



## **Review of the Executive Plan 2015-2020 In the context of the National Population and Development Strategy 2015-2030**



### **Executive Summary & Road Map March 2019**

## Experts Team

<b>Dr Hussein Abdel Aziz Sayed</b>	Professor of Statistics, Cairo University <i>Team Coordinator, and Consultant of Population Management Pillar</i>
<b>Dr Abdel Hamid Atteya</b>	Professor of Obstetrics & Gynecology, Cairo University <i>Consultant of Family Planning and Reproductive Health Pillar</i>
<b>Dr Shahinaz Mekheimer</b>	MD Public Health, Health Education/Promotion & Qualitative Research consultant <i>Media &amp; Social Communication Pillar Consultant</i>
<b>Ms Nihad Abou Komsan</b>	Chairwoman of Egyptian Center for Women's Rights, Gender & Development Consultant <i>Women Empowerment Pillar Consultant</i>
<b>Ms Ghada Amin</b>	<i>Education Pillar Consultant</i>
<b>Ms Shahdan Arram</b>	<i>Youth and Adolescent Health Pillar Consultant</i>

## Table of Contents

Abbreviations List	4
Introduction	5
Goals of the current review	5
Demographics background	6
Analysis	6
Findings of the review of the executive plan 2015 – 2020	10
Challenges of Executive plan during 2015-2018	11
General recommendations	13
Review Findings of the Executive plan Pillars	14
First Pillar: Family planning and reproductive health	14
Second Pillar: Youth and Adolescent Health	21
Third Pillar: Education	25
Fourth Pillar: Media and Social Communication	27
Fifth Pillar: Women’s Empowerment	29
Management of the Population Program Pillar	30
Details of the Road Map 2019-2020	31

## Abbreviations List

CAPMAS	Central Agency for Public Mobilization and Statistics
DHS	Demographic Health Survey
FGM	Female genital mutilation
IUDs	Intrauterine devices
MoHP	Ministry of Health and Population
MOYS	Ministry of Youth and Sport
MoPMAR	Ministry of Planning, Follow Up and Reform
MSMEDA	Micro, Small & Medium Enterprise Development Agency
NPS	NATIONAL POPULATION STRATEGY
NPC	National Population Council
NCW	National Council for Women
NGOs	Non-governmental organization
UNFPA	United Nations Population Fund

## Introduction

1. The National Population and Development Strategy (NPS) aims at enhancing the living conditions and the quality of life of Egypt's population through the realization of four strategic goals; 1) reducing population growth rates, 2) improving population characteristics, 3) Redressing imbalances in population distributions and 4) reducing disparities among different geographical areas.
2. The executive plan (2015 – 2020) determined five main pillars through which the strategic goals can be realized: 1) family planning and reproductive health, 2) health of the youth and adolescents, 3) education, 4) mass media, and 5) women empowerment.
3. The executive plan presented the main and secondary goals of each of the five pillars, the activities required to realize these goals, the time frame, the main and assisting parties responsible for implementation, and indicators according to which progress towards realization of the goals can be measured.
4. The plan launched at the end of 2014 to start its implementation in 2015. However, no follow-up and evaluation reports are available for the period from 2015 to 2018 to determine the progress. Thus, the National Population Council (NPC) and the United Nations Population Fund (UNFPA) appointed six experts in December 2018 to conduct an evaluation of the executive plan of the strategy.
5. Adoption and execution of NPS is related to enforcement of Article (41) of Constitution of 2014, which stated that it is important that the government adopts a program aiming at “making balance among population growth, the available resources and maximization of investments in development of human capital in the context of sustainable development”.

## Goals of the current review

The review aims to independently assess the level of progress of the executive plan from 2015 to 2018 in realizing the goals of NPS, with use of the indicators as the main source of referral. The review also aims at outlining the challenges and difficulties faced during this period and suggestions to address them. The analytical study focuses on the activities affecting the population dimensions (particularly population growth) in light of the logical frame determined in the strategic plan. It is not based on the assessment of programs nor the implementing plans of partners involved.

## Demographics background

The size of Egypt's population reached 98.2 million on 30/1/2019, i.e. there is an increase of 3.4 million people (during about 21.5 months) compared to data of census of 2017 (94.8 million people on 18/4/2017). The average annual growth rate during that period was therefore nearly 2 percent.

The 2014 Demographic and Health Survey (DHS) recorded an increase in fertility levels to 3.5 children per woman of reproductive age (15 to 49 years old), representing a change in the long-term directions of decreasing levels of fertility that were prevailing since the mid-1970's. This increase is witnessed after a long period during which the levels of fertility were slowing down and stable at the beginning of the third millennium. This increase was traced back to the remarkable increase in the total fertility rate estimated during 2006 – 2015. Studies demonstrated that the increase in fertility rate may relate to:

- Decline in contraceptive use (particularly the long acting contraceptive);
- Shortage in numbers of trained service providers (particularly the female service providers);
- The insufficient coverage (particularly in remote and slum areas)
- Increase in the unsatisfied needs
- Effect of conservative religious trends, and
- Increase in marriage rates since 2007.

## Analysis

During the five years preceding the 2014 DHS, there has been a continuous decline in maternal mortality rates (reaching 22 death cases per 1,000 births in 2014). Mortality levels of children under five years old declined to about 27 death cases per 1,000 births during the aforementioned period. Furthermore, according to the findings of the consecutive surveys relied upon to know the direction of children's and infants' mortality, there was a remarkable decline in mortality of children in early childhood during the last four decades. It is also noted that the maternal mortality rate declined in 2015 to about 33 per 1,000 live births (according to the common estimates of international organizations, World Health Organization, UNICEF, UNFPA and the World Bank). The survival rate of both male and female increased by nearly 1.5 years during the period from 2014 to 2018 to reach 71.2 years and 74.0 years in both genders respectively.

Levels of fertility vary according to geographical location in a country. In Egypt, fertility levels are lower in urban areas (2.9 children per woman of reproductive age) than in rural areas (3.8 children per woman of reproductive age).

The 2014 DHS indicated that fertility rates are higher than the national average in 13 governorates, most of which are in the Upper Egypt region and frontiers governorates.

Use of contraception methods by married females (from 15 to 49 years old) reached nearly 58.5 percent in 2014 at the time of conducting the survey, i.e. there is a decline of nearly 1.8 percent in comparison to 2008. The use of these methods is below the level calculated at the national level in all Upper Egypt governorates (excluding Giza) and is above the level calculated at the national level in all other governorates (excluding the frontiers governorates). The survey demonstrated that the unsatisfied needs of contraception methods reached 12.3 percent among married females (from 15 to 49 years old). This percent is higher in Lower Egypt (16 percent) while it is 10.4 percent and 11.1 percent in Upper Egypt and urban governorates respectively. At the governorates level, the percentage of unsatisfied needs of contraception methods in 16 governorates is above 10 percent. It is noted that about two thirds of the married females (15 – 49 years old) stopped the use of contraception methods during the first year for different reasons, including the provided service quality level.

Due to unavailability of recent data (post-2014), the analysis of data is based on the status of the indicators of the strategy, such as the birth rate, the rate of natural increase and the general fertility rate. According to the Central Agency for Public Mobilization and Statistics (CAPMAS), the birth rate reached its highest levels in 2014 (31.1 per 1,000 people) and then witnessed a continuous decline during the years that followed to reach about 26.8 per 1,000 people in 2017 and about 24.5 per 1,000 people in 2018. The number of births declined during the same period (2014 to 2018) by 12.4 percent (from 2.720 million people in 2014 to 2.382 million people in 2018). This was reflected in the rates of natural increase, which declined from 2.52% in 2014 to 1.87% in 2018.

Data indicated that the birth rates are higher than the rate calculated at the national level in 11 governorates, most of which are in Upper Egypt (seven governorates excluding Giza and Aswan), in addition to Beheira, Ismailia, Matrouh and South Sinai. However, these rates are below the rate calculated at the national level in the remaining governorates. For the rate of natural increase, it is higher in 14 governorates compared to the rate calculated at the national level.

-Estimates of general fertility rates, according to CAPMAS, demonstrate that the rate has been continuously increasing since 2006<sup>1</sup>. During 2006-2014, there was an increase of approximately 27 births 1,000 women of reproductive age. The same rate reached its highest levels in 2014 (120.2 births per 1000 women of reproductive age), i.e. an increase of about 27 births per 1000 women (from 15 to 49 years old) during the period 2006-2014. It is noted that the general fertility rate decreased after the said period – 117.0 births in 2017 and about 99.2 births per 1,000 women of reproductive age (from 15 to 49 years old) in 2018, which is a rapid decline of nearly 8 percent

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<sup>1</sup> The general productivity rate was 93.7 births per 1,000 women of reproductive age (15 to 49 years old) in 2006, 99.6 births in 2008 and 106.2 births in 2010. The general productivity rate reached its highest levels in 2014 (120.2 births per 1000 women of reproductive age).

between 2017 and 2018. This indicates the effectiveness of the family planning programme and its ability to respond to increasing demands, even in as marriage rates have declined minimally (10.3 per 1,000 people in 2016 to 9.6 in 2017).

In the context of knowing directions of the population dynamics, DHS data (2014) asserted the continuous decline of mortality levels in early childhood as it reached nearly 22 death cases per 1,000 births during the five years preceding the survey of 2014. Mortality levels of children under five years old declined to about 27 death cases per 1,000 births during the aforementioned period. Furthermore, according to the findings of the consecutive surveys relied upon to know the direction of children's and infants' mortality, there was a remarkable decline in mortality of children in early childhood during the last four decades. It was also noted that the maternal mortality rate declined in 2015 to about 33 per 1,000 live births (according to the common estimates of international organizations, World Health Organization, UNICEF, UN Population Fund and the World Bank).

The survival rate of both male and female increased by nearly 1.5 years during the period from 2014 to 2018 to reach 71.2 years and 74.0 years in both genders respectively.

The census of 2017 documented the related impact on the age structure of the population, which demonstrated that Egypt has a clear youth bulge as nearly 34.2 percent of the population is under 18 years old and nearly 61 percent of the population is under 30 years old. This reflects the impact of the increase in fertility levels during the last years. Comprehensive policies are thus needed to systematically absorb new entrants to the labor market and to provide support to children (under 15 years old) in order to seize the demographic opportunity, especially taking into consideration the differences

- To maximize the benefit from the demographic opportunity, it is necessary to foster the demographic opportunity by declining the fertility levels, as this will also support the condition of the economy. The Ministry of Planning and Administrative Reform (MoPMAR) found that: Gross domestic product (GDP) growth rate in Egypt was 5.5 percent during the period between October to December 2018 and it was 5.3 percent during the same period of the preceding year. Unemployment levels have also gradually decreased to 11.8 percent of the labour force population by the end of 2018. However, considering the economic reform measures undertaken in 2016, including the decrease in subsidies and the depreciation of the exchange rate, resulting in increased levels of inflation, the population remains to experience several social and economic challenges. This is reflected in the GDP per capita, which declined from 3,782 USD in 2014/2015 fiscal year to 2,336 USD in the 2017/2018 fiscal year (according to the Ministry of Finance).
- At the same time, data indicated to the continuous decline of unemployment rates to 8.9% during the fourth quarter of 2018 (compared to nearly 11.8% at the end of 2017).
- Decline of the general inflation rate to nearly 11.1% compared to nearly 34.2% in 2017.



- Despite these positive outcomes, the Egyptian citizen is still suffering from the inflation levels that are still high and from the poor quality of education, health care and transportation services, in addition to the raise of poverty rate, which reached nearly 27.8% in 2015 (CAPMAS). Per capita gross domestic product is declined from 3,782 USD in the fiscal year 2014/2015 to 2,336 USD in the fiscal year 2017/2018 (Ministry of Finance 2015, December newsletter). So, the focus during the coming period must be on the real side of the economy, in addition to enhancing efficiency and effectiveness of basic services that the citizen needs. There is also an imbalance in the distribution of the population. Nearly 43.2 percent and 38.1 percent of the total population live in Lower Egypt and Upper Egypt respectively despite the fact that the area of Lower Egypt is nearly 3.3 percent of the total area of Egypt compared to 17.3 percent for Upper Egypt. Similarly, the frontiers governorates represent about 78 percent of the total area and only 1.7 percent of the total population live in these governorates. On the other hand, the area of urban governorates represents only 1.7 percent and its population is 17 percent of the total population.

Census of 2017 demonstrated that the population percentage in urban areas is up to 42.4%, i.e. there is a small decrease compared to 2006 (43.1%). This decrease may be traced back to the decrease in levels of emigration from the rural areas to the urban ones and to the increase in fertility levels in rural areas. Except for urban governorates (where urban people represent 99.6% of the populated area), it is noted that nearly 28% of Lower Egypt population lives in urban areas compared to nearly 32.4% in Upper Egypt.

Generally, the population density increased during the past period, as in 2014 it was nearly 1,109 people / km<sup>2</sup> and it became 1,422 people / km<sup>2</sup> in 2018. Egypt is adopting an ambitious plan that aims at increasing the populated area to nearly 14 percent (versus 6.8 percent in 2018) by virtue of construction and expansion of 34 cities to absorb 27 million people by 2030-2050 through investments amounting to 200 billion EGP in projects led by the New Urban Communities Authority (NUCA).

## Findings of the review of the executive plan 2015 – 2020

The following table shows the strategic goals intended to be realized through the executive plan 2015-2020 and the related achievements during the same period:

<b>Strategic Goals</b>	<b>Indicator</b>	<b>The base year (2014)</b>	<b>The current situation (in 2018)</b>
<b>1.Reducing population growth rate</b>	Total fertility rate	3.5 children	-----
	General fertility rate	120.2 children	99.2 children
	Birth rates	31.1 children	24.5 children
	Number of births	2,720 million births	2,382 million births
	Rate of natural increase	2.52%	1.87%
<b>2.Improving characteristics of the Egyptian citizen</b>	Illiteracy rate (+10)	29% (2006)	25.2% (April 2017)
	Expected survival rate	72.5, 69.7	71.2, 74.0
	Unemployment rate		8.9% (the fourth quarter of 2018) as follows: 6.4% for males versus 19.6% for females
<b>3.Population redistribution</b>	Population density in the populated area (nearly 6.8%)	1109 individual/km <sup>2</sup>	1422 individual/km <sup>2</sup>
<b>4. Reducing development indicators disparities among geographical areas.</b>	The strategy did not set certain indicators that can be relied upon to measure levels of disparities among geographical areas.		

This initial report presents the findings and deductions which the group of experts arrived to regarding each of the five pillars of the executive plan 2015-2020, focusing on the goals affecting the first strategic goals (reducing population growth rates).

## Challenges of Executive plan during 2015-2018

The NPS and the executive plan relied on data and indicators of 2014. Most of the data changed greatly as indicated in the results of 2017 census and as mentioned in outputs of the surveys of the CAPMAS and other resources. An example of this is that the plan indicated that the targeted number of populations in 2020 is 94 million people while the results of 2017 census indicated that we have exceeded the said number on 18/4/2017 as the number of populations reached 94.8 million people.

Limited financial resources and the varying levels of political support were also factors affecting the progress of implementation. The institutional context was also an important factor as the established committee on population<sup>2</sup> does not meet on a regular basis and does not have the required institutional arrangements such as terms of reference, or a regularly updated repository of minutes and documents. The institutional setup of the NPC was also not fully functioning and effective as leadership of the council changed many times since its establishment. This had a negative impact on its role in coordinating the activities of the executive plan amongst partners.

Inadequacy of financial resources (budgets) allocated to entities responsible for carrying out the planned activities of the five pillars and management of the population program. So, levels of achievements are affected as each entity had to carry out activities within the framework of activities planned according to the scope of its functions, not according to the requirements of the executive plan and the executive plan's activities. This may affect believing in the importance of investment in family planning as different studies, whether conducted worldwide or in Egypt, showed that investment in family planning is profitable. The outcomes of a study conducted in 2015 demonstrated that every pound spent on family planning will save for the state nearly 56 pounds in fields of health, education, housing, support, etc. No doubt, updating this study (after liberalization of the exchange rate of the Egyptian pound) will demonstrate an increase in the expected savings of this field.

Difference in levels of political support to NPS 2015-2030 and the executive plan during the period following its launch because of multiplicity of political levels are responsible for dealing with the population situation and the situation of NPC, such as:

- Establishing the Ministry of Population then cancelling it and reinstating the Ministry of Health and Population as well as appointment of a deputy minister of population then cancelling the position of the deputy minister in the last formation of the government.
- Launching a new population strategy in the name of “disciplined population strategy” on 24/7/2017 without determining the situation of the previous document or evaluating it. Forming a new ministerial committee

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<sup>2</sup> Chaired by H.E. the Prime Minister and represented by seven ministries: Ministry of Health and Population, Ministry of Social Solidarity, Ministry of Education and Technical Education, MOYS and MoPMAR)

chaired by the Prime Minister to follow up the population situation, with membership of seven ministers; namely the Minister of Health, the Minister of Justice, the Minister of Social Solidarity, the Minister of Education, the Minister of Higher Education, the Minister of Youth and Sports and the Minister of Planning. The committee is not convened on a regular basis.

- Lack of political support to NPC and ineffectiveness of its role, particularly in light of the multiple changes of its leadership. This had negatively affected the Council and its role in coordination among the partners and in follow-up and evaluation of the movement towards execution of the executive plan and the population program.

Moreover, the role of the regional councils on population was quite limited in following-up on the executive plan at the governorate level. It is noted that the percentage of convening local population councils (on a quarterly basis) did not exceed 30 percent while the percentage of monthly meetings reached 33 percent. This indicates an ineffectiveness in following up the population situations at the governorate level.

Mechanisms of follow-up and coordination are weak as the percentage of convening coordination committees was only about 20 percent. Despite the emphasis on their important role in the executive plan and in carrying out some activities supporting these mechanisms, such as preparation of indicators guide and procedures necessary to calculate and follow up all indicators of the plan with the partners were not followed. So, it became very difficult to accurately know the levels of realization of the different pillars of the executive plan during the defined time frame, particularly as the NPC's personnel responsible for carrying out the related work has impressions that it is difficult to calculate some of the indicators at different levels. To be specific, this is related to lack of information and databases and institutional transmission of data and information among the different entities taking part in implementation of the strategic plan or connecting the Council to its branches in the governorates.

There was also low participation of the non-governmental sector in family planning fields (whether in provision of services, provision of information or publicity) during the past period. In addition, the role of the private sector in this field is unclear, particularly with regard to raising awareness efforts. This is linked to the overall advocacy efforts of the implementation of the NPS; a drawback of implementation was the general engagement with public as there was not much communications efforts exerted.

## General recommendations

- Hold the third National Population Conference under the patronage of H.E. the President and in his presence to discuss and approve the action plan to be able to deal with the population situation within the context of a series of conferences held in 1984 and 2008. Holding this conference will highlight the clear political support to the priority of dealing with the population situation at all levels and commitment of all organs-of-state to actively take part in implementation and follow up of the proposed action plan.
- Launch an initiative to activate the action plan of population and family planning program. The initiative aims at building on lessons learned through evaluation and review of the executive plan 2015-2020 and its different pillars. It aims at elevating the services, awareness and local development.
- Reactivate the support provided to the NPC as it is the entity that is essentially responsible for setting and proposing population policies, following up implementation of the action plan and evaluating its outcomes on a regular basis. These responsibilities require:
  - Stability of the NPC's leadership for a sufficient period to be able to follow up the proposed action plan on a regular basis.
  - Ensure senior level representatives are members of the NPC to facilitate decision making in a cross-sectoral manner.
  - Preparing and writing quarterly follow up reports and referring them to the cabinet to take the necessary actions regarding levels of progress towards realization of the targets and directives to take corrective actions in the field.
  - Entrusting the governors with referral of periodic reports, on levels of progress towards goals of the population plan in their governorates and the challenges that may be faced, to the Board of Governors.
  - Holding extensive interviews with the Ministry of Finance, Ministry of Planning and Ministry of Investment to emphasize that expenditures of population and family planning programs are deemed investment expenditures that realize tangible returns. Thus, it is necessary to consider the population dimension when discussing budgets of different bodies participating in the implementation of the population plan and to review situation of the grants and loans provided to Egypt to make sure that they are spent in investment fields.
- Enhance communications efforts around the NPS: It is recommended to prepare a simplified and understandable copy of the strategy to spread awareness at localized levels, to familiarize the targeted households and the public in general with it and to clarify impacts of the increasing population growth on different aspects of their lives.

## Review Findings of the Executive plan Pillars

### First Pillar: Family planning and reproductive health

The family planning and reproductive health pillar is one of the most important pillars that can realize the first strategic goal of the NPS “reducing population growth rates to improve quality of life of the citizen by making balance between economic growth rates and population growth rates” on the short and long terms. This pillar consists of six basic goals and nine secondary goals. The first goal is related to five secondary goals of the population growth while the other three goals are related to other strategic goals. The review focused on three basic goals and six secondary goals as they are deemed the most important goals that have a direct impact on the dimension of population growth on the short term and on some other related goals.

The review approach based on reviewing various documents and statistics published about the population, NPS, its executive plan and different activities related to population. It is also based on holding sessions, focus group discussions, interviews and communications with persons concerned with family planning and reproductive health in the executive plan.

#### *Analysis of the key indicators of the pillar*

The total fertility rate and contraceptive prevalence rate are among the important general indicators demonstrating success of the population policies and family planning programs in countries aiming to reduce the population growth.

1. Total fertility rate: the five-year plan 2015-2020 aimed at reducing the rate from 3.5 children per woman in the base year (2014) to 3.1 children per woman in 2020. As stated earlier, alternative indicators have been used to measure progress as the most recent DHS was conducted in 2014. These include:

A. General fertility rate: It is less accurate than the total fertility rate. Although it indicates to the number of births per year per 1,000 women of reproductive age (15-44 years old), it does not differentiate between married and unmarried females and does not consider fertility rate in different age groups. The general fertility rate in 2014 was 127 children per 1,000 women aged 15 to 44 years old. In 2017, it became 118 children per 1,000 women at the same age, i.e. a decline of 9 children per 1,000 women.

B. Crude birth rate: It does not account for sex differences or population distribution by age as it indicates to male and female births of all age groups. This rate declined at the national level from 31.3 births per 1,000 people in 2014 to 26.8 births in 2017, i.e. a decline of 4.5 births per 1,000 people. The crude birth rate also declined in 25 governorates at ratios between 1.8 and 9.4 births per 1,000 people. However, it increased in Matrouh and South Sinai governorates (4.3 and 9.6 per 1000 people respectively).

The general fertility rate and crude birth rate demonstrate a decline in the overall birth rate. This decline reflects the progress of attempts of controlling population growth by virtue of activities of implementing the NPS. However, the realized progress is below the target of the plan as the result of 2014 census is beyond the target of the 2020 plan.

2. Contraceptive prevalence rate: The contraceptive prevalence rate is inversely proportional to the total fertility rate; whenever the total fertility rate decreases, the contraceptive prevalence rate increases. The main source of data on this rate is the DHS. This rate was 58.5 percent in the base year (2014) and the target is 62.8 percent in 2020. Pregnancy prevention rate and years of pregnancy prevention were the alternative indicators used to identify progress as indicates the direction of change by decrease or increase in contraceptive use between 2014 and 2018 on the basis of the total sales of contraceptive of married women at reproductive age. There was a decrease in the pregnancy prevention rate in 2017 (50.9 percent) compared to the base year (51.8 percent). The decrease can be traced back to three probabilities: a shortage of contraception methods provided by all sectors in 2017, low usage of contraception methods despite their availability in the same year or lack of long acting contraception methods (which give higher protection rates) with regard to monthly contraceptives and other contraceptives. In all cases, this decrease indicates to a possible decrease, not an affirmed decrease, in contraceptive prevalence rate in proportion to the number of married women at reproductive age.

### ***Evaluation of achievements of the pillar***

The MoHP plays the greatest role in the activities carried out to realize goals of the pillar of the family planning and reproductive health through different sectors of the Ministry; particularly family planning and population as well as basic health care, curative health care and General Authority for Health Insurance at lower percentages. Some activities are conducted jointly between MoHP, the NPC and the Ministry of Communication and Information Technology. The pillar requires cooperation among the MoHP, NGOs, civil society and the private sector to ensure service integration among all service providers and to make contraceptive and service delivery points available at the national level. In the context of implementing the five-year plan, there was limited coordination between the NPC and different bodies. So, the progress towards the NPS and its goals had been greatly affected and the strategy had been converted to a group of activities carried out on the basis of “targets of the implementing bodies”, not on the basis of strategic targets that are national targets.

*First goal of the pillar: Increasing contraceptive prevalence rate from 58.5% to 62.8% within five years.*

To realize this goal, the plan relied upon the creation of databases used in following up on family planning services and creating a central system to obtain information from the MoHP and other actors. Currently, the housing sector is only gathering data from the governmental sector by virtue of paper-based system and questionnaires at ministerial units' level then electronic documentation takes place in each governorate and at the central level, without being connected to the NGO and private sector databases.

*Secondary target (1): 100% Availability of family planning services in basic care units*

To realize this secondary goal, the plan relied on visits of mobile medical teams to provide coverage for units where no doctors are available and provision of training to nurses on administering hormonal contraceptive. In addition, the plan relied on the creation of mechanisms to redistribute doctors to cover all units throughout the year and to ensure that a female physician will be available at least once weekly in-service delivery units. In spite of the fact that family planning services are available in nearly 95 percent of total basic care units in Egypt, availability of these services is incomplete because of the great shortage of doctors and the small number of mobile clinics that only work for three days per week due to availability of a small number of doctors for these clinics. Despite realization of 80 percent of mobile clinics' visits targeted in the plan, the number of visits is inadequate to cover these units, with 300 visits per annum; approximately one visit to each area per week. The ministry seeks to follow a number of procedures to solve the problem of shortage of doctors by assignment of or contracting with retired doctors. However, the actual availability rate of services throughout the year, on a daily basis, does not exceed 70%.

*Secondary goal (2): Availability of family planning services in 100% of deprived and remote areas at the end of the fifth year*

To realize this secondary goal, the plan depended on establishing a number of basic care units in the deprived and remote areas, opening and supporting family planning clinics in civil society organizations and making 60,000 visits through mobile clinics and 1,000 medical convoys to the deprived areas annually.

According to the MoHP, 3,183 deprived areas and nearly 1,250 basic care units do not have any doctors. The Ministry has opened 64 new clinics of family planning services in NGOs since 2015, had made 215 visits through mobile clinics and had sent 2,700 reproductive health convoys during four years. Mobile clinics will move between three or four areas per day; i.e. each deprived area will only be covered by nearly 40 to 50 annual visits. The total number of female beneficiaries of the mobile medical clinics has reached 3,648,220 females. The total number of females provided with contraception methods through medical convoys was 1,209,205 until December 2018. Despite the small number of visits made to each area, these figures reflect the size and number of households and females in need for family planning services in the deprived areas. Although 80 percent of the targeted visits of mobile clinics and 68 percent of the targeted medical convoys were realized, the percentage of coverage in each area is low (15 percent of the days) as there are many deprived areas and small number of doctors and clinics available for the family planning sector.

*Secondary goal (3): 100% Availability of family planning services in the Health Insurance, medical institutions, public hospitals, central hospitals and hospitals affiliated to other bodies annually during the first year*

To realize this secondary goal, the plan relied on concluding cooperation protocols with the Health insurance and the curative health care, creating a new department for reproductive health and family planning in the functional structure of the Health insurance. 32 clinics were opened and reactivated, including 19 clinics for family planning



and reproductive health in university hospitals, 4 clinics in police hospitals and 9 service delivery points in hospitals of the General Authority of Health Insurance and the medical institution. There was no department created for family planning and reproductive health.

*Secondary goal (4): Providing adequate quantities of contraception methods in 100% of clinics in all sectors according to the standards.*

To realize this secondary goal, the plan relied on determining and purchasing one-year and five-year needs of contraceptive, particularly the long acting contraceptive to satisfy the demand for contraception methods. The Ministry of Health, the non-governmental sector and the private sector, are to provide civil society clinics, university hospitals, hospitals of other bodies and private clinics with contraception methods at competitive prices, improving pharmacists and storekeepers' abilities to manage contraception methods and developing the main warehouses and connecting them electronically.

Needs of contraception are estimated on an annual basis (not on a five-year basis). Tenders specifications and tender documents are to be prepared periodically to provide an adequate balance and precautionary balance of contraceptive on a continuous basis. But, satisfaction of the needs for contraceptive and provision of contraceptive is only limited to the governmental sector and some actors dealing with it, such as health insurance clinics, clinics of universities, the coded non-governmental sector "on the basis of the availability".

Although there is an annually-increasing special budget is allocated for purchase of contraceptive from the state's budget and there is a direction to increase local manufacturing of contraceptive of lower cost, the allocated budget does not satisfy the Ministry's needs, particularly after the devaluation of the EGP. So, the Ministry attempts to provide subsidy for purchase of contraceptive, particularly the long acting contraceptive (loops and implants (capsules placed under the skin)) through donating bodies.

The Ministry holds many training courses for pharmacists and storekeepers on management of contraceptives. An evaluation was conducted to evaluate the situation of warehouses located within departments and directorates, to set the priorities and to know if there are any problems in the infrastructure of some warehouses. Currently, necessary supplies are being provided for a number of warehouses in 15 governorates but the electronic development of warehouses has not started.

*Contraceptives disbursed through the population and family planning sector of the Ministry of Health:*

MoHP provides diverse family planning methods to cope with the different needs of the recipients and their health and social requirements for using contraceptives. However, the audit showed no increase in the number of years of protection the contraceptives provided to match with the increase in population and the number of women of reproductive age while it showed a decrease in the number of the disbursed loops despite their having a prolonged effect and being the most effective and most preferred method used by Egyptian women. Moreover, there has been a significant reduction in the number of condoms disbursed over the previous four years, which deprives a large

number of families from contraceptives, such as those families in which the woman cannot use a contraceptive herself which reduces the principle of men's participation in family planning; an important principle that needs to be developed among men in our society out of sharing the responsibility. Emergency pills, which are important to reduce unwanted pregnancy, were also unavailable.

sub-objective (5): Increasing the skills and capabilities of the service providers to 100 percent according to the standards at all service delivery outlets on an annual basis.

To achieve this objective, the plan relied on holding training courses for units' physicians, gynecologists and nurses in the therapeutic sector and health insurance and the supervisory teams and the students of the faculties of medicine and nursing. Supervisory visits to support service delivery centers were also conducted.

MoHP conducts a large number of training courses, in the areas specified in the plan, by the Family Planning and Population Sector at the ministry, except for the training of nurses of the medical and health insurance sectors. The NPC did not train medical and nursing students on counseling skills.

*Secondary goal (6): Reducing the gap between knowledge and practice to minimize the unmet needs within five years.*

To achieve this objective, the plan relied on increasing the efficiency of health education workers and the capacities of civil society organizations' female extension officers, conducting media meetings, awareness convoys and home visits to raise awareness of reproductive rights and the importance of family planning and reproductive health, especially amongst poor and disadvantaged areas.

A female rural pioneers programme was established to transform the records registration process from manual to electronic in some governorates and with the support of the World Bank and the Micro, Small & Medium Enterprise Development Agency (MSMEDA), 700 female rural pioneers were contracted in order to decrease the number of the targeted households assigned to each female rural pioneer. Female rural pioneers conduct approximately 16 million home visits yearly. In addition, all NGO's female extension officers - who have been hired by the Social Fund - have been trained according to the approved family planning curricula. A number of public gatherings and media symposia were held in all health units and places of gatherings outside health units such as youth centers, government departments, clubs, public libraries, schools, universities, etc. The NPC also carried out 1,133 awareness campaigns and 38,972 media seminars in cooperation with health affairs directorates in governorates, ministries and various stakeholders during the first and second years of NPS.

The second objective is to amend the legislations, laws and regulations in line with the constitutional rights and Egypt's signed international commitments. The House of Representatives approved Law 78 of 2016 which stipulates the amendment of Article 242 of the Penal Code and stiffen the punishment for anyone who circumcises a female. A bill to prevent child marriage was also referred for study by joint committee of the Constitutional and Legislative

Affairs Committee, the Bureau of the Religious Affairs, the Social Solidarity, Family and Persons with Disabilities Committee in the House of Representatives.

The third objective: Commitment to applying the referral system between levels of care.

The referral system has not yet been implemented. It was submitted as a proposal to the legal adviser of the Ministry of Health.

### ***Family planning activities outside the Executive plan affecting population growth***

Al-Wissam Initiative: The Ministry of Health, in cooperation with UNFPA's Project for the Integration of Family Planning and Reproductive Health, launched Al-Wissam Initiative, which aims to evaluate the quality of service in family planning clinics in all governorates, and the approval and promotion of distinguished clinics by awarding them the quality logo (Al-Wissam) and motivating their staff of service providers. This initiative will stimulate the provision of high-quality family planning services and the creation of a competitive environment for the service providers, which in turn will help differentiating between them. This will create a stimulating environment for Egyptian families to adopt the concept of family planning and attract those families to use the services of distinguished clinics.

Post-natal and abortion family planning services: The Ministry of Health and Population has started to implement a plan to provide family planning services after childbirth and abortion in a number of hospitals to increase the use of family planning methods and reduce unwanted pregnancy rates.

Project to decrease population growth among households benefiting from Takaful program (2 Kefaya "or 2 Are Enough"): The Ministry of Social Solidarity launched this project in December 2018 to target more than one million households in the 10 poorest governorates with the highest fertility rates in order to achieve comprehensive social development of the beneficiary families of Takaful. The project aims, by implementing awareness campaigns, to raise the awareness of the target families on the concept of small family and spacing between births, and to support the capacities of the family planning cadres in these governorates and to develop family planning clinics for NGOs in order to provide outstanding services.

### ***Supporting Factors, challenges and difficulties faced while implementing the activities of the Pillar***

There are many factors supporting the implementation of the pillar activities, this includes: a) most of the activities of the plan align to the day-to-day activities of the MoHP, b) the availability of administrative expertise at the Ministry and directorates, and c) the spread of primary health care units in all governorates with the availability of a special budget from the State to procure family planning methods in addition to donors' support.

However, there are also many challenges and difficulties. The first challenge is that there is a low number of available physicians, not to mention they lack training and experience since they are new graduates in their resident year. In addition, they are poorly distributed as their numbers increase in the central regions and northern governorates and decrease drastically in the governorates of Upper Egypt and remote and rural areas. In addition, physicians soon leave primary health care after completing their residency.

The second challenge is that family planning services are not covered in all geographical areas throughout the year due to the large number of marginalized areas, the scarcity of mobile clinics and the frequency rate of the mobile clinics' visits to the same area in addition to the lack of physicians (female physicians in particular).

Monitoring and evaluation methods mentioned in the plan were not activated and private sector engagement and partnership is limited. Moreover, there is no network or system that connects primary health care units at health centers with health directorates and health sector to support decision-making, which is also the case with the warehouse, as they are not properly connected with the health sector.

### ***Role of international and regional organizations***

International and regional donor organizations support Egypt's development efforts and its endeavors to decrease population growth in line with the NPS and its 2015-2020 Executive plan. The most important aspects of this support include:

- UNFPA supports the family planning sector through procuring contraceptives, such as IUDs and developing the contraceptives warehouses in the governorates. It also cooperates with the sector in Al-Wissam Initiative and supports Ministry of Social Solidarity's Takaful program (2 Kefaya).
- The World Bank supported contracting with retired physicians to provide family planning services in the governorates, and with 700 female rural pioneers it supported the family planning sector through the procurement of some contraceptives of prolonged effect (IUDs and hormonal capsules).
- USAID supported the evaluation of the Information System at the Population and Family Planning sector and supported the development of training curricula for nurses who were trained on the disbursement of hormonal family planning contraceptives to first time beneficiaries.

### ***Results and conclusions***

The implementation progress levels for the different objectives of the activities vary between 0 percent and 70 percent. Although it is difficult to quantitatively assess the level of progress in the pillar' activities, yet the rate of achievement of activities in this pillar is close to 50 percent. Although family planning and reproductive health pillar is the most prominent in controlling population growth, the activities implemented on the ground, despite achieving significant progress in birth and fertility rates, did not achieve the desired target along with all the other pillars of the Executive plan due to the rapid population growth rates (exceeding in 2017 the target population of 2020).

### ***Recommendations and proposals***

There are many recommendations and proposals aimed at reducing population growth, which emanate from the objectives and activities of NSP, such as enhancing the institutional environment through establishing robust follow-up, coordination and evaluation mechanisms, re-issuing compound indices for the governorates, addressing shortage of doctors on the short and long terms, and accelerating the development of information systems for health units and warehouses to link them to the central level.

Also, there are recommendations that aim to increase the contraceptives usage rate through activating partnership with the private sector and expanding family planning services after childbirth and abortion and revisiting those who stopped using contraceptives and increasing the number of mobile clinics and frequency of visits coupled with expansion of using contraceptives of prolonged effect.

In order to provide contraceptives to all sectors, recommendations include making a feasibility study on the local manufacturing of contraceptives to make the most of the allocated budget. Another recommendation was to increase the purchase of condoms and emergency pills to cover the need of a large number of users of family planning services in order to reduce unwanted pregnancy and to enhance investment in family planning by increasing the budget allocated to the contraceptives.

Regarding the procurement of contraceptives, a recommendation was made to broaden the procurement base of local and international contraceptive manufacturers to avoid monopoly and to reduce prices, and expand the base of countries from where the contraceptives are imported. It is also recommended to facilitate registration procedures and commit to the registration of the new product within six months as stipulated in the regulations, and facilitate the tendering procedures, provide facilities and exemptions for customs and tax on family planning contraceptives in order to provide them at lower prices.

The recommendations also called for the enactment of a law to prevent and criminalize early marriages (under the age of 18) and to legislate laws that provide positive incentives for small families who are committed to using family planning methods at the end of childbearing age.

### **Second Pillar: Youth and Adolescent Health**

This pillar focuses on the objectives affecting population growth for youth and adolescents. The 2017 census data show that the number of youth in the age group 18-34 years old was about 29 million (30 percent of the total population) and the number of adolescents (12-17 years old) was about 9 million (9.5 percent of the total population).

These data confirm the youth bulge taking place in Egypt as a result of high birth rates in previous years. As a result, there is an increasing attention that has been given to youth which was also reflected in the legal framework of government policies and initiatives geared specifically for youth and adolescents, such as national conferences for youth, and the Presidential Leadership Program, the National Academy for Youth Training and Rehabilitation, in addition to the government considering 2016 as the Youth Year. In addition, the Egyptian Constitution contains a number of Articles (80, 82, 180) that refer either to youth or to adolescents.

The Youth and Adolescent Health Evaluation was based on four main topics: (i) capacity building and development of skills for adolescent and youth; (ii) empowerment of disadvantaged and marginalized adolescents and youth; (iii) promotion of education and dissemination of information and sexual and reproductive health services for adolescents and youth, (iv) increase volunteerism among youth, strengthen their leadership role and engage youth in policy dialogue and decision-making on reproductive and sexual health. These topics dealt with five of the seven objectives of the NPS. The second and third objectives of the evaluation were excluded because they did not have a direct impact on the first strategic objective of decrease of the population growth rates.

Activities and indicators that were included in the evaluation process were used to generate sub-quantitative indicators for each objective. A total evaluation of youth pillar was calculated as an average of the four sub-indexes. The overall evaluation of youth and adolescent health was 39 percent, which is lower than average.

The first objective is capacity building and development of skills for adolescent and youth without specifying the quality of the skills or training they are targeting. It is noted that the number of training institutions dropped from 650 in 2014/2015 to 601 in 2016/2017. At the same time, the number of graduates from these institutions increased from 130,000 to 312,000 approximately during the same period of time, which may have had an impact on the quality of trainings. At the same time, the percentage of graduate studies in the field of population census to the total graduate studies in the field of social science has dropped. While researching the initiatives and activities carried out during the period since the launch of the NPS which aimed at developing youth skills, three programs were monitored. The Ministry of Social Solidarity has trained a number of youths working in civil society organizations to work on the “2 Kefaya” initiative in cooperation with MoHP. The Ministry of Youth and Sports (MOYS), in cooperation with UNICEF, has implemented a skills development project called "Meshawari" which includes life, initiation and entrepreneurship skills. In addition, the NPC in collaboration with UNICEF within the framework of the national strategy for the launch of the population of "Egypt 's youth" initiative to enable 100 students from 12 public universities to build the capacity of 1,200 students and to train them on population issues. Each project is implemented without coordination, limiting the maximization of impact. The value of the first target was 34%.

62. The second topic dealt with the NPS's fourth objective of reducing the child labor rate from 9 percent to 4 percent within five years. This has overlooked referring to two important phenomena which have a significant impact on reducing child labor rates; dropping out of education and children at risk of early marriage. Data from the DHS (2014) indicate that about 10 percent of the (12-17 years old) age group is working in Egypt (one out of every 10 children). The 2017 census data have shown that 111,000 children aged (10-17 years old) are married (about 1.5% of females in this category). This is mainly linked to education leakage, illiteracy and the failure to take effective legislative action to criminalize such incidents. It is noted in this regard:

- There are some efforts in recent years to combat the spread of child labor. For example, the Ministry of Manpower, in partnership with the ILO, have organized training programs for occupational health and safety inspectors, child labor inspectors and the department of vocational training, although this program matches with the activity included in the Executive plan of the NPS for, it has not been implemented in the framework of the strategy.
- At the level of national strategies and plans, the National Strategy for Childhood and Motherhood (2018-2030) was launched by the National Council for Childhood and Motherhood launched in March 2018, which included a number of indicators to combat child labor. However, the Council has yet to develop a mechanism to monitor the phenomenon of child labor at the national level.
- This topic has been evaluated according to the objectives under Objective 4 of the Executive Plan for the Population Strategy in addition to the Child Labor Index. The sub- index for this topic was 40%.

The third topic dealt with the fifth objective: "To increase the ratio of correct concepts of reproductive and sexual health among youth and adolescents (18-35 years old) by 10 percent per annum for a period of five years". It addresses the issue of sexual and reproductive health education and family planning among youth and addresses the issue of supply and demand for reproductive health services for youth and adolescents. Indicators show that a large number of adolescents are not exposed to family planning messages, and that youth's knowledge of population issues is weak, and that youth's perceptions of current reproductive and sexual health have a significant impact on their current and future behavior. In this context, many initiatives and programs have been implemented:

- 1) The Egyptian Youth Initiative is a platform for peer education under youth leadership. The initiative aims to: (a) produce educational and information materials on health and population issues; (b) increase public awareness of health and population issues;
- 2) MOYS in partnership with Etijah and UNFPA has implemented a program to raise awareness among youth about population issues, including family planning and reproductive health, and has aimed to provide safe spaces for community dialogue on different reproductive health concepts and practices;
- 3) MOYS plans to establish 40 population awareness clubs in 14 governorates in 2018 with financial and technical support from UNFPA;

4) The Ministry of Education included population concepts such as population growth, population characteristics, reproductive health issues in the 2015 school year, as part of the curricula of Arabic language materials, social studies and national education for preparatory and secondary school students. In addition, "Guide to Environmental, Population and Health Activities for Sustainable Development" is being developed and disseminated among all education directorates at the governorate level to be implemented in secondary schools;

5) Four civil society organizations, namely the Egyptian Family Planning Association, Caritas -Cairo, the Society for the Improvement of Women and Children in Sohag and Caritas Assiut, participated in the implementation of the "Empowerment of Youth" project for reproductive and sexual health in six governorates (Cairo, Giza, Assiut, Sohag, Qaliubiya and Behira) in collaboration with Plan International - Egypt. The project provides equal opportunities for young women and men between the ages of 15 and 25 years old in order to access reproductive and sexual health information and services, and to highlight harmful practices such as early marriage;

6) With regard to youth-friendly services in reproductive and sexual health, the Youth and Adolescent Services Support Program was launched within the framework of cooperation between the Ministry of Health and Population (represented by the General Administration for School-age Child Care Program) and UNFPA in April 2014. As of May 2015, the service has been active in the clinics. There are 230 clinics spread across 24 governorates. In 2018, those clinics received about 550,000 youth visitors aged between (10-24 years old) of whom 33 percent were males and 67 percent were females. The reasons for their visits were diverse according to the type of services provided (38 percent of the total visits), seeking advice (24%), health services (37 percent), as well as the request to transfer to other medical centers which was about 1% of the total visits.

It is worth mentioning that the impact of these initiatives and programs on youth and adolescents has not been measured and it has therefore been difficult to determine the effectiveness and efficiency of these initiatives and programs in achieving this objective. The sub-index for this topic was calculated based on activities without indicators due to lack of data for these indicators since the base year of the NPS. The sub-index of this pillar was 38%.

The fourth and final topic covered the sixth objective: "Increasing youth participation in the formulation and implementation of policies and decisions on population policies in their communities, and monitoring their implementation by 50 percent"; and "Developing mechanisms for youth participation in addressing social issues and increasing volunteer rates by 15 percent annually."

Studies indicate that most of the Egyptian youth are not involved in civil society (volunteering and membership groups and participation in community development) and that their participation ratio in volunteer activities is low despite Egypt's efforts to promote active youth participation, and to raise numbers of youth representatives in decision making national and local committees. With regard to youth participation in population policy development,



the NPC did not take any step to integrate youth in the formulation, monitoring or decision-making on population issues. For example, the Council does not implement the existing activity in the Executive plan which stipulates "develop a mechanism for youth representation in regional population boards by the year 2017". There are many activities that have been implemented to raise the level of youth social participation such as youth conferences, peer education network, Presidential Leadership Program. It is clear however that since the dissolution of the Ministry of Population in 2016, there has been a significant reduction in the number of programs and initiatives implemented by various organizations on population issues, and thus youth participation in policy development and policy decisions in their communities and monitoring their implementation dropped. The sub-index for this topic was calculated based on activities without indicators due to lack of data for these indicators since the base year of the NPS. The sub-indicator for this topic was 45%.

The most important challenges for this pillar are: (1) lack of data to calculate the appropriate indicators to measure the impact on the objectives levels; (2) the ministries concerned with youth and adolescent health does not have sufficient knowledge of the five objectives and activities according of the Executive Plan of the NPS; (3) There is no evidence that reproductive health campaigns, training courses, and peer education networks have contributed to enhancing the knowledge and awareness of youth, or led to an increase in correct perceptions of reproductive and sexual health among youth and adolescents; that the Council For the population has provided any technical or organizational assistance in favor of the file of youth and adolescents in Egypt.

### Third Pillar: Education

The education pillar consists of six main objectives: integration of population issues in the educational process in its varied forms, increasing the rate of coeducation from 93.4 percent to 100 percent, scaling down dropouts' rate to zero percent and providing them with a second opportunity for access to quality education services. This includes cutting illiteracy rate from 21.7 percent to 7 percent, upgrading technical education and connecting it to community and market needs, advocating for modernizing religious engagement by leading religious figures. A number of activities and indicators were identified for each objective, the timeframe for achieving it, and the parties involved in its implementation. The following will evaluate the achievements of the pillar since strategy implementation started and until the end of 2018 - a period of three years.

A number of measurement indicators were also identified to determine the effectiveness of activities, including: the students who are aware of population growth risks, aspects of population characteristics, changed concepts of family shape and size, the percentage of teachers familiar with population issues and are able to discuss them, percentage of teachers who are able to play the guiding role in population and health issues, percentage of enrollment in compulsory education, percentage of community school attendants, education leakage percentage, school stage meal

coverage percentage, (national and governorates), percentage of illiteracy to total population number, unemployment ratio among technical education graduates, ratio of the increase in imams and preachers' awareness about the importance of the population issue after they have received the relevant trainings.

Performance evaluation for the period from 2015 to the end of 2018 showed weak performance and weakened impact on all indicators, due to some of the challenges that the implementation process have faced: lack of financial allocations to support and implement various activities or to facilitate access to technical support; the absence of powers for the representatives of the various entities within their institutions; decision-makers remote follow up to the implementation of the strategy in addition to lacking what they need to implement it; the absence of legislators; most of the concerned parties work separately; lack of networking between the various initiatives; each activity is addressed as a project separate away from its original intended goal; indicators that do not take into consideration the areas that are in dire need.

Based on the evaluation, the NPC needs to take some measures aimed at directing the activities of this pillar to have the most impact on the population issue and the overall objectives of the strategy, in addition to overcoming the challenges that have faced the implementation of the strategy in the last three years. Those measures are:

- 1) The formation of a ministerial committee to oversee the implementation of the strategy, to activate the decision-makers' role and to strengthen their commitment towards the strategy's targets and indicators with a need to involve the Ministry of Finance, the MoPMAR and the Ministry of Investment and International Cooperation;
- 2) Working with the Ministry of Finance and MoPMAR to provide financial allocations to support the implementation of strategy's activities;
- 3) Initiate cooperation with the Ministry of Investment and International Cooperation (the entity responsible for directing and managing grants and assistance) to direct a percentage of grants and technical support of education and technical education towards the support of population issues and to involve the NPC in the steering committees of these programs,
- 4) Strengthen the technical role of the NPC in particular with regards to identifying and developing messages for population issues in line with the target groups taking into consideration the diversity of these groups (age, gender, socioeconomic status, geographic location).
- 5) Directing the coordination mechanisms with the concerned stakeholders to be more specialized at the level of the strategic pillars or at the level of the objectives, and review the objectives and performance indicators to be more specific at the level of the governorates in order to focus on the governorates and regions most in need and to activate the role of local development, civil society, directorates and education departments.

## Fourth Pillar: Media and Social Communication

Through the objectives of the NPS, we conclude that it is necessary for information and social communication targets and indicators to reflect the concept of development-based empowerment to raise the population characteristics. It is also necessary for this concept to reflect what extent the community participates in the planning, implementation and evaluation, and to combine empowerment program activities to include all community members. This can be done through applying an integrated package of developmental interventions, and to use an outreach approach that is based on empowerment, i.e., shifting from programs persuading individuals to participate to facilitating their participation; awareness stimulation method and in-depth analysis to change attitudes and adopt the concept of development media.

The strategy addressed empowerment in one pillar; women empowerment, however in the activities of the awareness-raising pillar, there are no activities or community initiatives aimed at empowerment. Although the second objective focuses on gaining community support (activities do not reflect the objective); it is both an activity and a component of the empowerment process. The word development was referred to only once in the media training activity and no reference was made to the demographic characteristics of any objective or activity, although it was the basis of the objectives of the strategy. The population issues were presented in a comprehensive manner without specifying, priorities or intervention priorities for the target groups or geographic regions (quintiles and slums) or population issues' priorities. The importance of studies and training (not only for media professionals) and public involvement in the evaluation was not mentioned and neither were community initiatives to empower nor the activities in support of empowerment.

It is noted that in the rest of the pillars such as family planning, reproductive health, education and youth in NPS, as well as in all the other three strategies, there are objectives and important awareness activities that are not included or integrated in the media and social communication pillars. Quantitative and not qualitative increase in objectives, activities and indicators prevailed, and it was noted that some activities do not reflect the objectives or that indicators do not reflect the objectives and activities. For example, special indicators were developed to stigmatize people living with HIV / Intervention (Despite the absence of activities aimed at it and not knowing what population issues that require a priority intervention).

Since the evaluation process depended on the availability of data and its quality (quantitative and qualitative), it was one of the most critical challenges faced during the evaluation of the activity and its impact; reports do not allow for ratios calculation since they are consolidated data or for only a few months (there is no baseline). The data was not coded nor analyzed (in the form of rough tables), there was only a brief account of the activity without a reflection on the indicators or their linkage to the Executive plan.

An example of an unavailable evaluation report was the report on public opinion on the “Teh Marbouta” Campaign (had a high number of views that reached 100 million and 900 thousand views), and also the cost reports, which is one of the most important indicators of evaluation was not available despite the consensus of partners that funding is the main reason for the cessation of activities. It is important to know the economic feasibility of the programs through studies and know the reason why its many activities stopped, for example, after the cessation of US aid. The most important results of the evaluation were comparing of the advocacy around population issues through radio and television with the results of the media observatory of the National Information Agency. The analysis found that the programs on television and on radio dedicated to population issues are of a limited number of hours (total 137 hours / 3 years), even though viewers spend an average of 4 hours/ day watching TV (based on Maspero Index) and population issues were not broadcasted in programs that are mostly viewed. The index showed that religious programs are one of the most popular programs for the public, but the number of hours of broadcasting of population issues from a religious point of view was only for an hour and a half in 3 years. It is noted in the indicators that the percentage of follow-up awareness campaigns for the sample was only 4.1 percent.

The index showed that religious programs are among the most popular programs for the public, but the number of hours of broadcasting of population issues from a religious point of view was only for an hour and a half in 3 years. It is noted in the indicator that the percentage follow-up awareness campaigns for the sample was only (4.1%). Despite the scarcity of information, some integrated programs for empowerment have been found (although they were not included in e activities of the pillar). These programs included success factors (although there are no published results to evaluate the impact and these activities, which are mostly unplanned. Examples of these programs include Youth of Egypt initiative, many empowerment programs of NCW and "Pioneer Mothers" Initiative in Fayoum Governorate. It is also possible to say that the General Authority for Information adopts a method that ensures community participation and communication for empowerment although interventions were not focused on areas having the priority. In addition, the integrated programs also include the programs of the Audiovisual Information Center of the Ministry of Agriculture that can communicate with the target group (farmers), that can reach villages and hamlets and that can produce awareness materials suitable for the targeted audience (but there is no evaluation for these activities). Among the integrated programs having goals other than empowerment is the Ministry of Social Solidarity "2 Kefaya" campaign (the problem lies in the slogan which is rejected for religious reasons and personal rights reason; empowerment). For initiatives of MOHP, there are no information about those initiatives and no activities have been included but just sessions about leading a healthy life, and even though advice is a tool of empowerment yet the session guide does not reflect this concept.

By assessing the achievements of the pillar, 56 percent of the activities listed in the first objective have been implemented. It was pointed out through the media observatory of the National Council for Women (NCW) that the

“T” Campaign has reached 100 million and 900 thousand views. Also, in the last report it was found th at there are 20 million followers of the FGM Campaign, and that there are 1,649 news articles (online and offline) on the topic. Cadres from the media were trained, but there is no information on the training evaluation.

As for the objective of the second: to increase public mobilization to support the population issue: 54.5 percent of the activities were implemented, however, reporting on the progress must be enhanced. Activities were carried out in schools with an achievement of 62 percent of the target, according to reports of the Ministry of Education. As for universities, many activities were performed in the form of initiatives - marathons - volunteerism - seminars - through the Youth Committee in the NCW. Ministry of Awqaf carried out an unplanned activity through a program for rehabilitation of those who are about to marry.

**Fifth Pillar: Women’s Empowerment**

The Women's empowerment pillar works to achieve ten sub-objectives that operate in three levels (political, economic and protection). The political focuses on increasing women’s representation in political processes, the economic focuses on enhancing and increasing women’s contribution to the labor force market, and the protection focuses on reducing the cases of violence against women, FGM and early marriage.

The analysis of activities and results showed positive results on the level of political empowerment and in combating violence against women on the level of legislation and policies under the guidance and support of the higher political leadership, such as the amendment of the increased participation of women in parliament and the appointment of women in senior leadership positions. Some articles of the Penal Code have also been amended to toughen the penalty for FGM, as well as to include the crime of sexual harassment in the Penal Code. On the economic level, 250 million pounds were allocated to support the entry of women into the labor market through, for example, providing nurseries and developing existing ones. The other objectives were very modest and there is no evidence of the relationship between their results and the strategy.

Regarding the activities of strategy partners, a large number of activities were carried out each according to their plans, albeit without coordination or linkage to the population strategy. Thus, the overall results on the level of achieving the objectives were modest and did not advance to the strategy’s expectations.

Goal	First	Third	Fourth	Fifth	Sixth	Ninth	Tenth	Goals/additional pillars	Goal 3 Population Program Management	Total score /90
Score	3	6	4	2	2	4	4	4	4	33

It is suggested to review the indicators, ensure that there is a solid coordination mechanism in place between the NPC and its partners and that financing sources are assessed and strengthened.

## Management of the Population Program Pillar

This pillar focuses on the following three main objectives: 1) the development of mechanisms for management, coordination, monitoring and evaluation to be implemented through seven activities; 2) preparation of specialized cadres to operate the mechanisms of coordination, monitoring and evaluation through four activities; and 3) mechanisms application, identification and outcomes sharing to be achieved through three sub-objectives including 16 activities.

Within the framework of implementing the first objective, the NPC, with the assistance of a group of experts and consultants, has developed a monitoring and evaluation system to assist monitoring the implementation of the NPS and its Five-Year Executive plan, and in this context, the following activities have been accomplished:

- 1) The commencement of developing a statistical observatory to detect and track the indicators of outputs, outcomes and impacts of the strategy's four goals, however, it has not been completed, despite the availability of funding;
- 2) The compilation of all indicators required for monitoring and evaluation in an Evaluation and Monitoring Manual that includes data flow mechanism, data processing, roles and responsibilities, and reports generated by the system, their issuance frequency, and distribution plan;
- 3) Formation of the National Coordinating Committee under the chairmanship of the NPC and the membership of all partners, with the support of UNFPA to be responsible for monitoring the progress of the Executive plan. The Committee convenes three times a month. Such meetings resulted in agreeing to participate in the work carried out in the governorates of Giza and Assiut, and has concluded some initiatives that were implemented;
- 4) The development of population plans for three governorates (Assiut, Sohag, and Giza) which are approved by the governors for implementation and monitoring. The branches of the National Council are responsible for following up the implementation during quarterly meetings to be held with the Governor;
- 5) The development and use of composite indicators to monitor the levels of implementing the NPS with its four strategic goals. Composite indicators are used to identify the prioritized eight governorates in terms of work and programs implementation. Composite indicators are also used to create the Population Development Atlas which enables decision-makers to identify, through color-codes, the population situations in different regions and to select the appropriate interventions.
- 6) The preparation of the features of the demographic characteristics of all governorates, in addition to preparing and developing the respective population plans in 2017 according to the NPS and Executive plan.

## Details of the Road Map 2019-2020

### First: Management of the National Population Program

Objectives	Activities	Main & Assisting Implementing Authorities	Time frame	Human and financial Resources	Measurement indicators
1- Confirm political support for the national population program and provide the required resources	<p>1- Holding the Third National Conference for Population under the auspices and participation of the President of the Republic to approve the Population Plan</p> <p>2- Launching an initiative to activate and stimulate work in the area of population and family planning</p> <p>3- To activate and support the role of the National Council for Population through improving the level of membership of the Council and the stability and continuity of the Council's administration for a sufficient period</p> <p>4- Formulating and developing the necessary legislations to achieve the objectives of the National Population Strategy</p> <p>5- Providing financial resources for the implementation of the National Population Strategy through the Ministries of Finance and Investment</p> <p>6- Establish an electronic database for population to ensure response to monitoring and evaluation needs</p>	<p>Presidency - - Prime Ministry</p> <p>- National Population Council</p> <p>- Ministry of Health and Population</p> <p>- Ministry of Finance</p> <p>-Ministry of Investment</p> <p>Parliament</p>	March 2019 to October 2019	<p>-Technical Committee for the Conference's preparation</p> <p>Administrative Committee for the arrangement</p> <p>Financial Resources</p>	

<p>2- To activate the mechanism of coordination and follow-up with all partners in the implementation of the population plan, whether at the central or local levels</p>	<p>1- Activating of the system and mechanism of coordination and follow-up of the national population strategy  2- Forming coordination and follow-up committees with all partners at the central level  3- Forming coordination and follow-up mechanisms to implement the national population strategy in the governorates  4- Developing electronic communication tools between the Council and its branches in the governorates  5- Issuing quarterly / annual periodic reports with follow-up results at various levels</p>	<p>- National Population Council and its branches   - Ministries and Authorities   - Governorates   - Ministry of communications   - Statistics experts</p>	<p>April 2019 - June 2019</p>		
<p>3- Activating the role of the National Council for Population in the field of studying population dynamics and trends in demographic changes</p>	<p>1- Forming and preparing a qualified working group capable of analyzing population data and deriving appropriate indicators  2- Issuing periodic brochures of indicators and demographic variables at the central and local level  3- Providing appropriate and effective mechanisms for direct communication with data sources  4- Preparing of electronic systems and software required to build databases, complete statistical analysis and qualify and train human elements to use them  5- Selecting of research topics based on specific gaps in policies and results of implementation in different areas</p>		<p>April 2019 and continuous</p>		



## Second: Reproductive Health and Family Planning

Objectives	Measurement indicators	Activities	Responsible & Assisting Authorities	Time frame	Human and financial Resources
1) Increase utilization rate of family planning means and reduce the unmet need in areas with low utilization rate and an increase in the rate of unmet need	Key Indicators of Objective: - Utilization rate of family planning means - Unmet need ratio	1-1 Partnership with the private sector (through service contract) in disadvantaged, remote, with reproductive rates, and high unmet need areas. Providing means to private sector partners at the subsidized price and controlling of means disbursement	Ministry of Health and Population	6 months to establish the system and mechanisms, make the necessary decisions and contract before starting the service	Health departments in governorates Gynecologists and obstetricians in the private sector Budget: L.E 12.000.000 (L.E 1.000.000 per month as contracts ' value)
	Ratio of women who have reused the means to stopped means-using women	1-2 Intensive visits stopped means-using women (stop going to the units) by rural leaders and intellectuals and urging them to reuse the means	Ministry of Health and Population	Implementation begins immediately	Physicians working in units, rural leaders and medical educators Budget: No additional budget is required
		1-3 Expanding post-natal family planning services in the Ministry's hospitals, linking these hospitals and service delivery units	Ministry of Health and Population	6 months to train physicians	Obstetricians and Gynecologists in Ministry Hospitals (General, Central, Insurance, Educational, Specialized Medical Centers) and Doctors of Family Planning Units Budget: L.E 500.000 for training (L.E 1000 cost of training day for an average of 20 physicians)
		1-4 Increasing mobile clinic visits to disadvantaged and remote	Ministry of Health and Population	Over the year	Assigned and contracted Physicians working in the family planning sector

		areas by 120,000 visits per year, with more mobile clinics allocated to the family planning sector only			Budget: L.E 120.000.000 for visits (L.E 1000-day cost per clinic)
		1-5 Training nurses on the hormonal means delivery.	Ministry of Health and Population	6 months to complete the necessary legal and administrative procedures and nurses training	Nurses working in units Budget: L.E 500.000 for training (L.E 1000 cost of training day for 20 nurses on average)
		1-6 Expanding the use of long-acting means with lower failure and stop rates and increasing purchases of condoms and emergency pills to cover the need for a large sector of users of family planning services and to reduce unwanted pregnancy	Ministry of Health and Population And (Ministry of Finance)	Over the year	Purchasing Department in the family planning sector and Physicians working in service centers Budget: 70 million Egyptian pounds to increase the means budget by 30%
		1-7 Opening 20 clinics for family planning services in civil society organizations in underserved areas.	Ministry of Health and Population And (General Union of NGOs and Civil Society Organizations)	Over the year	Physicians and nurses of Ministry of Health Budget: L.E 2.400.000 (L.E 120.000 per clinic)
2) Make up a shortage in Physicians to cover more mobile units and clinics	Number of newly seconded and contracted Physicians involved in the family planning service providing system	1-2 Activating plans for seconding Physicians from hospitals to work in health units	Ministry of Health and Population	3 months to develop the plan and make the necessary decisions and then start implementation	Obstetricians and Gynecologists Budget: L.E 12.000.000 million incentives and rewards (L.E 150.00 per day)
		2-2 Contracting 250 new doctors to provide family planning services in units	Ministry of Health and Population	Contracts are being concluded within 3 months	Retired Physicians Budget: L.E 18.000.000 (L.E 6000per month for the Physicians)

		2-3 Linking women and obstetrics departments in public and central hospitals with family planning units and activating referral system	Ministry of Health and Population	3 months to develop the plan and make the necessary decisions and then start implementation	
		2-4 Providing more financial privileges for Physicians to work in remote and disadvantaged areas. Also arranging suitable accommodation in units.	Ministry of Health and Population Ministry of Finance	6 months	Assigned Physicians Budget: According to the number of Physicians?
3) Facilitate import and manufacture of means	Number of means manufacturers	3-1 Expanding the base of companies producing and manufacturing means locally and internationally to break monopoly and reduce prices	Ministry of Health and Population	6 months	Supreme Committee for securing means
	Number of countries available to import from				
		3-2 Expanding the base of countries where means are allowed to be imported by the Ministry to ensure quality and lower price	Ministry of Health and Population	6 months	Supreme Committee for securing means
		3-3 Facilitating registration procedures and obligation to register the new product within maximum six months as stipulated by the regulations	Ministry of Health and Population	6 months	Central Administration of Pharmaceutical Affairs
		3-4 Facilitating the procedures of procurement tenders as not to delay the means providing	Ministry of Health and Population	6 months	Tender committees at the Ministry of Health

		3-5 Provide facilities and customs exemptions for family planning means as well as tax exemptions, taking this into account the pricing of the Ministry to provide them at lower prices.	Ministry of Finance	6 months	
		3-6 Carrying out feasibility study to increase the manufacture of means locally, including hormonal means and spirals, to make maximum use of the budget allocated to means.	Ministry of Health and Population  National Population Council	6 months	Experts in the field Budget: L.E 300.000 – 400.000
4) Re-issue and rely on the composite indicators of the governorates to guide the governorates' plans to the first areas of intervention	Issuing of 2018 indicators	1-4 Compiling and reviewing the data needed to issue the indicator manual then designing and printing the book.	- National Council of Population and its branches - (Health Directorates - Central Agency for Public Mobilization and Statistics)	3 months	Department of Monitoring & Evaluation and Department of Information at the National Population Council and Branches The budget is L.E 120.000 -150.000
5) Development of databases used in the provision of family planning services	The number of units in which the electronic registration system was introduced and the training of employees and linking them to higher levels	5-1 Purchase or design of an electronic registration program starting from the level of health units to the central level	Ministry of Health and Population Ministry of Communications and Information Technology - Ministry of Planning and Administrative Reform	3 months	Budget: LE 1 million

	The number of stores in which the electronic information system was introduced and the training of store keeper and linking them to the central level	5-2 Developing the registration system in units to the electronic system and linking it up to the central level in 500 units in the top 10 governorates in total reproduction rates		9 months	Budget: LE 7.500.000 of 15,000 per unit
		5-3 Developing the information system in the main stores to the electronic system and linking it to the central level in 50 stores in the top 10 governorates in total reproduction rates		9 months	Budget: 750 thousand pounds, 15 thousand pounds for the store
		5-4 Training 500 health workers on the electronic registration program		9 months	Budget: L.E 100.000
		5-5 Training of stores' keepers in 50 stores on electronic registration program		9 months	Budget: L.E 10.000
		5-6 provide information on newborns from the electronic system of recording vital data in health centers to calculate total reproduction rate at the national and governorate levels annually	Ministry of Health and Population National Population Council		

6) Integrating training on basic care, FP & RH as a basis in new educational system in medical schools in the two years of Residency & in the licensing exam to be held in 2020		6-1 Agreement with the Supreme Council of Universities and the Compulsory Medical Training Authority. Also Integrating the training in the training courses for the Physicians of Residency and the national licensing exam	Ministry of Higher Education (the Supreme Council of Universities)  The Compulsory Medical Training Authority	6 months	
(7) Issuing laws aim to reduce population growth		7-1 Issuing a law to criminalize early marriage	National Population Council  Ministry of Justice Parliament Azhar AL-SHARIF	6 months	Representatives of the National Population Council, the Ministry of Justice, Parliament and Al-Azhar Al-Sharif Budget: LE 15,000 - LE 20,000 for meetings
		7-2 Enacting Legislations stipulated to provide positive incentives for small families who are committed to using family planning means at the end of their reproductive age	National Population Council  Ministry of Justice Parliament Azhar AL-SHARIF The Ministry of Social Solidarity	General	Representatives of the National Population Council, the Ministry of Justice, Parliament and the Ministry of Social solidarity Budget: LE 15,000 - LE 20,000 LE for meetings

### Third: Youth and adolescent health

Objectives	Activities	Main & Assisting Implementing Authorities	Time frame	Human and financial Resources	Measurement indicators
	Dialogue Forum about the definition of youth and Strengthen	National Population Council, National Academy for Youth Training and	September 2019	Human Resources: Teamwork	Develop a policy package targeting youth and adolescents

1) Building capacities and abilities and developing the skills of adolescents and young people	evidence-based data collection	Rehabilitation, Ministry of Planning		Financial Resources: L.E 500.000	
	Monitoring and evaluation of capacity development and youth rehabilitation programs by ministries and donors to determine the quality of training and targeted youth groups	National Population Council, National Academy for Youth Training and Rehabilitation, Ministry of Planning	May, June 2019 3 months	H R: Expert in capacity building and skills development programs for young people  FR: L.E 250.000	Detailed report monitors all types and forms of training programs implemented by government authorities
	Identify the skills needed by young people based on evidence through 4 field studies to determine life skills	National Population Council, Basira Center, National Academy for Youth Training and Rehabilitation	May - October 2019 6 months	H R: Researcher and 2 Assistant Researchers FR: L.E 150.000 per study	Conducting 4 field studies to identify the skills required for the labor market
	Training the youth on these skills through the establishment of specialized camps for a week in cooperation with the training institutions	National Academy for Youth Training and Rehabilitation, Ministry of Youth and Sports	Oct2019- March 2020  6 months	H R: Trainers and Facilitators  FR: 200 thousand pounds for every 30 trainees	Number of youth in the age group (18-35) who were trained by type and percentage of skills in which youth were trained out of the total number of skills monitored.
	Capacity building and training of youth at the governorate level to run for local council elections and parliamentary elections	National Academy for Youth Training and Rehabilitation, Ministry of Youth and Sports	January - June 2020 6 months	H R: Trainers and facilitators in various disciplines  FR: 200 thousand pounds for every 30 trainees	Number of youth in the age group (18-35) who were trained by gender
	To conduct an in-depth study in Minya, Sohag, Assiut, and Beheira to	National Population Council, Ministry of	May - July 2019 3months	H R: teamwork of Researchers and Experts in childhood	Studying how to determine the most important reasons for

<p>(2)</p> <p>Empowering disadvantaged and marginalized adolescents and youth (girls at risk of early marriage and adolescents at risk of child labor)</p>	<p>find out the reasons for the large spread of child marriage in these governorates to find out:  (1) Characteristics of girls exposed to child marriage (2) Underlying reasons for this phenomenon in selected governorates (3) Identify appropriate local interventions to address this phenomenon and its cost</p>	<p>Social Solidarity, Etjah Foundation</p>		<p>FR: 250 thousand pounds for every 30 governorates</p>	<p>the spread of child marriage phenomenon in 4 governorates</p>
	<p>Develop an urgent plan to reduce the spread of child marriage in the four governorates by finding local mechanisms for prevention and response and developing an urgent awareness plan to change the practices and misconceptions</p>	<p>National Population Council, National Council for Childhood and Motherhood, Ministry of Manpower and Immigration</p>	<p>August-September 2019 two months</p>	<p>H R: Expert in childhood, media expert, technical and field work team  FR: L.E 80.000</p>	<p>Percentage of child labor in the age group (5-18) years Percentage of children's marriage "The number of children in the age group (10-18) years and previously married as a proportion of the total children in this age group".</p>
<p>(3)</p>	<p>To inventory all educational curricula and interactive tools prepared in the field of reproductive health and population education for dissemination and</p>	<p>National Population Council, Ministry of Youth and Sports, United Nations Population Fund</p>	<p>May - October 2019 6months</p>	<p>H R: Expert in youth and adolescent health  FR: L.E 150.000</p>	<p>Percentage of population clubs / girl clubs / volunteer clubs where these curricula were taught to youth in the age group (18-35) years.</p>



Increase youth demand for reproductive and sexual health information and services and family planning	use in the population, girl and volunteer clubs at the level of the Republic				
	Updating the digital library in the National Population Council to become a center for all training manuals and curricula for family planning and reproductive and sexual health used in education outside the context of schools provided by civil society organizations, international organizations and United Nations bodies	National Population Council	October-December 2019 3 months	H R: Expert in information systems and communication technology  FR: L.E 200.000	Number of references and training manuals on this digital library  Number of the digital library visitors
	Establish an institutional framework for population clubs and develop a plan to ensure continuity by enabling young people to play a major role in managing these clubs	National Population Council, Ministry of Youth and Sports, United Nations Population Fund, Etjah Foundation	May, June 2019 3months	H R: Expert in youth and adolescent health  FR: L.E 150.000	Signing a memorandum of understanding / protocol of cooperation between the main parties
	Activating the population clubs in 14 governorates and developing an implementation plan for each governorate with the participation	National Population Council, Ministry of Youth and Sports, United Nations Population Fund	May - October 2019 6 months	H R: Expert in youth and adolescent health, reproductive and sexual health Trainers, Facilitators, Y-PEER	Number of visitors to population clubs by governorate

	of local community and NGOs			FR: Determined according to the activities listed	
	Preparing of facilitators and trainers at the level of the Republic of young volunteers, ambassadors of the population and agents of changing the behavior of young people by taking advantage of graduates of the presidential program for the rehabilitation of young people as ambassadors in population clubs' activities	National Population Council, National Academy for Youth Training and Rehabilitation, United Nations Population Fund	October 2019 - March 2020 6 months	H R: Expert in youth and adolescent health, reproductive and sexual health Trainers  FR: Determined according to the number of trainees and visits	Number of the presidential program graduates participating in the training of trainers  Total number of young trainers as ambassadors of the population
	Training of trainers for the peer education network to conduct home visits targeting girls aged 12-18 in communities at risk of early marriage	Ministry of Social Solidarity, United Nations Population Fund (UNFPA), Peer Education Network )Y-PEER(	October 2019- March 2020 6months	H R: Expert in youth and adolescent health, reproductive and sexual health Trainers  FR: Determined according to the number of trainees	Number of trained trainers for home visits
	Building a network of peer educators in hazardous areas identified by the National Population Council, enabling them to educate parents in the community about	National Population Council, Ministry of Youth and Sports, United Nations Population Fund	March - August 2020 6 months	H R: Expert in youth and adolescent health, reproductive and sexual health Trainers  FR: Determined according to the number of trainees	The number of hazardous areas that have been trained from the total number of hazardous areas determined by the National Population Council

	misconceptions and harmful practices				
	Disseminate the values of peer education programs in volunteer clubs in youth centers and develop workshops and educational seminars for reproductive and sexual health among young people	Ministry of Youth and Sports, United Nations Population Fund	August-October 2020 3 months	H R: Youth and Adolescent Health Experts, Sexual and Reproductive Health Trainers, Y-PEER Peer Education Network  FR: 250 thousand pounds	Preparing educational workshops and seminars on reproductive and sexual health
	Holding workshops and activities to raise awareness and reach adolescents and youth in marginalized and dangerous areas through educational and recreational tools such as participatory theater	National Population Council, Ministry of Youth and Sports, United Nations Population Fund, Y-PEER	June-November 2020 6 months	H R: Sexual and Reproductive Health Trainers, Y-PEER Peer Education Network  FR: 400 thousand pounds	Preparing educational workshops and seminars on reproductive and sexual health
(4) Providing reproductive health and sexuality information and services for young people	Counting and mapping young-friendly clinics and categorize them according to the most effective	National Population Council Ministry of Health and Population (General Administration for the Care of Children of the School Age)	May, June 2019 Two months	H R: Youth and Adolescent Health Expert, Research Team  FR: L.E 100.000 thousand pounds	Map and categorize young-friendly clinics according to the services provided
	Conduct an analytical study of the youth-friendly services package currently provided to identify gaps in the providing and delivery of	National Population Council Ministry of Health and Population (General Administration for the Care of Children of the School Age),	July - August 2019 two months	H R: Youth and Adolescent Health Expert  FR: L.E 200.000 thousand pounds	Analytical Study of Youth Friendly Services Package

	services during the period from 2019 to 2020	United Nations Population Fund			
	Conduct a study of how to monitor all clinics nationwide that provide awareness sessions, seek advice, and health services for adolescents and young people, and to see if these clinics offer a youth-friendly service package according to WHO standards	National Population Council Ministry of Health and Population, United Nations Population Fund	September-October 2019 Two Months	H R: Youth and Adolescent Health Expert, Research Team  FR: L.E 350.000 thousand pounds	Study how to monitor youth-friendly clinics
	Promoting youth-friendly clinics through media campaigns on social networks	National Population Council Ministry of Health and Population, United Nations Population Fund	November 2019-April 2020 6months	H R: Media campaigns development Expert / advertising companies / E-marketing companies FR: L.E	Number of campaigns launched on social networking platforms
	Study the possibility and strategy of making youth friendly services closer to youth and providing them in youth centers, schools and universities	National Population Council Ministry of Health and Population, Ministry of Youth and sport, United Nations Population Fund	November 2019 - January 2020 3 months	H R: Youth and Adolescent Health Expert  FR: L.E 100.000	A strategy for the deployment of youth-friendly services and the proposal of several different models to provide services according to the nature of each governorate
	Training young doctors (newly graduated) in providing youth-friendly health services	National Population Council Ministry of Health and Population	January - June 2020 6 months	H R: Youth and Adolescent Health Trainers and Facilitators	Number of trained young Physicians

				FR: L.E 300.000	
	Mobilizing young people as family planning advisers and training young people to become ambassadors of the population and agents of behavior's change	National Population Council Ministry of Health and Population, United Nations Population Fund	January - April 2020 4 months	H R: Youth and Adolescent Health Trainers and Facilitators  FR: L.E 300.000	Percentage of young people who have been rehabilitated to provide youth-friendly health services by governorate
5) Increasing volunteerism among young people, strengthen their leadership role and engage young people in policy dialogue and decision-making on reproductive and sexual health	Activating the representation of young people in the regional councils of the population and to integrate them in the development of population plans and policies.	National Population Council	June 2019	H R: Employees of the National Population Council FR: None	Percentage of Youth representation in regional population councils
	Coordinating between non-profit organizations, civil society organizations and charities to build a network of volunteers to serve the population issue.	National Population Council, Ministry of Social Solidarity, National Academy for Training and Rehabilitation of Youth	May, June 2019 3 months	H R: Employees of the National Population Council and National Academy for Youth Training and Rehabilitation FR: None	Number of initiatives launched to encourage youth to volunteer and social work
	Activating the role of the volunteer clubs in the Youth Centers affiliated to the Ministry of Youth in holding training seminars on voluntary and involving young people in community	National Population Council, Ministry of Social Solidarity, National Academy for Training and Rehabilitation of Youth	September- November 2019 3 months	Employees of Ministry of Youth and National Population Council and reproductive and sexual health for youth Trainers	Number of training seminars held in volunteer clubs by governorate

	dialogue on population issues.			FR: L.E 500.000	
	Using social media to announce volunteer initiatives appropriately for adolescents and youth	National Population Council, Ministry of Youth and Sports	January - June 2020 6months	H R: Media campaigns development Expert FR: L.E 150.000	Number of initiatives published using social media

#### Fourth: Education

Objectives	Proposed measurement indicators		Activities	Time frame by month from date of approval of road map	Competent & Assisting Authorities	Human resources + financial resources for two years until the end of 2020
<u>Governance of Strategy Implementation</u>	0.1	Completion of the formation of a ministerial committee to follow up the implementation of a strategy	Forming a ministerial committee to follow up the implementation of a strategy to activate the role of decision-makers and strengthen their commitment to the goals and indicators of the strategy with the need to involve the Ministry of Finance, Ministry of Planning and the Ministry of International Cooperation. The Committee can meet annually to follow up on achievements and overcome difficulties. The committee will meet in the first month to present the strategy and the road map	Month 1	Competent Authorities: National Population Council and Prime Minister	Human Resources: the Ministerial Committee Coordinator
	0.2	The Ministerial Committee adopts the road map		Month 1		Financial Resources: L.E 100.000

<u>First Objective: To integrate population issues into the educational process in its different types</u>	1.1	Completion of the formation of a "Technical Committee for the Integration of Population Issues with Curricula "	Forming a "Technical Committee to Integrate Population Issues into Curricula" - composed of those responsible for curriculum development in educational institutions	Month 2	Competent Authorities: Ministry of Education and Technical Education + Centre for Curriculum and Educational Materials Development + Teacher Academy + General Authority for Adult Education + Sars El - Layan Center+ Higher Education + Management of Plan and Methodology (Azhar Education)	Experts in population Issues and sociology:2 Developing curricula Experts:2  Financial Resources: L.E 5.000.000 including scientific material development and training of Master Trainers )Not including printing and training of facilitators and teachers)
			Appointment of experts to support the "Technical Commission for the Integration of Population Issues in Curricula" (2 experts on population issues and sociology + 2 developing curricula experts)	Month 2		
	1.2	Completion of the inclusion of messages on population issues in the primary stage (general and Al-Azhar)	The committee meets weekly and organizes workshops. The committee works in five stages:	Month 3 to Month 8	Assisting Authorities Donor: 2 experts in population and sociology + 2 experts in	
	1.3	Completion of the inclusion of messages on population issues in the preparatory stage (general, vocational and Al-Azhar)	The first stage: identification of population messages for each stage of education (primary - preparatory - secondary - university) and each type (general - technical - Al-Azhar - literacy – community)	Month 3 to Month 8		
1.4	Completion of the inclusion of messages on population issues at the secondary level (general, technical and Al-Azhar)	In addition to determining the subjects concerning of	Month 3 to Month 8			

	1.5	Completion of the inclusion of messages on population issues in community education curricula	sending these messages (Arabic - Religion - Studies – literacy- Other) Taking into account the need to	Month 3 to Month 8	developing curricula	
	1.6	Completion of the inclusion of messages on population issues in the literacy program	include these messages in the current curricula and not as additional activities to ensure that	Month 3 to Month 8		
	1.7	Completion of the inclusion of messages on population issues in mentors and teacher training programs in cooperation with the teacher's academy	they reach as many students as possible. (The recommendations should be submitted to the concerned ministers for approval and to ensure their	Month 3 to Month 8		
	1.8	Completion of the development of a training program to train social workers and psychologists in schools to build their ability to deliver private messages and prevent school dropouts.	commitment to the work done by the Committee)  The second stage: reviewing and designing of the relevant curricula and the necessary	Month 3 to Month 8		
	1.9	Completion of the development of a training program to train the facilitators of the literacy program in cooperation with the Sars El-Layan Center	educational materials and the inclusion of these messages The fourth stage: reviewing and designing training programs for teachers, mentors and facilitators of the relevant curricula and educational materials needed to	Month 3 to Month 8		



			reflect what was included in the curriculum The fifth stage: Each party shall submit a statement indicating the completion of the printing of the materials and the date of commencement of work			
	1.10	Completion of training 60 Master Trainers - accredited by the Teacher Academy - on the training program - Indicators 1.7	Training of Master Trainers accredited by the Teacher Academy - on the training program - Indicators 1.7	Month 9 to Month 12	Competent Authorities: Ministry of Education and Technical Education + Teacher Academy	
	1.11	Completion of the training of 20 Master Trainers - accredited by the Teacher Academy - on the training program for Social and Psychological Workers - Indicators 1.8	Training of Master Trainers - accredited by the Teacher Academy - on the training program for Social and Psychological Workers - Indicators 1.8	Month 9 to Month 12	Competent Authorities: Ministry of Education and Technical Education + Teacher Academy	
	1.12	The completion of the training of the 300 Master Trainers in the General Authority for Adult Education Sars El-Lian Center - on the training program - Indicators 1.9	Training of Master Trainers in the General Authority for Adult Education Sars El-Lian Center - on the training program Indicators 1.9	Month 9 to Month 12	Competent Authorities: General Authority for Adult Education + Sars Al-Layan Center	

	1.11	The completion of Training 10% of the materials teachers concerned with population messages in each of Egypt's 27 governorates annually (General - Technical - Al-Azhar - Vocational – Community)	Training of relevant materials teachers on the training program Indicators 1.7(Training should be conducted by master trainers Indicators 1.10)	Month 13 to Month 18	Competent Authorities: Ministry of Education and Technical Education + Directorates of Education in the governorates + Teacher Academy  Assisting Authorities: Teacher Academy	
	1.12	10% of the facilitators are trained in each governorate annually	Training of facilitators of the literacy program on the training program Indicators 1.9(Training should be conducted by master trainers Indicators 1.10)	Month 13 to Month 18	General Authority for Adult Education + Sars Al-Layan Center	
	1.13	Completion of the training of 20% of the social workers in each of Egypt's 27 governorates annually on the training program - Indicators 1.8	Training of social workers on the training program Indicators 1.8(Training should be conducted by master trainers Indicators 1.11)	Month 13 to Month 18	Competent Authorities: Ministry of Education and Technical Education + Directorates of Education in the governorates + Teacher Academy	

					Assisting Authorities: Teacher Academy	
<u>The Second objective: Promoting the role of pre-university education in supporting population issues and improving population characteristics</u>	2.1	Increase the rate of enrollment in compulsory education in each governorate at a rate of 10% annually, leading to raising the percentage at the national level until reaching 100%	Increase the number of schools to accommodate the increase in population in the most needed governorates and areas	From Month 1 to 2030	Competent Authorities: Ministry of Education and Technical Education + General Authority for Educational Buildings Assisting Authorities: Education directorates - National Population Council	Financial Resources: 40 billion to build 20% of the number of schools targeted in the strategy L.E 10.000 x L.E 10.000.000 Note: Tahya Misr school in Qena cost L.E 10 million in 2017
	2.2	The percentage of dropouts in each governorate was decreased (at a rate of 10% annually) until reaching 0%	Reviewing and amending legislations that limit drop out (by punishing those who allow their children to drop out of education - for example, not getting a ration card, loans, driver's license, etc.)	From Month 1 to Month 6	Competent Authorities: Ministry of Education and Technical Education + National Population Council	

			Motivating students to continue their education through the school feeding program (with all initiatives studied and impact measurement)	From Month 1 to 2030	Assisting Authorities: Ministry of Justice - Members of the Education Committee of the People's Assembly	Human Resources: An Expert to study various nutrition initiatives in compulsory and community education and assess their impact and sustainability Financial Resources: L.E 200.000 for the study Note: The education budget for the food program is about one billion annually
			Encourage students to continue their education by reducing expenses and offering scholarships	From Month 1 to 2030	Competent Authorities: National Population Council + Ministry of Education + Education Directorates Community Responsibility Unit  Assisting Authorities: Civil Society Organizations	
			Activating the role of social workers in schools in the absence and follow-up of those exposed to drop out and working to overcome the challenges that may lead to drop out			Financial Resource : L.E 10.000.000 Ten million

					+ Ministry of Social Affairs	
<u>The third objective:</u> <u>To enhance the role of community education in the absorption of dropouts</u>	3.1	10% increase in the percentage of enrollment in community education in each governorate annually in governorates with high numbers of dropouts	Increasing the number of community schools in each governorate, with a focus on governorates with high numbers of dropouts: Giza 9.3% - Sohag 8.5% - Beheira 7.9% - Assiut 7.4% - Menia 6.3% - Dakahlia 6.2% - Fayoum 5.5% Alexandria - 5.1% - Cairo - 4.9% - Qalyubia - 4.8% - Beni Suef - 4.7% - Qena - 4.6% - Gharbeya - 4.3%.	From Month 1 to 2030	Competent Authorities: National Population Council + Ministry of Education and Technical Education + Education Directorates+ Ministry of Youth and Sports  Assisting Authorities:  National Council for Motherhood and Childhood + Civil Society + Central Agency for Public Mobilization and Statistics	Financial Resources: L.E 400.000.000 to build 20% of the number of schools targeted in the strategy L.E 3000 x L.E 1.000.000

			Reviewing and amending legislations that open channels to accept dropouts and provide a second chance to complete education for those who dropped out because of early marriage or lack of desire to education or other reasons	From 1 to 6 months	Competent Authorities: National Population Council + Ministry of Education and Technical Education  Assisting Authorities: Ministry of Justice - Members of the Education Committee of the People's Assembly	An Expert in pre-university education + legal expert to identify target groups and opportunities for re-inclusion in education
			Encourage students to enroll in community education through the Community School feeding program	From 1 to 2030		
<u>The fourth objective: Reduce illiteracy</u>	4.1	10% Decrease in illiteracy rates annually, especially in governorates with high numbers of illiterates, such as Giza 8.6% Al-Bahira 8.2% Al-Menia 8.1% Al-Sharqiyah 7.5% Cairo 6.8% Sohag 6.5% Dakahlia 6.3% Assiut 6% - Fayoum 4.7% - Al Gharbeya	Starting cooperation with the Ministry of Youth and Sports and open new literacy classes and train facilitators within youth and sports centers		Competent Authorities: Ministry of Youth and Sports+ General Authority for Adult Education  Assisting Authorities:	An expert in support of literacy initiatives to initiate and activate sustainable cooperation with the General Authority for Adult Education and various bodies (Ministry of Youth and Sports +

		4.5% - Beni Suef 4.4% - Alexandria 4.2%			National Population Council + Central Agency for Public Mobilization and Statistics	Microfinance Institutions + Ministry of Higher Education + Ministry of Manpower)
			Cooperating with MFIs - especially those targeting girls and women (For example a Tadamun Foundation) to link loans to literacy		Competent Authorities: General Authority for Adult Education + Microfinance Institutions  Assisting Authorities: National Population Council	Financial Resources: L.E 400.000
			Cooperating with universities to benefit from the youth's energies by linking graduation with liberation from illiteracy (10 liberators per university graduate)		Competent Authorities: General Authority for Adult Education + Ministry of Higher Education + Higher Council of Universities + various	

					universities + Central Agency for Public Mobilization and Statistics	
			Cooperating with the Ministry of Manpower to link the licenses of practicing the profession to freedom from illiteracy		Assisting Authorities: National Population Council	
					Competent Authorities: General Authority for Adult Education + Ministry of Manpower + Central Agency for Public Mobilization and Statistics	
					Assisting Authorities: National Population Council	
The fifth objective: To strengthen the role of technical education in reducing the drop- out rate of girls after the preparatory stage	5.1	Increase the enrollment rate of girls in technical education (from the current 43%) to above 50%	Developing of attractive disciplines for girls in technical education schools is added annually to qualify them for the labor	From Month 1 to 2030	Competent Authorities: Ministry of Education and Technical Education	Financial Resources: LE 8 million (including scientific material for 4 majors and



			market in jobs with economic efficiency, making education more attractive. For example: - Specializes in the care or escort of the elderly and special needs - bride preparation and the definition of the benefits and disadvantages of cosmetics - Maintenance of mobile devices or electrical appliances or electronic - Cultivation of surfaces and kitchens - Carpet industry - To qualify girls to work in call centers and others.		(Technical Education Sector)  Assisting Authorities: National Council for Women + National Population Council	teacher training) and does not include the printing of textbooks
<u>Sixth Objective: To activate the role of clergy in supporting population issues</u>	6.1	100% of the clergy were sensitized to population issues and increased their ability to deliver influential messages through religious discourse	Completion of the development of a training program dealing with "Population issues from a religious perspective", with its review and approval by the National Population Council with the Academy of Awqaf for the training and rehabilitation of preachers and the Cathedral	2 months till 6 months	Competent Authorities: Awqaf Academy for the training of preachers + the Cathedral+ Al Azhar  Assisting Authorities: National Population Council	Financial Resources: 3 million pounds (including scientific materials and training of trainers and does not include the training of preachers)

			Including the training program "Population issues from a religious perspective" within the rehabilitation programs to license the practice of the profession, which gives him "Academy of Awqaf training and rehabilitation of preachers "	7 months		
			Training of trainers in the Academy of Awqaf for the training and rehabilitation of preachers (40 trainers) and the Cathedral (20 trainers)	month 9-8	Competent Authorities: Awqaf Academy for training preachers	
			Training 10% of preachers and clerics annually	10 months to 2030	Assisting Authorities: National Population Council+ Al Azhar	
					Competent Authorities: Awqaf Academy for training preachers	
					Assisting Authorities: National Population Council+ Al Azhar	

### Fifth: Media and social communication

Objectives	Activities	Duration
<p>First Objective</p> <p>Developing the media and social communication axis in the national strategy for population and development</p>	<p>1. Re-formulating goals, activities and indicators to focus on the concept of empowerment (in all empowerment axes and for all categories of society). Developing quantitative indicators and qualitative studies to measure impact and to evaluate.</p>	<p>3 months follow-up and continuous evaluation</p>
	<p>2. Integrating the various awareness activities in different axes and strategies.</p>	
	<p>3. Developing the baseline and obtain the annualized data from all the partners with the target setting.</p>	
	<p>4. Integrating media interventions with community interventions into integrated programs aimed at empowerment (in all axes and for all categories)</p>	
	<p>5. Identifying the partners of the empowerment axes and obtains the political support for the population issue by following the Council to the Council of Ministers (with the integration of the Housing and Environment issue)</p>	
	<p>6. Planning national programs for empowerment with participation of the target society, based on knowledge and economic feasibility, to ensure sustainability (note: see goal 5)</p>	
	<p>7. Using the results of the different media observational indicators in planning, opinion polls, evaluation report for the axis and related studies.</p>	
	<p>8. Using experts in strategic planning, development media, development and community work (based on empowerment) to work together in the planning, implementation and evaluation of goals and activities. Benefiting from the experience of the National Council for Women in the field of empowerment (as a pilot model), the experience of the National Council for Childhood and Motherhood in the strategic planning and the</p>	

	experiences of the Ministry of Health and the State Information Service for community outreach.	
<b>Second Objective</b>		
Developing the Media and Community Communication Department at the National Council for Population	1. Establishment of a media observatory	First 6 months
	2. Establishment of a survey management	
	3- Establishing a community communication department based on empowerment and management of the media communication development linking them to the goals and a unified plan	
	4- setting up a department for media and community planning	
	5- Establishment of a resource center: where information materials, previous initiatives, studies and training manuals are collected (and analyzed and utilized)	
<b>Third Objective</b>		
Improving the efficiency and skill of mine-awareness educators through the training management at the National Population and Development Council:	1. Improving the efficiency and skill of mine-awareness educators(facilitators) through a comprehensive training manual (training trainees) for the media and community level based on the concept of empowerment and development media (with quantitative, qualitative, before and after evaluation of training, material and facilitators)	First 3 months Then continuous refreshment courses
	2- Improving the efficiency and skill of Media Department staff to carry out analytical study on the audio and visual media.	
	3. Improving the efficiency and skill of all groups working at the community level as they are multiple and take different names (media - family planning media - rural leader - agricultural guide) - preachers - doctors - pharmacists - and others. Transferring experiences and assessing their needs and their awareness of the population issue. And inventory the training manuals and make use of them. Training volunteers from communities and improving communication skills for service providers.	
	4. Training on conducting qualitative studies, methods of assessing needs and methods of producing communication materials for the community to improve awareness and	

	stimulate in-depth analysis. Developing quantitative, qualitative, pre and post evaluation. Preparing materials aim to improve the skills and change directions of the trainee's directions. With evaluation evidence	
Fourth Objective		
Conducting relevant studies through the Department Studies at the National Population and Development Council:	Conducting qualitative and quantitative studies - Social studies and training in conducting them - Conducting studies to monitor the societal culture - Monitoring of counter ideas - Inventory of all studies related to the population issue. Transforming important studies into policy papers Assessing the needs of the target audience (qualitative and quantitative)	Continuous
Fifth Objective		
Planning national programs to improve demographic characteristics:		
	<p>1- Integrating media interventions with community interventions into integrated programs aimed at empowerment (in all axes and for all categories). (Using the empowerment programs of the National Council for Women as pilot programs).</p> <p>2- Integrating awareness programs. Providing appropriate services for the target group, taking into consideration the cultural heritage of communities and social determinants of service demand (e.g. requesting and using contraceptives - meeting unmet need). Prioritizing the informed intervention for Each governorate with a focus on the slums and poor communities</p> <p>3- Planning based on community participation, needs assessment, diversity of target groups, and continuity and feasibility studies on economic interventions.</p> <p>4- Attention should be given to community-level intervention and community engagement in planning: assessing the needs of target groups (proposed solutions, planning, implementation and participatory evaluation). Integration of interventions at three levels: individual, family and community level.</p>	Within the planning of the first objective. implementing follow-up and evaluating on a continuous basis

	<p>5- Planning of media programs based on the assessment results of the needs of the target audience, media observatories, opinion surveys, studies and cost (feasibility studies)</p> <p>6- Conducting a baseline survey to identify the problems of the community, the values, perceptions, cognitive gaps, customs and traditions approaching the health care system and the causes of related problems.</p> <p>7- Focusing on religious awareness. Integrating of men and young people in all initiatives - attention to initiatives to reduce early marriage, family planning and sensitization of those who marry on reproductive health - and to place the population issue within the priorities of the media.</p> <p>8- Focus on the appropriate media for the target group and formulate the appropriate ads for the target group - contain various media materials on popular dialogues that attract the attention of the community - and rely on the most influential media tools such as drama - and the presence of programs preferred to the target audience, especially religious programs - and Reliance on indicators of media observatories.</p> <p>9- Diversity in the awareness means. Involving the community in the materials production that will draw the attention and interest of citizens in the subject to motivate them to think about and push them to experience, which leads them to believe and adopt the idea, and invite more to support and take it.</p> <p>10- Keep going the previous programs after the inventory and evaluation such as the initiative of the youth of Egypt - Smart - Horizon - New Horizon and others.</p> <p>11- Conducting a pilot model for the first villages by coordinating with the interventions of the National Council for Women</p>	
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## Sixth: Empowerment of Women

Objective	Activity	Partner	Time frame	Resources
Increasing women participation in the labor market from 23% to 30%	Amending and taking positive affirmative action to support women's participation in the labor market - Developing motivational actions in tenders' Law to increase the women employment - Amending the labor law to obligate companies in which including 100 male and female workers to establish nursery		April - August 2019	HR: Experts in law, legislation, economics and administrative assistants for coordination  FR: L.E 200.000
	Submitting of law proposals to parliament for approval		December 2019 February 2020	HR: Experts in law and legislation, and administrative assistants for coordination
	Abolish Resolution 155 of 2003 on the definition of jobs where women may not be employed	The Ministry of Manpower	April - August 2019	HR: Experts in law, legislation, economics and administrative assistants for coordination
	Providing a supportive environment for women's work such as nurseries	Ministry of Solidarity - NGOs	2019-2020	HR: Experts in childhood and law Technical and field staff FR: L.E 150.000.000
Increasing women's access to credit and support for rural women by 15%	Facilitating women's access to good financial services to encourage them to borrow to start a project - Allocation of 35% of all SME loans to women - Holding awareness meetings for women, especially rural women, to introduce the available services and facilities	Central Bank - Small and Medium Enterprises Support Agency - Ministry of Investment - Ministry of Agriculture - NGOs	August 2019 December 202	HR: Experts and Technical and field staff FR: L.E 50.000.000 for technical support, training and campaigns

	<ul style="list-style-type: none"> <li>- Providing technical support for loans and projects</li> <li>- Make an advertising campaign about opportunities</li> <li>- Preparing a television program to discuss population issues Including women's work and reproduction</li> <li>- Partnership with a number of NGOs in each governorate to follow up women and improve awareness of work and project opportunities</li> </ul>			
	<ul style="list-style-type: none"> <li>- Conducting a study to benefit from the international experiences to stimulate banks and lending bodies to adopt attractive policies for women</li> <li>- Preparation of a follow-up committee of the Central Bank to monitor obstacles to women's access to lending opportunities, and the bank procedures to attract women</li> </ul>	Central Bank - Egyptian Banking Institute	July 2019 December 2020	HR: Experts in banks, labor market and women's issues  FR: L.E 1.000.000 one
Reducing violence against women by 15% and Circumcision by 25%	<ul style="list-style-type: none"> <li>- Acting of a law to address domestic violence and early marriage</li> <li>- Abolition of the marriage proof book for those authorized to stop the customary marriage, with a specific delimitation period to document all cases of marriage prior to cancellation</li> <li>- Activating the application of the law against circumcision</li> </ul>	Ministry of Justice Department of Legislation - Parliament	February 2020	HR: Security experts
	<ul style="list-style-type: none"> <li>- Activating mechanisms of complaint and legal prosecution by supporting the Violence against Women Unit in the Ministry of Interior and expand the scope of its work</li> </ul>	Ministry of Interior	July 2019 January 2020	HR: Security experts, legal experts, technology technicians FR: L.E 20.000.000



	<ul style="list-style-type: none"> <li>- Supporting the public prosecution database for monitoring and follow-up</li> <li>Developing mechanisms to report marriage on violence. Providing support to victims and develop counseling programs or receive complaints through the Internet</li> </ul>			
	<ul style="list-style-type: none"> <li>- Developing executive mechanisms for the law and take adequate measures to ensure the implementation of laws concerning circumcision, early marriage and sexual harassment</li> <li>- Developing of battered women support centers under the Ministry of Solidarity</li> <li>- Rehabilitation of battered women and their children and providing alternative opportunities for work and life outside the cycle of violence</li> <li>- Coordinating with the Ministry of Housing and Slum Development Authority to provide and equip alternative places for battered women for a period until completion of rehabilitation</li> </ul>	<p>Ministry of Interior- Attorney General's Office and Prosecutions, Forensic Medicine - Ministry of Health - Ministry of Finance Ministry of Solidarity - Civil Society - Complaints Bureau of the National Council for Women – Tahaya Misr Fund</p>	2020-2019	<p>HR: Experts and staff for coordination and follow-up</p> <p>FR: L.E 50.000.000</p>
Improving awareness of population issues	Carrying out Media and advertising campaigns, including television, radio and social media programs, to provide positive models and creative content in an accessible language to the target audience	<p>Ministry of Finance - Production companies - TV channels and radio - Civil society</p>	April 2019 December 2020	<p>HR: Media &amp; Advertising Experts - Ideas Development &amp; Innovation Team - Implementation Team – Presenters</p> <p>FR: L.E 20.000.000</p>