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THE ACTIVITIES OF OTHER DONORS AND  
U.S. PRIVATE AND VOLUNTARY ORGANIZATIONS  
IN THE HEALTH SECTOR IN EGYPT

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## EXECUTIVE SUMMARY

This paper reports the findings of a review of the activities in the health sector in Egypt which are being undertaken by other donors and U.S. Private and Voluntary Organizations (PVOs). The review was limited to those major multi-lateral and bi-lateral programs and PVOs which have established offices in Egypt.\* Information was collected by means of interviews with the official(s) responsible for health activities at each organization, supplemented by documents when they were available\*\*. The major areas of activity are summarized in Table 1. Some donors and PVOs have chosen to concentrate their efforts in selected geographic areas within Egypt. This distribution of support is illustrated in Figure 1. The specific health activities of each organization are summarized in the profiles which follow this Executive Summary.

The donors and PVOs which have initiated support to the health sector are generally enthusiastic about continuing and expanding such support. Some are disappointed that the Government of Egypt (GOE) has not asked for further assistance in health. Some would like to cooperate with the GOE on certain specific aspects of health but have not been asked to do so, or have been asked to support other aspects instead. There were only a few reported instances where a request from the GOE was turned down by a donor because it ran counter to the priorities established by that donor.

The nature and extent of collaboration among donors and PVOs varies. Cases were found where an activity had initially been developed by one donor but was being implemented by another, with the full support of both the initiating donor and the GOE. Other cases were found where a donor perceived itself as being competitive with other donors and hence was unwilling to share ideas and information. Overall, the donors agree that collaboration comes about on an ad hoc basis and they would welcome closer collaboration on health issues among themselves and with AID. There is concern, however, that the GOE may be reluctant to foster increased coordination among donor agencies.

In light of the fact that most donors and PVOs share the health goals of the GOE, it is recommended that closer links be established among the international organizations actively supporting progress towards these goals. These links should be both formal and informal and might include: sharing of documents; participation in seminars on donor health activities; facilitating the sharing of consultant expertise; and planning and implementation of complementary activities.

\* Some major donors (notably the World Bank) and some U.S. PVOs which are active in Egypt do not have offices in Egypt and are therefore not included.

\*\* The only exception to this was WHO, where documentary sources were reviewed as the principal source of information.

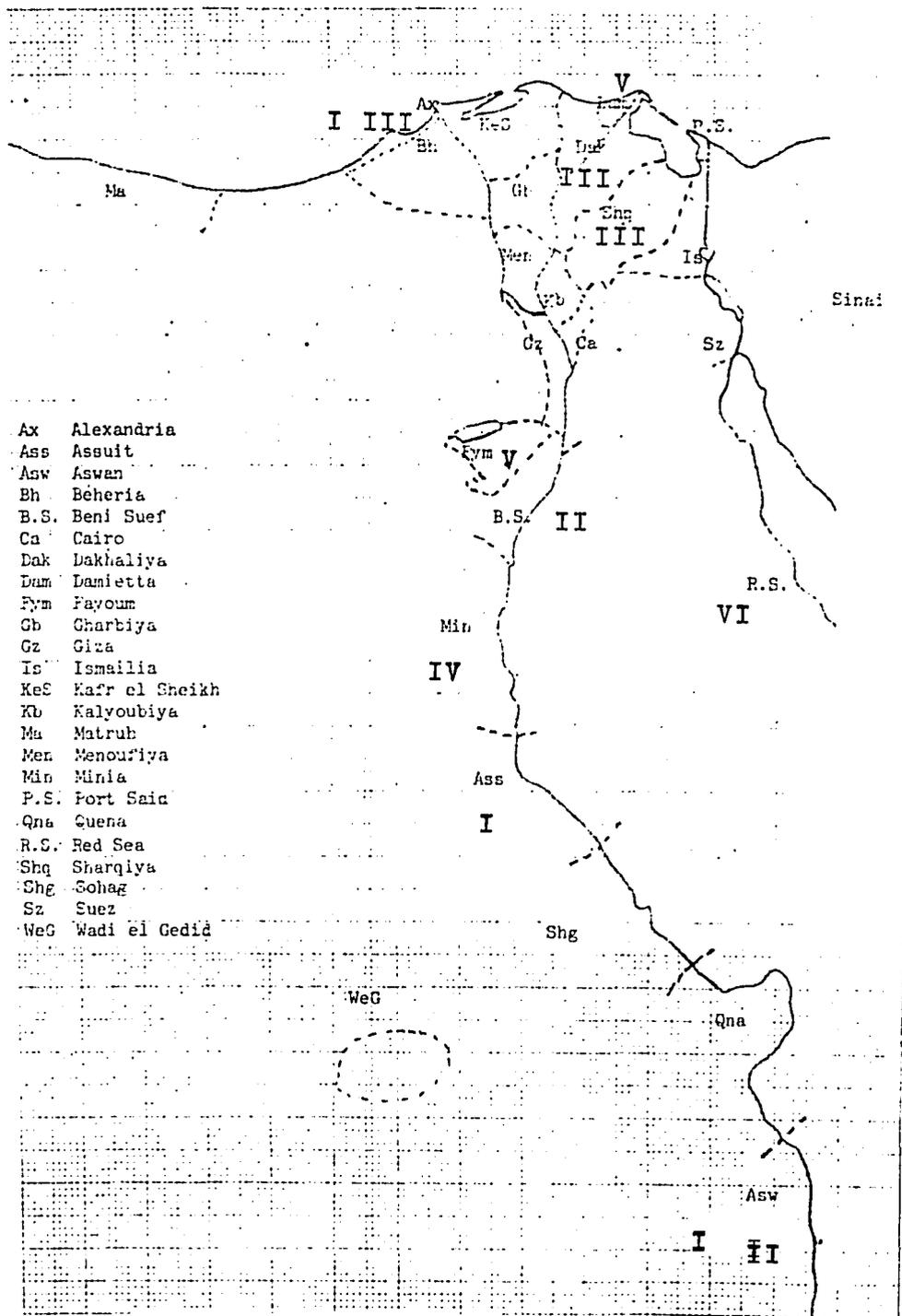
TABLE 1

MAJOR AREAS OF DONOR AND U.S PVO ACTIVITY IN THE HEALTH SECTOR IN EGYPT

MAJOR AREAS OF ACTIVITY	UNICEF	UNDP	WHO	FINLAND	GERMANY	GREAT BRITAIN	JAPAN	NETHER- LANDS	CRS	PROJECT HOPE	POP.N. COUNCIL
BIOMEDICAL ENGINEERING			X			X				X	
ENVIRONMENTAL HEALTH		X	X								
EQUIPMENT/VEHICLES	X	X		X	X	X	X	X			
FACILITY CONSTRUCTION		X		X	X		X		X		
PHARMACEUTICALS	X	X						X			
PUBLICATIONS	X		X								X
REHABILITATION	X				X			X			
RESEARCH	X	X	X		X	X					X
PROJECT IMPLEMENTATION/TECH. ASSISTANCE	X		X		X	X			X		
TRAINING	X	X	X		X	X	X	X	X	X	

Figure 1

MAP OF EGYPT SHOWING GEOGRAPHIC DISTRIBUTION OF THE REGIONAL  
ACTIVITIES OF MAJOR DONORS AND U.S. PVOs



Donors and PVOs

- I UNICEF
- II Finland
- III Germany
- IV Great Britain
- V Netherlands
- VI CRS

- Ax Alexandria
- Ass Assuit
- Asw Aswan
- Bh Beheria
- B.S. Beni Suef
- Ca Cairo
- Dak Dakhaliya
- Dam Damietta
- Fym Fayoum
- Gb Gharbiya
- Gz Giza
- Is Ismailia
- KeS Kafr el Sheikh
- Kb Kalyoubiya
- Ma Matruh
- Mer Menoufiya
- Min Minia
- P.S. Port Saïd
- Qna Qena
- R.S. Red Sea
- Shq Sharqiya
- Sz Suez
- WeG Wadi el Gediâ

UNITED NATIONS CHILDREN'S FUND (UNICEF)

OVERVIEW

Cooperation between UNICEF and GOE began in 1954 with the support of MCH services, including immunization, and the training of auxiliary personnel. Since 1977, UNICEF has been active in supporting the Expanded Programme of Immunization (EPI), especially in the areas of vaccine supply for measles, polio, diphtheria, pertussis, tetanus and tuberculosis; provision of cold chain equipment and vehicles; and the provision of machinery and equipment for vaccine production to the Egyptian Organization for Biological Production & Vaccines (VACSERA).

UNICEF has also been making contributions to oral rehydration programs since 1978. They have been supplying oral rehydration powders for the national program and for experimental projects, equipment for a production line of 5 million oral rehydration powder packets annually and raw materials for local production. Starting in 1973, UNICEF has also been making contributions to weaning foods by means of assistance in the production of "Supramine".

Overall UNICEF funding in Egypt for the period mid-1981 to mid-1982 is approximately \$4.1 million. Further assistance of \$7.38 million is "noted" for health and rural water supply and sanitation, subject to the availability of specific purpose contributions. Of these amounts, approximately \$1.5 million is identified for health services and a further \$2.8 million for EPI, oral rehydration and experimental schistosomiasis treatment, subject to the availability of funds.

During the period 1982-1987, overall priority will be given by UNICEF to deprived communities in 10 districts within the Aswan, Assiut and Alexandria regions. These districts encompass a total population of about 1.6 million. Program activities will gradually be expanded to include a further 7 districts within these regions. However, UNICEF's activities in the health sector include support of experts in EPI, oral rehydration and nutrition to address national issues.

The long-term objectives of UNICEF in health are identified as being:

- . To reduce child and maternal mortality and morbidity rates;
- . To increase public awareness and knowledge of health nutrition and sanitary problems and solution of these;
- . To increase the effectiveness and outreach of the health delivery system.

## SPECIFIC ACTIVITIES IN HEALTH

UNICEF is providing assistance to the MOH in the following activities:

### Expanded Programme of Immunization

- Immunization of national target population of 1.7 million during 1982 against polio, BCG, measles, diptheria, pertussis, tetanus.

- Tetanus toxin to be given to expectant mothers in their first pregnancy.

- Efforts to immunize all pregnant mothers against diptheria and tetanus.

- The cold chain is well equipped but support continues for the training of logistic officers and provision of transportation to officers.

- Preparation and distribution of an Egyptian version of WHO manual for EPI in Arabic.

- Five regional workshops for teaching the repair and maintenance of cold chain and other medical equipment.

### Oral Rehydration

- Provision of raw materials for the production of 5 million packets of oral rehydration powder within the Chemical Industries Development Co. for use by MOH.

- Reprinting and distribution of the manual on the use of oral rehydration powder.

- Action-research to study the epidemiology of diarrheal diseases and effectiveness of oral rehydration therapy.

- Within areas of the 8 districts in Upper Egypt accorded high priority by UNICEF, training of personnel at the Governorate, district and village level, and experimentation with community-based distribution of oral rehydration powder.

### Nutrition

- Reduction of the role of UNICEF in the production of the weaning food "Supramine".

- Provision of spare parts to the "Supramine" production plant.

- Orientation in technological aspects of production for plant personnel.
- Research into the epidemiology of breast feeding and investigation into approaches to the promotion of breast feeding.
- Assistance in the development and provision of a national growth chart, support of a national conference on the use of growth charts, other training activities and provision of equipment.

#### Primary Health Care

- Provision of equipment for new rural health units and outreach personnel.
- Support for the training of dayas, as requested by MOH .

#### Schistosomiasis Treatment

- A "noted" project has been developed by UNICEF and funding is being sought for the treatment of 500,000 school-age children of the Delta Zone with a single dose of the new drug praziquantrel.

#### Medical Disability

- Support for the establishment of a prosthetics production and fitting unit to be affiliated with the Orthopedics Department of the Alexandria University Teaching Hospital.

Documentary Source: Master Plan of Operation with Plans of Action for Services for Children, Arab Republic of Egypt, 1981, Executive Board, UNICEF-Cairo, January 1981.

Contact: Terje Thodesen  
Project Officer  
UNICEF-Cairo

## UNITED NATIONS DEVELOPMENT PROGRAM (UNDP)

The third UNDP Program for Egypt covers the period 1982-1986. UNDP identifies nine sectors for its support and health ranks fifth among these sectors in terms of funding. Plans call for the health sector to receive about \$3 million during this period, which is less than one-third of the amount allocated for agriculture, but five times the amount allocated for social services.

The current health activities of UNDP are described below.

### Aquatic Environmental Pollution

Assistance to the University of Alexandria in developing and coordinating a research program to identify and monitor the major causes and effects of pollution in the aquatic environment of the Alexandria area. The UNDP inputs are consultants, supplies and equipment and fellowships and study tours for senior researchers. The project is likely to participate in the "Water Quality Studies on the Nile River and Lake Nasser", being executed by the Academy of Scientific Research and Technology in cooperation with the US Environmental Protection Agency. UNDP assistance is \$395,500 over a three-year period starting in 1980. UNESCO serves as the executing agency.

### Medical Center for Nuclear Radiation and Oncology\*

Assistance to the Kasr El-Einy Center, Faculty of Medicine, Cairo University to expand its capacity in order to provide basic and clinical training and research in: radiation oncology, nuclear medicine, radiation physics, radiation biology, radiation protection and waste disposal. Further, the project includes the training of paramedical personnel, establishing an information data bank and a radiopharmaceutical center and the treatment of acute radiation cases. UNDP funding is \$612,500 over a two year period starting in mid-1981. WHO is the executing agency.

### Head Injury Center

Assistance to the Department of Neuro-Surgery at the University of Cairo Hospital to develop a Head Injury Center through the provision of a computerized axial tomogram system to include the facility, equipment, training and research. UNDP funding is \$1,567,250 over the three-year period starting in 1981. WHO serves as the executing agency.

\* UNDP has proposed that AID might assist this project with the acquisition of US manufactured equipment, particularly a Linear Accelerator and Cobalt 60 Apparatus.

### Improvement of the Clinical Pathology Department, Ein Shams University

This project is expected to begin in January 1983. UNDP will contribute \$636,000 to establish a new clinical pathology laboratory at Ein Shams University for research, teaching and training purposes, train laboratory personnel and establish a small biomedical engineering unit for maintenance and repair. Assistance will be given to the Ministry of Education and Scientific Research and Ein Shams University and the executing agency will be WHO.

### Support to the Pharmaceutical Sector

Assistance to MOH to investigate drug consumption, establish a national drug information center communication system, develop a national computerized system for drug provision, storage and distribution, and train personnel in management. UNDP funding will be \$200,000 over two years, starting in July 1982, and the executing agency will be WHO.

### Diagnostic Laboratory for Virus Diseases

Assistance to the MOH and the Egyptian Organization for Biological Products and Vaccines in establishing and equipping a containment laboratory for early detection and diagnosis of dangerous agents and viral diseases and the training of laboratory staff. UNDP funding is \$418,000 over the two years starting in 1982 and WHO is the executing agency.

### Development of Health Laboratory Services

Assistance to the Central Health Laboratory of the MOH in order to strengthen its services, organize training courses, and expand the capacity to undertake epidemiological studies. UNDP funding is about \$500,000 over the three-year period beginning mid-1980. Most of the funding is for consultancies of various specialists and fellowship training for laboratory staff. WHO is the executing agency.

### Development of a National Central Laboratory for Biological Substances

As a component in the EPI programme for Egypt, UNDP has been providing assistance to the Egyptian Organization for Biological Production and Vaccines. The emphasis of the project is on the local production of high quality absorbed DPT, tetanus and rabies vaccines and the improvement of the quality of locally produced freeze-dried vaccines, especially BCG and rabies. The project extends support which has been provided since the early 1970s. UNDP funding is just over \$400,000 for the four-year period beginning in mid-1978 and the executing agency is WHO.

### Maintenance of Medical Equipment

Assistance to MOH in the development of the Center for Medical Equipment at Abbasaya and the establishment of centers in Assuit, Zagazig and Mansoura for training in the maintenance and repair of medical, laboratory and hospital equipment. Emphasis is on the training of biomedical engineers and technicians to staff these three new centers. UNDP funding is at a level of \$570,000 over a three year period.

### Bilharzia Control in the High Dam Lake

Assistance to the MOH in establishing an epidemiological surveillance and control unit in the High Dam Lake area, carrying out applied research, conducting field trials and providing health care to the population of the area. This project is based upon the strategy developed by a joint UNDP/WHO mission in June 1980. UNDP funding will be \$392,000 over three years, starting early in 1982.

### Zoonoses Control

The support of the participation of Egypt in the intercountry project, Strengthening of Zoonoses Control in the Mediterranean Area. UNDP funding is estimated at \$90,000 over a five year period.

### National Center for Radiation Technology

One of the objectives of this project is to operate a cobalt 60 gamma sterilization plant in conjunction with industrial personnel to sterilize medical products for the improvement of public health.

### Water Quality Control

Activities in Egypt carried out under this project will be linked with the project assisted by WHO and UNEP for the establishment of a global environmental system for water. Several water quality monitoring stations will be set up. UNDPs' contribution will be about \$150,000 over a three year period beginning in 1983.

### Support to the International Drinking Water Supply and Sanitation Decade

UNDP has earmarked the sum of \$500,000 over five years in recognition of the commitment by the GOE and UNDP to the Decade. Specific programs for Egypt will be developed.

Contact: Ms Samia Garas  
Program Officer  
U.N.D.P.

WORLD HEALTH ORGANIZATION (WHO)

Egypt is one of the countries served by the Eastern Mediterranean Regional Office (EMRO) of the WHO. Based in Alexandria, this office coordinates WHO activities for the countries in North Africa and the Middle East, from Tunisia in the West to Pakistan in the East.

WHO assistance to its Member States can take a variety of forms. The organization is not in a position to make large grants available for implementation activities. However, WHO does have access to fairly modest amounts which may be used to fund research efforts. Funds are also available for training and fellowships. In addition, WHO organizes and funds specialist consultations to address particular problems identified by Member States. In keeping with its collaborative role, WHO sponsors and assists in the organization of workshops, seminars and scientific meetings, as well as publishing relevant documents. Further, WHO may serve as the executing agency for projects funded by other UN organizations, such as UNDP.

In Egypt, WHO reports undertaking the activities listed below:

- Support for a three-country study of health services coverage (Egypt, Bahrain, Yemen Arab Republic). The Institute of National Planning is providing technical guidance in this effort.
- Support for the Abbassia Center for the maintenance and repair of medical equipment.
- Support for the Egyptian Environmental and Occupational Center, scheduled to open in 1981.
- Collaboration with UNFPA on population programs in Egypt.
- Collaboration on an overall evaluation of Egypt's manpower development programs for health.
- Technical support for the medical school at Ismailia.
- Collaboration on the national program for diarrheal disease control in Egypt.
- Support for a WHO collaborating center for Research and Training on Malaria and Vector Biology and Control at Ein Shams University.
- Collaboration on the development of a national drug dependency program in Egypt.

- Coordination and support in monitoring marine pollution and other environmental hazards.

- Coordination and support in aspects of the control of malaria, schistosomiasis, Rift Valley Fever, leprosy and poliomyelitis.

- Collaboration on the development of programs concerned with cancer and coronary care.

- Assistance in establishing a Reference Standards Laboratory in Egypt which became operational in 1980 under the auspices of the National Organization for Drug Control and Research.

- Assistance in the review and improvement of the cold chain in four Governorates.

- Assistance in the review and improvement of solid waste management in Alexandria.

In addition to these specific activities, Egypt has had the opportunity to put forward candidates for a variety of training programs and fellowships sponsored by WHO. Further, exchanges of information among regional representatives have often included Egyptian participants. Recent WHO sponsored workshops have addressed such topics as research management, traditional medicine, teacher training in MCH and family planning, and the quality and quality control of poliomyelitis and measles vaccines.

WHO also publishes and disseminates documents. EMRO has sponsored three periodicals for its regional audience: The Learner, Health Services Researcher and The EMR Newsletter. EMRO has also funded the translation of relevant publications into Arabic. Some 24 titles have been translated and distributed since 1979, and a further 20 or so are in process.

Documentary Source: Biennial Report of the Director, 1979-81  
World Health Organization  
Regional Office for the Eastern Mediterranean

Contacts: Dr Alexander Robertson, Director, Health Manpower Development  
Dr Robert Cook, Regional Advisor, MCH and EPI,  
World Health Organization,  
Alexandria.

FINLAND

The Government of Finland has been assisting Egypt since 1975. From the beginning of 1980 Egypt has been classified by Finland as a "program country", implying a longer-term perspective in development cooperation. The major area of development cooperation to date has been electrification, but the health sector has been receiving an increasing amount of attention and is now the most important sector in the present three year program from a funding point of view.

Finland's activities in the health sector in Egypt are as follows:

- Assistance to Manial University Hospital of Cairo University to design, plan and implement a facility renovation program. The feasibility study and the planning was conducted in 1980-1, and the plan approved at the end of 1981. Upgrading is now underway and is accompanied by assistance in improving management and organization. The African Development Bank and the GOE are participating in the project. The contribution of Finland is about \$400,000 for the design phase, and a further \$2.5 million for the renovation phase (1982-4).

- Assistance to Beha district of Beni Suef Governorate in the design and construction of a prototype rural health unit. In the same district, physical renovation and upgrading of the Tansa district hospital and its equipment has been undertaken. These facilities will be inaugurated on March 17, 1982. To date, the assistance has amounted to some \$1.75 million. A further \$1.3 million has been allocated for 1982 and 1983 for the provision of ambulances, vehicles and other improvements in this same district.

- Finland has allocated about \$5 million for health improvement programs in Aswan Governorate over the period 1982-4. A feasibility study will shortly be undertaken to develop this program.

Contact: Mr Arto Kurittu  
First Secretary  
Embassy of Finland

## FEDERAL REPUBLIC OF GERMANY (FRG)

FRG's overall development cooperation program to Egypt is at the level of about \$130 million each year. Most of this assistance is in the form of loans for major activities in industry and infrastructure development. The FRG technical assistance program has an annual budget of between \$8 and \$9 million. Requests for assistance with health programs are not as frequent as FRG would like, and the Germans are eager to consider any expansion of their assistance in the health sector. However, two major efforts in technical assistance have been underway for some time.

### Extension of Family Health Services

The goal of this project is to increase the acceptance of family planning through improvement of rural health centers. 39 rural health centers in Governorates north of Cairo (Alexandria, Sharqiya, Dakhaliya) have been selected for physical renovation, improvement of the lodging for the physicians and provision of vehicles. In addition, a public health physician advisor has been assigned to MOH to assist in activities intended to improve training, supervision and outreach. Short-term advisors are also available as needed.

Over the past three years some \$1.3 million have been contributed by FRG to this effort and a similar sum is likely to be spent over the next three years. The Germans are responsive to the idea of expanding this program if MOH wishes to do so.

### The Theodor Bilharz Research Institute (TBRI)

Named for the German scientist, TBRI was opened in 1981 after almost ten years of planning and implementation activity. TBRI consists of a major research institution, laboratory, out-patient facility and a 120 bed in-patient unit. The Institute will concentrate on research into bilharzia, training of scientists and technicians and treatment of patients with bilharzia and other frequently encountered parasitic diseases. So far some \$8.5 million have been provided for TBRI. The level of funding is being reduced now that the Institute is operational, but some assistance will continue to be made available for consultation, research grants and maintenance of equipment.

### Commodity Assistance

Within the category of commodity assistance, FRG has provided machinery, tools and training assistance for an orthopedic workshop at the Wafaa Wal Amal Rehabilitation Center. Requests for 1982 include molluscicides for schistosomiasis control, and raw materials and packaging equipment for an oral contraceptive production plant.

Contact: Mr Hermann Kern  
First Secretary for Development Cooperation  
Embassy of the Federal Republic of Germany

GREAT BRITAIN

The British aid program is providing support to Minia Governorate for the implementation of the Second Population Project developed by the World Bank. The British project began in mid-1980 and was originally conceived as a two-year activity. It is likely to be extended in a modified form for one further year.

In common with the overall program which constitutes the Population Project, the British-supported activities in Minia are a combination of construction, equipment and technical assistance. The construction component consists of one training center, 18 student quarters, 10 rural health centers and one urban Maternal and Child Health Center. Funding for construction is about \$2.7 million.

The equipment component comprises furniture, medical equipment, special equipment for training and education, and vehicles (including ambulances, Land Rovers and a mobile cinema van). Funding for equipment is about \$3 million.

The technical advisory component is provided by three advisors for two years each. Two of these advisors are nurse/midwives and one is a nutrition and adult education specialist. These long-term personnel have support from short-term consultants as needed. Funding for the technical advisory component is about \$430,000.

The British report that they will probably extend some aspects of the project into a third year, but this has not yet been finalized. However, they would not recommend placing advisors in such decentralized positions, as their experience suggests that the resulting geographic and organizational distance makes life especially difficult for such advisors and also significantly decreases their effectiveness and impact.

In addition to the support of the Minia project, the British are providing approximately 6,000 kits for home visitors, to be made available to all areas participating in the Second Population Project, and production equipment for the Rhoda Center. Funding for these activities is about \$720,000. Further, furniture, equipment and vehicles are being made available by the British to the Egyptian Family Planning Association at a cost of about \$410,000.

The British have also committed some \$2 million for medical equipment for the Pyramids Road Hospital. This semi-private hospital is now in the planning stages.

In addition to these activities, the British Government has an arrangement with the British Council to undertake certain development collaboration programs. The British Council, since 1979, has been assisting the MOH and Cairo University to establish a Department of Medical Equipment to procure, maintain and repair the medical equipment of the MOH. A central workshop has been established in Abbasaya and a two-year program has been developed to train technicians. Graduates of this program, together with engineers, are assisting in the establishment of maintenance and repair units in MOH hospitals, and in setting up institutions at the Governorate level.

The British Council has provided the services of two long-term advisors to the program; a physicist and a technician. (These advisors have been sub-contracted on a part-time basis to Boston University to assist in the development of the new medical school at Ismalia.) The British Council has also been helping to provide the necessary equipment and to identify short-term consultants for the program. The Department of Medical Equipment also receives support from UNDP (for equipment), from WHO (for consultancies), and from Project HOPE (for short- and long-term advisors).

The British Council has also been making available coordination efforts and modest amounts of funding to assist in the following activities:

- Assistance to the new medical school in Ismalia in establishing a teaching program in general medical practice, through an arrangement with the Royal College of General Practitioners. This collaboration began in 1979, and a masters degree course in general practice was started in January, 1981.

- Assistance during 1981 to training courses in the rapid diagnosis of common viral diseases, including some needed equipment, through an arrangement with the Public Health Laboratory Service. This program is likely to continue and may develop into a broad-based collaborative research and training effort.

- Assistance in establishing joint research programs between British and Egyptian institutions. Topics which have been selected or are under consideration include rodent-borne diseases, biochemical indicators of bladder cancer, heart disease and breast cancer.

- Liaison, library and information exchange services for Egyptian health care professionals who are interested in exchange or study programs in Great Britain.

Contact: Mr Christopher Metcalf  
First Secretary (Aid)  
British Embassy

Dr Ian Simm  
Science Officer  
British Council

JAPAN

The first commodity loan from Japan to Egypt was committed in 1973. Since then a total of approximately \$808 million in loans has been committed, and a further commitment of up to \$205 million has just been agreed upon for Japanese fiscal year 1981. Grants for strengthening the economic, social and cultural relations between Japan and Egypt began in 1977 and have steadily increased in number since then. To date, grants of some \$67.8 million have been committed. At the end of October 1981, approximately \$466 million in loans had actually been disbursed, as had some \$26 million in grants. Egypt receives more Japanese assistance than any other country outside Asia.

The health sector in Egypt has so far not been a major emphasis of the development assistance provided by Japan in the form of loans. Under the grant program, however, Japan has assisted Egypt with two health projects. These are:

- Rift Valley Fever Control Project - Japan is providing insecticide and equipment to MOH for the control of Rift Valley Fever (\$4.5 million).

- Cairo University Pediatric Hospital - Japan has awarded two grants totalling approximately \$18 million for the construction of a new pediatric hospital as part of the Cairo University.

Under the category of technical cooperation, Japan has assisted Egypt in training community-based public health nurses. This project began in 1978 and makes available short-term advisors, sponsors training in Japan and provides some \$200,000 in related equipment.

Each year the Government of Japan donates equipment in relation to the exchange of experts and trainees. During fiscal year 1980 approximately \$150,000 of radiological equipment was donated to El Moneira Hospital under this scheme.

The final category of collaboration is that of private investment. The Government of Japan reports that a Japanese company has established a pharmaceutical factory specializing in intra-venous fluids in Cairo Free Zone. This private investment amounted to some \$10 million.

Contact: Mr Ken Yagi  
First Secretary  
Embassy of Japan

THE NETHERLANDS

The emphasis of the Dutch program of development cooperation in the health sector is on supporting primary care. However, in response to GOE requests, and reflecting Dutch policy to encourage exports, much of Holland's assistance to health in Egypt has taken the form of equipment to support health services at levels other than primary care. Specifically, the following equipment has been made available:

- Equipment for cardiac surgery and intensive care at Ein Shams University (approximately \$640,000)

- Equipment for Mansoura University Urology and Nephrology Department (approximately \$2.7 million in grants and loans).

- Radiotherapy equipment for Fayoum and Cairo with an emphasis on rehabilitation (approximately \$380,000).

- Equipment for vaccine production (tetanus, diphtheria, pertussis, rabies and possibly polio) at Vaccine Institute (approximately \$770,000 a year).

- Radiology equipment for TB screening and assistance to develop laboratories for sputum analysis at 50 TB centers (approximately \$670,000 a year).

- Cold chain equipment for rural health centers in Fayoum (approximately \$135,000).

- Raw materials and machinery for the production of drugs for local consumption in Fayoum (approximately \$58,000).

- Equipment and technical assistance for rehabilitation centers. Currently 10 centers are providing physical therapy, rehabilitation and training for employment, and more centers are planned. The collaborating organization is the Ministry of Social Affairs and Dutch support is about \$800,000 a year.

The Dutch program requires that manufacturers of equipment provide and honor a maintenance contract. Also, in every case, any training of Egyptian personnel which is needed is provided either in Egypt, or, if necessary, in Holland.

In addition, the Dutch have just agreed to fund two major on-going programs. They will contribute approximately \$1 million to the MOH's Strengthening of Rural Health Delivery project in Damietta. They will also contribute some \$400,000 in ear-marked funds to the UNFPA Population Development Program in Fayoum and Damietta.

Contact: Mr Ben Tangelder  
First Secretary for Development Cooperation  
Royal Netherlands Embassy

CATHOLIC RELIEF SERVICES (CRS)

As an implementing agency for the Title II program, CRS manages the distribution of food supplements to more than 2,500 health facilities of the MOH. This CRS program provides food to about 450,000 mothers and a similar number of infants aged six months to three years.

CRS also monitors a CRS/Ministry of Education program which distributes lunches to 1.2 million children in rural primary schools in nine Governorates. The World Food Program provides lunches at the rural primary schools in the other Governorates.

In cooperation with the Nutrition Institute of MOH, CRS has been developing a nutrition education program in 165 health centers in 18 Governorates. The nutrition education program has trained MOH personnel from the Governorates, who in turn have trained others at the health centers to teach mothers how to provide better nutrition for themselves and their families. The program has also equipped participating health centers with demonstration kitchens, and provides them with an allowance of LE 5 each month for local food supplies. A proposal is being submitted to AID to expand the program over a three year period to include more than 1,400 centers.

Since 1980, CRS has been undertaking activities to improve the lives of nomads in Red Sea Governorate. The project is a combination of health, water, and food distribution interventions. A survey of population needs has been completed. A physician is working in the area providing services to the population and training community members to provide outreach care. The physician receives periodic in-service training through an arrangement with NAMRU-3. A medical unit is under construction in Shalatein.

Contact: Andrew Koval, Director  
Diana de Treville, Project Officer  
George Ropes, Project Officer  
Catholic Relief Services  
Cairo

FORD FOUNDATION

The Ford Foundation is just beginning a program entitled "A Fair Start for Children", which will undertake a variety of activities both in the U.S. and internationally. The program will make available grants to address problems of health, nutrition and cognitive development from conception to three years of age. The Foundation will facilitate linkages among grantees and other involved groups through the exchange of information, workshops, conferences, policy analysis and research.

The Middle East Regional Office of the Ford Foundation expects that Egypt will be one of the countries included under this new program. Dr Henry Mosley, from Ford's office in Indonesia, will be serving as a consultant to the Cairo office during the first two weeks of April 1982, and will be assisting in the development of a regional strategy. In Egypt, it is anticipated that the Ford Foundation will give grants for inter-disciplinary research into the complex problems of child health and nutrition, perhaps to one or more medical schools. In addition, it is possible that the Foundation will give grants for the development of small, community-based, experimental interventions. Such interventions might include oral rehydration therapy activities, training to upgrade traditional health workers, or the promotion of breast-feeding.

Staff of the Ford Foundation emphasize that their funds are not sufficient to undertake major development programs. They are eager to collaborate with the GOE and other donor agencies which are undertaking related activities.

Contact: Ms Cynthia Myntii  
Program Officer  
Ford Foundation.  
Cairo

PROJECT HOPE

Project HOPE (Health Opportunity for People Everywhere) began working in Egypt in 1975 when an agreement was signed with the Ministry of Education. Since then, some 75 Project HOPE staff members have provided well over 100 person-years of professional training and assistance in health staff development in Egypt. Funding for Project HOPE programs in Egypt is in the range of \$1 million a year. These funds derive in part from Project donations and in part from PL 480 funds released to Project HOPE by the Department of Health and Human Services.

In the health sector, Project HOPE's activities have concentrated in the following areas:

- A scientific fellowship exchange program, known as "The Secretariat", which has strengthened the Egyptian educational system in health through some 230 short-term and long-term consultancies and fellowships since the program began in 1976. The emphasis has been on teaching programs in the various university health facilities and technical training schools in Cairo and Alexandria and the training of Egyptian specialists at various universities and institutes in the U.S.

- The training and continuing education of nurses and nurse educators through a program of curriculum development and teaching at all levels in the High Institutes of Nursing in Cairo and Alexandria and in the hospital schools of nursing. In addition, a five-year curriculum for the planned High Institute of Nursing at Assuit has been completed. Over the past five years, about 60 nurse educators have been involved in nurse training, development of procedural manuals and instruction, and some 195 Egyptian nurses have participated in HOPE-sponsored courses. A further 68 supervisors of nursing, assistant matrons and nurse educators have completed courses in specialized nursing services, techniques and administration. During 1981, Project HOPE also sponsored two emergency medical service nurses to train physicians and nurses in ambulance centers and the emergency rooms of Ahmed Maher and El Sahel Teaching Hospitals.

- Assistance in nursing research through a three year program begun in 1980 which identifies nursing research problems, develops proposals, helps define methodologies and trains researchers.

- Support for curriculum development and training in physical therapy at the High Institute of Physical Therapy of Cairo University, the Wafa Wa Amal Rehabilitation Center and the Imbaha Poliomyelitis Hospital. The program began in 1976 and about 15 long- and short-term consultants have participated under the supervision of a full-time HOPE coordinator. This full-time staff member left Egypt at the end of 1981 after the completion of a four-year curriculum with course content and the development of the curriculum for the fifth clinical year.

- The development of a Learning Resource Center at the University of Alexandria for the purpose of supporting medical schools and university hospitals in the production of medical illustrations and audio-visual aids for teaching. Project HOPE began collaborating on this program in 1976 and plans to continue its support for at least the next two years.

- Support for the Department of Systems and Biomedical Engineering at Cairo University in order to enhance its capability, and the training of technicians and engineers to maintain and repair equipment of the MOH. This program began in 1980 and will be funded until at least August 1983. Two full-time Project HOPE staff members are involved in the program, and a further two technicians and six short-term consultants are scheduled to participate.

- At Assuit and various hospitals in the Delta, Project HOPE medical coordinators have given over two years of urologic training in trans-urethral surgery.

- In the early years Project HOPE participated in the development of dental training in Alexandria and Cairo, as well as the early stages of a specialized burn unit in Alexandria.

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## THE POPULATION COUNCIL

### OVERVIEW AND OBJECTIVES

The Population Council was established in 1952. Its objectives are: to undertake research on a broad range of population-related issues; to disseminate research output; to provide relevant high-level academic training; and to respond to requests for technical assistance to help design, implement, manage and evaluate particular programs and projects.

Funding for the Council has been provided by a wide range of organizations, including the World Bank, United Nations, the Governments of Canada and Australia, and semi-official donors in Japan. During 1981, additional European governments began to provide support for the council.

International program activities involve technical collaboration and scientific assistance in the program areas of Population and Development Interactions and Approaches to Birth Planning. To coordinate these activities, there is an interregional office in New York and Senior Representatives of the Council are based in Mexico City, Bangkok and Cairo.

### ACTIVITIES IN EGYPT

The Population Council office in Cairo is concerned with West Asia and North Africa. The Senior Representative emphasizes the strong orientation of the Council towards the analysis of and research into population problems, and the importance of supporting and facilitating exchange among investigators. The program supports two activities of specific interest in Egypt: Middle East Research Awards (MEAwards) and Regional Papers.

Eleven MEAwards were made during 1980, bringing the number of active awards to 22. The awards are for policy-oriented research on population and development issues to be conducted by residents of the region, especially those early in their careers. Since 1978, the following MEAwards have been made to support work in Egypt:

- Dr. Hoda Rashad, "Reconstruction of the Recent Mortality History of Egypt, Level and Age Pattern"
- Ms Marie Assad, "Villagers' Participation in Formal and Informal Health Services in the Village of Babel Wa Kafr Hanam, Tala Country, Menoufia"
- Dr. Nawal Nadim, "Family Economy and Reproductive Behavior in Two Cairo Districts"
- Dr. Hind Khattab, "Impact of Male Migration on the Structure of the Family"
- Dr. Nicholas Hopkins, "The Consequences of Farm Mechanization in Rural Egypt"
- Ms Elizabeth Taylor-Awny, "Patterns of Migrant Investment and their Impact on Village Structure"

Regional Papers on topics which may or may not have been the subject of MEAwards, are published by the West Asia and North Africa Office of the Council. They are circulated among area scholars and population analysts. Of particular interest is a paper published in August 1981 entitled "Evaluation of the Completeness of Mortality Registration in Egypt," by Dr. Hoda Rashad.

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