

CHAPTER THREE
EGYPT POPULATION POLICIES AND FAMILY
PLANNING PROGRAM

The Egyptian government's concern and awareness in the area of population policies started in 1953, when a National Commission for Population Matters was established within the structure of a national planning organization called the "Permanent Council for Services". This governmental involvement continued to build up until the "National Population Policy" was issued in 1973 and the "National Strategy framework for Population, Human Resources Development and the Family Planning Program" was announced in December 1980.

The most recent development in the area of population in Egypt is the establishment of the Ministry of Population and Family Planning in September 1993.

This chapter includes two sections, Section 1 presents the evolution of population policies and family planning programs. The growth of units providing family planning services in Egypt at the national level and by governorate and type of units providing family planning services are given in Section 2.

3.1 EVOLUTION OF POPULATION POLICIES AND FAMILY PLANNING PROGRAM:

The formulation and development of the population policies and family planning program in Egypt passed through two stages, (1) voluntary and awareness activities, and (2) governmental and programmatic efforts. The nature of each stage was determined by the type of efforts and activities that were carried out throughout

the years considered (Sayed, 1984, Zaghoul & Abul-Ata, 1993). The features and activities of each stage is described below.

3.1.1 Stage (1):Voluntary and Awareness Period:

The voluntary effort on family planning started in the late 30's aimed at resolving the religious opposition and introducing family planning methods. In 1937, the "Happy Family Society" obtained an official FATWA (Declaration) to the effect that Islamic religion is not against the use of family planning, under certain conditions. In 1945, "The Child Society of Maadi" introduced family planning services as part of its health activities.

Consequently, contraceptive availability during this period was generally limited to non-medical methods including traditional practices and prolonged duration of breastfeeding. Some medical methods were also available in private clinics or pharmacies, but at a high cost that limited its use to women of specific economic capabilities (Sayed, 1984).

3.1.2 Stage (2):Governmental and Programmatic Activities:

The governmental efforts in the field of population and family planning activities became widely noticeable in the 1950s after the establishment of the National Commission for Population Matters in 1953. The National Charter, which was proclaimed in 1962, contained the first official government support for family planning:

Population increase constitutes the most dangerous obstacle that faces the Egyptian people in their desire for raising the standard of population in their country in an

effective and efficient way. Attempts of family planning deserve the most sincere efforts by modern scientific methods.

The population activities and the national family planning program in Egypt passed through three well defined phases. The specific characteristics of each phase and the main governmental organizations and attitudes are described below.

1. The First Phase (1965-1972):

In this phase, the approach to limit fertility took the form of a concentration on the provision of family planning services. The underlying assumption was that if couples were provided with adequate information and family planning supplies, they would adopt family planning and fertility would decline (Osheba and Sayed, 1991). The "Supreme Council for Family Planning" was established by a Presidential Decree in 1965 to coordinate family planning activities. The Council was chaired by the Prime Minister and included as members representatives of ministries of Health, Higher Education, National Guidance, Awkaaf, Planning, Local Administration, Agriculture, Social Affairs and Director of the Central Agency for Public Mobilization and Statistics (CAPMAS). The Executive Board of Family Planning was created in 1966 to organize the delivery of family planning services through the health and social services activities.

2. The Second Phase (1973-1984):

In 1973 the Council's name was changed to the "Supreme Council for Population and Family Planning", and the Board's name was changed to the Population and Family Planning Board (PFPB). The first National Population Policy statement was then issued. It emphasized the importance of socioeconomic

development as a key factor in reducing fertility in addition to providing family planning services. The policy statement stressed that an increase in the demand for family planning services depend critically on the rate and nature of socioeconomic change, including the following aspects:

1. upgrading family planning services;
2. raising the general standard of living;
3. expanding functional education;
4. upgrading the status of woman and increasing their participation in the labor force;
5. mechanizing agriculture and spreading cottage and agro-industries;
6. extending social security;
7. reducing infant mortality; and
8. informing the public of family planning services.

In 1975, this policy was developed to recognize the importance of three dimensions of population: its growth rate, its unbalanced spatial distribution, and its unfavorable characteristics. Thus development stressed the quality of population, not only the quantity and growth, in addition to the socioeconomic environment.

In 1977, calculation of the *target number* of family planning acceptors was introduced, the family planning activities became more organized and well managed and the goals became more quantified than before, at the national and sub-national levels.

In the late 70s, the Information, Education, and Communication (IE&C) activities were improved and became more coordinated and high committees to coordinate activities in the area of IE&C programs were established by the Supreme Council for Population and Family Planning to support the family planning activities

in addition to many other important programs. Two of the most important programs carried out were the Population and Development Project (PDP) carried out by the Board, and the Integrated Social Services Delivery (ISSD) of the ministries of Health, Social Affairs and the Social Research Center (SRC) of the American University in Cairo.

In December 1980, the SCPFP proclaimed a new "National Strategy Framework for Population , Human Resources Development, and the Family Planning Program". The strategy highlighted three dimensions of the population problem and a scientific diagnose's of the population problem. The strategy aimed at:

- Promoting family planning services;
- Mobilizing local resources and human participation to increase the pace of socioeconomic development; and
- Upgrading management capabilities at the local level.

3. The Third Phase (1985 until now):

In March 1984, a "National Population Conference" was held, Headed by the President of Egypt. The participants of the conference represented all specializations related to the population problem to study the most appropriate ways to solve the population problem.

One of the most important recommendations of the National Population conference is the establishment of a "National Population Council" to be responsible for integrating, managing, and planning population activities.

In January 1985 The National Population Council (NPC) was established by

a Presidential Decree . The Council was chaired by the President of Egypt (now by the Prime Minister) to take charge of population policies in Egypt.

Since the establishment of the NPC, its Technical Secretariat carried out two five-year Population Plans, one for the period 1987-92, and another one for the period 1992-97. In September 1993, the first Ministry of Population and Family Planning was established.

Recently, governmental efforts to deliver family planning services have been strengthened. Political leaders frequently speak out in support of family planning and its utmost necessity for curbing rapid population growth. The NPC and the Ministry of Population are providing the leadership in coordinating a more decentralized approach to service that is emphasizing governorate-level initiatives for tackling the population problem (Osheba, 1993).

3.2 FAMILY PLANNING UNITS:

3.2.1. Growth of Family Planning Units:

A family planning unit is defined as a place that provides family planning services (examination, IUD insertion, Gynecology). It includes, at least, a separate room for examination, waiting place, Doctor, and Nurse.

The Egyptian family planning program started with a total of 2301 units delivering family planning services throughout the country. About 12% of these units were voluntary and the rest (88%) were governmental. In 1985, the year of the establishment of the National Population Council, the number of units jumped to

TABLE (3.1)
GROWTH OF UNITS PROVIDING FAMILY PLANNING,
EGYPT, 1966-1992

Year	Number of Units			% of 1966
	Gov.	Vol.	Total	
1966	2028	273	2301	100
1967	2234	351	2585	112
1968	2300	373	2673	116
1969	2321	412	2733	119
1970	2388	464	2852	124
1971	2456	498	2954	128
1972	2543	524	3067	133
1973	2626	562	3188	139
1974	2692	627	3319	144
1975	2834	619	3453	150
1976	2855	623	3478	151
1977	2920	630	3550	154
1978	2995	640	3635	158
1979	3057	646	3703	161
1980	3101	663	3764	164
1981	3209	652	3861	168
1982	3272	670	3942	171
1985	3361	682	4043	176
1990	3560	658	4218	183
1992	3632	724	4356	189

Source : Calculated from: NPC "Annual Statistical Report", 1966-1992.

Note : Gov. = Governmental units, and
 Vol. = Voluntary units.

TABLE (3.2)
GROWTH OF UNITS PROVIDING FAMILY PLANNING BY GOVERNORATE
AND PERCENT INCREASE, EGYPT, 1985-92.

Governorate	Number of Units			% increase 85-92
	1985	1990	1992	
Cairo	291	240	235	- 19.2
Alexandria	124	135	143	15.3
Port Said	26	31	35	34.0
Suez	36	36	41	13.9
Urban Govs.	477	442	454	- 4.8
Damietta	59	63	69	17.0
Dakahlia	344	383	394	14.5
Sharkia	348	367	362	4.0
Kalyubia	176	182	190	8.0
Kafrel-Sheikh	193	207	212	9.8
Gharbia	245	233	240	- 2.0
Menoufia	225	226	232	3.1
Behera	324	333	342	5.5
Ismailia	59	86	91	54.2
Lower Egypt	2136	2212	2264	6.0
Giza	222	218	223	0.0
Beni Suef	163	164	167	1.2
Fayoum	143	144	146	2.1
Menya	255	286	302	18.4
Assuit	190	217	224	17.9
Souhag	222	245	248	11.7
Qena	183	207	229	25.1
Aswan	124	135	140	12.9
Upper Egypt	1339	1484	1547	15.5

Source : Calculated from: NPC "Annual Statistical
Report", 1966-1992.

4043, i.e., about 176% of the 1966 units, out of which 17% were voluntary units. In 1992 the number of units increased to 4356 about 108% of 1985 units, and 189% of the 1966 units in which 17% were voluntary units also (see Table 3.1 & Figures 3.1 & 3.2).

The number of units by governorate in 1985 and 1992 is given in Table (3.2). It is noticed from the table that the number of units increased between 1985 and 1992 by different rates in all governorates but Cairo and Gharbia. The number of units in Cairo decreased from 291 units in 1985 to 240 units in 1990 and decreased again to 235 units in 1992. This decrease is attributed to the decline in the nongovernmental units from 146 units in 1985 to 96 units only in 1992. This may be due to the tendency to decentralization of the voluntary services and providing more attention to rural and remote areas than the Capital. The decline in Gharbia is very small, if compared with Cairo. The increase of the units was negligible in Giza and Beni-Suef, where the percent increase between 1985 and 1992 was less than 2%. The highest percent increase in the number of units between 1985 and 1992 occurred in Damitta, followed by Port-Said and Qena, where the percent increase was 54.2, 34.0, and 25.1 respectively.

3.2.2. Type of Family Planning Units:

The number of family planning units which belong to Ministry of Health (MOH) comprises about 82.0% of the total number of units, followed by units belonging to the Egyptian Family Planning Association (EFPA) which comprises about 11.0% of the total number of units. The rest of units belong to different institutions and authorities such as Health Insurance Authority (HIA), Clinic Service Improvement (CSI), Syndicates, mosques, churches and other private and public associations (NPC, 1993).

TABLE (3.3)
 PERCENT DISTRIBUTION OF FAMILY PLANNING UNITS BY TYPE AND GOVERNORATE,
 EGYPT 1992.

Governorate	Government Units			Voluntary Units			No. of Units		
	MOH	HIA	Other Gov. Total Gov. EPPA	CSI	Other Vol. Total Vol.				
Cairo	59.2	3.4	3.8	66.4	23.8	0.0	9.8	33.6	235
Alexandria	55.9	11.2	3.5	70.6	24.5	2.8	2.1	29.4	143
Port Said	68.6	2.9	0.0	71.5	22.8	0.0	5.7	28.5	35
Suez	48.8	2.4	0.0	51.2	39.0	0.0	9.8	48.8	41
Damietta	80.2	0.0	0.0	80.2	16.5	3.3	0.0	19.8	91
Dakahlia	86.3	0.0	0.0	86.3	7.9	2.8	3.0	13.7	394
Sharkia	86.2	0.3	0.0	86.5	11.3	1.9	0.3	13.5	362
Kalyubia	83.2	1.1	0.5	84.8	9.5	3.1	2.6	15.2	190
Kafrel-Sheikh	85.4	0.9	0.0	86.3	10.9	2.8	0.0	13.7	212
Gharbia	86.3	1.7	0.0	88.0	7.1	4.1	0.8	12.0	240
Menoufia	87.1	0.4	0.0	87.5	8.2	3.0	1.3	12.5	232
Behera	89.8	0.6	0.0	90.4	6.2	1.7	1.7	9.6	342
Ismailia	63.8	0.0	0.0	63.8	30.4	1.4	4.4	36.2	69
Giza	79.4	1.3	0.9	81.6	13.9	3.1	1.4	18.4	223
Beni Suef	86.2	0.6	0.0	86.8	9.6	3.0	0.6	13.2	167
Fayoum	84.9	0.0	0.0	84.9	13.0	2.1	0.0	15.1	146
Menya	81.5	0.0	0.0	81.5	4.6	2.6	11.3	18.5	302
Assuit	82.6	0.4	0.0	83.0	9.8	3.6	3.6	17.0	224
Souhag	86.7	0.8	0.0	87.5	6.0	4.5	2.0	12.5	248
Qena	90.0	0.4	0.0	90.4	4.8	2.6	2.2	9.6	229
Aswan	78.6	0.7	0.0	79.3	12.1	2.1	6.5	20.7	140

Source: Calculated from NPC (1993): "Statistical Annual Report, 1992"

Notes:

MOH=Ministry of Health, HIA= Health Insurance Authority, EPPA= Egyptian Family Planning Association, CSI=Clinic Service Improvement.

TABLE (3.4)
 PERCENT CONTRIBUTION OF FAMILY PLANNING UNITS IN THE DISTRIBUTION OF DIFFERENT METHODS
 AS MEASURED BY CYP BY TYPE OF UNIT AN GOVERNORATE, EGYPT 1992.

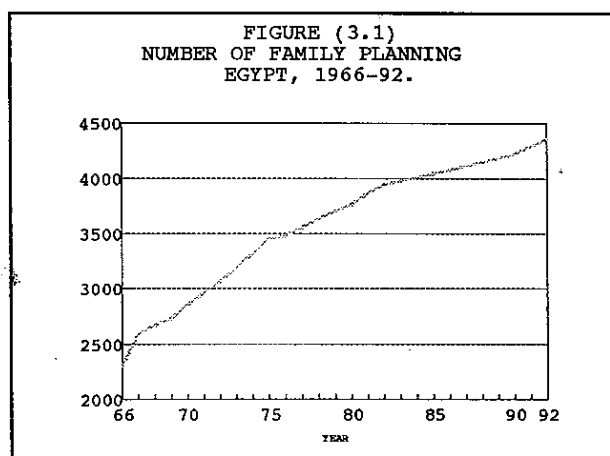
Governorate	Government Units				Voluntary Units				Total
	MOH	HIA	Other Gov.	Total Gov.	EFPFA	CSI	Other Vol.	Total Vol.	
Cairo	76.67	5.21	2.19	84.07	14.96	0.00	0.97	15.93	100.00
Alexandria	62.80	12.24	0.05	75.10	19.90	4.75	0.26	24.90	100.00
Port Said	69.95	3.69	0.00	73.64	25.74	0.00	0.62	26.36	100.00
Suez	60.80	2.78	0.00	63.58	35.77	0.00	0.65	36.42	100.00
Damietta	66.50	0.00	0.00	66.50	10.20	23.30	0.00	33.50	100.00
Dakahlia	68.48	0.77	0.00	69.25	14.00	16.34	0.41	30.75	100.00
Sharkia	78.58	1.53	0.00	80.11	8.37	11.26	0.25	19.89	100.00
Kalyubia	81.14	1.29	0.00	82.43	8.19	9.37	0.02	17.57	100.00
Kafrel-Sheikh	76.17	3.37	0.00	79.54	11.22	9.24	0.00	20.46	100.00
Gharbia	73.86	3.19	0.00	77.05	5.54	16.06	1.35	22.95	100.00
Menoufia	85.11	1.06	0.00	86.17	6.23	5.78	1.82	13.83	100.00
Behera	86.42	1.52	0.00	87.95	4.35	5.74	1.96	12.05	100.00
Ismailia	71.30	0.00	0.00	71.30	24.22	4.48	0.00	28.70	100.00
Giza	68.72	3.55	1.70	73.97	16.95	9.08	0.00	26.03	100.00
Beni Suef	85.49	0.00	0.00	85.49	11.53	2.98	0.00	14.51	100.00
Fayoum	74.54	0.00	0.00	74.54	14.63	9.73	1.11	25.46	100.00
Menya	46.76	0.00	0.00	46.76	10.49	9.33	33.42	53.24	100.00
Assuit	69.76	1.56	0.00	71.32	6.75	16.87	5.06	28.68	100.00
Souhag	54.30	0.41	0.00	54.71	8.94	36.31	0.04	45.29	100.00
Qena	53.26	0.00	0.00	53.26	14.93	30.84	0.97	46.74	100.00
Aswan	32.14	1.90	0.00	34.04	24.60	31.97	9.39	65.96	100.00

Source: Calculated from NPC (1993): "Statistical Annual Report, 1992"

Notes:

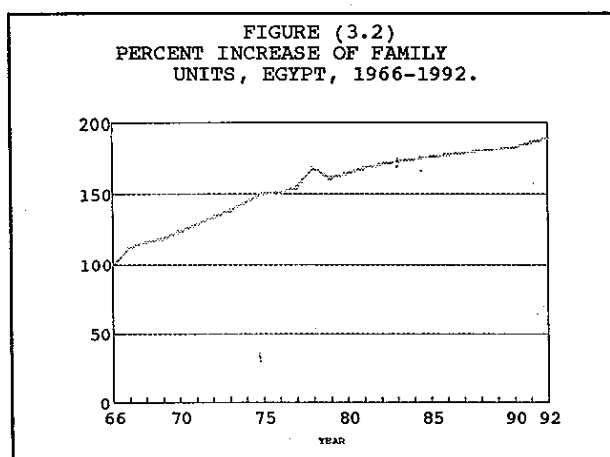
MOH=Ministry of Health, HIA= Health Insurance Authority, EFPFA= Egyptian Family Planning Association,
 CSI=Clinic Service Improvement.

Table (3.3) presents the percent distribution of family planning units by type and governorate in 1992. The percent of units which belong to MOH varies greatly among governorates. While it is 90.0% in Qena, it is only 48.8% in Suez, but in all governorates the percent of units belonging to MOH is the highest one. Units belonging to EFPA ranked second in the magnitude after MOH units, but its percent also varies among governorates. The highest percent is found in Suez, followed by Ismailia. One can say that MOH is the predominant Family planning services provider in Egypt (39.0% and 30.4% respectively). Government units, excluding MOH units, are less than voluntary units, rather than EFPA units which is the predominant provider of family planning services in the voluntary sector. Generally it can be noticed that number of government units is much higher than the voluntary units.



3.2.3 Relative Contribution of Units by Type:

To calculate the relative contribution of each type of family planning units by governorate, the couple-years of protection (CYP) is used. This method depends on the transformation of methods distributed to years of protection from the risk of pregnancy for a year assuming that all contraceptives distributed will be used efficiently (See Appendix 1).



As shown in Table (3.4), the relative contribution of each type is somewhat consistent with the percent distribution of units by type presented in Table (3.3) with some exceptions in Menya and Aswan, where the contribution of the voluntary units are higher than the government units. The contribution of the voluntary units in Assuit, Souhag, and Qena is much higher than their relative weight in terms of number of units while the reverse is found in Cairo and Suez.

A full description of family planning activities including the density of services and other factors related to the program effort is given in Chapter VI.