



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

Distr.: General

DP/FPA/EGY/7
10 April 2002

Original: English

Annual session 2002
17 to 28 June 2002, Geneva
Item 6 of the provisional agenda
UNFPA

**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Egypt

Proposed UNFPA assistance: \$18 million, \$10.5 million from regular resources and \$7.5 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2002-2006)

Cycle of assistance: Seventh

Category per decision 2000/19: B

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	5.4	5.0	10.4
Population and development strategies	4.5	2.5	7.0
Programme coordination and assistance	0.6	-	0.6
Total	10.5	7.5	18.0

I. Situation analysis

1. Egypt's major challenge remains its population size (65.1 million), despite a decrease in population growth. Although fertility has declined rapidly since the mid-1980s, recent projections indicate a slight reversal in this trend and a plateauing of the total fertility rate at around 3.5 children per woman. With nearly 37 per cent of the population below the age of 15, the population is expected to grow at least until 2025, reaching an estimated 120 million by 2030. These demographic trends have serious implications for the sustainability of development efforts seeking to improve the quality of life of Egyptian citizens.

2. While significant progress has been recorded in reaching some of the international development goals, in particular those related to maternal and child health care, major gaps remain. Access to health services is near universal; however, utilization of services has been less than optimal, in part due to inadequate quality of care. The reproductive health needs of women are not addressed holistically, with maternal health and family planning services provided separately under a vertical health care system. This lack of integration has resulted in poor coverage of some reproductive health conditions, resulting in a high incidence of reproductive morbidity. Moreover, certain groups tend to be neglected, including adolescents and youth, despite their high fertility. Almost 50 per cent of girls get married before age 20 and most conceive soon after marriage. Gender disparities are significant, and a combination of attitudinal barriers and traditions continue to deny women equal access to education, employment and health

care. Many women lack awareness of their rights and have poor status and authority in areas of decision-making. Eighty-six per cent of girls are circumcised and while attitudes are gradually changing, the practice remains deeply rooted. Greater efforts are required to address both the constraints and gaps in provision of comprehensive reproductive health care in Egypt, including stronger coordination mechanisms among various stakeholders and the need for more effective partnerships with civil society and the private sector. The health sector reform is paving the way for an integrated family practice approach and aims to provide easy access to affordable basic health services to all Egyptians.

II. Past cooperation and lessons learned

3. Major results anticipated under reproductive health interventions related to increasing availability, quality, and awareness of reproductive health services in priority areas. These results were partially achieved using capacity-building strategies covering the upgrading of facilities, preparation of operational tools, development of human resources and awareness-raising efforts. Most of the health facilities are now operational, offering a minimum of three reproductive health services. Despite these achievements, a comprehensive reproductive health approach is not yet in place, an indication of the need for UNFPA to have a greater role in policy dialogue. A major constraint continues to be weak coordination within the Ministry of Health and Population (MOHP) and among various health providers, resulting in the implementation of various models of health care and related inefficiencies. Several best

practices exist in Egypt and need to be institutionalized. A pilot initiative, under UNFPA support, demonstrated how integrated and quality reproductive health services could be provided cost-effectively at the primary health care (PHC) level. UNFPA will continue to support such innovative interventions to guide policy and operational outcomes that respond to the International Conference on Population and Development (ICPD) and ICPD+5.

4. The population and development interventions aimed to ensure that the population policy and sectoral plans were consistent with the principles of ICPD and ICPD+5; and national capacities in data collection, analysis and research were enhanced. Under UNFPA support, a population policy and strategic plan for its implementation were drafted and a population information system model developed. However, the institutional arrangements were not conducive to achieving the planned results and a major constraint was the limited competencies in various disciplines under population and development within MOHP. The lack of involvement of key stakeholders and the absence of coordination mechanisms also contributed to weak implementation. The project relied on external technical support and made limited contribution towards building sustainable capacity.

5. In the area of advocacy, programme efforts were successful in using the mass media to deliver population messages; upgrade media capacities; and promote dialogue among key groups, such as, religious leaders and youth. Despite some concrete achievements, capacities for evidence-based campaigns and for

promoting dialogue at the national level still remain weak. Although support was provided to enhance the capacities of non-governmental organizations (NGOs) in the implementation of efforts to attain ICPD and ICPD+5 goals, the modality adopted was not sustainable.

III. Proposed programme

6. The Government has made a firm commitment in its five-year development plan to revitalize the economy and take concrete measures to alleviate poverty and improve the quality of life of its citizens. High on the national agenda is the need to address population growth in the context of sustainable development, along with greater investments in education, health and advancement of women. This focus has paved the way for United Nations system-wide partners in Egypt to coordinate assistance more effectively and efficiently, and this commitment is now formalized in the United Nations Development Assistance Framework (UNDAF). The United Nations will target interventions in key sectors to address the economic and social gaps, while assuming a major role in supporting policy dialogue and reform, consistent with national priorities, including efforts towards the attainment of national Millennium Development Goals (MDGs). Special attention will be given to addressing geographic and gender disparities.

7. The proposed country programme for Egypt was developed with close links to the United Nations Common Country Assessment (CCA) and UNDAF. It focuses on national priorities that fall within the mandate of UNFPA and takes into account the comparative advantage of the Fund in

Egypt in relation to other development partners; the programmatic implications of Egypt graduating to a B category country; and the strategic directions of the UNDAF. The CCA and UNDAF identified specific gaps, which UNFPA is well placed to address. Egypt has limited capacities in the area of population and development, in part due to weak institutional mechanisms that inhibit broad-based participation of relevant institutions and stakeholders. UNFPA will support the Government to enhance utilization of population information for policy dialogue and integrated development planning. In the area of reproductive health, Egypt has demonstrated remarkable progress in its family planning and maternal and child health programmes. Major gaps remain, however, and UNFPA will provide support to promote a holistic vision of reproductive health and the means to operationalize this vision, and it will focus on the needs of underserved groups, in particular adolescents. Two subprogrammes will be developed.

8. Under the population and development strategies subprogramme the strategic approach will be to focus efforts in building national capacities to better understand demographic trends and to apply this knowledge effectively in policy and planning instruments. Egypt has experienced rapid changes in the last decade due to various internal and external forces, yet there is inadequate information to understand the impact of demographic changes on national development goals within the context of an evolving economic and social environment. This information is critical in terms of contributing to policy dialogue and integrated development planning as well as tracking progress towards reaching national goals and

international commitments. Currently, UNFPA is the only donor supporting population and development interventions and will aim to mobilize national and international partners to develop strategic alliances and to promote intersectoral responses to population concerns.

9. UNFPA will provide support to better utilize and disseminate research information. Existing capacities of relevant institutions will be enhanced to undertake research in critical areas, produce user-friendly information for a wide range of audiences, and stimulate evidence-based dialogue. Support will also be provided to put in place an integrated and gender-sensitive population information system. Despite the multiple sources of population data in Egypt and the existence of several institutions responsible for compiling data, availability of local data as well as data for integrated population development planning are still weak. Technical assistance will be provided to upgrade the stock and flow of local data and to put in place a population and development information system. Limited support will also be provided to upgrade competencies in integrated population and development planning and gender mainstreaming. These interventions will provide the basis for advocacy efforts in Egypt, which will aim to increase the awareness and commitment of policy makers towards the implementation of ICPD and ICPD+5, the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and national MDGs.

10. Under the reproductive health subprogramme, UNFPA would contribute to increasing the utilization of quality reproductive health services, particularly

among adolescents and youth. The strategic approach will be to play a central role in advancing the reproductive health policy agenda, shifting away from service delivery while providing the necessary tools to operationalize a holistic vision of reproductive health. The ongoing health sector reform provides an effective entry point for policy interventions. It has been piloted in one governorate with encouraging results and is now being implemented in another two. UNFPA will provide technical support to MOHP and will collaborate with concerned donors, such as the United States Agency for International Development (USAID) and the European Union, to ensure that the package of basic health care services incorporates comprehensive reproductive health care. Technical support will also be provided to develop a reproductive health commodity security strategy. UNFPA will not procure reproductive health commodities under regular resources.

11. UNFPA will provide technical support to MOHP to operationalize integrated and comprehensive reproductive health services. Past efforts would be consolidated and assistance provided to institutionalize best practices in reproductive health care, with an emphasis on promoting quality of care and upgrading related competencies. This would necessitate a technical review and quality check of the various operational and management tools and materials. A human resources development plan would be prepared and information, education and communication (IEC) approaches revisited to promote client-oriented and gender-sensitive reproductive health care. UNFPA will also continue to play a catalytic role in the context of piloting innovative

approaches and addressing critical information gaps to contribute to the policy agenda. This will include efforts to enhance male involvement and better understand socio-cultural constraints.

12. The main focus of the reproductive health subprogramme will be on addressing the unmet needs of adolescents and youth. The strategic approach will be to promote awareness among policy makers and within the community and to create partnerships with relevant institutions, in particular civil society organizations, to effectively reach young people. UNFPA will provide support for developing culturally sensitive educational materials and messages for young people. Innovative approaches will be utilized to reach in-school and out-of-school young people, involving parents, teachers, and community and youth leaders. Support would also be provided to MOHP and to relevant NGOs to create a youth-friendly environment at service delivery points, including sensitive and respectful counselling for young people and outreach support. UNFPA will work in collaboration with concerned partners, including UNICEF, to develop a coherent programme in this area.

13. Support would also be provided to increase awareness of reproductive health and rights and the elimination of gender-based violence, particularly at the community level. Special attention would be given to addressing girls education, early marriage, male involvement, female circumcision and domestic violence. UNFPA will support concerned ministries and councils, such as the National Council for Women (NCW) and the National Council for Childhood and Motherhood (NCCM), as well as civil society to

undertake advocacy interventions aimed at stimulating dialogue and empowering women at the community level to seek care and protection as well as equal treatment. Support would also be provided to put in place related policies and action plans and upgrade capacities in this area.

IV. Programme management, monitoring and evaluation

14. UNFPA will prepare a results-based programme management plan, covering key programme development, monitoring and evaluation activities. UNFPA, in collaboration with the Government, will apply a participatory approach in further developing the programme and will initiate a series of preparatory workshops that will aim to build consensus among stakeholders and upgrade capacities in results-based management and gender mainstreaming. As a first step, the results and resources framework will be further developed for each subprogramme, indicators identified, and baseline data requirements determined. Work plans for each component project will be prepared identifying timelines and responsible parties to promote accountability. These work plans will be actively used to monitor implementation. The concerned counterparts will be oriented to the programme management guidelines of UNFPA, covering programme monitoring and evaluation, financial management and auditing and reporting requirements.

15. National Project Personnel (NPP) will be utilized to better manage and coordinate the country programme, under the overall guidance and oversight of UNFPA. The UNFPA Country Technical Services Team (CST) will continue to

provide technical support. Mechanisms for the management of joint initiatives and for monitoring progress towards reaching the objectives of the UNDAF and national MDGs will be established under the Resident Coordinator system. The monitoring mechanisms will contribute to updating the CCA.

16. Egypt has many well-established institutions that cover the various dimensions of population and development, reproductive health and rights, and advancement of women. These institutions have comparative advantages in some population disciplines and will be directly involved in the implementation and execution of the programme. Although national execution will be the preferred modality, international institutions may be called upon to provide technical support. The Ministry of Foreign Affairs is the official counterpart for coordination of multilateral development assistance in Egypt. In view of the many stakeholders involved in the area of population and development, efforts will be made to strengthen institutional arrangements and coordination mechanisms, with the aim of promoting intersectoral responses to population challenges in Egypt. A national steering committee for population and development will be established to guide population efforts and to promote coherence and efficient use of national and external resources. UNFPA is an active participant in the donor coordination mechanisms in Egypt and will continue to advocate for ICPD and ICPD+5 and mobilize both national and external resources, including from various foundations, to support and complement the proposed country programme.

V. Recommendation

17. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Egypt, as presented above, in the amount of \$18 million for the period of 2002-2006, \$10.5 million of which would be programmed from the Fund's regular resources, to the extent such resources are available, and the balance of \$7.5 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with the Executive Board decision 2000/19 on the allocation of UNFPA resources.