



AMERICAN PUBLIC HEALTH ASSOCIATION  
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1015 Fifteenth Street, N.W.  
Washington, D.C. 20005

A REPORT ON SELECTED  
FAMILY PLANNING AND POPULATION  
SERVICE PROGRAMS IN EGYPT

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During The Period:  
SEPTEMBER 19, 1981 - DECEMBER 21, 1981

Supported By The:  
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT  
(ADSS) AID/DSPE-C-0053

AUTHORIZATION:  
Ltr. AID/DS/POP: 3/23/82  
Assgn. No. 582119

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## ABBREVIATIONS

AID	Agency for International Development
AUC	American University, Cairo
CDC	Cairo Demographic Center
CRS	Commercial Retail Sales
£E	Egyptian Pound (Monetary Unit of Egypt)
EFCS	Egyptian Fertility Care Society
FOF	Family of the Future
FP	Family Planning
FPA	Family Planning Association
GOE	Government of Egypt
IBRD	International Bank for Reconstruction and Development
IEC	Information, Education, and Communication
IPPF	International Planned Parenthood Federation
ISSDS	Integrated Social Service Delivery Systems
IUD	Intrauterine Device
MCH	Maternal and Child Health
MOH	Ministry of Health
OB/GYN	Obstetrics and Gynecology
OC	Oral Contraceptive
ORS	Oral Rehydration Salts
PDP	Population and Development Project
PDPAC	Advisory Committee, Population and Development Project
PFPB	Population and Family Planning Board

POP	Population
SIS	State Information Service
SRC	Social Research Center
TBA	Traditional Birth Attendant
U.N.	United Nations
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development

## I. INTRODUCTION

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### Background

The Agency for International Development (USAID) has been involved in population and family planning programs in Egypt at least since 1971. Between then and 1976, the Agency contributed more than \$1 million to the Social Research Center (SRC) at the American University in Cairo (AUC) for equipment, training, research, and staff support. In the "Family Planning Project Paper," which was signed in September 1977, five areas of assistance were specified: contraceptive availability, administrative improvement, integrated social services delivery, training, and the transfer of innovations and technology. As the awareness of the Government of Egypt (GOE) heightened and as demand for family planning increased, so, too, did Agency support. The USAID's contributions to family planning (FP) programs in Egypt have been increased significantly during the past two years.

In mid-September 1981, five persons, including the author of this report, were selected to evaluate the USAID's earlier support to FP programs. The specific tasks of the team, as defined in Cable No. 17565, dated July 27, 1981, were to:

assess [the] contribution of the USAID Family Planning Support Grant since 1977 to the present, consisting of financial, technical and commodity assistance to the Egyptian population family planning program. Approximately 20% - 25% of the team effort would be devoted to an evaluation of previous AID assistance and the balance of the team effort would be directed toward providing assistance to the USAID mission in Cairo and the Government of Egypt in preliminary analysis and project design for future USAID support for the next four or five years.

The team was specifically asked to examine four areas of activity: population policy development; clinical and family planning outreach services; information, education, and communication (IEC) efforts; and the field operations of the Population and Development Project (PDP) of the Population and Family Planning Board (PFPB).

## Scope of Work

Between the time of the author's departure from the United States and his arrival in Cairo two weeks later, a decision had been made to delay the arrival of the team until after the first of the year. Consequently, the scope of work for this consultant was modified. The principal activities were to be a pre-assessment and the preparation of a background paper on the PDP and the Menoufia Integrated Social Service Delivery Systems (ISSDS) Project, which is backstopped by the SRC. Additional activities, in particular, the urban-based Family of the Future (FOF) project, were identified. These were to be examined as time permitted.

## Purposes of Report

It must be emphasized that this review is not an evaluation. Rather, it represents an attempt to gather impressions about family planning service programs in Egypt that receive support from Family Planning Project No. 0029, a joint effort of the USAID and the Ministry of Health (MOH) of Egypt.

During the author's brief stay in Egypt (September 19 to December 21, 1981), it was impossible to evaluate any of the activities proposed in the scope of work. And, in fact, the consultant's efforts did not constitute a review per se.

The descriptions in this report are "snapshots" of some of the activities that were observed during the visit. At the time of the visit, which coincided with the 40-day mourning period that followed the assassination of President Sadat, the programs were clearly operating under constrained circumstances. Despite the difficulties they faced at the time, all the Egyptians who met the consultant were exceedingly helpful in assisting him with his field visits, and they gave generously of their time to explain their activities.

It is worth noting that this report also does not include descriptions of all the family planning service activities under way in Egypt. The Egyptian family planning program is diverse and broad-based, and much of the progress that is being made could not be assessed in the limited time available to the consultant. For example, the consultant could not examine a large population project under way in seven governorates that is being sponsored by the MOH and the International Bank for Reconstruction and Development (IBRD). He could not investigate how the United Nations Fund for Population Activities (UNFPA) is cooperating with the PFPB in a variety of activities; nor how the USAID, through its health activities, is assisting in upgrading family planning services; nor in

what way the voluntary agencies in Egypt, notably, the Egyptian Family Planning Association (FPA), are active. Through these activities important contributions are being made, but, as was clear, they could all not be evaluated, given the time and scope of the consultant.

### Methodology

To begin his field work before the extended Muslim holiday of Bairam began, the consultant went to Menoufia Governorate for two days to visit the ISSDS Project. He next spent two days in Alexandria, traveled on to Kafr el Sheikh to visit the PDP for one day, and then visited Assiut Governorate, where for two days he met with officials from the PDP and Assiut University. Following these visits, the consultant met with Mr. Thomas Reese, director, Office of Population, USAID, and Dr. Aziz Bindary, chairman, Population and Family Planning Board. It was agreed that when Bairam ended the consultant could visit any village he wished and make as many return trips as necessary. With this freedom to travel, the consultant would be able to obtain a view of project activities that would be more in-depth than that acquired in Assiut and Kafr el Sheikh. A similar plan was developed for Menoufia, where several villages had been visited briefly.

Following the assassination of President Sadat, the consultant's scope of work was again changed. It was not possible to visit any of the villages where the PDP was operating, or any of the villages in Menoufia Governorate, during the period of mourning. A return trip to Assiut to discuss with Dean Fathalla and others some future plans for population and family planning projects had to be canceled. The consultant eventually focused his attention on the FOF, because most of its activities were in Cairo. Staff were interviewed, field trips were made with a medical representative and a distributor, and FOF clinics and a small number of pharmacies were visited.

The SRC's proposal for Menoufia, its two progress reports, and trip reports by various consultants to the SRC were reviewed by the consultant as he waited to go into the field. By reading the documents, the consultant was able to become better acquainted with the activities he had been asked to evaluate.

In addition, the consultant visited the High Institute of Public Health at its field training site at Abis 2, the Egyptian Fertility Care Society (EFCS), the Cairo Demographic Center (CDC), the International Islamic Center for Population Studies and Research, and the UNFPA. He also attended the FOF-sponsored medical and pharmaceutical conferences in Alexandria. Time was used to read other documents prepared for the team and to meet with members of the PFPB. Visits were made to the PDP and to villages in Menoufia as restraints on travel eased as the mourning period ended.

## II. FAMILY OF THE FUTURE

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### Description of the Program

The urban-based Family of the Future is one of several commercial retail sales (CRS) programs operating around the world which uses retail networks to extend the subsidized distribution of contraceptives to persons who otherwise might not be reached. An urban-based CRS project known as Community Based Family Planning Services was launched in Egypt in June 1979. Initial support came from the International Planned Parenthood Federation (IPPF). The USAID began to fund the project in September 1980.

The purposes of the project are to increase awareness of and demand for family planning services and to establish a supply system which makes contraceptives readily available through commercial outlets and physicians' offices.

Condoms, foaming tablets, and Cu T and Cu 7 intrauterine devices (IUDs) are distributed and sold directly to doctors, hospitals, and pharmacies. Initially, the products were distributed to pharmacies primarily through a private pharmaceutical distribution company, but the FOF has gradually begun to take over direct responsibility for this function, using a sales force of six medical representatives and two distributors. Additional promotion is through advertising and volunteers' activities. Contests in the media, summer camps, rallies, and advertising at major sports events are among the approaches to increase awareness, to make discussion of contraception socially acceptable, and to promote the products.

### Observations and Comments

Mr. Ramadan and other staff whom the consultant met seem to be competent people who are interested in and enthusiastic about their work. The feeling seems to be that something is being accomplished. Malaise and a facade of activity, conditions that one often encounters, appear to be lacking. The staff have ready answers to some questions and know where to go for answers to others. Detailed, quantitative, and current information about their activities is available. The staff are proud of their accomplishments. They also recognize their need for continuing in-service training.

The FOF's organized rallies, with lecturers, reached 9,100 soldiers and almost 33,000 civilians of childbearing age in the first six months of 1981. By reaching soldiers, FOF staff have been spreading the

influence to villages throughout the country. The mean number of contraceptives distributed monthly increased in 1981. Thirty percent more IUDs, 133 percent more Amaan foam tablets, and 34 percent more Tops condoms were distributed in 1981 than in 1980.

The consultant was unable to attend any rallies because none was held during his stay. Initially, no rallies were held to observe the 40-day mourning period following President Sadat's death. Later, rallies were put off because some of the volunteers were taking annual leave and others were working on the pharmacy-intercept study. The consultant's comments are based on interviews with Mr. Ramadan and three of his senior staff, visits to two FOF clinics, field trips with one of the FOF's medical representatives and one of the distributors, and attendance at FOF-sponsored symposia in Alexandria.

Some comments about the various activities of the FOF are contained in the following pages. Rather than make recommendations, the consultant would prefer to suggest some other activities in which the staff might engage that could lead to the Egyptians' own recommendations for improvement. As the FOF becomes more involved in research, and as it begins to review current policies and to consider policies for the future, it would be useful to develop a list of questions to be explored.

#### A. Volunteer Activities

The rallies seem to be efficient; the mean number of persons who attended a rally during the first half of this year was 137. But, one might ask, how effective are the rallies? To answer this question, the consultant would propose that a case study be made of one or two of the rallies to learn how people react to a rally, what they get from it, how it can be improved, etc. This need not be a large study. In fact, the consultant would stress, the study should be kept small and simple.

An alternative to a case study would be a "before-and-after" test for several rallies. Even an "after test" alone would be useful. It would not reveal how much was learned at a particular rally, but it might reveal how much still needs to be learned. Could some of the "captive audiences" be followed up at a later date to determine any change in attitude or behavior? This question, too, is worth considering.

What is achieved by distributing paper caps at football games? Responses to a very few questions such as this one, asked of a small number of people scattered throughout the crowd, should give a rough idea of whether or not the activity helps to achieve the purpose.

## B. Marketing Activities

In examining marketing activities, staff might ask: What are the advantages and disadvantages of in-house distribution of contraceptives, as opposed to distribution by a commercial firm? If the anticipated geographical expansion occurs, staff might also want to know what would be the tradeoff between the additional cost (per diem, benzine, etc.) of sending the Cairo medical representatives to, say, Alexandria and the anticipated reduction in productivity (because of less supervision) of an Alexandria-based representative. Could reduced supervision be offset by a lower base pay and a higher commission?

How often should a pharmacy be supplied? The answer to this question could have implications for the distributors. For example, the consultant asked eight pharmacists how long their supply of Tops condoms would last; their response was, approximately three months. Obviously, the consultant's sample was very small, and there are better ways to obtain an answer to this question, but the point is, distribution planning will be affected significantly, if pharmacists order supplies for one month, rather than three months, or vice versa.

How often should medical representatives visit pharmacies, physicians, hospitals, etc? The quota system can be examined by reviewing the 1981 statistics on the average number of visits per day per representative, where the denominator is actual days worked. The results could be compared with the results of an analysis of what the person actually does and what, realistically, he or she can be expected to do. From this study, the staff could conclude that either more or fewer visits should be made.

The incentive system for medical representatives could be examined to determine whether or not the current system is the best. In the current system, for example, an incentive of 5 percent is paid if 90 percent of the targets for sales and visits are reached; 2.5 percent is paid if only 90 percent of the target for either sales or visits is reached. Presumably, no incentive is paid if neither target is reached. Should the incentive be graduated?

The staff might want to review the incentive system for the distributors. The distributor receives a 3.5 percent commission on monthly sales that exceed ££3,000. Initially, the consultant thought that the commission was unlimited; later, he was told that it was limited to the equivalent of the distributor's salary. Still later, at his final meeting with Mr. Ramadan, he learned that, initially, the commission had been unlimited, but the subject became an issue in November, when the anticipated commission of one of the distributors was approximately twice that person's salary. Because the commission has become an issue, it might be

worthwhile to examine the relationship between salary and commission and minimum sales to determine what might be best for the distributor and the FOF.

There seems to be a difference of opinion about whether one "unit" of Tops is one condom or one package, that is, two condoms. It does not make any difference, as long as everyone agrees to a single definition.

### C. Clinic Activities

The consultant was favorably impressed with the personnel, facilities, and recordkeeping at the Dokki and Sayeda Zeinab clinics. He thought it might have been better if, like the Dokki clinic, the Sayeda Zeinab clinic had operated two nights a week initially and gradually expanded its hours.

The Dokki clinic serves a large number of clients, and it therefore has an especially good opportunity to use its waiting room for educational purposes. The Sayeda Zeinab clinic, because of its location in a heavily populated poor area, has an excellent opportunity to provide community education and operate an outreach program. On a sign outside this clinic are posted the prices for services. This sign is a very good idea. Not only does it advertise the services available; it also informs prospective clients of prices.

The FOF does not market oral contraceptives (OCs). The consultant thinks that any clinic which the FOF operates should offer full contraceptive services. The Sayeda Zeinab clinic does not sell, nor does it prescribe, OCs.

There may be an orientation and communication problem with the doctor at Sayeda Zeinab. This physician seems to have little awareness of the organization and purpose of the FOF. Moreover, she has not been advised on how to deal with the "brittle" or "thick" Cu Ts which must be placed in an inserter before they are used. If left in the inserter too long, the IUD fails to return rapidly to its "T" shape, and this can cause problems for the client. (Mr. Ramadan informed the consultant that the doctor has since been informed about how to use the thick Cu Ts.)

Perhaps this order of Cu Ts is defective, or in some way different from the norm but within acceptable limits. If the IUD is defective, it should not have been marketed. If it differs from other Cu Ts, a warning and instructions for its proper use should have been issued to all concerned parties.

If the FOF has no plan for dealing with defective products it receives, it might be desirable to develop such a plan, or to develop a tracking system for batch identification.

#### D. Symposia

The consultant was very impressed with the high quality of the medical symposium. The meeting was well-organized and well-run. And all the FOF staff were helpful. The consultant enjoyed this conference and appreciated having the opportunity to attend it.

The same probably could be said about the pharmaceutical conference. The consultant stayed for the opening session, but, because the presentations were in Arabic, he did not stay for the remainder of the meeting.

#### The Future of the FOF

It is highly doubtful that the FOF, as it functions today, will ever become self-supporting. It is equally doubtful that the USAID will support the organization forever. What, then, are the chances that the FOF can become more self-supporting than it is now? Mr. Ramadan said that revenues from sales are being put aside, but it has not been decided how these monies will be used. The consultant presumes that this profit is the difference between the cost for contraceptives and the price at which they are sold, excluding costs for marketing.

To decide how profits should be used, staff could go through a "What if...?" exercise. They might ask, for example: What if our support was cut 10 percent? What if it were cut 20 percent? When the results have been calculated, the profits could be used to support those budget items that are the last to go. This might mean that a part of the rent, or half of a salary etc., would be paid. One disadvantage of this approach is that donors might not be interested in supporting a percentage of several different activities. The advantage would be that donors could think through their priorities. Also, some interesting and practical research questions could come to light.

Another approach would be to consider how profits can be increased. This is being done. At this time, the FOF is considering marketing oral contraceptives and oral rehydration salts (ORS). Marketing is especially important, because a fuller line of contraceptives can be provided. The FOF need not abandon the inexpensive contraceptives, but it might want to consider marketing more expensive OCs with the promise of higher profits. Pharmacists carry the more expensive products, and some customers automatically buy a higher-priced item, even though the quality and, perhaps, the product itself are the same. The 18-pt. pills are the same as the 5-pt. pills. The difference is in packaging only.

### III. THE POPULATION AND DEVELOPMENT PROGRAM

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#### Description of the Program

The rural Population and Development Project (PDP), which began in 1977, is implemented through the Population and Family Planning Board. It was designed to attain population objectives through the promotion of village-level social and economic activities in conjunction with simultaneous efforts to upgrade family planning services and increase the availability of contraceptives. A constant effort is to be made to provide information and to encourage women of childbearing age to adopt and practice family planning. Another purpose of the project is to assist rural villagers in initiating and managing developmental activities that will improve their socioeconomic status.

The heart of the PDP system is the local PDP advisory committee, the PDPAC, which is situated in a mother village that is the seat of a village council which represents approximately five satellite villages, each with a total population of approximately 30,000. The membership of the PDPAC is government-appointed persons and recognized opinion leaders. The USAID and the UNFPA are currently supporting the PDP in 12 governorates where 525 PDPACs provide coverage to approximately 14 million rural people.

#### Observations and Comments

This report is based on the results of visits to six PDP villages in the governorates of Kafr el Sheikh, Assiut, Giza, Fayoum, and Beni-Suef and discussions with Dr. Aziz Bindary, chairman of the PFPB; Dr. Moustapha el Samaa, deputy chairman; Dr. Hussein Abdel Aziz el Said, director of planning; and Dr. Haifaa Shanawany, director of research. The consultant also talked with several PDP staff, including Mr. Ahmed Abdul Fattah, the director-general; Mr. Fawzi Abdel Chany Ahmed, acting director-general; Mr. Nassry Shaker Andrawos, director of training; and chief regional coordinators, regional coordinators, and members of the PDP advisory committees located in the villages. In addition, the consultant received various papers about the program from the PFPB and the PDP.

The consultant visited villages where the PDP is operating, but he does not feel that he learned how decisions are made. Nor does he feel that he was able to get a grasp on the PDP activities in the villages. He did receive some comfort from Dr. Shanawany, who spent three months studying one of the villages the consultant visited to try to understand how people participate in the PDP. Dr. Shanawany's report is in Arabic, but it is being translated into English. It should be useful to others who, like the consultant, are unable to make an in-depth study of the PDP.

One problem is that it is not possible to acquire a real understanding of a project from a single visit. It may be possible to observe much of what is happening, but it is not always possible to understand why certain activities are being performed.

#### A. The Rayyda

For the consultant, the lowest person in the hierarchy emerges as the most important. In the PDP, this is the rayyda, the "pioneer." To a great extent, the village women's knowledge of and attitude toward the PDP are gained from and formed by the rayyda.

Much attention is given to the rayyda, as in Dr. Shanawany's studies, but much more consideration needs to be given to this person. Staff complaints about salary are not uncommon at any level, but the rayyda makes the point that she is being paid only half as much as women similarly employed by the Ministry of Social Affairs. One explanation is that the rayyda is a volunteer and so should not be paid as much as other staff. But the concept of the rayyda as a volunteer does not fit the common definition; the rayyda is not a person who is wealthy enough to have free time to devote to good causes. Although some women who work as rayydas have been with the program for as many as four years, there is, the consultant was told, a rapid turnover in this position. The explanation is that, because the pay is low, a woman assumes the job as a temporary position, until she finds something better.

Much is expected of the rayyda, and her training is particularly important. According to some persons, training is quite adequate, but Dr. Shanawany indicated in her report that there is considerable opportunity for improvement. The rayyda has to have an understanding of the PDP that she can convey accurately to others; she must have an elemental understanding of reproductive biology and contraception; she must learn to be an educator; and, to be an effective educator, she must learn about the personal, social, and cultural barriers to the acceptance of family planning and know how to deal with those constraints most effectively.

It is not clear to the consultant that there is a common target for rayydas in the different villages where the PDP operates. In one village, the consultant had the impression that the women's pay is based on their ability to recruit a certain number of new users, whereas in other villages, the impression was that the rayydas are required to visit a certain number of households or women.

There are not, it seems, enough rayydas. In some villages the consultant visited, certain sectors were not covered by a rayyda; in others, the consultant found that a rayyda might be responsible for an entire village, but there would be too many households for her to visit each once a month.

In some villages, the rayyda seems to have contact with the health unit; in others, each rayyda seems to operate independently. A woman who is interested in contraception is supposed to go to a health unit first, but she may choose to get her oral contraceptives either from the health unit or from the rayyda. For this reason, it is important to have coordination between the health unit and the rayyda.

There seems to be a difference of opinion about the desirability of the rayyda's role as a supplier of oral contraceptives. Some persons are concerned that new clients may take OCs from a rayyda without ever going to a clinic, where they would be able to get better information on the use of contraceptives and their side effects. Also, clinic personnel are in a better position than rayydas to decide that a particular oral contraceptive is the most appropriate choice for the client. There seems to be less concern about the rayyda's role as a continuing supplier of contraceptives, perhaps because the rayyda is considered to be knowledgeable enough to know when a woman needs to be referred to a clinic because of a problem.

#### B. Integration of Family Planning and Development

One of the most serious challenges to the program--a challenge to which the program has addressed itself--is the integration of family planning and development. Integration is difficult to achieve, and it is the consultant's impression that it has not been achieved in the PDP. Family planning and development seem to be proceeding along parallel paths, but, in the villages, family planning is not being perceived as part of the development process. To illustrate: A PDP-supported study in the village of Garrees, in Minia Governorate, found that the husbands made arrangements for loans for sewing machines, but the wives had few or no ideas about how the equipment was obtained and why the PDP was funding the project.

One of the purposes of the PDP is to stimulate villagers' involvement in and responsibility for social and economic development, including family planning. This is a desirable goal, but conflict develops when loans are not made impartially, as in the case of Garrees. There, without exception, the recipients of the sewing machines were the wives of members of the PDPAC members or other prominent community members, and not the women who most needed to benefit from the project.

#### C. Administration, Staffing, and Coordination

The PDP at the central level has to approve all projects, but it is not possible for the staff to ensure that the project is conducted according to the criteria established in the proposal. Monitoring of

this kind has to be the responsibility of the regional coordinator and, to some extent, the chief regional coordinator.

Another problem, confirmed by PDP personnel, is the high rate of turnover among the regional coordinators. One explanation is that these staff are deputed to the PDP from various ministries and cannot remain more than two years; apparently, they rarely stay for more than one year. This problem has been resolved to the satisfaction of the PDP in two governorates, and efforts are under way to try to stem it elsewhere as well.

The State Information Service's (SIS) program is not part of the PDP program, but its family planning activities are certainly related. Only in Assiut did the consultant talk to SIS staff and, according to these persons, the SIS is active in the family planning effort. But only men are allowed to attend the talks and film presentations of SIS staff because there are no positions for women fieldworkers. Consequently, no one is available to go into the fields to meet with women.

The consultant accompanied a delegation of Indonesians to one PDP village. Of all the villages, this one did the most to impress its visitors, but the consultant was the least impressed of the group. It was not that the activities were not conducted when the group was not present. The problem was that it was obvious that everything was being done just for the delegation. The reaction, consequently, was cynical. In the other areas where the PDP is operating, the villagers did all they could to make their visitor feel welcome, but they all seemed to hold a PDPAC meeting on the day of the consultant's visit. This was artificial, because the day of the visit was not the regular day for the meeting, and in a few villages the committee had just met several days before the consultant's arrival. Nonetheless, those who attended were members of the PDPAC, and the consultant was able to get some idea about how these very important advisory committees function.

#### D. Impact

The award of loans to persons for development activities takes advantage of individual initiative, but, unfortunately, it also apparently provides greater opportunity to show favoritism, as in Garrees. This may be one reason why at one of the PDPAC meetings the members favored the provision of loans to individuals to enable them to purchase chicks, while a representative from the PDP's office in Cairo seemed to favor a community project.

The consultant does not understand Arabic; nevertheless, he was impressed with the skill of the raydyas and the skill of some of the village women who use the magnetic boards to tell stories about family planning,

health problems, etc. The technical skill of these women was obvious. The consultant hopes that they have also the skill they need to elaborate the stories and to answer villagers' questions.

It is possible to observe the projects that have been funded, but a study such as that which Dr. Shanawany conducted in Kerdasa is needed to understand how the projects were selected and developed, whom they serve, and what contributions they make to family planning and development.

The consultant was impressed with the frankness of PDP staff in discussing their problems and in expressing their interest in finding solutions to those problems. The importance of some of the reports on studies which the PDP has commissioned attests to the interest of the PDP staff in an objective analysis that can be used to make realistic modifications to their programs.

#### IV. THE ISSDS PROJECT IN MENOUFIA

#### IV. THE ISSDS PROJECT IN MENOUFIA

The Menoufia Integrated Social Services Delivery System Project, which began in early 1979, is an action-research program. Its purpose is to promote, in an integrated developmental approach, family planning, health, and social welfare services for the 1.4 million rural people who live in 302 villages in Menoufia Governorate.

The project is a joint effort of the local administration of Menoufia Governorate, the Departments of Health and Social Affairs, the Ministries of Health and Social Affairs, and the Social Research Center.

Operationally, the project consists of four components: action, training, family planning and health intervention, and research. The SRC has the primary responsibility for the latter two components, but it is very much involved in the first two as well. A major purpose of the project is to allow the SRC "to serve as a catalyst to the Governorate of Menoufia." The research staff are to serve the service staff of the project. Surveys are to be administered and analyzed, and inputs and outputs are to be measured and evaluated to note changes in contraceptive prevalence and other indicators. Documentation on and evaluations of this action-research effort are to be made available at regular intervals. Twelve of the 15 planned reports are to be completed by the end of the third year.

#### Observations and Comments

The consultant's observations on the ISSDS Project are based on two visits to Menoufia Governorate, interviews with SRC staff, an analysis of the SRC's proposal, and a review of appropriate AID files.

The consultant visited 12 of the 302 villages in the governorate. Only one of the villages was chosen by the consultant. To a great extent, the villages he saw are the best. Seven of the 11 villages had prepared for the consultant's first two-day visits, and all of the remainder, including the village the consultant chose, were forewarned that a visitor would be arriving. The visit to the village of Ashleem and the revisits to two villages during the second field trip were unannounced. None of these villages was chosen by the consultant. Dr. Saad Gadalla, director of the SRC, was especially helpful in arranging the field visits. In fact, for the second visit, Dr. Gadalla told the consultant that he could choose any villages he wanted.

## A. Expectations of the Consultant

Initially, the consultant had difficulty understanding why his reaction to the ISSDS Project was less positive than his reaction to the PDP. In each there are villages with development projects; some are a consequence of the PDP and the ISSDS Project, and some existed before either project was implemented. Whether part of the PDP or part of the ISSDS, most villages had an opportunity to prepare for the consultant's visits and, for this reason, what was observed was not altogether typical. The consultant believes that officials in some of the villages went so far beyond traditional, generous Egyptian hospitality that he could not help but wonder what a "real" village is like.

This over-extension of "hospitality" is not, however, the principal reason for the difference in the consultant's response to the two programs. His reaction might better be attributed to his differing expectations. The consultant expected that the PDP villages would have a village advisory committee, a family planning program, rayydas and, perhaps, one or more social or economic projects that had been initiated with PDP loans. He knew that not all the 525 advisory committees had made loans, and so he was not surprised to visit a village that had no PDP-supported project.

After reading the proposal for the Menoufia project, the consultant's expectations rose. All 302 villages were to come into the development program within three years, and in the villages the consultant visited, the project was well into the third year. What the consultant observed contrasted with what he expected to find, as the following examples illustrate, and the discrepancy raised questions about the delivery of outputs.

- Great emphasis was placed on the importance of the research elements in serving the service elements (see Proposal, p. 15). An analysis of the surveys has not been completed, and there are no reports to indicate how other research elements served the project.
- Outreach was to be emphasized. Nurses from the clinic were supposed to go to homes to resupply contraceptives in the villages with health units (see Proposal, p. 19) and, in the 180 villages where health units do not exist, community development workers were to be recruited for this purpose (see Proposal, p. 18). This may have been done in some of the 302 villages, but such work is not apparent in the 12 villages the consultant visited.
- Figure V in the attachment to the proposal indicates that the stimulus to improve health and welfare would emanate primarily from the women's clubs. The consultant was told by two members of the SRC and by a member of the PFPB that an unfortunate choice

of Arabic terms had been made to name these clubs and, as a result, either women were reluctant to join them or their husbands did not want them to join. Others told the consultant that only women government workers and the wives of government workers joined, and not peasant women. Because the program seems to be so dependent on these clubs, these findings are discouraging.

- In the proposal, great emphasis is placed on a community development program that responds to the needs of the people. Before he went on his assignment, the consultant had been told that the program was imposed from above and that this was evident in the sameness of the villages with such a program. This was confirmed during the consultant's visits.
- Three vans were to be used to improve the flow of commodities (see Proposal, p. 29), yet in one village to which an unannounced visit was made, the consultant found that, although the village had been in the program for eight months, few pieces of the clinical equipment which the project was to provide had been received, and the village was still waiting for a supply of condoms. Generally, oral contraceptives were available, but some clinics had either few or no condoms and Neo-Sampoons.
- It was disappointing to return unannounced to a village that had been a beehive of activity during the consultant's first visit to find six girls sitting in the sewing class with no material to sew. Earlier, there had been 20 girls in the class, and they all had material. In another village where a sewing class was being conducted without material, the innovative teacher taught the girls sewing skills by using paper.

Other examples could be cited, but these are sufficient to illustrate the point. The consultant is not saying that PDP villages are better than ISSDS villages, but that the proposal, which was the basis for the ISSDS funding, promised far more than seems to have been delivered. It is the consultant's hope that as reports about activities are issued, it will turn out that much more was accomplished than was evident during these field visits.

## B. Orientation and Administration

It is difficult not to examine the two programs in terms of expectations, but other differences can be observed. In the PDP, the organizational links between the central PDP office, the local coordinator, and the village advisory committee are clear-cut. In Menoufia, the responsibility for research rests clearly with the SRC and, although the

administration of the governorate is supposed to be responsible for implementation, the division of responsibilities between the governorate and the SRC sometimes is vague. For example, in its proposal, the SRC stated that "the purpose of this project would be to allow AUC to serve as a catalyst for the Governorate of Menoufia" (p. 5). Also, in an attachment to one of the letters exchanged between the AID and the AUC, it is stated that one of the SRC's roles will be to "provide guidelines for coordinating the family planning, health, and social welfare components of the project."

It might not be inappropriate to say that the ISSDS Project is being slowed down by research that is academically-oriented. The research in the PDP, however, seems to be oriented toward a solution to practical problems in implementing the program (e.g., Dr. Shanawany's study of the rayydas and Mr. Gawad's study of the sewing machine project). These kinds of research studies provide useful information in a relatively short time which administrators can use to improve the program.

The consultant's impression is that the key decision-making body in the ISSDS Project is at the governorate level. One can see evidence of this in the sameness of the community development programs. In the PDP, the key decision-making body seems to be at the village level. Although the PDP puts some limits on the kinds of projects that can be funded, the diversity of projects makes one think that they are a response to the communities' needs. For example, they provide a bus for one community, chickens for another, tractors for a third.

Contact with the people in Menoufia Governorate who are responsible for the program was not so extensive as the consultant's contacts with governorate, regional, and local people in the PDP. In part, this may be why the consultant had a different reaction to the ISSDS Project. The SRC, nevertheless, did design the project and has considerable responsibility for its success or failure, and the consultant spent as much time with SRC staff as with PDP staff.

Research is desirable, but to meet the needs of the program, it must be research that can produce results quickly. This has not happened in the ISSDS Project. One cannot help but wonder how different the project might be had the SRC's very talented staff been able to spend more time as "a catalyst to the Governorate of Menoufia" and less time trying to gather and analyze the huge amount of data which the ambitious experimental design required.

V. OTHER ACTIVITIES

## V. OTHER ACTIVITIES

Although the greatest amount of attention was given to the three organizations discussed in Chapters II, III, and IV, some time was spent with other organizations in which the AID's Office of Population is interested.

### Cairo Demographic Center

The Cairo Demographic Center moved into its new quarters in October, 1981, but because the building had not been completed, the CDC had some trouble settling in. As of December, the organization still had no telephone. Although training will not be abandoned, Dr. El Badry, the director, is trying to provide more time for professional staff to pursue their own research. Two of Dr. El Badry's main research interests are international migration and the causes of Egypt's increasing birth rate. Rather than select a research theme each year that will require students to work on something that may be of little interest to them, Dr. El Badry hopes to have the students do research in the field that is most appropriate to the kind of work they will do when they return to their home countries. Some of the staff are on United Nations (U.N.) salaries, but Dr. El Badry has not been able to attract additional professional staff on Egyptian salaries.

### Egyptian Fertility Care Society

The Egyptian Fertility Care Society has changed considerably since its founding in 1974. At that time, its only activity was an annual meeting. Since then, the word "control" has been replaced with the word "care" in the name of the organization to reflect the shift in interest to family health in general and to the broader aspects of fertility and infertility in particular. Professor Osman, the director of the EFCS, considers high parity to be a disease. He believes that, as others come to think as he does, sterilization will become an acceptable way to prevent the disease. The EFCS is involved in the training of physicians who are M.Ch. candidates in obstetrics and gynecology (OB/GYN). Soon, in cooperation with the MOH, the organization expects to become involved in the training of house officers in fertility care and also in the training of pharmacy students. Information, education, and communication (IEC) constitute another major activity. An English-language bulletin is distributed to 6,000 physicians, and an Arabic publication goes to all the pharmacists and assistant pharmacists. Several projects are planned for the future, including the establishment of model clinics.

International Islamic Center for Population Studies  
and Research

The International Islamic Center, located on the campus of Al-Azhar University, is trying to increase awareness of the benefits of family planning, development, and welfare to mothers and children in the Islamic world through conferences, publications, training, and research. Because other visitors were present when the consultant was at the Center, the consultant could not learn as much as he would have liked. The Center holds an annual, five-day seminar on topics related to its purpose. The proceedings of three of the seminars are available, and those of a fourth will be available soon. The Center has an action-research study in Sharkiya Governorate which receives some support from the AID. Courses are held for physicians from the rural areas, and one or two lectures about Islam and family planning are given by the "Mufti of Islam." The term "family planning" is not used at Al-Azhar.

Assiut University Medical School

The consultant met briefly in late September with Professor Fathalla, dean of the Medical School at Assiut University. He was to have returned for another discussion, but this plan was changed. Professor Fathalla is one year into a clinical study of the five-year silastic implant. Thus far, the results of his work have been encouraging.

A building is being completed which will house a model maternal and child health (MCH) and FP center which will offer outpatient services and provide training opportunities. Professor Fathalla would like help from the AID to plan, implement, and evaluate this project. The dayya, the traditional birth attendant (TBA), would be trained at the Center.

Professor Fathalla continues to be interested in a community-based FP service for all of Assiut Governorate. Several years ago, he discussed such a project with an AID official.

High Institute of Public Health

The consultant visited the High Institute of Public Health and talked to Professor Sherbini, dean, in early October. In late November, he accompanied Professor Sherbini to the Institute's field training center, Abis 2.

Medical schools have either a department of preventive medicine or a department of public health; the Institute, which is part of the University of Alexandria, is the Egyptian equivalent of an American school of

public health. Therefore, the choice of students is not limited to physicians. There are 90 diploma students (one year), 4 masters students (two years), and 40 doctoral students. The many sub-specialities of public health are represented.

Abis 2 is used by some students for research, but it is not being fully exploited as a site for field training.

### Institute for Training in Family Planning

During the day the consultant spent at the Institute for Training in Family Planning, he discussed both the Institute's program and the program of the Alexandria Family Planning Association (FPA).

Mrs. Zahia Marzouk, president of the Institute and president of the Alexandria FPA, said that her main interest now was young people: how they can learn to be responsible adults; how they can be helped to develop healthy attitudes toward sex; how they can be helped to plan a healthy, happy family life; etc. The FPA is doing a study of young married women and single women of similar age. The results will be used to design a program that "will suit them, and not us." Another study is being made of persons who reject family planning, despite the efforts of the FPA. Long-time users and their characteristics are the subject of still another study. Mrs. Marzouk continues to be interested in the dayyas and literacy.

In the past four years, there have been four training programs in population education for preparatory and secondary teachers, supervisors, and some staff from the teacher-training institutes. Each year-long program begins as a correspondence course that lasts approximately nine months and culminates in a two-week summer workshop at the Institute.

Curriculum guides have been prepared (but not printed) for the primary and preparatory grades, and guides for the secondary and the teacher-training institutes are planned. (There is no money for these guides.) The AID's support is scheduled to terminate at the end of 1981. At this time, the Institute is preparing a proposal to continue the project for the next two or three years "for the whole country."