

REPORT ON THE
HEALTH EDUCATION PROGRAM
OF THE
EGYPTIAN FERTILITY CARE SOCIETY

A Report Prepared By:
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We had an excellent briefing from Mr. Thomas Reese, AID population officer. During the consultancy, we were also ably assisted by Ms. Laura Slobey and Dr. Merrill Shutt.

As may be seen from the List of Contacts, we had numerous discussions, both in Cairo and elsewhere (Alexandria and Shibim el Kom), which were very useful as we worked with the IEC Committee to form an IEC policy and to work out the program submitted in this report.

Ann Leonard
James R. Echols

November 15, 1980

EXECUTIVE SUMMARY

Egypt, with a population of 42 million in 1980 and with the serious health and demographic problems (see Chapter I of this report) has instituted a number of important programs in the population and health fields. Under the Supreme Council for Population and Family Planning, a number of action-organizations are at work: The Population Board, the Ministry of Health (MOH), the State Information Service (SIS), and the Population and Development Project (PDP). Several private organizations also are involved, including the Family Planning Association (FPA), Families of the Future (FOF), and the small organization which is the subject of this report, the Egyptian Fertility Care Society (EFCS).

The Information, Education, Communication (IEC) effort in Egypt is carried out primarily by the State Information Service program, with the assistance of the Agency for International Development (AID), under a contract implemented by the University of Chicago's Social Development Center. In 1980, a vigorous series of campaigns was launched. A number of other organizations, including the Egyptian Fertility Care Society, has sponsored information or education activities.

The office of the Egyptian Fertility Care Society was opened in 1979, with assistance from the International Project of the Association for Voluntary Sterilization (IPAVS). Although it works almost exclusively in medical and health institutions, it formed an IEC committee to work in support of the Society's increased acceptability, stressing surgical procedures as a health measure, not as a method of family planning.

The consultants found wide acceptance of family planning everywhere they went and sensitivity to voluntary sterilization. Accepted as a health measure, sterilization is officially banned as part of the Egyptian Family Planning and Population Program. The EFCS, therefore, works exclusively in the health and medical area. In its "Health Education Program," developed by the IEC Committee and the consultants, it proposes to conduct a low-key materials-development and discussion program aimed at medical and health leaders and other public opinion and community leaders. The basic element of the program will be 12 symposia during the first year. The proceedings will be published and sent to attendants and other related leaders. Key summary material will also be published in the Society's three other publications. The two other elements of the Health Education Program will be the patient orientation materials, for use by doctors and paramedicals, and a medical/health television series, which will consist of 24 programs on the Society's health care activities.

A budget of \$56,450 has been proposed for the first year.

ABBREVIATIONS

AV	Audiovisual
CBD	Community-Based Distribution
EFCS	Egyptian Fertility Care Society
FOF	Families of the Future
FP	Family Planning
FPA	Family Planning Association
GOE	Government of Egypt
IBRD	International Bank for Reconstruction and Development
IEC	Information, Education, Communication
IPAVS	International Project of the Association for Voluntary Sterilization
IPPF	International Planned Parenthood Federation
MOH	Ministry of Health
PDP	Population and Development Project
SIS	State Information Service
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
VSC	Voluntary Surgical Contraception

I. INTRODUCTION AND BACKGROUND

In 1980, the population of Egypt reached 42 million. Over 45 percent of the people now live in urban areas (more than 8 million in Cairo alone) and over 50 percent are under the age of 20. Today, the population of Egypt is increasing at the rate of 100,000 people every month. At this rate, there will be 66 million Egyptians in the year 2000, 15 million of them in Cairo. Although the country is large--1 million square kilometers (386,000 square miles)--only 4 percent of the land is inhabitable. A desert reclamation program is underway; however, for every acre reclaimed, almost the equivalent amount of available land is lost to the continuing urban sprawl of greater Cairo.

Egypt was the first Arab country to establish a national population policy. The Supreme Council for Family Planning was established in 1965. In 1974 it became the Supreme Council for Population and Family Planning.

Between 1967 and 1973, Egypt actually experienced a decline in fertility. This phenomenon was attributed to Egypt's involvement in war, to socioeconomic conditions, and to family planning efforts. However, since 1973, the birth rate has been rising again. The crude birth rate in 1979 was 38.58/1,000. Today, the average Egyptian woman bears 6.36 children (live births) during her fertility years. This compares with 1.93 in West Germany and 2.8 in Japan.

The current growth rate in Egypt is hampering the expansion of social and health services to reach the majority of the people. Life expectancy is now 55 years. The official infant mortality rate is 116/1,000 live births. The rampant growth, particularly of urban areas, is resulting in overcrowded living conditions, lack of services, congestion, and general environmental decay.

Current Activities in Family Planning

In the last few years, the Government of Egypt (GOE) has made population matters a major concern. The GOE program, under the Supreme Council for Population and Family Planning, is headed by the Minister of Health. The Health Ministry has primary responsibility for the delivery of family planning (FP) services in Egypt.

The Population Board is the implementing arm of the Council, which is, in turn, linked with the Supreme Council for Information. The operating arm of the Supreme Council for Information is the State Information Service (SIS). The SIS provides IEC support for the Family Planning Program.

A private community-based distribution (CBD) program was begun in Cairo a few years ago by the International Planned Parenthood Federation (IPPF)

through its local affiliate. Its main concern is to provide contraceptives through pharmacies and other non-governmental outlets at moderate cost. The program also offers some clinic services and has a limited IEC component. It is now being expanded. Funding has been taken over by AID. The program's name has been changed to Families of the Future (FOF). The FOF is at this time offering condoms, foam tablets, and copper IUDs. It may begin offering pills in the near future.

Another government program, under the Population and Family Planning Board but not a Ministry of Health activity, is the Population and Development Project (PDP). This project was developed by Dr. Aziz Bindary and will focus on the rural areas. It is a controversial effort that is attempting to work through village councils (groups of appointed and elected officials). There are approximately 900 such councils in Egypt, each representing about 5 villages and 22,000-25,000 people. PDP representatives will attempt to motivate the councils to undertake various activities, such as collecting statistics or upgrading the local clinic. The PDP will then evaluate their efforts and, if they are well done, will provide interest-free loans for development projects. According to Mr. Thomas Reese, AID population officer, the Ministry of Health is supportive of this effort, and family planning services associated with the project may soon be delivered through PDP clinics.

The major donors supporting population/family planning activities in Egypt are the USAID, the United Nations Fund for Population Activities (UNFPA), and the World Bank. AID appears to be the most active donor at this time, especially in IEC. It is supporting the current two-year IEC effort of the State Information Service. Begun in February 1980, this IEC project has spent some \$500,000-\$800,000. The Bank has a \$66 million project (half IBRD and half Government of Egypt) with the Ministry of Health, but apparently it is not yet moving. The UNFPA program is linked to the rural effort and, so far, its support has mainly been for equipment. As noted above, AID has also taken over support of the Families of the Future program from the IPPF. It plans to make \$3,000,000 available to the FOF over the next three years. AID is also planning to provide some funding to the Ministry of Health to train medical doctors in the use of the IUD and diaphragm. In Egypt, nurses and midwives are not allowed to insert IUDs. Physicians are numerous, but they are often poorly trained in family planning techniques, especially in the rural clinics.

Information, Education, and Communication

The major IEC effort in support of family planning in Egypt is the SIS campaign for the Ministry of Health. The PDP program is to have an IEC component, to be provided by the UNFPA, but it is possible that it may turn to the SIS for its software as well. The private Families of the Future has a

limited IEC effort that includes rallies, materials on methods, and marketing activities aimed at expanding its distribution system.

The SIS Program

The SIS began its two-year campaign in February 1980. It is being carried out under a contract with the University of Chicago's Social Development Center, headed by Dr. Donald Bogue. The Center has provided a full-time consultant to the SIS, Mr. Robert Higgins. The campaign is being launched in three phases. The first phase, "Look Around You," was intended to increase awareness of the population problem in Egypt. The second phase was "The Small Family Lives Better." Its purpose was to introduce the idea of family planning. The third and major phase began on October 15 and features family planning methods. The theme of this phase is "The Choice is Yours."

To date, the program has produced four posters (one for each phase of the campaign and one with the general family planning logo), decals, key chains, pens, match books, and other promotional items. It has also made nine cinema shorts, which are reproduced in 16 mm for wider use within the program. It has produced television and radio spots as well. Various publications on methods have been developed. In February 1981, the SIS will sponsor a major medical conference on all aspects of family planning. The SIS target is to increase use of family planning in Egypt by 10 percent during the two years the program is in operation.

The Egyptian Fertility Care Society

The Egyptian Fertility Care Society was founded in February 1974, during the First National Conference on Voluntary Surgical Contraception, at Assiut University. At that time, only a small select group of dedicated ob/gyns were involved. Progress was slow because of the religious and political environment.

The Society has held annual meetings each year. In 1975, it began receiving support from the International Project of the Association for Voluntary Sterilization. In 1978, the EFCS program was expanded to include a university-based voluntary surgical contraception (VSC) training program in eight university medical schools. A grant of \$95,150 was made by IPAVS for this purpose and to cover the cost of opening a permanent office for the Society in Cairo.

The EFCS headquarters was opened in September 1979, and since then the Society has become increasingly active. The office is operating at high efficiency; the training program has been developed and will begin operation in the various

universities early in 1981. Also, basic materials and guidelines have been developed. The Cairo office is headed by an honorary executive director, Dr. Ezzeldin Othman Hassan, and a dynamic and dedicated medical director, Dr. Mamdouh Wahba. The Society currently has 112 dues-paying members.

IEC Committee

In February 1980, the Society formed an IEC Committee, headed by Dr. Maher Mahran. The members are Dr. Ezzeldin, Dr. Wahba, and Dr. Rafaat Kamal, a newspaper and radio journalist. The purpose of the committee was to develop an IEC project in support of the Society's work to increase acceptability of surgical methods of contraception. A draft proposal in support of IEC activities was submitted to IPAVS in the spring of 1980. It was then agreed that a team of IEC consultants would go to Egypt to assist the Society in developing its IEC program.

The EFCS envisioned the program as having three phases: (1) informing various elements of Egyptian society, particularly leaders, of the dangers of high parity; (2) increasing discussion of women's reproductive status in the latter half of their fertile period; and (3) introducing the subject of surgical methods when it was felt these could be discussed openly. The EFCS approach stresses surgical procedures as a health measure, not as a method of family planning.

Acceptance of Family Planning and Sensitivity to Voluntary Sterilization

In the consultants' discussions with various officials concerned with family planning, differing views were expressed on the extent to which population and family planning have been accepted in Egypt. Mrs. Sadat continues to sponsor a number of related programs and the President has made family planning an official policy of the country. A relatively powerful Supreme Council has been appointed to carry out a program. Therefore, it seems clear that limiting population growth for both development and health reasons is accepted, at least in the upper echelons of Egyptian society.

There appears to be some nervousness about moving too fast or in the wrong direction. This is particularly true of voluntary sterilization and abortion. Mrs. Ghandi's political troubles and other examples of negative repercussions of population control efforts are often cited, as is Iran's too rapid development in the face of tradition and religious opposition. Thus, although family planning efforts are moving ahead with deliberate speed, there appears to be almost universal public opposition to voluntary

sterilization and abortion in cases not relating to endangered health of the mother. Where the mother's health is at stake, there is no problem.

In studying the development of an IEC capacity for the EFCS, the IEC Committee and the consultants had to be constantly aware of two important facts. One, because of religious and other sensitivities to sterilization, both the Population and Family Planning Board and the Ministry of Health have a firm policy that sterilization is not to be used as a method of contraception. Two, although the EFCS has been careful to relate its work to problems of health, especially problems related to multiparity, in the minds of many people it is associated with voluntary sterilization.

In addition to the general attitude expressed to the consultants by both EFCS officials and officials of related organizations, two specific statements underline these facts. Before the arrival of the consultants, the Mufti (the head of Islam in Egypt) made a statement favorable to family planning but opposed to sterilization as a method of family planning. A second statement was made by Mohammed Sharaf, director of the SIS's family planning campaign. Mr. Sharaf said that any reference to sterilization as part of family planning or population could destroy the entire effort. These attitudes towards sterilization have been carefully noted in the suggested IEC program worked out by the EFCS.

On the positive side, however, there appears to be a growing awareness at many levels of Egyptian society of the existence of permanent methods of contraception. For example, the consultants attended a rally for factory workers, sponsored by Families of the Future, at which the condom was stressed. Two workers raised the issue of surgical contraception. Both said that they had been seeking the operation for their wives but were continually put off by health authorities. One man said that his wife had just delivered their thirteenth child; the other man had five children. Here, clearly, was a case where demand exceeded services.

II. PROGRAM RECOMMENDATIONS AND PLANS

During the first year at least, the EFCS Health Education Program will use the theme, "Problems of Multiparity in Family Health." This will be a low-key, health-oriented discussion and materials-development program aimed at medical and health leaders, both in and out of government, other molders of public opinion, and community leaders.

The program will be composed of four major parts: symposia, published proceedings, patient orientation materials, and a medical/health television series.

There will be 12 symposia for groups of approximately 50 leaders. Each symposium will be led by four keynote speakers. A time and place will be selected so that the group will be relatively isolated to ensure participation without interruption.

Twelve published proceedings of the symposia will be sent to attendants and to a select list of other persons in the particular field. Two hundred copies of each proceedings will be printed and mailed. In addition, a synopsis of the proceedings will be adapted for the EFCS Newsletter, which is published twice a year, the Medical Bulletin, which is published every two months, and the Pharmacists Bulletin, which is also published every two months.

Patient orientation materials will be developed for use by doctors, nurses, and paramedicals during discussions with prospective patients and in post-operative care. These materials will have simple, clear illustrations and will include a minimum of textual material so that they may be easily understood by clients. Since they will illustrate various aspects of the sterilization process, they will NOT be available except through medical personnel.

The medical-health television series will be a series of 24 programs on health subjects, especially those related to multiparity. There will be no mention of voluntary sterilization. The programs will underline the health-care nature of the Society.

In order to conduct this program, the EFCS will need additional part-time and full-time personnel, as well as the funding for the implementation of the four parts of the program mentioned above. Three part-time people are envisioned. A high-level coordinating consultant will be needed to give policy direction, make contacts at high levels, chair the Health Education Committee, and chair the symposia; several religious advisers will be employed, and each will give advice on two or three of the symposia and assist in the development of the proceedings and the material to be included in the EFCS Newsletter, the Medical Bulletin, and the Pharmacists Bulletin. The participation of these Islamic leaders is considered crucial. A publications

officer will be the third part-time person. His/her duties will be to write the proceedings, with policy guidance from the coordinating consultant, the religious adviser, and the rapporteur for each symposium; to coordinate the development of graphics, photographs, and charts; and to oversee the production of the proceedings and other materials. The publications officer also will assist in the development of the patient orientation materials.

Two full-time people will be needed: a health education administrator, who will be in charge of the entire program, and a secretary. The health education administrator will arrange for the symposia, handle all invitations and program plans, and followup activities. (S)he will be in charge of the publication of the proceedings, the inclusion of materials in the other three EFCS publications, and the development and printing of the patient orientation materials; handle all arrangements for the TV programs; and be responsible for finances, preparation of reports, and coordination of the activities of the part-time personnel. The second full-time person, the secretary, will work directly under the health education administrator.

Measuring Program Effectiveness

The strategy for the health education program is sound. The message is simple and to the point. The EFCS has identified the target audiences-- medical and health leaders, molders of public opinion, and community leaders, both in Cairo and other parts of Egypt. Specific persons should, however, be identified. If possible, lists should be compiled of key leaders to be included in each symposium.

A specific calendar for the four components of the program should be devised.

It is important that the EFCS constantly assess the effectiveness of the various elements of its program. It should be stressed that evaluation with such a general orientation will be difficult. Knowledge of and sympathetic attitudes toward voluntary sterilization do not lend themselves to attitudinal studies or vigorous quantitative analysis. It is suggested that the EFCS take the following action to begin to evaluate the effectiveness of its program.

- ① Develop a simple questionnaire for distribution and completion at the end of each of the 12 seminars. The results would be used to modify content, presentation, etc.
- ② Maintain anecdotal records of conversations, public announcements, and published articles that result from exposure to the EFCS orientation.
- ③ Keep a record of all followup requests for information or consultations generated through health education activities.

- Note any increases in EFCS membership or participation as a result of these activities.
- Keep track of requests for publications, circulation reports, and any correspondence related to the various publications.
- Consider small-scale tests of knowledge gained through use of patient orientation materials.

This information should be reviewed carefully and regularly so that the program strategy can be modified as necessary.

The IEC Committee has requested consultant assistance after six months and at the end of the first year to evaluate progress to prepare the program for the second year.

A budget has been prepared which covers these special program costs, personnel, equipment, operational expenses, and the costs of information and education materials.

III. BUDGET

	<u>£.E</u>	<u>U.S.\$</u> (@70/£)
I. IN-COUNTRY COSTS		
A. <u>Personnel</u>		
Coordinating Consultant (PT @ £E 250/mo.)	3,000	4,286
Religious Advisers (PT @ £E 100/mo.)	1,200	1,714
Health Education Administrator (FT @ £E 150/mo.)	1,800	2,571
Publications Officer (PT @ £E 150/mo.)	1,800	2,571
Secretary (FT @ £E 150/mo.)	<u>1,800</u>	<u>2,571</u>
Subtotal	<u>9,600</u>	<u>13,713</u>
B. <u>Special Program Costs</u>		
1. Twelve Symposia		
a. Honoraria for Attendants (£E 20 x 50 x 12)	12,000	17,143
b. Honoraria for Speakers (£E 20 x 4 x 12)	960	1,370
c. Materials (invitations, place cards, name tags, programs, PA system; £E 200 x 12)	2,400	3,429
d. Preparation of AV Aids for Symposia (slides, graphics, charts, etc.; £E 100 x 12)	1,200	1,714
2. Proceedings (layout, graphics, photos, cover, printing; £E 200 x 12)	2,400	3,429
3. Patient Orientation Materials (5,000 copies with illustrations)	1,000	1,429
4. Medical-Health TV Series (24 programs @ £E 150)	<u>3,600</u>	<u>5,143</u>
Subtotal	<u>23,560</u>	<u>33,657</u>

	<u>£.E.</u>	<u>U.S.\$</u> <u>(@70/ £)</u>
C. <u>Equipment: Local Purchase</u>		
2 Desks	210	300
2 Chairs	56	80
2 Typewriters (1 Arabic, 1 English)	<u>1,400</u>	<u>2,000</u>
Subtotal	<u>1,666</u>	<u>2,380</u>
D. <u>Operational Expenses</u>		
Communications (telephone, telex, postage, etc.)	560	800
Supplies (expendable)	1,050	1,500
Local Travel	<u>1,400</u>	<u>2,000</u>
Subtotal	<u>3,010</u>	<u>4,300</u>
E. <u>Bookkeeping and Reporting</u>		
To comply with IP Fiscal and Reporting Requirements	210	300
Subtotal, In-country Program Costs	<u>£E38,046</u>	<u>\$54,350</u>
II. IP COSTS		
A. <u>Information and Education</u>		
IP Purchase of Films, Slides, and Audiovisual Materials		2,000
B. <u>Equipment and IP Purchases</u>		
None		
C. <u>Bank Transfer Charge</u>		<u>50</u>
Subtotal, IP Costs		<u>\$ 2,050</u>
GRAND TOTAL		<u>\$56,450</u>

Appendix
LIST OF CONTACTS

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Cairo

Egyptian Fertility Care Society

Dr. Ezzeldin Othman Hassan, Honorary Executive Director
Dr. Mamdouh Wahba, Medical Administrator
Dr. Maher Mahran, Head, IEC Committee
Dr. Rafaat Kamal, IEC Committee

USAID

Dr. Merrill Shutt, Director, Health and Population Division
Mr. Thomas Reese, Population Officer
Ms. Laura Slobey, Assistant Population Officer
Ms. Laila Stino, Assistant Population Officer

State Information Service

Mr. Mohammed Sharaf, Director, Family Planning Program
Mr. Ismaeil Khalil, Assistant to Director
Mr. Robert Higgins, Consultant, Social Development Center
Mr. Reda Kharshoum, Publications Director

Media

Ms. Nagwa Wahbi, Cultural and Scientific Editor for Cairo,
Channel 2
Mr. Rafaat Kamal, Journalist; Assistant Editor,
Akhbar El-Youm Journal

Family Planning Association of Alexandria

Mrs. Zahia Ahmed Marzouk, President
Dr. Saad Hafiz, Director, Model Clinic for Health, Alexandria
Mrs. Salha Awad, Director, Training Institute, Alexandria