

UNFPA

MOHP/PS

Contraceptive Security System Project

**Assessment of Piloting Three New
Contraceptive Methods in Egypt /MOHP
Cafeteria**

Final Report

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Expanding Family Planning Method-Mix to include new contraceptive methods is considered one of the pivotal strategies to confront the challenges to the FP program in Egypt. The new added contraceptive methods: monthly injection, local suppositories and emergency contraceptive could find eligible women who are included as discontinuers, with unmet needs as well as first time users who have specific medical and social circumstances. Assessment of acceptability of the three new methods at the MOHP/PS central level, institutional level, facility level, service provider level and client/community level is crucial for decision-making to include the three new methods in Egypt FP program. The assessment study conducted in MOHP/PS and pilot facilities in Menofia Governorate, provided information to guide decision-making at all levels.

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List of Abbreviation

CBR:	Crude Birth Rate
CCM:	Current Contraceptive Methods
CCR:	Contraceptive Coverage Rate
COC:	Combined Oral Contraceptives
CPR:	Contraceptive Prevalence Rate
CS:	Contraceptive Security
ECPs:	Emergency Contraceptives
FDA:	Food and Drug Administration
FGD:	Focus Group Discussion
FP:	Family Planning
IUD:	Intra Uterine Contraceptive Device
OCs:	Oral Contraceptives
POP:	Progesterone Only Pills
PS:	Population Sector
MOHP:	Ministry of Health and Population
MI:	Monthly Injection
NCM:	New Contraceptive Methods
SCSSP:	Supporting Contraceptive Security System Project
UFPA:	United Nations Fund for Population
WHO:	World Health Organization

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Executive Summary

Throughout the period 2005 -2010 the family planning program had underwent different challenges resulted in increase in the crude birth rate from 25.5 live births /1000 population in 2005 to 27.9 live births per 1000 population in 2010. According to National Population Council, the Contraceptive Coverage Rate (CCR) had shown a decrease from 58% in 2005 to 53% in 2010.

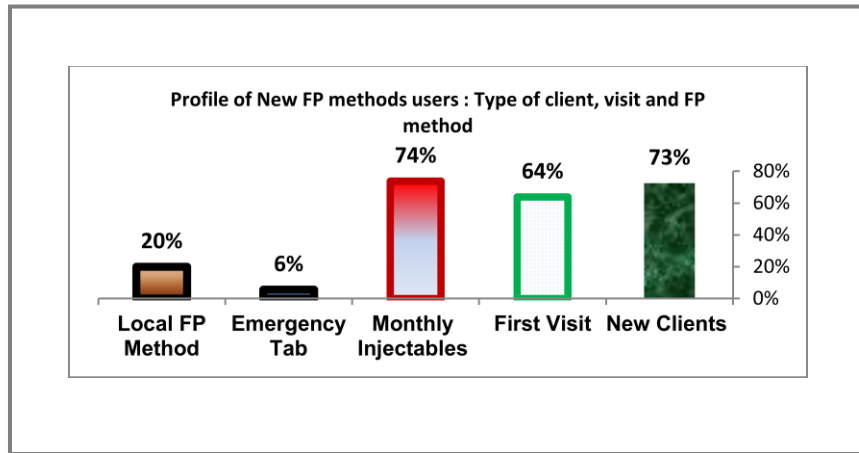
In response to the challenges confronting the FP program, MOHP/PS has started different interventions. Strengthening Contraceptive Security System Project (SCSSP) conducted in-depth analysis to the current FP method mix. Consequently, three new contraceptive methods have been selected to expand the cafeteria of FP method mix and to satisfy the needs of FP clients. Those new contraceptive methods are: Emergency Pills, Levonorgestrel 0.75 mg (Contraplan II), vaginal spermicidal suppositories, Nonoxynol (No Gravida), monthly injection 50 mg norethisterone enanthate + 5 mg estradiol valerate (Mesocept).

The SCSSP had selected Menofia Governorate for pilot introduction of the new FP methods in MOHP facilities. The selected facilities are distributed in the 10 health districts of Menofia Governorate. The essential inclusion criteria for those facilities were the high FP-client load. The contributions of the pharmaceutical companies (CID and DKT) were supplying MOHP with the new FP methods, and training of the health directorate and health district staff on contraceptive technology and counseling in the three new methods. On-the job training of the service providers took place in the pilot facilities for both physicians and nurses during supervisory visits.

After a period of four months August –November 2011, it was necessary to assess the acceptability of the new method mix. The **goal of the assessment study** is providing a practical experience in managing the expansion of the contraceptive method mix which includes three new contraceptive methods (NCM). Evaluation of such experience will guide decision making in scaling up the NCM. The **specific objectives of the assessment** study are: Describe the new family planning methods' clients regarding number and characteristics versus the current FP clients in the MOHP pilot facilities, Explore the perspectives of the MOHP central management level towards acceptability of introducing the three new CM in the FP program, Scrutinize the perspectives of FP physicians and nurses regarding adding new FP methods in the current method mix and Explore the acceptability of the three new FP users in the pilot health facilities.

The study methodology depended in using health system evaluation study design (post intervention) using both quantitative and qualitative data. The quantitative data included information from the service statistics of the MOHP/PS –MIS by analyzing the forms for the current FP service utilizers and the forms for the new contraceptive method acceptors. The qualitative data had been collected through in-depth interview with the MOHP/PS- SCSSP staff members, FGDs with physicians and nurses working in the pilot facilities, and FGD with new FP method clients in one of the pilot facilities in Menofia Governorate.

Results of the study showed that according to MOHP/MIS service statistics and throughout the period August - November 2011, the total FP clients recorded in the forms that include the current system of FP services was 45262 clients in the pilot MOHP facilities. During the same time period in the same MOHP facilities, the new method acceptor forms included records about 2726 clients. During the studied period, the official working days for the MOHP facilities were 84 days. Due to administrative issues, the new FP methods were available in the pilot facilities for 66 days distributed across the four months. Throughout the studied period, there was gradual increase in the number of MOHP facilities included in the pilot phase of the new FP methods submission to the health facilities. In August 2011 the total facilities included in the pilot phase were 29 facilities and showed gradual increase to be 62 facilities in November 2011. The estimated working days/new method availability days-health facilities were 2367 facility-days. The average number of FP clients per working day per pilot facility was 14.4 clients for the current FP clients, and 1.2 clients for the new method clients. It is estimated that for each 10 FP current method clients there was one new FP methods acceptor/day/clinic. However, there was variability across the health districts regarding output/efficiency in recruiting new FP methods acceptors.



The availability of the new methods added new clients as 73% of new method acceptors started use the new method as a first time using FP method in their lives, (the current situation for MOHP facilities “new clients” formed 24% of total clients). Method shift from current to new contraceptives could be estimated at a rate of 27% of the new contraceptive acceptors. Two thirds of the new contraceptive acceptors had been recorded as first visit FP clients versus 14% of the current FP clients. Such finding indicates attracting new FP acceptors and/or shift of clients from other sectors (i.e. Private and NGOs).

The characteristics of the new contraceptive acceptors are: middle of the reproductive age category 25- <35 years old (57%), and having two to three children (64%).

Among the new FP methods users -monthly injectable acceptors reported the highest proportion (74%) followed by Local methods (20%) and Emergency methods (6%).

Variability in different output indicators related to the new contraceptive acceptors, indicates that the cultural factors and health facilities operation of FP services vary within the governorate and could be also across the Governorates’ facilities. Consequently, such profile cannot be generalized across Egypt governorates.

In-depth interview with The MOHP/PS-CS staff members raised important potentials for sustainability of the new FP method mix. There is a major role of the Technical Committee in providing evidence-based contraceptive technology about the new methods. There is upkeep to “Partnership in supporting the availability and sustainability of contraceptive security through MOHP, private, NGOs and pharmaceutical companies”. The contraceptive security measures including logistic management and accurate estimation of MOHP facilities’ needs provide high rate of flexibility to respond to unmet needs. Having standard of practice manual used in training in contraceptive security ensures quality sustainability. The institutional support through having a well-established training programs, MIS, supervision system, quality assurance etc., ensure that the introduction of the new FP methods find good work environment to serve the target clients. The experience in marketing activities for different FP methods is expected to be activated for the new methods once they are approved to be available in all MOHP facilities.

FGDs with physicians revealed that they have adequate information about the new contraceptive methods. They delineated that the new FP methods allowed for responding to unmet needs for women having special social or medical problems. They considered that orientation about the new methods is enough and there is no need for training courses. They expected that the new methods will reduce the unmet needs and increase the continuation rate. They recommended that information about the new methods should be added in the FP standard of practice manual.

FGDs with nurses explored the major role of nurses in providing quality counseling for the new methods. Being available/less turn over, nurses could respond to needs of women to the three types of new contraceptives. Nurses developed the experience to define and identify the eligible woman for each specific new method. The satisfaction and acceptability of the new contraceptive method is mutual between nurses and clients. They recommended development of posters, brochures, leaflets about the new contraceptives to optimize the role of nurses during counseling, and disseminate information about the new methods among women, and improve continuity of use.

FGDs with New FP method users declared that Monthly Injectable has high acceptability by FP clients. It is expected that those who suffer from irregular bleeding, or amenorrhea or edema associated with current methods are going to shift to monthly injectable. Due to the experienced less side effects, it is expected that the use of monthly injectable will be associated with high continuity rate of use. They claimed that the use of local methods and emergency methods depend on special situation that cannot be generalized to all women.

The study concluded that the three new methods especially the monthly injectable has high acceptability by service providers and FP users. The three new FP method mix could contribute in adding new FP clients as well as method shift due to less side effects compared to current FP method mix. Capitalizing on adding the three new methods in the FP method mix cafeteria could effectively reduce unmet needs and discontinuation rates.