



The Family Planning Management Training Project
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MANAGEMENT DEVELOPMENT PLAN
FOR
FAMILY PLANNING MANAGEMENT TRAINING
IN EGYPT

Sara Seims
Michael Hall
April-May 1987

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ACKNOWLEDGEMENT

The team wishes to express our appreciation of the help and guidance which was extended to us by the many people contacted during this trip. In particular, we would like to thank Meg Perkins of The Pathfinder Fund for all her work on a very informative Country Profile.

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I. PERSONS CONTACTED

USAID

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Ms. Charlotte Cromer, Population Officer
Ms. Laila Stino, Population Advisor
Mr. Effat Ramadan, Population Advisor

Ministry of Health

Dr. Moushira El Shaffie, Acting Director, USAID Population Project
Dr. Hassan, Deputy Director, IEC, USAID Population Project
Dr. M. Ibrahim, Deputy Director, Governorate Program, USAID
Population Project
Dr. H. M. E. Bermanwy, Undersecretary of Health, El Gharbia
Governorate

Ministry of Information - State Information Service

Mr. Galal El Rashidi, Minister Counsellor, IEC, Deputy Project
Director
Mr. Aziz Azmy, Counsellor IEC

National Population Council

Dr. Mahran, Director

UNFPA

Mr. Casey Gopal, UNFPA Resident Advisor

Family of the Future

Dr. Salwa Rizk, Executive Director Assistant for Training
Department
Dr. Mahussen Khalifa, Training Director
Mrs. Aziza Hussein, Chairman FOF and Chairman & Executive Officer
of the Cairo Family Planning Association

Sadat Academy of Management Sciences

Dr. Mohamed Marwan, Dean of Students, Faculty of Management

Center for Middle Eastern Management Studies, American University,
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Other

Mr. Ernie Petrich, Technical Advisor, USAID/Cairo

LIST OF ACRONYMS

MOH	Ministry of Health
MOSA	Ministry of Social Affairs
SIS	State Information Service
EFPA	Egyptian Family Planning Association
FOF	Family of the Future
GOE	Government of Egypt
IPPF	International Planned Parenthood Federation
NPC	National Population Council
IEC	Information, Education and Communication
FPMT	Family Planning Management Training Project
FP	Family Planning

III. EXECUTIVE SUMMARY

In order to provide Egyptian couples with the services they need to plan their families, an efficient, client-oriented and decentralized delivery system is called for. This is the cornerstone of the amended bilateral population agreement between USAID/Cairo and the GOE. These new emphases call for a new type of manager - one who is pro-active and who can motivate and mobilize the resources at his or her disposal in a united and directed fashion. These managers must ensure high quality services that respond to the demands of the market place.

FPMT was requested to come to Egypt to provide suggestions on training interventions for the family planning leadership so as to reinforce the management capabilities necessary to successfully implement the expanded scope of work of the revised bilateral program.

Based on discussions with USAID, GOE, representatives from the private sector and other consultants, the following management issues have been selected by the team as those which should be the focus of any future FPMT interventions:

- Insufficient coordination and a certain lack of team spirit at all levels (national, governorate and district) among some of the groups charged with F.P. service delivery. This lack of a "sense of mission" appears to occur within organizations at

the national level, between national and local level members of the same organization and among the different organizations.

- Lack of experience with implementing and supervising a system of decentralized service delivery.

- Program services which are not sufficiently sensitive to client needs.

- The need to identify the next generation of young, upcoming population professionals and provide them with the training they need.

In order to address the problems identified above, FPMT proposes three activities designed to improve the effectiveness of top F.P. leadership at the national and governorate levels and to facilitate the training of future leaders. Apart from improving specific management skills, a major objective of the activities proposed below will be to help top management to inject enthusiasm about F.P. into their organizations, increase the sense of "ownership" of the project and to assist managers to better understand the component tasks, activities and responsibilities which compose the family planning system. Thus, FPMT proposes the following:

- (1) Seminar on Strategic Management for the national level directors at the major public and private sector organizations involved in F.P. (MOH, EFPA, NPC, SIS, FOF). This will include:

- a) Identification and prioritization of major management challenges facing F.P. in Egypt, i.e.
- development of a participatory planning process which engenders "bottom-up" as well as "top-down" approaches;
 - techniques to assure medical quality such as peer review and protocol development;
 - knowledge of and ability to use modern marketing techniques so as to design, implement and evaluate "client-oriented" services.
- b) Preparation of a strategic plan to address these problems and to define each group's role vis a vis the other.
- c) Review the role of a Leader as a supervisor, delegator and motivator.

It is proposed that this activity take place at MSH headquarters and include a visit to AID/W and to a large family planning program to observe management techniques employed in supervision and accountability under a decentralized system. The seminarists could then participate in a study tour of one or two Latin American or Caribbean countries.

Ideally this activity would be undertaken with the active collaboration of an Egyptian management institute.

(2) Study Tour/Project Development program for Governorate level F.P. teams

It is proposed that FPMT organize study tours to Thailand and Indonesia for perhaps two to three Governorate teams at a time and each team consisting of about six individuals (MOH-FP Managers and deputy, SIS, EFPA, NPC, FOF and where appropriate a governorate Islamic Leader and a representative of a key woman's organization). The teams would observe

- a) Local outreach programs chosen for their particular relevance to Egypt.
- b) Collaboration between the Ministries and the private sector.
- c) System of logistics, supervision, human resources management and evaluation at the local level.
- d) Relationship between local level F.P. officials and their national level headquarters.

The teams will be expected to prepare a governorate level action plan which with TA upon their return, should be developed into concrete workplans.

The bureaucratic mechanisms for approving and funding these new activities should be in place before the study tour program begins.

FPMT would arrange for a carefully tailored study tour program, be responsible for logistics, accompany at least the first delegation and provide follow-on TA and training as necessary to develop the action plan into project workplans.

(3) Assistance for Participant Training

FPMT could assist the Egypt program in the following ways:

- a) Identification of U.S. and third country long- and short-term management training programs most relevant for F.P. program managers.
- b) Provision of logistical support for the training (travel, stipends, admission requirements, English language training).

In addition to the above activities, FPMT has been asked to provide suggestions for follow-on training to the Seminar on Strategic Management and for management training to the EFPA. The team's suggestions for these activities can be found in the body of the report.

IV. BACKGROUND

A key to an understanding of the population problem facing Egypt is a recognition of the relative unchanged rate of population growth over the last thirty years. While it declined to a low of 2.0 percent annual growth in the early 1970's from its rate of 2.6-2.8 in the late 1950's, it rose again to a high of 3.0 in 1980 and is presently approximately 2.7 percent. Contraceptive prevalence grew dramatically during this period from a low of 5% in 1960 to its present level of 30%. But this impressive increase has been largely offset by an accelerating decline in infant mortality and the crude death rate. Presently the urban prevalence rate of 45% has kept pace with the number of women in their childbearing years but the 19% rural rate has not. Projections estimate that the current population size of about 50 million will increase to 69 million by the year 2001. A commonly quoted statistic is that an additional one million Egyptians are being added every nine months.

Family Planning Service Delivery

The provision of family planning services in Egypt has been characterized by a series of extremely complicated bureaucratic structures - some are now defunct, some have metamorphized and some continue. This report will not attempt to review their tortuous histories but will emphasize only the current service delivery structure.

The major organizations involved in family planning are the

following:

1. Ministry of Health (MOH) and related quasi-governmental organizations such as The Cairo Health Organization and the Health Insurance Organization.
2. Egyptian Family Planning Association (EFPA) - An I.P.P.F. affiliate responsible to the Ministry of Social Affairs.
3. Family of the Future (FOF) - also responsible to the Ministry of Social Affairs. FOF is involved in social marketing and clinical services.
4. State Information Service (SIS) - within the Ministry of Information which is responsible for mass media IE&C activities.
5. Natural Population Council (NPC) - an interministerial body headed by the President mandated to plan, coordinate and evaluate family planning activities throughout the country.

Each one of these organizations has a central office and organizational structure that is replicated in almost all the 26 governments throughout the country.

While efforts to promote family planning and to provide clinical services have been the combined effort of the public (Ministry of Health and the State Information Services) and private sectors (Egyptian Family Planning Association and Family of the

Future), it has largely been the work of the private sector, and especially the social marketing efforts of Family of the Future to all of Egypt's 6,000 pharmacies and most private physicians, that has accounted for the impressive growth in contraceptive use. It is responsible for over one third of all estimated couple years of contraceptive protection in Egypt.

Although the Ministry of Health has nearly 3500 hospitals and health centers throughout the country within easy reach of virtually the entire population, it has not realized its vast potential as a family planning service provider. Lack of priority attention from senior GOE officials, an inadequate supply of trained and motivated managerial and technical staff and non-existence or inappropriate management information systems have all seriously impacted its performance as a service provider.

The other major potential service provider is the Egyptian Family Planning Association, an IPPF affiliate, with over 500 clinics located throughout Egypt. But it too has not realized its full capabilities. Over 100 of its clinics are currently non-operational and many others operate on a very limited part-time basis often with volunteer or very poorly paid staff from MOSA or the MOH.

It must be recognized that all providers, public and private, regardless of the quality and coverage of their services, have operated in a most difficult environment. Family Planning has had serious image problems in Egypt. There has not been a consensus

among the general public that Egypt has a population problem and initial attempts to market family planning in those or economic terms have been decidedly counterproductive. It has been equated with having no more children and curtailing personal freedom - generating a sense of suspicion and distrust. Only recently has it been recognized that arguments stressing the health of the mother and the child are the most well received. This new direction, along with a positive placement of family planning within the religious context of the country, offer much greater hope for attracting large numbers of new users.

But other problems remain. Women marry very young and have children immediately. There is little opportunity for intervention except post partum. Additionally, because of religious and cultural considerations, there have basically been only two methods of contraception; the pill and the IUD. Neither enjoy a particularly good reputation as evidenced by a high discontinuation rate. These factors combined with a generally negative image has made the work of service providers particularly difficult.

V. FUTURE DIRECTIONS

In spite of past institutional inadequacies, general image problems and religious and cultural limitations, there is reason for renewed optimism for family planning in Egypt. The President has formed and heads a National Population Council consisting of the major Ministries involved in Family Planning and which also includes representatives of the private sector institutions. In addition to providing top level, national support and encouragement for family planning, the NPC has the specific tasks of planning, coordinating and evaluating family planning activities throughout the country. This positive development has encouraged USAID/Cairo, the major funder of family planning services in Egypt, to extend the completion of its current bilateral project. This project has expended only \$34,000,000 of its \$102,000,000 budget.

The major directions of the proposed modifications to the bilateral project include a movement away from an emphasis on experimental projects and general population consciousness raising towards institutional development of the major service deliverers (Ministry of Health, Egyptian Family Planning Association, Family of the Future and the State Information Service), a strong emphasis on family planning service delivery and IE&C activities that directly support the delivery of those services.

The major components of this initiative are as follows:

1. To assist the Ministry of Health to design and implement comprehensive service delivery in both urban and rural areas of 21 governorates throughout the country at a cost of US\$ 22,000,000. A project office will be established within the Ministry consisting of appropriately compensated management staff, trained and provided with ongoing technical assistance by both expatriate and Egyptian advisors. They will oversee the planning and implementation of a comprehensive, decentralized family planning program by carefully selected and trained middle-managers at the Governorate level. The goal of the project is to provide F.P. services to 2,000,000 acceptors during the next five years.

2. To improve the managerial and service delivery capability of the Egyptian Family Planning Association (EFPA). It will establish 18 new comprehensive family planning centers (primary centers) in 18 governorates. Also planned is the upgrading of 120 full-time and 120 part-time family planning clinics supported by the primary centers. They are expected to serve 1.7 million new acceptors during the five year life of the project at a cost of US\$ 10,000,000.

3. To expand support for the highly successful social marketing program of Family of the Future. The project will also add eight new clinics to the already existing 18 centers that presently serve 27,000 clients annually.

4. To continue to support the State Information Service in its role of informing and motivating the public and opinion leaders of the benefits of family planning. Moving away from the broad-brush approach presently used, the project will support carefully focused activities that stress the health benefits of family planning and that directly support the family planning service delivery activities of major implementing agencies (MOH, EFPA).

5. While shifting most originally planned funds for the Natural Population Council to service delivery activities, USAID will continue to support its planning, coordinating and evaluation functions. Project funds will assist the NPC to develop its institutional and managerial capabilities to carry out these essential functions at both the central and governorate levels.

A country profile of Egypt providing details on the economy, politics, cultural and religious characteristics as well as a brief history of the family planning movement is found in Annex A. A very brief review of Egyptian training institutes is found in Annex B.

VI. THE ROLE OF THE FAMILY PLANNING MANAGEMENT TRAINING PROJECT

(FPMT)

USAID/Cairo contacted Management Sciences for Health, contractor for the FPMT project, for a team to be sent to Egypt as quickly as possible to make suggestions on management training interventions for the top level leadership of the major implementing organizations.

This has not been completely possible as some key leadership positions have not yet been filled and the roles and responsibilities of some of the organizations (especially the NPC) have not yet been completely defined. However, based on a review of project documents, discussions with USAID staff, expatriate consultants and Egyptians representing the major implementing organizations, the following are the major factors affecting the future delivery of services in Egypt:

1. A highly supportive stand on family planning taken by President Mubarek has not yet translated into national planning coordination and evaluation of family planning services.
2. Incomplete definition of the roles of the implementing organizations and their interrelationship in a uniform and integrated strategy.
3. Potentially large amounts of donor funds available to support family planning activities.
4. A policy to decentralize services in a highly centralized bureaucracy where decentralization is a relatively new and untested concept.
5. Key leadership staff in several implementing organizations have not been appointed.

6. A poor public image of Family Planning and a lack of "client-oriented" services resulting in a stagnant growth in new acceptors and a high discontinuation rate.
7. A large supply of physicians (85,000 with 4,000 new doctors graduating each year) but a negative association with family planning and MOH physicians who do not regard family planning as part of their regular duties.
8. An abundance of population contractors and confusion on the part of Egyptians as to their exact role and responsibilities.

The major question when undertaking any management development plan is what contribution can FPMT make to the country program. This issue - always pertinent - is particularly difficult to answer in the case of Egypt. The long history of the program, the large number of population contractors, formerly, currently, and prospectively working there, the huge amounts of money involved, make it essential that FPMT select an area where we feel we have predominant capability and which will also address certain needs in the program - in a manner meaningful to the Egyptians themselves.

With this philosophy in mind, any FPMT activity in Egypt should:

- a Be pinpointed to the key positions of power and decision making in order to maximize the short and long term effects of training interventions in both personnel and program

performance.

- b. Be based on management problems and priorities identified by the Egyptian F.P. program leaders.
- c. Be on a relatively small scale and evaluated frequently and carefully to assess its impact on the expansion of service delivery in Egypt.
- d. Include collaboration with an Egyptian Management Institute which will be charged with adaptation of FPMT interventions to the Egyptian context and to coordinate and implement follow-on activities.

During the course of our assessment in Egypt several management issues were raised time and time again. Of the problems articulated by representatives of the MOH, SIS, private sector Egyptian organizations, USAID and U.S. contractors active in Egypt, the following seemed to us to be particularly relevant:

- Lack of coordination and motivation at all levels (national, governorate and district) among some of the groups charged with F.P. service delivery. This lack of a "sense of Mission" occurs within organizations at the national level, between national and local level members of the same organization and among the different organizations. The problem is complicated by many personal and cultural factors about which we can have

little influence but is compounded by a lack of a clear understanding on the part of some groups and individuals about what exactly their role should be in the F.P. effort, disagreement among the groups about what each other's role should be, and no clear sense of a mutually reinforcing population strategy.

- Lack of experience with implementing and supervising a system of decentralized service delivery
- A reluctance of top leadership to delegate responsibilities.
- Program services which are not sufficiently sensitive to client needs.
- The need to identify and motivate the next generation of young, upcoming population professionals and get them the training they need.

VII. PROPOSED FPMT INTERVENTIONS

With all the above considerations in mind, FPMT' proposes three activities designed to improve the effectiveness of top F.P. leadership at the national and governorate levels and to facilitate the training of future leaders. Apart from improving specific management skills, the major objective of the activities proposed below will be to help motivate top management to inject enthusiasm about F.P. into their organizations, to increase the Egyptian sense of "ownership" of the project and to assist Egyptian F.P. Managers to better understand the component tasks, activities and responsibilities which compose the family planning system. Thus, the following FPMT Egyptian activities are proposed:

- (1) Seminar on Strategic Management for the national directors of the major public and private sector organizations involved in F.P.
- (2) Study tour/project development program for governorate level F.P. teams.
- (3) Assistance to identify and provide logistical support for short and long term management training for future leaders of F.P. programs.

These activities are described in more detail below.

A. Seminar on Strategic Management

The major role of top level management is to supply vision and be the unifying force tying together the disparate individuals, functions and tasks of the organization. However, in order to be a visionary and inspirational force, leadership has to fully understand the context in which the organization functions. The objective of the strategic management seminar is to foster and deepen this contextual awareness.

Thus, we propose that an appropriately high level representative from the MOH, EFPA, NPC, SIS and FOF come to MSH headquarters for about one week, during which time the following topics will be reviewed:

- 1) Definition of strategic versus operational planning and decision making.
- 2) Review of which organizational levels are responsible for strategic versus operational activities.

- 3) How to set up clear results-oriented expectations for senior management e.g. factors to be considered when setting quantitative goals, cost-benefits of different approaches in outreach and education.
- 4) Key concepts in human resource development e.g., the importance of job expectations being clear, the role of job descriptions, methods of evaluating and monitoring personnel, development of personnel based on the tasks to be done and the strengths of the staff.
- 5) Exposure to techniques and protocols for medical quality assurance, such as peer-review, and how these may be used as a management tool for services to clients.
- 6) How to identify and prioritize the management information necessary to measure program and personnel performance, i.e. the usefulness of all the major providers having a consistent MIS, feedback to governorate and district levels, MIS as an evaluation and supervisory tool.
- 7) Review of financial resource allocation concepts in relation to the mission of the organization.
- 8) How leaders may present their organizational "visions" to different audiences, i.e. to donor agencies, physicians, pharmacists, IEC outreach workers.

Given that the time of this very high level group is extremely limited, the seminar will only be able to expose the participants to the basic concepts of the above areas. In order to maximize the training experience, case study methodologies may be used (perhaps a live case study approach provided by visits to U.S. based family planning organizations). Charismatic family planning leaders may address the participants on their personal techniques of supplying visionary leadership.

During the proposed visit to a family planning organization, the group will observe a management team meeting, see how local advisory committees receive direction, exercise independence in the decentralization of F.P. services, review how workplans are developed and observe the system of supervision and accountability which attempts also to encourage local level initiatives.

A study tour of one of two countries in Latin America and/or the Caribbean can also be arranged at the end of the U.S. program.

While it is certainly possible to hold the seminar in a hotel in Egypt or in another developing country we propose the U.S. for the following reasons:

- 1) The location in the U.S. lends great prestige to the activity which is appropriate for the high level of the participants.
- 2) The seminarists will have the opportunity to brief AID/W.
- 3) The sessions at the Planned Parenthood should be particularly useful for the group.

Receiving training and technical assistance from outsiders is a very sensitive issue for every country and particularly so for Egypt with its large numbers and highly trained people and its complex management and administrative structures. Therefore, we believe it to be very important that as much of the training as possible be done in collaboration with an Egyptian management organization. There are apparently two possible collaborating institutes (1) the Sadat Academy for Management Sciences and (2) the Center for Middle-Eastern Management Studies at the American University in Cairo. We visited both organizations and our impressions are described in the annex of this report.

We strongly recommend that a senior trainer from the collaborating institute come to MSH at least one week before the seminar in order to work with the FPMT trainers to develop a strategic management approach appropriate for the Egyptian context and to help plan follow-on management interventions as necessary. This will have the secondary, but important effect of improving the management institute's capacity to offer training for family planning executives.

B. Timing

Not all the key leaders have been named and obviously this activity could not take place until then. USAID believes late 1987 or early 1988 would be an appropriate time for this activity.

FPMT would be dependent on USAID to ensure that the appropriate individuals represented their organizations at the strategic management seminar.

C. Follow-on to the Seminar on Strategic Management

Since the seminar can provide only a brief overview of the concept of strategic management, it is important that certain critical areas be selected for in-country, in-depth follow-on training. FPMT proposes two areas: (a) Workshop on participatory planning and (b) Training and TA for improving the MIS. These activities are described in more detail below.

a) Workshop on Participatory Planning

Participants: Governorate level directors of one of the F.P. implementing groups¹.

Purpose:

- i) To establish operational goals, assign who is responsible, decide when tasks should be accomplished, where activities should take place and what resources are necessary to achieve the goals.
- ii) Clarify the goal of governorate level managers to district level managers.
- iii) Identify the types of information needed and the individuals who need to be consulted to prepare an operational workplan.

The above topics will be covered during a one week workshop. The participants will then be expected to start the process of preparing their plans. It is suggested that 2-3 weeks later they regroup to assess progress. Technical assistance both to the group

1) It is not clear whether USAID is considering FPMT training for EFPA or the MOH or other implementing groups.

and each individual governorate can be made available at this time. The group will then come together in another 3-4 weeks with the finalized drafts of their plans.

It is proposed that this activity be organized by the collaborating management institute with the participation of an FPMT trainer for the workshop itself and the last group meeting.

b) Management Information Systems

It is not clear to the team what USAID's plans are for the MIS. However, given FPMT's experience in training F.P. systems personnel in the establishment of MIS and in providing TA to adapt and modify the systems as necessary, we believe this is one area where we could benefit the Egyptian program.

Therefore, a possible activity would be for key representatives from the F.P. organizations to attend the month long MSH training program on the establishment of computerized MIS. The Egyptian group could stay in Boston for one extra week during which time they will receive individualized attention to tailor their programs. This activity could be followed up by one month of in-country TA to deal with unforeseen problems and modify the system as necessary.

The estimated costs for each of these proposed activities can be found in Annex C of this report.

D. Study - Tour Project Development for Governorate Level F.P

Teams.

As discussed earlier in this report, the USAID funded project emphasizes decentralization and includes a phased in program during the next 5 1/2 years, which will allow for the provision of services in 21 of Egypt's 26 Governorates. At the governorate level, there is a bureaucratic structure somewhat reminiscent of that found at the national level. The key members of the governorate level team include:

- (a) MOH - A family Planning Manager (physician) and his deputy (nurse).
- (b) EFPA representative.
- (c) NPC representative.
- (d) Key private sector managers - FOF.
- (e) SIS representative.

A freely acknowledged and often articulated problem is the lack of communication between these Governorate level representatives and their own national headquarters, lack of a clear direction about roles and responsibilities and lack of training. FPMT cannot resolve all of these problems, but we are proposing a team building program which should at least alleviate the situation.

Specifically, we propose FPMT organize study tours to Thailand and Indonesia for perhaps two or three Governorate teams at a time (each team consisting of about six individuals) to

observe:

- (a) Local level outreach programs chosen for their particular relevance to Egypt.
- (b) Collaboration between the Ministries in both of these countries and the private sector providers.
- (c) System of logistics, supervision, human resource management and evaluation used at the local level.
- (d) Relationship between local level F.P. officials and their national level headquarters.

However, should this program merely included observation, the long term impact on Egypt may not be very great. Therefore, we strongly recommend that the study tour include the preparation of an Action Plan - perhaps drafted with assistance from the Indonesian Family Planning Coordinating Board (BKKB). The action plan would be an outline of a project inspired by the local level programs seen in Thailand and Indonesia and which will improve in a concrete fashion service delivery in the participating Governorates.

The bureaucratic mechanisms for approving and funding these new activities should be in place before the study tour program begins.

Follow up technical assistance could be provided by FPMT and the Egyptian management institute if appropriate.

FPMT's role would be to:

- arrange for the study tours in Thailand and Indonesia probably via sub-contracts with BKKBEN and a Thai organization.
- work with BKKB and the GOT to adapt the program for the Egyptian context.
- organize travel, per diems, etc.
- accompany at least the first delegation to ensure the relevance of the program and to oversee logistical arrangements.
- provide follow on training and TA as necessary to turn the action plan into a practical useful project work plan.

Since FPMT will probably have a sub-contract with BKKBEN for other activities and may even be opening a very small office in Jakarta, it will be relatively cost-effective to manage the Governorate level activity.

Based on previous discussions with BKKEN, three Governorate level groups could probably be received annually. Thus, if each group represented teams from 2-3 Governorates, the program could be completed within three years, if USAID and the GOE decided that this should be a nationwide program.

The program could begin when:

- (a) Governorate level teams are complete - each high position filled.
- (b) Approval and funding mechanisms for the action plans have been established.
- (c) Sub-contracts with BKKEN and Thailand have been completed (approximately three months will be required for this).

Again, FPMT cannot and should not be involved in the selection of the participants. This should be done by USAID, their Egyptian partners and other advisors. We do recommend, however, that consideration be given to adding a governorate level Islamic leader and perhaps leader of a key women's organization to the governorate level teams.

It should be noted from Annex C that this activity is very expensive and thus should probably only be initiated for special-case governorates.

E. Assistance for Participant Training

In order to achieve the expanded service delivery goals established by the revised project, it is imperative that the upcoming generation of F.P. Leaders be provided with carefully selected management training.

Given FPMT's review of U.S. based training opportunities for F.P. managers and our continuing collaboration with key universities and organizations to help them improve their offerings for F.P. managers, FPMT could assist the Egyptian program in the following ways:

- (1) Identification of U.S. and third country long and short-term management training programs most relevant for F.P. program executives in Egypt.
- (2) Provision of logistical support for the training (travel, stipends, admission requirements, English language training, etc.)

Once potential trainees have been identified, their CV's and new job descriptions can be forwarded to FPMT who can, if considered useful by the Egyptians and USAID, make concrete training suggestions.

EGYPTIAN FAMILY PLANNING ASSOCIATION (EFPA)

Suggested Management Training and Technical Assistance

Intervention

Central Level: Given the market segment the EFPA will attempt to reach and its ambitious plan for revenue generation and financial self-sufficiency, it will be necessary to provide training and technical assistance in the following areas.

- 1) Design and implementation of software that will combine programmatic and financial data so as to yield cost per client, cost per unit of services and employee and clinic productivity information.

Design phase could be done by MSH or the Center for Middle East Management Studies and would take approximately two weeks.

Implementation and training phase could also be done by either group, should include the Chief Financial Officer and the Chief Operations Officer (or the Chief of Evaluation) and would take a week.

Local Technical Assistance should be available for trouble shooting two days a month for three months.

- 2) Setting of productivity standards by activity, site and personnel.

This would be a three day training for all department heads, Chief of Operations and the Finance Officer and could be done by MSH.

- 3) Pricing of products and services by market segment.

A market survey should be done by an Egyptian market research firm over a two week period while also teaching the basic concepts to the Chief Operating Officer (or Evaluation Officer) and the Financial Officer.

- 4) Analysis of cost benefit of IEC activities.

A market survey should be done by an Egyptian market research firm over a two week period under the direction of the Director of IEC.

ANNEX A

EGYPT COUNTRY PROFILE

A. ECONOMIC, SOCIAL AND DEMOGRAPHIC INDICATORS OF DEVELOPMENT

1. Background

Egypt is approximately one million square kilometres in size and occupies the north-eastern corner of Africa and the Sinai Peninsula of south-western Asia. Egypt is bordered on the north by the Mediterranean Sea and on the east by the Red Sea, the Gulf of Suez, and the Gulf of Aqaba. The Sinai peninsula is separated from the rest of Egypt by the Suez Canal and is bordered on the east by Israel. Egypt's land boundaries in Africa are Libya to the west and Sudan to the south. The River Nile has formed the great nourishing spine of Egypt. Although efforts are underway to increase the percentage of land that is arable, it remains as low as 4%.

Virtually all of Egypt's agriculture is carried out on the banks of the 960-mile-long Nile. The total population of Egypt is 50.5 million, up from 46 million in 1983; constituting a growth rate of 2.6%. Egypt has a tremendous problem with its population density, particularly in urban areas (Cairo and Alexandria) where 44% of the population lives. Even the countryside is densely populated with some villages containing as many as 40,000 to 50,000 people.

2. Economic Situation

Per capita GNP (in US dollars) was \$690 in 1983 and is increasing at an annual rate of 3.5%. The external debt as a percentage of GNP is 43.7% (1981). As of 1986, that figure had not changed significantly. In spite of the fact that Egypt's fertile land yields excellent and world-renowned cotton, maize, wheat, rice and corn, its population pressures force it to import around 90% of its annual food stock. The inflation rate in 1970-81 was 11.1%. Other Egyptian industries include oil and tourism.

3. Politics and Government

The Arab Republic of Egypt is a democratic socialist state headed by the President of the Republic, who is nominated by the People's Assembly and elected by a popular referendum. The People's Assembly exercises the legislative power and thus approves the state's policies, development plans, and budgets. It comprises 392 persons.

The country is divided into 26 governorates under which there are 150 districts and 808 village councils of greatly varying sizes. Decentralization, which has occurred over the past two years, has increased the powers of the governor as the local representative of the President and has stimulated greater community involvement in decision-making on economic and social priorities at grass-roots levels.

4. Cultural and Religious Characteristics

Modern Egypt is predominantly Moslem. There is a widely held belief, particularly in the rural areas, that family planning is not permitted by Islam. Religious leaders in the villages (imans), who tend to be more conservative, generally oppose family planning, although some are in the vanguard demanding services for women. Religious leaders in urban areas have long been tolerant, even promoting the use of family planning. In 1969, however, the Minister of Religious Affairs said that the role of religious leaders was to clear people's suspicions that Islam opposes family planning. A study prepared for the imans pointed out that overpopulation threatens a healthy nation and so Islam is permitted to deal with it. As a result, many religious leaders are now more accepting of family planning.

Women are held in low esteem in Egypt. They have a literacy rate of 30% (compared with 57% for men), and have a low level of gainful employment outside the home. There is traditional emphasis on early marriage for girls and family pressure for immediate and continuing childbirth to prove fertility. The vast majority of women lead segregated lives and work extremely hard; large families appear to be their principal reward. Sons are preferred and a couple will often continue to have children until a son is born, after which most middle class couples may stop. The percentage of women aged 15-64 who are economically active is a low 7% (1981). Education, training and cultural values inhibit participation of

women in the workforce, especially in rural areas, where women, who travel alone to work outside, may be subject to gossip, thus endangering their chances in the marriage market. No villagers are willing to do this, as marriage has a much higher priority than work.

Polygamy is accepted by Islam and does exist in practice in Egypt. Egyptian legislation does not contain any text prohibiting sterilization, and male and female sterilizations are performed in some Ministry of Health (MOH) hospitals on request. (Operations are generally performed on women over age 35 who have three or more children, with at least one of them a boy.) Because of the influence of Islamic law, however, sterilization is usually performed for health rather than contraceptive reasons, and it is not officially promoted by the government. Abortion is generally illegal under the criminal code, and goes against the laws of Islam. Anyone who performs an abortion, including a woman who induces her own miscarriage, is subject to imprisonment. Abortion may be performed, however, in order to save the life or health of the pregnant woman.

5. Health Characteristics

The infant mortality rate (deaths under age 1 per 1,000 births) is 100. The government views this rate as too high and unacceptable. In less developed areas this figure is as high as 150. Life expectancy for both sexes is 58 years, a level which the government

views as too low and unacceptable. Approximately 25% of all deaths are of children ages 1 to 4, with gastrointestinal diseases and respiratory infections being the primary causes. Water supply and sanitation remain major problems in both urban and rural areas. This profoundly affects the health of adults as well as of children. Nutrition is affecting all groups as well, but especially vulnerable groups such as children. Protein-energy malnutrition (growth retardation) and anaemia are prevalent in children and common in adults.

The Government's policy for the health sector emphasizes the provision of free basic and primary health care for both rural and urban populations, a right that is guaranteed by the Egyptian Constitution. Services include: compulsory immunization, treatment and control of endemic and communicable diseases, maternal and child health (MCH) and family planning. In recent years there has been an emphasis on integrating health services with a broader development framework. Among the Government's goals for the health sector in recent years were to: establish 300 new rural health units (covering all villages with up to 3,000 inhabitants); establish 100 rural health centers and 140 urban health centers; increase the number of hospital beds by about 3,000 in order to keep the ratio constant at approximately 2.1 per thousand population; and train various categories of health care personnel in order to improve the quality and coverage of health care services. There is currently one nurse or midwife for every 1,074 people in Egypt.

6. Present Demographic Situation

The desired family size is 3.9 children (1984) and the population under 15 years constitutes 39% of the total population. Nearly half of the total population of Egypt lives in urban areas (44%), some 20% of which live in Cairo and Alexandria. Immigration to the cities is high; it is estimated that the urban population doubling time is 24 years. The Government's development approach to population problems includes plans to ease population congestion in urban and metropolitan centers through establishment of new urban and metropolitan centers, including expansion of non-agricultural industries to improve the standard of living in rural areas and curb the rural/urban exodus.

7. History of Family Planning Efforts

Egypt has had an administrative structure for a population and family planning program since the mid-1960s and has received large amounts of foreign financial and technical assistance for its program. Nevertheless, its rate of natural increase hovers at just under 3% and the population is expected to double to around 90 million early in the next century.

Initial efforts to cope with Egypt's population problem were made in the 1950s by the private sector. In 1964 a small-scale government program distributing oral contraceptives and IUDs. Two years later the first National Family Planning Program started,

using existing Ministry of Health (MOH) clinics and health centers and concentrating on the sale of pills and the provision of free IUDs. During the 1970s, family planning services became linked with development programs and integrated hierarchically at three levels of administration: national, governorate and village. In 1977 a major program was launched: the Population and Development Project (PDP), which provided funds for development projects to villages that reached a target of specified percent of couples.

Unfortunately, progress was stalemated by a basic philosophical disagreement between those who supported indirect efforts to reduce fertility (largely through development programs) and those who supported direct intervention of a vigorous family planning program. The struggle between these differing views, general bureaucratic lethargy and the traditional opposition of Egyptian villagers to programs promoted by Cairo — compounded by Egypt's social and economic problems — effectively nullified the government's efforts to slow population growth.

President Mubarak, like Presidents Sadat and Nasser, realizes the seriousness of Egypt's population problem. In contrast to his predecessors' preoccupation with domestic political and international crises, however, Mubarak is personally promoting a policy he hopes will lower Egypt's population growth rate. Shortly after taking office, Mubarak called for a national population conference to survey Egypt's population problem, study measures to deal with it and prepare a new policy. The President chaired the

March 1984 conference and is expected to participate in a redesigned National Population Council. With his strong direction and with continued large-scale foreign assistance, Egypt now has a chance to reduce its population growth rate significantly.

ANNEX B

Training for Family Planning Personnel

A large number of Egyptian and expatriate management consultants have assessed GOE institutions in the last decade; all have arrived at similar conclusions. In general, most public sector institutions, especially those in the social service sector, are characterized by: (1) non-responsive, non-directive management systems, (2) an inadequate supply of trained and dedicated managers and technical staff, and (3) an oversupply of unmotivated, poorly paid and poorly trained employees.

There is one FP training institute in Egypt -- the Institute for Training and Research in Family Planning located in Alexandria, an arm of the EFPA. The institute was founded nearly 15 years ago. Dr. Falha Awat has been the Institute's Dean since it was founded. She maintains very good control over the activities of the Institute and is internationally known for her work. The Institute offers training for all levels of family planning personnel; it is not limited to health personnel. Training is available for high level policy managers, clinic managers, trainers, and service providers in non-clinical areas such as IEC, reproductive health, training methodologies and family planning program management. The average training course is an intensive two weeks duration, most every minute of which is spent within the four walls of the Institute.

There is no clinical in-service training center in Egypt. The MOH provides sporadic training to the traditional health care providers who still dominate the health care system in Egypt. USAID/Cairo, however, is sponsoring a project which provides 2 weeks of clinical family planning training to medical students during their 1 year internship following medical school. It also offers a refresher course in IUD insertion. The reality remains that there is very little clinical emphasis in these courses.

While in Egypt, the team visited the Sadat Academy of Management Sciences and the Center for Middle East Management Studies. Details of the visits are given below:

Center for Middle East Management Studies

Located at the American University in Cairo, its Executive Development Program is the largest training program in the Middle East. It works with both new managers and mature professionals and prides itself on combining the best managerial concepts and techniques with a thorough understanding of the special demands of the Middle East environment. Over 125 public and private sector organizations have sent their top level managers to the Center's Executive Development Programs. Enrollment has climbed from 220 in 1976 to over 2,000 in 1986.

In addition to the above-mentioned programs, the Center for Middle East Management Studies is expert in designing and delivering training in virtually every area of Executive Management. In responding to specialized requests it utilizes a wide variety of training techniques including Management simulations, Case Studies, Self-Assessment Exercises, Videotaped Role Playing and Environmental Analysis. Its facilities include several conference rooms equipped for simultaneous translating, a computer laboratory, a curriculum development library and print shop.

The Center's clients have included most of the major companies in Egypt, 60 of which have formed an association to provide feedback to the Center on its training programs. It has also worked extensively for the government of Egypt and has recently provided management training under a USAID contract to 800 industrial managers.

Sadat Academy for Management Sciences

The Sadat Academy for Management Sciences was established in 1981 replacing the National Institute for Management Development which had previously combined the Institute of Public Administration, the National Institute of Top Management and the Institute of Local Administration. It has become the main governmental organization responsible for management development work in Egypt.

The Academy's activities are directed to all sectors, public, governmental and private, and to all levels, top management, local and middle management and first line supervisors. In addition to offering both undergraduate and postgraduate degrees, it has Academic Centers in the areas of Training, Consultation, Research and Local Administration. It is experienced in the diagnosis of managerial systems and problems and the design and implementation of training programs to address those problems. In that capacity, the Academy has provided consultancy services in the areas

of Banking, Human Resources Management and Development, Computers and Management Information Systems, Accounting and Marketing. It has also helped to develop and improve regional institutions for managerial development. The Academy has already provided management training for the NPC and FOF.

== PARTICIPANT TRAINING TRAVEL == Egypt: Basic Study Tour -
 National Level Leaders

AIRFARE(S): FROM-----	TO-----	NO.	TYPE	AMOUNT
Washington	Jamaica	6	60W	1,800

0
0
0
0
0
0
0
0
0
0

TOTAL AIR FARES --> 1,800

PER DIEM(S): LOCATION-----	NO.	DAYS	RATE	AMOUNT
Kingston Jamaica	6	14	125	10,500

0
0
0
0
0
0

TOTAL PER DIEM --> 10,500

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TOTAL PARTICIPANT TRAINING TRAVEL -----> 12,300

== PARTICIPANT TRAINING TRAVEL == Egypt: Study Tour-Governorate Level

AIRFARE(S): FROM-----	TO-----	NO./TYPE	AMOUNT
Cairo to Bangkok to Jakarta to Cairo		10RT	25,000
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0

TOTAL AIR FARES -> 25,000

PER DIEM(S): LOCATION-----	NO.	DAYS	RATE	AMOUNT
Bangkok, Thailand	10	7	97	6,790
Jakarta, Indonesia	10	10	108	10,800
				0
				0
				0
				0

TOTAL PER DIEM --> 17,590

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TOTAL PARTICIPANT TRAINING TRAVEL -----> 42,590

