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UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
Agency for International Development
Washington, D.C., 20523

PROJECT PAPER
Amendment No.2

EGYPT: Population/Family Planning Project #263-0029

July 17, 1980

UNCLASSIFIED

2. COUNTRY/ENTITY
ARAB REPUBLIC OF EGYPT
 3. PROJECT NUMBER
263-0029

4. BUREAU/OFFICE
NE **03**
 5. PROJECT TITLE (maximum 40 characters)
Family Planning

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)
 MM DD YY
09/30/83
 7. ESTIMATED DATE OF OBLIGATION
 (Under 'B.' below, enter 1, 2, 3, or 4)
 A. Initial FY **80** B. Quarter **3** C. Final FY **81**

8. COSTS (\$000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	FIRST FY 80			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	6,000	4,000	10,000	21,972	19,728	41,700
(Grant)	(6,000)	(4,000)	(10,000)	(21,972)	(19,728)	(41,700)
(Loan)	()	()	()	()	()	()
Other U.S.	1.					
	2.					
Host Country						
Other Donor(s)						
TOTALS						

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) SA	489	490		16,700		25,000		41,700	
(2)									
(3)									
(4)									
TOTALS									

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)
440 444 420
 11. SECONDARY PURPOSE CODE
 12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)
 A. Code **BRW BUW DEL PART PVON**
 B. Amount **15.0 6.0 8.0 8.0 5.0**
 13. PROJECT PURPOSE (maximum 480 characters)

To strengthen and expand nationwide family planning service systems in order to make such services effectively available to married couples of reproductive age.

14. SCHEDULED EVALUATIONS
 Interim MM YY **06/81** MM YY **12/82** Final MM YY **09/83**
 15. SOURCE/ORIGIN OF GOODS AND SERVICES
 000 941 Local Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a **53** page PP Amendment.)
 This amendment provides additional funds to family planning project 263-0029 to: (a) support ongoing activities for contraceptive and service supply, training, innovative activities, and information, education, and communication; (b) expand the integrated social services delivery sub-activity; and (c) support an urban-based commercial retail sales program.

17. APPROVED BY
 Signature **Donald S. Brown**
 Title **Mission Director**
 Date Signed MM DD YY **12/17/80**
 18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION
 MM DD YY **06/20/80**

Office of

AMENDMENT
TO
PROJECT AUTHORIZATION

Name of Country: Egypt Name of Project: Family Planning
Number of Project: 263-0029

1. Pursuant to Section 532 of the Foreign Assistance Act of 1961, as amended, the Family Planning Project for Egypt was authorized on September 27, 1977. That authorization is hereby amended as follows:

The third paragraph is amended by deleting "Seventeen Million United States Dollars (\$17,000,000)" and substituting in lieu thereof "Forty Two Million United States Dollars (\$42,000,000)".

2. I hereby authorize the initiation of negotiation and execution of an amendment to the Project Agreement by the officer to whom such authority has been delegated in accordance with A.I.D. regulations and Delegations of Authority subject to the following terms, together with such other terms and conditions as A.I.D. may deem appropriate:

a. Covenants

1. Project Evaluation

The Ministry of Health and other implementing agencies will establish evaluation programs that will allow:

(a) evaluation of progress toward attainment of the objectives of the Project;

(b) identification and evaluation of problem areas or constraints which may inhibit such attainment;

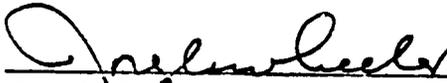
(c) assessment of how such information may be used to help overcome such problems; and

(d) evaluation, to the degree feasible, of the overall development impact of the Project.

2. Use of Project Funds

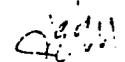
None of the funds made available under this Project will be used to pay for (1) the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions or (2) the performance of involuntary sterilizations as a method of family planning or to coerce or provide any financial incentive to any person to practice sterilizations.

3. The authorization, as amended, cited above, remains in force except as hereby amended.


Joseph C. Wheeler
Acting Administrator

August 27, 1980
Date

Clearances:
A-AA/NE:ADWhite A Date 8-25-80
GC, NLHolmes _____ Date _____
AA/PPC:AShakov _____ Date _____


Drafter:GC/NE:TCarter:paj:7/29/80

FAMILY PLANNING PROJECT

(263-0029)

AMENDMENT #2



USAID/Cairo

June 1980

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FAMILY PLANNING PROJECT

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Family Planning Project

(263-0029)

I. INTRODUCTION

USAID requires an increase in Life-of Project funding for the Family Planning Project to cover increased financing requirements of ongoing activities related to contraceptive service supply; integrated social service (family planning) delivery; training; innovative activities and technology transfer; and, information, education and communication (IE&C).

The focus and purpose of the project is as originally presented in the approved FY 1977 Project Paper (PP). This Amendment is integral to that, as well as Amendment #1 dated September, 1978, which added support for an IE&C element. The Amendment is consistent with the CDSS, which underlines the critical nature of the population problem and its effect on development programs and progress. The CDSS notes that the Government of Egypt (GOE) is increasingly determined to develop a viable population program strategy. This Amendment will allow USAID to continue support for promising GOE efforts.

Based on USAID's recent assessment of needs, we recommend the Life of the Project grant financing be increased by \$25.0 million with \$10.0 million in FY 1980 and \$15 million in FY 1981 for a new total LOP of \$41.7 million. Of this increase, \$10.0 million will be converted to Egyptian Pounds for local costs. (See Annex A which provides justification for the 612B determination.)

A. Background

The population of Egypt in April, 1980, totals an estimated 42 million people. The Central Agency for Public Mobilization and Statistics (CAPMAS) reports the crude birth rate as 41 per 1,000 in 1979 and the crude death rate as 11 per 1,000 for an annual rate of natural increase of 3.0 per cent.*

* A Statement on Population of the Arab Republic of Egypt, Central Agency for Public Mobilization & Statistics, 3 April, 1980, Cairo, Egypt

An estimated 96 per cent of this rapidly growing population currently is crowded into only 4 per cent of the land which can reasonably sustain habitation. The population density (963 people per square kilometer) within that area is more than the population density of the Netherlands - the most densely settled country in Europe.

At 1980 rates of population growth, Egypt's population will double soon after the year 2000. The Government of Egypt recognizes that the continuation of the high rates of population growth will make it difficult to attain its social, economic, and political development goals.

Since 1975, AID has provided assistance to a number of activities in Egypt directly and indirectly supportive of GOE efforts to improve quality of life of the population, e.g., activities in the fields of health, nutrition, housing, sewerage, water supply, manpower resource development, education, employment generation, and the like. Since 1977, AID has assisted the GOE in a more direct way to help attain its family planning and population objectives through direct grants and support of PVO activities.

The GOE has a population policy with explicit demographic goals; however, the country still lacks a coordinated population strategy. The challenge for the GOE is to articulate a population strategy and program for the 80's. Increasingly, USAID believes such a strategy could be based on recent promising population developments, particularly in the areas of integrated community social services delivery (cum family planning), urban contraceptive sales, rural household distribution, and IE&C. AID has supported successful pilot programs in these areas and proposes consolidating and some expansion in FY 1980-81.

In Summer 1981, USAID will undertake a major population sector assessment and evaluation. We expect this assessment of past experimentation and experience will enable USAID to develop a large sectoral family planning project for the period FY 1982-86. USAID's estimate of the situation is that Egypt has the opportunity to establish a strong national family planning program in a relatively short time and begin a significant reduction in the birth rate during the next few years. The critical assumption is that the GOE and the MOH will continue the recent strong support and concern for population control. This PP Amendment provides funding for the interim period FY 1980-81 for expanded activities, but up to the time of the large scale 1981 evaluation.

II. FAMILY PLANNING PROJECT (0029)

A. Goal and Purpose

The project goal and purpose remain as stated in the approved FY 1977 Project Paper:

- (1) TO REDUCE AS RAPIDLY AS POSSIBLE THE POPULATION GROWTH RATE IN ACCORD WITH THE GOE'S POPULATION AND FAMILY PLANNING POLICY.
- (2) TO STRENGTHEN AND EXPAND NATIONWIDE FAMILY PLANNING SERVICE SYSTEMS IN ORDER TO MAKE SUCH SERVICES EFFECTIVELY AVAILABLE TO MARRIED COUPLES OF REPRODUCTIVE AGE.

USAID believes the GOE is committed to implementing a vigorous, comprehensive family planning program in order to reduce the population growth rate through a reduction in the birth rate.

The Minister of Health, concurrently the Chairman of the Supreme Council of Population and Family Planning, has noted recently that the GOE is now directing a threefold approach in order to decrease the birth rate and

increase modern contraceptive use. The GOE initiative focuses on the upgrading of family planning services; the linking of family planning achievement to social and economic activity at the community level; and, the intensification of vigorous population/family planning information, education and communication activities.

If the GOE can develop a more comprehensive program strategy that includes public and private sector cooperation and collaboration in solving the population problem, USAID believes Egypt could begin to significantly reduce its rate of population growth over a six-year period from the current 3.0 per cent per annum to 2.0 per cent.

Annex I contains notes on future demographic trends, which depict the required increases in family planning acceptance and contraceptive use in order to bring about a rapid decline in the birth and population growth rate.

B. Project Highlights

AID/W approved on 23 September 1977 the Family Planning Project Paper for three years and an amount not to exceed \$17 million. USAID signed a Project Agreement for \$4.0 million with the Government of Egypt (GOE) on 30 September 1977, and Project Agreement Amendments for \$6.0 million on 28 September 1978 and \$6.5 million on 29 August 1979. USAID amended the PP in September 1978 (Amendment #1) to add a sixth element of assistance: Information, Education and Communication. Of the \$16.7 million USAID obligated during FY's 1977, 1978 and 1979, USAID has sub-obligated \$14.5 and expended \$5.0 million as of June 1, 1980. Due to initiative on the part of the GOE and a greatly increased demand for family planning activities, USAID expects to commit the remaining \$2.0 million in the Project by July 1980. We expect rapidly increasing expenditures as

recently ordered large quantities of contraceptives are delivered over the next six months. In October 1979, the Auditor General audited the Family Planning Project * While there were a number of recommendations which needed action, the audit did not raise fundamental issues about the Project per se.

III. FAMILY PLANNING PROJECT IMPLEMENTATION (1977 - 1978 - 1979)

In the original PP and Amendment #1, USAID has offered to assist the GOE in six areas:

- Contraceptive Availability
- Administrative Improvement
- Integrated Social Service Delivery
- Training
- Innovation and Technology Transfer
- Information, Education and Communication

In the original PP, we noted AID would work collaboratively with the GOE in identifying family planning needs. USAID also noted we would ... "continue to engage in an ongoing dialogue with host country officials in order to modify these activities as necessary, to meet changing needs, and jointly to design new activities to meet additional identified assistance requirements and to respond to targets of opportunity."

USAID believes we have successfully followed this philosophy and increasingly we envision a promising GOE population program strategy evolving for the 80's. This progress is reflected in the review of project implementation by element.

A. Contraceptive Availability

USAID obligated \$3.3 million under this element in order to enhance contraceptive availability in the public and private sectors. As of June 1, 1980, USAID has expended \$2.4 million; we expect to expend the balance of these funds by December 1980.

* Audit Report on Family Planning in Egypt, Area Auditor General/Egypt
October 30, 1979.

Under this element USAID has purchased (via PIO/C's) medical kits and pelvic models for MOH family planning training courses, as well as supplies of condoms, foam tablets, Lippes loops (IUD's), copper IUD's and diaphragms for the family planning service program.

USAID has implemented this element with the MOH and the GOE Population and Family Planning Board (PFPB). We have developed a close working relationship with the MOH and PFPB in assessing contraceptive requirements and processing orders. We foresee an increased demand for contraceptives over the next two years. USAID expects usage to increase from 1.0 million users in 1979 to 1.5 million by 1981.

B. Administrative Improvement

USAID has obligated \$136,000 for this element. As of June 1, 1980, we have expended \$99,000; we expect to expend the balance by November 1980.

To date, USAID has provided office equipment and supplies to the MOH for administrative improvement. Increasingly, the MOH is active in upgrading its capability in supporting the family planning program. We expect the MOH/USAID Family Planning Project Coordinator to obtain expanded and improved office space in the near future at the MOH. The MOH has designed an IUD in-service training project (described under the Training Element); and is currently considering a rural clinic family planning in-service course to upgrade clinic nurses and staff. These MOH initiatives demonstrate the Ministry's interest and commitment to become increasingly active and involved in the family planning program. USAID expects to provide additional office equipment and supplies to the MOH for expanded family planning space.

C. Integrated Social Service Delivery

USAID has obligated \$5.7 million for this element. As of June 1, 1980, we have expended \$1.2 million; we expect to expend the balance by January 1980.

Over the past two years, the GOE has tested two separate but complementary rural community-based family planning programs. These programs offer realistic possibilities for success. The programs are of particular interest to AID since they also address other basic human needs/quality-of-life program objectives.

One ISSD-type program has been initiated in the Menoufia Governorate in cooperation with the American University in Cairo (AUC). The Integrated Social Service Delivery System (ISSD) has progressed well, moving from an initial three districts to six in FY 1980 with full governorate coverage expected in FY 1981. This program, in addition to social service delivery, provides for household distribution of oral pills and foam tablets plus oralyte as a health measure directed at the prevention of infant and child mortality due to dehydration. The success to date of the program reinforces the need to involve local health units and staff in outreach and community-based programs.

Under the ISSD Element, USAID has provided support for the "Menoufia Project." The Menoufia Governorate is implementing the action component, while AUC implements the research component.

This ISSD activity is currently active in 102 villages in the initial three districts of Menoufia. In these villages, clinics and social units have been upgraded, household distribution of contraceptives has taken place and village committees have been formed to maintain interest and follow-up.

Currently, AUC is planning a follow-up survey (June 1980) to assess project results in the initial three districts covered by the project.

A report is available on the results of the 1979 household distribution of contraceptives and oral rehydration salts (ORS). * The report notes that of the some 16,000 women visited, 39% accepted oral contraceptives; 23% accepted neo-sampoons (vaginal foam tablets).

The report notes that during the ORS distribution, 92% of the women with small children received the ORS; 61% of these reporting child diarrhea episodes used the ORS to prevent dehydration.

The 1979 experience in the three districts in Menoufia demonstrates that household distribution of contraceptives - though not trouble free - is feasible and can become a powerful stimulant to a community-based family planning program.

The ongoing AUC-Menoufia research activity will continue to produce important findings for improving rural based community family planning-health activities. Future analyses (expected in Fall 1980) will provide insights into the long-run effects (over a year) of household distribution techniques.

USAID expects the Menoufia-type activity will expand to two additional governorates (possibly Beni-Suef and Dakaliha) in Fall 1980. In the two additional governorates the Menoufia activity, with the household distribution and a more streamlined research design, will be combined with the GOE Population Family Planning Board's rural based Population Development Project (PDP). The PDP is a community program which seeks to institutionalize family planning at the village level and draw village leadership into active support for population programs. The objective in combining PDP with the Menoufia-type

* Preliminary Results of the Household Distribution of Contraceptives and Oral Rehydration Salts, Gadalla, Nosseir and Gillespie, AUC, Cairo December, 1979.

activity is to develop a more vigorous community-based family planning program for rural rural areas.

D. Training and El Galaa Hospital

USAID has obligated \$3.6 million for this element. As of June 1, 1980, we have expended \$597,000; we expect to expend the balance by June 1, 1981.

AID has funded 60 short-term and 15 long-term participants under this element. We have also supported in-service training for IUD insertion and diaphragm use for public health clinic doctors at centers in Alexandria, Tanta, Minia and Zagazig. In-service training in family planning and health is conducted at the High Institute of Public Health Department in Alexandria. A field training site for doctors and medical students has been established at the HIPH. In FY 80/81 about eight in-service training programs will be conducted under that program.

The MOH is renovating El Galaa maternity hospital with AID assistance; the hospital will be used as a teaching facility by Al Azhar University. USAID expects the El Galaa will become an important family planning teaching resource as well as a model urban family planning services center.

The Al Azhar International Islamic Center for Population Studies will develop a training program in family health for ob-gyn's, general medical practitioners, paramedical workers, and medical social workers.

E. Innovation and Technology Transfer

USAID obligated \$850,000 for this element. As of June 1, 1980, we have expended \$13,000; we expect to expend the balance by January 1981.

Under this sub-activity USAID expanded the PDP program on a trial

basis to cover 10 village council areas in Fayoum Governorate and 32 village council areas in Gharbia Governorate. As noted above, the PDP is an integrated social services delivery activity that attempts to ground family planning at the community level. PDP seeks community leadership support and participation in setting local population goals, then developing an active family planning service program in order to achieve those goals.

Additionally, under this element USAID has supported a series of population education workshops held each year at the Alexandria Family Planning Institute.

F. Information, Education and Communication

USAID has obligated \$3.0 million for this element. As of June 1, 1980, we have expended \$860,000; we expect to expend the balance by March 1981.

In FY 1978 (September 28, 1978) a new element for IE&C was added to the Family Planning Project (PP Amendment #1). This sub-activity supports a series of population awareness and family planning service campaigns through the intensive use of mass-media and other innovative means of broadcasting and disseminating information. The GOE State Information Service is the implementing agent for the campaign and largely responsible for this element.

To date SIS has printed booklets on contraception and the advantages of small families; produced two movies; and, in conjunction with the University of Chicago's Social Development Center (SDC), launched a major two-phase population awareness campaign.

USAID has provided support for the Phase I mass-media campaign "Look around you; we have a population problem" that SIS initiated in late

1979. Increasingly, SIS is tailoring its information program to the family planning service program elements. The idea is to focus on family planning channels: community family planning; rural and urban health services; private sector program; hospital post-partum programs, and, advanced fertility technique management for high risk maternity patients.

Table I

USAID-MOH Family Planning Project

263-0029

(Obligations, Sub-obligations, Expenditures)

<u>USAID-MOH Agreements (1977-78-79)</u> <u>Agreements</u>	<u>Cumulative</u> <u>Obligations</u> <u>(77-78-79)</u>	<u>\$000</u> <u>Cumulative</u> <u>Sub-obligations</u> <u>(77-78-79)</u>	<u>Cumulative</u> <u>Expenditures</u> <u>Thru 6/1/80</u>
Contraceptive Services	3,343.0	3,342.9	2,405.0
MOH Administration	136.0	102.3	99.0
Integrated Social Service Project	5,702.0	5,172.5	1,223.0
Training & El Galaa	3,559.0	2,358.2	597.0
Innovation & Technology Transfer	850.0	616.5	13.0
IE&C	3,000.0	2,859.9	860.0
Contingency	110.0	1.3	1.0
TOTALS:	<u>\$16,700.0</u>	<u>\$14,453.6</u>	<u>\$ 5,198.0</u>

7. LESSONS LEARNED - NEW DIRECTIONS

USAID believes the past three years have resulted in meaningful movement toward a viable GOE population program strategy for the 80's.

The Egyptian Government, as noted in the original PP, has a meaningful population policy with specific demographic goals. These call for a rapid reduction in the rate of population increase through a decline in the birth rate. The State Information Service's "Awareness Campaign" has created a dialogue and intense interest in Egypt's population situation; and, reinforced the importance of the population policy for development. Increasingly, critics of the SIS campaign have called for more explicit information on family planning services. Public acceptance of the SIS population information activities and the wide awareness of the initial campaign present an opportunity to tailor further messages to an expanded and more comprehensive public and private family planning program.

In addition to the SIS efforts, recent RAPID computer simulation presentations * for Egyptian leaders have reinforced the urgency of meeting Egypt's population policy goals. During a presentation by Ambassador Marshall Green to the GOE Supreme Council for Population and Family Planning, Mrs. Jihan Sadat was "visibly moved" by the implications for Egypt of continued rapid population growth. She urged the Grand Sheikh of Al Azhar to educate his Sheiks about the problem.

Over these past years, there has been some improvement in the MOH service systems. USAID's Urban and Rural Health Projects have made notable progress in preparing for an up-grading and improvement in clinic and outreach family planning and health services. In the near future, USAID

* Egypt - The Effects of Population Factors on Social and Economic Development
The Futures Group (RAPID), Washington, D.C. January 1980.

will provide assistance for the upgrading of nurse training, the introduction of community medicine at Suez Canal University, and a national child re-hydration program aimed at reducing infant and child deaths. These activities will continue to strengthen the MOH and support the goals of this Project by strengthening the health services, which are in integral part of family planning delivery services.

Encouragingly, USAID notes an increased willingness of Egyptian health and population principals to exchange experiences and discuss collaboration and cooperation in implementing a more effective national family planning program.

Gradually the GOE has turned away from the prior informal policy of focusing population programs and donor assistance in a specific geographic area, i.e., IBRD in Minia Governorate; USAID in Menoufia Governorate. Over the past few years, the GOE has realized that a viable national family planning program must be flexible, decentralized and eclectic - taking elements from various approaches and applying them where appropriate. Unfortunately, the vertical approach tended to isolate donor and GOE principals, making the sharing of ideas and field experience difficult. It also restrained any nationwide expansion as certain geographic areas were "off limits." Additionally, the GOE was reluctant to commence a nationwide program until all cost and program effectiveness data were in. Invariably, such projects tend to lag, while data collection and analysis seem to go on and on and on...

Over the past year, the GOE has gradually turned from a vertical, or geographic, concentration to a more functional orientation. The shift is to horizontal layers of service: family planning tiers or channels where interested couples can obtain family planning services in either the public

or private sector.

Family Planning Redundancy

The general strategy currently evolving is intended to increase availability, capability, information reliability and access by designing action programs that overlap or provide for multiple service and delivery points.

USAID believes the GOE can achieve a dramatic increase in modern contraceptive use through such a "family planning redundancy system," which offers alternative public and private service outlets for married couples of reproductive age to secure information and contraceptive supplies easily and at an affordable price.

At the rural community level, a community-based program such as the ISSD Population Development Project (PDP) would function to sensitize and educate local leaders about population, as well as upgrade the local health clinic and deploy outreach workers.

In the village, there would be household distribution of contraceptives as well as local resupply. (The USAID supported "Menoufia Project" has demonstrated the feasibility and efficacy of household distribution.) There would be a minimum dependency upon the clinic for non-surgical means of contraceptives: oral contraceptives, condoms, foam tablets and other simple methods. In case of side effects, supply disruption, or some other failure, the users could move to the next service channel -- the clinic. At the clinic level, the user could take advantage of the physician's services for use-complaints, or an alternative means of contraception such as an IUD or a diaphragm. In both rural and urban clinics, the GOE is actively improving the public health delivery system. USAID expects the MOH to embark in the near future on a national child rehydration program. This will enhance and

strengthen rural health services.

A higher level of service would be available at district and governorate capitals. Hospital family planning service centers would offer treatment of complications as well as surgical alternatives for high-parity, older-risk patients.

The idea is to provide redundant service channels in case of method or system failures. Thus, if one method or service fails the client can seek services at a second level; moving from village service to clinic service and (if need be) on to the hospital level.

Alternatively, married couples should be able to obtain services from the private sector through private physicians and retail outlets. A promising development in the private sector area is the Egyptian Family Planning Association's (EFPA) trial commercial retail sales effort in Cairo. This project, launched in June, 1979, has met initial success in terms of the willingness of pharmacies to cooperate in the program, and rapid sales of IUD's, condoms, and foam tablets. This project could complement the public program and provide a framework for a more comprehensive commercial contraceptive retail sales (CCRS) program. *

The "redundancy system" can be viewed as two parallel pyramids. In the rural areas, the base of the public service pyramid is the village-based program (ISSD) where contraceptive resupply (pills, condoms and foam tablets) are available locally. The pyramid tapers as the public program moves to the urban areas,

* Additionally, USAID hopes to see the development of industrial family planning, the involvement of labor unions in family planning and more active offering of family planning services by the private, voluntary agencies. USAID will consider other private sector options in the 1981 evaluation. (See section VII.)

where couples have access to private physicians, and voluntary family planning programs and services, as well as contraceptive supplies in pharmacies and kiosks.

The "private sector" pyramid narrows as it moves from urban to rural areas, there being fewer physicians etc., in the rural areas.

USAID views 1980 - 1981 as transition years, as the GOE articulates its comprehensive family planning strategy. That is, the GOE seeks nationwide coverage while improving on and refining the various family planning service tiers: village-based program, public health clinic service, and hospitals. At the same time, the GOE will sanction the vigorous involvement of the private sector in promoting family planning and contraceptives through commercial channels.

Over the period, the major population donors will consider ways of increasing coordination as the family planning program shifts from a vertical orientation to a more horizontal, or functional focus.

The UNFPA and USAID are cooperating in funding the PDP, or community tier. The IBRD will support the building of clinics (the clinic tier), as well as supporting the outreach of nurses to villages for discussions on health and family planning. The West Germans are cooperating in the family planning training of physicians. Both the UNFPA and the IBRD will send project appraisal teams to Egypt in the future. Discussions with these donor representatives have led to general agreement that future assistance should be considered in a functional (redundancy) context. This will be a major topic at the late 1980 GOE-Population Donors meeting.

In Summer 1981, USAID will conduct a major population/family planning

health sector review to assess the demographic situation, GOE success in articulating and outlining a family planning program strategy, USAID family planning project effectiveness, other population donor coordination and activities. USAID expects to develop follow-on population assistance based on this assessment.

V. IMPLEMENTATION PLANS FY 1980 and FY 1981

A. Contraceptive Availability

USAID will obligate \$6.0 million in FY 1980 and \$4.9 million in FY 81 for this element. The purpose is to insure continued country-wide contraceptive availability.

USAID will act with the MOH and PFPB to insure adequate contraceptive stocks for the family planning service program. USAID expects to purchase large quantities of condoms, foam tablets, IUD's, oral contraceptive raw materials, diaphragms and other contraceptives that may be available for AID purchase over the life of this PP Amendment.

Additionally, USAID will provide \$2.8 million in support for the Cairo Contraceptive Retail Sales (CCRS) activity to allow an orderly expansion of the project throughout the Cairo area.

The CCRS, a private, non-profit organization, operates under the principle of "social marketing." Its objective is to significantly increase the availability of contraceptives to a majority of urban fertile-age couples by offering affordable contraceptives through private physicians and commercial outlets. Details of the planned expansion are contained in an American Public Health Association (APHA) report by Donald and Seims * (February 1980).

* The Feasibility of Expanding the Egyptian CRS Project, APHA, Washington, D.C. February 1980.

Briefly, USAID support will allow for maintaining an adequate stock of contraceptives; expanding the commercial activities in Cairo; launching a new brand condom; considering the introduction of a low-dose oral contraceptive; providing U.S. social marketing expertise to the Cairo CRS managers; developing marketing research capability; and, establishing a managerial information system.

B. Administrative Improvement

USAID will provide \$100,000 in FY 1980 and \$500,000 in FY 1981 for equipment, supplies, consultants, and vehicles. The purpose is to continue to upgrade MOH capacity and capability in supporting a nationwide family planning program.

In addition to the active involvement of the MOH in IUD in-service training for M.D.'s, upgrading of clinic nurses and staff, USAID expects the Ministry to become more involved in post-partum services as well as institutional family planning training courses.

USAID will continue to support development of family planning administration and expertise in the MOH. We expect to see further increases in the time committed to the MOH's involvement in the population effort in general and the offering of family planning services in particular. We expect the MOH to take the initiative in increasing the effectiveness of its health units as well as exploring the possibility of initiating a hospital family planning program. The MOH will also take an active role in planning for a follow-on Family Planning Project II, which USAID hopes to develop in collaboration with the GOE for the years 1982 - 1986.

C. Integrated Social Services Delivery (ISSD)

USAID will obligate \$1.9 million in FY 1980 and \$3.5 million in FY 1981 for ISSD activities.

Currently, Egyptian principals co-involved in the "Menoufia Project" and the Population Family Planning Board's Population and Development Project (PDP) are discussing a merging of these projects to incorporate the most promising elements of each.

This approach would involve combining the household distribution of contraceptives with the PDP's active outreach and village contraceptive resupply, as well as improving social service activities based on experience to date. Menoufia and PDP will converge in Beni-Suef Governorate as a strategy to test the combining of these programs with multiple service delivery programs to increase family planning performance. The first tier of service will involve systematic expansion of the ISSD program.

USAID believes rural community-based contraceptive delivery programs have shown success and demonstrate that a cost-effective system can be developed for rural areas. USAID's assessment is that it will take at least two years of concerted efforts to establish a well-working ISSD program. USAID's target is to cover one-half of the village council areas in Egypt with community-based family planning by mid-1981 with GOE, UNFPA and USAID assistance.

In FY 1980, USAID will support an expansion of ISSD cum PDP to 157 village council areas (VCA) in 12 governorates throughout the country, covering about 4.5 million people.

In FY 1981, USAID will provide additional assistance for continued expansion of the ISSD activity. USAID expects all rural VCA's in Egypt will be engaged in community family planning activities by the end of 1982.

Support for this nationwide, rural expansion will come from the GOE, UNFPA and USAID.

Details of the PDP approach are contained in a recent Board report. * Briefly, the PDP focuses on the village council area (VCA), which covers about 30,000 people. The objective of the PDP is to create awareness of the population problem and create an effective family planning program through community discussion and involvement with population dynamics; upgrading of family planning clinic services; development of family planning outreach awareness; and collection and analysis of population data. These objectives are met by providing training, supervision, funds for family planning, contraceptives and modest grants and loans for social and community development activities.

D. Training

USAID will obligate \$500,000 in FY 80 and \$2.500 million in FY 81 for this element. The purpose of this assistance is to provide out-of-country and in-country training.

USAID will continue to work with the GOE in identifying participants for long-and short-term training. We will also pursue additional in-country family planning training programs, especially in-service programs for clinic nurses and staff.

USAID will work closely with the Alexandria High Institute of Public Health in order to refine and improve the HIPH's in-service and field training area (Abbis II).

* A Proposal for Extension of the Population Development Project, Population and Family Planning Board, Cairo, Egypt May 1980.

USAID also will provide funds to complete the renovation of the El Galaa Maternity Hospital. This will include funds for elevators, air-conditioning laundry and kitchen facilities.

E. Innovation and Technology Transfer

USAID will provide \$500,000 in FY 80 and \$1.0 million for this activity in FY 81. The purpose of this element is to allow the GOE flexibility to innovate and demonstrate new ideas, as well as take advantage of U.S. family planning technology.

During the next two years, USAID expects to fund discrete sub-projects for:

- Cost/Benefit Effectiveness Studies
- Contraceptive Prevalence Surveys
- Copper IUD Production Trials
- Family Planning Management Information Systems
- Post-Partum Family Planning Trials
- Egyptian Fertility Research Program
- Use of Traditional Mid-wives in Providing Family Planning Services
- Industrial Family Planning Programs

F. Information, Education and Communication (IE&C)

USAID will provide \$1.0 million in FY 1980 and \$2.5 million in FY 1981 and IE&C activities.

The IE&C element, largely administered and implemented by the State Information Service (SIS), will deliver its message through films, television, radio, billboards, written materials, handheld viewers, magnetic boards, face-to-face communication and other imaginative means of building

an understanding and awareness of the family planning service program.

Beginning in Fall 1980, the SIS will mount an intensive mass-media campaign that will have as its theme: "The Choice is Yours!"

The campaign will stress the choice is yours in terms of family size (though the emphasis will be on "small families live better,"), as well as the choice of contraceptives, i.e., the IUD, oral pill, foam tablet, condom and for high parity, high risk couples sterilization.

USAID will continue support of the SIS mass media campaign and use of various forms of mass media to promote the use of modern contraceptives.

TABLE - 2

USAID-MOH Family Planning Project

263-0029

1980

	\$000
Balance (77-79) Uncommitted	2,046.4
Plus July 1980 Amendment	10,000.0
Planned Commitments May - November 1980	
<u>Elements</u>	
#1 Contraceptive Services	(3,500.0)
#2 MOH Administration	(50.0)
#3 Integrated Social Services Delivery	(4,500.0)
#4 Training	(1,750.0)
#5 Innovation & Technology Transfer	(520.0)
#6 IE&C	(1,000.0)
#7 Contingency	(10.0)
Balance Uncommitted November 1980	716.4

TABLE 3

USAID-MOH Family Planning Project

263-0029

1981

	\$000
Balance (1980) Uncommitted	716.4
Plus December 1980 Amendment	15,000.0
Planned Commitments December 1980 - June 1982	
<u>Elements</u>	
#1 Contraceptive Services	(4,500.0)
#2 MOH Administration	(500.0)
#3 Integrated Social Services Delivery	(3,350.0)
#4 Training	(2,750.0)
#5 Innovation & Technology Transfer	(1,500.0)
#6 IE&C	(2,000.0)
#7 Contingency	(25.0)
Balance Uncommitted June 1982	1,091.4

VI. PROJECT SCHEDULE AND REVISED FINANCIAL PLANS

A. Schedule of Activities

Upon AID's approval of this Amendment #2, funding authorization and signing of the FY 1980 Project Agreement Amendment #3, * USAID will prepare PIO/C's for:

- 250,000 Copper T IUD's
- 200,000 Gross Condoms
- 15,000 Foam Tablets

We will also proceed with finalizing 18 month assistance (\$2.8 million) to the Cairo Contraceptive Retail Sales Project (CCRS). USAID will authorize AID/W to seek technical assistance for the CCRS in cooperation with the IPPF, London. USAID expects AID/W to seek bids for technical assistance to the CCRS and to award a contract by the Fall of 1980. In the interim, USAID will request AID/W assistance (via APHA) for technical assistance to consider CCRS marketing and expansion alternatives.

USAID will also initiate with the GOE a review of the MOH/Population Family Planning Board's contraceptive supply and pricing system. Recently the chairman of the PFPB noted contraceptive logistics is a priority area. The objective will be to insure adequate stocks and flows of contraceptives throughout the country. This survey depending, on the initial appraisal, will be supported with AID/W technical assistance, or possibly local consultants under the "Innovations and Technology Transfer" element.

* USAID expects to sign the Amendment with the Ministry of Economy, Health and Social Affairs. The CCRS activity will be under the Ministry of Social Affairs.

USAID will continue to review with the MOH requirements for improved family planning service administration. We will offer to provide local or foreign consultants for the clinic upgrading program and for consideration of a hospital family planning post-partum/outreach program.

USAID expects to provide \$4 - 5 million for the expansion of the ISSD-PDP activity in August 1980. USAID currently has a PFPB proposal for an expansion of the Board's PDP to 157 rural village council areas in 12 governorates. Following USAID review and agreement, and the approval by the GOE, Chairman of the Supreme Council for Population and Family Planning, USAID will issue a project implementation letter (PIL) to support the PDP expansion.

USAID expects to issue requests for bids for the equipment for El Galaa Maternity Hospital in September 1980. USAID has agreed to procure air conditioners, elevators, and kitchen and laundry facilities for the hospital. We expect AID/W to sign contracts by November/December 1980. We hope the hospital will be complete in Summer 1981.

USAID will amend its sub-agreement with the High Institute of Public Health (Alexandria) for continued support of HIPH's in-service training and field area development. USAID will review HIPH's activities during the major USAID/AID assessment of population activities scheduled for Summer 1981. (See section VII on project evaluation.)

USAID also expects the MOH to develop in Fall 1980 an IUD training course for Upper Egypt, as well as clinic upgrading activities. USAID will consider supporting these activities with training grants via the PIL mechanism.

In Fall 1980, USAID will solicit and encourage submission of ideas for innovative activities such as (in addition to those listed already)

improving contraceptive stocks and flows and local production of Copper-T IUD's. USAID expects to fund these activities as discrete activities through PIL's in most cases to the principal investigator.

As previously noted, the SIS is planning a Phase II mass-media campaign for Fall 1980. USAID is currently reviewing SIS's proposed campaign plan and budget with SIS and the University of Chicago Social Development Center (SDC) staff. USAID expects to amend the Phase I PIL and provide additional assistance for T.V. spots, billboards, handouts, pamphlets and possibly population/family planning film productions. USAID will also consider the equipping and upgrading of SIS's 40 regional centers.

In cooperation with SIS, the MOH is discussing a one - two day family planning information course for clinic staff. The purpose of the clinic course would be to provide: (1) information on rehydration, (2) update on contraceptives, (3) visual aids such as magnetic boards and laminated contraceptive picture cards, (4) methods for establishing good client-patient relationships. USAID is encouraging this course and would consider support under the Training and IE&C Element.

B. Revised Financial Plan

AMENDMENT #2
FAMILY PLANNING PROJECT 263-0029

Revised Financial Plan
(in 00's U.S. dollars)

Project Elements <u>Description</u>	<u>FY 1977-78-79 Prior Funding</u>		<u>FY 1980</u>			<u>FY 1981</u>			<u>TOTAL</u>		
	<u>U.S.</u>	<u>GOE</u>	<u>U.S.</u>	<u>GOE</u>	<u>Total</u>	<u>U.S.</u>	<u>COE</u>	<u>Total</u>	<u>U.S.</u>	<u>GOE</u>	<u>Total</u>
Contraceptive Availability	3,343	5,857	6,000	3,000	9,000	4,900	4,000	8,900	14,243	12,857	26,600
Assistance for MOH Family Planning Administration	136	51	100	15	115	500	75	575	736	141	877
Integrated Social Ser- vices Delivery Systems	5,702	7,751	1,900	2,000	3,900	3,500	5,000	8,500	11,102	14,751	25,853
Training & Al Galaa Renovation	3,559	1,580	500	2,000	2,500	2,500	2,000	4,500	6,559	5,580	12,139
Low Cost Innovations and Tech. Transfer	850	297	500	100	600	1,000	400	1,400	2,350	797	3,147
Information, Education & Communication	3,000	1,900	1,000	1,600	2,600	2,500	2,000	4,500	6,500	5,500	12,000
Contingency	<u>110</u>	<u>1,094</u>	<u>-</u>	<u>1,000</u>	<u>1,000</u>	<u>100</u>	<u>1,700</u>	<u>1,800</u>	<u>210</u>	<u>3,794</u>	<u>4,004</u>
GRAND TOTALS	16,700	18,530	10,000	9,715	19,715	15,000	15,175	30,175	41,700	43,420	85,120
Local Currency (LE)	(9,728)	-	(4,000)	-	-	(6,000)	-	-	(19,728)	-	-
Foreign Exchange	(6,992)	-	(6,000)	-	-	(9,000)	-	-	(21,972)	-	-

AMENDMENT # 2
FAMILY PLANNING PROJECT 263-0029

C. Revised Expenditure Plan

Expenditure
Revised Financial Plan
(Million's U.S. Dollars)

Project Elements Description	Unexpended ^a Balance 6/1/80	Planned Obligations		Expenditures					Expenditures					Expenditures				
		FY 1980	FY 1981	FY 80 4th Qtr	FY 1981 1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Unex. Bal.	FY 1982 1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Unex. Bal.	FY 1983 1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Contraceptive Availability	.9	6.0	4.9	(1.0)	(1.5)	(.5)	(2.5)	(.5)	5.8	(1.0)	(.5)	(.5)	(1.0)	2.8	(1.0)	(.5)	(1.3)	-
Assistance for MNW Family Planning Administration	-	.1	.3	-	(.1)	-	(.2)	-	.3	(.2)	-	-	(.1)	-	-	-	-	-
Integrated Social Services Delivery System	4.5	1.9	3.5	(.5)	(1.0)	(.5)	(1.0)	(2.0)	4.9	(1.0)	(1.5)	(.5)	(.5)	1.4	(.4)	(.6)	(.4)	-
Training & AI Gates Renovation	3.0	.5	2.5	(1.0)	(1.0)	(1.0)	(.5)	(.2)	2.3	(.5)	(.5)	(.3)	(.2)	.8	(.2)	(.2)	(.4)	-
Low Cost Innovations and Tech. Transfer	.8	.5	1.0	(.5)	(.2)	(.1)	(.1)	(.1)	1.3	(.2)	(.5)	(.3)	(.1)	.2	(.1)	(.1)	-	-
Information, Education & Communication	2.1	1.0	2.5	(1.0)	(.5)	(.5)	(.5)	(.5)	2.6	(.5)	(.5)	(.5)	(.5)	.8	(.3)	(.3)	-	-
Contingency	.1	-	.1	-	.1	-	.1	-	-	-	-	-	-	-	-	-	-	-
RAND TOTALS	11.4	10.0	15.0	(4.0)	(4.4)	(2.6)	(4.9)	(3.3)	17.2	(3.4)	(3.5)	(2.1)	(2.4)	5.8	(2.0)	(1.7)	(2.1)	-

^a Balance from FY 77-78-79 obligation totalling \$16.7 million, of which USAID has sub-obligated \$14.5 million.

VII. EVALUATION PLAN

A. Objectives

In keeping with overall Mission strategy in the social sector, USAID intends to structure its targets in health and family planning around quantifiable social indicators, with the PQLI (and the corresponding Disparity Reduction Rate (DRR) as the centerpieces. Where appropriate, these will be augmented with carefully selected and controlled demographic and epidemiological indicators.

PQLI/Social Indicator Definition

With a limited and clearly stated set of social indicators (built around the PQLI) as the foundation, the USAID plans a data refinement and baseline definition exercise for the September through November 1980 period. This activity will bring social statisticians and social indicator specialists from the U.S. and Egypt together in a close review of major PQLI and other social indicator series to assess the validity and utility of each series. From this effort the USAID will define quantified targets in key program areas: infant mortality, literacy, fertility, etc. and will establish the principles of measurement and data analysis which will be used to track GOE and USAID performance against the targets.

National Health/Family Planning Resources and Performance Assessment

The second phase of the evaluation process in the Health/family planning areas will involve a national level assessment of resource allocation and performance. This assessment will not be confined to USAID (or donor programs in general), but will look at the broad patterns of public and private resource allocation for health, health-related and FP programs since 1973. The aim will

be to identify rough levels of program performance against the indicators developed in the PQLI phase. In all cases the aim will be to seek out areas where programs have proved cost effective (in terms of actual social consequences, not simply in terms of units of service delivered). The assessment will combine the techniques of performance accounting, public policy economics and public health economics in developing a quantified (cost and social indicator) based evaluation of overall resource flows and performance in the sector. The assessment will not, in general, involve close examination of specific field programs or attempt to look at the micro-level features of these programs. The team's mandate will include a requirement to identify both areas where resource investments appear to have been ineffective and also areas where resource investments have been inadequate or completely foregone. This will involve options analysis at two levels: examination of the apparent pattern of investment options which has shaped GOE social investments and the analysis of additional or alternative options based on the assessment of program performance in the 1970's.

Detailed Evaluation of USAID/Health Family Planning Programs

The third phase of the assessment/evaluation process would be a close look at the components of the USAID supported family planning activities in Egypt. Drawing both on the statistical basis of the PQLI definition exercise and the national program assessment, this evaluation would involve close analysis at the micro-level of the workings of the major elements of the USAID program: PDP, IE&C, El Galaa, Menoufia, etc. The objective of this evaluation would be to develop the detailed design criteria for a major new

USAID project in Family Planning beginning in FY 82. While the new project might or might not continue all the componentry of the present program, it is anticipated that valuable administrative, sociological, logistical insights can be derived from close evaluation of each component which would underpin a more finely tuned project design for FY 82 - 87.

B. Timing

PQLI/Social Indicator Effort

Scope: Summer 80

Contracting: August 80

Fieldwork: September - November 80

Final Report: November - December 80

National Health/Family Planning Resources and Performance Assessment

Scope: Fall 80

Contracting: January - February 81

Fieldwork: April - July 81

Final Report: July - August 81

Detailed Evaluation of USAID Family Planning Activities

Scope: June 81

Contracting: July - August 81

Fieldwork: September - November 81

Final Report: November 81

VIII. REVISED COVENANTS AND CONDITIONS

A. Project Evaluation

The MOH and other implementing agencies will establish evaluation programs that will allow:

- (1) evaluation of progress toward attainment of the objectives of the Project;
- (2) identification and evaluation of problem areas or constraints which may inhibit such attainment;
- (3) assessment of how such information may be used to help overcome such problems; and
- (4) evaluation, to the degree feasible, of the overall development impact of the Project.

B. Family Planning Activity

Ministry of Health. The Ministry of Health will be responsible for the overall coordination and control of implementation of the Project in cooperation with other ministries, agencies and institutions. It is understood that funds under this project will be made available to those cooperating agencies and institutions as well as the MOH. The MOH will continue to upgrade urban and rural family planning services, as well as consider hospital post-partum services as a component of comprehensive family planning availability.

C. Use of AID Project Funds

None of the AID funds made available through this PP Amendment will be used to pay for (1) the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions or (2)

the performance of involuntary sterilizations as a method of family planning or to coerce or provide any financial incentive to any person to practice sterilizations.

Egypt
Notes on Future Demographic Trends

Social scientists in general and economists and demographers in particular are well aware of the hazards and pitfalls of forecasting. Projecting is more art than science. Whether it is population projections or economic forecast (calling the inflation rate) forecasts are, unhappily, often wide of the mark, more often than not, quickly forgotten.

At the same time, it is difficult to plan and project the use of large amounts of resources and not attempt to estimate some impact from the result of expenditures of money, valuable time, and in-kind resources. There is no "free lunch."

It is unreasonable to commit funds boldly, yet hang back in attempting to measure meaningful output - an objective indicator, such as a decline in birth rates and population increase.

Population target setting in Egypt is especially perilous. In 1973 the GOE set ambitious 1982 population targets for the National Family Planning Program. It is increasingly problematic whether or not the GOE can achieve its birth and population growth rate targets. Already the population (42 million in 1979) has exceeded the target of restraining the population to 41 million by 1982.

Although the GOE population policy of 1973 is a forceful one with clear demographic goals, it lacks a clear detailed program strategy: how you get from here to there.

Increasingly, USAID believes a viable population program strategy for the 80's is evolving. This we refer to loosely as "family planning redundancy" in the USAID Family Planning Project Paper Amendment 2.

Redundancy in the sense of alternative functional channels for family planning services in case of method or delivery breakdown. Although this GOE strategy is in a growth stage, it is visualized as village family planning, with services available in clinics and hospitals. In the private sector, physicians would offer their services. Pharmacies and various retail outlets would make available condoms and foam tablets at reasonable costs. Thus, there would be different channels of family planning services available to interested married couple of childbearing age - family planning redundancy.

The Demographic Approach:

The goal of the GOE population policy clearly is to reduce the population growth rate as quickly as possible within resource, cultural, economic and political considerations. The GOE must balance what is desired with what it can reasonably achieve over, say, the decade of the 80's.

In seeking to reduce the population growth rate, there are essentially three options: (1) reduce the birth rate; (2) increase the death rate; (3) encourage international migration. In the GOE 1973 population policy statement, it is clear the GOE intends to focus on option one - reduce the birth rate.

There is a vast literature on theories and thoughts on approaches to reduce birth rates. These run the spectrum from modern contraception to delayed marriage. Although the GOE indicates it will mount a broad scale program to reduce the birth rate, it is clear that the primary means is to be through a rapid increase in family planning use, or modern contraception (IUD's, pills, foam tablets, condoms and other methods).

Family Planning Acceptance and Use

Assuming the GOE continues on its path to establish a comprehensive family planning system, i.e., village-based family planning, clinics, hospitals, private sector physicians and retail outlets, then it is reasonable to project future family planning acceptance and use. These figures are contained in Table 1.

In Table 1, USAID projects family planning "new acceptors" will increase from 433,000 in 1979 to 681,250 by 1984. Although past trends of new acceptors are not available to USAID, past contraceptive use data indicate these figures are not unrealistic projections - especially in light of the expected family planning service activity. The noted 433,000 new acceptors for 1979 mean about 10 acceptors per month per clinic throughout the country. By 1984, new acceptors would increase to about 16 per month per clinic. * Neither of these figures are unreasonable targets. This assumes, of course, the GOE is successful in fully developing family planning services in the public and private sectors.

Column three in Table 1, notes dropouts. This is an estimate of those new acceptors and continuing users who drop out of the program during the course of the year. Users may stop modern contraception because of side effects, desire for another child, or a variety of reasons. The series presented in column three for dropouts is based on other national country experience, not Egyptian data.

The series of contraceptive users in Table 1 is carried over to Table 2 where it is juxtaposed to the estimated number of married women of

* These estimates are based on the assumption the GOE has 3,610 clinics offering family planning services. Thus, (on average) 3,600 clinics x 10 new acceptors x 12 months - 433,200 new acceptors for the year.

reproductive age, or the family planning universe. Table 2 depicts a breakdown of the projected family planning users by contraceptive method. For 1979, we estimate 1,015,000 contraceptive users: 615,000 oral contraceptive (pill), 200,000 IUD, 100,000 foam tablet and 100,000 condom. In column two of Table 2, the contraceptive users are projected to increase to 2,739,000 by early 1985. The projected distribution of contraceptive use is: 20% pill, 7% IUD, 6% foam tablet, 6% condom, and 1% other, for a total of 40% contraceptive usage.

Clearly, these proportions of use by method could change. The point is that they (the proportions) are not in themselves unrealistic given past national family planning program experiences.

Implications for the Birth and Population Growth Rate

If, indeed, Egypt were to achieve 40% modern contraceptive use by early 1985, it is of interest to speculate about the birth and population increase. In Table 3, Egypt's vital rates are depicted for the years 1979 - 1985. The crude birth rate declines from 41 births per 1,000 population in 1979 to 29 by the end of 1985; the death rate continues its gradual decline to 9 deaths per 1,000; the annual rate of natural increase (as a result of these changes in the vital rates) declines from 3.0% to 2.0%.

This is a startling and encouraging change. It is dependent on the development of the family planning redundancy system, active recruitment of family planning acceptors and a swelling number of modern contraceptive users. As noted in column 4 of Table 3, contraceptive use increases from 17% in 1979 to 40% by early 1985.

Population Size

In Table 4, the implication of these changes are quantified in terms of future population size. Column 1 notes the population from 1979 to 1985 at a continuous annual rate of growth of 3.0% for the next 6 years. These figures assure a slight decline in the birth rate, as the death rate is assumed to decline. This slight birth rate reduction maintains the continuous 3.0 % rate of growth.

Column three of Table 4 notes the projected size of population and population growth rate with an effective family planning program. The column is based on the prior tables, which project increased family planning acceptance, use and a sharp decline in the crude birth rate. This column reflects a significantly smaller population - a reduction of some 1,729,000 people (column 5) over the figures in column 1.

Births Averted

Table 5 contains an estimate of births averted for the period 1979 - 1985. This, again, assumes the vigorous population program strategy. Estimating births averted is especially hazardous terrain, as we are attempting to estimate a non-event: the birth prevented.

There are more sophisticated means of calculating births averted than those employed here. One can, for example, estimate couple-years-of-production, CYP's) then divide CYP's by a factor such as 2 or 3 (the average interval between births) and arrive at births averted. Given the lack of data on method, contraceptive continuation use, birth intervals and the like, the more aggregated approach is used in Table 5.

We estimate a vigorous family planning program over the next six years (1980 - 1985) could avert upwards of 1.9 million births. The question then arises as to what (if anything) is the value of a birth averted?

In the early 1960's Stephen Enke applied economic analysis in estimating the value of permanently averting a birth. * Enke based his calculations on "representative conditions" in some undeveloped countries. He estimated the future consumption (food, clothing, education, health and other social services) and the marginal product of 1,000 representative live births discounted to present value. Under Enke's assumption, he estimated the net value of an averted birth was \$127.

Using Enke's analysis, the total value of the births averted in Table 5 is \$236 million (1,861,147 x \$127). A more current "rule-of-thumb" estimate is that a birth averted is worth the GDP per capita. Assuming Egypt has a GDP per capita of \$357, the value of a birth averted would be \$664 million (1,861,147 x \$357).

Clearly these figures are reflective and need to be Egyptianized: What is the value of a birth averted in Egypt?

USAID, as noted in the PP Amendment 2, hopes to stimulate and support such cost-benefit studies in the near future.

* Economics for Development (Chapter 20), Stephen Enke, Prentice Hall Inc. Englewood Cliffs, N.J. 1963.

Table I

Egypt
Projected Contraceptive Acceptors
and Users
1979-1985

Year	Beginning Year's Users	New Acceptors	Dropouts	End of Year's Users
1979	1,015,000	433,000	225,000	1,223,000
1980	1,223,000	581,250	302,250	1,502,000
1981	1,502,000	608,333	316,333	1,794,000
1982	1,794,000	631,250	328,250	2,097,000
1983	2,097,000	656,250	341,250	2,412,000
1984	2,412,000	681,250	354,000	2,739,250
1985	2,739,250	-	-	-

3
Egypt

Projected Contraceptive Users

1979 - 1985

(000)

<u>Year</u>	<u>Married Couples of Reproductive Age</u>	<u>Total Users</u>	<u>Users by Method</u>				
			<u>Pill</u>	<u>IUD</u>	<u>F.T.</u>	<u>Condom</u>	<u>Other</u>
1979	5,969	1,015	615	200	100	100	-
1980	6,115	1,223	700	220	150	150	3
1981	6,261	1,502	800	260	200	236	6
1982	6,408	1,794	950	310	250	274	10
1983	6,554	2,097	1,050	380	300	354	13
1984	6,701	2,412	1,200	450	350	395	17
1985	6,848	2,739	1,368	500	400	450	21

Egypt

Projected Vital Rates

1979 - 1985

<u>Year</u>	<u>Crude Birth Rate</u> ^{1/}	<u>Crude Death Rate</u> ^{2/}	<u>Natural Rate of Increase</u> ^{3/}	<u>Cont. Use</u> ^{4/}
1979	41	11	3.0	17
1980	39	11	2.8	20
1981	37	11	2.6	24
1982	35	10	2.5	23
1983	33	10	2.3	32
1984	31	9	2.2	36
1985	29	9	2.0	40

Source

- 1/ Birth per 1,000 population
- 2/ Death per 1,000 population
- 3/ Difference between birth and death rate (41-11 = 30)
- 4/ Married women of reproductive age (15-44) using modern contraception.

Egypt

Population Size and Increase

1979 - 1985

<u>Year</u>	<u>Without F.P.</u>		<u>With F.P.</u>		<u>Pop (000)</u> <u>Difference</u>
	<u>Pop(000)</u>	<u>CRI(%)</u>	<u>Pop(000)</u>	<u>CRI(%)</u>	
1979	42,000	3.0	42,000	3.0	-
1980	43,260	3.0	43,176	2.8	(84)
1981	44,558	3.0	44,298	2.6	(260)
1982	45,895	3.0	45,406	2.5	(489)
1983	47,271	3.0	46,450	2.3	(821)
1984	48,690	3.0	47,422	2.2	(1,268)
1985	50,150	3.0	48,421	2.0	(1,729)

Table 5

EGYPT
BIRTHS AVERTED
1979 - 1985

Year	Without Family Planning			With Family Planning			Estimated Births Averted
	Pop (000)	CBR	Expected Births	Pop (000)	CBR	Expected Births	
1979	42,000	41	1,722,000	42,000	41	1,722,000	-
1980	43,260	41	1,773,660	43,176	39	1,683,864	89,796
1981	44,558	41	1,826,878	44,298	37	1,639,026	187,852
1982	45,895	40	1,835,800	45,406	35	1,589,210	246,590
1983	47,271	40	1,890,840	46,450	33	1,532,850	357,990
1984	48,690	39	1,898,910	47,472	31	1,471,632	427,278
1985	50,150	39	1,955,850	48,421	29	1,404,209	551,641
ESTIMATED BIRTHS AVERTED 1979 - 1985							1,861,147

ANNEX II

Recommendation to Purchase Egyptian Pounds with U.S. Dollars

Over the life of the Project USAID will use \$18,973,000 to support local currency expenditures that the Egyptian Government will make for specific items in support of this Project. Dollar funds will be used in association with GOE disbursement of Egyptian Pounds for the costs of the travel, per diem, and shipment of household effects of Project consultants; related Project support costs such as the travel of Egyptian participants; rental of office space, and procurement of secretarial and interpreting services; the cost of the Ministry of Health, Family Planning Department, temporary supplementary staff; local costs to Menoufia and other governorates for an innovative integrated social service delivery system, special costs associated with training, facilities renovation and related miscellaneous costs. The Mission will purchase Egyptian Pounds with U.S. Dollars provided by the Project. The Egyptian Pounds will in turn be made available to the various appropriate Egyptian entity(s) responsible for project implementation for disbursement in accordance with the agreements reached between USAID and the GOE in the Project Agreement.

One reason for using dollar funds in conjunction with Egyptian Pound costs is that this represents an additional real resource to the Egyptian economy and provides an incentive for the Egyptian Government to implement new initiatives that otherwise it might not be able to undertake. The Mission considered the use of granting excess U.S.-owned local currency for those Egyptian Pound costs; however, the use of existing U.S.-owned local currency would add no additional real resources to the economy. Given the

COE's need to restrict the growth in the money supply to correspond to the growth in real resources in the economy, the inflationary impact of using U.S.-owned local currency would have to be offset by reduced COE disbursements of other programs. Maintaining this fiscal balance is also required under the terms of the current IMF Standby Agreement with Egypt - which the U.S. and other donors have strongly supported.

Consequently, if U.S.-owned local currency were used, it is doubtful that the various Egyptian entities could enter into agreements since they would have to sustain budgetary cutbacks in other areas. Even if the various Egyptian entities were to obtain budgetary funds to provide its full portion of project costs, it is doubtful that it could commit them to this Project of particular AID concern unless the added fillip of dollar funding for local currency costs were assured. Given the above considerations and the fact that the Family Planning Project is fully consistent with the Congressional Mandate of the Foreign Assistance Act to undertake activities designed to improve the economic position and quality of life of the poor majority, we have concluded project costs should be dollar funded.

Based on the foregoing, USAID requests that it be determined that U.S. dollars may be used to purchase local currency in accordance with Section 612 (b) of the Foreign Assistance Act.

UNCLASSIFIED

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY

Agency for International Development

Washington, D. C. 20523

PROJECT PAPER

Amendment No.1

JORDAN: Health Planning and
Services Development
Project #263-0029

August 22, 1980

UNCLASSIFIED

August 19, 1980

ACTION MEMORANDUM

TO : A-AA/NE, Mr. Alfred D. White
THRU : NE/TECH, Mr. Lewis Reade
FROM : NE/TECH/HPN, *William Oldham*, M.D.
SUBJECT: Authorization to Amend the Health Planning and Services
Development Project in Jordan

Problem: To authorize a \$500,000 increase in the Health Planning and Services Delivery (268-0208) Project, and an extension of the Project Assistance Completion Date from July 31, 1980 to October 31, 1983.

Discussion: On August 29, 1977 this project was approved by the Assistant Administrator Joseph C. Wheeler, in the amount of \$1,375,000. The purpose of the project is to upgrade health planning and rural health services. The initial obligation was for \$750,000 and subsequent obligations in FY 1978 and 1979 brought the total to \$1,375,000.

There have been many delays in starting this project. In particular, there have been problems in negotiating a host country contract for technical services. Between the time the project was originally designed and the contract was finally signed, the cost of technical assistance has increased significantly. This inflation, along with a GOJ request that the level of technical assistance under the project be increased from 119 to 127 man-months, resulted in the recently negotiated contract costing \$500,000 more than the original estimate.

The delay in project initiation also necessitates the extension of the Project Assistance Completion Date from its current July 31, 1980 to a new date of October 31, 1983.

An Advice of Program Change was sent to Congress on August 8, 1980. The waiting period expired without objection on August 22, 1980.

There are no current human rights issues under Section 502B of the Foreign Assistance Act which would preclude provision of this assistance to Jordan.

Recommendation: (1) That you sign the attached Amendment of Project Authorization, which will increase the project funding from \$1,375,000 to a new total of \$1,875,000. (2) That you sign the attached cable, which will authorize the Mission to extend the Project Assistance Completion Date to October 31, 1983.

Attachments:

1. Amendment to Project Authorization
2. Original Project Authorization
3. PP Facesheet
4. Contract
5. Cable

Clearance:

NE/PD:PSellars 104
NE/JLS:DMorrissey (Draft) _____
NE/JLS:BRichardson BR _____
NE/GC:SCarlson (Draft) _____
NE/GC:JMullen SM _____
V

AID/NE/TECH/HPN:ARandlov:hm1 X28984

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON D C 20523

ASSISTANT
ADMINISTRATOR

FIRST AMENDMENT

TO

PROJECT AUTHORIZATION

Name of Country: Hashemite Kingdom
of Jordan

Name of Project: Health Planning and
Services Development

Number of Project: 278-0208

1. Pursuant to Section 532 of the Foreign Assistance Act of 1961, as amended, the Health Planning and Services Development Project for Jordan was authorized by Assistant Administrator Joseph Wheeler on August 26, 1977. That authorization is hereby amended as follows:

The amount of funds authorized for the Project is increased by \$500,000 to a total amount of \$1,875,000.

2. The authorization cited above remains in force except as hereby amended.



Alfred D. White
Acting Assistant Administrator
Bureau for Near East

22 AUG 1980

Date

Clearances:

NE/DP: Bradshaw Langmaid 104 Date: 8/22/80
NE/TECH: E. Keys MacManus KEL Date: 8/22/80
NE/JLS: Blaine C. Richardson BL Date: 8/22/80
GC/NE: John E. Mullen SEM Date: 8/22/80

Drafter: GC/NE: SECarlson:paj:8/12/80



AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT PAPER FACESHEET

TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE (IF APPROPRIATE BOX)

ORIGINAL CHANGE
 ADD DELETE

PP

DOCUMENT CODE
3

2. COUNTRY/REGIONAL ENTITY/GRANTEE
JORDAN

3. DOCUMENT REVISION NUMBER

1

4. PROJECT NUMBER

278-0208

5. BUREAU

A. SYMBOL NE B. CODE 03

6. ESTIMATED FY OF PROJECT COMPLETION

FY 84

7. PROJECT TITLE - SHORT (STAY WITHIN BRACKETS)

[Health Planning & Services Development]

8. ESTIMATED FY OF AUTHORIZATION/OBLIGATION

A. INITIAL NO. YR. 77 B. FINAL FY 80

9. SECONDARY TECHNICAL CODES (MAXIMUM SIX CODES OF THREE POSITIONS EACH)

10. ESTIMATED TOTAL COST (\$000 OR EQUIVALENT, \$1# _____)

A. PROGRAM FINANCING	FIRST YEAR			ALL YEARS		
	B. FX	C. L/C	D. TOTAL	E. FX	F. L/C	G. TOTAL
AID APPROPRIATED TOTAL	750		750	1,875		1,875
(GRANT)	()	()	()	()	()	()
(LOAN)	()	()	()	()	()	()
OTHER 1.						
U.S. 2.						
HOST GOVERNMENT						
OTHER DONOR(S)		385	385		725	725
TOTALS	750	385	1,135	1,875	725	2,600

11. ESTIMATED COSTS/AID APPROPRIATED FUNDS (\$000)

A. APPROPRIATION ALFA CODE	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE	FY 77		FY 78		FY 79		ALL YEARS	
			D. GRANT	E. LOAN	F. GRANT	G. LOAN	H. GRANT	I. LOAN	J. GRANT	K. LOAN
ESE	534	510	750		500		125		1,875	
TOTALS										

12. ESTIMATED EXPENDITURES

0

0

0

13. PROJECT PURPOSE(S) (STAY WITHIN BRACKETS)

CHECK IF DIFFERENT FROM PIO/PRP

- To rationalize the training, assignment, and functions of primary health care manpower.
- To establish an operational health planning unit in the MOH capable of planning for health improvement on a national basis.

14. WERE CHANGES MADE IN THE PIO/PRP FACESHEET DATA NOT INCLUDED ABOVE? IF YES, ATTACH CHANGED PIO AND/OR PRP FACESHEET.

YES

NO

15. ORIGINATING OFFICE CLEARANCE

SIGNATURE

Edith C. Hauer

TITLE

Director, U.S.A.I.D./Jordan

DATE SIGNED

MO. 07 DAY 24 YR. 80

16. DATE RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MO. 08 DAY 05 YR. 80

PROJECT AUTHORIZATION AND
REQUEST FOR ALLOTMENT OF FUNDS

PART II

Name of Country: Jordan

Name of Project: Health Planning and
Services Development

Number of Project: 278-0208

Pursuant to Part II, Chapter 4, Section 532 of the Foreign Assistance Act of 1961, as amended, I hereby authorize a Grant to Jordan (the "Cooperating Country") of not to exceed Seven Hundred Fifty Thousand United States Dollars (\$750,000) (the "Authorized Amount") to help in financing certain foreign exchange and local currency costs of goods and services required for the project as described in the following paragraph.

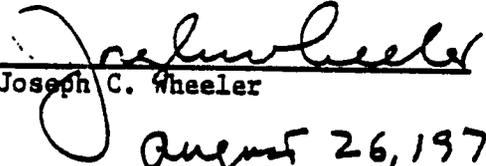
The project consists of providing technical services, participant training and commodities for the purpose of improving health planning and upgrading the delivery of basic health services in Jordan.

I approve the total level of A.I.D. appropriated funding planned for this project of not to exceed One Million Three Hundred Seventy-five Thousand United States Dollars (\$1,375,000), including the authorized amount above, during the period FY 1977 through FY 1979. \$625,000 will be available for additional increments during the period of Grant funding subject to the availability of funds in accordance with A.I.D. allotment procedures.

I hereby authorize the negotiation and execution of a Project Agreement by the officer to whom such authority has been delegated in accordance with A.I.D. regulations and Delegations of Authority subject to the following essential terms and covenants and major conditions; together with such other terms and conditions as A.I.D. may deem appropriate:

a. Source and Origin of Goods and Services

Goods and services financed by A.I.D. under this project shall have their source and origin in the United States and the cooperating country except as A.I.D. may otherwise agree in writing.


Joseph C. Wheeler

August 26, 1977

Clearances:

NE/CD:PSellar 105

NE/TECH:DSteinberg 21

NE/ME:NSweet 2

GC/NE:TW11 W.M.T. 8/26

UNCLASSIFIED
Department of State

OUTGOING
TELEGRAM

PAGE 01 STATE 226003
ORIGIN AID-25

046222 A107655

STATE 226003

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3. THIS AMENDMENT WAS SIGNED AND DATED AUGUST 22, 1980.

4. USAID MAY AMEND SUBJECT GRANT AGREEMENT ACCORDINGLY. CHRISTOPHER

ORIGIN OFFICE GCNE-01
INFO AAME-01 NEDP-01 NETC-01 NEJL-03 PPCE-01 POPR-01 PPPB-02
GC-01 PPEA-01 GCFL-01 STA-10 AADS-01 DSNE-01 CHB-01
RELO-01 /031 A2 X

INFO OCT-80 /035 R

DRAFTED BY AIO/GC/NE: STEVEN E. CARLSON/JCB
APPROVED BY AIO/A-AA/NE: ALFRED D. WHITE
AIO/NE/TECH/NPH: W. D. GLOHAM
AIO/NE/TECH: KEYS MACMANUS
AIO/GC/NE: JOHN E. MULLEN
AIO/NE/OP: PETER SELLAR
AIO/NE/JLS: B. RICHARDSON (INFO)
DESIRED DISTRIBUTION
ORIGIN GCNE CN 8 INFO AAME NEDP NETC NEJL PPEA PPCE POPR PPPB GC
GCFL AADS DSNE RL-80 END

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UNCLAS STATE 226003

AIDAC

E.O. 12865: N/A

TAGS:

SUBJECT: HEALTH PLANNING AND SERVICES DEVELOPMENT PROJECT
NO. 278-0288

REFS: (A) AMMAN 7288 (B) AMMAN 64633

1. A-AA/NE EXECUTED THE FOLLOWING AMENDMENT TO THE PRO-
JECT AUTHORIZATION TO SUBJECT PROJECT:

QUOTE: - - - - - FIRST AMENDMENT
- - - - - TO
- - - - - PROJECT AUTHORIZATION

NAME OF COUNTRY: HASHEMITE KINGDOM NAME OF PROJECT:
(UNDERLINE) - - OF JORDAN HEALTH PLANNING AND
(UNDERLINE) - - - - - SERVICES DEVELOPMENT

(UNDERLINE) - - - - - NUMBER OF PROJECT:
(UNDERLINE) - - - - - 278-0288

1. PURSUANT TO SECTION 532 OF THE FOREIGN ASSISTANCE ACT
OF 1961, AS AMENDED, THE HEALTH PLANNING AND SERVICES DE-
VELOPMENT PROJECT FOR JORDAN WAS AUTHORIZED BY ASSISTANT
ADMINISTRATOR JOSEPH WHEELER ON AUGUST 26, 1977. THAT
AUTHORIZATION IS HEREBY AMENDED AS FOLLOWS:

- - - - ,HE AMOUNT OF FUNDS AUTHORIZED FOR THE PROJECT
- - - - IS INCREASED BY DOLS 500,000 TO A TOTAL AMOUNT
- - - - OF DOLS 1,075,000.

2. THE AUTHORIZATION CITED ABOVE REMAINS IN FORCE EXCEPT
AS HEREBY AMENDED.

- - - - - ALFRED D. WHITE (UNDERLINE) - - - -
- - - - - ACTING ASSISTANT ADMINISTRATOR
- - - - - BUREAU FOR NEAR EAST

- - - - - DATE (UNDERLINE) - - - - UNGQUOTE - -

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