



Partners in Population and Development (PPD)
An Inter-Governmental Organization
Promoting South-South Cooperation



Ministry of Health and Population
Government of the Arab Republic of Egypt



Ayamna Ahla Initiative

SHARING BEST PRACTICES

Addressing RH, Population and Development Challenges

Case from EGYPT

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Biography of the Consultant



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Foreword

Partners in Population and Development (PPD) is an inter-governmental organization of 27 Developing Countries from Asia, Africa, Latin America, and Middle East and North Africa (MENA) regions, launched in 1994 at the International Conference on Population and Development (ICPD) held in Cairo, Egypt with the mandate to institutionalize and promote South-South Cooperation (SSC) in Reproductive Health, Family Planning and Population related issues for the implementation of the ICPD Program of Action. Through exchange of knowledge, experiences and best practices among its member countries and other developing countries, PPD contributed in creating opportunities for launching efficient and transformational SSTC programs, considered as best alternative approaches to achieve ICPD and the 2030 Agenda for Sustainable Development in developing countries.

In 2019, PPD and UNFPA jointly documented 2 best practices from Kenya and Tunisia which were published in UNOSSC South-South Galaxy (Volume 3: South-South and Triangular Cooperation for Sustainable Development). In 2020 and as the whole world experienced the social and economic disruption, particularly in health system caused by COVID-19 pandemic, PPD with the support of UNFPA has documented nine (9) best practices from Bangladesh, China, Egypt, The Gambia, Ghana, India, Morocco, Vietnam and Thailand, highlighting the issues related to reproductive health, family planning, maternal health, adolescent health, gender equality, population and development.

I strongly believe that sharing best practices is a key tool to promote South-South Cooperation and this document will help other countries to adapt and replicate the ideas to solve similar issues in the beneficiary countries.

I wish to express my sincerest thanks and appreciation to the Government of Arab Republic of Egypt through the Ministry of Health and Population for their strong engagement to South-South Cooperation and continued support to PPD as witnessed by the documentation of the “***Ayamna Ahla Initiative in Egypt***” and the commitment to share it with other developing countries.

Adnene Ben Haj Aissa
Executive Director

Overview

Egypt's population growth is one of the country's greatest challenges. Egypt is the most populous country in the Middle East and the third most populous country in Africa. Fertility levels are the main determinant of population growth. Since 2006, fertility levels in Egypt were on an upward trend, reaching its highest level in 2014 at 3.5 [1].

According to the latest Demographic and Health Survey, Egypt (EDHS) in 2014, 16 percent of births in the five-year period prior to the survey were not wanted at the time of conception. This percentage is slightly higher than the percentage of women who reported an unwanted birth in the 2008 EDHS (14 percent) [2].

Egypt's government-led national family planning (FP) program has succeeded in raising the contraceptive prevalence Rate, from 48 percent in 1991 to 59 percent in 2014 [1]. However, the unmet need for family planning in Egypt remains at 12.6 percent [1]. Further, only 30 percent of women were counseled on postnatal birth control methods. Child spacing continues to be a challenge especially among young mothers, about 20% of births occur within 24 months of the previous one [1]. Another angle of the challenge is the overall level of adolescent pregnancy (aged 15-19) which shows a slow but steady upward trend, from 9 percent in 2005 to 10 percent in 2008 [2] and finally 11 percent in 2014 [1]. Seven percent of adolescents are already mothers, and 4 percent are pregnant with their first child, according to the EDHS 2014 [1].

In response to the observed alarming trends, policy makers in Egypt launched several initiatives to face these family planning challenges. One of these initiative started in 2019 and aimed at supporting the right of families to obtain sound and valid family planning information and to access safe affordable family planning services. This major initiative known as "Ayamna Ahla" has proved to be a success story and has been considered a model of a best practice in family planning in a developing country. A best practice entails a relevant policy or intervention implemented in real life settings and which has been assessed to be favorable in terms of adequacy and equity as well as effectiveness and efficiency related to process and outcomes [3].

The aim of this report is to document and share the aforementioned best practice. Documenting best practices, knowledge and experience sharing as well as replication of the best practices is one of the intervention areas of Partners in Population and Development (PPD). PPD continuously work to promote South-South Cooperation to improve reproductive health, population and development in its member countries.

Implementing Institutions

Ayamna Ahla initiative was developed and conducted by the Ministry of Health and Population. Collaborators and partners included the ministry of Social Solidarity, Religious Endowment, Youth, and Media, several civil society organizations and the United Nations Population Fund (UNFPA).

Summary

“Aymana Ahla” included three cross-cutting themes: knowledge utilization, the right to reproductive health, and youth. The work involved a bundle of proven high impact practices within two categories, namely social and behavior change (SBC) and service delivery. The project was developed by the Sector of family planning (SFP) at the MOHP and was conducted by teams of the SFP in collaboration with relevant stakeholders.

The **overall goal** was to support the right of families to gain sound health information and valid knowledge of family planning and to have access to safe and affordable family planning services. The initiative also aimed at creating a community movement, particularly among the youth, with the aim of advocating and lobbying to make a change in public behavior towards family planning. Creating a critical mass of future mothers can ensure a sustained behavioral change for decades.

The **specific objectives** of the initiative were to raise community awareness about the importance of family planning and its impact on maternal and child health and increase the total number of visits of current and new contraceptive methods users thus increasing the Years of Protection achieved particularly by long term methods.

The initiative was conducted over 12 months in areas of need and resulted in positive change in key indicators of the Population and Family planning sector, namely an 18% increase in total number of beneficiaries' visits, 11% in Total number of new users' visits, 19% in Total number of recipients of Contraceptive methods, 7% in Years of Protection achieved, and 4.9% in Years of Protection achieved by long term methods.

Ayamna Ahla Initiative showed that developing countries can utilize efficient practical approaches to SBC and service delivery programming. Experience from this best practice indicates that a carefully planned bundle of 2 high impact practices can exponentially improve knowledge, attitudes as well as practice. In the future, we need to probe additional way including digital health for SBC like mobile health (m-health) and social media platforms.

Background and justification

In recent years a challenge emerged in Egypt in the domain of family planning. Following a successful period of more than 25-year of declining fertility, the average number of children a woman has in her lifetime increased substantially from 3.0 births per woman in 2008 to 3.5 births per woman in 2014 [1]. This has been attributed to several factors including a tide of social, cultural, and religious norms that have re-stigmatized family planning.

Family planning captures the essence of a well-known fact that a health care system alone cannot make a society healthier, human behavior is a key driver. Therefore, it has been hypothesized that continuous and well-designed family planning campaigns and convoys to deliver services and raise awareness

need to be accompanied by the activation of appropriate direct mass communication. This will achieve a greater impact in changing public behavior and improving family planning indicators. In other words, incorporating SBC activities into service delivery programming.

Stakeholders agree that it is necessary to expand the media approach horizontally so that a single topic is permeated in a unified message every month. The unified message needs to be delivered simultaneously through several outlets and using different ways. The topic needs to be addressed in a multifaceted way including health, social, economic, and religious aspects. This model has a direct impact in convincing the public with the message addressed, answering inquiries and questions. It also has a direct impact on explaining the concept and the consequences of family planning and means of modern family planning methods, how to use, advantages and disadvantages of each method. One of the dimensions that was carefully sought is to address and respond to rumors and myths regarding family planning. This would have a meaningful impact on increasing the demand for family planning services across all health provision facilities (fixed and mobile).

Goals and Principles

Overall goal

The overall goal was to support the right of families at different ages to gain sound health information and access safe family planning services and to create a community movement that advocates for a positive public behavior towards family planning.

Specific objectives

The specific objectives of the project were to

1. Raise community awareness about the importance of family planning and its impact on maternal and child health.
2. Increase the total number of beneficiaries' visits.
3. Increase the total number of new users visits.
4. Increase the total number of recipients of Contraceptive methods.
5. Increase in Years of Protection achieved.
6. Increase in Years of Protection achieved by long term methods.

Description

Vision

All Egyptians should have the best available knowledge and information in addition to the safest services for family planning and reproductive health. It is better knowledge, for better health, ultimately better days "Ayamna Ahla"

Message

The core message is “strengthening the ability of couples and individuals to exercise their fundamental right to freely and responsibly decide the number of their children, the intervals between each child and the child that follows”. A truly well-informed, evidence-based, and shared decision-making in family planning.

Themes

The initiative has three cross-cutting themes:

1. The right to reproductive health (RH).
2. Youth.
3. Knowledge utilization.

Main Activities of the Project

The initiative was conceptualized on proved high impact practice pertaining to

1. SBC in the form of direct interpersonal communication and community group engagement, in addition to mass communication. SBC interventions is an effective component of a successful family planning program by Creating demand for services and methods, supporting correct utilization of contraceptive methods, supporting provider behavior change and enabling positive client-provider interactions, improving women’s ability to articulate and advocate for their needs, and Shifting social norms that enable healthy behaviors [4]
2. Service delivery in the form of mobile outreach services, in addition to the fixed clinics, to expand access to a full range of modern contraceptives. Evidence demonstrates that mobile outreach services can successfully increase contraceptive use, particularly in areas of low contraceptive prevalence, high unmet need for family planning, and limited access to contraceptives, and where geographic, economic, or social barriers limit service uptake [4].

Achievements

The initiative included a series of campaigns and convoys.

Activity	Number of activities (in all governorates)	Total visits of recipients of Contraceptive methods	Visits of new Beneficiaries	Total Beneficiaries’ visits	Years of protection achieved
Campaigns	4	885555	218615	1044952	549248
Convoys	42	24381	6670	44491	17227
Total	46	909936	225285	1089443	566475

The activities included the focused message seminars either as standalone, as part of campaigns or as part of the convoys.

The Activity	Number of activities carried out
Unified seminars at all Governorates	938 seminars
Seminars accompanying the Campaigns	572 seminars
Seminars accompanying the Convoys	42 seminars
Total No. seminars	1764 seminars

In terms of efficiency, the initiative showed that the ratio of average day of the initiative to normal working days was 4:1.

Outcomes

The Activity	March 2019 - February 2020	March 2018 - February 2019	Percentage of changeout
Total number of beneficiaries' visits	22625563	19149930	18%
Total number of new users' visits	2821640	2532171	11%
Total number of recipients of Contraceptive methods	22336051	18836704	19%
Years of Protection achieved	6454805	6012692	7%
Years of Protection achieved by long term methods	3929358	3744902	4.9%

Impact

The initiative contributed to a significant years of protection achieved relative to the total years of protection achieved nationwide during the 12 months' duration of the initiative.

The impact extends beyond to achieve major sustainable development goals, mainly goal 3 Ensure healthy lives and promote well-being for all at all ages, goal 5 Achieve gender equality and empower all women and girls and goal 8 Promote sustained, inclusive and sustainable economic growth.

Planning and Design

Process of planning

Framework of “Ayamna Ahla” Initiative (Fig. 1)

Using innovative methods to implement service convoys hand in hand with direct mass communication campaigns to

- spread the sound information regarding family planning and its implications for maternal and child health and for sustained economic development
- provide safe family planning services through fixed and mobile clinics in order to increase the demand for family planning services. Free of charge Campaigns and Convoys (under the name of “Your Right to Plan” or “Hakek Tnazamy”) were implemented by fixed and mobile clinics, mobile medical teams to provide family planning services and methods especially long-acting methods particularly implants and IUD. The Campaigns and Convoys served the most deprived areas and villages including the poor of villages of the President’s initiative (Hayah Karima), especially in districts with low population indicators.

The initiative addressed major drivers behind Egypt’s fertility reversal documented in the 2014 EDHS: namely:

- Decreased exposure to FP and RH messages in the media
- Decreased FP and RH information and counseling
- Discontinuation of methods due to myths regarding side effects.
- Increased trends toward earlier marriage
- Increased trends to having the first child sooner and having shorter birth intervals; and
- Fewer young women using contraception.

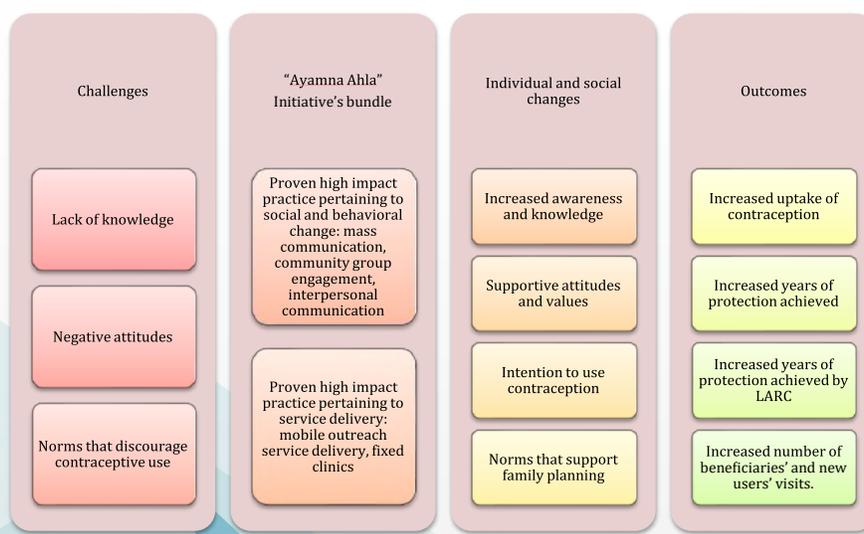


Figure 1. The overall framework of Ayamna Ahla initiative

Overview of Pre-implementation considerations

The planning phase was carefully conducted to achieve the best results of the project. During the planning phase a wide range of stakeholders were involved. There were in-depth activities to conduct situation, audience and program analyses. The planning activities include gathering information on the nature and extent of the problem, potential audiences (characteristics, barriers and facilitators to change), available resources (financial, human), communication environment (availability and use of communication channels), and areas for programmatic improvement (if program already exists) or focus (if program is just beginning). This was followed by a careful development of selection of the audiences and development of the communication objectives.

1. Input about the initiative has been sought from a range of stakeholders. Individuals who implemented the initiative have been involved in the design
2. The initiative addressed known service delivery issues.
 - Given the financial and human resource requirements, the initiative is feasible in the local settings where it is to be implemented
 - The initiative is consistent with existing national health policies, plans, and priorities
3. The project has been designed according to agreed- upon stakeholder expectations for where and to what extent interventions are to be scaled up.
4. The initiative has identified and taken into consideration community, cultural and gender factors that might constrain or support implementation.
5. The initiative has been kept as simple as possible without jeopardizing outcomes.
6. The initiative has been tested in a variety of sociocultural and geographical settings where it will be scaled up. The initiative has been tested in the type of service delivery points and institutional settings in which it will be scaled up.
7. The human and financial resources can reasonably be expected to be available during scale up.
 - The financing of the initiative will be sustainable.
 - The health system currently has the capacity to implement the initiative.
8. Appropriate steps have been taken to assess and document health outcomes as well as the process of implementation.
9. The project design included mechanisms to review progress and incorporate new learning into the implementation process. The MOHP used findings and insights from the pilot project during implementation.
10. There has been a shared understanding among key stakeholders about the importance of having adequate evidence related to the feasibility and outcomes of the initiative before scaling up.
11. The team developed key message points for each audience. These are the points that were conveyed in all messages and activities, by all partners implementing the strategy. These key message points were delivered in different ways depending on the approach.

Situation Analysis

The increasing population density in Egypt increases the need for family planning services. This is highlighted by the following Key points:

1. The total fertility rate for the three years prior to the 2014 EDHS is 3.5 births, thus reversing a

more than 25-year pattern of declining fertility, the total fertility rate rose substantially during the six-year period between the 2008 and 2014 surveys, from a level of 3.0 births per woman to 3.5 births per woman.

2. Currently, 58.5% of married women in Egypt are using a family planning method, which represents a slight drop from 60.3% in 2008.
3. Approximately 61% of the population is young, under 29 years' old
4. Discontinuation rate from the use of family planning methods (30%), unmet needs (12.6%), and unwanted pregnancy (16%).
5. The illiteracy rate of 28% constitutes a major challenge and has a major impact on family planning practices.
6. The number of visits by new users in 2018 decreased by 2% in comparison to 2017.
7. The number of women using the IUD in 2018 decreased by 7.1% in comparison to 2017.
8. Years of protection achieved in 2018 decreased by 2% in comparison to 2017.

The SWOC matrix

Strength

1. Availability of expertise in the family planning sector to develop and implement programs.
2. The presence of a fleet of mobile clinics and fixed family planning clinics located in cities and villages.
3. The presence of a team of media officials within the family planning team at the level of each district and each governorate.
4. The presence of a large team of community health workers trained in family planning and reproductive health messages in all governorates.
5. Existence of a working guideline for media officials, and a developed multi-message curriculum for community health workers.

Weakness

1. Weak motivation for social marketing team.
2. Shortage of manpower among mobile clinics (doctors - drivers)

Opportunities

1. Presidential support to limit population growth and reduce the birth rate (Hayah Karima Initiative).
2. Donors support for media and service activities for family planning.
3. The existence of information, education and communication centers that can disseminate the concept of the small family and the importance of birth spacing and marketing of family planning services

Challenges

1. Unfavorable population beliefs and characteristics to foster development.
2. Large gap between the level of knowledge about family planning and modern methods, and

- the actual practice of family planning within the community.
3. Low social awareness of family planning and reproductive health services and their importance.
 4. Myths and rumors that might reduce uptake and continuation of use by women.

Timing of implementation of the initiative

The initiative was launched in March 2019, then it was included in the Population and Family Planning Sector Action Plan for the years 2019 and 2020.

The geographical scope of the initiative

The geographical scope of the initiative included districts with low population indicators according to the indicators of the National Population Council. The initiative targeted at first the poor villages that are identified by the President's Initiative (Hayah Karima). It also targeted new areas with potentials of job opportunities and new urban communities in addition to industrial areas.

The choice was guided by the availability of one or some of the following criteria:

1. A village relatively deprived of medical services.
2. The frequency on family planning clinics is low.
3. The couple year of protection rate is low.
4. The birth rate is high.
5. Low utilization of family planning methods.
6. The illiteracy rate is high.

The Outreach Awareness Activity Executor: The Social Marketing Team

1. The Media Team: Through the monthly awareness campaign targeting various topics every 3 months, using on a unified message every month.
2. Community health workers: Through home visits especially for pregnant women starting from the 30th week of pregnancy, and for women in the post-partum period within 30 days of birth (the 30th initiative focusing on attracting new beneficiaries).

The target audience for the initiative:

1. Adolescents and young couples.
2. Women of childbearing age.
 - Girls who are about to get married
 - Newly married women wanting to postpone pregnancy.
 - Married women non-using family planning methods.
 - Married women who use family planning methods.
3. Women in post-childbearing age (mothers-in-law).
4. Men of different ages.
5. Official and natural leaders (clerics - natural leaders - community leaders - village heads of families).

Phases of Implementation

First: Preparatory meetings are held (centrally and locally) to introduce the initiative.

Second: Carrying out awareness seminars through large scale and mini-meetings that highlight and disseminate a focused topic, through:

1. Unified seminars in all governorates every quarter with a monthly message
 - Family planning and its implications on family and community health:
 - The dangers of frequent, concomitant, early and late pregnancy.
 - The benefits of birth spacing.
 - Correct misconceptions about family planning and respond to rumors.
 - Various Population Characteristics:
 - Illiteracy
 - The risks of early marriage and school dropout.
 - Women’s Empowerment
 - Control population growth:
 - Responsibility and positive participation of men in family planning.
 - Family planning, family health and its role in economic and human development.
 - Population characteristics and their impact on society.

2. Implement (our family is perfect) (Asabee’ Osretna Methaleya) to cover the governorates in conjunction with reproductive health campaigns and convoys through rural mini-seminars discussing and tackling the following topics:
 - Meetings for men under the slogan (Words of men) (Kalam Regalah).
 - Meetings for women (house-wives) under the slogan (whisper to your health) (Hamsah Le Sehetek).
 - Meetings for the mothers-in-law under the slogan (My Mother-in-law is My Life) (Hamaty Hayaty).
 - Meetings for working women of childbearing age (Are You Planning!!) (Nazamty).
 - Meetings for youth under the slogan (Our family is perfect) (Osretna Methaleya).

3. Places to implement the seminars:
 - National Societies.
 - Mayor’s House.
 - Camps for conscripts in the Ministries of Interior and the Armed Forces.
 - Governmental organizations.
 - Factories and companies.
 - Secondary schools (boys - girls).
 - Youth centers and sports clubs.
 - Institutes and universities.

Third: Implementing RH awareness and service campaigns and convoys:

1. Free of charge Campaigns and Convoys (under the name of “Your Right to Plan” or “Hakek Tnazamy”) are implemented by fixed and mobile clinics, mobile medical teams to provide family planning services and methods especially long-acting methods.
2. The Campaigns and Convoys served the most deprived areas and villages including the poor

of villages of the President's initiative (Hayah Karima), especially in districts with low population indicators.

Fourth: Publications

1. Designing and printing informational materials to promote
 - the concept and payoff of family planning
 - the positive responsibility and participation of men in family planning.
2. Designing and printing media materials to promote family planning methods and their proper use in a manner that guarantees the safety of beneficiaries.

Fifth: Media coverage

1. Issuing press releases to introduce the initiative and the sites of implementation.
2. Communicating with satellite channels to cover the initiative, informing the public and highlighting success stories.
3. Communicating with local media channels to cover the initiative's activities and documenting success stories.

Representativeness

The development team made sure that a sufficient number of and types of people are included in the engagement activity to ensure that those engaged can speak on behalf of the target population.

The geographical scope of the initiative covered districts with low population indicators according to data from the National Population Council, poor villages according to another initiative, new urban communities, and industrial areas.

Community Engagement

The development team explicitly aimed, from the outset, to maximize the involvement of community members and service users. This stems from a profound understanding that community participation is vital in expanding access to information and services and that the uptake of family planning methods and services is shaped by socially embedded values and preferences.

Local Institution Building Including Informal Networks

- The project planned to build alliances and networks with other governmental and non-governmental organizations or local community leaders and youth committed to supporting the priority issues. The full-time female providers were the main catalyst in this process of building local informal networks.
- The project supported leadership which is critical for local institution-building, and consequently the sustainability in programs. This was executed through the training and capacity-building processes of the project.

Sustainability Plans Including links to Other Projects

The project builds on a leadership commitment in the “Hayah Karima” presidential initiative.

It was linked to relevant projects to maximize impact and ensure sustainability. It was linked to the “Your Right to Plan” reproductive health project. “Our family is perfect” was also a co-project to cover the governorates in conjunction with reproductive health campaigns and convoys through rural miniature seminars discussing and tackling men engagement project, housewives project, mothers in law project, working women project, and the youth project.

Description of Evaluation Activities Taken to Date

The team developed a monitoring and evaluation plan before starting the implementation of the project. During the development of the strategy, the team create a draft plan that included communication indicators, methods for monitoring and evaluation, and tools to track progress and evaluate effects. A smaller taskforce finalized the plan after all partners agreed on the draft.

1. The team started from the project goals and objectives.
2. The team used the pre-specified indicators.
3. The team drafted a data collection form and decided on the timeframe.

Partnerships

Needless to emphasize that this project would not have been such a success if partners were committed and collaborative. The generous fund and professional advice provided by the UNFPA were pivotal to the realizing and sustaining the activities of the project. The collaboration of the Ministry of Social Solidarity were imperative to the efficiency of the project by identifying the areas of need. In a religious

community, the involvement of religious figures to achieve the goals of the project cannot be overstated. Last but not least the involvement of local community NGOs and the youth helped in exponential dissemination and service utilization.

- Overview of implementing institutions: The initiative was implemented by dedicated teams lead by sector of Family planning of the MOHP.
- Role of government: governmental collaborators included the ministry of Social Solidarity, Religious Endowment, Youth, and Media.
- Civil society partnerships: several civil society organizations contributed to the activities of the initiative.
- Role of multilateral agencies: funding was provided by the UNFPA with close monitoring.

Monitoring and Evaluation

Selection of appropriate indicators for monitoring and evaluation of reproductive health programmes in the Region was guided by the WHO global reproductive health strategy targets, the SDG framework, and the proposed framework of indicators reported in the national-level monitoring of the achievement of universal access to reproductive health [5]. The indicators included

1. Total number of beneficiaries' visits
2. Total number of new users' visits
3. Total number of recipients of Contraceptive methods
4. Years of Protection achieved
5. Years of Protection achieved by long term methods

Successes and Lessons Learned

- A carefully planned and rigorously implemented bundle of proven high impact practices are favorable in terms of adequacy and equity as well as effectiveness and efficiency related to process and outcomes. This success is evident in terms of raising awareness, increasing the total number of beneficiaries' and new users' visits, increasing the total number of recipients of contraceptive methods, and increasing in Years of Protection achieved. This worked well because of the careful planning and the spirit of goodwill of the dedicated teams in addition to the intelligent choice of the short focused unified message.
- By analogy from social media, the succinct, crystal clear and comprehensible message that is virally and continuously disseminated is far more effective than tedious TV shows or newspaper articles, etc.
- We speculate that the effect of this bundle of high impact practices would be maintained by continuing the viral spread of the focused messages. It is even more suitable than other approaches in certain circumstances as shown by an example of the current situation due to the unforeseen SARS-nCov pandemic.
- Focusing on adolescents, the future mothers, and creating a critical mass would ensure that

the effects will linger on for years.

- Effective communication objectives focus on the key constraints to reaching the shared vision.
- To develop benefits that resonate with the audience requires a deep understanding of the audience.

Future Plans

- Enhance pre-service and on the job training and continuous professional development of providers.
- We need to probe additional ways to achieve SBC, including m-health and social media platforms
 - In many developing countries the penetration of mobile or cellular phone services became extremely high. The number of mobile connections in Egypt in January 2020 was equivalent to 91% of the total population [6]. There is moderate certainty evidence that mobile phone message reminders might be an effective strategy for health system improvement targeting recipients of care in low-income countries [7]. The use of cellular phone applications has proved to be effective in the current pandemic in many aspects. We may speculate that the utilization of this approach will be even more successful in a less acute domain of health service.
 - Social media platforms have been of a huge impact on our lives. Lately, there are ongoing research on how to benefit from social media in changing social behavior to the better. Facebook, Instagram, and twitter which are used by billions around the world have introduced a suicide hotline information to users who search suicidal terms, and this helped in reducing suicide rates. In addition, social media users share their experiences to help others in need, Donna Helm Regen lost her daughter who was a tanning bed user to melanoma now she is hosting a platform to raise awareness upon that matter [8].
 - Digital behavior change interventions (DBCI) employ digital technologies to encourage and support behavior change that will promote and maintain health, through primary or secondary prevention and management of health problems [9].
 - DBCI aims at modifiable behavioral risk factors. Studies have been focusing on including social media to DBCI; however, design principles are not complete to express the use of social media in behavioral interventions. A recent systematic review of 5264 articles showed that DBCI has an overall 70% positive outcome on behavior change and 2% negative effect. Results also showed that DBCI decreased the needed financial and human resources. Communication based social media were the most effective in behavioral intervention. Interactions among participants led to improvement in behavior [10]. A striking current example for the benefit has been shown by the positive effect of social media platforms on protection against the COVID-19 pandemic [11].
 - There were 42.00 million social media users in Egypt in January 2020. The number of social media users in Egypt increased by 2.9 million (+7.3%) between April 2019 and January 2020. Social media penetration in Egypt stood at 41% in January 2020 [6]. Incorporating social media features into behavior change interventions has the potential to contribute positively to their success [10].
 - Policy maker and program managers can actively utilize these platforms in the future to

influence awareness of public health behavior improvement and to target specific issues throughout the spread of concise message to target populations. We need to gather information with respect to the effect of social media on outcomes and to have a clear guidance to inform the selection process based on the features' suitability for the behaviors

Replicability and Scalability to promote South-South Cooperation

- **Pre-requisites for replication in other developing countries:** the activities that explicitly attempt to reproduce this best practice in a different country will require national policies to enhance enabling environments.
- **Replicating in other countries through South-South Cooperation:** this best practice is an excellent example of replicating what works in other countries through SSC. This can be achieved by collaborating with and working through national organizations and partners who are familiar with the preferences and values of the target groups as well as the local conditions.
- **Suggested steps for replication in other countries:** Briefly, the viral dissemination of a unified message tailored for local context.
 - Involve key stakeholders from the beginning and ensure their meaningful participation.
 - Conduct situation, audience and program analyses. Include information on:
 - Nature and extent of the problem
 - Potential audiences (characteristics, barriers and facilitators to change)
 - Available resources (financial, human)
 - Communication environment (availability and use of communication channels)
 - Areas for programmatic improvement (if program already exists) or focus (if program is just beginning)
 - Select the audiences
 - Develop Communication Objectives:
 - determine each audience segment, their key constraints and the desired change
 - Next, determine how much change the program expects to see.
 - Last, set the time frame for the expected change.
 - Decide how the program will accomplish its communication objectives by selecting strategic approaches.
 - For each audience, outline the core information – key message points – that should be conveyed in all messages and activities, by all partners implementing the strategy.
 - Decide which communication channels will best reach the audience. It is effective to use a variety of channels, keeping in mind that there is no one perfect channel.
 - With the approaches and channels selected, the team can outline activities that will lead to achieving the objectives.
 - Develop an implementation plan that covers partner roles and responsibilities, activities, timeline and budget considerations.
 - Estimate the amount of funding needed for each main category and create a draft budget. The budget must be flexible as needs and activities change. Be sure to determine what resources partners will contribute.
 - Develop a Monitoring and Evaluation Plan

- **Potential partnerships:** The team can share practical experience to develop a well thought out and articulated strategy. A well-defined plan which involves key stakeholders from the outset will greatly increase the chances of successful implementation.

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