



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

Distr.: General
18 April 2006

Original: English

Annual session 2006

12 to 23 June 2006, Geneva

Item 4 of the provisional agenda

UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Egypt

Proposed UNFPA assistance:	\$18 million: \$12 million from regular resources and \$6 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2007-2011)
Cycle of assistance:	Eighth
Category per decision 2005/13:	B

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

	Regular resources	Other	Total
Reproductive health	5.50	4.00	9.50
Population and development	3.25	1.00	4.25
Gender	2.00	1.00	3.00
Programme coordination and assistance	1.25	-	1.25
Total	12.00	6.00	18.00

I. Situation analysis

1. Egypt has a population of approximately 70 million and is a middle-income country. In 2005, it ranked 119 out of 177 on the human development index. The per capita real gross domestic product (GDP) was \$3,950 in 2003. Over the last two decades, Egypt has seen its GDP grow, literacy rates rise, and has experienced improvements in health, education, sanitation and other social services. Life expectancy was 70.6 years in 2004. The unemployment rate is 10 per cent.

2. Despite these gains, disparities in development exist between rural and urban areas. Nearly 40 per cent of all investments are concentrated in the Cairo Governorate, resulting in widening regional disparities and other social problems. Public expenditure on social services remains low. In 2005, 5.1 per cent of GDP was spent on education and 1.8 per cent was spent on the health sector.

3. The Government considers population issues important in formulating national and regional development plans and programmes. The population growth rate has decreased steadily, to 1.8 per cent in 2003. The total fertility rate declined to 3.3 births per woman from 2000-2005. However, the fertility rate for girls aged 15 to 19 years was 48 births per 1,000 women in 2005. In that same year, the contraceptive prevalence rate for modern methods was 60 per cent among ever-married women aged 15-49.

4. The proportion of births attended by skilled health personnel was 74.2 per cent in 2005, up from 69 per cent in 1995-2003. In 2005, 84.6 per cent of pregnant women living in urban areas received prenatal care; in rural areas, that figure was 61.6 per cent. The maternal mortality ratio is 68 deaths per 100,000 live births, and the infant mortality rate is 38 per 1,000 live births. Egypt expects to reach the Millennium Development Goals relating to maternal and infant health.

5. HIV incidence is low, and the HIV prevalence rate was less than 0.001 per cent in 2004.

Knowledge and awareness about sexually transmitted infections (STIs) other than HIV is limited. Access to reproductive health information and services for males and youth is inadequate. The incidence of female genital cutting remains high, with 78 per cent of married women aged 15-49 reporting that their daughters had undergone the procedure or that they planned to have them do so.

II. Past cooperation and lessons learned

6. The previous programme focused on improving the reproductive health status of couples and individuals; advancing gender equality; and empowering women. The programme developed national protocols for reproductive health and established an integrated reproductive health information system. Activities in HIV prevention, maternal morbidity and adolescent reproductive health are in the early stages of development, especially in terms of involving youth, policymakers, the media, religious leaders and the community. Efforts in these areas, including advocacy and sensitization activities, seminars and workshops, need to be scaled-up within the context of primary health care and health-sector reform.

7. Population and development interventions sought to increase the effectiveness of integrated population, gender and development policies and programmes. In 2002, the Government drafted a population policy and a strategic implementation plan, which was reviewed in 2005.

8. The lack of involvement of key stakeholders and the absence of coordination mechanisms are constraints to programme implementation. The programme employed several strategies to strengthen technical cooperation and partnerships, especially for programme monitoring and evaluation. The 10-year review of the Programme of Action of the International Conference on Population and Development provided an occasion to examine trends in health and social indicators. This helped the Government to shape its population and reproductive health agenda and to direct attention to the needs of vulnerable groups and specific geographical areas.

9. The programme initiated training on the linkages between the Millennium Development Goals and reproductive health, female genital cutting, gender-based violence and early motherhood. Activities to mainstream gender in development planning resulted in manuals and guidelines for training workshops. These workshops focused on disaggregating data by sex and age for formulating local plans. Future efforts will aim to strengthen partnerships between UNFPA, the Government and civil society to combat gender-based violence, promote reproductive rights and promote the involvement of men in reproductive health activities.

10. Key lessons learned from implementing the previous programme point to the need to: (a) coordinate the efforts of reproductive health providers and stakeholders; (b) involve civil society and youth in programme design and implementation; (c) integrate maternal health and family planning; (d) strengthen advocacy programmes; and (e) strengthen community involvement, including the involvement of religious leaders in issues such as adolescent reproductive health and HIV prevention.

11. A review of the previous national information, education and communication and advocacy strategies in Egypt stressed that increases in awareness were not matched with changes in behaviour, despite the availability of information and education materials. Best practices indicate that creative, culturally sensitive approaches can have an impact. Such approaches should be supported and mainstreamed in health interventions in order to bring about positive behaviour change.

III. Proposed programme

12. The proposed programme is aligned with the common country assessment and the United Nations Development Assistance Framework (UNDAF) for 2007-2011 and is part of the thrust to eradicate poverty. The eighth country programme has adopted a human rights-based approach. It aims to build the capacities of stakeholders to assert their rights and of duty-bearers to meet their obligations.

The programme also seeks to fill gaps in national capacity that impede the fulfilment of these obligations.

13. The UNDAF identifies five outcomes to be achieved by 2011: (a) improved performance and accountability of the Government in programming, implementing and coordinating actions, especially those that reduce exclusion, vulnerabilities and gender disparities; (b) reduced unemployment and underemployment and the elimination of the worst forms of child labour; (c) reduced regional human development disparities, including a reduction in the gender gap and the promotion of environmental sustainability; (d) increased women's participation in the workforce, political sphere and public life and the fulfilment of their human rights; and (e) the establishment of democratic institutions and practices and the prevalence of a culture of human rights through active citizenship.

14. The programme will contribute to three UNDAF outcomes: strengthening the capacity of the Government; reducing regional disparities; and increasing women's participation in public life. This implies a focus on women's rights, vulnerable groups and youth, using approaches that emphasize human rights and cultural sensitivity. Working closely with other United Nations agencies, UNFPA will help poor and vulnerable populations benefit from, and have access to, existing reproductive health services. The programme will consist of three components: population and development; reproductive health; and gender.

Population and development component

15. The population and development component has two outcomes: (a) population policies and strategies reflect a human rights-based approach to programme implementation; and (b) poverty reduction strategies are monitored to ensure progress and the integration of a gender perspective. This component will address policy and strategic issues in collaboration with the national population council, the national council of women, the national council for childhood and motherhood, the national council for human rights, NGOs and other institutions.

16. Output 1: Multisectoral population policies and strategies are revised to address poverty reduction, HIV prevention, youth reproductive health and the needs of vulnerable groups. The purpose of this output is to ensure that national policies address, within a rights-based approach, the issues of population and development, targeting a broad range of the population. It will also ensure linkages between population issues and reproductive health and gender. Interventions will include: (a) assisting the Government in applying a human rights-based approach to poverty-reduction strategies; (b) ensuring that policies and national strategic plans are developed to address the reproductive health needs of youth, HIV/AIDS and STI prevention, and the needs of vulnerable groups; and (c) promoting evidence-based dialogue in critical areas by utilizing and disseminating research and producing user-friendly information for a wide range of beneficiaries.

17. Output 2: Gender analysis and gender-disaggregated indicators are developed and used in policy dialogue. This output will complement the efforts of other United Nations agencies to improve the capacity, performance and accountability of the Government, particularly with regard to vulnerable groups. Activities will enhance institutional capacities in gender-specific analysis, gender mainstreaming, and data collection and analysis.

Reproductive health component

18. The reproductive health component has two outcomes: (a) the sustainability and quality of reproductive health services at the national level and at service delivery points are improved; and (b) the utilization of integrated reproductive health services is increased in Upper Egypt, focusing on underprivileged communities in rural areas. The reduction of regional disparities is regarded as an important means to reduce poverty and strengthen human development in Egypt.

19. Output 1: Capacity of the Government and non-governmental health-care organizations is strengthened in management, planning and

monitoring. This will be attained by reviewing and updating policy guidelines, laws and regulations related to reproductive health service delivery, with the aim of improving efficiency and promoting a more efficient use of resources. The programme will strengthen national capacity in planning, management, information gathering, advocacy, monitoring and surveillance systems.

20. Output 2: Capacity of health-care providers is strengthened to provide high-quality reproductive health services, voluntary counselling and testing, and youth-friendly services, especially to vulnerable groups. Building on previous achievements in family planning and maternal care, UNFPA will lead United Nations country team efforts to increase access to and utilization of primary health care and family health services, and build the capacity of service providers. In addition to scaling-up interventions and capitalizing on lessons learned, the programme will carry out various interventions, including: (a) training health providers at the Ministry of Health and Population and NGOs to apply human rights and culturally sensitive approaches in their work; (b) building the capacity of service providers and managers, focusing on preventing STIs and HIV/AIDS, and providing treatment and voluntary counselling and testing services; (c) assessing the reproductive health needs of vulnerable and high-risk groups and building the capacity of service providers to serve such groups, with assistance from NGOs; and (d) scaling-up youth-friendly reproductive health services within the Ministry of Health and Population by involving NGOs and civil society organizations.

21. Output 3: Primary and reproductive health-care services strengthened within the framework of the health-sector reform. This output responds to the national priority of modernizing health services and curbing population growth. It also responds to the UNDAF priority area of reducing human development disparities. Focusing on Upper Egypt and slum areas, UNFPA will implement several interventions, including: (a) applying the policies and modalities of health-sector reform; (b) promoting knowledge and increasing awareness of

reproductive health services; (c) advocating the formation of community-based monitoring mechanisms; and (d) building the capacity of subnational institutions, particularly at the governorate level, in strategic planning, budgeting, monitoring and evaluation.

Gender component

22. The gender component has two outcomes. The first outcome is: girls' and women's rights to access information and services are progressively fulfilled. Interventions will ensure that pro-poor policies and legislative measures are formulated, enacted and implemented through appropriate mechanisms and through the allocation of resources. The second outcome is: the incidence of all forms of violence against women is reduced.

23. Output 1: Increased number of effective advocacy strategies that promote sexual and reproductive health and gender equality and that address men, women and youth. Innovative techniques will be used to bring about behavioural change. These techniques include: (a) supporting multimedia campaigns, directed and implemented by young people, which develop the communication skills of advocates from different segments of the population; (b) helping the media to address women's concerns regarding maternal health issues, including risk factors, cultural barriers against seeking medical care, and fears of contacting medical personnel; and (c) empowering women and integrating male involvement strategies into strategies that promote gender equality.

24. Output 2: Communities, religious leaders and the media are sensitized through alliances to combat gender-based violence. Combating violence against women will help to advance human rights in Egypt. Under this output, UNFPA will work with other United Nations agencies and national institutions to: (a) develop partnerships and alliances with community and religious leaders who represent key agents of change, advocating women's attainment of political, social and economic rights; (b) improve the quality and quantity of media reporting on girls' and women's

rights issues by working with national and local media; and (c) develop functional mechanisms with United Nations agencies and national councils to bring about behavioural change in the area of gender-based violence.

IV. Programme management, monitoring and evaluation

25. The UNFPA country office will prepare a results-based programme management plan, detailing outputs and outcomes, along with the monitoring and evaluation actions projected for each programme component. The plan will set target dates for resource mobilization and achievements of programme objectives. National authorities and UNFPA will jointly undertake programme monitoring. Evaluations covering the programme or sector will be part of the outcome-based UNDAF evaluation modality.

26. UNFPA and the Government will implement the programme through a participatory approach. This will commence with workshops and sensitization meetings with stakeholders under the leadership of the coordinating national authority, the Ministry of Foreign Affairs, which will provide 10 per cent of the cost of the programme.

27. The national execution modality will serve as the primary programme implementation mechanism. Civil society organizations will also play a role in programme execution.

28. The country office consists of a representative, an assistant representative and six programme, financial, administrative and support staff, as per the approved country office typology. Programme funds will be earmarked for two programme staff and four finance and support staff. The UNFPA Country Technical Services Team in Amman, Jordan, along with international consultants, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR EGYPT

UNDAF outcome 1: by 2011, improved performance and accountability of the Government in programming, implementing and coordinating actions, especially those that reduce exclusion, vulnerabilities and gender disparities				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><u>Outcome:</u> Population policies and strategies reflect a human rights-based approach to programme implementation</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Rights-based approach adopted in population planning mechanisms <p><u>Outcome:</u> Poverty-reduction strategies are monitored to ensure progress and the integration of a gender perspective</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Gender mainstreamed in monitoring and evaluation mechanisms at the national level 	<p><u>Output 1:</u> Multisectoral population policies and strategies are revised to address poverty reduction, HIV prevention, youth reproductive health and the needs of vulnerable groups</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> National population policy complies with the poverty-reduction strategy National strategy for youth and for HIV/AIDS prevention developed <p><u>Output 2:</u> Gender analysis and gender-disaggregated indicators are developed and used in policy dialogue</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Millennium Development Goal indicators disaggregated by sex Number of trend and differential analyses conducted for all Millennium Development Goal sex-disaggregated indicators 	<p>Ministry of Health and Population; National Council for Childhood and Motherhood</p> <p>United Nations Children's Fund (UNICEF)</p> <p>Ministry of Planning; National Council for Women</p> <p>United Nations Development Fund for Women</p>	\$4.25 million (\$3.25 million from regular resources and \$1 million from other resources)
UNDAF outcome 1: by 2011, improved performance and accountability of the Government in programming, implementing and coordinating actions, especially those that reduce exclusion, vulnerabilities and gender disparities				
Reproductive health	<p><u>Outcome:</u> The sustainability and quality of reproductive health services at the national level and at service delivery points are improved</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Percentage of health districts experiencing no quarterly reproductive health security shortages 	<p><u>Output 1:</u> Capacity of the Government and non-governmental health organizations is strengthened in management, planning and monitoring</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> Number of health staff trained in managing reproductive health services at the primary health-care level increased by 20 per cent <p><u>Output 2:</u> Capacity of health-care providers is strengthened to provide high-quality reproductive health services, including voluntary counselling and testing, and youth-friendly services, especially to vulnerable groups</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> Number of training sessions for providers on voluntary counselling and testing, youth-friendly reproductive health, and on reaching vulnerable groups 	<p>Ministry of Health and Population; National Council for Childhood and Motherhood</p> <p>UNICEF</p> <p>Ministry of Health and Population</p> <p>UNICEF; World Bank</p>	\$9.5 million (\$5.5 million from regular resources and \$4 million from other resources)

UNDAF outcome 3: reduced regional human development disparities, including a reduction in the gender gap and the promotion of environmental sustainability				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health (cont'd)	<p>Outcome: The utilization of integrated reproductive health services is increased in Upper Egypt, with a focus on underprivileged communities in rural areas</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> Contraceptive prevalence rate in Upper Egypt and slum areas Percentage of deliveries carried out by trained birth attendants in Upper Egypt and slum areas 	<p>Output 3: Primary and reproductive health care services are strengthened within the framework of the health-sector reform</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Percentage of service delivery points offering reproductive health services in Upper Egypt and in slum areas increased by 10 per cent Number of youth-friendly reproductive health centres established and functioning 	<p>Ministry of Health and Population</p> <p>UNICEF; World Bank</p> <p>European Union; United States Agency for International Development; African Development Bank</p>	(See above)
UNDAF outcome 4 : increased women's participation in the workforce, political sphere and public life and the fulfilment of their human rights				
Gender	<p>Outcome: Girls' and women's rights to access information and services are progressively fulfilled</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> Percentage of pregnant women receiving regular prenatal care <p>Outcome: The incidence of all forms of violence against women is reduced</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> Female genital mutilation among young women reduced by 7 per cent 	<p>Output 1: Increased number of effective advocacy strategies that promote sexual and reproductive health and gender equity, and that address men, women and youth</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Increase in number of media campaigns addressing women's and girls' reproductive rights and gender equity Higher proportion of ever-married women aged 15-49 identifying heterosexual sex as a potential mode of HIV transmission <p>Output 2: Communities, religious leaders and the media are sensitized through alliances to combat gender-based violence</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> Number of community leaders, religious leaders and media personnel sensitized to combat gender-based violence 	<p>Ministry of Health and Population</p> <p>World Bank</p> <p>Al-Azhar University; National Council for Women; National Council for Childhood and Motherhood</p>	<p>\$3 million (\$2 million from regular resources and \$1 million from other resources)</p> <hr/> <p>Programme coordination and assistance: \$1.25 million from regular resources</p>