women club supervisors to orient them towards the program and the basic themes of women's empowerment. Furthermore, the TOT discussed their role in increasing demand for FP through campaigns and other outreach activities such as home visits and awareness sessions in view of the NAPDEF.

III. Strengthening the capacities of line ministries, governmental institutions, youth networks and CSOs

The project supported strengthening of the capacities of line ministries, governmental institutions youth – led networks and CSOs to address the population issue as follows:

Coordinating the roles of the line ministries

The project implementation was overseen by a steering committee (SC) for providing overall strategic direction and guidance for the project implementation to maximize effectiveness of the activities in reaching the targets set out. The SC had clear terms of reference and well-defined roles of members which eliminated ambiguity and prevented potential conflicts arising from overlapping responsibilities. The SC meetings were attended by representatives from the Ministry of International Cooperation, MOHP, MOYS, Canadian Embassy and UNFPA Egypt.

Activities of the project were rolled out after convening the project first SC meeting and endorsing the annual workplan with the allocated budget. During successive SC meetings, MOHP and MOYS presented a comprehensive overview of the achievements made during the previous year under the project and the work plan for the upcoming year. The MOHP and MOYS also highlighted key initiatives and interventions that will contribute to the overall objectives of the project in addition to challenges faced and proposed solutions.

The SC meetings and discussions strengthened the multi-sectoral approach of the line ministries to address the population issues in Egypt through promoting collaboration, cooperation, and communication among committee members who exchanged ideas and shared insights. The SC meetings also enabled a coordinated, more holistic identification and response to key constraints faced by the project.

To support effective coordination among line ministries, CSOs, and other stakeholders, the MOHP led a coordination meeting with the Ministry of Social Solidarity and Egyptian Family Planning Association. The meeting focused on discussing mechanisms to improve the quality of FP services provided through the private sector and non-governmental organizations (NGOs), most important challenges that negatively affect the quality of FP and RH services provided by CSOs, strengthening cooperation between the MOHP and the MOSS to support the activities of NGOs that provide family planning services, and agreement on mechanisms to coordinate work during the next phase between the MOHP and MOSS.

Supporting the National Action Plan for the Development of the Egyptian Family

The aim of the National Action Plan for the development of the Egyptian family (NAPDEF) 2015-2030 is to decrease the unmet need for FP and therefore decrease the total fertility rate to 2.1 by 2032. Hence, the project collaborated with contraceptive commodity security officials to forecast needs and assess procurement and contracting procedures, in view of the targets of the NAPDEF. This implied the adoption of a concrete forecasting methodology that was developed through the project as the previously used forecasting methodology based on consumption will not lead to the achievement of the NAPDEF ambitious targets. The project also supported the development of an effective monitoring and evaluation framework for MoHP interventions under the NAPDEF to reach the set goals. Furthermore, the project supported the review of the executive plan of the NAPDEF and developed a policy paper on strengthening the implementation framework of the NAPDEF including establishment of the Population Observatory to provide evidence needed to guide policy formulation.

In view of the ambitious targets of the NAPDEF, identification of technical and capacity gaps is imperative to improve the skills of FP service providers and managers. Thus, the project shared identified gaps among FP managers with the MOHP to organize the required training. The project also trained 1,029 FP service providers and 147 working in NGOs on the provision of quality FP services. The project also built the capacity of the media officers of the FP sector at the central level to develop social media campaigns to promote RH and FP services.

Supporting the National Adolescents and Youth Strategy

The project supported MOYS policy unit to facilitate the development of national adolescents and youth strategy and provided technical support to facilitate the smooth implementation and ongoing monitoring of the strategy. However, it was decided that the strategy will be integrated into the overall plan of the MOYS rather than keeping it as a standalone strategy. The project provided support for the implementation of the strategy.

The project also facilitated the integration of PACs into the framework of the MOYS which involved positioning the PACs as a dedicated unit under the Youth Empowerment department within MOYS. The project had developed SOPs for the PACs and trained staff from youth centers on these SOPs to strengthen their management and coordination capacities.

Strengthening capacity of youth-led networks

To ensure that adolescents and youth programming is effective and responsive, the project collaborated with youth-led networks such as Nawah Community Art theatre team, Shamandoura music team, and ZAD art team that coached Nawah and Shamandoura youth volunteers. Nawah and Shamandoura performances empowered young people with RH knowledge and addressed GBV and child marriage at the community level. Nawah community art theatre team showed their performances during the UNFPA initiative “Community Art Festival” and COP 27.

The project conducted bi-monthly coordination meetings for PACs to follow up on implementation activities, address challenges faced and discuss opportunities to increase youth outreach. These coordination meetings provided an excellent opportunity for youth volunteers to reflect and provide feedback on their interaction experiences with their community members and peers through the different awareness raising activities. Being part of these meetings fostered a positive team culture among youth volunteers and enhanced their communication, listening and leadership skills.

Challenges faced and mitigation measures

The project faced several challenges during implementation and managed to address them as follows:

COVID-19 pandemic: During the COVID-19 pandemic and the concurrent lockdown, the project utilized the online platforms to provide training courses through a virtual classroom setting. Training sessions were live-streamed, featuring several interactive tools that strengthen the didactic component of the training. Youth volunteers were provided with the costs of the internet used to participate in the online activities.

Delay: the project was obliged to postpone the non-COVID planned activities during the COVID-19 pandemic given the call to the UNFPA and the Canadian Embassy to support GOE to respond to COVID crisis - delayed issue of the security clearance for partner NGOs - delay in obtaining approval of the field work of the study assessing the impact of climate change on reproductive health.

It is clear that these delays have reflected on the timeframe of the implementation plan but with the more effective way that implementation has taken place the project has been able to catch up with results. Although, UNFPA was obliged to postpone the non-COVID project planned activities, yet UNFPA Egypt set an accelerated plan to overcome delays and achieved most of the set targets steadily. Furthermore, training courses were provided online during the pandemic.

Turnover: of trained service providers who either were transferred or retired and high turnover of youth volunteers to join university or work.

To mitigate the problem of turnover of service providers, the project supported the training of FP directors at governorate level to act as trainers for newly recruited physicians. Regarding youth volunteers, most of the activities of PACs were conducted during summer vacation to avoid volunteer dropouts. The project also worked with several local NGOs to advocate for youth engagement and volunteerism utilizing different social media channels including the MOYS website.

Behavior change: Changing behaviors, especially those deeply rooted in social norms, takes a long time and effort. The project was faced in Upper Egypt and Frontier governorates by the challenge of families not allowing their girls to attend activities of PACs. Challenges were also faced when discussing child marriage in some governorates (FGM was not included in the mandate of the current project).

The project implementing partners (MOYS and Etijah) managed to have the partner youth centers in these governorates offer handicraft courses to girls. These capacity building, income generating courses served as an attractive and safe entry point for girls to access the youth centers and hence get exposed to activities of PACs. As to the rejection faced while discussing child marriage, the indirect way of tackling it by film facilitated sessions and/or theatre or musical performances and the presence of

religious leaders in respective sessions to clarify the religious perspective reduced the rejection faced.

Lessons learned

The below lessons learned are meant to maximize project successes by integrating them in future work and to identify oversights to be avoided in future interventions.

Leaving no one behind

With the vision of leaving no one behind, the project focused on addressing the barriers women and young people face in accessing quality RH and FP services including non-conductive social norms, behaviors, and attitudes as follows:

- The project addressed healthcare disparities in underserved remote areas and among women facing mobility constraints due to social norms and accessibility challenges through the mobile clinics and RH convoys.
- The project used attractive theatre performances and songs to generate voluntary demand for RH and FP services among young people.
- The project ensured that PWDs, one of the most left behind groups, receive dignified and quality services responsive to their needs through tailored training of FP service providers.
- The project engaged men in different FP interventions and educated young males on the rights of women with regard to child bearing decisions and the value of women in society thus contributing to creating a more gender-sensitive culture in Egypt.
- All project interventions were designed and implemented to ensure empowering all women and girls by advocating ending all types of discrimination against women and girls.

Using art to address population issues

Art, in particular theatre and music, proved to be a strong tool that fosters dialogue about different population issues and can effectively boost positive behavior change. This is especially true, when the theatre performances and songs are informed by styles and rhythms of the youth who develop them and are then followed by dialogues that reinforce the messages as follows:

- Using theatre and song performances to provide information around child marriage, FP and GBV which were very effective in passing on messages.
- Having an open discussion around the topic following the performances increased public engagement and motivated thinking about the social norms governing current RH practices.
- The project used film-facilitated sessions were effective in enhancing understanding and empathy among participants and drawing them into deep discussions about the cultural and social dimensions of FP and child marriage.

- Participation of the Nawah and Shamandoura youth volunteers in the UNFPA initiative, Community Arts Festival and Competition “Nawah for Change” conducted annually enabled them to showcase how art can reflect and address the challenges faced by their communities.

Empowering youth to act as agents of change

The project emphasized the role of youth as agents of change and empowered them with the knowledge and skills needed to contribute to changing negative norms and influencing change.

- Building the discussion and negotiation skills of youth trainers at PACs to adequately address the concerns of their communities and during and after the awareness raising sessions and performances at PACs. Two youth volunteers from Nawah community art theatre team were empowered as strong advocates against harmful practices in their village to the extent of inspiring their father to compose a song for one of their theater performances. Furthermore, mothers were motivated by the passion and commitment of the youth and were motivated to accompany them and attend the theatre performances.
- The empowered youth volunteers were vocal and spoke out how the project influenced positive changes not only in their communities but also in their own personalities during field visits by UNFPA and the Canadian Embassy senior officials to project implementation sites.
- The empowered youth volunteers of the Nawah community art theatre team showcased their commitment to making a positive impact on the world during COP27 where they developed a script and presented theatre performance to illustrate the potential consequences of not taking climate change seriously. The play was applauded and well-received and it was showcased again in a joint UNFPA and UNICEF side event titled "Theatre and Climate Change: UNFPA's Edutainment Model of Community Engagement".
- Believing in the role youth can play as agents of change, the project facilitated the integration of PACs within MOYS framework to scale up their role in promoting population awareness and advocating for related issues within their communities.
- The project customized the Tomooh program, a pioneering Etijah initiative that aimed at fostering entrepreneurship, in addressing population issues through an innovative approach: the Hackathon which aimed to mobilize young innovators to devise creative solutions related to population issues, youth empowerment, and RH. Trained youth volunteers (16 males and 17 females) developed 15 projects proposing innovative solutions for population issues and five projects received seed funding for implementation.

Adopting multisectoral and multidimensional approach

The project adopted a multisectoral approach to tackle the population issue focusing on the availability of high-quality accessible services in collaboration with MOHP, and raising awareness using innovative approaches in collaboration with MOYS, youth-led networks and CSOs. Concurrently, the project supported the development of the updated National Population and Development Strategy, the Adolescents and Youth Strategy, and the achievement of the goals of the NAPDEF for an enhanced multisectoral approach to address the population issue.

Using multidimensional participatory approaches, the project conducted a series of workshops on a regular basis, with the implementing partners including governmental authorities, youth-led networks and partner CSOs to unify concepts and goals and ensure accomplishment of planned activities smoothly with maximum efficiency and effectiveness.

Missed opportunities

- Linking building individual capacities of FP service providers on addressing the needs of PWDs with refurbishing some facilities with the required infrastructure to meet the needs of PWDs and facilitate their uptake of services is a missed opportunity for presenting a model to be integrated in the organogram for sustainability and replication.
- The delays in the early part of the project attributed to COVID pandemic and delayed issue of required clearances and approval put pressure on staff to abide by the timeframe. Furthermore, the delay prevented some activities from being carried out early which would have enabled the results to be available before the end of the project for outcome assessment. These activities included: the airing of the radio spots, the launch of the adolescent and youth strategy,, implementation and evaluation of the entrepreneurship projects that received seed funding.
- As reflected by interviewees, the developed brochures were of limited value given the low level of education in rural communities. Conducting a formative assessment among targeted communities could have assisted the precise understanding of their needs, desired communication channel and increased the chances of success of developed behavior change materials.

Sustaining project achievements

Project sustainability plan

In addition to the interventions and achievements that were designed to have the potential for sustainability, the project developed a sustainability plan that was shared with the SC and used for sustaining the results and impact of the project. The main pillars of the plan included:

- Sustainability of PACs: the project supported integrating PACs into the framework of the MOYS, developed SOPs for PACs and trained staff from youth centers on

- these SOPs which will enable PACs to continue providing services beyond the time frame of the project.
- Supporting strategy development: the project contributed to the development of the National Adolescents and Youth Strategy and updated National Population and Development Strategy 2023-2030 and contributed to the implementation of the reproductive health and youth empowerment interventions of these strategies which will sustain the project achievements.
 - Building a cadre of trained providers: the project has developed a huge network of trained healthcare providers, trainers and youth volunteers of PACs. Regular follow up will be conducted with the trained networks for continuous improvement and utilization of their knowledge and skills beyond the project period.
 - Mobilizing resources: the MOHP and MOYS have started allocating their own resources for some of the activities such as functioning of PACs and airing of radio spots, and they will continue to allocate further resources. UNFPA and MoHP have mobilized resources from private sector companies such as Pharco Pharmaceuticals, Bayer Middle East FZE, Organon Pharma FZ-LLC which will support continued capacity building of FP service providers and FP campaigns through mobile clinics. UNFPA is allocating its own resources for sustaining the key interventions as part of the 11th country programme of cooperation with the GOE. UNFPA, MOHP and MOYS in coordination with MOIC will continue mobilizing more resources for financial sustainability of the project impact.
 - Dissemination of the project experience: The success stories and publications of the project were posted on UNFPA Egypt website. Furthermore, UNFPA shared experiences from the project in the National Dialogue which will contribute to systems strengthening in Egypt.

Recommendations

The below recommendations are meant to ensure the continuity of the implemented activities and the project achievements while adopting the same multidimensional approach and engaging the key implementing partners of the project; MOHP and MoYS in coordination with the youth-led networks and CSOs:

- Continue training of the service providers using the training packages developed by the project and utilizing the cadre of providers who received TOT.
- Utilize the social media platforms of the MOHP for dedicated FP campaigns. These campaigns should benefit from the media officers at the central level of the FP sector who were trained by the project.
- Further engaging private sector providers in FP service delivery through a meaningful and mutually beneficial partnership will encourage public-sector clients who can afford to buy contraceptives to switch to the private sector, which will provide the public sector with more resources to better reach the poor and marginalized. This requires addressing the gaps related to the private sector including, absence of governance mechanism, an umbrella entity that can

- represent the sector in governmental meetings, and SOP to ensure the quality standards of the public sector. Implementation of innovative approaches such as social marketing of contraceptives could be explored.
- Maintain the activities of PACs, after being integrated into the framework of the MOYS, building on the cadre of trainers and youth volunteers who were trained on music and theatres performance. Women and young people have developed trust in them and they approach them for information on different issues during as well as after the sessions.
 - Consider mobilizing domestic resources through sharing the achievements of the project and lessons learned with private sector entities focusing on FP awareness raising and youth empowerment and encouraging them to sponsor some of the activities conducted at PACs and training on entrepreneurship skills of youth. The private sector has a comparative advantage in skills, such as marketing, management and long-term planning, which will be important to the successful scale-up of the project achievements.
 - Acknowledge the private entities that sponsored FP or youth related activities for using their money for a good cause. This will further encourage them for more contribution to enhance their image through supporting addressing the population growth challenges of the country.
 - Sharing the project approach, results achieved, challenges faced and how addressed in addition to developed publications with stakeholders for potential scaling – up and/or replication. Utilize the results of studies conducted to continue advocating for population issues.
 - Sharing the performances of Nawah community art theatre and Shamandoura music team on various online platforms to increase their reach and encourage their use in awareness raising activities, while maintaining the copyright of the project.
 - Upload the training courses for the service providers and youth volunteers that were conducted virtually during the COVID-19 lockdown on Learn UNFPA to share the knowledge and maximize the benefit.
 - Advocate for incorporating reproductive health into National Adaptive Plans and for gender-responsive climate change adaptive policies given the impact of climate change on women and girls.
 - Further disseminate the project results, findings and recommendations for sustaining the results and impact of the project.

Effective advocacy for population awareness

Focusing on advocacy that tackles the policy level and awareness raising is crucial in bridging the gaps related to reproductive health and rights of young people especially young women. Hence, efforts should be directed to both policy advocacy and media advocacy to enhance their accessibility to information and services. It is imperative to

employ a multisectoral and multidimensional approach through working with CSOs, governments and youth-led networks.

UNFPA can equip youth-led organizations, coalitions and networks with advocacy skills and create entry points to engage them in advocacy efforts at local and national levels. UNFPA is well positioned to act as a bridge with decision-makers to ensure engagement of youth advocates and that RH issues of young people are present on the development agenda and as part of youth policies.

Media advocacy is a powerful tool for addressing gaps in FP/RH especially of young people with strategic and responsible use of media. Media advocacy involves the strategic use of different media platforms, such as broadcast media (television, radio), print media, and social media to raise FP/RH awareness.

Being able to reach a wide audience enables dissemination of FP/RH evidence-based information, challenging misconceptions and promoting behavior change on a large scale. Furthermore, media advocacy can advocate for relevant policy change to address social determinants of issues like child marriage, through generating public interest.

Key recommendations for effective use of media and policy advocacy:

- Know your advocacy needs: A number of participatory methods can be used to identify an issue of RH of young people that requires advocacy for example developing a problem tree, conducting a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis or using available data.
- Effective media advocacy requires careful planning, accurate messaging, and collaboration with media professionals.
- Ensure that FP/RH messages are evidence based, and culturally appropriate to effectively resonate with diverse populations using formative research of targeted communities.
- Decide who to involve: Approach the potential partners, who can be of added value in FP/RH issues, in a targeted manner, with a clear idea of how the various partners complement each other in working towards the advocacy goal for example experts in different media forms.
- Training of trainers of a cadre of broadcast media and social media personnel to ensure accurate and responsible reporting of FP/RH health issues and transfer of knowledge and skills to others to ensure sustainability.
- Capacity building of a cadre of FP/RH service providers to effectively engage with the media and navigate the complexities of media advocacy.
- Monitoring the implementation of interventions for tracking media and policy advocacy initiatives and refining interventions based on results.
- Engaging youth in community dialogues focusing on social norms influencing RH issues. These community dialogues should be directly linked to supporting evidence-based policymaking.
- Developing media campaign comprising TV commercials, posters, yearlong radio shows, advocacy meetings and a dedicated website on FP to commemorate

- World Population Day on July 11 every year to raise awareness and advocate for relevant policy changes.
- Supporting conferences on population and development for high level policy advocacy.

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Annexes

Annex 1: Interview guides

I. Project Team

1. To what extent has project analyzed and interpreted the needs of targeted beneficiaries?
2. How were stakeholders involved in the planning and implementation of the interventions? Were they interested in the project and influencing positively? How?
3. How has the project helped to build the capacities of young people to raise awareness of population issues?
4. What actions did the project take to improve access to quality FP services particularly to youth and PWDs (or build capacity to raise awareness of population issues)? what challenges were encountered? and how did the project tackle them?
5. How did the project respond to the changes in the operational context during the COVID-19 pandemic? (Probe changes in schedule, venue, use of virtual technology)
6. Were there other constraints that affected the implementation of activities and achievement of results? What are they? How were these challenges addressed? (Probe implementation strategy, partner relationships, management style and internal monitoring system)

7. Were there any negative unintended results of the project interventions? What are they? and why?
8. How were government officials and local authorities supportive to the project? Were there any initiatives or decisions taken to support project interventions? What are they?
9. From your point of view, what are the project interventions that successfully contributed to improving access to FP services (or youth engagement to raise awareness)? Why?
10. From your point of view, what are the project interventions that least contributed to improving access to FP services (or youth engagement to raise awareness)? Why?
11. What could have been done differently to improve the achievements of the project?
12. Are there possibilities of continuity of some interventions after the end of the project? Which interventions have the highest potential for continuity? Why?
13. To what extent were capacity-building initiatives for partner organizations adequate to ensure sustainability?
14. What was the exit strategy of each intervention to ensure sustainability?
15. What can pose potential risks that may jeopardize the sustainability of intervention benefits/ achieved results?

II. Governmental partners

1. Let us begin to hear from you what do you know about the project? What are the activities that you participated in?
2. How have you been involved in the planning and implementation of project interventions? (Please elaborate)
3. To what extent were the project interventions relevant to address the needs of youth? women? PWDs? rural communities?
4. To what extent have the interventions contributed to a sustainable improved access to and use of quality FP services in particular for young people and PWDs (or youth engagement in awareness raising)?
5. What are the most important things you have learnt from your participation and interactions with the project?
6. Has the project contributed to the development of your organizational capacity? (Please elaborate)
7. Were there constraints that affected the implementation of activities and achievement of results? How were these challenges addressed? (probe COVID-19)
8. From your point of view, what are the project interventions that successfully contributed to improving access to FP services (or youth engagement to raise awareness)? Why?

9. From your point of view, what are the project interventions that least contributed to improving access to FP services (or youth engagement to raise awareness)? Why?
10. What could have been done differently to improve the achievements of the project?
11. Are there possibilities of continuity of some interventions after the project closure? Which of the interventions have the highest potential for continuity? Why?
12. What can pose potential risks that may jeopardize the sustainability of intervention benefits/ achieved results?

III. Youth volunteers and trainers

1. Let us begin to hear from you what do you know about the project? What are the activities that you participated in?
2. How have you been involved in the planning and implementation of project interventions? (Please elaborate)
3. To what extent were the project interventions relevant to address the needs of youth? women? PWDs? rural communities?
4. To what extent have the interventions contributed to improved access to and use of quality FP services in particular for young people and PWDs?
5. To what extent have the interventions contributed to a sustainable awareness raising of population issues in particular for young people and PWDs?
6. What are the most important things you have learnt from your participation and interactions with the project?
7. Were there constraints that affected the implementation of activities and achievement of results? How were these challenges addressed? (Probe COVID-19)
8. From your point of view, what are the project interventions that successfully contributed to awareness raising of population issues and improving access to FP services? Why?
9. From your point of view, what are the project interventions that least contributed to awareness raising of population issues and improving access to FP services (or youth engagement to raise awareness)? Why?
10. What could have been done differently to improve the achievements of the project?
11. Are you planning to continue doing the initiatives you participated in after the end of the project? Why (if yes or no)?

Annex 2: List of interviewees

Name	Title
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Dr. Doaa Mohamed	Head of the central department for Family planning -MOHP
Dr. Dalia Ahmed	Focal person of contraceptive methods - MOHP
Dr. Nadia Saleh	Former Director of Contraceptive methods at FP sector - MOHP
Dr. Hanaa Elkholy	Former Director of Communication at FP sector- MOHP
Ms. Gihan Tawfik Ezzat	General Manager of Youth Projects department - MOYS
Ms. Manal Gamal Eldeen	General Manager of Youth Empowerment department - MOYS
Ms. Hany Abdalla	Employed Trainer - MOYS
Mr. Mahmoud Hussein	Director of Al Salam youth center - Assuit
Ms. Samar Salama	Manager of RH and violence projects - Etijah
Ms. Baraa Emad	Youth volunteer
Ms. Gehad Mostafa Badawi	Project manager – Y Peer
Dr. Tej Ram Jat	Programme Specialist, RH/FP - UNFPA
Dr. Maha Mowafy	Programme Specialist, RH - UNFPA
Ms. Dawlat Shaarawy	Programme Analyst, Population and Development - UNFPA
Ms. Soad Elsayed	Programme Analyst - UNFPA

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September, 2024