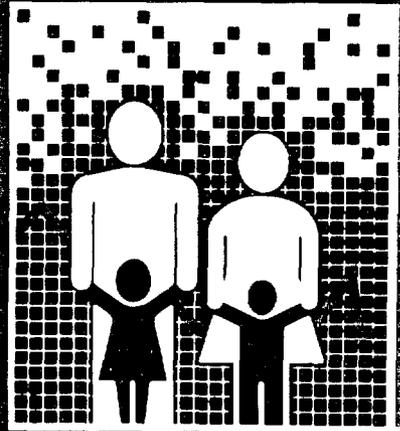
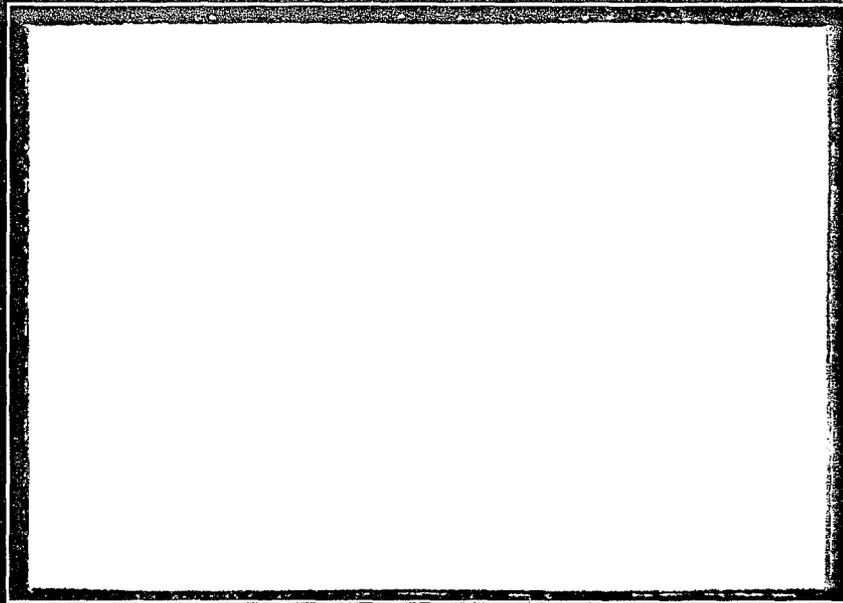


PN-ACC-032  
96575



**THE POPULATION COUNCIL**

**ASIA & NEAR EAST OPERATIONS RESEARCH AND  
TECHNICAL ASSISTANCE PROJECT**

PW ACC 032

**Development of Approaches to  
Community Based Family Planning  
Outreach in Egypt:  
Assessment of Raidats Rifiats Programs**

***Final Report***

16



**Development of Approaches to Community Based Family  
Planning Outreach in Egypt:  
Assessment of Raidats Rifiats Programs**

***Final Report***

**Faculty of Nursing, Alexandria University**

Dr. Maaly Guimie  
Dr. Sanaa Abdel Azziz

**The Population Council  
Asia & Near East Operations Research and Technical  
Assistance Project**

Dr. Laila Nawar  
Dr. Dale Huntington  
Ms. Sahar Hegazi

Sub-contract No. C.194.02A



\* This project was supported by the Population Council's Asia & Near East Operations Research and Technical Assistance Project. The ANE OR/TA Project is funded by the US Agency for International Development, Office of Population, under Contract No. DPE-3030-C-00-0022-00, Strategies for Improving Family Planning Service Delivery.

Cairo, July, 1995

## Acknowledgements

I acknowledge with deep appreciation the support given by H.E. Prof. Dr. Maher Mahran, the Minister of Population and Family Planning for his continuous support and on going interest for Raidat Rifiat program in Egypt.

Under the auspices of Alexandria University, I would like to extend special thanks to Prof. Dr. Essam Salem, the president of Alexandria University, Prof. Dr. Mohammed Ramadan and Prof. Dr. Mohamed Abdella the Vice Presidents for Community Development and Environment Affairs, without whom this research would not have been completed.

I would also like to acknowledge Dr. Carol Carpenter-Yaman, Director, and Ms Amani Selim, Project Management Specialist, Office of Population USAID, Cairo for their support and valuable comments throughout the study.

I would like also to acknowledge the financial and technical assistance received from the Population Council Asia and the Near East Operations Research and Technical Assistance Project which made possible the conduct of this study. The assistance provided by Dr. Laila Nawar, Dr. Dale Huntington, Dr. Mohammed Naguib and Ms. Sahar Hegazi is greatly appreciated.

I would also like to thank Dr. Laila Kafafi, Resident Research Advisor, FHI. Although it is not possible to acknowledge all the individuals who contributed to the study, I would like to specially acknowledge some individuals whose efforts and support were very important in the accomplishment made throughout the research. All officials from all organizations dealing with Raidats mainly National Population Council, Ministry of Social Affairs and Coptic Evangelical Organization for Social Services at all levels. Sincere appreciation and gratitude for Raidats Rifiats Community Leaders, Health Personnel and women for taking the time for cooperating with field staff.

The spirit of team work that prevailed during the study among the research team, the consultants and project staff led to the successful completion of this work.

I'm deeply indebted and grateful for all project staff. Without their sincere commitment this research would not have been successfully completed.

Prof. Dr. Maali Guimie  
Principle Investigator

# Study Team

## **University of Alexandria** **Faculty of Nursing**

Prof. Dr. Maali Guimie	Principal Investigator
Prof. Dr. Sanaa Abdel Aziz	Co-Principle Investigator
Prof. Dr. Sawsan Fahmy	Research Consultant
Prof. Dr. Ferial Abdel Aziz	Administrative Coordinator

## **Research Team Members** **Faculty of Nursing – Public Health Nursing Department**

Dr. Mahasen Okasha  
Dr. Manal Oweda  
Dr. Nadia Mahmoud  
Dr. Mahasen Ahmed

## **Faculty of Medicine – Public Health Department**

Dr. Faten Anis Kamel  
Dr. Randa Mahmoud Youssef  
Dr. Yehia Abdel Ghaffar Mostafa  
Dr. Aly Ahmed Sadek  
Dr. Hany Hasan Ziady

## **Statistical and Computer Technical Analysis**

Prof. Dr. Mahmoud Khalil El-Shazly  
Prof. Dr. Khadiga Amin  
Prof. Dr. Mohamed Ibrahim Kamel

## **Interviewers**

Dr. Mervat Hassanien  
Dr. Hoda Gharieb  
Dr. Nadia Farghally  
Dr. Gamal Makboul  
Dr. Kamal Fouad  
Dr. Sahar Khashab  
Dr. Nadia Abdel Aziz  
Dr. Salma Tayal

Dr. Randa Abou El Naga  
Dr. Aida Mouhi Mohamed  
Sahar Anwar Risk  
Howida Anas El Wegoud  
Wafaa Mohamed El Aroussy  
Iman Abdel Halim  
Hanan Abdelaah Ezzat  
Sahar Mohamed Soliman  
Ola Gouda  
Hala Kadry  
Azza Abou Karem  
Hanan El Sherbiny  
Sahar Hosni El Shenawy

# Table of Contents

Introduction .....	1
Statement of the Problem .....	2
Study Justification .....	3
Objectives .....	3
Research Questions .....	4
Study Methodology .....	4
A. Sample Design .....	5
B. Sampling Procedures .....	6
C. Study Instruments .....	8
D. Data Processing and Analysis .....	8
Findings .....	9
A. The Raidats Rifiats: Actual Number, Distribution and Characteristics ...	9
B. Raidats Rifiats Activities and the Contributions of those activities to the Family Planning Program .....	14
- Findings from the Focus Group Discussions .....	25
C. Raidats Training, Knowledge and Skills .....	30
D. Existing Systems of Supervision, Monitoring and Evaluation .....	34
E. System of Raidats Remuneration .....	36
Discussion and Program Implications .....	38
Conclusion and Recommendations .....	44
Appendix	
Figure 1: Stratified Multistage Sample .....	47
Table 1: Sample of Officials Interviewed in the Study .....	48
Table 2: Sample of Community Leaders and Health Personnel Interviewed in the Study .....	49
Table 3: Distribution of Raidats Rifiats in Egypt .....	50
Table 4: Total Number of Raidats as of May 1994, Serving in the Selected Governorates .....	51
Table 5: Focus Group Discussions Held .....	54

## List of Figures

Figure 1:	Selection Criteria of Raidats, Officials Perspective . . . . .	12
Figure 2:	Knowledge about Raidats, Health Personnel and Community Leaders Perspective . . . . .	13
Figure 3:	Criteria Considered for Assigning Raidats, Officials Perspective . . .	13
Figure 4:	Type of Activities Undertaken by Raidats . . . . .	14
Figure 5:	Type of Activities Undertaken by Raidats, Health Personnel and Community Leaders Perspective . . . . .	15
Figure 6:	Activities Most Efficiently Done by Raidats, Officials, Health Personnel and Community Leaders Perspective . . . . .	16
Figure 7:	Recommendations for Enhancing Raidats Family Planning Role, Officials Perspective . . . . .	17
Figure 8:	Proportions of Raidats Rifiats who Reported Having Targets to Achieve by Type of Target, Raidats Perspective . . . . .	17
Figure 9:	Family Planning Source Women are Referred to by Raidats, Raidats Perspective . . . . .	18
Figure 10:	Collaboration Between Raidats and Rural Health Unit, Raidats Perspective . . . . .	19
Figure 11:	Number of Monthly Referred Cases by Raidats to a Rural Health Unit or CEOSS Physician, Raidats & Health Personnel Perspective .	19
Figure 12:	Reasons for Referrals Made by Raidats to Rural Health Unit or CEOSS Physicians, Raidats Perspective . . . . .	20
Figure 13:	Reasons Raidats have Contact with Community Leaders, Raidats Perspective . . . . .	21
Figure 14:	"Has the Raidats Program Achieved its Objectives?", Raidats, Officials, Health Personnel and Community Leaders Perspective . .	21
Figure 15:	Areas of Raidats Program Success, Raidats, Officials, Health Personnel and Community Leaders Perspective . . . . .	22
Figure 16:	Type of Problems or Difficulties Encountered by Raidats, Raidats and Officials Perspective . . . . .	22

Figure 17:	Problems and Difficulties Facing Raidats, Health Personnel and Community Leaders Perspective .....	23
Figure 18:	Reasons Raidats Drop out .....	24
Figure 19:	Ways to Improve the Raidats Program, Raidats and Officials Perspective .....	25
Figure 20:	Raidats Training History, Raidats Perspective .....	30
Figure 21:	Content of Raidats Training .....	31
Figure 22:	Deficient Aspects of Raidats, Training Officials Perspective .....	32
Figure 23:	Changes Needed for Raidats Training .....	33
Figure 24:	Methods for Raidats Supervision .....	35
Figure 25:	Evaluation Criteria for Raidats, Raidats and Officials Perspective ..	36
Figure 26:	"What type of remunerations or incentives do the Raidats receive?" Officials Perspectives .....	36
Figure 27:	Motives for Working as Raidats, Raidats Perspective .....	37

## List of Tables

Table 1:	Actual Number of Raidats Rifiats in the Study's Governorates by Affiliation As of May, 1994 .....	9
Table 2:	Socio-demographic Characteristics of Raidats by their Organization Affiliation .....	11

## Abbreviations

PVO	:	Private Voluntary Organization
SDP	:	Service Delivery Point
RR	:	Raidats Rifiats
NPC	:	National Population Council
PDP	:	Population and Development Project
MOSA	:	Ministry of Social Affairs
FOF	:	Family of the Future
NGO	:	Non Governmental Organization
PVO	:	Private Voluntary Organization
RHU	:	Rural Health Unit
FGDs	:	Focus Group Discussions
CEOSS	:	Coptic Evangelical Organization for Social Services

## Executive Summary

Egypt's family planning program officially began in 1965. Impressive gains have been made in contraceptive use since 1980. Contraceptive prevalence rate increased from 24% in 1980 to 47.1% in 1992 and the population is currently growing at a rate of 2.1%. Egypt's National Population Policy addresses the nation's population growth through multiple interventions designed to reduce fertility. The center piece to the national population program is the provision of family planning services.

The Egyptian Government emphasizes the promotion of family planning accessibility through a wide network of public and NGO family planning clinics. A number of years ago, the Egyptian Family Planning Program began using Raidats Rifiats program in order to extend services into the country's rural communities where the pronatalist values strongly prevail. Yet, there is a concern regarding the ability of the Raidats Rifiats program to motivate and recruit women for the clinic based program. Senior policy makers and program managers need to assess and analyze the role the Raidats have played within their communities as well as their contribution to the family planning program.

The present research was designed to provide a comprehensive assessment of the various subsystems functioning in this program. It reflects the feedback of all partners involved: program officials, community personnel, the Raidats themselves and the village women whom the Raidats serve.

A multistage stratified sample was selected for this study. Six governorates were included to represent the major four sectors of Egypt; West and Middle Delta, East Delta, Middle of Republic and Upper Egypt. In each governorate, a number of districts were selected and between 70% and 80% of Raidats working in this governorate were contacted for interviews. A total of 28 districts were included in the sample. The Study's sample included 905 Raidats.

The study collected both quantitative and qualitative data. Four standardized questionnaires were used for interviewing the Raidats (905), officials (205), community leaders (116) and Health personnel (62). Focus group discussions sessions were held with women in Menoufia (lower Egypt) and Menia (upper Egypt), with both those who have had contacts with Raidats and those who have not had contacts with Raidats.

The study findings indicated that presently, only three institutions are involved in Raidats activities: the Ministry of Social Affairs (MOSA), the National Population Council (NPC), (recently upgraded to the Ministry of Population and Family Planning), and the Coptic Evangelical Organization for Social Services (CEOSS). Findings also indicated that some of the Raidats who were working with Family of the Future (FOF) in late 1980's had dual affiliation with MOSA, and to a lesser extent with NPC. With the closing of FOF activities in 1990, Raidats who were affiliated only with FOF stopped their activities and were not absorbed into other Raidats programs. However, these Raidats who were working in a dual capacity with MOSA continued their work as MOSA Raidats.

The study also showed that the Raidats average age is early thirties (32 years), most are married (77%) and have less than three living children (2.7). Close to half of Raidats attained high school level or more, and most of them (87%) live in the same village they are serving.

The results showed that Raidats have a heavy workload. On the average each Raidat is responsible for 0.5 mother village, 0.69 satellite village and 0.80 hamlet. The results also pointed out to the somewhat poor working conditions experienced by the Raidats including lack of job security and lack of positive recognition for outstanding work. Raidats also complained from being underpaid.

The study findings revealed that Raidats have varied roles and activities depending upon their organizational affiliation or location. The major two activities were consistently promoting family planning awareness and recruiting new acceptors. However, the study reflected serious deficiencies in Raidats technical information that hamper their abilities to advise and counsel women on contraceptive side effects and rumors surrounding contraceptive use. The follow up of family planning acceptors was not frequently mentioned by Raidats as a customary activity to ensure continuous use. On the other hand, women requested help from Raidats and expressed the need for more regular and frequent visits.

Results from the group discussions indicated that most village women trust Raidats and seek their help. Women also feel that Raidats are very similar and close to them, and speak their language. Some women also felt that Raidats can approach their husbands and talk with them about use of contraceptives and family size. However, a number of limitations concerning Raidats roles were also highlighted by women. Some women felt that Raidats role is too narrowly confined only to family planning activities. They expressed the need for Raidats' help concerning their own (and their children's) health, family education and women development activities. In some other cases,

Raidats were not well known in their villages. Some villagers indicated that they are not aware of Raidats role and what they can do for them. Others complained that Raidats do not represent the proper role model.

The study also examined the system(s) for training Raidats. Deficient aspects of their training as viewed by officials are mostly related to inadequate technical knowledge (34%), insufficient practical training (31%) and lack of continuous updating (34%). Various training needs were explored through officials, community personnel and Raidats interviews. They suggested changes in training content to include updated contraceptive information and aspects of maternal and child health issues. Increasing the frequency and duration of training sessions and enhancing the practical training, use of specialists as trainers were also recommended.

The study findings showed that the monitoring and supervision systems of Raidats differed substantially among organizations. Most commonly, supervision is done by reviewing activity records by all of the organizations, (either monthly or bi-monthly). In addition, about one third of the MOSA and the NPC officials reported that monitoring is done through field visits to a sample of women. Raidats on the other hand, indicated that their performance is assessed and based on some evaluation criteria that include completeness of records (85%), number of new acceptors (64%), home visits (49%) and achievement of targets (21%).

With regard to the system of Raidats' remuneration, the majority of NPC and MOSA officials (about 84%) reported that Raidats receive only monetary incentives. CEOSS officials were more likely to report that their Raidats receive both monetary and non monetary incentives. For MOSA and NPC Raidats, these incentives are usually a monthly fixed amount, where the average monthly incentive is LE 26 and LE 29.2, respectively. On the other hand, CEOSS monetary reward is usually variable based on the number of new acceptors (100%) and distribution of contraceptives (39%).

The study findings revealed that Raidats' major motivation to work is that they like to serve people (reported by two - thirds) and the majority mentioned that they like their work. When asked about their intention to continue work as Raidats, the majority reported that they will.

Overall, the study highlighted gaps in existing Raidats system that should be looked at and strengthened to improve the system performance. The results are a timely contribution to promote the effectiveness of the Raidats program and to yield desired outcomes.

## **Introduction**

Egypt's family planning program officially began in 1965. Impressive gains have been made in contraceptive use; 24% of women were using contraceptive methods in 1980, whereas 47.1% were using a method in 1992. Egypt's population is presently increasing at a rate of 2.1%. By the year 2001 Egypt's population is projected to be 67 million (population projections prepared at CAPMAS).

Since this projected increase will place pressure on the country's limited resources the Egyptian government considers the population growth rate to be a major constraint on socio-economic development efforts. Egypt's National Population Policy therefore addresses the nation's population growth through multiple interventions designed to reduce fertility, including: increased use of modern contraceptives, improved access to comprehensive maternal and child health care services, increased literacy among women, and population redistribution. The center piece to the National Population Program is the provision of family planning services.

The family planning services are provided through a number of different service delivery systems (public NGO, PVO, private). Public sector, NGO's and PVO's combined together offer contraceptives at approximately 4,523 service delivery points. Clinic based health and family planning services are accessible to the majority of Egyptian women. A number of years ago, the Egyptian family planning program began using community workers in order to extend services beyond the fixed sites of SDPs into the country's rural communities (where traditional pronatalist values are strongly held). These community workers are known as Raidats Rifiats.

Raidats are the principal form of developmental workers who provide community based activities in Egypt. A Raidat is defined as a volunteer woman leader who is selected from the same village where she works; who is offered suitable training, who acts as a link between the people and health services, who conducts health education in family affairs and family planning, and who is expected to mobilize community development activities for communities which she serves.

Raidats have been an element of many different organizations in Egypt for some time. The Ministry of Social Affairs (MOSA) was pioneer with the program, as it first

began using them in 1964. Originally unmarried volunteer females were selected to become the link between the population and the governmental services provided by the local MOSA unit. The Raidats were also responsible for community health education services, mobilizing women to play an active role in their communities, and promoting community participation in government development programs. In 1977 the Supreme Council of Family Planning and Population started its project on Population and Development (PDP) which covered 12 governorates that included 2,915 villages (inhabited by 70% of Egypt's rural population). The PDP began incorporating Raidats in March, 1981 and soon had selected approximately 2,780 local women leaders to serve as Raidats, (the PDP used the same name for the volunteers as the MOSA). After the PDP project ended the National Population Council (NPC), continued working with these Raidats as part of family planning program in rural areas. The NPC Raidats job description focuses mainly on family planning, unlike the role MOSA originally had created for Raidats that included broader responsibilities. A third organization that worked with Raidats was the Family of the Future (FOF), which was a non profit, social marketing association established in 1979. FOF began a Raidat program in 1987, using Raidats primarily for the marketing of contraceptive methods. With the closing of the FOF in 1990 the current status of the Raidats working on the program was uncertain.

## **Statement of the Problem**

There is insufficient information concerning the Raidats to evaluate their contribution to family planning program in Egypt. Almost three decades have elapsed since the creation of Raidat system in Egypt and a variety of governmental programs have used the volunteers in a number of similar, yet also qualitatively different ways. Almost all Raidats have been associated with the national family planning program in some manner, however. Currently senior policy makers and program managers need to assess and analyze the role that Raidats have played within their communities as well as their contribution to the family planning program. Past studies of Raidats have provided useful information, although they have been too limited in scope to yield results suitable for assessing the national program.

Findings from previous evaluations of Raidats programs indicate that there are five overriding themes of the Raidats program that need to be clarified:

- Who are serving as Raidats?
- What are the Raidats' activities and what type of contribution do they make to the family planning program?
- What is the extent of the Raidats' training and skills?
- How are Raidats supervised?
- How are Raidats motivated?

## **Study Justification**

The Egyptian government continues to emphasize the promotion of family planning accessibility through a wide network of public and NGO family planning clinics. Hence there is a concern regarding the sustained reliance upon the Raidats Rifiats program to motivate and recruit women for the clinic based family planning program. In response to this concern this study provides data on the 5 critical areas listed above.

Previous evaluations and reviews of Raidats were too small in scale to provide policy makers and program managers with representative findings. A more comprehensive review of the Raidat Rifiat program in Egypt was needed in order to provide more representative answers to these questions. The issue of how well Raidats are working is important for the national family planning program to consider, particularly as it begins to direct attention towards reaching the rural population. Policy makers require data on the utility of the Raidat approach in Egypt to assist them in making informed decisions on whether to continue using Raidats, or redirect resources to other approaches (such as strengthening outreach from clinics through other means or using the mass media).

## **Objectives**

### **Long Term Objectives**

The study will contribute to the development of a comprehensive family planning service outreach strategy in Egypt's rural areas and hence will lead to an increase in rural contraceptive prevalence rate, and consequently a decline in rural fertility rate.

---

## **Short Term Objectives**

Findings will assist policy makers make effective decisions about the present system of Raidats as an element of Egypt's family planning program as it will:

- Describe national system of Raidats Rifiats including the characteristics and activities.
- Identify the administrative organization of the present system(s) of supervision and remuneration of Raidats including overlap of Raidats systems.
- Identify needs, priorities and current limitations of the different Raidats programs.

## **Research Questions**

The present study provides a descriptive analysis of the Raidats Rifiats system(s) in Egypt. It is guided by the following research questions:

- Who are serving as Raidats? What is their actual number and their distribution? What are their characteristics and which organizations are they involved with?
- What are the Raidats' activities and what type of contribution do they make to the family planning program?
- What is the extent of Raidats training, knowledge and skills?
- What type(s) of supervision system(s) exist for administration of Raidats programs, how are they supervised, evaluated and monitored?
- What is/are the system(s) of their remuneration? How are they motivated?

## **Study Methodology**

This is a cross sectional descriptive study that uses both qualitative and quantitative research methods (focus groups and sample survey). There were five sources of data; government officials, health personnel, community leaders, Raidats Rifiats, and women in the communities, those who have had contact with Raidats and those who have not.

Prior to beginning data collection, a number of interviews were conducted with officials from the different organizations that use Raidats. The results from these interviews were useful in securing



Maalyi Guimie , Principle Investigator , ( Right ) and Laila Nawar, Host Country Advisor of ANE OR/TA Project , ( next ) with research team in the field.

precise and recent information on the number and distribution of Raidats(especially at the district level ) for use in constructing the study's sampling frame . A secondary and important objective of these interviews was to orient these officials with the study's activities, as well as to prepare a list of officials, health personnel and community leaders to be interviewed later in the study .

Several meetings were held with officials at governorate , district and local levels in order to achieve these objectives . At the governorate level data on number and distribution of NPC and MOSA Raidats at all levels ( down to village level ) were obtained from NPC office and Department of Women's Affairs of the Directorate of social Affairs of MOSA , respectively . An updated number of CEOSS Raidats was obtained through meetings with senior CEOSS staff in Menia governorate ( detailed findings from the site visits were presented in an interim report ) .

## A. SAMPLE DESIGN

A multistage stratified sample was selected , where the Republic was stratified into four sectors: Middle, East Delta , West and Middle Delta , and Upper Egypt . Each stratum included between four and six governorates where Raidats are working.

*A multistage stratified sample was selected. The Republic was divided into 4 sectors Middle , East Delta , West and Middle Delta , and Upper Egypt . Ultimately 6 governorates were included*

### **1. Sampling of Governorates**

Based on the assessment of the distribution of Raidats Rifiats throughout the country, one to two rural governorates was purposively selected from each stratum (those having the largest number of Raidats). Since the study focuses on issues pertaining to Raidats Rifiats, urban governorates were not selected. In addition, Fayoum governorate was excluded since a project for health promoters and development has been underway since 1991 (in collaboration with the Dutch government), thereby making the Raidat experience in that governorate special. The sample included a total of six governorates selected from the four strata:

- Menoufia and Kafr El-Sheikh governorates to represent West and Middle Delta
- Dakahlia and Sharkia governorates to represent East Delta
- Kalyoubia governorate to represent middle of the Republic
- Menia governorate to represent Upper Egypt

### **2. Sampling of Districts**

Four to five districts (having the largest number of Raidats) were selected in each governorate to represent 70% to 80% of Raidats in that governorate. A total of 28 districts were included in the sample. Ultimately, the selected Raidats were found to be working in 270 mother villages.

## **B. SAMPLING PROCEDURES**

### **1. Officials**

Senior managers of organizations (NPC, MOSA, CEOSS) concerned with Raidats Rifiats program at the national level, governorates, districts and local social units affiliated to these districts were interviewed (Table 1 in Appendix). In total 205 officials were interviewed.

### **2. Community Leaders**

Local community leaders nominated by the people living in the study's villages were included in the sample (Table 2 in Appendix). These community leaders are individuals considered by the people of that community as having a strong voice in the village matters. Examples are the village mayor, local council member, dayas (midwives), school teacher or headmaster.



*Interviewing a Raidat Reifat at Menoufia governorate ( Koesna District ).*

### **3. Health Personnel**

At least two health personnel ( either a doctor or nurse ) from the nearest health units were interviewed in the study, ( Table 2 in Appendix ).

### **4. Raidats**

Prior to conducting the study , the estimated number of Raidats was around 4000 (Table 3 in Appendix). This number was updated based on the findings of site visits as well as the updated list of Raidats obtained from central level files of MOSA and NPC. As of May 1994 , the total number of Raidats in all governorates was estimated to be approximately 2000 Raidats . Out of them , 1 ,210 were serving in the study's six governorates (see Table 4 in Appendix). A sample of 70% to 80 % of Raidats working in each of the selected governorates was drawn. A total of 935 Raidats was included in the final study sample representing 77.3% of total number of Raidats working in the selected governorates. However, the ultimate number of Raidats successfully interviewed was 905 Raidats. The non-response rate was 3.2% for various reasons.

### **5. Women**

Women selected for the focus group discussions represented both Upper and Lower Egypt ( Menia and Menoufia governorates were selected for this purpose , respectively) . They also represented both groups of women : those who have had contacts with Raidats and women who have not had contacts with Raidats .

The selection process for the group discussions differed for these two categories of women. Women who have had contacts with Raidats were selected by a simple random sample from Raidats register book. However, when this was not feasible for MOSA Raidats, so their sample was drawn randomly from the list of women recalled by the Raidats. In the final selection process, preference was given to women who were contacted by a Raidat since at least one year or more. Whenever possible, women with recent contacts with Raidats were avoided. On the other hand, women who were not contacted by the Raidats were selected from the Rural Health Unit attendants for child immunization or from other women in the village meeting the following criteria:

- \* Resident in the village for a long period of time (at least five years)
- \* Currently married and in the reproductive age with at least one or two children

## **C. STUDY INSTRUMENTS**

### ***1. Questionnaire Development***

Development of the study instruments was undertaken in April through June 1994 in collaboration with Population Council staff. For the quantitative data, four structured questionnaires were designed for the following categories: officials, community leaders, health personnel and Raidats Rifiats and were tested in one of the non sampled governorates (Behera, lower Egypt). The necessary changes were made accordingly.

### ***2. Focus Group Discussions***

Focus group sessions were generally held outside the family planning center. In some occasions, however, it was more convenient for the women to go to the nearby health units than elsewhere. In all cases, women's preferences were taken into consideration in selecting the places for holding the sessions. The same moderator facilitated all sessions.

## **D. DATA PROCESSING AND ANALYSIS**

The quality control checks on the data began in the field when the supervision scrutinized the completed questionnaires. Each questionnaire was also reviewed by the central office (verification of the answers to all questions and check consistency). Codes of the precoded questions were recoded and revised (where appropriate) by research assistants. The data was entered using Statistical SPSS/WV 6.0. Checking for typing mistakes was done by file printing, frequency distributions and cross tabulation.

Descriptive statistics including cross tabulation and frequency distribution as well as graphical presentations were performed. This is in addition to the computation of the mean and standard deviation of quantitative variables.

## Findings

### A. THE RAIDATS RIFIATS: ACTUAL NUMBER, DISTRIBUTION AND CHARACTERISTICS

#### 1. *Current Status of Family of the Future (FOF) Raidats*

Results from interviews with officials indicate that some FOF Raidats were also considered as MOSA Raidats. Very few Raidats seemingly had dual affiliation with NPC. In addition to employing MOSA Raidats, FOF also employed Raidats who were working for local village councils. With the closing of FOF activities, FOF Raidats who were working in a dual capacity continued to function as MOSA or Local Village Council Raidats. The Raidats who were affiliated only with the FOF apparently have stopped their Raidats activities and were not absorbed into another Raidats program.

#### 2. *Actual Number and Distribution of Raidats*

Table 1  
Actual Number of Raidats Rifiats  
in the Study's Governorates by Affiliation  
As of May, 1994

Governorate	Institutional Affiliation		
	MOSA	NPC	CEOSS
Menoufia	145	110	
Kafr El Sheikh	62	78	
Dakahlia	123	77	
Sharkia	97	106	
Kalyoubia	124	33	
Menia	99	43	113
<b>Total</b>	<b>650</b>	<b>447</b>	<b>113</b>

Data obtained through site visits in governorates included in the study (Table 1) show that there are 1,210 Raidats working in the 6 study governorates. The MOSA has the largest number of Raidats (650) followed by NPC (447) and CEOSS (113). The governorates with the largest number of Raidats are Menia and Menoufia (255 each), whereas close to 200 Raidats work in Sharkia and Dakahlia.

The officials interviewed by the study consistently reported that there has not been any substantial changes in the number of Raidats affiliated to these three institutions during recent years. Accordingly, Raidats who drop out are routinely replaced.

Minor discrepancies existed when the study compared the actual number of Raidats obtained from site visits with the number obtained from central level files of NPC and MOSA. In most cases, the

***In total, 905 Raidats were interviewed in the study. Among them, 49% are affiliated with MOSA, 43% are affiliated with NPC and 8% with CEOSS.***

actual number of Raidats working in the field was slightly lower than number cited in the organization's central file. In total 905 Raidats were interviewed in this study. Approximately one half are affiliated with MOSA (49%), 43% are affiliated with NPC and 8% with CEOSS.

### ***3. Selected Socio-Demographic Characteristics of Raidats***

Table 2 (below) shows selected socio-demographic characteristics of the Raidats by their affiliation. The Raidats' average age is in her early thirties (32 years), most are married (77%) and have less than three living children (2.7). About one half (43%) of the Raidats have attained a primary or preparatory level of education, and an additional 47% have a high school or higher level of education. Approximately 87% of the Raidats live in the same village they are serving, and they possess an average of nine years of experience.

However, variations from this overall profile of Raidats exist by the type of organizational affiliation. For example, CEOSS Raidats are relatively older (about 39 years), less educated and have more living children (about 4) than Raidats from other organizations. NPC Raidats are generally younger (29 years) more highly educated (68% high school or more), and have fewer years of experience (5.7 years) than Raidats from other organizations.

Table 2  
Socio-demographic Characteristics of Raidats by their  
Organization Affiliation

Characteristics	MOSA (n = 448) %	NPC (n = 386) %	CEOSS (n = 71) %	TOTAL (n = 905) %
<u>Age:</u>				
<30	38	72	14	50
30-	28	18	39	25
40-	27	8	37	19
50 or more	8	3	10	6
Mean	34.3	28.6	38.9	32.2
<u>Education</u>				
Illiterate	0.5	—	10	1
Read & write/some education	8	5	35	9
Primary & Preparatory	58	27	34	43
High school & above	34	68	21	47
<u>Marital Status</u>				
Married	74	79	83	77
Single	17	16	9	16
Divorced	4	1	1	3
Widowed	5	4	7	5
<u>Residence</u>				
Same village	90	86	72	87
Other village	10	14	28	13
<u>Years of Experience</u>				
Mean	12.5	5.7	10.3	9.4
<u>Number of Living Children*</u>	(n = 367)	(n = 319)	(n = 65)	(n = 751)
None	11	10	2	10
<3	30	46	14	35
3-4	44	33	55	40
5 or more	15	11	29	15
Mean	2.8	2.5	3.9	2.7
Total	100	100	100	100

Source: Raidats Interviews

\* Confined to Raidats who ever married

#### 4. Recruitment Criteria of Raidats

Figure 1 reviews some of the basic criteria established by each organization for recruiting Raidats. Significant differences are apparent with regards to parity, marital status and (to a lesser extent) educational level. About two thirds of the CEOSS officials stated that Raidats should be married (64%) and have less than four children (64%). Majority of officials from all

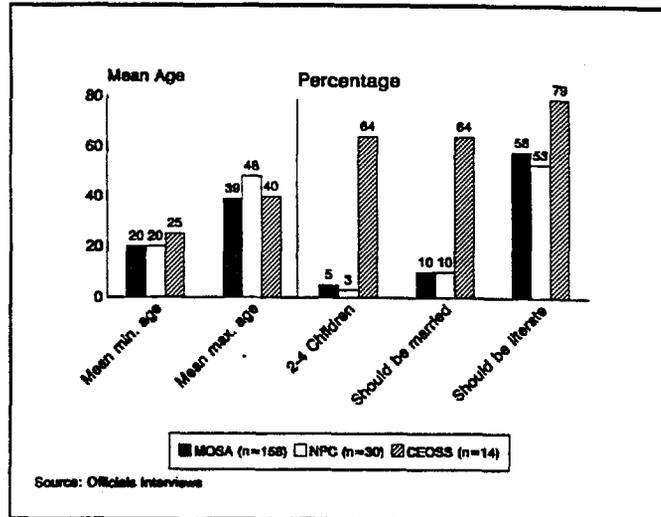


Figure 1: Selection Criteria of Raidats, Official Perspective

organizations noted that Raidats should have favorable and persuasive personality.

Results from the focus groups reinforce the importance of the official selection criteria. Women in Menoufia and Menia governorates indicated that a Raidat should be married and stressed the importance of a high educational attainment: ***"Unmarried women are not allowed to talk about family planning issues in front of men"***.

Some women prefer a Raidat who is older than themselves just to feel that she is like a mother whom they can trust. The Raidats' personal characteristics, such as honesty, modesty, courtesy, trustworthiness and being from a good family were also cited as being important in the focus groups.

Results from interviews with local health personnel and community leaders indicate that they stress educational level of the Raidats (59% and 55% respectively). They also emphasized the possession of favorable personal characteristics (51% and 77% respectively) and persuasion ability (47% and 51%) and to a lesser extent to be from the same village.

### 5. Health Personnel and Community Leaders Knowledge of Raidats

Raidats are seemingly not well known by the health personnel or community leaders who work in their communities. Although about three-fourths of these community persons knew about the existence of Raidats in their villages, only a small proportion (less than one fifth) of them knew their names and between one fifth and one fourth knew the actual number of Raidats Rifiats serving at their communities (Figure 2).

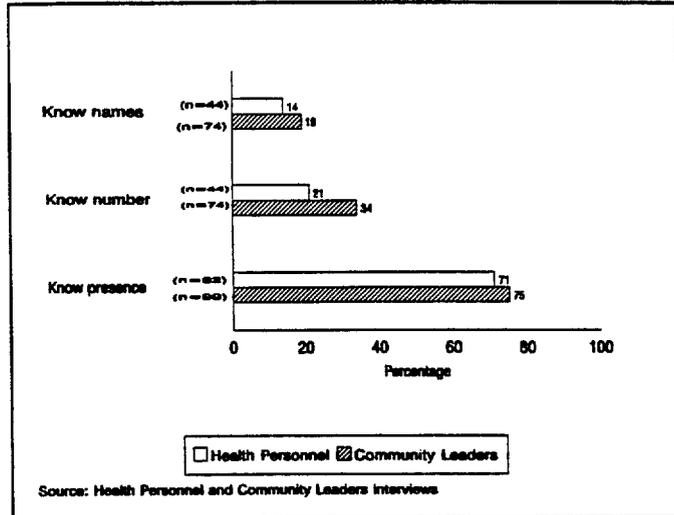


Figure 2: Knowledge about Raidats, Health Personnel and Community Leaders Perspectives

### 6. Basis for Assigning Raidats to a Community

The study asked the officials from each organization to cite the criteria they use for determining where to assign Raidats. This varied from one organization to another. The most common reason cited by MOSA officials (71%) is that it is according to number of villages, NPC officials most commonly referred to the population size (43%) and the number of villages (40%), whereas CEOSS officials indicated that the assignment of Raidats is primarily based on the population size (64%) or number of women in the reproductive age (36%).

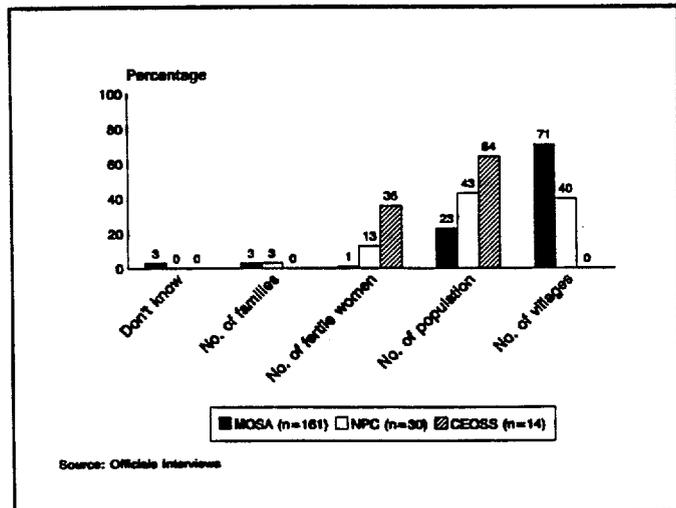


Figure 3: Criteria Considered for Assigning Raidats, Official Perspective

### 7. Population Served by Raidats

The mean population served per Raidat was nearly equal for those affiliated to MOSA and CEOSS (11,562 and 10,415 respectively). The mean population served by Raidat affiliated with NPC was less (7,665). Regarding the assigned number of villages per Raidat, it was found that overall, 0.50 mother village is assigned to a Raidat on average, along with 0.69 satellite village and 0.80 hamlet, on average.

### B. RAIDATS RIFIATS ACTIVITIES AND THE CONTRIBUTIONS OF THOSE ACTIVITIES TO THE FAMILY PLANNING PROGRAM

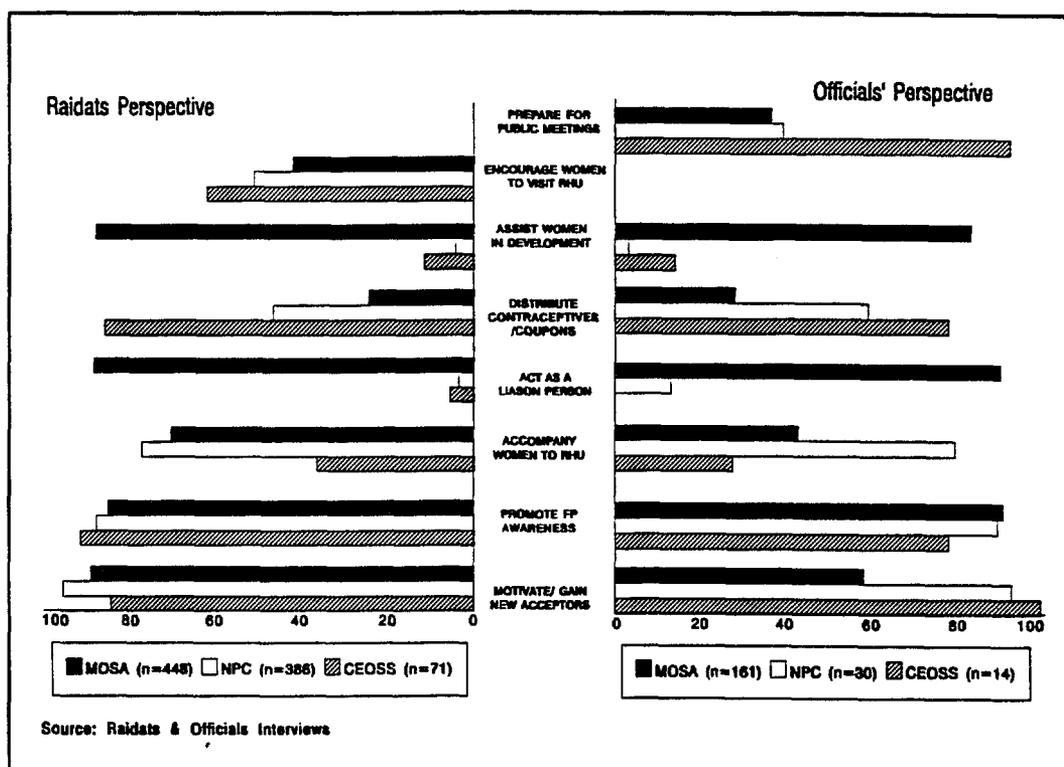


Figure 4: Type of Activities Undertaken by Raidats

#### 1. Types of Raidats Activities

Among the 19 activities listed as activities of Raidats, motivating women to use family planning methods as well as creating awareness of family planning were the two most frequently mentioned activities by Raidats for all organizations (Figure 4). Differences in types of activities were cited by Raidats of different affiliations.

The majority of CEOSS Raidats reported distributing contraceptives and or coupons (86%), as compared to about half of NPC Raidats (46%) and a quarter of MOSA Raidats (24). Accompanying women to the Health Unit was more frequently mentioned by NPC and MOSA Raidats (73% and 70%, respectively). Officials from all 3 organizations commonly cited the Raidats' role in creating family planning awareness.

**Creating awareness of family planning as well as motivating women to use contraceptives were the two most frequently mentioned activities by Raidats.**

Although almost all of the CEOSS and NPC officials reported that Raidats should also motivate women and encourage new family planning acceptors, only about one half of the MOSA officials cited this activity. In contrast, the majority of MOSA officials emphasized the role of Raidats as a liaison person

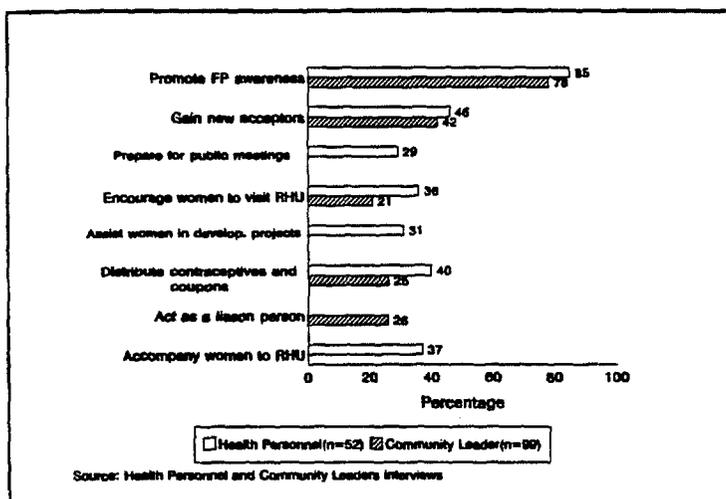


Figure 5: Type of Activities Undertaken by Raidats, Health Personnel and Community Leaders Perspective

between the Ministry and local people (91%), as well as in working with women in development projects (84%). CEOSS officials were apart from the other organizations in the reporting of the Raidats' role in preparing for public meetings (93%) (it is interesting to note that these activities were not reported by Raidats themselves). This reflects some discrepancies between officials and Raidats responses which implies that not all officials are aware of Raidats activities. In this regard, it is important to note that the majority of MOSA officials (72%) and about half of NPC officials (47%) interviewed reported that they are not aware of job description for Raidats. Awareness of Raidats activities by health personnel and community leaders is generally low. Promoting family planning awareness was the activity most frequently mentioned by them.

## 2. Efficiency of Raidats Performance

Officials, community leaders and health personnel were asked to cite the activities that Raidats perform the best (i.e., efficiently), shown in Figure 6. Responses varied according to organizations. The majority of CEOSS officials (93%) and a considerably lower percentage of NPC

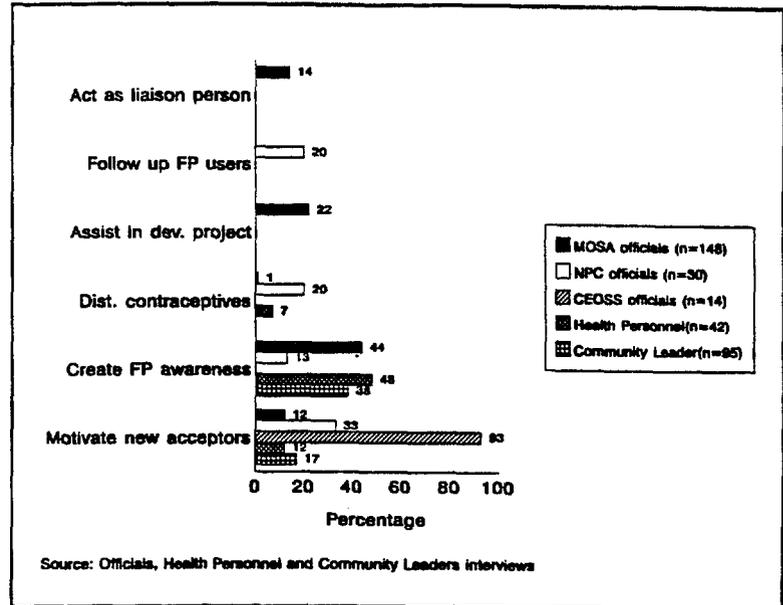


Figure 6: Activities Most Efficiently Done by Raidats, Officials, Health Personnel and Community Leaders Perspectives

officials (33%) stated that the most efficiently performed activity is motivating women and gaining new family planning acceptors. The next most commonly cited activity is promoting awareness for family planning. It is interesting to note that activities conducted on a community level, such as acting as a liaison or assisting in development projects, were not cited by community leaders.

## 3. Adequacy of Family Planning Activities Carried Out by Raidats

In general, family planning activities performed by Raidats are judged to be inadequate by officials, health personnel and community leaders. Approximately, one quarter of the officials (25%), one third of the health personnel (39%) and 43% of the community leaders viewed the Raidats family planning activities as adequate.

Figure 7 reviews the principal recommendations made by officials for improving the Raidats family planning activities. The majority of NPC and MOSA officials (89%, 67% respectively) and about one half of the CEOSS officials (56%) cited the need for specialized training in family planning (i.e. training should be handled by trainers with adequate expertise in family planning). Continuous updating of Raidats knowledge about family planning was stated by slightly more than one third of MOSA officials and close to half of NPC and CEOSS officials.

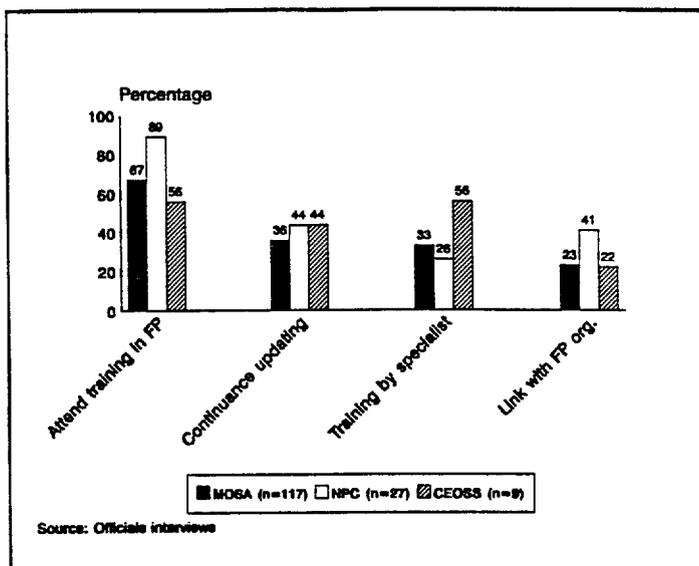


Figure 7: Recommendations for Enhancing Raidats Family Planning Role, Officials Perspective

#### 4. Use of Targets in Family Planning Activities for Raidats

Generally, only a small percentage of Raidats have specific targets in family planning activities, but among those who do, they are most likely to be affiliated with the NPC, (figure 8). More than one half of the NPC Raidats have targets for recruiting new acceptors. To a lesser extent, NPC Raidats reported having targets for follow up visits to users and distribution of pills.

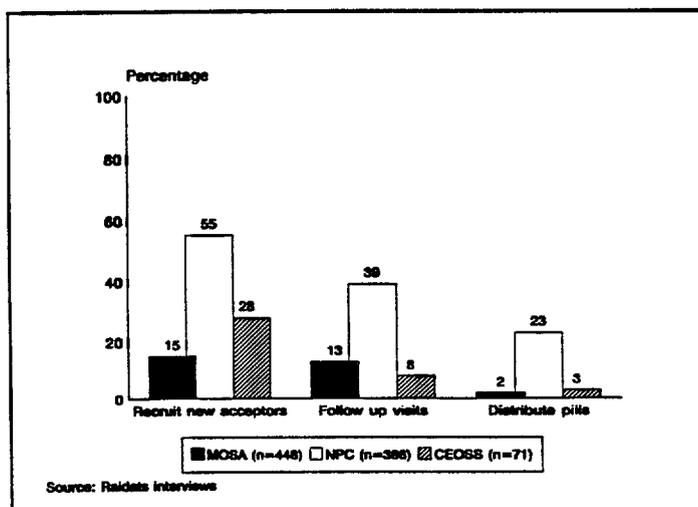


Figure 8: Proportions of Raidats Rifiats who Reported Having Targets to Achieve by Type of Target, Raidats Perspective

### 5. Other Activities Recommended for Raidats

Officials, community leaders and health personnel were asked whether they feel that Raidats should undertake some more activities in addition to current activities. About one half of officials in all organizations (49%) felt the need to add new activities for Raidats in addition to the existing ones (especially CEOSS). This was strongly supported by about one half of the community leaders (45%). These suggested activities included having a role in maternal and child health (about a third of MOSA, NPC and CEOSS officials), family planning awareness for men in addition to women (mentioned by 33% of CEOSS and 50% of NPC officials). In addition, MOSA officials suggested other activities pertaining to agriculture, as providing guidance on how to plant and care for crops and vegetables (29%). It is interesting to note that community leaders and health personnel felt that Raidats could be very effective in some areas of development (as helping women to be involved in income generation projects). Community leaders pointed out to her possible contribution in linking the village with social services (50%), and in activating women development (45%), (not shown).

### 6. Raidats Collaboration with Rural Health Units (RHU) and Referrals

In general, Raidats reported reasonable collaboration with Rural Health Unit (RHU). The majority of MOSA (94%) and NPC (85%) Raidats stated that they visit the RHU regularly as part of their work. Figure 9 shows that about 90% of MOSA and 79% of NPC Raidats refer clients to RHU compared to only one tenth of CEOSS

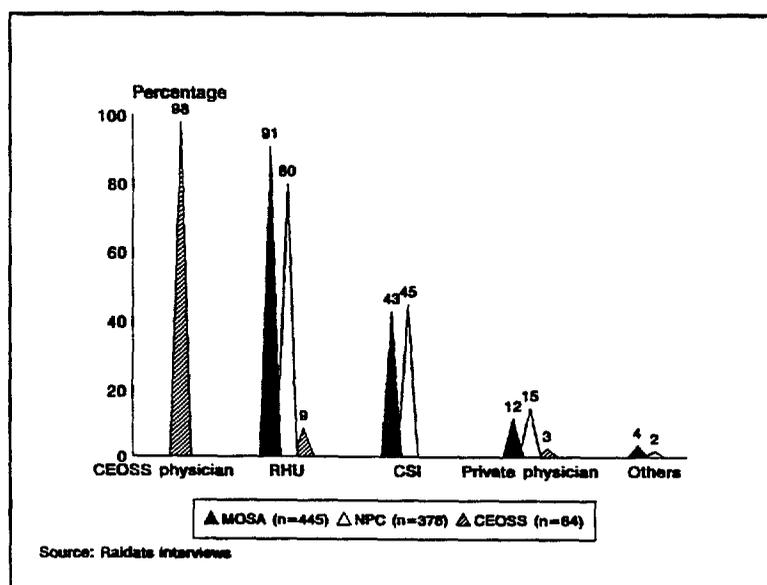


Figure 9: Family Planning Source Women are Referred to by Raidats, Raidats Perspective

Raidats who made most of their referrals to CEOSS physicians (98%).

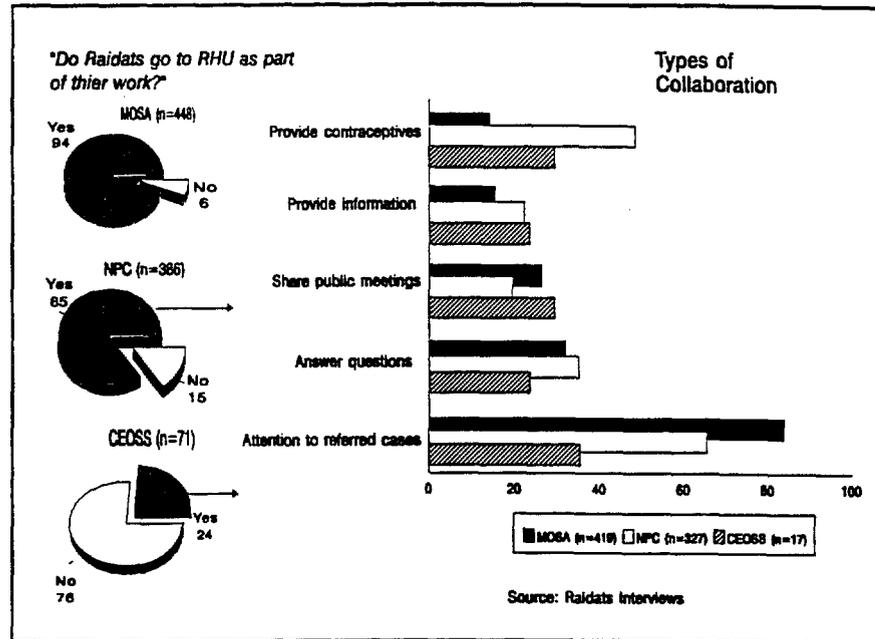


Figure 10: Collaboration between Raidats and Rural Health Unit, Raidats Perspective

The types of collaboration between Raidats and Rural Health Unit staff are most commonly referral (especially for MOSA and NPC Raidats) followed by providing contraceptives (Figure 10).

The mean number of family planning clients per month referred to a Rural Health Unit or CEOSS physician was highest for Raidats affiliated with CEOSS (15.1) followed by MOSA (9.7) and NPC (5.8). In this regard, health personnel reported that the mean number of all monthly referred cases is 24.8 (including both family planning and other cases).

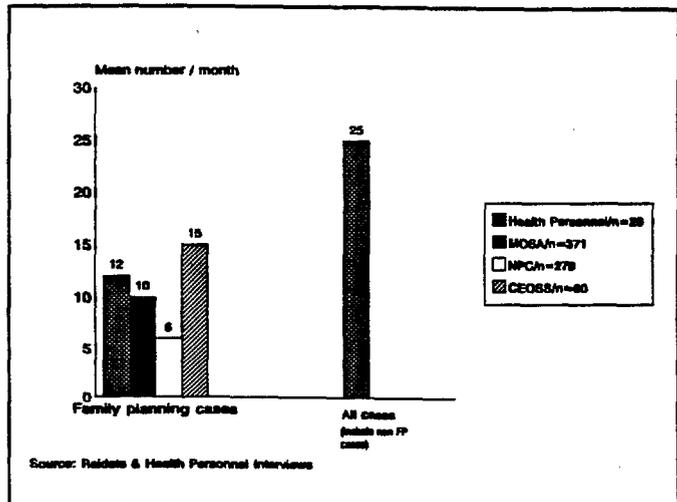


Figure 11: Number of Monthly Referred Cases by Raidats to a Rural Health Unit or CEOSS Physician, Raidats & Health Personnel Perspective

Figure 12 shows reasons for referrals made to the Rural Health Unit. The most common types of referrals are made by NPC and MOSA Raidats for family planning services (99% and 93% respectively), followed by referrals of maternal illnesses (33%), childhood diseases and children eligible for immunization (26% and 23% respectively).

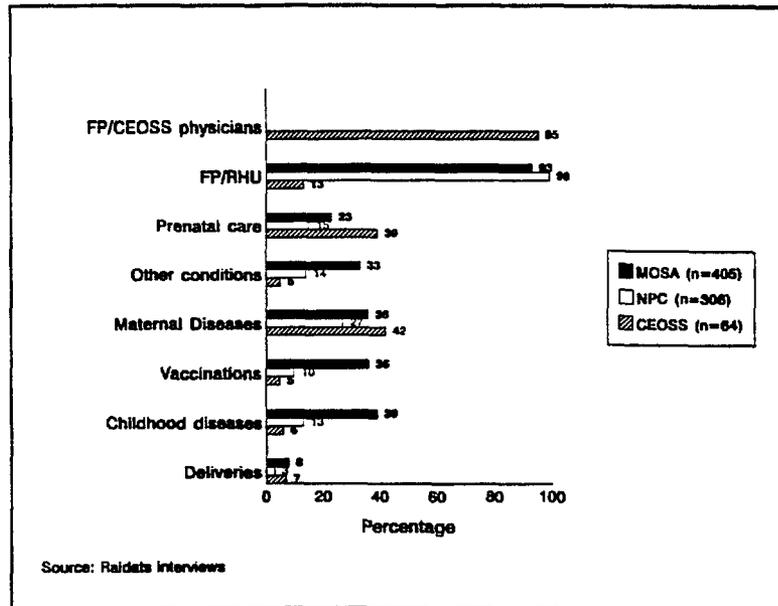


Figure 12: Reasons for Referrals Made by Raidats to Rural Health Unit or CEOSS Physicians, Raidats Perspective

CEOSS Raidats most commonly refer for family planning services. In addition, referral for maternal illnesses and prenatal care were frequently cited (42% and 39% respectively).

**The majority of Raidats reported receiving assistance from community leaders. They assist in solving community problems, clarifying information to the public and attending public meetings.**

### 7. Collaboration between Raidats and Community Leaders

Contacts between community leaders and Raidats are fairly common. About two thirds of the Raidats reported that they receive assistance from community leaders. Among the types of local leaders who collaborate with Raidats are the following: the

mayor or Sheikh El-Balad (53%), religious leaders (49%), chief of village council (28%) and doctors and/or nurses (26%). Figure 13 reviews the types of assistance received by Raidats from these community leaders. Assisting them to solve community problems (66%), clarifying information to the public (41%) and attending public meetings (37%) are the most common.

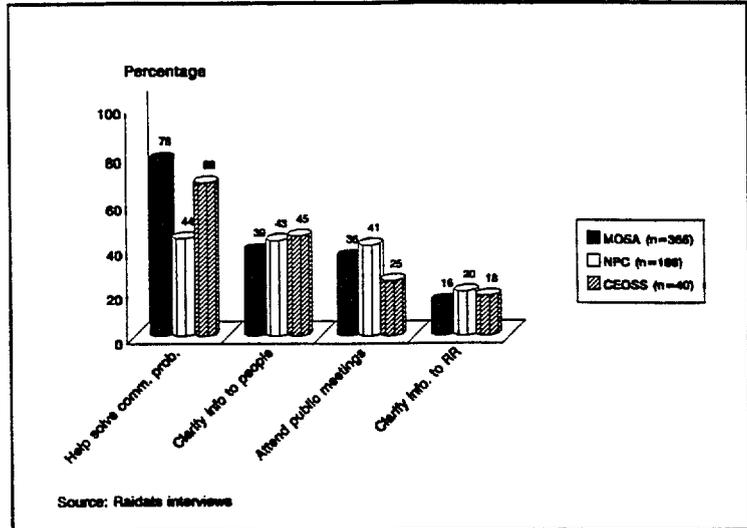


Figure 13: Reasons Raidats have Contact with Community Leaders, Raidats Perspective

### 8. Accomplishment of Objectives of Raidats System

Raidats considered their program successful. When asked if they believed the Raidats system has achieved its objectives, all of the Raidats included in the sample gave an affirmative answer. However, only 59% of the health personnel and 66% of the community leaders who recognized the presence of Raidats reported

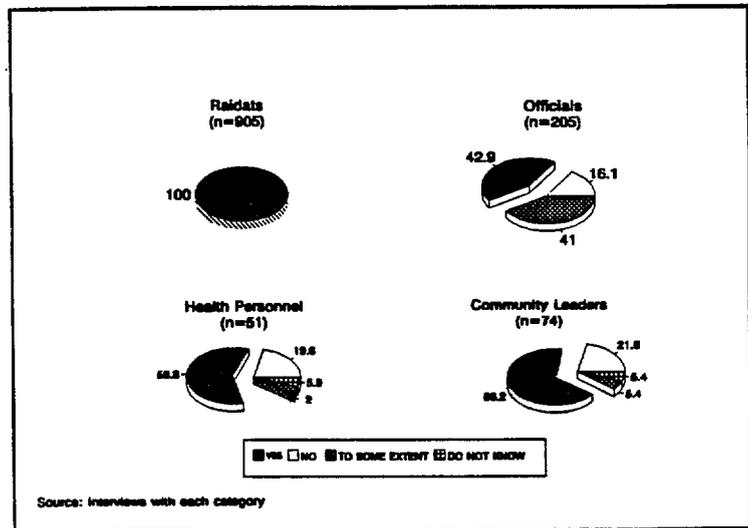


Figure 14: "Has the Raidats Program Achieved its Objectives?", Raidats, Official, Health Personnel and Community Leaders Perspectives

that the system achieved its objective in family planning (Figure 14). Moreover, less than one half of the officials (43%) felt that Raidats system achieved its objectives with another 41% reporting (to some extent) answer, i.e., partial achievement.

Raidats, officials, health personnel and community leaders who indicated support for the Raidats program were asked to cite examples of how the Raidats achieved success. The examples most frequently cited by the Raidats themselves were increasing contraceptive use (84%) and raising family planning awareness (69%).

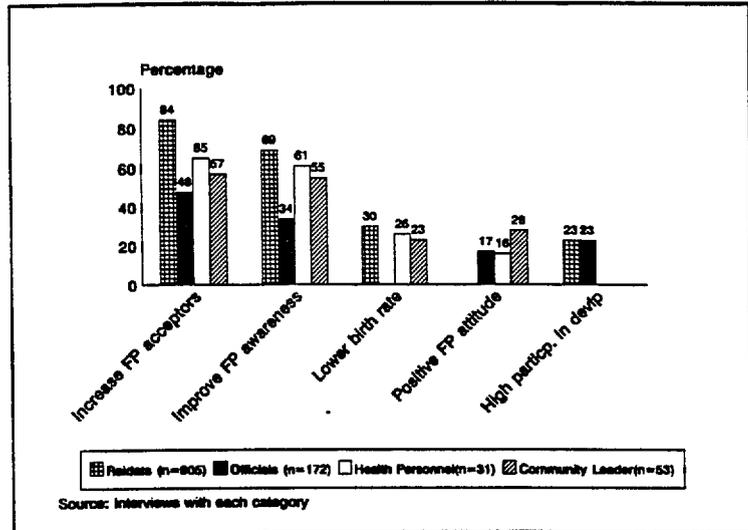


Figure 15: Areas of Raidats Program Success, Raidats, Officials, Health Personnel and Community Leaders Perspectives

Officials, health personnel and community leaders most commonly cited these indicators as well. It is interesting to note that the promotion of positive attitudes toward family planning as an indicator of Raidats program success was cited by 28% of the community leaders.

### 9. Problems Facing Raidats and the System

The problem most frequently mentioned by Raidats is the negative attitudes of some village people to family planning, (69%) (Figure 16). The second most frequently mentioned problem is inadequate incentives and remunerations (58%). The problem of inadequate incentives was frequently cited by officials, (77%).

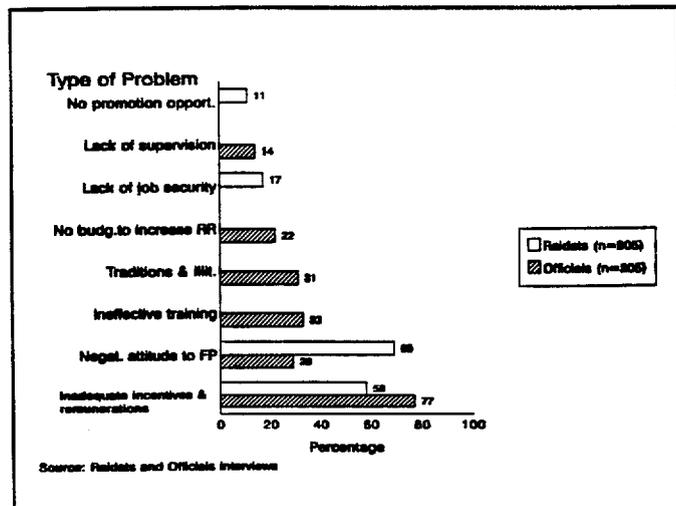


Figure 16: Type of Problems or Difficulties Encountered by Raidats, Raidats & Officials Perspectives

Problems facing Raidats and the system were also assessed from health personnel and community leaders perspective ( Figure 17 ). The most frequently reported problems are negative attitudes to family planning for some village people ( 65 % of health personnel and 43 % of community leaders ) and inadequate incentives ( about one third of both health personnel and community leaders ).

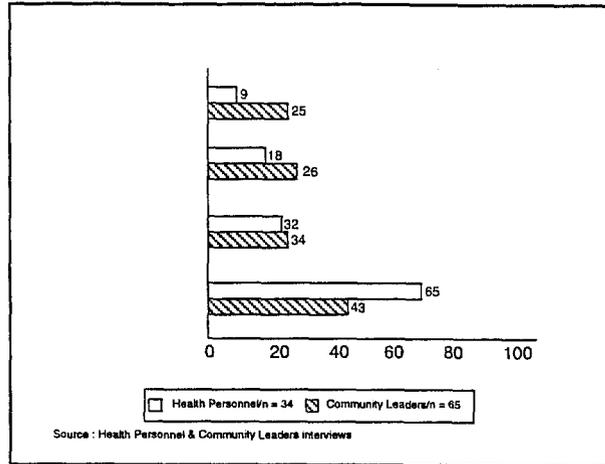


Figure 17 :Problems and Difficulties FacingRaidats, Health personnel and Community Leaders Perspectives

### 10. Raidats' Dropouts

The dropout of Raidats from the program that was reported by nearly one half of the Raidats ( 54 % ), with some variation according to the affiliation to MOSA ( 61 % ), NPC ( 51 % ), and CEOSS ( 23 % ). This problem was also referred to by officials of MOSA ( 40 % ), NPC ( 63 % ) and CEOSS ( 21 % ) (not shown) .



"Why do Raidats drop out " ? An interview with a Raidat Riefiat

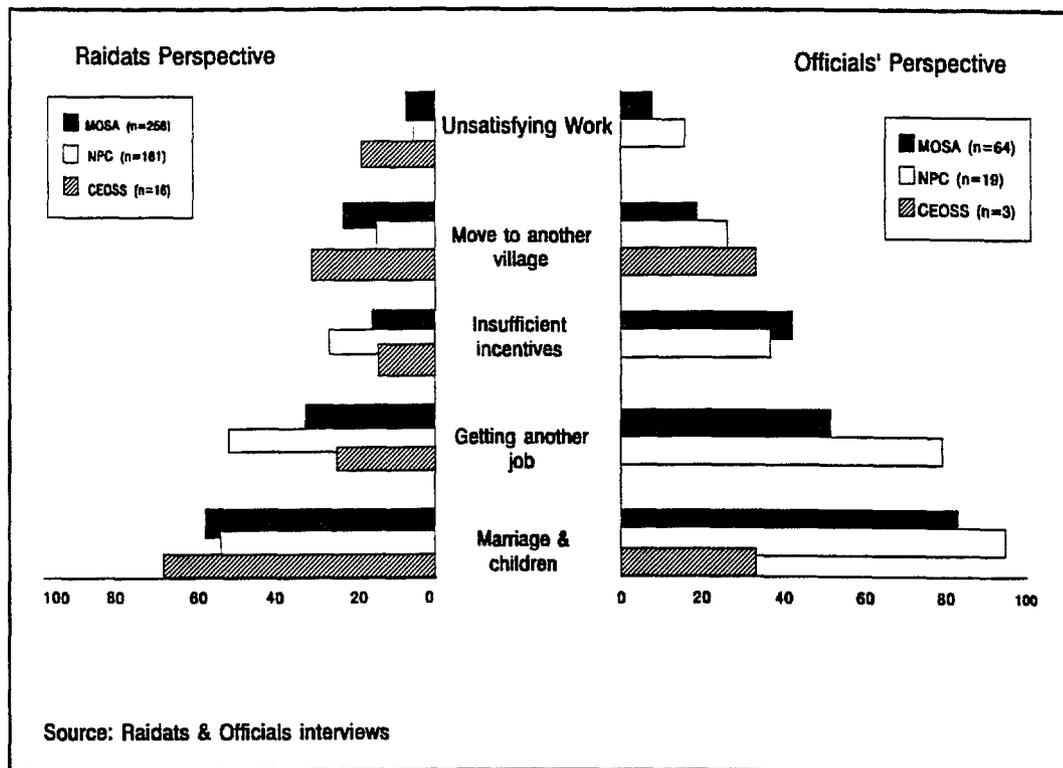


Figure 18: Reasons Raidats Drop Out

Personal reasons are the most common reason for dropping out of the Raidats program. These include getting married and having children (Figure 18). This was mentioned by the majority of officials (83%) compared to nearly one half of Raidats (58%). Shifting to another job was mentioned by more than one half of Raidats, particularly NPC and MOSA. This could be more frequent among Raidats who are highly educated and who consider their work as Raidats a temporary position till they find another job. Nearly, an equal percentage of Raidats and officials (35% and 40% respectively) pointed out that low incentives in relation to workload is another reason for drop out.

### 11. Suggestions for Improving Raidats System

Each category of Raidats and officials stated they believed the system should continue, and provided different recommendations to improve the system. The most commonly cited recommendations include providing higher quality training (66% of officials and 34% of Raidats), increasing incentives and remuneration (84% of Raidats,

76% of officials), improving the selection of Raidats (43% of officials, especially NPC and CEOSS), and providing job security (43% of Raidats). From a community perspective, the recommendations made by local health and community leaders are similar to those presented in Figure 19.

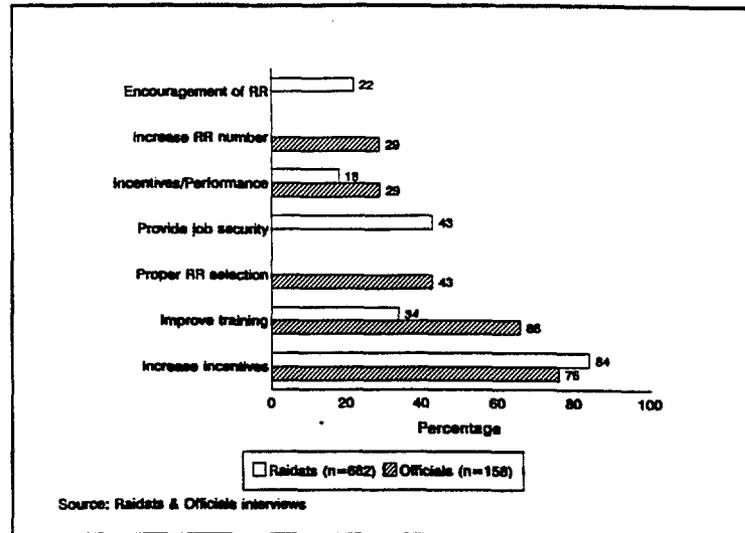


Figure 19: Ways to Improve the Raidats Program, Raidats and Officials Perspectives

### Findings from the Focus Group Discussions Relating to the Raidats' Activities and their Contribution to the Family Planning Program.

Focus group discussions were held with women, who have had and who have not had contacts with Raidats in Menoufia governorate (lower Egypt) and Menia governorate (upper Egypt). The results from the focus groups are not to be considered representational of all women in the governorates, but are suggestive of community wide opinions and beliefs that need to be confirmed in subsequent surveys. The exact number and location of the FGDs are shown in Table 5 in the Appendix.

Women who had contact with Raidats stated that Raidats do similar activities to the results from the interviews with Raidats and officials. In addition they mentioned home visits, giving instructions related to contraceptive methods, and their side effects, or changing the method if not satisfied.

Raidat is viewed by the women as a government employee (rather than a volunteer) who talks mainly about family planning, and in some places she is not known by the name of Raidat. CEOSS clients for example call her the leader, and few call her nurse.

## 1. Why Raidat is needed?

In response to the topic "Why are Raidats needed?", the women in the focus groups generally agreed that Raidats are useful and needed. Raidats help them especially in raising their awareness about family planning. The feedback was more obvious in Menia governorate (upper Egypt) rather than in Menoufia governorate (lower Egypt). The positive points cited for having Raidat were that she acts as women confidant. They said "She is like a mother", (Referring to a CEOSS Raidat).

"هى ستر و غملا علينا" "فى منزلة الأم فعلا"

Raidat is also viewed as a trustful person and a source of advice. "She does everything to our benefit, if I get sick I could consult her and she tells me and I trust her words as she tells me about the useful things". There are some things I cannot tell except to her, and we need her. "When I said I wanted to use contraceptives I asked where I should go to the health unit, my mother-in-law told me about Om Gamal". "We can not go to the doctor and tell him about these things... If she is not present where could we go?"

"بتصل كل حاجة لصالمتنا و لو تعبت من حاجة ممكن استشيرها و هى تقول لى و ائق فى كلامها و تقوللى على البغيد" "فى حاجات مقدرش اقولها الا لها، و اهننا محتاجين لها" لان الواحدة اما اقول عايزة استعمل اروح الوحدة و لا اروح فين، عماتى قالت لى ام جمال" "لو هى مش موجودة كنا هنروح فين"

The role that the Raidat plays in educating women is highly valued. "She enlightens us and encourages us to do all the right things".

"ليها لازمة و هتنورح الوحش و الكويس" "توجهنا لكل حاجة"

Raidat also acts as constant reminder to women. "She is useful. If she is not present we will have many children, she keeps on nagging us and she says take a method."

"ليها لازمة، لو مش موجودة هنجيب عيال و هى تزنا علينا و تقول خدى وسيلة"

There is a feeling among the women that Raidat is very similar to themselves: "She is close to us, when we are faced with problems we go to her". "She is close to us and benefit us for the good thing". "She is the closest person to women".

"قريبة علينا، لما تعصل مشكلة نروح لها" "قريبة ليانا و تفيدنا عا العنير"

"اقرب حاجة للست"

The Raidat role was extended to men too. Women said that she has a role with men. "You man, your wife is tired she has four children and that is enough you have to support your wife". "When your husband does not agree that you use a method, she can talk it over with him". Some women who had not contact also stressed the fact that Raidats could convince men.

"الرايدة حتى الرجالة بتنصمهم و توعيتهم، تقوله يعني يا فلان مراتك تعبانة  
معاك ٤ عيال و كفاياك لحد كدة لازم تقف مع الست بتاعتك" "لما جوزي يبقي مش  
راضى اني استعمل وسيلة هي تقدر تاخذ و تدي معاه"

## 2. Limitations Affecting Raidats Role

Although most of the participants at the beginning of focus groups agreed that Raidats have a positive role, while getting further in the discussion they started pointing out some of the limitations affecting them. For example they said that Raidats only focus in their work on family planning. "She does not talk about anything, she just gives us injections when we are sick".

"هي تنظيم الاسرة و بس"  
"ما بتكلمش في حاجة بس تدينا حقن و خلاص لما اكون عيانة"  
"هي واحدة مقتصرة هي مش بتروح عند حد و لا حد بيروح عندها غير الانسان لما  
يكون عيان يروح ياخذ الحقن"  
"هي جت و رمت علينا كروت علشان نروح نتظم و مشيت"

The discussions also noted some of the inadequate information that the Raidats have and provide. "She comes and says swallow pills and thanks God and I am feeling well". "Swallow pills and come to the Health Unit". "If you are tired from the pill use an IUD, and if you are tired from IUD use pills". "She barely educates people according to her ability". (MOSA, Menia).

"تيجي و تقول ابلعي البرشام و الحمد لله مرتاحة" "ابلعي البرشام  
و تيجي الوحدة" "تعبتي من البرشام ركي شريط تعبتي من الشريط  
خدي برشام" "على حد قدرتها توعي"

Women have also referred to the limited role of Raidats in motivating people to use family planning or accept contraceptives. "She came and asked me to use pills and

I was already using it, I did not benefit from her". It seems that for all groups of women contacted by Raidat, the main impact on the initiation of contraceptives was not Raidats but rather mass media (TV), the doctor or other women. Women who had contacts with CEOSS Raidats appreciated the coupons they received. "Om Gamal gives us coupons" another mentioned "I use the pills which I receive from Om Gamal".

"جيت و سألتني و قالت لي ان ممكن تاخذي برشام و انا كنت باخذ برشام ما  
استخدمتش منها"

"ام جمال تدينا بون"

"انا ح استعمل البرشام من ام جمال و مكشفتش"

Apparently the Raidats are not well known in their villages. It seems that Raidats do not spend great deal of efforts trying to attract women from all parts of the village, but rather they select their clients from neighbors or relatives. Many women indicated that Raidats are either their neighbor or relative. In addition, villagers are not fully aware of the Raidats role. "We want to know what the Raidats can do". In addition, many Raidats are not perceived to act as a role model, especially in issues related to family planning attitudes. "If she does something and advises people, she better advise herself, she has 9 or 10 children".

"لو هي بتعمل حاجة و تنصح كانت نصحت نفسها دي معاهها ٩ او ١٠ اعيال"

In Menoufia governorate many women were not convinced of the traditional role of Raidats and indicated that mass media was the main source for changing their attitudes. They think that Raidats could be helpful with illiterate women or those who are working in the field. Raidats are looked upon by their clients as employees "She is an employee in the unit".

The focus groups repeatedly cited the inadequate frequency of Raidats visits. Many women in both governorates reported being visited twice or three times per year and some of them reported even lesser frequencies. However, some women stated they are visited more frequently (every month or two months). They mentioned that Raidats commonly "go to the newly delivered women". They also noted that if the frequency of visits increases it would be better "she is good but I wish she would visit women every two days to raise awareness of family planning for those who have many children".

Women also indicated that one Raidat per village is not enough. Others expressed their desire to know more about Raidats role "we want to know what the health Raidats are able to do".

"بتروح للى لسة مخلقة جديد لما تسألنى و اقولها انا معدة و مش عاوزة اجيب  
تانى و الحمد لله" "لو الخدمة تزيد عن كدة يبقى احسن" "كويسة بس يا ريتها  
تلف كل يومين على الناس علشان توعى اللى بتجيب عيال كثيرة"

Concerning whether women would listen to what the Raidats tell them or whether they would verify the information from another source, contradictions were found between the two governorates. The majority of the women in Menoufia indicated that they would not listen to Raidats before verifying the information with someone else, primarily a physician. "We are only convinced with the doctor". Yet in Menia some women indicated that they would listen to Raidats saying "she is like our doctor".

"هى مش دكتورة" "اهنا مقتنعين بس بشى الدكتور"  
"دى كأنها الدكتور بتاعنا".

### **3. Recommendations Concerning Strengthening The Role Of Raidats**

#### **a. Point of view of women contacted by Raidats concerning RR system**

Women in the focus groups who reported having previous contact with Raidats expressed a strong consensus that if Raidats are to be viewed as credible sources of information and assistance, they must have received sufficient training. In addition, these same women repeatedly indicated that Raidats need to have a fixed and well known location of work, and that there is a need to have more Raidats than there are presently. Some of the women thought the Raidats should focus on creating awareness of newly married couples about family planning and pre-natal care.

"كل ما هم يبقى عندهم معلومات اكثر كل ما نروح لهم اكثر" "القم حاجة تاخذ  
معلومات اكثر و مفيدة و تيجى تقولها لينا"

Raidats were also seen to have a role in family health issues, including marital related issues. Some women thought Raidats should educate women on how to deal with their husbands, assisting women in problem solving, and child health concerns.

"ان هبة تشوف مشا كلنا زى اللى تعبانين منها و تمس معانا بشا كلنا"  
"عايزين يهتوا بالاطفال"

Other women felt that the role of Raidats could be broadened beyond family planning or MCH topics to include income generating projects and illiteracy eradication activities.

"عايزين حاجة نيسك صنعة في ايدنا يعني انا معايا ٥ عيال و مش عارفة اصرف عليهم ازاي، انا بفكر اللي يقوللى اعمل ايتها حاجة اكل منها عيش"

**b. Point of view of women not contacted by Raidats concerning Raidats system**

About one half of the women in the focus groups who have never been contacted by a Raidat stated they knew of a Raidat in their villages. They expressed their opinion about the services they would like to receive from the Raidat as raising awareness toward family planning and, they stressed her role in raising health awareness, particularly child health issues.

"توعى العريم هنا علشان فيه عريم هنا زي زمان بيهيوا يجيبوا عيال كثير"  
"ع اروح علشان اركب شريط و هي توعيني و انا اسمع كلامها"

These women mentioned what Raidats can provide, including referring and accompanying women to the physician and educating men.

**C. RAIDATS TRAINING, KNOWLEDGE AND SKILLS**

**1. Timing of First Training and Duration**

The timing of Raidat's training varied among the organizations (Figure 20). The Majority of the MOSA Raidats (92%) received pre-service training, compared to one half of the CEOSS Raidats (54%) and one quarter (28%) of the NPC Raidats.

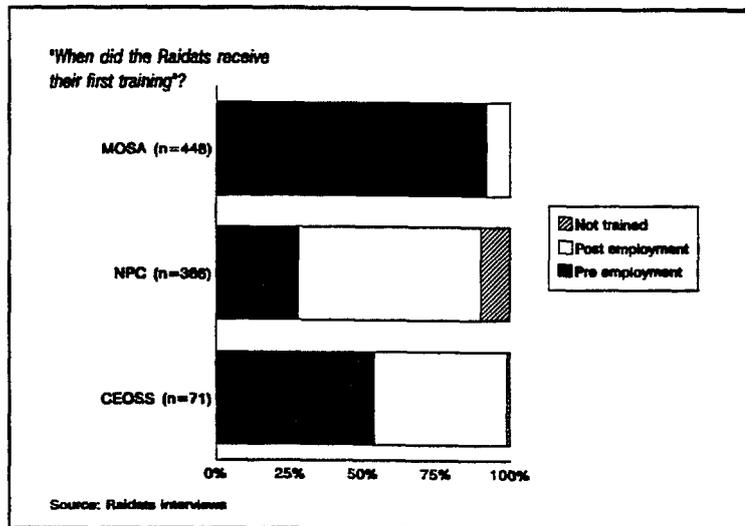


Figure 20: Raidats Training History, Raidats Perspective

The amount of time that elapsed between the Raidat's appointment and their training also varied some what by organization. Raidats affiliated with MOSA waited about 5 months,

compared to CEOSS and NPC Raidat's who waited about 3.5 months.

There is a substantial difference in the duration of Raidats training that MOSA provides when compared to the other organizations. The mean duration of MOSA training is about 79 days, compared to about 6 and 12 days for NPC and CEOSS. Some of MOSA Raidats who were appointed a long time ago received a basic training course that lasted for about 6 months. This type of training was shortened to around 3 months durations, and then due to shortage of funds this training program changed into a "replacement training" that lasts a maximum of 15 days.

Site of training differed by organization. MOA Raidats are most likely to be trained in MOSA training centers. CEOSS Raidats are trained in Edsa Training Center. NPC Raidats training may take place at local NPC offices or at other available sites, depending on number of trainees. Training in most cases is handled by local specialists in the field.

## 2. Content of Training

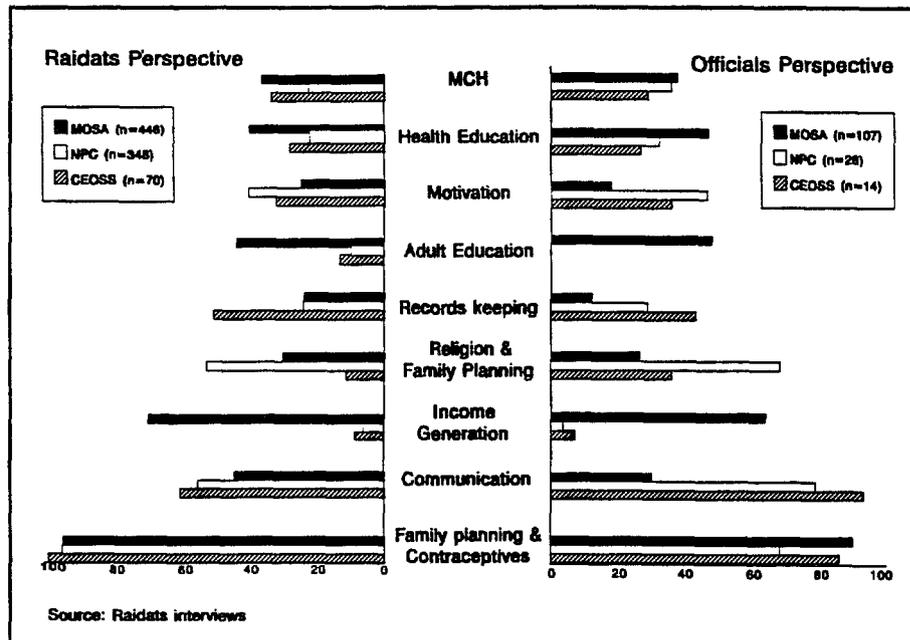


Figure 21: Content of Raidats Training

The results presented in Figure 21 review the content of the Raidat's training. The subjects most frequently cited by Raidats and officials were family planning and

contraception (96%) as well as communication (approximately 50%) and income generation (the later point was reported by MOSA Raidats). Most of the Raidats training has been theoretical, with less emphasis on practical aspects. Yet CEOSS Raidats report receiving practical training in the areas of contraception (39%), communication (25%), home visiting (23%) and record keeping (40%). In addition to the training they have received, the majority of the Raidats reported that their information is continuously updated during their monthly meetings about issues related to their work.

### 3. Quality of the Training

In general, the Raidat's training is considered to be satisfactory by about one half of the MOSA (47%) and NPC (50%) officials, while the large majority of the CEOSS officials (86%) expressed satisfaction with the level and amount of Raidats' training. Less than one half of the Raidats reported that their training is unsatisfactory (47% of MOSA

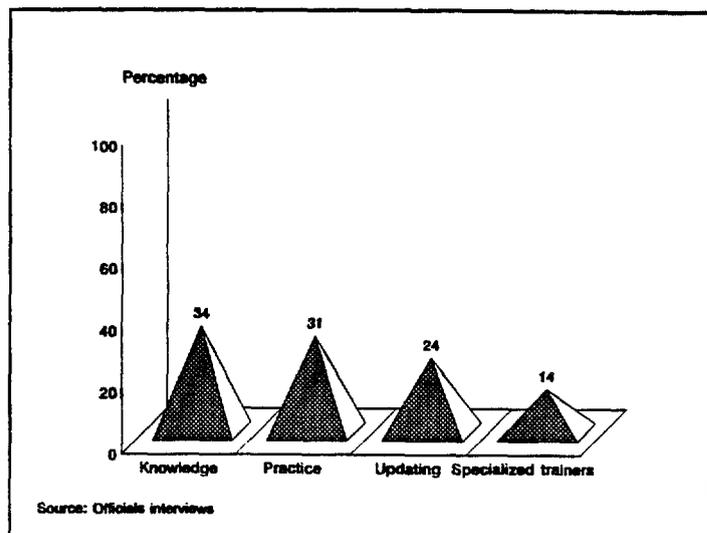


Figure 22: Deficient Aspects of Raidats Training, Official Perspective

Raidats, 39% of NPC and 31% of CEOSS) (not shown). The deficient aspects of Raidats training (as viewed by officials) are mostly related to inadequate technical knowledge (34%), insufficient practical training (31%), lack of continuous updating (24%), and not having the training conducted by specialized personnel (14%) (Figure 22). In addition to these general concerns, specific areas that need more attention include updated contraceptive information (64% of Raidats, 41% of officials, 94% of Health Personnel and 70% of Community Leaders), knowledge of side-effects to contraceptive methods (26% of Health Personnel, 19% of Community Leaders and 23% of Raidats) and aspects of maternal and child health issues (48% of Raidats, 30% of Community Leaders, 26% of Health Personnel and 19% of officials) (not shown).

maternal and child health issues (48% of Raidats, 30% of Community Leaders, 26% of Health Personnel and 19% of officials) (not shown).

A detailed analysis of the Raidat's technical knowledge showed that they lack an understanding of essential contraceptive knowledge that could hinder their ability to educate women properly. It is noteworthy to mention that almost all of Raidats did not report knowing about withdrawal or the safe period (89%), local vaginal foam tablets (30%) or condoms (12%). Moreover, many Raidats cited misinformation concerning the different contraceptive methods. One third indicated that oral contraceptive pills are harmful to health and about 14% cited the IUD and foaming tablets are also harmful. Slightly less than one half mentioned that pills weakens the heart and more than three quarters indicated that an IUD causes severe bleeding (not shown).

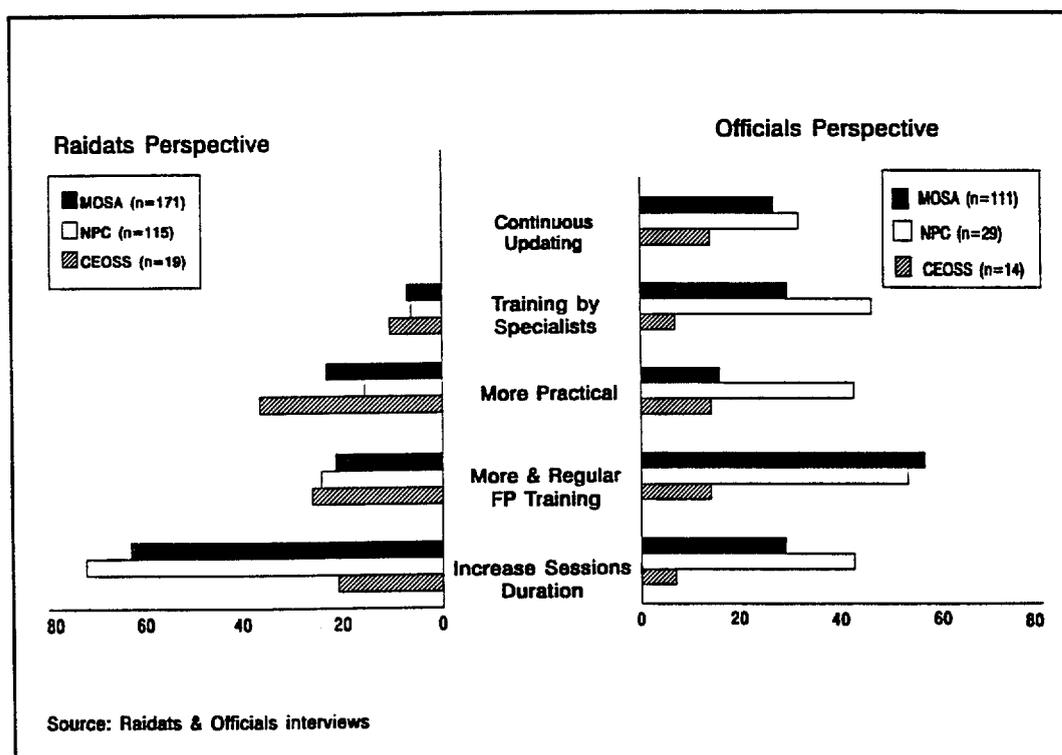


Figure 23: Changes Needed for Raidats Training

#### 4. Changes in Raidats Training

Officials and Raidats were asked whether there is a need to introduce changes in the Raidats training programs. About 52% of officials (mostly MOSA and NPC) and 23% of Raidats gave affirmative answers. Suggested changes included increasing the training sessions and duration (64% of Raidats and 30% of officials). Increasing practical training

was cited by about one fifth of officials and Raidats. Training by specialists (in family planning, communication skills, etc) and continuous updating were mentioned by about 30% and 27% of

***Suggested changes in Raidats training include increasing training duration, promoting practical training, training by specialists and continuous updating.***

officials respectively. Both officials and Raidats requested more attention to training in family planning methods. Specifically Raidats requested to know new contraceptive technology (65%), contraceptive methods side effects (23%) and maternal and child health subject (19%) (not shown).

#### **D. EXISTING SYSTEMS OF SUPERVISION, MONITORING AND EVALUATION**

##### ***1. Monitoring and Supervision***

The system of monitoring and supervision of Raidats differs substantially between organizations. NPC Raidats reported being supervised by specialists affiliated with the NPC office at each governorate. Raidats of MOSA cited their immediate supervisor is the Social Unit chief (94% of MOSA officials reported it) and the department of Women Affairs at the governorate (8% of MOSA officials and 24% of Raidats). The majority of the CEOSS Raidats, reported monitoring specialist and local family planning program supervisor as their supervisors. CEOSS officials reported that supervision is done at different levels by many titles of field supervisors.

Supervision is commonly done by reviewing activity records for Raidats of all organizations, (94%, 96% and 100% of NPC, MOSA and CEOSS respectively). The review of Raidats' records occurs monthly, or bi-monthly. In addition about one third of the officials affiliated with NPC and MOSA reported that monitoring is also done through field visits to a sample of women (Figure 24).

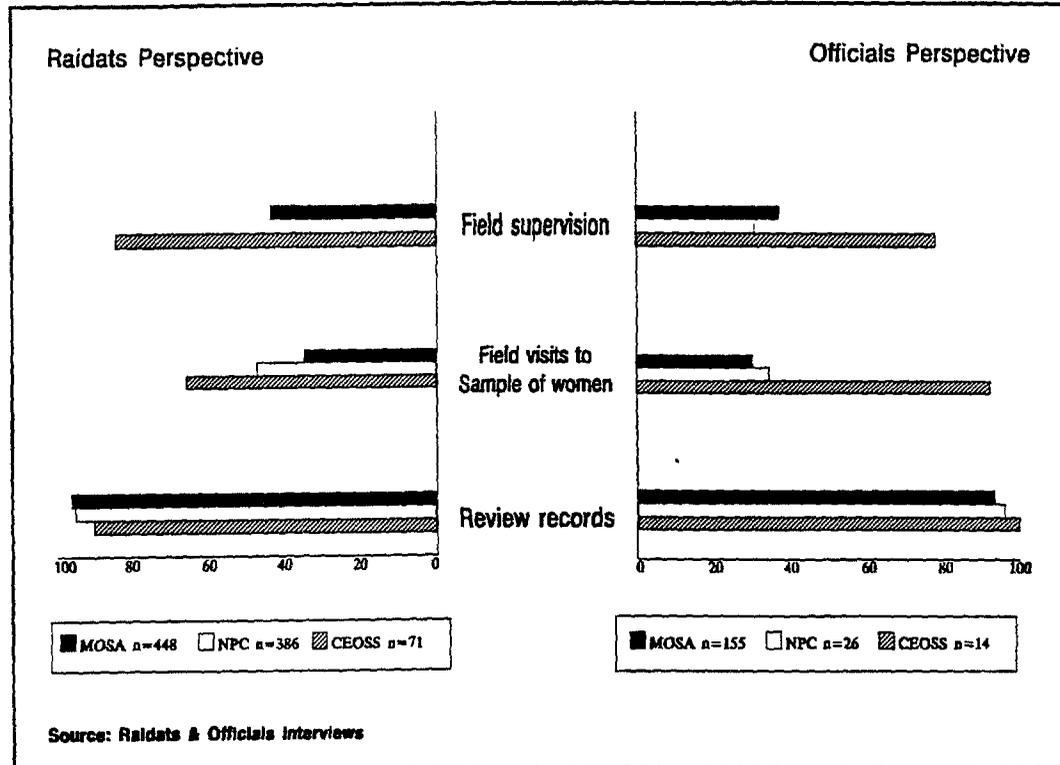


Figure 24: Methods for Raidats Supervision

Although health personnel and community leaders were not indicated as having a role in the supervision of Raidats, about two thirds of them mentioned that they could have a supervisory role (79% of Health Personnel and 64% of Community Leaders). Approximately three quarters of the health personnel (77%) suggested that they could provide monitoring of Raidats, check referred cases and review their records, (the latter point was only mentioned by 32% of the health staff). Community leaders proposed to help supervise Raidats by following-up on their services (60%) and in solving Raidats problems (28%).

## 2. Evaluation of Raidats

Almost all of the Raidats (99%) stated that they are evaluated by their direct supervisor who is the chief of Social Unit for CEOSS Raidat, the monitoring specialist for NPC and MOSA Raidat.

The Raidats stated that they are evaluated by the completeness of records (85%), number of new acceptors, (64%) home visits (49%) and achievement of targets (21%), (Figure 25). Officials reported almost similar criteria but were more likely to indicate the completeness of records.

The content of the Raidats records differed somewhat according to the organization. NPC records note the number of new acceptors, home visits made, contraceptive distribution, married women in the reproductive age and follow-up of women who drop out. CEOSS records stress contraceptive distribution, number of new

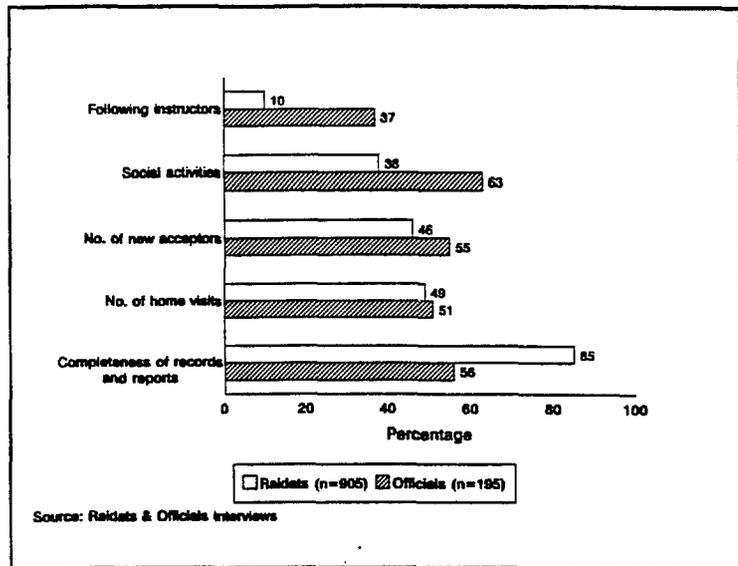


Figure 25: Evaluation Criteria for Raidats, Raidats and Officials Perspectives

acceptors, women information, home visits and follow-up of drop outs. MOSA records stress daily activities record, MOSA activity record, home visits made and new acceptors.

### E. SYSTEM OF RAIDATS REMUNERATION

The majority of NPC and MOSA officials (about 84%) reported that the Raidats receive only a monetary incentive (Figure 26). In contrast, CEOSS officials are more likely to report their Raidats receive both monetary and non-monetary incentives.

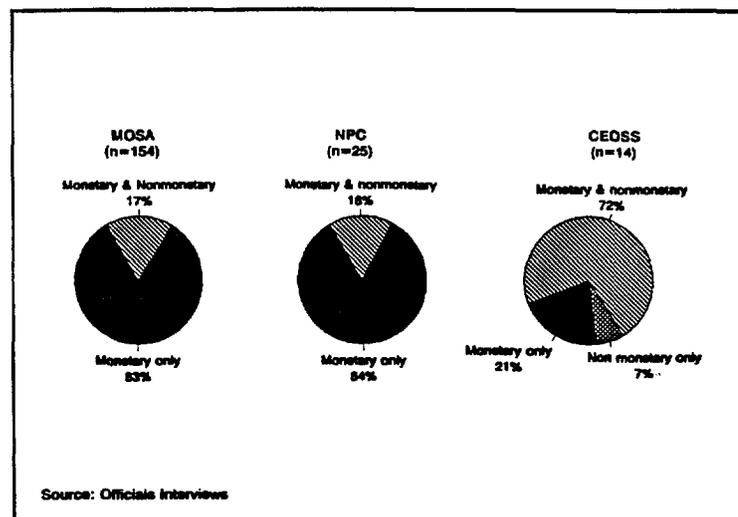


Figure 26: "What Type of remuneration or incentives do the Raidats receive?", Official Perspective

The Raidats reported almost the same information

as the officials with the exception of CEOSS Raidats. Approximately 85% of the CEOSS Raidats indicated that they receive monetary incentives (as opposed to only 21% of the CEOSS officials responses). In all cases the non monetary reward is usually such things as certificates of recognition, picnics, and nomination for training.

The common belief is that Raidats work is a mixture of volunteer and an official. The voluntary dimension is not perceived by community, who view Raidat as being an employee. Raidats consider the incentives they receive as a monthly payment, while officials view it as a reimbursement for transportation. These incentives are usually a fixed amount, except for CEOSS Raidats. The CEOSS monetary reward is usually variable based on the number of new acceptors (100%) and distribution of contraceptives (39%). The average monthly incentive as mentioned by MOSA and NPC Raidats is LE 26 and LE 29.2 respectively. NPC officials reported that when Raidats do not achieve their targets their salaries are cut. Raidats from all organizations indicated that the incentives are not enough.

### *R a i d a t s* *Motivation*

When Raidats were asked about their motives for working as Raidats approximately two thirds of them indicated that they like to serve people. About one third stated that they want to fill their spare time (30%), 18% mentioned that there are no other jobs

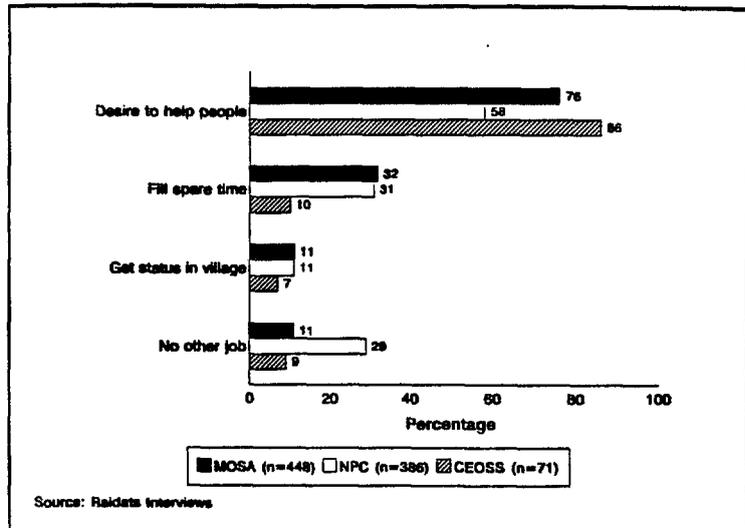


Figure 27: Motives for Working as Raidats, Raidats Perspective

available and 11% reported that it gives them status in the village (Figure 27). The majority of Raidats reported that they like their work and they are motivated for various reasons, including that it is a charity work (81%), it helps them to make acquaintances (33%) it enables them

to solve people's problems (26%) as well as to gain prestige in the village (not shown). When asked about their intention to continue work as Raidats the majority

***Raidats' major motivation to work is that they like to serve people. The majority like their work and intend to continue working as Raidats.***

of them reported that they will continue. About three fourths of the few who will not continue are waiting for their employment as government employees.

## **Discussion and Program Implications**

The Raidats Rifiats program is not new in Egypt, having been in operation since 1964. Three main organizations have been involved with this program namely NPC, MOSA and CEOSS. A number of small scale studies have attempted evaluation of certain aspects of this program over the last few years. However, the limited nature of these studies precluded a comprehensive assessment of various subsystems functioning through this program.

The present study was designed to respond to this need. It provides a thorough assessment (on the national level) of the current situation of this program as it is managed by the three principle institutions using Raidats Rifiats. The results reflect the feedback of all partners involved: program officials, community personnel, the Raidats themselves and most importantly, the village women whom the Raidats serve.

With the reinvigoration of the Raidats system currently taking place in the Ministry of Population and Family Planning, the results of the study should be a timely contribution to increasing the effectiveness of the Raidats program. The study reported an elaborate and comprehensive analysis that suggests several important program implications. Many key points that emerged from the analysis need to be highlighted.

### **Criteria for Raidats Selection and their Qualifications**

The selection of well educated Raidats that is a feature of the NPC Raidats expansion scheme is in line with study findings. A high educational level for Raidats (a level that is higher than the average educational level of women in different communities) was proposed by all categories of respondents as essential for the Raidats credibility, and usefulness. However, other selection criteria should also be observed that respond to the needs of local communities. For example, although some women said they wanted Raidats to be of better caliber than they are, most of the women also said that they wanted the Raidats to be married (especially in Upper Egypt) and not to have too many poorly spaced children (e.g., good family planning role models). In setting the criteria of Raidats selection the motivation for voluntary service should not be forgotten. Raidats should be socially and culturally close to village women and speak the same language.

In addition to the above, Raidats should possess assertive personalities and leadership abilities to be able to deal effectively with village people. One manner of

assisting Raidats to gain the trust of their communities would be to provide Raidats with specific tasks which could be of value to the community. CEOSS Raidats, for example, distribute coupons to women that refer them to a doctor (female doctor selected by community) at a reasonable cost. Moreover, having Raidats as members in the village council and arranging regular meetings at the governorate level will enhance their credibility in their community.

The study results indicated poor working conditions experienced by Raidats. These problematic conditions include: lack of job security and opportunities for promotion, and lack of positive recognition for outstanding work. Raidats also complained from being overburdened, underpaid and from the low level of remuneration received compared to the amount of required efforts which lessens their motivation to put what takes to successfully performing their tasks.

#### **Raidats Roles and Activities**

The study findings showed that Raidats had different and varied roles and responsibilities. The activities most commonly cited by all groups were family planning related, in particular promoting awareness and motivating women and gaining new acceptors. These inter-related activities were considered to be efficiently performed by only around 30-40% of all groups. Promoting awareness was indicated as the weakest area of Raidats performance. In order to promote awareness and gain new acceptors for family planning, Raidats should possess sufficient technical information to enable them to deal with minor contraceptive side effects and rumors surrounding contraceptive use. The study findings revealed that Raidats lack basic family planning information. In addition, motivating women and gaining new acceptors require a Raidat who has the ability to reach out to eligible candidates, make use of the ready moment, and provide necessary information in a persuasive manner.

Although the follow-up of family planning acceptors was not frequently mentioned by Raidats, women requested help from Raidats on this point. The role for Raidats in following-up contraceptive acceptors cannot be underestimated as continuing reinforcement of desired behavior is necessary for sustained behavioral change. However, study findings revealed that Raidats' visits were irregular and infrequent.

Findings indicated that the Raidats' role should not be bureaucratic, standardized

or replicated in the same manner in all communities. Rather, it should be adapted and tailored according to the needs of local communities. Raidats should develop sensitivity and be aware of varying community needs and respond to them accordingly. Their role should be flexible and should differ from one community to another within a framework of general parameters. Hence they should be close to their clients, (e.g. in communities where the level of education is high the Raidat's role is expected to be different).

In addition to the emphasis placed on family planning as the most important activity done by Raidats there was a general consensus that Raidats could play a crucial role in empowering women and assisting in community development. Expanding the role of Raidats to include health/ reproductive health as well as other social activities could help Raidats to become prominent social leaders and establish their credibility. The study revealed that women requested them to participate in the social activities. The Raidat's role could also be expanded to provide health education in matters related to maternal and child health, environmental sanitation, prevention of diarrhea, as well as giving advice concerning family affairs (e.g. role of man in family planning). The later point is interesting and merits careful consideration as women in the focus groups indicated a role for Raidat in contacting men.

The study findings suggest that Raidats have a big workload. This hampers Raidats ability to be client oriented and to reach out for women and address their needs adequately. In addition, a number of NPC Raidats stated that they have fixed targets with regards to new acceptors and follow-up visits. Achieving the target set for Raidats should be coupled with encouraging those having enthusiasm to work more and necessary modifications should be built in the system.

Establishing links between the Raidats and the community on one hand, and the health providers on the other is mandatory as it will give Raidats a special status. Findings showed that Raidats in some cases were not well known in their communities, neither by community leaders and health personnel nor by women. Raidats should strive to be more closely linked to their local community leaders to overcome their anonymity. This will assist the Raidats in many ways. For example, husbands disapproval cannot be handled except through the involvement of religious and community leaders who expressed their willingness to assist Raidats in their work.

Some of the tasks assigned to Raidats are directly related to the health care system. Thus Raidats need to act as a liaison between the client and the doctor. Establishing this linkage would help overcome the two main obstacles facing Raidats (i.e., cultural barriers and negative attitudes, and not meeting women's health needs). Forming a village support group for Raidats composed of respected community leaders as well as health personnel is crucial since it will give the needed medical and cultural back up system. In order for this village support group to succeed they need to be oriented to the concepts of health needs and the Raidats role. They could also help in organizing public meetings.

Findings revealed the fact that the main constraint facing Raidats in their work was the negative attitudes and misconception prevailing in the rural communities. Male opposition to family planning activities is an element of this dynamic. Continual efforts should be made to change the rural population attitudes through mass media and public meetings. Mass media has been mentioned by the majority of women in the focus groups to be their main source of information. It should be continued to be used to support Raidats in their activities. As recommended by some women in the focus groups, special attention should also be given to raising the awareness of men since they play an important role in decision making.

### **Raidats Training**

Addressing training needs of Raidats is important. In order to be effective Raidats require a sufficient technical base of knowledge and skills. The study findings showed that there is a persistent gap in Raidats knowledge about family planning, contraception and side effects from all methods. In addition they lack basic information about health care, mother and child care, all of which hinder their ability to act as a reliable source of information to village women. They also lack the communication skills required to move the people from the stage of awareness into adoption and use. Training should be broad in context and should not only stress the acquisition of knowledge but also how to bring about attitude change. Training was mostly theoretical in nature and not done by specialists with inadequate audio visual aids. Practical training should be enhanced, a localized training strategy should be developed so that Raidats are trained in the areas that concern their communities the most.

The aim of training should be to prepare a field worker who focuses on specific needs of each client and responds accordingly. Although training was decentralized by all organizations, its content did not reflect varying community needs. There is also a need to prepare formal refresher training courses and not to depend only on updating through the monthly meetings which are not usually planned and geared for that purpose. On the job training should be done by supervisors especially in the practical aspects such as home visiting.

Training should be also directed to health personnel serving at RHU and other staff in order to help them become oriented to the health care needs of rural communities and to the role of Raidats as well as to their role in upgrading Raidats knowledge and skills. Orientation cycles need to be implemented at the village level including all concerned parties.

#### **Raidats Supervision and Monitoring**

Supervision and monitoring in the existing system need strengthening. Coordination among all the organizations involved with Raidat system is mandatory. This has been requested by officials, especially by CEOSS in the field of family planning. Weaknesses in the monitoring system were mainly related to the small numbers of supervisors, an over-reliance on record review as the means for monitoring, and infrequent supervisory visits (usually done on a monthly basis). Improving the quality of supervision is mandatory. On the job training is best done by the direct supervisor in the field. Although, in the present Raidats system health personnel do not have a specific role, they frequently proposed a role for themselves. This merits consideration. Health providers could indeed help in following-up on Raidats work. In the new Raidats system of NPC, many recommendations for modifying the supervisory system were developed. However in order for it to succeed it should be field driven and supervisors adequately trained. Supervisor's training should help to upgrade their supervisory and evaluation skills, planning and priority setting as well as leadership abilities.

Many indicators have been cited for evaluating Raidats by this study. However, women's satisfaction, the community awareness of Raidats and the degree to which Raidats are inspired to accomplish their work should be kept in mind. These issues should be taken into consideration in any future evaluations of Raidat. It is important that

an assessment of the efficiency of Raidats system is conducted on a periodic basis in the field and not simply through a review of records. In this way necessary changes could be identified and results utilized in order to ensure that the system is on right track.

---

## **Conclusion and Recommendations**

The Raidats system of community volunteers has been shown by this study to be a complex organization that involves different institutions operating at different administrative levels. Predictably there are inconsistencies and shortcomings within this dynamic system. An overarching finding is the sense of idealism expressed by all participants in the Raidats programs. The motivation to help others needs to be carefully encouraged, and built upon as an element of Egypt National Population Policy. Following are some recommendations points drawn from this study:

- Promote qualifications, technical knowledge of Raidats to strengthen their effectiveness in carrying out their activities. Continue improving the working conditions of Raidats, providing job security and promotion opportunities.
- Strengthen the role of Raidats to be comprehensive and client responsive. It should be adaptable from one community to another making necessary modifications in accordance to specific community needs.
- Expand Raidats role to include maternal health, reproductive health, child health, and environmental health care concerns. Raidats should be able to play a more powerful role in empowering women and to be able to act as change agent in their communities.
- Consider Raidats workload for better work efficiency through increasing the number of Raidats and decreasing the number of villages assigned to them. Strengthen the credibility of Raidats within the village among officials as well as health personnel and clients. This could be achieved by developing membership for Raidats in village councils and holding regular meetings with officials at the governorate level.
- Strengthen Raidats training, change training content to include updated contraceptive information and increase duration of training. Enhance practical, applied training and use specialists as trainers.
- Increase the collaboration between organizations dealing with Raidats. Strengthen the collaboration between Raidats and health personnel. In addition, physicians should play an active role in Raidats program, as they could help updating Raidats knowledge, supervision, and evaluation. The initiation of a referral card system will help Raidats in making their referral to the designated provider and in establishing credibility within their villages. It could also be used as a supervisory and evaluation tool.

- Increase linkage with community leaders, establish village support groups (especially religious leaders), assign them responsibilities with Raidats. They could help in introducing Raidats to their communities as well as promoting their credibility.
- Use mass media to promote the awareness of communities toward the role of Raidats.
- In view of the negative attitudes prevailing in some communities regarding family planning and small family size norm, the idea of recruiting male Raidat to better communicate with husbands - the major decision makers at household level - could be considered and tested.

## Appendix

**Figure 1  
Stratified Multistage Sample**

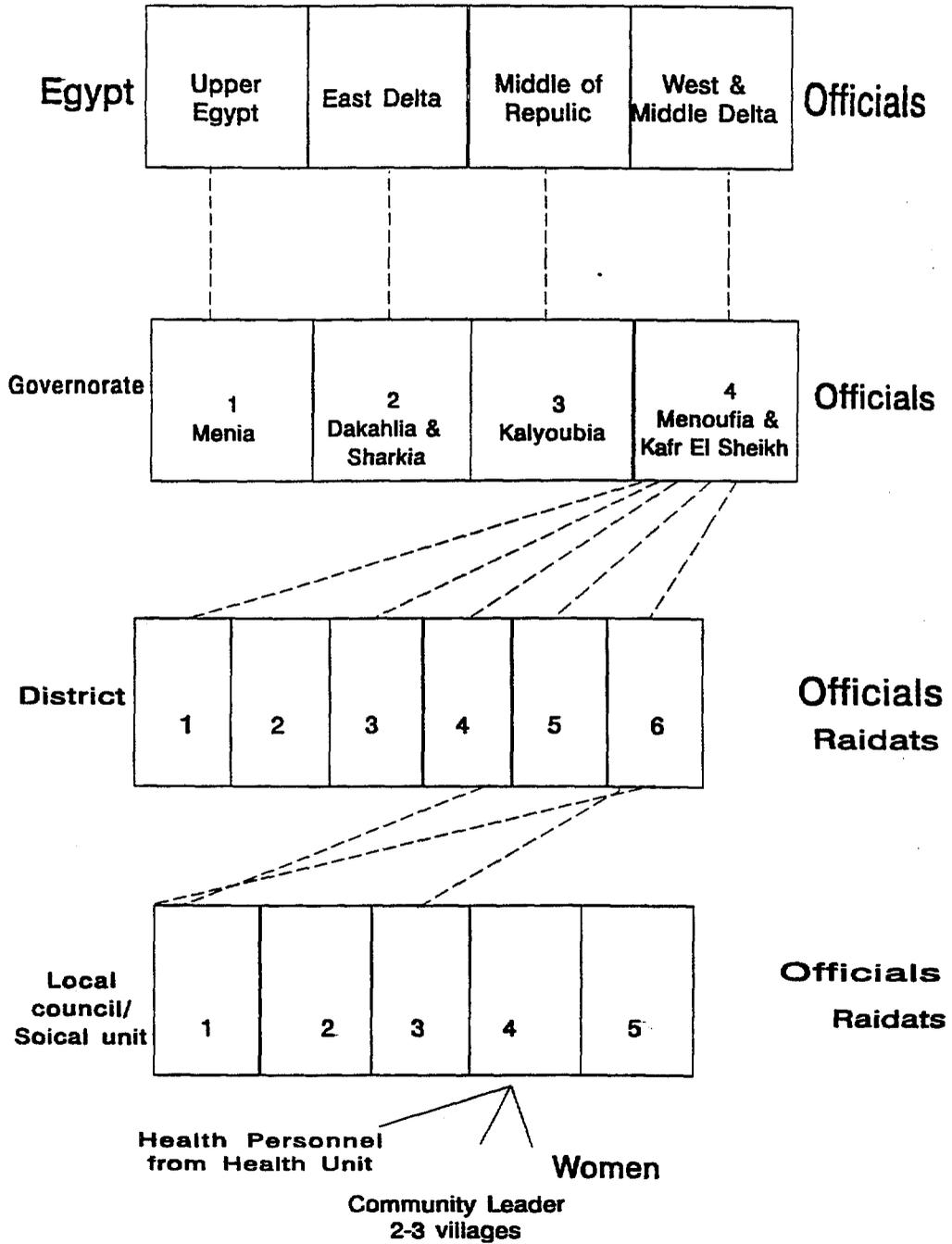


Table 1  
Sample of Officials  
Interviewed in the Study

	Sharkia	Menoufia	Menia	Kafr El Sheikh	Dakahlia	Kalyoubia	Cairo Central Level	Total
Cairo Central Level	-	-	-	-	-	-	MOSA 6 NPC 4	10
Governorate	9	8	23	10	10	11		71
District	16	11	17	10	15	12		81
Local Social Units	8	7	5	6	11	6		43
Total	33	26	45	26	36	29		205

Table 2  
Sample of Community Leaders and Health Personnel  
Interviewed in the Study

	Sharkia	Menoufia	Menia	Kafr El Sheikh	Dakahlia	Kalyoubia	Total
Health Personnel	9	9	20	6	9	9	62
Community Leaders	11	21	29	17	17	21	116

Table 3  
Number and Distribution of Raidats Rifiats in Egypt\*

Governorate	MOSA	NPC	FOF	CEOSS
<b>Middle</b>				
Giza	-	39	85	-
Kalyoubia	52	38	87	-
Fayoum	88	33	96	-
Bani Suif	50	66	86	-
<b>West &amp; Middle Delta</b>				
Behera	70	56	72	-
Gharbia	46	20	159	-
Menoufia	140	120	132	-
Kafr El Sheikh	60	77	181	-
Marsa Matrouh	-	5	-	-
<b>East Delta</b>				
Sharkia	95	105	225	-
Dakahlia	116	98	195	-
Damiatta	32	20	67	-
<b>Upper Egypt</b>				
Assuit	40	50	160	20
Menia	93	45	244	110
Sohag	27	57	129	-
Aswan	-	34	145	-
Qena	30	60	-	-
<b>El Wadi El Gadid:</b>				
El Wadi El Gadid	32	10	-	-
<b>Total</b>	<b>971</b>	<b>933</b>	<b>2063</b>	<b>130</b>

\* Figures obtained from central level, NPC and MOSA, April 1993.

Table 4  
Total Number of Raidats as of May 1994, Serving in the Selected Governorates

Governorate District	CEOSS	MOSA	NPC	Total
<u>Menoufia</u>				
Shebin EL Kom	-	34	14	48
El Bagour	-	13	26	39
Tala	-	15	14	29
Koesna	-	23	13	36
El Shohada	-	10	2	12
Monouf	-	19	12	31
Ashmoun	-	15	28	43
Berket El Sabaa	-	16	1	17
Madinat El Sadat	-	-	-	-
<b>Sub Total: Menoufia</b>	-	<b>145</b>	<b>110</b>	<b>255</b>
<u>Kafr El Sheikh</u>				
Kafr El Shiekh		18	22	40
Kellin		13	16	29
Dosouk		7	20	27
Beyala		7	-	7
Sidi Salem		5	18	23
Motobas		3	-	3
Foah		3	2	5
El Ryadh		3	-	3
El Hamoul		3	-	3
Baltim		-	-	-
<b>Sub Total: Kafr El Shiekh</b>	-	<b>62</b>	<b>78</b>	<b>140</b>

Table 4 (Cont.)  
Total Number of Raidats as of May 1994, Serving in the Selected Governorates

Governorate District	CEOSS	MOSA	NPC	Total
<u>Dakahlia</u>				
El Mansoura	-	10	13	23
Talkha	-	9	5	14
Mit Ghamr	-	30	4	34
Sherbin	-	9	9	18
Belkas	-	7	8	15
Agga	-	13	11	24
El Senbelawien	-	15	7	22
Tamey El Amdid	-	8	4	12
Dekerness	-	9	9	18
Menyat El Nasr	-	9	4	13
El Gamalia	-	-	-	-
El Matareya	-	3	-	3
El Manzala	-	1	3	4
<b>Sub Total: Dakahlia</b>	-	<b>123</b>	<b>77</b>	<b>200</b>
<u>Kalyoubia</u>				
Banha	-	38	7	45
Toukh	-	21	16	37
Kalyoubia	-	2	1	3
Shobra El Kheima	-	-	-	-
Shebin El Kanater	-	17	2	19
El Khanka	-	3	-	3
El Kanater El Khaireya	-	20	4	24
Kafr Shokr	-	23	3	26
<b>Sub Total: Kalyoubia</b>	-	<b>124</b>	<b>33</b>	<b>157</b>

Table 4 (Cont.)  
Total Number of Raidats as of May 1994, Serving in the Selected Governorates

Governorate District	CEOSS	MOSA	NPC	Total
<u>Sharkia</u>				
El Zakazik	-	19	34	53
Belbais	-	4	17	21
Mashtoul El Souk	-	5	4	9
Abu Kebir	-	4	-	4
Fakous	-	14	-	14
Abu Hammad	-	6	1	7
Hehya	-	13	5	18
Menia El Kamh	-	9	30	39
Kafr Skar	-	6	-	6
Awlad Sakr	-	3	-	3
Deyarb Negrn	-	11	15	26
El Heseneya	-	2	-	2
El Ibrahimeya	-	1	-	1
<b>Sub Total: Sharkia</b>	-	<b>97</b>	<b>106</b>	<b>203</b>
<u>Menia</u>				
El Menya	32	35	12	79
El Adwa	-	6	-	6
Maghagha	13	10	-	23
Bani Mazar	7	5	-	12
Matay	4	5	-	9
Samalot	18	10	8	36
Abu Korkas	20	8	17	45
Malawi	17	9	5	31
Der Moos	2	11	1	14
<b>Sub Total: Menia</b>	<b>113</b>	<b>99</b>	<b>43</b>	<b>255</b>
<b>Grand Total</b>	<b>113</b>	<b>650</b>	<b>447</b>	<b>1210</b>

Table 5  
Focus Group Discussions Held

Governorates	District	Village	Place	No. of Women	Organization
Menia	Menia	Bani Mohammed Sultan	Health Unit	9	—*
	Menia	Magousa	Health Unit	8	—*
	Menia	Magousa	Woman's House	6	NPC
	Menia	El Howashi	Mayor House	7	NPC
	Menia	El Bergaya	Health Unit	7	MOSA
	Menia	El Motahra El Sharkia	Woman's Home	7	MOSA
	Menia	Bani Mahdy	Health Unit	7	CEOSS
Menoufia	Shebin El Kom	El Soukaria	Mayor House	7	MOSA
	Shebin El Kom	Mit Mousa	Health Unit	8	MOSA
	Shebin El Kom	El Delatoun	Briar Place	5	NPC
	Shebin El Kom	Istibary	Woman's Home	9	—*
	Shebin El Kom	Istibary	Rural Hospital	9	—*
	Shebin El Kom	Istibary	Woman's Home	9	—*

\* FGD's with women who have not had contacts with Raidats