Identify the system gaps resulted in low contraceptive use and high prevalence of unmet needs In Farshout health district, Qena

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List of Abbreviations

EDHS	Egypt demographic and health survey
FP	Family planning
FGD	Focus group discussion
IUD	Intra-uterine device

Introduction

Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility[1]. In Egypt, there are about 5000 primary health care facilities providing a package of essential health services including family planning services. In addition, there are more than 500 mobile clinics providing family planning services in remote deprived areas. The pivotal role of The Family Planning Sector at Ministry of Health& Population is to provide a wide range of modern contraceptives, provide up to date national FP guidelines, train the service providers to follow the guidelines, provide continuous supporting supervision and run networks of mobile clinics and outreach worker to reach the neediest areas. Women who have unmet needs for contraception are broadly defined as those who want to delay or stop childbearing but are not using contraception[2]. The results of Demographic and Health Survey, 2008 of Egypt (EDHS 2008)[3] revealed that the unmet need for contraception at the national level was 9.2% and reaching 15.4% in rural Upper Egypt. In DHS 2014[4] the unmet needs for contraception is increasing to be 12.6 % at the national level and in rural Upper Egypt up to17%. There are many reasons of unmet needs like concerns about health risk or side effects of contraceptives, opposition to use and lack of knowledge about contraception. On the other side, efforts being done to guarantee providing accessible, effective and safe family planning FP services to meet the growing needs of target population. However, there is no regular assessment of the

[1] Fact sheet of family planning WHO 2013 http://www.who.int/mediacentre/factsheets/fs351/en/

[2] Unmet Need for Contraception: Fact Sheet http://www.prb.org/Publications/Media-Guides/2012/unmet-need-factsheet.aspx

[3] Egypt Demographic and Health Survey 2008

[4] *Egypt Demographic and Health Survey 2014*

quality of FP services which could help in continuous quality improvement of the services. In addition, EDHS 2014 results showed that around 3 in 10 family planning users in Egypt stop using within 12 months of starting use. Side effects and health concerns are the reasons users most often cited for stopping using (11 %). Four percent of users stop using due to method failure (i.e., they became pregnant while using the method), 6 percent stop using because they want to become pregnant. The impact of discontinuation clearly depends on whether or not the user is left exposed to the risk of unintended pregnancy.

Because it is known that when the rates of discontinuation are high, greater attention should be focused on counseling and follow-up, to help users dealing with the various obstacles to continued use. For that, we carried out a study to discover the points of system failure in service provision process that may explain reasons behind the rising discontinuation rate and high unmet needs. The study implemented in Qena governorate because which has unsatisfactory demographic indicators like the unmet need is 20.2% which is very high rate, beside decreasing contraception prevalence rate from 48% (2008) to 38% (2014). In addition, it has a high fertility rate (3.7 children) which exceeds that of Egypt as a whole which is 3.5 children. Also we choose Farshout health district randomly.

General objective:

To identify gaps in FP service provision system in public primary health care s that may hinder the ability of facilities to provide high quality services

Objectives:

1. To provide information about the preparedness of family planning clinics. This will include assessing whether the surveyed facilities have the infrastructure, equipment, supplies, medications and other materials that are necessary to provide high quality care for women. Information on the functioning of logistics, information on other systems will also be obtained that support the provision of care at the facilities
2. To assess knowledge and qualifications of family planning service providers. This will assess whether health care providers at the surveyed facilities received the appropriate technical and periodic advanced training, also whether providers are provide services based on standard of practice and receiving regular supervision and feedback on their performance necessary for ensuring high quality care.
3. To assess family planning management obstacles at district level
4. To assess women understanding of the consultation or examination, as well as her recollection of the instructions that she received about treatment or preventive behavior.
5. To explore reasons (especially causes related to service provision) for women not using contraception.

Methodology

Study site:

Qena is one of Upper Egypt governorates. Its area is about 9,565 $km^{2.}$ .It consists of 11 health districts. Farshout health district was choose randomly. In 2015 population estimated figures for Qena Governorate were 3,045,504 people, 2,445,051 in rural areas and 600,453 in urban areas.[5]

Study design:

A mixed methods research design was used to allow for deeper explanation of quantitative findings. The qualitative part of the study used to explore believes and attitudes of the non-user women and to explore the perspectives and the level of performance of service providers and also the perspectives of the managers in the problem and suggestions to resolve it.

Tools and data collection

1- The first tool is a *checklist, which* be designed to obtain information on the facility's preparedness through observation the availability of FP services and to what extent are facilities prepared to provide the services (this will include questions on the availability of water resource, light resource, family planning equipment, fit for use furniture, updated guidelines, the forms and records, etc.)

2- The second tool is a*n Interview questionnaire(in-depth interview)* with service providers which be designed to identify family planning program obstacles ,technical competency, qualifications and knowledge of service providers through providers' interview (e.g., knowledge ,training,

[5] Qena governorate https://en.wikipedia.org/wiki/Qena_Governorate

experience, continued in-service training, the kind of supervision they have been exposed to , accountability, incentives).

3- The third tool is an *Exit Interview questionnaire* with women in reproductive age receiving family planning services. The exit interview will assess the extent to which clients understand what they must do to follow up on the service received so that the best health outcome is achieved

4- The fourth tool is *focus group discussion using moderator guide*, with:

- four moderator guides were designed for

    1- Non users women (in reproductive age)(FGDs)

    2- Nurses in Primary health care centers(FGDs)

    3- Outreach workers (FGDs)

    4- Family planning directors and supervisor team

The quantitative component of the study

Target Population and Sampling

The study targeted women in reproductive age (15-49) who were coming to primary health care centers seeking for family planning services, to assess their opinions and degree of satisfaction about the quality of service provision and information received from the staff. Four health centers were chosen randomly (Elarky – Negoa ghanem - Naga salam – com ahmar) .Training of the data collectors was carried out where the prepared questionnaire was explained. Data collection took place in the 4 health care centers. The data collectors fulfill the questionnaire through exit interviews with family planning clients. The total number of the collected questionnaires was 119 clients.

The qualitative component of the study

- Facility's preparedness checklists were fulfilled through observation of four Family planning clinics.
- Eight focus group discussions (FGDs) were conducted with a total of 32 participants.
  - ✓ Four FGDs were conducted with 32 women in reproductive age who did not use family planning method and at the same time they do not want to be pregnant at present (unmet needs).
  - ✓ One FGD was conducted with 8 outreach workers
  - ✓ One FGD was conducted with 8 nurses who work in primary health care centers.
  - ✓ One FGD was conducted with 8 FP directors
  - ✓ One FGD was conducted with 8 FP physicians
- In depth interviews was conducted with 6 family planning service providers.

Results

I. Quantitative results

Family Planning Clients Exit Interview

A total of 119 clients from four family planning clinics participated in the study. The majority of participants (50%) were in the age group (30-39years) .Of all participants 48% were illiterate. The majority of participants (83%) were not currently employed (Table 1)

(Table 1) Characteristics of studied women

Variable	**Frequency (n=119)**	**%**
Age in years		
18 – 24	13	10.9
25 – 29	21	17.6
30 – 34	34	28.6
35- 39	26	21.8
40 – 55	25	21.0
Education		
Illiterate	55	47.8
Intermediate education	56	47.1
High education	4	3.5
Employment		
Working	20	17
Not working	99	83
Number of offspring		
>2	14	12.1
3-4	65	56.0
5 and more	37	32

All participants were FP users; the majority of them (37%) use pills. (Table 2)

(Table 2) Family planning practice:

Contraception method	Frequency (n=119)	%
IUD	22	18.5
Pills	44	37
Implants	15	12.6
Injections	38	32

It was found that 37% of participants did not receive any counseling and 42% received some information about acceptable side effect of their methods and 21% of them received complete information about their methods. (Table3)

(Table3): **Situation of the counseling provided to the clients**

Variable	Frequency (n=119)	%
Didn't receive any counseling	44	37
Receive some information about family planning methods	50	42
Receive complete counseling about family planning methods	25	21

It was found that 74% of clients said that the service providers didn't measure blood pressure and 80% said they didn't measure their weight (Table 4)

(Table 4): **Situation of general examination provided to the clients**

Variable	Frequency (n=119)	%
Didn't measure blood pressure	88	74
Didn't measure weight	95	80

Egypt has a program for community outreach workers who implement home visit women in reproductive age to raise their awareness about family planning methods and reproductive health issues. The study found that 20% of participants said that no one visited them in their home. From 95 participants whom visited at their home by outreach workers only 70 participants said they spoke about family planning methods and services. (Table 5)

(Table 5) **Home visits**

Variable	Frequency (n=119)	%
No home visits	24	20
Variable	Frequency (n=95)	%
Family planning messages received	70	74

When they asked about their suggestion to improve the quality of health services, more than 50% of participants suggest provide full time FP doctor, 39% suggest provide ultrasonography, 13% suggest provide female doctor and 13% provide reproductive health drugs (Table 6)

(Table 6): **Participants suggestion**

Variable	Frequency (n=119)	%
Provide full time doctor	60	50
Provide ultrasonography	46	39
Provide female doctor	16	13.5
Provide reproductive health drugs	16	13.5

II. Preparedness of Family Planning clinics

Four family planning clinics were visited to assess their preparedness by the essential infrastructure to provide quality of services. Two clinics were rural health unit, one MCH center and one family medicine unit. All family planning service providers receive the basic FP training. It was found that all of them had the standards of practice guidelines and the family planning global handbook. Also all clinics had basic infrastructure like W.C, source of electric light and enough number of IUD sets. It was found that there were no body weight scale, and no ultrasound. The stock of some kinds of contraceptives was not according to the national standards as there was no male condom and the stock of progesterone only pills was less than two months. (The national standard stock is not less than 2 months and not more than 3 months). No specific waiting area for FP clients and no specific counseling room.

III. Qualitative data Results

1- Focus group discussion with non-user's women

Background characteristics

The total number of women who participated in the FGDs was 31 women. Their age ranged from 16 - 45 years .Their mean age of marriage was 18.2 years. Half of them complete intermediate education, and the other half didn't complete 2ry education. The majority were housewives. Half of women have more than 3 children.

Women knowledge and attitude towards family planning concept

About half of women believe in FP concepts but not to limit the number of their children, and the other half didn't agree to plan their pregnancy.

Most of them prefer to space between pregnancies and a few need no more children, although they do not use any FP method at present.

When they were asked about the suitable number of children they prefer, most of them said 3 children and some said 4 children and few of them said 6 children while some said "Every child is born God gives his livelihood"

When they asked about the appropriate period of time between the child and the other, their answers were ranged from 2 to 4 years.

Some citation:

35 years old women (have 5 children)

" مش هاوقف خلفة عشان كل عيل بيجى برزقه"

37 years women (has4 girls and 1 boy):

"هافضل اخلف لغاية لما اخاوى الولد"

41 years old women (has6 children)

" جوزى قالى لو بطلتى خلفة اركنى واجيب واحدة غيرك عشان تخلف"

36 years old women (4 children)

" اتعلمنا من اهالينا اننا نربط رجالتنا بالعيال الكتير"

Women knowledge about FP methods and service provision places

Most women have good knowledge about family planning methods in governmental and private facilities. They also know the price of most methods .Some of them aware of FP methods from outreach workers (Raedat Refyat RR) through home visits, some hear from relatives and some didn't know all kinds of methods. The majority of them were aware of places which provide FP services like general hospital clinics, primary health centers, pharmacies, private clinics and mobile clinics. The majority have no experience with mobile clinics.

Some citation:

40 years women (have 4 children)

"بنسمع من الجيران عن الوسايل بس انا خايفة استخدم ابطل خلفة "

30 years old women (have 4 children)

"مدام "فلانة" بتيجى لنا البيت عشان نيجى الوحدة نتابع الحمل وبعدين ننظم لكن انا بارضع نضيف وباقعد سنتين وتلاته كمان لما احمل تانى "

The past history of using FP methods

Most of women didn't use any method before. Women who had used before have bad experience with the FP methods like getting unwanted pregnancy, bleeding or delay of fertility return. Some women who never used contraceptives mentioned that they hear bad information about the FP methods; therefore they have no intention to use.

Some citation:

37 years old women (7 children)

"مش باستخدم وسائل عشان بتعمل عقم "

30 years old women (2 children)

"كنت باخد حبوب ولخبطت فيها وحملت"

27 years old women (2 children)

"انا خايفة من الوسايل الصراحة انا سمعت ان الستات بتحمل على الحبوب و فيه واحدة فتل اللولب طلعت فى ايديها"

The rumors they hear about the contraception

The majority of women have misconception about contraception. Some are afraid of hormonal methods as they cause stomach ache and weakness. Some of them afraid of intrauterine devices (IUDs) and hear that it will move inside abdomen or cause bleeding, some hear that the implanon move under the skin or cause suffocation and some hear the injection cause bone ache and infertility. The surprise for us, the women hear a lot of wrong information and rumors from FP doctors themselves.

Some citation:

34 years old women (have 5 children)

"اللولب بيسرح جوه البطن وساعات بيعمل نزيف"

22 old women (1 child)

" الحبوب بتتعب المعدة وبتجيب ضعف"

35 years old women (4 children):

" الكبسولة بتسرح من مكانها وبتعمل خنقة "

24 years old women (2children)

" الدكتورة قالت بلاش حقنة التلات شهور وانتى صغيرة عشان بتعمل هشاشة عظام "

28 old women (have 3 children)

"جيت عشان اخد الحقنة الدكتورة قالتلى ممكن تعمل عقم بعد كده"

30 years old women (have 5 children)

"الرائدة قالت لى تركبى اللولب على 3 شهور بعد ماولدت قيصرية وحملت على الاربعين"

The previous experience of dealing with the governmental health facilities

The majority of women trusts the governmental services in ANC and vaccination, and has good experience with service providers. Some of them mentioned that the governmental doctors have no experience in FP and they provide all services. They think that general practitioners physicians, who provide all medical services, are not qualified enough to provide FP services. They believe that FP services should be provided by specialized doctors. Some women were complaining from absence of female FP doctor.

Some Citations

- "الدكاترة فى الوحدة كويسين معانا فى وبنتابع حمل وبنطعم العيال لكن معندهمش خبرة فى تنظيم الاسرة دا بيكشف كل حاجة"
- "اغلب الوقت مفيش دكتورة ست والواحدة تختشى تكشف نفسها على راجل "

The best health facilities that women in the village prefer

When they asked about which health facilities women in the village prefer to go to get FP services, the majority mentioned that they prefer to visit governmental clinics. When they asked ‘Why’ some of them mentioned that the good dealing of nurse and doctor is the reason. Some said they visit private doctor for examination and to describe the FP method then they came to the health unit to receive it.

Some said that the intrauterine devices IUD in the private doctor are better than the one in the health center. When we asked them how they know that the IUD in the private clinics is better, they said the price there, is expensive but here it is free.

The majority mentioned that there were a lot of women here depend on the mobile clinics.

Some citation:

24 years women (have 2 children)

"الصراحة المعاملة هنا دكتور او ممرضة كويسة "

28 years women (have 3 children)

"ستات كتير تروح تكشف عند دكتور خاص ويكتب لها الوسيلة تيجى الوحدة تاخدها "

About home visit implemented by community outreach workers

The majority mentioned that they were visited at least once per 2 months by outreach workers. They talked on health issues such as personal hygiene, immunization and trying to persuade them to family planning.

Some citation:

- الرائدات بيزورونى مرة كل شهرين وبيتكلموا معايا فى كل حاجة كويسة"
- بيجوا من وقت للتانى و بيحاولوا يخلونى اروح الوحدة للدكتور عشان انظم

Participants' recommendations to improve the quality of services

Majority of women requested the presence of a female doctor full time to provide family planning service, ultrasound. Some asked for Implanon supply in all health facilities. The majority requested TV spots about FP and emphasize that the existing

FP methods in governmental health centers are the same like in private clinics. Some women asked us for provide drugs to treat the reproductive tract infection or any side effect of FP methods. Some asked for suitable waiting area.

Some citations

- عاوزين دكتورة نسا موجودة على الاقل 3 ايام فى الاسبوع وبتعرف تعمل سونار
- عايزين اعلانات فى التليفزيون ولازم تقولوا للناس ان الوسايل هنا زى بره
- عايزين الكبسولة تبقى موجودة فى كل وحدة
- ياريت تجيبوا ادوية تعالج الالتهابات والنزيف اللى بيجى مع الوسايل
- لو فيه مكان انتظار كويس وفيه كراسى يشجعنا نيجى وننتظر دورنا

2-Focus group discussion with family planning directors and service providers

Background characteristics

Qena governorate has heath districts heath centers and available doctors who can provide FP services.

The total number of FGD was 4, the 1st with FP directors, the 2nd FP nurses, the 3rd with physicians and the 4th with outreach workers.

The total number of all participants was 32, 8 of them FP physicians, 8 nurses, 8 outreach workers, two FP directors, 2 clinical supervisors, 2 supervisor nurse and 2 supervisor outreach workers. Their age ranged from 27 - 52 years. Most of them have 3 children. Their years of experience in the field of FP services ranged from 3-30 years (mean 15 ± 8.9)

NB: the FGD of directors include one at the level of governorate and the other at the level of health district

When they asked about the suitable number of children they prefer, most of them said 3 years. When they asked about the importance of family planning program and why? Most of them replied that the program is very important to stop the overpopulation and to help in solving the bad situation in Egypt like crowded school, and transportations. All of them said: family planning is very important for healthy mothers and children

Some citations:

"تنظيم الأسرة مهم جدا طبعا عشان يوقف الزيادة السكانية و يساعد فى حل الموقف السئ فى مصر زى مشكلة الزحمة فى المدارس ووسائل المواصلات"

"تنظيم الأسرة مهم جدا عشان صحة الامهات والاطفال"

Family planning concept in catchment area

All of them mention that the majority of inhabitants believe in family planning.

When they asked about the reasons of low contraceptive prevalence rate one answered that women in that areas believe in spacing between their pregnancies not in limited number of their children. Most of them agree in all inhabitants like great number of children who called " El-ezoa".

The outreach worker supervisor said that women believe lactation amenorrhea may prevent pregnancy 2- 3 years after stopping lactation.

Some citations:

" معظم الستات هنا مقتنعين بتنظيم الأسرة "

"فيه اعتقاد عند الستات هنا انها بتوفى رضاعة لمدة 2 او 3 سنوات بعد ماتفطم ابنها يعنى مايحصلش حمل "

"اهم سبب من وجهة نظرى ان الستات بيجوا يسألوا كذا مرة عن دكتور تنظيم اسرة مش بيلاقوا فبيروحوا ومش بيرجعوا تانى"

The FP specific training

All of the participants received the basic training on FP standards. Five physicians in Farshout did not received the advanced training course ,all nurses did not receive the updated course on FP counseling guideline and the last training outreach workers received since 2012. The governmental clinical supervisors said that they can't train the recent physicians on FP basic training as the health district managers didn't agree to send them to the training course and leave the health centers without service providers.

Some citations:

5 years experience doctor:

"اتدربت من سنتين على اساسيات تنظيم الاسرة ومستنى دورى فى الدورة المتقدمة"

The governmental clinical supervisor:

"مش بنقدر ندرب مقدمى الخدمة الجداد على مستوى المحافظة عشان مديرين الادارات بيرفضوا يبعتوا الاطباء يدربوا ويسيبوا المراكز فاضية"

6 years experience outreach workers:

"اخر تدريب اخدناه من سنة 2012 و من ساعتها محدش كلمنا عن وسائل تنظيم الاسرة"

Their knowledge about package of services

When they had been asked about the services available in FP clinics and to what extent the service provider did commit with them? Most of physicians and nurses said: FP counseling, FP methods, treatment of FP methods side effects and early detection of reproductive system malignancy. The outreach workers answered this question: the FP counseling and methods only provided in FP clinics. The

governmental nurse supervisor said that the nurse suffered from heavy work so she could not provide good counseling as

Some citation:

10years' experience supervisor nurse

" بتقدم مشورة تنظيم الاسرة والوسايل والدكاترة بيعالجوا المضاعفات بتاعت الوسايل وبنعلم الستات تكشف على صدرها"

12 years experience outreach worker:

"الدكاترة بيدوا الست الوسيلة بس ولما الست بتيجى تشتكى منها مابيكشفوش عليها عشان كده بتروح من الاول لدكتور خاص"

Governmental nurse supervisor:

" الاعباء كتيرة على ممرضة واحدة فى العيادة عشان كده مش بتقدر تدى مشورة كويسة للستات"

Availability of FP doctor providing FP services

Farshout health district have 14 FP clinics, and only 8 doctors available to provide all services in all the these clinics including antenatal care, vaccination follow up patients beside FP service. They provide all services in the health centers so they have no time to provide FP services correctly. When they asked about how to deal in case of the clinics had no doctors, the family planning director of farshout said she tried to provide a doctor in all 14 clinics 2-3 days per week and nurses provided methods to retuned clients all days so each health center occupied by one doctor for 2 or 3 days only. The governmental FP director mentioned the same solution he applied at all heath districts beside the nurses referred new clients to the nearest health center or to mobile clinics. One service provider said that they don't know if the women went to the referral clinics or not as there is no feedback. All of them complaining of absence of female doctors to provide FP services

Some citation:

Farsout FP director:

"الدكتور فى الوحدة بيقدم كل الخدمات : متابعة حمل , تطعيمات, كشف عشان كده مش بيقدم خدمات تنظيم الاسرة بجودة "

"انا عندى8 اطباء بيغطوا الخدمة فى ال 14 مركز اللى فى الادارة عشان كده باضطر اوزعهم يومين او تلاتة فى كل وحدة"

The gov. director:

"على مستوى المحافظة بنعمل انتدابات للاطباء بحيث كل دكتور يمسك وحدتين تلاتة "

"احنا ادينا تعليمات للممرضات يحولوا الحالات الجديدة لاقرب وحدة فيها طبيب او عيادة متنقلة"

10 years experience doctor

ماحدش فينا بيعرف اذا كانت الست راحت فعلا للعيادة المحولة ليها والا لأ عشان محدش بيتابع"“

8 years outreach worker

- "الستات هنا ماينفعش يكشفوا الا عند دكتورة ست ومش كل العيادات فيها دكاترة ستات"

The availability of FP methods, infrastructures and guidelines and the extent of use them

They mentioned that all FP methods available regularly accept the male condom, local spermicidal and implanon. Also all essential FP infrastructures are in place. When they had been asked about the availability of FP guidelines and their trade names, the majority answered correctly. They mention that they didn't read them regularly.

Some citations

Governmental FP director:

- "كل الوسائل متوفرة ماعدا الامبلانون والنوجرافيدا و والواقى الذكرى مش متوفرة فى كل وقت"

Farshout FP director:

- "نقص النوجرافيدا عامل مشكلة عندى عشان ستات كتير اتعودت عليه"

3 years experience FP physician:

- " اكلاسير المعايير موجود فى العيادة وكتير بافتحه واقرا فيه"

14 years experience FP nurse:

- " الكتاب الاخضر بالعربى مفيد للممرضات "

12 years experience FP outreach worker:

- دليل الرائدات موجود و باقرا فيه باستمرار"

The central and district supervision

Most of them mentioned that there are regular supervision visits from the central or district FP teams. The majority told that they know supervisors well and they deal with them kindly and help them to solve any problem.

The relation between nurses and outreach workers

They told they have very good relation with each other. The nurses made a list of FP discontinuer's clients regularly and give them to the outreach workers to visit them.

Some citations

- "علاقتنا كويسة جدا مع الرائدات "
- " كل مدة باعد المنقطعات واكتبهم واديهم للرائدة عشان تزورهم وتفكرهم بالوسيلة"

Service providers knowledge of family planning standards and methods

When FP nurses and outreach workers asked about some standards of practice of FP methods, side effects, the nurses' answers were good but the information of outreach workers were old and wrong in some standards

12 years outreach worker

"بأكد على الست تيجى على الاربعين عشان تستخدم وسيلة " (اجابة خاطئة)

14 years outreach worker

"اللولب ممكن يتركب بعد 3 ايام من الولادة او على الاربعين في الولادة القيصرية او 3 شهور في الولادة القيصرية" (اجابة خاطئة)

20 years outreach worker

"اللولب ممكن يعمل شوية التهابات بس ليها علاج" (اجابة خاطئة)

Their satisfaction towards their performance and wages

When they asked if they satisfy with their performance in FP services, most of them answered "yes". Also the majority ask for training as they need to update and refresh their knowledge. About the wage they received, they asked for incentive.

Some citations

17 years experience doctor:

"انا راضى عن ادائى مفيش حاجة اكتر من اللى باعمله ممكن اعمله"

11 years experience nurse

- " ياريت تدربونا عشان من زمن مااتدربناش وعاوزين المعلومات الحديثة "

11 years experience outreach worker

- " لو فيه حوافز زى زمان اكيد شغلنا هيبقى احسن "

The challenges they met

All of FP directors mentioned that the most obstacles they met are rapid turnover and shortage in number of FP physicians, nurses and outreach workers, assigning works to outreach workers within the health unit which impedes their work in the community, no available reproductive health drugs, no available ultrasound in all FP clinics, The basic training of new physicians on family planning is not enough to provide services alone ,no incentives for all workers in FP field, no active referral system, heads of department refused to send new doctors to FP training, no active system of discontinuers and the private doctor are encouraging women not to use the FP methods in government clinics One director said: I think the main cause of reluctance of women to use FP services from health center is the unavailability of fulltime FP doctors.

The service providers said the main challenges they face are: assigning work in more than health center may be 3 in the same time, no available reproductive health drugs, and they can't discharge them if some are available, no ultrasound in FP clinics, no advanced training. non-dedicated budget to buy what is clinic's needs; such as syringes, sterilization roll, cleaners, gloves, and client forms, so doctors and nurses have to buy them at their own expense in order not to disrupt the work and finally no incentives based performance. Also, they told that the

women in rural areas refused male doctors and they may discontinue on FP methods therefore.

Some citation

Governmental FP director:

"اصعب مشكلة بتواجهنا turn over للاطباء "

Farshout FP director:

" قلة عدد الاطباء والتمريض اللى بيجوا كل سنة دا غير اللى بيجى بيجيب واسطة عشان ينتدب لمستشفى"

Clinical supervisor:

"الدكاترة فى العيادات الخاصة بيخوفوا الستات من الوسائل الموجودة فى الواحدات الحكومية"

3 years experience doctor:

"احنا قليلين ساعات باروح 3 عيادات في نفس الوقت يومين في كل عيادة"

8 years experience doctor:

" الستات مش بتجى الوحدات عندنا عشان مفيش سونار "

6 years experience nurse:

"بنجيب البيتادين و الجوانتيات و بنصور الاستمارات على حسابنا "

17 years experience outreach workers"

" مديرين الادارات بيشغلوا الرائدات جوه الوحدات فى اعمال كتابية ومش بيخرجوا يزوروا الستات فى البيوت"

Recommendations to solve problems

When they asked about their recommendations to overcome these challenges, they mentioned: it has to motivate FP doctors financially and morally and motivate female doctors to work in rural health units and provide means of transportation to them. In addition the requested TV spots about the benefits of a small family, family planning methods, train the male doctors on implanon insertion in rural areas as women may accept male doctors to do this task. Also they asked for provision of reproductive health drugs, ultrasounds, the updated standards of practice, medical records and IUD insertion sets.

Some citations

"لابد من تحفيز دكاترة تنظيم الاسرة معنويا وماديا "

"تحفيز الدكاترة ال female يروحوا المناطق الريفية ونوفر لهم وسائل موصلات"

"لابد من اعادة الاعلانات الاتليفزيونية زى زمان عشان الناس تعرف فوايد الاسرة الصغيرة ويعرفوا الوسايل"

"تدريب الاطباء الرجالة على تركيب الامبلانون والتوسع فى اماكن تركيبها وياريت توافقوا اننا نركبها فى العيادات المتنقلة"

IV. In-depth interviews with FP service providers

Background characteristics

In depth interviews were implemented with service providers to evaluate their knowledge in FP standards and services. The total number of physicians who participated in-depth interviews was 11 physicians, they provide FP services.

Physicians' knowledge of family planning standards and methods

Six of total 11 of FP service providers were trained on basic and advanced course of family planning technology. All of them are aware by all FP guidelines available in the clinics (National standards of practice, global hand book of FP service providers). When they asked about some standards of practice of FP methods, side effects and services, their answers were not complete to provide high quality family planning services. About 50% of them didn't know right information related to the suitable time to start the methods, 45 % didn't know who can and who can't use FP methods 64% didn't know treatment of side effects of contraceptives and about 73% didn't know any of family planning indicators which measure the performance of family planning clinics. 90% of them didn't satisfy of their income received. When they asked about their segregations to improve their performance, they replied: provide ultrasonography , reproductive health medicines , improve their income and increase training courses.

Some citations:

- "اكلاسير المعايير والكتيب العالمى موجودين في العيادة بس بصراحة مفيش وقت اقرا فيها"
- "حقنة الديبوبروفيرا بتأخر الحمل بعد الست ماتوقفها عشان كده مش باديها للستات بعد الطفل الاول" (اجابة خاطئة)
- "أشيل اللولب لو الست بتشتكى من التهابات " (إجابة خاطئة)

- "لو السيدة عاوزة تركب الامبلانون لازم تيجى وهى عليها الدورة " (إجابة خاطئة)

Physicians' knowledge of FP program indicators

There are many indicators that evaluate FP program come from two main sources, the demographic and health survey (contraceptive prevalence rate, unmet needs and discontinuation rate) , and service statistics (the percentage of the change of number of contraceptive users in, the percentage of the change in number of the achieved couple year protection). No one of all service providers knows the main indicators that evaluate FP program. When they asked" what do you do when you noticed that the number of attending women decrease? Four of them said that they can do nothing and the other said they talked to community outreach workers to implement seminars and health education session in vaccination set and during antenatal care visits

Some citations:

- "لما يبقى عدد الستات كتير يبقى الشغل كويس "
- "الشهر اللى اركب فيه لوالب كتير احس انه المؤشرات كويسة"
- "انا مش في ايدى حاجة لو الستات عددهم قل في فترة"
- "اتكلم مع الرائدات عشان يزودا ندوات للستات فى جلسات التطعيم وفى زيارات متابعة الحمل"

Suggestions to improve the performance

When they asked about the most important topics they suggest to improve their performance, they said: increase their income and incentives, more training, provide reproductive health drugs and provide more recent instruments

Discussion

Current use of contraceptives in Qena governorate is 38 %, it has a high fertility rate (3.7 children) which exceed that of national level of Egypt as a whole which is 3.5 children[6]. This study reveals that there are a lot of community barriers like illiteracy and fertility preferences that widen the gap between the national ultimate demographic goals of Egypt which is 2 children is enough for each family and that of the community which is about 3 children and more than 3 in some areas like rural Upper Egypt.

Results of the study showed that the widespread of illiteracy among family planning users and non-users. Also, most of them are unemployed, and have full-time life for children and the family care. In addition, most of the women believe that family planning is better for spacing not for limiting the number of children they want. They think that 3 or 4 children are an ideal number for any family. These concepts and believes explained the high percentage of unmet needs for family planning in Qena governorate which reaches to 20.2 %. It was obvious that the religious believes control the behavior of a lot of women “Every child is born God gives his livelihood”. Another woman said “If I had got girls, I will keep conceive again until I got a boy”. The previous quoted words add another believe that the girl is not like the boy because in poor communities, where women lacking power, boys can play a vital role in supporting families. Educational status, knowledge on family planning, attitude towards family planning services and availability of family planning services were identified as factors affecting current utilization of family planning service[7]. Results of the study highlighted the sever

[6] *Egypt Demographic and Health Survey 2014*

[7] Mekonnen W, Worku A. Determinants of low family planning use and high unmet need in Butajira District, South Central Ethiopia. *Reproductive Health*. 2011; 8:37. Doi: 10.1186/1742-4755-8-37.

shortcomings of local officials of many sectors to the community and to the family planning services. The low educational level and social low status of women, lack of community confidence in government health services, the low quality of family planning services, the insecurity of family planning methods, the low performance of service providers, and on hand training and the lack of essential medical apparatus and drugs, all of that prove that the target community has a lot of growing unmet needs not only for family planning but also for cross cutting development efforts.

On the other hand, the exit interview results showed that most of the family planning clients seeking contraceptive pill (37%), only 18.5% use intra-uterine device (IUD) which is the long acting and most effective method. It is known that the percentage of those who drop out for use in the first year of use are about 30% at the national level[8] , most of them are users of the pill and the reasons for not continuing to use are mostly related to quality of service, practically the counseling and giving correct information about the contraceptive method used by the ladies. In addition, the study results revealed that the low performance of the family planning clinics regarding the medical checkup before providing contraceptives according to the national standards.

The study showed that there are multiple gaps in the family planning service provision system regarding the protection of client's rights to autonomy, choice, informed decision making, privacy, confidentiality and the safety of contraceptive use. Another wide gap appears regarding the low performance of service providers; their scientific information is not up to date; they are not motivated .It is known that family planning services should be convenient, accessible and acceptable to clients, otherwise, they will stop practicing family planning and enter the circle of

[8] *Egypt Demographic and Health Survey 2014*

unplanned pregnancies. The number of received training program affects quality of family planning counseling of nurse's practice, providers of the services and the provided services affect the client satisfaction[9].

Lastly, Bongaarts, Mauldin, and Phillips (1990) outlined key issues relevant for strengthening family planning program performance in a variety of settings: Passive clinical approaches are less successful than programs that make services available to couples in their villages and homes. The quality of services is a crucial but often neglected element of programs. Provision of high-quality service entails offering choices among a number of contraceptive methods, being well informed about alternative methods, having competent and caring service providers, and offering follow-up exchanges with knowledgeable program staff[10].

[9] ElsaydaHamdyNasr1 ,HananElzeblawy Hassan. Association between quality of family planning services and client's satisfaction level in maternal and child health centers in Port Said city.

[10] Bongaarts, John, W. Parker Mauldin, and James Phillips. 1990. "The demographicimpact of family planning programs," *Studies in FamilyPlanning*21(6): 299–310.

Conclusions

Based on study findings, it can be concluded that: It was proved that family planning services, provided through public clinics have low quality level in administration, regular availability of well-trained service providers, stock of all family planning methods and equipment. In addition, it was proved from the study that the factors affecting client satisfaction are highly affected by the providers of the services in the clinics, and then the services provided to the clients in the clinics. It is obvious that there are many defects in most of the components of family planning system. There is not active referral system, the service provision; workforce and the medical supply are the most affected components. In addition, dissemination process of up to date technical information from the top level to the service provides is not working properly which affect the same process from the service providers to the clients. Also, the service providers and their supervisors are lacking motivation which is essential for involvement in family planning program. The study revealed that there are also deficiencies in the performance of community outreach workers in general and regard family planning messages specially. The study revealed also that there is a need to implement on TV and radio spots to eliminate rumors and raise community awareness of the family planning methods and services. The study revealed also that man who decides childbearing in the family and women in upper Egypt prefer Implanon (sub-dermal contraception implant).

NB: Implanon is progesterone only method . It is expensive and the government supplied it at a cheap price for this reason it is present in low numbers.

Recommendations

1. Strengthen in family planning methods provision to include many choices in front of women, beside increase purchased implants.
2. There is a dire need for hand on rights-based training program of family planning service providers in contraceptive technology and provision of effective counseling to guarantee the provision of effective and safe family planning services.
3. Establish a performance based incentives to motivate service providers to improve their performance.
4. Establish a system to measure the client satisfaction regularly and modify the service according its analysis
5. Establish a quality assurance system and empower clients to demand their reproductive rights and to be engaged in quality assurance process.
6. Promote for family planning through an effective behavior change communication programs including interpersonal communication and seminars
7. Product, and implement TV and radio spots to eliminate rumors and raise community awareness of the family planning methods and services.
8. The focus to objectivity in family planning evaluations will increase accountability, continuous improvement of the program performance, and ultimately increase the contraceptive prevalence rate and reduce the unplanned pregnancies.

9. Establish health education program targeting men to adopt family planning concept