

Meeting Adolescent Reproductive Health Needs in Egypt

Final Report

July 2009



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Developed by:

Dr. Cherif Soliman - FHI

Mr. Sherif Elkamhawi - FHI

Dr. Sondus Hassounah - FHI

Ms. Oumnia Abaza - FHI



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Cherif Soliman

Country Director
Family Health International/Egypt
July 2009

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
EFPA	Egyptian Family Planning Association
FP	Family Planning
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
PE	Peer Educators
PLHA	People living with HIV/AIDS
RH	Reproductive Health
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
TA	Technical Assistance
UNFPA	United Nations Population Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YFCs	Youth Friendly Clinics
YFS	Youth Friendly Services



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Overview

Young people aged 10 to 24 represent 35% of the population of Egypt and over 40% of the population are under the age of 15. This large and ever growing segment of the population faces problems and challenges which are unique to them and which require interventions and information specifically designed to address their needs. The major constraint affecting the Egyptian adolescent population today is the lack of information on their sexual and reproductive health (SRH) and the inability to make informed choices.

Promoting comprehensive, youth-friendly health services is essential in assisting youth to make responsible SRH decisions and in empowering them to enforce these decisions. UNFPA and EFPA closely collaborated to establish the *Meeting Adolescents Reproductive Health Needs in Egypt Project* in 2003. The goal of the project is to increase adolescents' knowledge of reproductive rights and reproductive health by building the capacity of several existing EFPA clinics to provide youth-friendly reproductive health services.

From 2001 to 2006 FHI led Youth Net, a global flagship program committed to improving the reproductive health (RH) of youth 10-24 years old. Youth Net was designed to meet the unique, complex and often wide-ranging RH and HIV prevention needs of young people, as well as those of their parents and other adults who worked with youth and influenced their well-being. As such, FHI brings a cadre of youth experts in Strategic Behavior Communication (SBC), services, gender, training, program management, research, evaluation, tool development, and a number of technical areas.

Background

Since October 2007, FHI has been working in close collaboration with UNFPA and EFPA to address the shortage of RH services for adolescents in Egypt. This collaboration aims to build the capacity of UNFPA supported youth friendly clinics (YFCs) of EFPA to provide adolescents with comprehensive services, counseling, and information that improve their SRH knowledge and related behaviors.

The project took place over a course of 3 phases. During Phase 1, FHI conducted focus group discussions (FGDs) among the target population (including attendants and non-attendants of the YFCs) to identify if the needs of the attendants were adequately met at the YFCs and explore causes preventing non- attendants from accessing the YFCs. The FGDs revealed that most of the YFC attendants were in-school youth and knew about the clinics from conferences held by peer educators at local schools and at youth centers. Both males and unmarried females do not visit the clinics due to fear of stigma because they are under the impression that the clinics provide only FP services. Additionally, parents of the non-attendants do not let their children go to the clinics for fear that they might discuss socially and religiously unacceptable topics.

FHI assisted UNFPA and EFPA by providing technical support and building the capacity of eight existing youth-friendly RH clinics in Egypt. Furthermore, to ensure a standardized service delivery approach was used throughout all of the clinics, FHI developed various training manuals for delivering youth-friendly services covering the following topics:

- Voluntary Counseling and Testing for HIV/AIDS
- Detection and Treatment of Sexually Transmitted Infections
- Family Planning and Reproductive Health for the Providers of Youth Friendly Services
- Monitoring and Evaluation of Youth Friendly Services



- Peer Education

During Phase 2, FHI trained the service providers and peer educators in the YFCs in three clinics in Menofia, Mansoura and Ismailia governorates using the developed manuals and established HIV voluntary counseling and testing (VCT) services. Furthermore, on the job training in the areas of STI management, RH counseling for youth, peer education and VCT was regularly conducted during site visits.

In Phase 3, FHI employed Strategic Behavior Communication (SBC) principles to promote utilization of four YFCs in Menofia and Ismailia governorates. SBC, the FHI brand of Behavior Change Communication, is the integration of marketing principles and behavioral and social science. With an evidence-based theoretical foundation grounded in behavioral science, SBC utilizes best practices from the commercial marketing sector and integrates a number of key marketing principles. With the goal of increasing knowledge, shifting attitudes, and ultimately impacting behavior, SBC drives environmental as well as individual change in an effort to create enabling environments that make health-seeking and low risk behaviors achievable. To ensure innovation and impact in all of its behavior change programming, FHI utilizes proprietary planning tools and quality criteria from inception to evaluation. SBC can help achieve the following:

- Identify and reduce barriers to utilization of the YFCs so that clients can receive the full benefits of the clinics.
- Include youth in the development of YFC strategies through ongoing consultation, involvement in formative assessments, pre-testing SBC approaches and materials, implementation and monitoring of activities, and feedback about intervention results.
- Encourage youth to become informed consumers of youth friendly services and to make informed choices about their lives.



- Create a supportive environment for YFCs at the family and community levels to dispel myths, fears and misconceptions about YFCs.
- Raise awareness of and create demand for YFCs within the community.
- Promote the services of YFCs and manage community and youth expectations of them.
- Help build a reputation for respect, trust and confidentiality for youth friendly services among clients and communities.

SBC will initiate with conduction of formative assessment in the catchment areas of the 4 YFCs in Ismailia and Menofia governorates. The formative assessment will involve gathering of in-depth information about beneficiary populations, including their attitudes, knowledge, practices, economic and social environments, barriers and motivating factors, social networks, entertainment habits, health care seeking patterns and other data relevant to the context in which behaviors occur in this population. A meeting for stakeholders will be held to draft an SBC intervention plan based on the assessment findings. The SBC interventions will include the appropriate combination of activities and channels of communication in addition to developing and pre-testing SBC materials with the target population. The agreed upon materials and activities will then be implemented.

Throughout this report, FHI will address the achievements of the project together with the conclusion and recommendations.

Assessment of Youth Friendly Clinics

FHI conducted a rapid assessment of eight UNFPA - supported YFCs during October and November 2007, towards highlighting their areas of strengths and weaknesses. Baseline measurements have been established to ensure effective M&E throughout the various phases. The main aim of the assessment has been to enhance the performance of YFCs by identifying obstacles that prevent young people (females and males) from visiting the clinics, training needs of service providers and peer educators, determining gaps in service delivery and pinpointing “youth friendliness” issues. Findings were expected to help FHI respond to issues meriting prompt attention that arise from the assessment and take action to remedy shortcomings.

The assessment was subdivided into quantitative and qualitative components. The quantitative component included examination of current working conditions (working hours, locations, environments, privacy, confidentiality, costs, and clinic protocols) using an observation checklist, interviewing service providers and peers in addition to exit interview of clients. As for the qualitative component, it included exploration of the RH knowledge, attitudes and practices of targeted youth in the catchment areas of the eight clinics in order to gauge to what extent the clinics meet the needs of youth.

The Assessment Instruments and Methodology:

The Various Methods that Were Adopted to Undertake the Assessment Include:

- Description of the assessed clinics
- Observations of the available resources and delivered services at the clinics using a checklist
- Focus group discussions (FGDs) with young people in the catchment areas of the eight clinics
- In-depth interviews with peer educators and service providers

- Exit interviews with clients

In addition to the above-mentioned methods, the study team met the managers of the clinics to clarify unclear points. These methods collectively were valuable in enabling the study team to determine the accuracy and reliability of the collected data.

Sixteen FGDs were conducted in eight clinics (two in each clinic, one with males and one with females) The FGDs covered the following topics:

- Information about the clinics and means of increasing number of visitors
- RH/FP information
- Risky behaviors e.g. sexual relations and drug addiction
- Suggested strategies to raise young people's awareness of RH issues
- How young people can be encouraged to visit the clinics
- Suggested strategies to encourage guardians to allow their children to visit the clinics

In depth interviews were conducted with 48 peers and 8 service providers. The interview covered the following topics:

- Basic information and previous experience
- Information about the clinics and ways of increasing the number of visitors
- Obstacles faced
- RH/FP information
- Risky behaviors e.g. sexual relations and drug addiction
- Suggested strategies to raise young people's awareness of RH issues and encourage them to visit the clinics

List of the Assessed Clinics

The assessment was implemented in eight UNFPA supported YFCs as shown in the below list:

Table (1) Distribution of EFPA Clinics by Governorates and Districts

Serial	Governorate	District	Clinic
1	Qalioubia	Banha	Banha Clinic
2		Shebin El-Qanater	Shebin El-Qanater Clinic
3	Dakahlia	El Monsoura	El Shenawy Clinic
4		El Senbelawein	El Moqataa Clinic
5	Ismailia	Ismailia	Abu Attwa Clinic
6		Ismailia	El Mabara Clinic
7	Menoufia	Shebin El-Kom	Shebin El-Kom Clinic
8		El Bagour	El Bagour Clinic

Findings of the Assessments:

1. Most of the clinics have a visible and convenient location in a main street and are easily accessible
2. Some clinics do not carry the YFC sign. The leading signs are not enough in number to lead visitors to the health unit location and to attract attention of passers by to the YFCs.
3. Most of the local people identify them as clinics for RH/FP services for married women; males and unmarried females feel embarrassed to access the clinics.
4. Married women form the majority of clients seeking FP and ANC services.
5. The clinics are useful for educated people, but the less educated do not benefit sufficiently from the services.
6. Most of the service providers are not well informed about the main goal and objectives of the YFCs and perceive youth health services as an information-providing service.



7. There is poor coordination between the service providers and the peers regarding planning and implementing activities targeting youth.

Training Manuals

Youth friendly clinics have proved their efficiency in developing countries. In order to enhance their impact and increase their efficacy, it is important that they apply a standardized approach. Service providers as well as peers should receive uniform training with the same content and using the same approach.

Bearing the above in mind, FHI approached EFPA to use the training manuals they already have and build on them. For each training manual, a task force was appointed to ensure the development of a comprehensive one. This entailed taking stock of previous work on the subject and adapting the manual to the culturally specific Egyptian setting. Responsibilities also entailed ensuring that the manuals are user- friendly and the contents are simple and concise in order to allow program managers to establish similar clinics and replicate the model throughout the country and on the regional level. The three training manuals developed were:

- HIV Voluntary Counseling and Testing: A Training Manual for Counselors
- Family Planning and Reproductive Health Training Manual for the Providers of Youth Friendly Services
- Reproductive Health of Youth: A Training Manual for Peers (Arabic)
- Monitoring and Evaluation Guide for Services Offered at Youth Friendly Clinics (Arabic)

Each training manual includes training slides, facilitator's guidelines, workshop agenda, pre and posttest questionnaires, evaluation form and a CD including all the Power Point slides.

I.HIV Voluntary Counseling and Testing: A Training Manual for Counselors

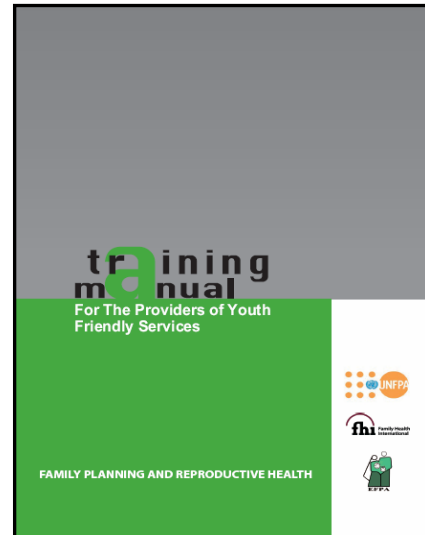
Voluntary Counseling and Testing (VCT) services are known worldwide to be among the most innovative approaches in controlling the spread of HIV/AIDS. VCT services will allow clients the opportunity to utilize anonymous pre-test and post-test counseling services when considering an HIV test, and to be linked to a range of care and support services that meet their needs. VCT is a key entry point to prevention services in populations at risk and to care and support for people living with HIV/AIDS (PLHA), and therefore benefits those who test positive as well as those who test negative. As there is no cure for HIV/AIDS, VCT remains pivotal in a strategy to control the spread of HIV and to provide care and support to those who are HIV positive. Knowing one's HIV infection status strengthens prevention efforts by encouraging infected persons to avoid ongoing transmission to others and motivating those who are not infected to protect themselves through risk reduction strategies and behavior change. HIV counseling and testing can lead to a reduction in the number of sexual partners, increased condom use, fewer sexually transmitted infections (STIs) and safer injecting practices.



In its national strategy, the Egyptian Ministry of Health included VCT as a component in the HIV/AIDS prevention and care programs. VCT service is used as an entry point to reduce HIV transmission through behavior change especially among populations at risk. Along these lines, a VCT training manual has been designed to enhance the skills of counselors and facilitate their role in offering their services at the YFCs.

II. Family Planning and Reproductive Health Training Manual for the Providers of Youth Friendly Services

Youth represent a large, significant and growing demographic in Egypt. With generally low contraceptive use rates and knowledge about RH, youth represent a relatively high proportion of the country's unmet RH/FP needs. Promoting comprehensive YFS is essential in assisting youth to make responsible sexual and reproductive decisions, and empowering them to enforce these decisions. YFS providers should be able to respond to the needs of young people, remove their fears, respect their concerns and provide the services within an environment that suit their preferences.



The purpose of the manual is to enable providers of YFS to provide FP and RH services to young people while responding to their needs, eliminating their fears, respecting their concerns and providing them with services of their preferences. The manual also helps enhance service providers' capacities to meet the concerns of the young population.

III. Reproductive Health of Youth: A Training Manual for Peers

A young person's peer group has a strong influence on the way he / she behaves. This is true of both risky and safe behaviors. Not surprisingly, young people get a great deal of information from their peers on issues that are especially sensitive or culturally tabooed. Peer education makes use of peer influence in a positive way.

The credibility of peer educators within their target groups is an important base upon which successful peer education can be built. Young people who have taken part in peer education initiatives often praise the fact that information is transmitted more easily because of the educators' and audiences' shared backgrounds and interests in several areas. Peer educators are less likely to be seen as authority figures preaching from a judgmental position about how others should behave. Alternatively, peer education is perceived as receiving advice from a friend who has similar concerns and an understanding of what it is like to be a young person.



The main purpose of this manual is to form a base of young people who are capable of conducting dialogue with their peers in order to raise their consciousness about specific health issues such as RH/FP, HIV/AIDS and STIs. Through such a constructive dialogue, demand on YFCs that offer knowledge, diagnosis and treatment services, can be elicited.

The manual explains why peers (mainly due to age proximity between young people) ensure intellectual and cultural harmony and help break down the barriers of intellectual and cultural discrepancies between generations. Learning through peers eliminates the classical learning environment which is characterized by routine learning, focus on the teacher, confinement to academic

curricula, lack of participation and disregard to personal experience. Working through peers would also help overcome some of the present gaps including:

- Poor health knowledge among young people
- Sensitivity of some topics that often address stigmatized issues
- Fear of disclosure of secrets; young people desire services that respect confidentiality and privacy
- The need to build bridges of trust between service providers and young people

In order to address the above shortcomings, the manual adopts an active participatory learning approach. The manual builds on the knowledge and experiences of participants and helps facilitators conduct the session in an organized and effective manner allowing the largest amount of interaction and dialogue between participants. The main concern of the manual is to promote active participatory learning and allow the facilitator, regardless of his/her level of expertise, to follow a training approach that ensures positive results at the end of the training workshop. The fact that it introduces a number of training methods maximizes the learning opportunity and enhances team building through group work.

IV. Monitoring and Evaluation Plan for Youth Friendly Clinics

One of the main findings of the assessment of the eight clinics was the need to develop a well-designed M&E plan and train clinic staff on its appropriate implementation. Thus, an M&E guide has been designed that targets in particular program managers and executors. It seeks to enhance the skills of clinic staff and their knowledge of M&E of the main components of YFCs, namely RH/FP, VCT and STIs services and information corners. It adopts a 'skills



development' approach and offers clear and simple guidelines that can be easily followed by service providers in order to measure outputs and outcomes. This would then facilitate decision-making and enhancement of programs.

The guide introduces the concept of M&E and explains its importance in upgrading and follow-up of services. It also addresses the five main concepts of the project cycle including planning, implementation, follow up, evaluation and re-planning and explains the link between them. The guide demonstrates how to conduct M&E in YFCs that have RH/FP, VCT and STI services, offer peer activities, receive young people and are involved in awareness raising activities with the respective indicators and data collection forms included. It identifies the goals and objectives of YFCs, the design of the methodological approach to be utilized and outlines who will do what. It further defines resources, develops an M&E plan matrix and provides a period and a plan to disseminate the M&E results.

Voluntary Counseling and Testing Services

VCT services provide clients the opportunity to confidentially know about their HIV status through the provision of anonymous pre and post-test counseling. Regardless of the test results, emphasis is placed on enabling clients to reduce their risk of becoming infected or infecting others with HIV. This can be achieved through careful assessment of the clients' risky behaviors, the development of individualized risk reduction plans and referring clients to a range of care and support services that meet their needs.

Technical meetings were conducted with EFPA where it was agreed that VCT will be introduced in three YFCs namely *Shebin El Kom/Menoufeyia*, *Abo Attwa/Ismailia* and *ElShenawy/Dakhaleya* and peers will be trained to act as counselors. To achieve this, activities in the form of site visits to the three YFCs took place. Important issues such as selecting the counseling room, agreeing on the steps required to make the counseling room conform to the required criteria and orientation of the nominated peers towards HIV/VCT¹ were among the key points discussed.

Trainings were primarily offered to 12 gynecologists and dermatologists working in seven YFCs (non of which from Shebin El Kom clinic) on November 6 - 7, 2007 at the AIDS hotline premises. The aim of the training was correcting some of their misconceptions and negative attitudes towards HIV/AIDS. Such misconceptions were for example, refusing to eat or going to the same school/work with HIV positive individuals for fear of being infected and believing that AIDS patients must be isolated and their



Training workshop about the basic information about HIV/AIDS

¹ VCT orientation in phase 1 targeted physicians and nurses only.

belongings incinerated. The modes of transmission and prevention of HIV/AIDS and the fact that like any other chronic disease, AIDS patients could live with precautions were emphasized.

On November 8 - 2007, another training workshop was organized for 18 nurses and social workers of the eight YFCs at the AIDS hotline premises. The training addressed modes of transmission and prevention of HIV/AIDS with special focus on mother to child transmission, counseling skills and the importance of VCT as an entry point to HIV/AIDS prevention and care.



Nurses and Social workers participating in a training workshop

Later on an additional VCT Training workshop was conducted in the EFPA training center in Alexandria on June 23 -26, 2008 in which 14 participants attended (4 peer educators from each of the three YFCs in addition to 2 coordinators from 2 clinics). The training was based on the *HIV Voluntary Counseling and Testing : A Training Manual for Counselors* developed in phase 1.



Role play of post test counseling



Role play of pretest counseling with condom demonstration

Further more, laboratory technicians of the three clinics were trained on rapid test for HIV and infection control in the Central Laboratory in Cairo.



Lab. Technicians of the 3 clinics performing HIV rapid tests

Following these trainings, site visits to the three clinics took place in order to download the VCT database developed for YFCs, train the person assigned for data entry, assist in developing standard operating procedures, provide the YFCs with videotapes and DVDs promoting VCT for HIV/AIDS, supply the counseling rooms with HIV/AIDS brochures and posters in addition to penis model and provide each clinic with a stock of 100 rapid test kits for HIV in addition to 180 condoms.

During the period of March 10th – 12th 2009, refresher training was conducted in EFPA training center in Alexandria where 16 participants attended among which were 13 peer educators and 3 social workers from the 3 clinics. The training was based on the HIV Voluntary Counseling and Testing : A Training Manual for Counselors developed in phase 1 and consisted of a variety of formal lectures, interactive discussions, small group work and role play.



El-Shenawy VCT Team working on the promotion action plan

At the outset of the training each clinic team was advised that the main outcome of the training was the production of a tailored action plan specific to their clinics context for promoting VCT delivery. Emphasis was also placed on addressing specific gaps and areas requiring strengthening.



Comments and inputs from participants were encouraged to better move the rapid development of high quality service delivery forwards.

Management of Sexually Transmitted Infections

Left uncontrolled, STIs increase the spread of HIV. They make infected individuals more vulnerable to HIV and individuals who are co-infected with both HIV and STIs more readily transmit HIV. To ensure a competent cadre of physicians combating the spread of STIs among youth, activities in the form of training on the syndromic management of STIs took place between 20 - 21 November 2007 at El Haud El Marsoud hospital. The training was conducted using “*The National Training Manual for the Management of Sexually Transmitted Infections*” for the standardized implementation of STI services nationwide. It seeks to enhance the skills of service providers for the detection and treatment of STIs and ultimately contribute to the creation of a specialized cadre of service providers.



Role play of condom demonstration

The same group of physicians attended a refresher training in the EFPA training center in Alexandria on June 11 -12, 2008. The training was attended by 5 gynecologists and 1 dermatologist from the following clinics: *Abo Attwa/Ismailia - ElMabara/Ismailia – ElMoqatta/Dakhaleya- ElShenawy/Dakhaleya- Shebin ElQanater/Qaluobia and Banha/ Qaluobia*²



Training on STI forms during STI Refresher Training

² Missing two clinics: El Bagur physician died with no one appointed to replace and Shebin El Kom physician had disc prolapse.



The workshop was followed by site visits to seven clinics³ to download the STI database developed, train the person assigned for data entry, provide on the job training and provide the YFCs with SBC materials focusing on STIs.

During the training, the concept of syndromic management was introduced with special focus on the four **C's**: **C**ontact management, **C**ompliance to treatment, **C**ounseling, and **C**ondom demonstration. Over a two day period of interactive discussions, participants were encouraged to think in terms of enhanced communications and interaction between service providers and STI patients. Wall- chart and National Guidelines for the Syndromic Management of STIs were distributed to the participants to guide them while managing STI clients.

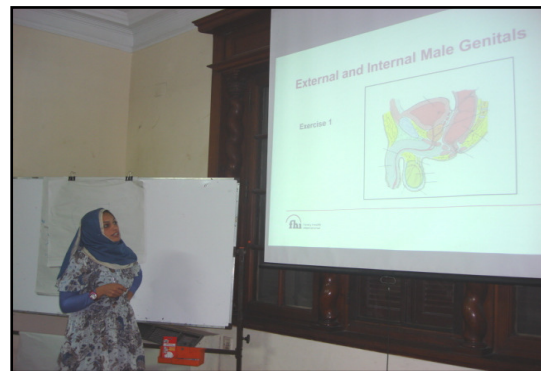
³ El Bagur clinic visit was postponed till a new physician is appointed

Youth Friendly Family Planning and Reproductive Health Services

Delivering comprehensive youth friendly services encompassing the qualities that young people demand are essential in assisting youth to make responsible sexual and reproductive decisions. It also empowers them to enforce these decisions. Service providers at the YFCs need a good knowledge of normal adolescent development, communication skills and the skills to diagnose and treat common conditions. Furthermore, technically competent and empathetic staff needs a system of ongoing support.

To guarantee the provision of youth friendly family planning (FP) and RH services, activities in the form of FP/RH training workshop conducted in EFPA training center in Alexandria on July 5 -8, 2008 took place. The training was attended by 6 gynecologists from the following clinics: *Abo Attwa/Ismailia - ElMabara/Ismailia - ElMoqatta/Dakhaleya - ElShenawy/Dakhaleya and Banha/Qaluobia*⁽⁴⁾. Additionally 4 gynecologists attended from the three newly established YFCs in Aswan, Matrouh and Red Sea governorates. The trained physicians were provided with *Family planning: A Global Handbook for Providers* to act as background material

and the entire training was based on the *Family Planning and Reproductive*



Exercise on Explaining The Anatomy of Male Genitals To Youth



Role-play of a Counseling Session for Youth

⁴ Missing three clinics: El Bagur physician died with no one appointed to replace, Shebin El Kom physician had disc prolapse and Shebin El Qanater physician was sick



Health Training Manual for The Providers of Youth Friendly Services developed
in phase 1

Increasing the Utilization of the Youth Friendly Clinics

Assessment

In order to enhance and promote the role of the YFCs and allow young people to make the maximum benefit out of it, FHI conducted a formative assessment. The purpose of the assessment was to address the reasons and motives of under utilization of YFCs among the potential beneficiaries, as well as developing strategies to increase the attendance rate.

Technical meetings were conducted with the appointed consultant to develop data collection tools, which were pre-tested prior to field implementation, and calculate sample size. The study was undertaken in March and April 2009 using two instruments: Participatory workshop with peers and in-depth interviews with the potential beneficiaries in the catchment areas of the 4 YFCs in Ismailia and Menoufia governorates.



Menoufia participant presenting youth RH needs during participatory workshop



Youth presenting their recommendations during the participatory workshop

A participatory workshop with peers was conducted in Alexandria for two days (March 12th – 13th 2009). The workshop was an excellent opportunity to see the reactions and attitudes of peers in different work conditions in addition to collecting extensive data about the study population since peers are an important section of the target society. The results of the workshop included not only information about communities and potential beneficiaries but also about the peers themselves (ability, skills and characteristics).

The in-depth interview involved gathering of information about beneficiary populations (including their attitudes) knowledge, practices, economic and social environments, barriers and motivating factors, social networks, entertainment habits, health care seeking patterns and other data relevant to the context in which behaviors occur in this population. Data collectors were selected based on their experience and professional competence, trained on the developed and pretested data collection forms and assigned a schedule for field work. EFPA was approached to approve having peers of the 4 YFCs accompany the data collectors during field work to facilitate their job in accessing NGOs, youth friendly centers etc. in the catchment areas of the clinics.

Increasing Demand for Youth Friendly Clinics: From Insight to Inspiration

A stakeholders' meeting entitled Increasing Demand for Youth Friendly Clinics: from Insight to Inspiration took place on Monday the 8th of June 2009 in Pyramisa Hotel, Cairo. One of the main purposes of the meeting was to disseminate the results of an FHI-led formative assessment of youth



reproductive health (RH) needs in Ismailia and Menofia Governorates. Compilation of these results represents the first step in producing a SBC plan that will underpin efforts to encourage youth to use the YFCs. The meeting was facilitated by Ms. Lynda Bardfield, Technical Advisor of SBC at FHI Arlington, and was attended by representatives of Ford Foundation, UNICEF, USAID, Population Council, Teaching Hospitals, CHL and TAKAMOL projects in addition to FHI, UNFPA and EFPA staff including peer educators.

Additionally, EFPA staff, peer educators and executives of YFCs were divided into groups and worked on creative briefs that will facilitate future SBC



interventions. At the end of the meeting, it was agreed upon by stakeholders that the future step will be “BRANDING”. The branding aims to set the ground for YFCs as the “go to” place for credible RH information and services and regard the staff as a group of dedicated, trustworthy people working to give youth the information and tools they need to plan for a healthy future. A one day workshop will be held with peer educators, EFPA executives and the designer/branding professional.

Monitoring and Evaluation

Monitoring and evaluating programmatic efforts is crucial if the program's goals and objectives are to be achieved and expenditure of resources is to be justified. In order to ensure that monitoring and evaluation of the program is conducted in a systematic and effective manner, a monitoring and evaluation plan should



Downloading and Training on the VCT and STI databases in YFCs

be developed. Such plans will guide the design of evaluations; highlight what information or data are needed to be collected and what are the best ways to collect it. To achieve this, the following activities took place:

- Collection and review of data collection forms used to monitor services delivered at the YFCs
- Development and pre-testing of the new adapted M&E forms for VCT and STI services that will be introduced in the YFCs
- Technical meetings with EFPA staff to discuss new M&E forms for VCT and STI services
- Development of databases that will be used for VCT and STI services data entry in the YFCs
- Site visits to seven YFCs⁵ included providing the new adapted M&E forms for VCT and STI services, downloading the STI and VCT databases in three clinics (*Shebin El Kom/Menoufeya, Abo Attwa/Ismailia and ElShenawy/Dakhaleya*) as well as downloading the STI database in four clinics (*EIMabara/Ismailia – EIMoqatta/Dakhaleya - Shebin ElQanater/Qaluobia and Banha/ Qaluobia*) to train the person assigned for data entry by EFPA

⁵ El Bagur clinic visit was postponed till a new physician is appointed

Technical Assistance

Taking the results of the assessment as guidelines, two components have been delineated which merited technical assistance (TA) attention. The first had a clinical dimension and the second was of a more general and educational nature.

The clinical part of TA focused on service providers and sought to orient them towards VCT.

The general and educational component of TA was in response to the suggestions made by youth and peers attending the focus group discussions and the in -depth interviews respectively to improve the quality of the delivered services and hence the utilization of the YFCs. The activity focused on the information corner and entailed the provision of documents and information, education and communication (SBC) materials on STIs and HIV/AIDS to the information corners in each YFC.



Wall Chart of Syndromic Management of STIs in YFC



SBC materials provide to the YFC

Site Visits to Provide Technical Assistance to the Youth Friendly Clinics

Site visits were conducted to the three YFCs (Shebin ElKom/Menofia, Shenawy/Dakahlia and Abo Attwa /Ismailia) where VCT for HIV was introduced to provide on the job training regarding counseling, filling forms, data entry and generating reports. Technical meetings were conducted with trained staff to discuss obstacles faced, under utilization of the service and promotion strategy

among target youth with risky behavior. Additionally, discussions focused on finalizing standard operating procedures for VCT delivered in YFC tailored to each site.

On the job training focusing on syndromic management of STIs and youth RH counseling and management of ailments were also provided to the physicians of the eight YFCs with special focus on the 4 YFCs in Ismailia and Menofia governorates. However, the visits revealed that these services are under utilized due to low youth flow.



Group photo during a TA visit to the YFC

Site visits to the eight YFCs took place to orient the peer educators towards their mission and reinforce knowledge and skills gained through the training conducted late 2008.

Discussion with peer educators and staff revealed multiple obstacles, mainly in the form of absence of cross referrals between peer educators and service providers.

Furthermore, the eight YFCs were supplemented by HIV/AIDS and STIs brochures and booklets to be made available for the attendees of the information corners and distributed to the attendants of the awareness raising sessions conducted by peer educators in schools and youth centers.

Conclusion and Recommendation

- It is feasible to transform FP clinics into youth friendly ones through coming up with a national standardized approach to incorporate a youth component within every FP clinic. This should widen the scope of younger clients seeking services.
- There is a grave need to address the youths' health and reproductive needs through YFC.
- Peer outreach was found to be an effective and valuable method to attract the younger population.
- There is a need to increase the coverage to reach out to a larger number of at risk youth population.
- YFCs should be further promoted in the local communities particularly in places which young people tend to frequent such as youth centers, sporting clubs, churches and mosques. Predominantly, more cooperation needs to be enhanced with opinion leaders and influential figures in the local communities, such as *imams* of mosques and Christian clergymen to promote the notion of YFCs and dispel all fears of connections with the West or contradictions with religious principles or local traditions. In addition to increase clinics' attendance rate, the visibility of the YFCs in the local community should be boosted.
- A harm reduction approach, encompassing safe sex and safe injection education is needed targeting most at risk youth populations.
- VCT model has proven to be quite effective in reaching the youth population and educating them about STI and RH.
- In order to ensure sustainability for peer educators more capacity building should be employed.
- In order to attract more clients, it is important to upgrade YFC infrastructure and facilities. Furthermore efforts should be made to make the YFCs attractive places for young people to visit, this entails organizing recreational activities for young people, supplying the information corners



with a variety of interesting books and reading materials, increasing the number of computers and linking them up with the internet.

- There is a need to expand the developed links established between service providers and peer educators in order to sustain the existing referral networks. These referral networks act as bridges whereby peers can refer clients to the health providers in case a medical service is needed and service providers refer clients to peers to enhance clients' knowledge of SRH issues.
- Target the less educated through awareness raising campaigns and ensure that appropriate activities are organized for them that match their education and knowledge level.