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UNITED NATIONS POPULATION FUND

Draft country programme document for Egypt

Proposed indicative UNFPA assistance:	$14 million: $11.25 million from regular resources and $2.75 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Four and a half years (mid-2013 to 2017)
Cycle of assistance:	Ninth
Category per decision 2007/42:	B

Proposed indicative assistance (in millions of $):

Strategic Plan Outcome Area	Regular resources	Other	Total
Young people's sexual and reproductive health and sexuality education	2.50	0.75	3.25
Maternal and newborn health	5.50	1.30	6.80
Gender equality and reproductive rights	2.50	0.70	3.20
Programme coordination and assistance	0.75	-	0.75
Total	11.25	2.75	14.00

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I. Situation analysis

1. Since the Revolution of 25 January in 2011, Egypt has been in a state of transition, with many cabinet reshuffles and ministerial reorganizations. The political instability has led to economic hardship that continues to hamper development, with a particular impact on the labour market. The unemployment rate in 2012 was 12.6 per cent. However, the rate was higher among women (24.1 per cent) than men (9.2 per cent). The unemployment rate among young people aged 15-24 is 30 per cent.

2. In 2012, the population was estimated at 83.7 million, 62 per cent of whom were younger than 29. Young people were a driving force of the revolution and remain vocal in their pursuit of social justice, economic opportunity and human rights. However, public policies do not adequately reflect the needs of young people, particularly their social, economic and reproductive health needs. The high unemployment rate among young people has led to a delayed age of marriage. This has led to increased exposure to risky behaviour, which is of particular concern given young people's low civic engagement (5 per cent in 2009) and low participation in policymaking.

3. With a gross national income of $2,600, Egypt is classified as a middle-income country. However, this classification does not necessarily reflect the country's development status. The percentage of people living in poverty in 2010-2011 was 25.2 per cent, an increase from 21.6 per cent in 2008-2009. The governorates of Assiut and Sohag in rural Upper Egypt had the highest rates of poverty in the country (69 and 59 per cent, respectively).

4. In 2012, the annual population growth rate was estimated at 1.7 per cent. Egypt is experiencing a fertility plateau. The contraceptive prevalence rate has remained unchanged at 60 per cent, and desired fertility among ever-married women aged 15-49 remains at three children. According to 2008 data, the unmet need for family planning was 9.2 per cent, with the highest level in Sohag (23 per cent). Nationwide, there are approximately 1.17 million women with an unmet need for family planning. Unmet need persists due to factors related to both supply and demand. Family planning services are inadequate, mainly due to poor counselling services and limited method choices, which are the immediate causes on the supply side. Misconceptions about fertility and family planning, in addition to concerns about the side effects of contraceptives, are among the causes on the demand side.

5. The maternal mortality ratio declined from 174 maternal deaths per 100,000 live births in 1992 to 54 maternal deaths per 100,000 live births in 2010. However, over the last two years, the ratio has increased to 57 maternal deaths per 100,000 live births, with significant increases occurring in the Upper Egypt governorates, including Assiut (83) and Sohag (63).

6. The lack of compliance with regulations among private practitioners and inadequate enforcement of the law have contributed to the increase in maternal mortality. In 23.5 per cent of reported mortalities, delivery was initiated in a private clinic, which is illegal. Sixty-seven per cent of women received regular antenatal care nationwide, though the percentage was lower in some areas, including Sohag (50 per cent). The percentage of medically assisted deliveries (79 per cent nationwide) is lower in both Sohag and Assiut (56 per cent).

7. There is a need to generate, analyse and disseminate data to provide evidence-based interventions, develop informed policies and measure results. There are gaps in data on the reproductive health and behaviour of young people and key populations, and on the incidence of gender-based violence, particularly violence against women and girls, including its root causes and effects on the health and well-being of women and adolescent girls.

8. The most recent data available (2005) for the incidence of domestic violence indicate that 47 per cent of ever-married women reported having experienced physical violence since the age of 15. In almost all cases, the spouse was identified as the main perpetrator in at least one episode. In a 2008 study, over 80 per cent of Egyptian women reported being sexually harassed during their lifetimes. There is a need for legislation to criminalize violence against women and for mechanisms to respond to the needs of survivors and vulnerable women.

9. Female genital mutilation/cutting remains prevalent in Egypt. This harmful practice has negative impacts on women's reproductive health and rights. Recent evidence, however, has shown that the practice is declining among girls and young women. In 2008, the female genital mutilation/cutting prevalence rate was 91.1 per cent among females aged 15-49, but 74 per cent among girls aged 15-17. In 2008, 77.5 per cent of female genital mutilation/cutting in Egypt was carried out by trained medical personnel, compared to 17 per cent in 1996, representing an increase in the medicalization of the practice.

10. HIV prevalence is estimated to be less than 0.1 per cent. However, data suggest that there is a concentrated epidemic in key populations. Stigma and discrimination affect the quality and accessibility of services for HIV prevention and treatment.

II. Past cooperation and lessons learned

11. The eighth country programme, 2007 to mid-2013, focused on: (a) developing the capacity of service providers in family planning; (b) voluntary counselling and testing; (c) providing youth-friendly services; (d) strengthening the contraceptive commodity security system; and (e) expanding midwifery training.

12. The eighth country programme facilitated: (a) the implementation of a national survey of young people that was published in 2009, with nationwide dissemination and development of five related policy briefs; (b) the development of a population database and the production of a yearly population report; and (c) the production of operational research and studies to promote evidence-based interventions and to assist in policymaking.

13. The eighth country programme also supported: (a) the promotion of national expertise in conducting local training and the development of reproductive health-service delivery guidelines, such as the Ministry of Health and Population's national standards of practice in family planning, the reproductive rights manual, guidelines for youth-friendly services and training tools; (b) the development of training guides and a reference manual for religious leaders on reproductive health, family planning and gender, which were adopted by the Ministry of Religious Endowments; and (c) an increase in the national budget allocation for the procurement of contraceptives, from 37 million Egyptian pounds in 2007 to 80 million Egyptian pounds in 2012.

14. The independent country programme evaluation, conducted prior to the revolution, highlighted the following achievements: (a) programme interventions were relevant and have the potential for sustainability because of their linkages with government institutions; (b) capacity development efforts for service providers contributed to increased utilization of reproductive health services; and (c) the integration of youth-friendly services with other reproductive health services proved beneficial in attracting clients.

15. The programme evaluation also found that: (a) peer-communication efforts among adolescents effectively conveyed reproductive health messages; (b) training religious leaders was an useful strategy for addressing issues related to reproductive health and gender-based violence; (c) sensitizing media personnel effectively focused attention on sexual harassment occurring on the streets; and (d) a

unified system for monitoring gender projects was developed and adopted nationally.

16. Lessons learned from the country programme evaluation and subsequent analyses point to the need to: (a) improve programme design and partnership and strengthen monitoring and evaluation activities; (b) reinforce the integration and focus of interventions to yield sustainable results; (c) further engage men and parents and increase community involvement; (d) support access to female service providers, as this is an important determinant of women's utilization of health services; and (e) ensure contraceptive commodity security in light of national budgetary constraints.

III. Proposed programme

17. The proposed programme is aligned with national development priorities, the United Nations Development Assistance Framework (UNDAF), mid-2013 to 2017, and the UNFPA strategic plan. It builds on lessons learned from the evaluation of the previous programme. The programme employs a human rights-based, participatory approach.

18. The programme will emphasize joint programming with other United Nations organizations, including UNDP, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the United Nations Children's Fund (UNICEF), the World Health Organization, the United Nations High Commissioner for Refugees, and United Nations Volunteers to: (a) ensure synergies and complementarity; (b) optimize the utilization of resources; (c) respond to humanitarian needs; and (d) address culturally sensitive issues.

19. The programme seeks to accelerate the achievement of universal access to reproductive health services by reducing disparities in accessing safe deliveries and family planning services. UNFPA will enhance systems and conduct advocacy efforts and evidence-based policy dialogue at the central level. The programme will focus on Assiut and Sohag for capacity development and community-based interventions.

Young people's sexual and reproductive health and sexuality education

20. Output: Strengthened national capacity for community-based interventions in reproductive health to empower women and young people. This output will be achieved by: (a) integrating youth-friendly reproductive health counselling and services in selected primary health-care units to enable young people to make informed health choices; (b) empowering young people through support to institutions as well as through social media to raise awareness about reproductive health and gender issues and to promote their civic engagement; (c) building the capacity of the youth peer-education network to engage young people in decision-making and advocacy; (d) developing and implementing a behaviour change communication strategy at the community level to encourage demand for reproductive health services; and (e) conducting targeted advocacy campaigns to increase the utilization of voluntary HIV counselling and testing services in different venues.

Maternal and newborn health

21. Output: Improved capacity of the national health system to provide high-quality maternal health services to women of reproductive age. UNFPA will contribute to reducing regional disparities in antenatal care, skilled birth attendance and the unmet need for family planning by improving the quality of services and strengthening the capacity of service providers.

22. This output will be achieved by: (a) advocating and providing policy advice to enforce rules and regulations and to strengthen the capacity of the Ministry of Health and Population to combat malpractice by private obstetricians; (b) building the capacity of nurse-midwives in Assiut and Sohag to increase the coverage of antenatal care and skilled

deliveries; (c) building the capacity of specialized nurses in primary health-care units to provide family planning and maternal health services; (d) reviewing the family planning method mix and improving contraceptive choices based on the capacity of the service-delivery system and the needs of clients; (e) expanding the service-delivery monitoring system by linking the various sources of health-facility data at the district level; (f) strengthening partnerships to address gaps in the procurement of contraceptives; and (g) supporting operational research and data collection and analysis to guide policymaking and decision-making on the provision of reproductive health services, including for refugees.

Gender equality and reproductive rights

23. Output: Enhanced institutional mechanisms to protect against and respond to gender-based violence against women and girls. The programme will promote gender equality and women's empowerment by: (a) generating evidence and analysing the effects of gender-based violence on women's and girls' reproductive health, well-being and social and economic participation; (b) advocating the adoption of a national gender-based violence strategy and the enactment of protection legislation; and (c) developing medical protocols and service-referral frameworks and strengthening the capacity of service providers to address gender-based violence.

24. To achieve this output, the programme will also: (a) build the capacity of religious leaders to combat gender-based violence by raising the awareness of communities; (b) combat the medicalization of female genital mutilation/cutting by creating awareness among service providers and by supporting community-led initiatives; and (c) address sexual harassment by supporting school-based interventions, as well as advocacy efforts by community service organizations, which engage men and boys.

IV. Programme management, monitoring and evaluation

25. UNFPA and the Government will implement the programme following the national execution modality and in compliance with UNFPA procedures. UNFPA will assess its partners and develop a risk-management strategy prior to implementing the programme. Potential government and non-government partner institutions include the Ministry of Health and Population, youth organizations and faith-based organizations.

26. The Ministry of Planning and International Cooperation will coordinate the programme with UNFPA. UNFPA and its partners will carry out annual reviews of the programme and will conduct thematic and end-of-country-programme evaluations. UNFPA will undertake joint planning, monitoring and evaluation activities within the context of the UNDAF monitoring and evaluation plan, in collaboration with other United Nations organizations. UNFPA will ensure the implementation of national execution audit recommendations.

27. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities to better respond to emerging issues.

28. The UNFPA representative will oversee the programme. UNFPA operates through its office in Cairo. The country office includes staff funded from the UNFPA institutional budget who perform management and development effectiveness functions. UNFPA will allocate programme resources for staff to provide technical and programme support for the implementation of the programme.

RESULTS AND RESOURCES FRAMEWORK FOR EGYPT

National priorities: (a) poverty alleviation through pro-poor growth and equity; (b) high-quality basic services; and (c) democratic governance through decentralization, civic engagement and human rights

UNDAF outcome: women of reproductive age, men and young people have increased access to quality family planning and reproductive health services. Indicators: (a) unmet need for family planning reduced to 6 per cent; (b) contraceptive prevalence increased by 5 per cent; (c) existence of a national strategy for integrating services addressing gender-based violence in health-service delivery; (d) number of service facilities in target governorates integrating treatment for gender-based violence in service delivery; (e) percentage of female genital mutilation/cutting practised by medical professionals; and (f) maternal mortality reduced by 10 per cent

UNDAF outcome: national institutions and civil society organizations are strengthened to further protect, respect and fulfil human rights, in line with Egypt's international commitments, with a special focus on women, children, the disabled, refugees, the aged and migrants. Indicators: (a) percentage of female genital mutilation/cutting among girls and adolescents aged 15-17; and (b) number of civil society-led programmes addressing the rights of women, young people and key populations, especially persons living with HIV/AIDS

UNDAF outcome: the voice, leadership, civic engagement and political participation of women and young people are visible and effective in public spheres. Indicators: (a) the percentage of young people volunteering and actively participating in structures such as student unions, youth non-governmental organizations and youth centres; and (b) the percentage of young people who participate in volunteer work

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Young people's sexual and reproductive health and sexuality education Outcome indicators: • Adolescent birth rate Baseline: 10% Target: 8% • Comprehensive, age-appropriate reproductive health education implemented in target governorates Baseline: does not exist Target: implemented	Output: Strengthened national capacity for community-based interventions in reproductive health to empower women and young people	Output indicators: • Number of community leaders implementing behavioural change interventions to promote reproductive health Baseline: 0; Target: 240 • Number of young people reached by social media initiatives Baseline: 74,479; Target: 750,000 • Number of primary health-care units supported by UNFPA with youth-friendly health services Baseline: 0; Target: 30	Ministry of Planning and International Cooperation; Ministry of Youth International Labour Organization; United States Agency for International Development; UNICEF Egyptian Family Planning Association; Youth Association for Population and Development; Youth Peer Education Network	$3.25 million ($2.5 million from regular resources and $0.75 million from other resources)

Maternal and newborn health Outcome indicators: • Maternal mortality ratio Baseline: 57 maternal deaths per 100,000 live births Target: 43 deaths per 100,000 live births • Number of births attended by skilled health personnel Baseline: 79% Target: 85%	Output: Improved capacity of the national health system to provide high-quality maternal health services to women of reproductive age	Output indicators: • Percentage of primary health-care units covered by at least one nurse trained in maternal health and family planning in intervention governorates Baseline: 0; Target: 80% • Percentage of primary health-care units covered by at least one trained midwife Baseline: 46% in Assiut, 30% in Sohag Target: 100% • Percentage of primary health-care units in intervention governorates offering at least two long-term contraceptive methods Baseline: 5.7%; Target: 15%	Ministry of Health and Population Egyptian Family Health Society	$6.8 million ($5.5 million from regular resources and $1.3 million from other resources)
Gender equality and reproductive rights Outcome indicators: • Mechanisms are in place to implement laws and policies advancing gender equality and reproductive rights Baseline: mechanisms do not exist Target: mechanisms are in place • Percentage of female genital mutilation/cutting carried out by medical professionals Baseline: 77.5% Target: 60%	Output: Enhanced institutional mechanisms to protect against and respond to gender-based violence against women and girls	Output indicators: • Number of national institutions with the capacity to combat diverse forms of gender-based violence Baseline: 7 institutions; Target: 25 institutions • Existence of a national medical protocol to manage gender-based violence cases Baseline: no protocol currently exists • Target: existing protocol • Number of health-service delivery points adopting the medical protocol developed to manage services to address gender-based violence Baseline: 0; Target: 24	Ministry of Health and Population; National Council for Women International Organization for Migration; UNDP; UNICEF; UN-Women Civil society organizations; coalition of non-governmental organizations against female genital mutilation/cutting; Egyptian Centre for Women's Rights; research and training centres	$3.2 million ($2.5 million from regular resources and $0.7 million from other resources) Total for programme coordination and assistance: $0.75 million from regular resources