

# Egypt Population Assessment:

A Report for USAID/Cairo

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Washington, D.C.  
and for  
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## Glossary

CPS	Contraceptive Prevalence Survey
CSI	Clinical Services Improvement Project
CYP	Couple years of protection
EFPA	Egyptian Family Planning Association
FOF	Family of the Future Project
GOE	Government of Egypt
IEC	Information, education and communication
MOH	Ministry of Health
NPC	National Population Council
SDP	Systems Development Project
USAID	United States Agency for International Development

# 1. Egypt Population Assessment

## Introduction

Egypt has one of the oldest organized family planning programs in the developing world. Private voluntary programs were first set up in the 1950s and a government program started in 1965. This report outlines the seriousness of the population situation, reviews recent accomplishments, and offers actionable recommendations designed to make Egypt's various family planning initiatives more effective.

## The Population Problem

### Danger of Treading Water

*"We have to acknowledge this fact [rapid population growth] and everyone of you must observe family planning in his own home so that the coming generations might have a dignified life. Instead of this crime we are committing against them today."*

*President Hosni Mubarak*

*"There are countries that need not big numbers of population, for their resources are not enough and because the great majority of this population live on the efforts of the minority, and because they import most of their essential needs. In such countries, family planning is urgently needed..."*

*Dr. Mohammed Sayed Tantawi, Grand Mufti*

In 1988 approximately 2.9 million couples were practicing family planning in Egypt, representing a contraceptive prevalence rate of 37.6 percent. To maintain this rate of contraceptive prevalence:

- 3.3 million couples will have to be using contraceptives by 1993
- 3.8 million by 1998, and
- 4.4 million by 2003<sup>1</sup>

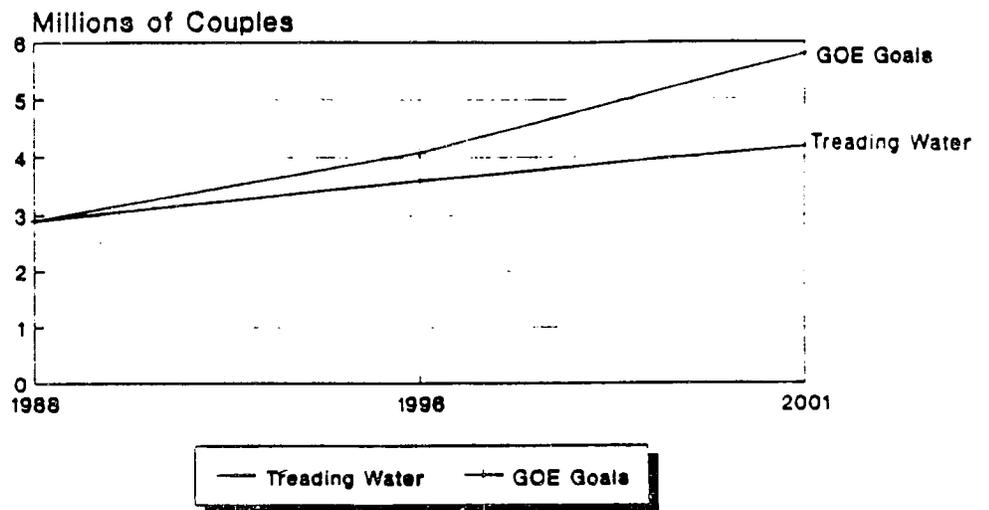
At the current rate of prevalence, Egypt's population is increasing at the rate of 2.8 percent annually. Reducing the population growth rate to the national target of 2.1 percent by 2001 will require sharp increases in the use of family planning (see graph on page 2).

## Meeting Egypt's 2001 Population Goals

In order to meet the National Population Council's goal of reducing the population growth rate to 2.1 percent, contraceptive prevalence will need to reach, at least, 51 percent. This means that the number of couples using family planning must double from the current number, 2.9 million, to reach a total of 5.8 million couples.

The graph on this page compares the increase in couples using family planning needed to meet national goals with the increase needed to simply maintain the current prevalence rate of 37.6 percent. An extraordinary effort will be needed to meet Egypt's population goals.

Projected Number of Couples Using FP Needed to Meet Egypt's Pop. Goals



## An International Perspective

Comparison of trends in total fertility rates<sup>2</sup> over the period 1980-1988 shows that Egypt is lagging behind other countries in controlling its population problem. Countries with strong family planning programs and high contraceptive prevalence rates experienced sharp declines in their fertility rates over the past decade. Fertility rates declined more slowly in countries with lower contraceptive prevalence (see table on page 3).

Changes in Total Fertility Rates for  
Selected Developing Countries  
1980 - 1988

Country	Contraceptive Prevalence Rate 1988 (modern methods)	Total Fertility Rate		Percent Decrease
		1980	1988	
Brazil	56.3	4.4	3.5	20.5
Dominican Republic	48.0	4.7	3.8	19.1
Egypt	34.0	5.3	4.1	22.3
Indonesia	44.4	4.4	3.5	20.5
Jordan	21.0	7.4	6.6	10.8
Morocco	28.9	5.9	4.9	16.9
Senegal	2.4	7.2	6.6	8.3
Thailand	63.5	3.7	2.2	40.5

Slow population growth in Egypt depends critically on the success of its family planning program. A much greater effort will be needed in Egypt if it is to achieve the results of these successful programs.

## Eating Up Economic Development

*"In 1995 we will be 61.3 million. Whatever developments we achieve are all absorbed, we can't catch up...we increase by 1.3 million each year. The increase "eats up" our development; we can't find places for children in schools, we can't find medical treatment or food for them. Yet, we are racing as fast as we can in agricultural and industrial development."*

*President Hosni Mubarak*

Population growth has a cumulative, negative impact that steadily thwarts Egypt's development. Ministry of Plan statistics show that:

- Urbanization has caused loss of agricultural land in the Nile Valley and Delta. Despite extensive efforts at land reclamation, per capita agricultural land has remained constant throughout the 1980s.
- The absorptive capacity of the government, universities and neighboring countries to alleviate unemployment in Egypt is diminishing.

- The Government of Egypt (GOE) can no longer guarantee employment to university graduates or provide training on demand. Less than 25 percent of university graduates were placed in jobs last year by the GOE.<sup>3</sup>
- Per capita gross fixed investment in commodities and distribution sectors has decreased between 1984 and 1988 despite increases in the amounts invested.
- Per capita investment in education fell from 3.6 LE in 1984 to 2.8 LE in 1987.
- Per capita gross domestic savings has decreased from 91 LE in 1984 to an estimated 70 LE in 1987.

## 2. Recent Accomplishments

### Introduction

Although family planning activities have been present in Egypt for a quarter of a century, there has been a definite acceleration of accomplishments during the last few years. Indeed, until recently the population scene was characterized by its strategic uncertainty and indifferent program performance. Things are different now. There is a clarity of purpose among those working in population and, while still uneven, family planning programs are producing results. Below are some examples of accomplishments.

### Contraceptive Prevalence

Contraceptive prevalence among currently married women of reproductive age reached 38 percent in 1988. Since 1984, when it was 30 percent, prevalence has been increasing at an annual rate of roughly 2 percent (see graph on page 6). A large part of this increase is due to increased use of effective modern methods of contraception, notably the IUD.

Increases in contraceptive prevalence occurred in nearly all governorates. In some governorates, including several in Upper Egypt, prevalence increased sharply. Although Upper Egypt continues to lag behind other regions in contraceptive prevalence, the rate at which prevalence appears to be increasing in this part of the country suggests that demand for family planning services is growing. United States Agency for International Development's (USAID) new emphasis on expanding and improving the quality of services should satisfy a growing demand for family planning in areas of traditionally low prevalence.

### Political Leadership

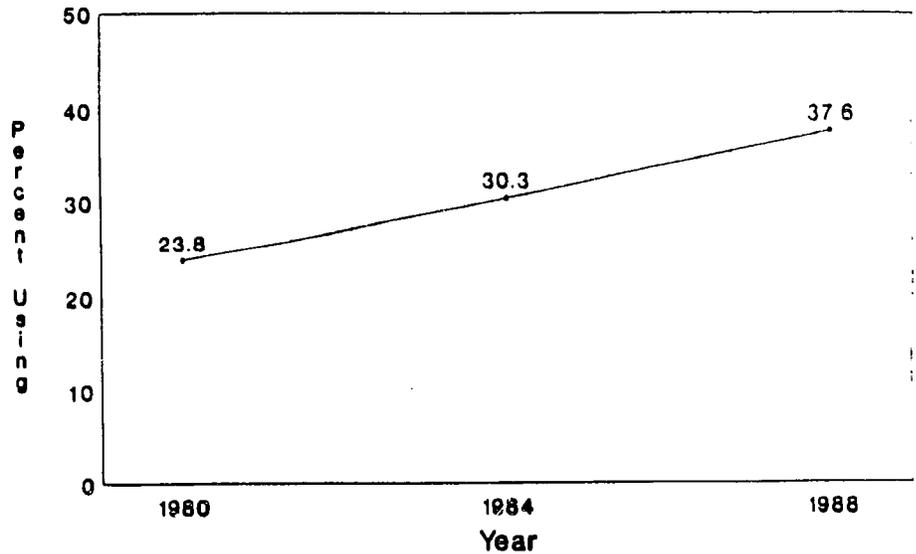
There has been a dramatic, positive change in the political commitment to address population issues. Past policy statements were sporadic and often vague. Today they are frequent and forceful calls to action. President Mubarak has set the tone for others to follow. High governorate officials readily speak out on the need for strong family planning programs. Such local support was unusual until recently.

### Establishment of National Population Council

The establishment of the National Population Council (NPC) signified a shift away from the cumbersome and ineffective integrated community development schemes of the past toward a clear family planning approach. Since its inception in 1985, the Council has been a focal point for the articulation of Presidential

## Trends in Contraceptive Use

Currently Married Women 15-49  
Egypt, 1980-1988



decrees concerning population, international donor contact, and raising and broadening the family planning discussion. By accepting the role of national coordinator and evaluator, while at the same time relinquishing a direct role in family planning service delivery, the Council has the capacity to interact with all public and private family planning programs in an objective manner. Such objectivity will be crucial as family planning becomes a development priority at the governorate level and effective coordination of the service and commodity delivery systems of various institutions becomes increasingly important.

### Governorate Action Plans

For the first time, governorates are developing population plans under the auspices of the NPC. Although these plans are too recent to have resulted in concrete, coordinated action, their very existence reflects a growing awareness of and a commitment to alleviating the population problem. Such plans represent an initial step in incorporating population into the mainstream of governorate-wide socioeconomic planning and programming.

### Religious Leader Support

In many parts of the country, both urban and rural, it is said that family planning will not become a part of Egyptian family life until the population hears about it at the Mosque. Increased national level dialogue about family planning has attracted the participation of prominent Moslem and Coptic religious leaders. The result has

been positive. A recent statement by the Grand Mufti, which has been widely distributed and discussed, condones the use of family planning as being consistent with Moslem teachings. Coptic church leaders are also supportive of family planning and continue to support service delivery programs with USAID assistance.

## **New and Improved Delivery System**

There is clear evidence that Egyptian organizations, with encouragement and support from USAID, have increased their support for family planning service delivery. The centerpieces of the new initiative are

- the Ministry of Health (MOH) Systems Development Project (SDP), designed to increase the Ministry's clientele to 400,000 contraceptive acceptors per year, and
- the private Clinical Services Improvement (CSI) project, which is expanding service delivery through 258 new and existing clinics of the Egyptian Family Planning Association (EFPA).

Other new USAID-supported service projects include those of the Health Insurance Organization and the MOH Teaching Hospitals. Plans are under way to work with private physicians and expand the availability of services for the Coptic population.

Expenditures on these new service activities already constitute 10 percent of the USAID population portfolio and will increase to 31 percent of funds allocated by 1993. Combining these projected expenditures with continued USAID support for service activities, such as the very successful Family of the Future (FOF) project, means that close to 50 percent of USAID population funds will be devoted to service delivery by 1993. This compares with an estimated expenditure for services of less than 10 percent for the entire 1977-1985 period.

## **Partnership Between Public and Private Sector**

The public-private mix of contraceptive producers, distributors and service outlets represents a positive point of departure for a successful national program. Contraceptives are produced locally, imported and donated. They are distributed through a multi-facility parastatal and a private voluntary group. The genesis of a delivery system adequately differentiated to meet the contraceptive and services needs of a wide range of users is evident:

- Poor women in Cairo with little experience in following medical instructions are being visited by outreach workers from a private voluntary organization.

- Women in small towns in Assiut can visit full-service MOH family planning clinics.
- Office workers in Tanta can take advantage of extended clinic hours at the CSI clinic for an IUD insertion.
- A regular pill user can choose from FOF or locally produced pills at private pharmacies.

As the program expands, maintaining the public-private mix will be critical to meeting Egypt's family planning needs effectively and to ensuring sustainability through periods of market failure or political change.

## Upgraded Services

The quality of services offered in Egypt has greatly improved. Personnel are better trained. Information about family planning is more readily available. Contraceptive supplies are more dependable. Family planning is no longer viewed as a programmatic afterthought. Instead, it is coming to be viewed as an essential health and social service. A reflection of this qualitative shift is the growing role of IUDs. In the past, the use of IUDs was greatly curtailed by an erratic supply and lack of trained physicians. In 1984, 28 percent of couples used IUDs. By 1988, this percentage had grown to 41 percent.

## Improved Targeting of IEC

Dramatic, positive changes are evident in the State Information Program's population communication program. Vague messages about the disadvantages of large families have been replaced with messages aimed at dispelling rumors about contraceptive methods and presenting family planning as an integral part of everyday life. The information program is equally active in assisting national, religious and governorate leaders to communicate their support for family planning.

FOF continues to use private marketing techniques to provide Egyptian consumers with vital information on contraceptive availability and proper use.

## Goal Setting and Use of Targets

The National Population Council's recent efforts to identify measurable goals for expanding contraceptive delivery are commendable. Targets measured in terms of couple years of protection (CYP), a measure that reflects the effectiveness of the methods distributed, are set at the national, governorate and sub-governorate levels. Visits to the governorate of Dakahlia, Kafr el Sheikh, Gharbia and Assiut revealed high levels of enthusiasm

among local policymakers and the family planning community for reaching their targets. The target system actively involves governorate level officials in the national effort to curb population growth.

## Contraceptive Research

Egyptian medical researchers enjoy worldwide reputations. Yet, it is often not appreciated within Egypt that some of the best contraceptive development research in the world is being carried out by Egyptian institutions. These experts are a valuable resource for policymakers and program administrators.

Together these examples show that much has been accomplished. Much remains to be done, however, and further progress is by no means certain. Although the support for family planning is much broader now, it is still not very deep. Without continuous effort, backsliding will occur. Without greater effort, Egypt's rate of population growth will continue to impede the country's development.

### 3. Recommendations

#### Introduction

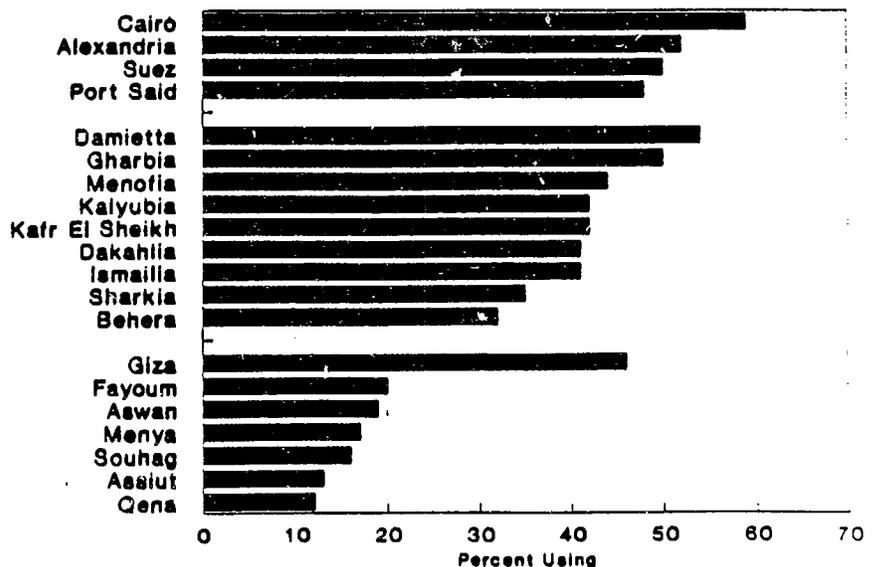
There are no surprises among this report's recommendations. All have been extensively discussed among Egyptian experts and within donor organizations. Some are being implemented, although not as widely or as effectively as is possible. Others are being studied or are planned for implementation. These recommendations are drawn from the experience shared by the many experts consulted during the preparation of this report.

The list of recommendations is not exhaustive. Those that are included are felt to be particularly important and to be actionable more or less immediately.

#### Upper Egypt

An extraordinary, coordinated effort is needed in Upper Egypt. Thirty-two to 54 percent of the couples living in Lower Egypt governorate practice family planning. Contrastingly, the average contraceptive prevalence for Upper Egypt governorates never surpasses 23 percent of the married couples of reproductive age, and if Giza is excluded from the calculation, average prevalence for Upper Egypt declines into the teens. Clearly a special campaign is required to increase contraceptive use in Upper Egypt.

**Current Use Level**  
by Governorate



There does not appear to be any explicit plan addressing the special needs of this region. While such a plan will need to be formulated by Egyptian professionals, there are public health models that can be utilized which have been successful in Egypt and elsewhere. These models have a number of common elements. They aim to

- gain the support of governorate community leaders,
- coordinate all service delivery systems,
- employ mass media and face-to-face communication channels to educate the public, including men,
- deliver information and services through intensive outreach, and
- concentrate all efforts over a short period of time to achieve a critical mass of resources.

The governorates would most likely be covered sequentially to allow for transfer of skills, personnel and experience from one campaign to the next.

## Outreach

Some Egyptian family planning programs have active outreach components. These community-based programs reach out into their catchment population to educate couples on family planning, to recruit new acceptors, and to follow up with users. Other programs are passive. They wait for potential acceptors to seek out services. It is axiomatic that delivery systems that have an outreach component are more productive, both in terms of attracting new acceptors and in having longer continuation rates of satisfied users. All family planning programs should have outreach.

## Input Analysis

Perhaps the most genuine measure of GOE commitment to meeting its population objective is reflected in the amount of the development budget allocated to population activities. The Egyptian population community should identify and follow these budget allocations as closely as possible.

If population is to be truly integrated in the development plan, a national family planning program must be supported. To assure support, it is necessary to know how much each government agency is allocating to family planning, what parts of the budget are donor supported, and what the annual GOE contribution is.

Influencing government and donor decisions to increase funding during this take-off period of the family planning program will require on-going analysis of budget trends.

## Coordination

With the growth in the number of discrete family planning programs, the need for coordination becomes paramount. While some coordination is taking place, it is not widespread and seldom reaches the service delivery area. Mechanisms to enhance coordination should be activated in the NPC so that various organizations can learn from each others' experiences and make their programs complementary.

## Governorate Level Monitoring and Evaluation

Research has shown that a common element in all successful public health programs is a strong evaluation component. Put simply, programs perform better when their managers know what is happening and know it quickly. The interest that governorate level officials are now showing in family planning should not only be encouraged, but all relevant personnel should receive training on the monitoring and evaluation of family planning programs. With such skills, these officials could become a significant force in improving program performance.

## Target Setting

The NPC's recent efforts to identify measurable targets for expanding contraceptive delivery focus on using CYP, which reflects the effectiveness of the methods distributed, as the prime indicator of program effectiveness. The targets are to be used by governorate and sub-governorate programs. A reward program has been instituted in recognition of programs that achieve improved CYPs. The concept of CYP, however, does not seem to be well grasped by the governorate staff responsible for monitoring progress towards meeting family planning goals. Possible solutions include

- stepping up governorate level training in collecting and using service statistics,
- reviewing whether monthly collection of service statistics is necessary, and
- paying more careful attention to developing controls in the reporting system that would improve the coverage and the quality of reporting.

The long-term goal remains reduction of population growth, but an increase in CYP, which reflects contraceptive distribution and

service statistics, does not necessarily translate into reduced fertility or fewer births. Accurate data on reduced fertility and births will only be available through fertility surveys. Thus, a reward system based on meeting CYP targets may not reflect true program effectiveness.

## Bi-Annual Contraceptive Prevalence Survey

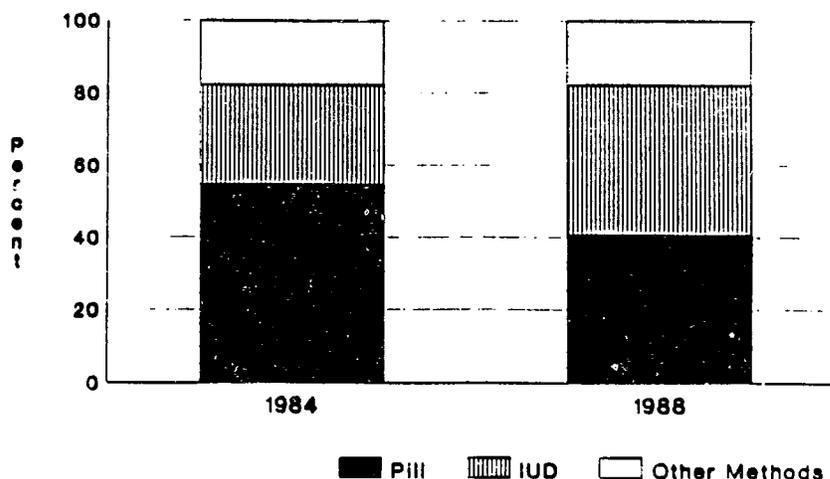
Both the MOH and CSI projects will approach their midterm periods in 1990. This midpoint represents a logical occasion for evaluating the success of these, and other, programs in meeting their respective objectives. The Contraceptive Prevalence Survey (CPS), scheduled for 1990, will measure program impact on the provision of contraceptive services from the perspective of the user or potential user.

The 1990 CPS is scheduled to be followed by a Demographic and Health Survey to be carried out in 1992. It is recommended that the two surveys be carried out by the same organization so as to reduce the amount of effort devoted to overlapping tasks.

## Method Mix

Egypt is essentially a two-method country. IUDs and oral contraceptives are used by 80 percent of all family planning users. Most countries with outstanding family planning programs have three or four major methods. Every attempt should be made to take advantage of and promote new fertility regulation technologies as they become available (see chart below).

**Method Mix**  
Current Users  
Egypt, 1984 and 1988



## Male Involvement

As Egypt in family planning and IEC projects begin to address operational questions, the male half of the population should receive more careful study. It is necessary to review what is known about the family planning attitudes and practices of Egyptian men. How are men affecting family planning decisions of their wives? Do men want to plan their families? Does the six percent prevalence for condom use, a relatively high rate in this region, indicate that some men view family planning as a male responsibility? What are male motivations to plan their families? These questions require further study.

## Operations Research

Operations research is an effective tool for testing new types of service delivery systems and modifying existing ones. In Egypt there seems to be a tendency to design and implement changes in delivery systems without first empirically testing the impact of such actions. Operations research need not be complex or expensive in order to provide policymakers and program administrators with valuable data on which they can base informed decisions. This is a well-developed field in family planning, and there is no reason why it cannot be extensively employed in Egypt to test both simple things, such as the relative effectiveness of different clinic hours and more complex issues, such as staff compensation. Obviously, Egypt has a wealth of technical expertise which could be utilized in this area.

## Footnotes

1. Projections provided by the Central Agency for Public Mobilization and Statistics (CAPMAS).
2. Total fertility rate is the average number of children that would be born alive to a woman during her lifetime if she were to pass through all her childbearing years conforming to the age-specific fertility rates of a given year.
3. *Egypt Gazette*, February 6, 1989.

# Appendix

## Assessment Methodology

The Egypt Population Assessment was prepared for USAID/Cairo and carried out by an A.I.D./Washington team headed by Dr. Duff Gillespie, Director, Office of Population. Team members included Constance Carrino, Population Sector Policy Advisor, Program and Policy Coordination Bureau; Charles Johnson, Chief, Health, Population and Nutrition, Office of Technical Resources, Bureau for Asia and the Near East; and Barbara Seligman, U.S. Census Bureau Liaison to the Office of Population.

In preparation for the assessment, the team read extensively from project papers, evaluation reports, project trip and final reports, and selected journal articles. The team was briefed on the activities of each project by the USAID/Cairo project manager.

Team members interviewed project managers for Egypt activities from cooperating agencies. In Cairo, team members met with project directors and key personnel from all USAID/Cairo population projects. The team made site visits to Ministry of Health and Clinical Services Improvement clinics in the governorates of Kafr el Sheikh, Dakahlia, Gharbia, and Assiut. In each of these governorates the National Population Council presented the team with records of the governorate's progress toward meeting its targeted population growth and contraceptive prevalence rates.

In the interviews, the team asked project managers and key personnel to identify the major obstacles to implementing a successful family planning project in Egypt and to make actionable recommendations for minimizing the effects of those obstacles. Several follow-up meetings were held to discuss technical issues.