



Sub-National Costed Implementation Plan
To Secure the Contraceptives Supply at the governorates level
2022-2026

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It is worth noting the active participation of the staff of the supply department in the family planning sector, the family planning managers and the participating nursing supervisors from the governorates who have actively contributed to the development and finalization of these plans. These efforts resulted in the adoption of a clear vision and enabled the preparation of realistic strategies that address existing challenges.

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Background

During 2019, and within the framework of the support provided by the United Nations Population Fund to the Ministry of Health and Population, a five-year national costing implementation plan for 2020-2024 was developed. The plan focused on implementing a series of cost-effective interventions to secure the contraceptives supply and to enable the Population and Family Planning sector in the Ministry of Health to mobilize the required resources and secure the financial support required for their implementation, whether through the government or donor agencies. To achieve this objective, a desk review of all relevant documents and studies was conducted, among which were the National Population and Family Planning Strategy 2015-2030* and the plan emanating from it during the period from 2015-2021, which was evaluated by experts in cooperation with the National Population Council in 2018*, as well as the assessment report of the current situation to secure the supply of family planning methods.

The national costing implementation plan was developed using an interactive participatory approach, in which experienced members representing the central as well as the peripheral levels participated in all stages of plan development. While selecting the participants, consideration has been given to geographical and demographic distribution of the population to ensure the most appropriate representation at the national level. Inspired by the desk review of the aforementioned documents, a preliminary plan was developed earlier before the workshop, so that all participants can review, revise, amend and add as needed. A group of distinguished officials in family planning departments at all levels participated in these workshops, including family planning directors, pharmacists and service providers in health units from seven governorates: Cairo, Qalyubia, Sharkia, Beni Suef, Assiut, Luxor and Aswan (a list of the names of the participants is attached). In addition to the team of the general directorate of contraceptives' supply, the sector's technical office, and some leaderships.

In this context, two workshops were conducted, and in each workshop the participants were divided into three working groups, each group worked on specific topic or component, and then the work of the each groups was discussed with all the participants. In the first workshop, the materials previously prepared were reviewed, which are the summary report for the desk review and the proposed strategic objective of the plan, as well as the main components of the proposed plan, in addition to discussing and agreeing on the quantitative goals of the plan. The working groups then assessed the issues of concern and ranked them in order of priority based on agreed preset criteria. The groups then reviewed the analysis of strengths, weaknesses, opportunities and challenges and identified the most important interventions to address priority issues. At the end of the workshop, the groups finalized setting objectives and priority issues, proposed interventions for discussion and identified the activities that would be included under each intervention.

This document comes as an important step to identify the challenges faced at the level of governorates by their officials, and accordingly the most appropriate interventions and actions to overcome these challenges within a specified time frame.

In the same context, and to complement the national CIP that was developed in 2019, UNFPA agreed to support MOHP to develop subnational costing implementation plans at governorates level. The subnational costing implementation plans take into account the local conditions and

capabilities of each governorate, with the effective participation of its leaders, while providing the necessary support from the central level and the United Nations Population Fund. To achieve this objective, a series of workshops were held, and the information was collected, discussed and revised in this document.

Methodology

The methodology was proposed and discussed with the officials in the population and family planning sector and it was agreed that these plans would be prepared as follows:

1. The 27 governorates were divided into 4 groups (so that the attendance does not exceed 14 participants as a precautionary measure to prevent the spread of the novel Corona virus (Covid-19). It has been taken into consideration that each governorate was represented by two participants, namely the Director of Family Planning and the Supervisor / Inspector of Nursing in the Directorate. The four workshops were conducted during the period from August to the end of September 2021 in Cairo, Assiut, Alexandria and Port Said (Attachment -1 - Governorates table by group for each workshop, Attachment -2- Participants from the governorates)
2. To save time and efforts, the workshops to introduce the LMIS SOPs were integrated into CIPs workshops with a clear demarcated agenda for each. A day and a half were allocated for groups to work on the proposed strategy that included a summary of the national costed implementation plan and its pillars, as well as providing and explaining the models used to develop the interventions that would be proposed by working groups in light of the objective of each pillar. (Attachment-3 - agenda of the implemented workshops)
3. Pre-prepared forms were used to collect basic information about the governorate, as well as to analyze the current situation, to monitor the strengths, weaknesses, opportunities and challenges that affect the supply chain, and opportunities to secure the required quantities of quality contraceptives anytime anywhere in the governorate. .
4. Forms were designed for each component of the plan: financing, methods, capabilities, demand, use, coordination and partnership. Some interventions were proposed as examples to clarify the logic to the participants and help them suggest interventions that would improve the supply chain and overcome the obstacles they face.
5. To review the governorate CIPs according to National Action Plan on the Development of Egypt Family (NAP) (2021-2023), the following steps were taken:
 - Governorates were scored according to need into four groups based on indicators such as unmet need, contraceptives prevalence rate and the total fertility rate. The highly scored governorate are those of high need. The first group included Suhag,

Mina, Assist, Qian, Fayoum and Sharkia governorates scored highest. Qalyubia, Beni Suef, Aswan, Ismailia, Luxor, and Port Said governorates ranked second while the governorates that ranked third included Dakahlia, Kafr El-Sheikh, Beheira and Giza governorates. Finally, the least needy governorates included Cairo, Alexandria, Suez, Damietta, Menoufia and Gharbia (see Appendix No. 6).

- The revision focused on working on the awareness and services components, as they are highlighted in National Action Plan on the Development of Egypt Family (NAP) (2021-2023). As for the services axis, it included the expansion of training activities to target all family planning service providers and Raedat, as well as the expansion of service provision through health convoys, mobile clinics and the visiting doctor program. The awareness-raising component also included targeting all media program staff with training, in addition to expanding community awareness activities.
- Reviewing the cost sheets according to the based on the proposed amendments to the activities, then reflecting all that on the governorates plans.
- As for the frontal governorates, they were not modified because the proposed implementation plan for the National Action Plan on the Development of Egypt Family (NAP) (2021-2023) did not target them.

Situation analysis based on the outputs of the groups' work

The most important challenges highlighted by the discussion groups could be summarized in two points:

The first point: stock out of some contraceptives for a certain period, including the Mizocept and the combined injection. According to Attachment No. (4), which summarizes the outputs of the groups' work. Regardless of the accuracy of the information received from the participants, but as evident in Figure No. (1), participants representing about 78% of the governorates indicated that at least one contraceptive method ran out of stock. Only the participants from 7% of the governorates were able to confirm that no stock out occurred in any type of contraceptives, while the participants from 15% of the governorates could not confirm or deny the occurrence of a stock out in at least one method of family planning.

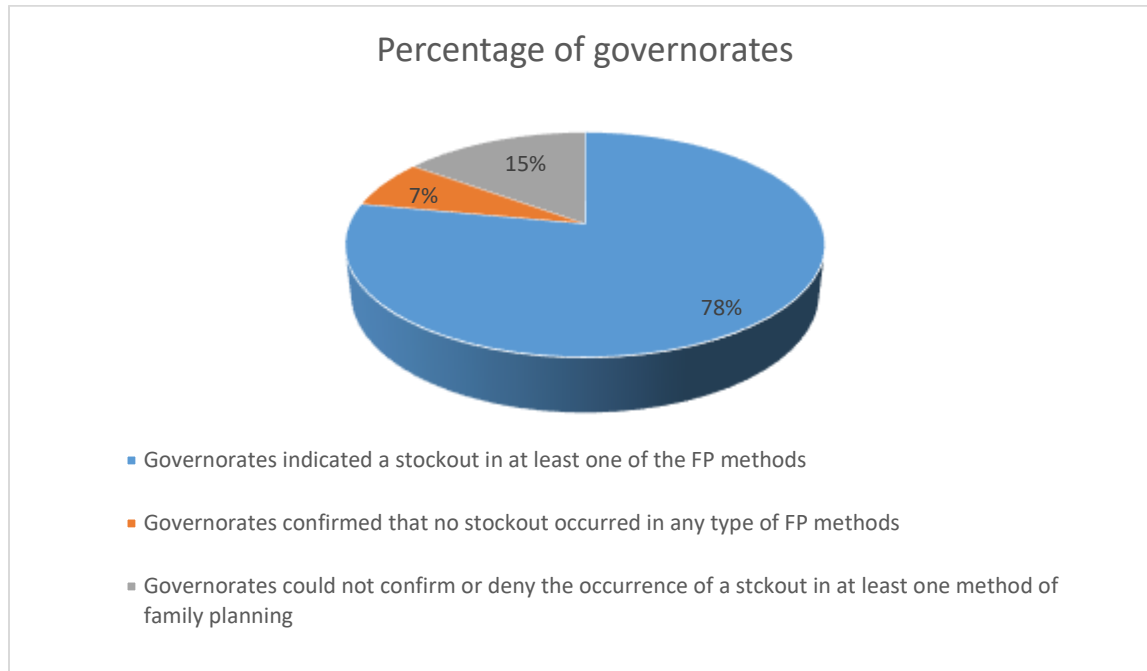


Figure 1

As indicated in Figure (2) below, according to the opinions of the participants, the stock-out affected mainly the injectable contraceptive as indicated by participants from 21 governorates (78%), followed by the combined pills 67% (18 governorates), and the implants 44% (12 governorates).

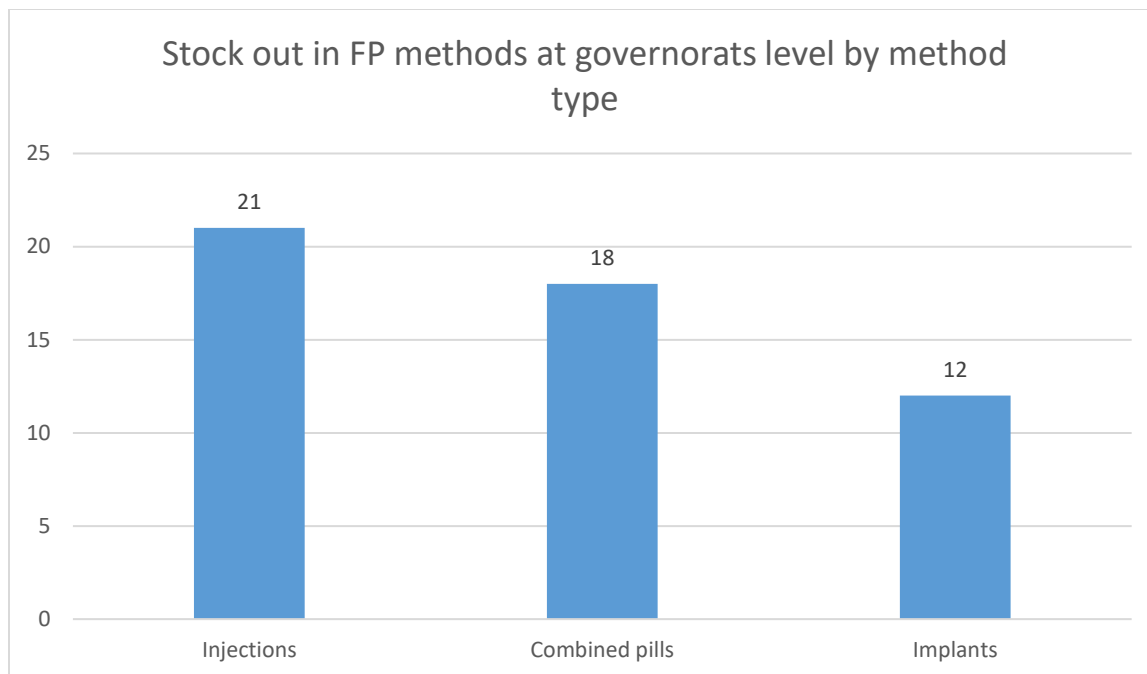
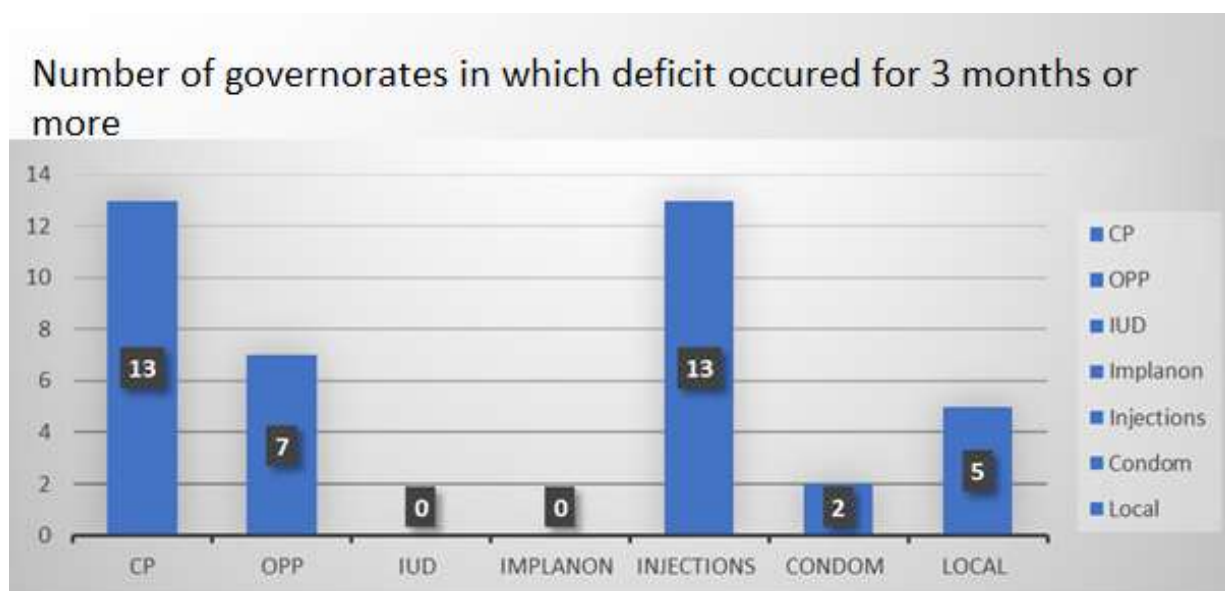


Figure 2

With regard to for how long the stock-out lasted, the views of the participants in 48% (13 governorates) indicated that for injections and combined pills it lasted for three months or more, as shown in Figure(3)



Second point was the capacity component:

As shown in figure (3) below, the opinions of the participants revealed that the most important weaknesses could be summarized in three areas

1. Storage problems 70% (21 governorates)
2. Problems with transportation and distribution, 70% (21 governorates)
3. Problems with the availability of service providers 44% (12 governorates)

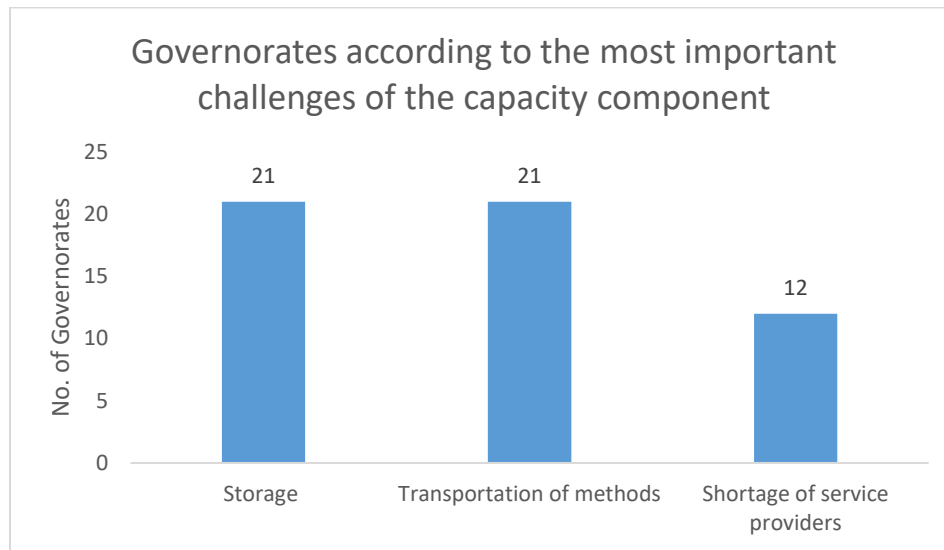


Figure 4

Storage problems:

Figure No. (4) Shows the need to improve warehouses and equip them in about 27% of the governorates, which explains why warehouses were pointed as a strengths and a weakness in the same governorate. In Cairo governorate, for example, the presence of some warehouses that meet the universal standards represented one of the strengths, while it appeared also as a weakness where other warehouses were still not upgraded and needed to be improved and equipped. The participants also mentioned that approximately 29% of the governorates need to replace some of their warehouses, while the distance between the warehouse and the service delivery points represents a challenge in 26% of the governorates, and 18% of the governorates expressed the need for assisting warehouse staff was the main challenge.

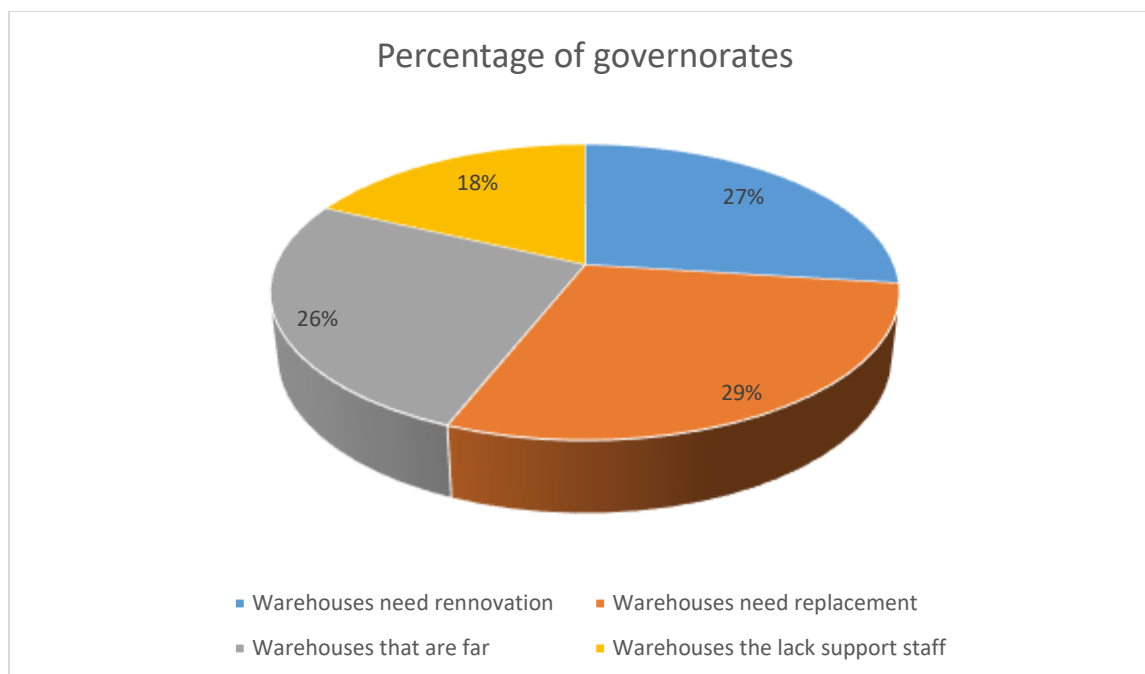
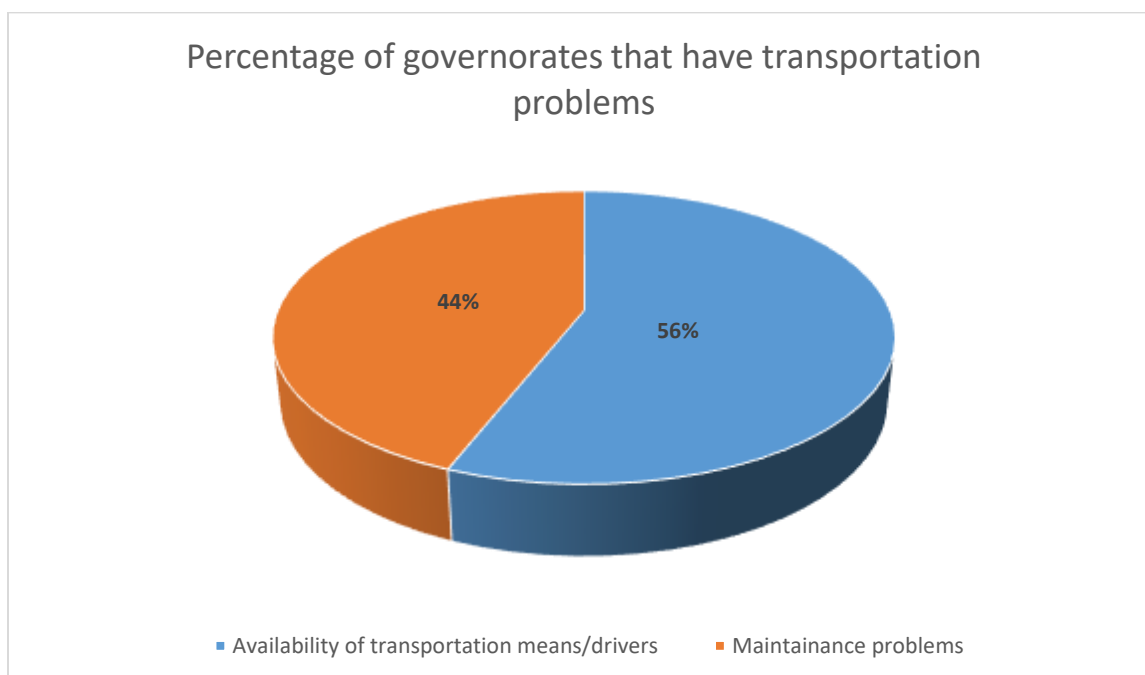


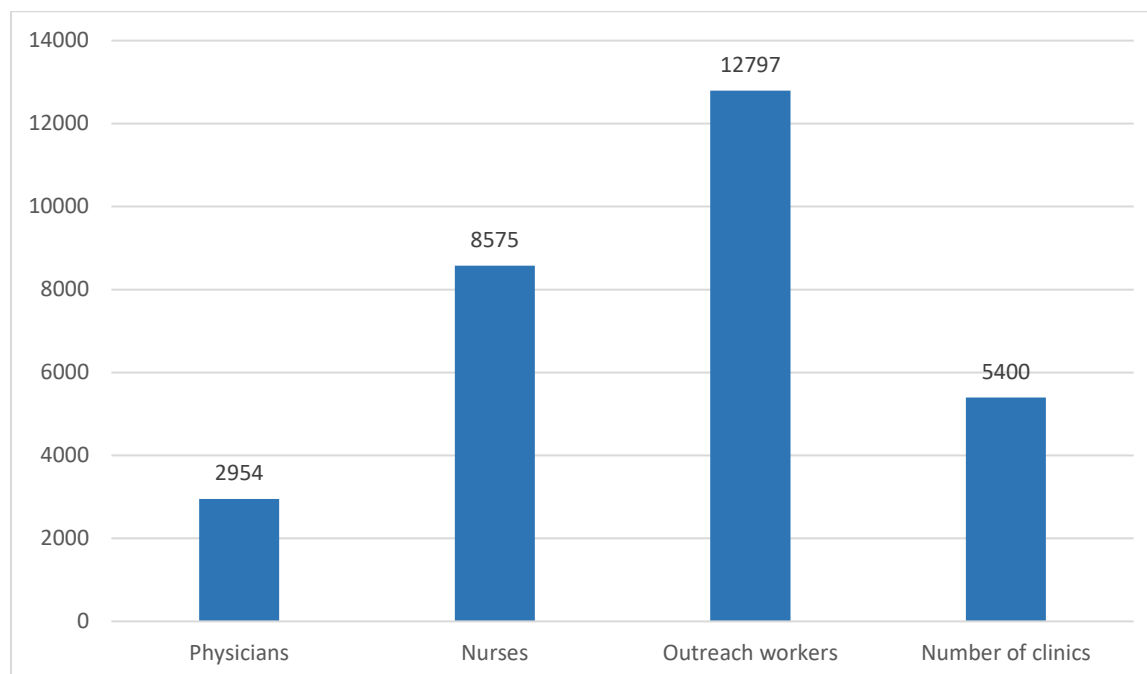
Figure 5

Transportation problems

Regarding transportation distribution of family planning commodities, the results of the discussion with the participants revealed that about 56% of the governorates have problems related to either the availability of transportation means or drivers, and about 44% of the governorates have complained of problems related to the maintenance of transportation means.



As for the shortage of medical personnel to provide family planning services or supervisory services, the results of the groups' work, as well as the statistics we obtained from the ministry indicated that the biggest challenge is the need to ensure the availability of physicians to provide family planning services throughout the country. The total number of clinics (health units) is almost double the number of physicians who provide family planning services (5400 clinics compared to 2954 physicians), as shown in the following figure.



The results of the groups' work indicated that, with the exception of Alexandria, the number of service delivery units exceeds the number of physicians providing service in all governorates. The number of clinics in Suez, for example, was 41 compared to only two doctors while it exceeded twice the number of doctors in some governorates, such as Ismailia, Port Said and Qalyubia, while nurses and outreach are available to cover all health units in all governorates.

Lessons learned

- Involvement of the governorates in preparing plans was reflected in the nature of the outputs of the workshops which took into account the situation and circumstances of each governorate and the extent of political support that the family planning program gets in this governorate.
- Analysis of weaknesses, strengths, opportunities and challenges helped in monitoring the most important problems facing the program, which will be addressed later on with the most relevant interventions.
- The workshops contributed to shedding light on the common challenges between governorates in the contraceptive supply, which were monitored in all governorates, although in varying magnitudes. A fact, which drew attention to the need to face these challenges at the national level by adopting central mitigation interventions that apply to all governorates. Examples of these challenges are the lack of family planning methods, storage problems, and the contraceptives transportation from governorate warehouses to district warehouses and distribution of posters and information/education (IEC) materials to the service providers.

The challenges faced by the team while developing the plans and how they were overcome.

Some of the challenges faced in developing the plans

- Spread of the Corona pandemic, led to the postponement of activities for 6 months (from March to August 2020)
- Given that the Corona pandemic has been a priority at the national level, it increased burden on the Ministry of Health and Population as the responsible entity for the health of the population, which led to the busyness of officials at the central and governorate levels.
- The inability to obtain accurate information on stock outs, as the Corona pandemic affected the supply chain, transportation and contraceptives delivery, which reduces the accuracy of such information.
- The remarkable decline of beneficiaries who attend service delivery points as well as health personnel providing services, which led to the fact that monitoring strengths and weaknesses may not reflect the situation in normal cases.
- Developing the plan, which supposed to provide a five years vision, is carried out in exceptional circumstances due to the Corona pandemic, which will be reflected in the quality of activities as well as their possibility of implementing under the current circumstances, which can continue for an indefinite period.

These challenges were overcome as follows:

- At the beginning of the epidemic, when the government banned all activities that require gathering of participants, the work was restricted to desk review of relevant studies. When work resumed and workshops could be held within the governorates, the attendees

were divided into 4 groups instead of 3, and the necessary precautionary measures for such activities were applied.

- Appropriate dates have been chosen for the governorates, to avoid overlapping with other activities such as campaigns.
- The activities proposed in the first year were less than those in the following years, as the spread of the Corona pandemic will directly affect the possibility of implementation.
- The inability to obtain accurate information on stock outs, as the Corona pandemic affected the supply chain, transportation and contraceptive delivery, which reduces the accuracy of such information. This problem was largely overcome by calling in participants from all governorates and across the supply chain system levels to verify and confirm the available information.

General comments:

- The source of the information included in these plans are as follows:
 - Number of population in the governorates were obtained from the Central Agency for Public Mobilization and Statistics website <https://www.capmas.gov.eg/> About the population on 1/1/2020
 - The number of physicians, nurses and outreach workers, and the number of warehoused and districts in which they are located, is according to the matrix that was completed by family planning directors during the workshops for their respective governorates, which were compared with the reports and data obtained from the family planning sector and the United Nations Population Fund.
 - The strengths, weaknesses, opportunities and threats of each governorate were according to the analysis made by the family planning responsible officials and the nursing supervisors/inspectors who participated in the workshops.
 - The information mentioned in the introduction about each governorate comes from the SIS website <https://www.sis.gov.eg>.
- During the implemented workshops, some interventions were suggested, which turned out to be a general requirement for all governorates, and thus it was agreed to add them to the strategic plan at the national level, including:
 - Allow nurses to install IUDs to compensate for the deficit in physicians which, requires discussion and what follows in terms of policies and training. This must take place at the national level to issue the necessary legislation and to set the necessary rules and standards to allow nurses to practice the insertion of IUDs. In addition, necessary training and the assessments for nurses have to be carried out to provide them with a certificate that allows them to practice this task.
 - Prepare the necessary advocacy materials to gain the support of the governorate officials, by identifying some indicators and preparing brochures highlighting them, to assist in gaining the support of decision makers to the family planning program.

- Design and implement an automated warehouse management system to be unified at the level of all governorates, and provide all requirements for its operation, such as computers in the health districts' warehouses as well as an internet connection.
- Introduce / activate a hotline to receive complaints from beneficiaries using the methods.
- With regard to introducing a new contraceptive method to expand the options available to the beneficiaries, all activities should take in consideration societal acceptability and affordability to sustainability of its provision through the National Family Planning Program. It needs also to take in consideration identifying the governorates and the districts in which the new methods will be introduced as the volume of the implemented activities is directly related to the number districts.
- Among the important interventions that have emerged through discussions between representatives of the governorates, is to strengthen the partnership with other entities such as civil society organizations, the private sector and military hospitals. This has to included providing them with promotional and educational materials as well as training manuals. This was taken into consideration by allocating a fixed annual budget during the period covered by the plan.
- By reviewing the proposed activities, it was found that there is a strong similarity between governorates of each region, due to the similarity in situation and challenges facing they faced, which means that the Ministry can adopt central interventions at the regional level.

Assumptions of cost estimation and calculation method

1- An electronic file was prepared using EXCEL containing 30 pages as follows:

- a. A sheet with budget items as collected from their sources that is used to calculate the cost of the activity
- b. A sheet with a table of aggregated costs of the governorates activities.
- c. 27 sheets, one for each governorate explaining the activities cost and the calculation method.

Any cost assumption can be changed and will be directly reflected in the cost of the activity and thus the budget required for the governorate. The same applied for any change in the numbers of participants in the activity or training, etc.

1- Cost data were obtained from the financial officer at the family planning sector during the preparation of the plan, and the cost estimate of activities was calculated as an average based on the obtained information.

- Cost of the medical caravans is 33,000 EGP. (40 participants x 3 days x 200 EGP per person + 9000 for 3 people x 3 days)
 - Cost of awareness raising meetings is 600-1000 EGP per meeting.
 - Cost of meetings with other entities 200-1000 EGP - a maximum of 1000 EGP was calculated
 - Cost of data collection activities from warehouses, human resources, or outreach workers, were calculated around 5,000 pounds as lump sum (communications, transfers, etc.) at the beginning of the activity implementation.
 - Cost of follow-up activities on contracts: 2,000 EGP were estimated for each year (communications, transfers, letters, etc.).
 - Cost of the supervision teams activities 1200 EGP per visit, this was calculated on monthly and quarterly basis. The cost was calculated taking into account the number of warehouses in the district.
 - Cost of one day training per person 250-1650 EGP - an average of 1000 EGP per person / day was calculated for workshops and training in general, while for specific types of training specific costs were calculated as follows:
 - Cost of training of outreach workers and media specialists is 250 EGP / person / day, and their numbers were calculated based on the assumption that they would be divided over 5 years, 25% of them annually, as recorded by family planning officials during the workshops.
 - Cost of training of statisticians is 500 EGP / person / day, and their numbers were calculated according to the number of health districts on the assumption of 3 participants from each health department.
 - Cost of training warehouses staff is 250 EGP / person / day, and their number was calculated to be double the health districts, as it is expected that each warehouse will be represented 2 participants.
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- The number of meetings was calculated on a quarterly or semi-annual basis according to the type of activity as indicated by governorate representatives.
 - In some governorates with large numbers of physicians, nurses and outreach workers who require capacity building, the cost of the training courses required during the period was calculated by dividing the number of physicians, nurses, outreach workers and specialists in the directorate over the five-year period by 20-30% of them annually.
 - Cost of supervisory and warehouses' monitoring visits was calculated according to the number of warehouses in each governorate, whether in the governorate or district health offices.
 - Regarding adding a new contraceptive method to the program, a set activities has been developed, that must be reviewed when determining the governorates in which the new method will be introduced. It is expected that by the end of the plan period the new method would be introduced in all governorates. The cost of service provider's orientation workshop on the new method was calculated assuming that 3 participants from each district will be trained, plus the cost of the stakeholder's workshops to develop plans for the introduction of a new method in each of the selected governorates.

- An amount of 150,000 EGP was allocated to the governorates that proposed adding reproductive health medications as a pilot test to their effect on increasing demand.
- Cost of replacing and equipping new warehouses in governorates that have to do so, is not included, as it depends on the warehouse space and requirements.
- For contractual services, such as contracting physicians or outreach workers, only the cost of needs assessment was calculated. The cost of contractual services is not included because it depends on the numbers required providers in addition to being funded by other programs.
- The cost of providing publications to other stakeholders was calculated at a limit of 20,000 EGP every year.
- Some activities such as advocacy may depend on the results of studies that will be conducted later on, therefore the cost of such activity was estimated, however, for the subsequent activities, it was pointed out that they will be funded from other programs.
- Some activities that do not fall directly under the supply chain:
 - a. Cost was calculated for added activities that are necessarily related to introducing a new contraceptive method. For examples: training, seminars, and awareness meetings.
 - b. One medical caravan was added annually to promote the introduction of new methods
 - c. Activities that are not expected to be funded through this program, have been pointed out with "To be financed through other program" such as preparing media materials, films, etc.

Total cost of governorates' plans

The total calculated cost is 155,342,890 EGP, as shown in the following table:

Governorate	Total cost
Cairo	8,617,500
Alexandria	3,458,000
Suez	4,571,500
Port said	1,748,000
Ismailia	4,512,000
Qualyoubeya	6,708,750
Demietta	3,774,250
Sharkeya	15,340,000
Dakahleya	8,053,490
Gharbeya	8,632,500
Menoufeya	4,497,750
Kafrelsheikh	7,936,250
Behera	8,246,750
Giza	6,296,500
Beniswef	9,947,250
Fayoum	5,069,500
Menya	4,226,250
Assiut	7,355,000
Sohag	6,548,000
Qena	10,385,000
Luxor	5,150,500
Aswan	4,042,500
The new valley	1,975,500
Matrouh	2,305,500
Red Sea	2,520,150
North Sinai	1,395,000
South Sinai	2,029,500

Plan components

These plans were developed following the same framework and methodology that was followed in developing the national CIP. Five components were worked out as follows:

First: Funding

Second: Capacity

Third: Contraceptives

Fourth: Demand and Use

Fifth: Partnership and Coordination

Steps to include interventions for each governorate

Through the conducted workshops, family planning directors, in cooperation with the nursing supervisors, identified the strengths, weaknesses, opportunities and challenges to be taken into consideration. The participants then suggested the most important interventions required to be implemented to address weaknesses, ensure the efficiency of the supply chain and secure the provision of the required family planning methods.

Analyzing strengths, weaknesses, opportunities and challenges

As previously mentioned, when preparing these plans and during the workshops with the governorates, a session was devoted to identifying strengths, weaknesses, opportunities and challenges. Another session was devoted to discuss what was written in distributed forms that were pre-prepared for this purpose. The outcomes of these sessions are transcribed in Annex (5) as drafted by the participants. In the next section, the outcomes will be, analyzed, categorized and presented according to the components of the plan, which are funding, contraceptives, capacities, demand, use and partnership and coordination.

Pursuant to the participant's recommendations in the workshops, these plans have focused on supporting the supply chain system, rather than family planning program as a whole, considering the internal factors that would give an advantage to supply chain efficiently as strengths points. An example, of the supply system strengths could be the availability of trained service providers, the availability of expertise in forecasting the needs of the contraceptives, or the availability of sufficient funding to procure the these needs. Internal factors that have negative influences on the supply system activities implementation, efficiency or quality would be considered as weaknesses. An example of the weakness, could be lack of suitable warehouses in terms of space or equipment, the absence of trained personnel to apply the universal standards of storage, or the failure to provide appropriate quality family planning methods in service delivery points. All these aspects have been accounted for in order to ensure designing of appropriate interventions.

As for the opportunities and challenges, they were considered as external factors that inevitably affect the supply chain and its efficiency in one way or another. Environmental or security conditions could be examples for challenges while availability of foreign funding, support from international organizations and political support from decision-makers in the governorate could be examples for the opportunities.

It should be noted here that some factors have been viewed as both strengths and weaknesses in some governorates. This was clarified during the discussion sessions as it was found that the availability of these elements was considered as strengths in itself, while the fact that they were not sufficiently available made them a weakness in the same time. An example of this is the availability of suitable or equipped warehouses which has been mentioned as a point of strength and at the same time it was mentioned as a weakness, where they are complete in some districts

and incomplete in others. This is also applied for training courses where training opportunities are available, but not sufficient to cover all the staff service providers.

Analysis of strengths and weaknesses

In line with the national costed implementation plan of family planning commodities, the strengths and weaknesses of the governorates' plans have been classified according to the following components:

- funding
- Contraceptives
- Capacity
- Demand and use
- Company and coordination

Before going into details, it must be pointed out that there is a common strength and weakness point among all these components.

The common strength is:

The availability of a costed implementation plan at the national level, as well as work currently underway to develop subnational costed implementation plans at the governorates level. The national CIP took into account the general and inter-governorate needs, while subnational CIPs will focus on the needs of each governorate in particular.

The common weakness was:

The national and sub-national CIPs (under development) have identified the priorities that should be focused on during the next phase, detailed the proposed activities to be implemented within the framework of these priorities and estimated the costs required to implement these activities. However, both national and sub-national CIPs still need to gain the support of decision makers both at the national and subnational levels to allocate budget for their implementation. On the other hand, it also needs to be marketed to donors to gain their support. This explains many of the weaknesses that will be mentioned later, related to the lack of sufficient budgets to carry out activities such as supervisory visits, transportation of contraceptives, or periodic maintenance of transportation means, etc.

First: finance component

The most important strengths mentioned in this component are the availability of necessary funds to procure most of the contraceptives needs through the population and family planning sector in the Ministry of Health, as well as contribution of some international organizations such as United Nations Population Fund and the World Bank in providing the remaining needs.

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In addition, the role of the sector at the central level in providing necessary funds to implement many of the activities necessary to support the supply chain. Governorates of Cairo, Benisuef, and Giza have highlighted the supportive role provided by the central level, represented in providing the necessary funding to implement their activities, as well as the Menoufia Governorate also indicated the support provided by the central level to implement medical mobile clinics.

Some small-sized governorates, such as Port Said and Suez, indicated that one of the strengths is that there is no need to allocate funds to transport contraceptives from the district's warehouse to the health units due to their proximity to the warehouse.

As for the most important weaknesses that apply to all governorates, and therefore they must be dealt with at the central level by taking general interventions to address them. These interventions may include establishing clear mechanisms, making administrative decisions, amending existing regulations, or providing the necessary funding. These points can be summarized as follows:

- Lack of the necessary funding to transfer the contraceptives from the Egyptian Company's warehouses to the governorate warehouse and from the governorates warehouses to the districts warehouses and from the districts warehouses to the health units is considered one of the most important weaknesses mentioned in all governorates.
- Failure to provide vehicles for the supervision teams to monitor health units and warehouses as well the complexity of the administrative procedures and the mechanisms used to maintain the available vehicles in the event of their breakage. In addition to the fact that there is no budget allocated for car maintenance. These were among the most prominent weaknesses mentioned by many governorates.
- Lack of appropriate financial incentives for doctors, nurses and pharmacists, which leads to poor demand for work in family planning services.
- Low financial incentives for warehouses staff.

Second, the contraceptives component:

Strengths related to the contraceptives component includes:

- The current family planning methods mix has provided alternative contraceptives to items that are not always available and thus constituted one of the important factors in avoiding discontinuation of beneficiaries in some governorates such as Ismailia. It was also suitable for the needs of beneficiaries in some governorates such as Sharkia, and Luxor, and were considered sufficient in each Gharbia, Menoufia, Kafr El Sheikh, Giza, Fayoum, Minya, Assiut, Qena, Luxor, Matrouh, Red Sea governorates
- The availability of long-acting contraceptives in all governorates

As for the weaknesses, they are concentrated in the stock out of some items for a certain period of time, especially the combined pills and injections.

Third: the capacity component:

The next section will discuss the most important strengths that were indicated by the participants. It should be noted that when a point of the strengths is indicated in a governorate but not the other, this does not necessarily mean that it is not available in that governorate, but it may be due to not being clearly identified in the governorate from the participant's view. An example of this is availability of a warehouse in every district health office in each governorate, however it was not mentioned as a strength points by all of governorate.

The availability of warehouses. This can be divided into:

- a) Suitable and adequate warehouses in terms of space in 9 governorates (33%), namely: Sharkia, Beni Suef, Assiut, Sohag, Luxor, Aswan, New Valley, Matrouh, and North Sinai.
 - b) A warehouse that meets the conditions and universal standards for storage: especially those for which the United Nations Population Fund has provided the necessary equipment. 48% of the governorates reported that the majority (but not all) of the warehouses are in Conform to universal standards, namely: Cairo, Qalyubia, Sharkia, Kafr El Sheikh, Giza, Beni Suef, Fayoum, Minya, Assiut, Sohag, Qena, Luxor, Aswan, and North Sinai. It should be noted that it was mentioned that some warehouses in the same governorates still need to be equipped and renovated, which will be mentioned when analyzing the weakness points.
 - c) There is warehouse dedicated for family planning commodities in each district in nine governorates, namely, Alexandria, Sharkia, Gharbia, Kafr El Sheikh, Beheira, Beni Suef, Aswan, Matrouh, and Red Sea.
 - d) Egyptian pharmaceutical trading company warehouse are available is equipped with a cooperating staff in the governorates of Sharkia, Gharbia, Kafr El Sheikh, Beni Suef, Assiut, Matrouh, South Sinai.
-
- With regard to supply chain training activities provided by the population and family planning sector in the ministry, there are training guidelines available at central level in addition to a central staff trained on these guidelines. These guidelines includes the standard operating procedures for logistic management information system, and the procurement guideline, Which is considered is one of the strengths that should be utilized in the next stage in developing a training program for supply chain staff at districts level as needed.
 - Similarly, the training provided by the sector to warehouse staff and pharmacists was pointed out as strength in the governorates of Suez, Ismailia, Qalyubia, Sharkia, Menoufia, Giza, Beni Suef, and Matrouh. It is worth noting that the training was mentioned as a weakness point also due to its insufficiency to cover all the existing

numbers as well as due to the turnover of employees, who might be transferred after receiving the training to other sites.

- Availability of a trained supervision team in the governorates of Alexandria, Qalyubia, Dakahlia, Beheira, Giza, Beni Suef, and Fayoum.
- Availability of a pharmacist assigned to supervise the warehouse at the district level in Alexandria, Qalyubia, Gharbia, Beheira, Sohag, Qena, Matrouh, Red Sea, North Sinai, and South Sinai governorates.
- Availability of a pharmacist or warehouse keeper trained on applying the universal standard procedures of storage in the governorates of Qalyubia, Dakahlia, Kafr El Sheikh, Beheira, and New Valley.
- Availability of team (warehouse keepers / nurses / pharmacists) trained to calculate the months of stock and stock on hand in the governorates of Qalyubia, Damietta, Sharkia, Beheira, Giza, Fayoum, Minya, Sohag, Luxor, Aswan, New Valley, and North Sinai.
- Cooperation and coordination between the directorate's team and the family planning team, such as North Sinai, or between the statistician and the family planning official, such as in the governorates of Ismailia, Qalyubia, or between the director of the pharmaceutical department and the director of family planning in Sohag governorate.

Easiness of transporting the methods from the Egyptian Pharmaceutical Trading Company's warehouse to the districts warehouses because of its proximity, such as in Damietta governorate, or due to the volunteering of officials to transport them at their expense, such as in Fayoum, or the availability of the necessary vehicles as reported in Assiut and Sohag.

- Availability of a trained nurses and physicians to provide family planning services in Dakahlia, Gharbia, Giza, Beni Suef, and Qena.
- The existence of system or an appropriate flow of information at different levels, which was highlighted by the governorates of Upper Egypt, particularly Fayoum, Minya, Assiut, and Sohag.

The main weaknesses of the capabilities component are:

As shown in the figure below, the opinions of the participants showed that the most important weaknesses revolve around three aspects

- 1) Storage problems
 - 2) Transportation problems
 - 3) Problems related to the availability of service providers
- The weaknesses associated with the warehouses can be classified as follows:
 - a) Some warehouses need to be renovated in order to meet the universal standards of storage. This was mentioned by 9 governorates: Cairo, Alexandria, Ismailia, Sharkia, Kafr El Sheikh, Beheira, Qena, Matrouh, and the Red Sea.

- b) Some warehouses need to be replaced, and this may be due to the fact that some they are insufficient in terms of space or shared with other programs, dilapidated or inappropriate in terms of their location. This was highlighted by 10 governorates, namely Alexandria, Beheira, Qalyubia, Gharbia, Kafr El Sheikh, Fayoum, Sohag, Qena, Luxor, and North Sinai.
 - c) The location of some warehouses is far from the health units, such as in Port Said, Qalyubia, Damietta, Sharkia, Beheira, Fayoum, Qena, Luxor, and New Valley.
 - d) Unavailability of the assistive staff necessary to keep the proper storage conductions in the warehouses. This is due to the inability to make temporary contracts, as indicated by the governorates of Cairo, Alexandria, Kafr El Sheikh, Fayoum, Minya, and the Red Sea.
- Weaknesses associated with contraceptives transportation can be classified as follows:
 - a) Unavailability of vehicles / drivers to transport methods within the districts such as in Cairo, Alexandria, Qalyubia, Damietta, Sharkia, Gharbia, Beni Suef, Fayoum, Minya, Assiut, Sohag, Qena, New Valley, Red Sea, and North Sinai
 - b) Unavailability of the required vehicles, or their breakage if they exist, that are necessary for the work of supervisory teams or mobile teams such as in Suez, Qalyubia, Gharbia, Menoufia, Giza, Beni Suef, Fayoum, Minya, Sohag, Qena, New Valley, and North Sinai governorates.
 - As for the lack of sufficient medical staff to provide family planning services or to supervise the implemented activities, this was mentioned by the participants from Suez, Port Said, Ismailia, Dakahlia, Gharbia, Menoufia, Giza, Minya, Qena, New Valley, Red Sea and North Sinai.

In addition to the above, the discussions of the participants revealed other weaknesses:

- The lack of sufficient trained supervision teams, such as in Suez, Ismailia, Sharkia, Gharbia and Giza governorates.
- The continuous turnover of medical personnel after being trained, in the governorates of Dakahlia, Menoufia, and Aswan.
- Using mobile family planning clinics for other activities during the campaigns, as reported by Ismailia governorate.
- Distribution system in some governorate is different from the system in place that is applicable as the unified distribution system and distribution system in the hospitals even different rules for district shares distribution. That was pointed out as a weakness in the governorates of Damietta, Dakahlia and Aswan.
- Lack of stationeries, including registries, records and leaflets, as mentioned by Beni Suef Governorate.
- Absence of a branch for the Egyptian Pharmaceutical Trading company warehouse, makes it difficult to transport district shares in the Red Sea Governorate

Fourth: The demand and use component

In this component, strengths were summarized by the governorates of Dakahlia, Gharbia, Menoufia, and North Sinai as availability of rural outreach teams and media staff to carry out awareness raising activities to attract beneficiaries, through a community marketing project to increase the demand on the family planning services. Some governorates also indicated the activity of awareness-raising programs through Raedat as in the New Valley Governorate. In addition, family planning methods are available in private pharmacies in most governorates.

As for the weaknesses, they were represented in the lack of the adequate number of outreach teams to cover the target community, such as in Gharbia, and the lack of knowledge of the pharmacists regarding the rules for providing family planning methods. These were referred to by Damietta and South Sinai, whoever, it often represent weakness in the rest of the governorates, even if it was not mentioned directly.

Fifth: Coordination and partnership component

The most important strengths in this component are what some governorates have indicated regarding the existence of coordination between the family planning official and other entities that can provide family planning services, such as the army and police hospital, associations of businessmen and officials in the governorate.

As for the most important weaknesses, a discrepancy emerged in their identification between governorates. The matter can be analyzed as being related to the ability of the family planning official in the governorate to establish a good relation with other entities, a matter related to their personal communication skills.

Opportunities and challenges

The most important opportunities that have been mentioned can be summarized as follows:

- Political support provided by the governor or political leaders at the governorates level
- Welling of international as well as local partners to support family planning activities.
- What was indicated by some governorates regarding the existed coordination between the directorate and family planning officials in the governorate
- The possibility of cooperation with private pharmacies and other entities through which family planning services can be provided.
- Opportunities for cooperation and partnership with businessmen associations and agencies that can provide service, such as the army and police hospitals

The most important challenges mentioned are:

- The spread of the Corona pandemic, which made it difficult to timely transfer contraceptives between different levels.

- Application of the universal health insurance system, which negatively affected some governorates due to the closure of some service delivery units or the moving of physicians to the insurance system where the financial remuneration is better, such as in Suez and Ismailia.
- It is known that the governorates of small sizes and fewer health districts such as Suez and Port Said reported have the ability to improve their conditions easier than other governorates. However, Port Said Governorate that it contains only one district indicated that some rural units are far from the district warehouse as one of the weaknesses that were classified in the capacity component.
- The long distance between the governorate's warehouses and the health district's warehouses, or the health district's warehouses and unit's warehouses, was mentioned by the governorates of Qalyubia, Damietta, Sharkia, Menoufia, Kafr El Sheikh, Beheira, Fayoum, Matrouh, North Sinai
- There are rumors about the contraceptive methods, which weakens the demand for them, such as in Sharkia Governorate.
- Absence of NGOs in some governorates to play their effective role, such as in South Sinai.

All the above mentioned strengths and weaknesses were taken into consideration when developing the interventions, and a set of activities were proposed to enable the governorates to build on the strengths on one hand and to overcome weaknesses on the other hand. An example of this is to make the necessary arrangements to contract with Raedat, or conduct activities to enhance cooperation with other entities that will be identified. Another example are the mitigation measures that must be carried out at the level of all governorates or those proposed to be implemented through the central level, such as amending financial regulations, vehicles maintenance procedures and transportation allowances.

Suggested interventions

The suggested interventions can be summarized for each component as follows:

First: financing

- 1) Mobilize resources to support family planning program at the governorates level.
- 2) Developing a clear plan to take advantage of the political momentum that supports family planning in order to advocate for program advancement at governorates level.
- 3) Mobilize resources to motivate male and female physicians to work in the field of family planning.
- 4) Mobilize resources to recruit new “Raedat” to address the increasing targeted community.
- 5) Mobilize resources hire assistive workers and supportive staff in various activities.
- 6) Mobilize resources to transfer the contraceptives from the governorates to the districts, then to the service delivery points.

Second: Capacity

- 1) Identify the needs of “Raedat” and assistive staff in the warehouses, recruit them and mobilize the needed resources.
- 2) Establish and implement an appropriate mechanism to supervise the warehouses continuously.
- 3) Propose initiatives that enable the collection of information from NGOs and the private sector.
- 4) Unify the forms used in logistics management information system (LMIS) including registries, transaction records, and stock cards at the level of governorates and districts to trace the movement of stock and obtain the available balance at any time, especially in the absence of an automated and integrated logistics management information system.
- 5) Carry out a comprehensive assessment to determine the extent to which the storage conditions in the governorate and the districts warehouses comply with international standards and storage conditions
- 6) Continuous training for assistive staff to keep warehouses clean.
- 7) Conducts training activities for warehouse personnel.
- 8) Improve FP warehouse infrastructure (maintenance and replacement if needed) and establish/improve the administrative systems in place.

Third: Contraceptives

- 1) Design preparation programs for introducing new contraceptive methods (hormonal IUD, silver IUD, and Sayana injection).
- 2) Increase in the demand for long-acting methods, especially IUDs, as their demand has been observed to decrease recently.
- 3) Fourth: Demand and Use
- 4) Design and implement initiatives to revitalize the Raedat program.
- 5) Ensure the availability of a sufficient number of Raedat to cover the targeted number of women.
- 6) Increase the awareness of the new contraceptive methods among the beneficiaries to create corresponding demand for them.

Fifth: Partnership and Coordination

- 1) Strengthen the partnership with the civil society organizations and the private sector at the governorate level.
- 2) Increase coordination with agencies that can assist in providing service.
- 3) Conduct a mapping for civil societies to assist those facing challenges to overcome them and support those active organizations with the means of family planning.
- 4) Support exchange of experiences between the various relevant organizations in order to benefit from successful experiences.
- 5) Establish clear tools and mechanisms for monitoring and evaluation of all activities at the governorate level.

The objective of each component

It was agreed to adopt the same objectives for the national strategic plan for each component, and interventions are proposed to achieve the desired goal for this component, as follows:

First: financing:

Activate partners' role (government, private and donor agencies) to better use the available resources and secure the 2020-2025 nationwide needs of contraceptives commodities

Second: Capacity

Strengthen the supply chain capacity to insure the six user rights: right product, right quantity, right quality, right price, at the right place and time.

Third: Contraceptives

Provide wide contraceptives method mix to suit all segments of users and reduce unmet need with a focus on long-term methods.

Fourth: Demand and Use

Increase the number of family planning users and reduce the unmet need and the discontinuation rate.

Fifth: Partnership and Coordination

Strengthen partnership among different family planning service providers and mobilize available resources

Governorates proposed interventions for each component –detailed action plan:

In the next section, detailed tables of interventions and activities, that the participants deemed necessary to be implemented at the governorate level, will be presented. Proposed interventions were revised to focus on those which are directly related to the supply system, as much as possible - as the rest of the activities will be included in the other department's plans.

Cairo Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	4,960,625	-	4,960,625	ذكور	
	Females	4,579,048	-	4,579,048	إناث	
	Total	9,539,673	-	9,539,673	إجمالي	
Women at reproductive age *	%26					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%61.7			%64.0		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%0.7	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%37.6	اللؤلؤ		
	Implants		%0.6	الكبسولات		
Short-term methods **	Injectable		%5.7	الحقن		الوسائل قصيرة الأجل **
	Pill		%15.6	الحبوب		
	Condom (male)		%1.0	الواقي الذكري		
Unmet need **	%9.3					نسبة الحاجة غير الملباة **
Fertility rate ***	99.16					معدل الإنجاب العام ***
Total fertility rate ***	2.85					معدل الخصوبة الكلي ***

تعداد (2017) *Census*

** *DHS (2024)* المسح الديموغرافي

*** *Trends of fertility in Egypt (2018)* اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
37	37	147	225	650	Microginest	3 months
					Mizocept	3 months

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects. Examples of target entities in the governorates: the Regional Population Council, the Secretary General of the Governorate, the Governor, Businessmen Associations	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Hold periodic meetings with the different stakeholders in the presence of the National Population Council, businessmen and some private pharmaceutical companies related to contraceptives	X	X	X	X	X	20,000
		1.1.3 Hold periodic meetings with the head of sector and director generals at governorate level to ensure the availability of supplies.	X	X	X	X	X	10,000
		1.1.4 Hold periodic coordination meetings with the governorate secretary general, and directors of NGOs to find means to mobilize resources for the family planning program through the various authorities.	X	X	X	X	X	20,000
2- Contraceptives	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in	X					555,000

Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.		which new methods will be introduced to familiarize service providers.						
		2.1.2 Conduct of two-day workshop, with the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					555,000
		2.1.3 Conduct training workshops for service providers on the new methods - nurses and doctors	X					1,125,000
		2.1.4 Conduct training courses for media officials and Raedat to promote the new contraceptives and their method of use	X	X	X	X	X	858,750
	2.2. Propose interventions to change the current contraceptives method mix to be more effective.	2.2.1 Conduct awareness raising sessions on a regular basis with adequate publicity among the target community to increase the demand for long-acting contraceptives	X	X	X	X	X	20,000
		2.2.2. Conduct workshops for service providers to capacitate them to provide counseling on long-acting contraceptives	X	X	X	X	X	468,750
		2.2.3 Carry out medical caravans / campaigns	X	X	X	X	X	330,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the	3.1. Build the Capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage rules and conditions, and disbursement.	X	X	X	X	X	92,500

right product, the right quantity, the right quality, the right price, at the right place and time.		3.1.2 Conduct training courses for warehouse staff on data collection and reviewing the accuracy and completeness of the forms.	X	X	X	X	X	92,500
		3.1.3 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	92,500
	3.2. Provide new storage sites for the warehouses to be replaced Develop and implement advocacy campaigns to explain the importance of creating new sites at the local level	3.2.1 Hold meetings with officials in charge of administrative districts and district chiefs to gain their support to replace warehouses that need to be replaced.	X					74,000
		3.2.2 Conduct two workshops to identify the new sites to be used as warehouses.	X	X				74,000
	3.3. Work to identify the required staff, develop a plan to recruit them and mobilize the necessary funding	3.3.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.3.3 Hold meetings with the governorate officials and the director of the health office to discuss ways to hire the required staff and manage the necessary resources.	X	X				4,000
	3.4. Qualify warehouse staff to use the standardized forms that will be developed by the central level, and use the generated reports	3.4.1 Hold a one-day workshop to be attended by warehouse representatives to discuss the reports extracted from the new system	X					37,000
		3.4.2 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central	X	X	X	X	X	370,000

		level to follow up on inventory and generate reports						
	3.5 Develop and implement plans for supervision and monitoring warehouses, have posters and guidelines in place, and make sure that staff follow them	3.5.1 Hold a quarterly meeting to develop a supervision, monitoring and evaluation plan for warehouses	X	X	X	X	X	20,000
		3.5.2 Implement the monthly supervision plans for all warehouses in the governorate	X	X	X	X	X	2,664,000
		3.5.3. Implement quarterly supervision plans for all district warehouses	X	X	X	X	X	92,500
		3.5.4 Conduct workshops to train district officials on the use of LMIS SOPs and procurement system manuals	X	X	X	X	X	888,000
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Raise community awareness of the importance of the program and refuting the rumors about some contraceptive methods	4.1.1 Conduct periodic meetings/seminars to refute rumors about the contraceptive methods	X	X	X	X	X	20,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen the partnership with development partners in the governorate	5.1.1 Hold quarterly meetings with social solidarity, education, the National Population Council, district chiefs, and the National Council for Motherhood and Childhood to coordinate activities and ensure their participation	X	X	X	X	X	20,000
		5.1.2 Carry out a partners' mapping and develop a simple	X			X		10,000

		concept note to involve them in supporting the family planning program						
		5.1.3 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	15,000
		5.1.4 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								8,617,500

Alexandria Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	2,654,824	35,825	2,618,999	ذكور	
	Females	2,508,926	32,468	2,476,458	إناث	
	Total	5,163,750	68,293	5,095,457	إجمالي	
Women at reproductive age *	26%					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%58.9			%60.2		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		0.6%	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		41.3%	اللؤلؤ		
	Implants		0.5%	الكبسولات		
Short-term methods **	Injectable		4.7%	الحقن		الوسائل قصيرة الأجل **
	Pill		9.8%	الحبوب		
	Condom (male)		1.7%	الواقي الذكري		
Unmet need **	14.7%					نسبة الحاجة غير الملباة **
Fertility rate ***	84.63					معدل الإنجاب العام ***
Total fertility rate ***	2.7					معدل الخصوبة الكلي ***

تعداد (2017) *Census*

** *DHS (2024)* المسح الديموغرافي

*** *Trends of fertility in Egypt (2018)* اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
9	8	185	186	280	Microginest	3 months
					Mizocept	2 months
					Oxyprogest	2 months

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Conduct advocacy workshops to gain the support of decision-makers to the contraceptive commodity security	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
	1.2 Activate the role of civil society organizations through conducting a one-day workshop, in collaboration with NGOs, regional council, National Population Council, National Council for Women, and the civil society organizations, to gain their support to the family planning program, given its importance and effect on the society	1.2.1 Hold joint workshops with the targeted entities to mobilize funding for the family planning program and to improve warehouses.	X	X	X	X	X	20,000
		1.2.2 Hold periodic quarterly meetings with the different entities to mobilize the required funding and maximize the use of available resources	X	X	X	X	X	20,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X					40,000

unmet need, with a focus on long-acting contraceptive methods.		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					240,000
		2.1.3 Conduct training workshops for service providers on the new methods - nurses and doctors	X					370,000
		2.1.4 Conduct training courses for media officials and Raedat to promote the new methods and the importance of their use	X	X	X	X	X	360,000
	2.2. Propose interventions to change the current contraceptives method mix to be more effective.	2.2.1 Carry out medical caravans / campaigns	X	X	X	X	X	330,000
		2.2.2. Develop and conduct awareness raising sessions	X	X	X	X	X	10,000
	2.3. Develop and implement a plan to increase the utilization of long acting contraceptives	2.3.1 Hold workshops to explain the private sector initiative	X	X	X	X	X	10,000
		2.3.2. Facilitate the supply of contraceptives for NGOs through the Governorate and districts health offices.	X	X	X	X	X	20,000
		2.3.3. Identify slum areas that require mobile clinics and updating them constantly.	X	X				8,000
		2.3.4. Integrate family planning services with some reproductive health services (such as dispensing reproductive health medications) to encourage the use of long-acting contraceptives	X	X	X	X	X	150,000

3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the Capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Train doctors and nurses on the preparation of working papers (annual plans) and calculating months of stock on an ongoing basis	X	X	X	X	X	462,500
		3.1.2 Conduct training courses for warehouses staff on new contraceptives storage rules and conditions, and disbursement.	X	X	X	X	X	90,000
		3.1.3 Conduct training courses for warehouse staff on data collection and reviewing the accuracy and completeness of the forms.	X	X	X	X	X	90,000
		3.1.4 Conduct training workshops for statisticians on data entry and report generation, and replicate the training to include the second line of statisticians in the governorate and districts.	X	X	X	X	X	45,000
	3.2. Build the capacity of the supervision teams at all levels of the supply chain to implement supportive supervisory visits	3.2.1 Conduct workshops to strengthen the capacity of supervision teams to carry out supportive visits at all levels of the supply chain	X	X	X	X	X	90,000
	3.3. Renovation of warehouses and update the systems in place	3.3.1 Conduct a one-day workshop to identify warehouses that need development and equipment.	X					5,000
	3.4. Work to identify the required staff, develop a plan to recruit them and provide the necessary funding	3.4.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.4.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X	X				6,000

		3.4.3 Follow-up on the recruitment process with the governorate officials			X	X		4,000
	3.5. Periodically supervise the warehouses	3.5.1 Develop and implement monthly supervision visits for warehouses in the districts (by district HO)	X	X	X	X	X	648,000
		3.5.2 Develop and implement quarterly supervision visits by the directorate supervision teams for warehouses in the governorate (by governorate HO)	X	X	X	X	X	216,000
		3.5.3 Conduct workshops to train district officials on the use of LMIS SOPs and procurement system manuals	X	X	X	X	X	22,500
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Increase the number of Raedat	4.1.1 Conduct a needs assessment for Raedat at directorate level	X		X			10,000
		4.1.2 Conduct meetings with relevant officials to mobilize resources to recruit the needed Raedat	X	X	X	X	X	10,000
		4.1.3 Follow with relevant officials the recruitment process	X	X	X	X	X	2,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen the partnership with civil society and private sector	5.1.1 Conduct workshops to strengthen the partnership with the civil society and private sector	X	X	X	X	X	10,000
		5.1.2 Include private sector and civil society service providers in MOHP training activities	X	X	X	X	X	20,000
	5.2. Establish a cooperation protocol with army and	5.2.1 Hold coordination workshops with the officials in charge of family planning service	X	X	X	X	X	20,000

	police hospitals in the governorate	provision at the army and police hospitals						
		5.2.2 Train service providers in army and police hospitals on family planning services through supervision teams that periodically visit service delivery points	X	X	X	X	X	20,000
		5.2.3 Identify partners and develop a concept not to involve them in supporting the family planning program	X			X		10,000
		5.2.4 Determine areas of cooperation with partners and topics for discussion	X	X	X	X	X	10,000
		5.2.5 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								3,458,000

Suez Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	374,399	-	374,399	ذكور	
	Females	353,781	-	353,781	إناث	
	Total	728,180	-	728,180	إجمالي	
Women at reproductive age *	%25					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%60.1			%61.6		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%0.2	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%35.7	اللؤلؤ		
	Implants		%0.6	الكبسولات		
Short-term methods **	Injectable		%4.6	الحقن		الوسائل قصيرة الأجل **
	Pill		%17.5	الحبوب		
	Condom (male)		%1.5	الواقي الذكري		
Unmet need **	10.0%					نسبة الحاجة غير الملباة **
Fertility rate ***	82.45					معدل الإنجاب العام ***
Total fertility rate ***	2.55					معدل الخصوبة الكلي ***

تعداد (2017) Census

** DHS (2024) المسح الديموغرافي

*** Trends of fertility in Egypt (2018) اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
1	5	2	51	145	Mizocept	6 months
					Vaginal suppositories	3 months
					Combined pills	3 months

					Only Progesterone injections	9 months
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Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects. Examples of target entities in the governorates: the Regional Population Council, the Secretary General of the Governorate, the Governor, Businessmen Associations	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Hold joint coordination meetings with the National Population Council	X	X	X	X	X	20,000
		1.1.3 Hold periodic meetings with officials at governorate level to support the family planning program.	X	X	X	X	X	20,000
		1.1.4 Hold meetings with the NGOs, particularly the businessmen associations, to gain their support to the family planning program and mobilize necessary funding for some activities such as producing posters, and promotional	X	X	X	X	X	20,000

		brochures for family planning methods						
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X					75,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					150,000
		2.1.3 Conduct training workshops for service providers on the new methods - nurses and doctors	X					670,000
		2.1.4 Conduct training courses for media officials and Raedat to promote the new contraceptives and their method of use	X	X	X	X	X	375,000
	2.2. Propose interventions to change the current contraceptives method mix to be more effective.	2.2.1 Increase the number of awareness seminars conducted by Raedat about the importance of the IUD, focusing on postpartum visits.	X	X	X	X	X	40,000
		2.2.2. Increase the number of awareness raising sessions to increase the demand for long-acting contraceptives	X	X	X	X	X	600,000
		2.3.1 Increase the number of medical caravans / campaigns	X	X	X	X	X	1,320,000

	2.3 Develop and implement a plan to increase the use of the IUD	2.3.2 Coordinate with the physician visitor program to focus on long-acting contraceptives	X	X	X	X	X	25,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the Capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage rules and conditions, and disbursement.	X	X	X	X	X	93,750
		3.1.2 Conduct training courses for warehouse staff on data collection and reviewing the accuracy and completeness of the forms.	X	X	X	X	X	93,750
		3.1.3 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	60,000
		3.1.4 Train warehouses' staff on the calculation of months of stock and strategic buffer	X	X	X	X	X	75,000
	3.2. Assessment, development, and renovation of existing warehouses	3.2.1 Assess and improve the existing warehouses	X	X	X			15,000
		3.2.2 Develop and implement monthly supervision visits for warehouses in the districts (by district HO)	X	X	X	X	X	432,000
		3.2.3 Develop and implement quarterly supervision visits by the directorate supervision teams for warehouses in the governorate (by governorate HO)	X	X	X	X	X	144,000
		3.2.4 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	15,000
	3.3. Work to provide the required staff, develop a	3.3.1 Conduct a needs assessment for the required assistive workers	X					5,000

	plan to recruit them and provide the necessary funding	3.3.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X	X				8,000
		3.3.3 Follow-up on the recruitment process with concerned officials		X	X			2,000
	3.4. Qualify warehouse staff to use the standardized forms that will be developed by the central level, and use the generated reports	3.4.1 Hold workshops to ensure the extent to which the reports extracted from the new system are able to follow up on inventory in alignment with the requirements of decision-makers at the governorate level	X					45,000
		3.4.2 Conduct practical training workshops on the use of the new electronic forms	X	X	X	X	X	75,000
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Raise community awareness of the importance of family planning through awareness sessions and increase the number of Raedat	4.1.1 Conduct periodic awareness raising seminars	X	X	X	X	X	20,000
		4.1.2 Conduct a needs assessment for the required outreach staff to be recruited at directorate level	X		X			5,000
		4.1.3 Hold meetings with officials to mobilize the required funding to recruit Raedat	X	X	X	X	X	20,000
		4.1.4 Follow-up on the recruitment process of Raedat	X	X				4,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between	5.1. Strengthen the coordination with entities that can support service provision	5.1.1 Conduct workshops with officials responsible to provide family planning services in army and police hospitals	X	X	X	X	X	20,000
		5.1.2 Train service providers in army and police hospitals on family planning services through	X	X	X	X	X	20,000

them to maximize the use of available resources		supervision teams that periodically visit service delivery points						
		5.1.3 Identify partners and develop a concept note of how they can be involved in supporting the family planning program	X			X		10,000
		5.1.4 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000
		5.1.5 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								4,571,500

Port Said Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	385,125	-	385,125	ذكور	
	Females	364,242	-	364,242	إناث	
	Total	749,367	-	749,367	إجمالي	
Women at reproductive age *	26%					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%56.7			%58.5		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%1.2	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%33.9	اللؤلؤ		
	Implants		%1.5	الكبسولات		
Short-term methods **	Injectable		%3.9	الحقن		الوسائل قصيرة الأجل **
	Pill		%14.3	الحبوب		
	Condom (male)		%1.7	الواقي الذكري		
Unmet need **	13.6%					نسبة الحاجة غير الملباة **
Fertility rate ***	65.35					معدل الإنجاب العام ***
Total fertility rate ***	2.04					معدل الخصوبة الكلي ***

تعداد (2017) *Census*

** *DHS (2024)* المسح الديموغرافي

*** *Trends of fertility in Egypt (2018)* اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
1	1	20	80	103	Microginest	1-3 months
					Mizocept	5-7 months

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects. Examples of target entities in the governorates: the Regional Population Council, the Secretary General of the Governorate, the Governor, Businessmen Associations	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Hold joint coordination meetings with different entities such as the National Council for Women and National Population Council	X	X	X	X	X	20,000
		1.1.3 Hold coordination meetings with the secretary general at the governorate to support the family planning program, discuss the implementation of the annual plan, and address any arising challenges	X	X	X	X	X	20,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X					400,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be	X					180,000

		implemented at the governorate level in conjunction with the introduction of the new methods.						
		2.1.3 Conduct training workshops for media and Raedat promote the new methods and their method of use	X	X	X	X	X	390,000
	2.2. Develop and implement a plan to increase the use of the IUD	2.2.1 Coordinate with the physician visitor program to focus on long-acting contraceptives	X	X	X	X	X	20,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage rules and conditions, and disbursement.	X	X	X	X	X	25,000
		3.1.2 Train the nurses to calculate average monthly consumption and filling TA8 forms	X	X	X	X	X	175,000
		3.1.3 Conduct training courses for warehouse staff on data collection and reviewing the accuracy and completeness of the forms.	X	X	X	X	X	25,000
		3.1.4 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	50,000
	3.2. Work to provide the required staff, develop a plan to recruit them and provide the necessary funding	3.2.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.2.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X	X				18,000
		3.2.3 Follow up on the recruitment process with the governorate officials		X	X			4,000

	3.3 Develop and implement plans for monthly supervision according to the warehouses' assessment sheet	3.3.1 Implement the supervision plans for all warehouses	X	X	X	X	X	72,000
		3.3.2 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	5,000
	3.4. Qualify warehouse staff to use the standardized forms that will be developed by the central level, and use the generated reports	3.4.1 Collect all the LMIS manual forms used at warehouses	X					20,000
		3.4.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					100,000
		3.4.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central level to follow up on inventory and generate reports	X	X	X	X	X	25,000
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Activate the role of Raedat to promote for the use of long-acting contraceptive methods	4.1.1 Conduct periodic meetings/seminars to refute to rumors about the contraceptive methods	X	X	X	X	X	30,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between	5.1. Enhance the coordination with entities that can contribute to service provision	5.1.1 Hold coordination meetings with the officials in the military and police hospitals to provide services	X	X	X	X	X	30,000
	5.2. Strengthen the partnership with relevant partners	5.1.1 Carry out a mapping of partners and develop a concept note of how they could be	X			X		30,000

them to maximize the use of available resources		involved in supporting the family planning program						
		5.1.3 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	20,000
		5.1.4 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								1,210,950

Ismailia Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	673,431	376,140	297,291	ذكور	
	Females	630,562	347,906	282,656	إناث	
	Total	1,303,993	724,046	579,947	إجمالي	
Women at reproductive age *	%25					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%56.5			%61.7		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%1.3	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%27.6	اللولب		
	Implants		%0.1	الكبسولات		
Short-term methods **	Injectable		%9.6	الحقن		الوسائل قصيرة الأجل **
	Pill		%18.9	الحبوب		
	Condom (male)		%0.6	الواقي الذكري		
Unmet need **	% 11.5					نسبة الحاجة غير الملباة **
Fertility rate ***	107.03					معدل الإنجاب العام ***
Total fertility rate ***	3.38					معدل الخصوبة الكلي ***

تعداد (2017) *Census*

** *DHS (2024)* المسح الديموغرافي

*** *Trends of fertility in Egypt (2018)* اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
8	7	20	64	154	Mizoept	
					Microginest	
					Oxyprogest	
					Nogravida	

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects. Examples of target entities in the governorates: the Regional Population Council, the Secretary General of the Governorate, the Governor, and Businessmen Associations	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	24,000	24,000	24,000	24,000
		1.1.2 Conduct a workshop with the presence of the head of sector, head of directorates, and secretary generals to find mitigation measures to challenges facing the family planning program	X	X	20,000	20,000	20,000	20,000
		1.1.3 Hold periodic meetings with officials at governorate level in the presence of the head of sector, the governor, and the secretary general to advocate for the support	X	X	20,000	20,000	20,000	20,000

		of the family planning program, and its activities.						
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X		360,000	360,000	360,000	360,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X		216,000	216,000	216,000	216,000
		2.1.3 Conduct training workshops for media officers and Raedat promote the new methods and their method of use	X	X	405,000	405,000	405,000	405,000
		2.1.4 Conduct training workshops for service providers on the new methods as part of the sustainable training curriculum of the sector (physicians, nurses, Raedat , pharmacists, media officers)	X	X	1,550,000	1,550,000	1,550,000	1,550,000

	2.2. Propose interventions to change the current contraceptives method mix	2.2.1 Conduct awareness raising sessions on the new contraceptive methods among the target community	X	X	20,000	20,000	20,000	20,000
	2.3. Develop and implement a plan to increase the use of the IUD	2.3.1 Carry out medical caravans and community awareness campaigns	X	X	495,000	495,000	495,000	495,000
		2.3.2. Conduct awareness raising sessions for decision makers about the importance of the family planning program to increase the provided support and mitigate challenges related to the supply chain	X	X	22,500	22,500	22,500	22,500
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on using the related forms.		X	120,000	120,000	120,000	120,000
	3.2 Determine / establish a mechanism for recording complaints from contraceptives' users	3.2.1 Establish central hotline to receive complaints	X	X	7,500	7,500	7,500	7,500
	3.3. Renovate the available storage sites	3.2.1 Identify the warehouses that need to be renovated and conduct	X	X	5,000	5,000	5,000	5,000

		an assessment to specify the required renovations.						
		3.2.2 Conduct the identified required renovations	X	X	X			It will be estimated when the previous activity is performed
	3.4. Work to provide the required staff, develop a plan to recruit them and provide the necessary funding	3.4.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.4.2 Hold meetings with the governorate officials and the director of the health office to discuss possibilities of hiring the required staff and mobilize the necessary resources.		X				20,000
		3.4.2 Follow up the recruitment produces with the officials						4,000
	3.5. Develop and implement monthly plans for supervision and follow-up of warehouses according to the warehouses' assessment sheet	3.5.1 Develop and implement monthly supervision visits for warehouses in the districts (by district HO)	X	X	X	X	X	576,000
		3.5.2 Develop and implement quarterly supervision visits by the directorate supervision teams for warehouses in the governorate (by governorate HO)	X	X	X	X	X	192,000

		3.5.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	20,000
	3.6. Unify the warehouses' manual forms and develop suitable reports to be submitted to higher levels and establish a related automated system	3.6.1 Collect all the LMIS manual forms used at warehouses	X					5,000
		3.6.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					48,000
		3.6.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central level to monitor inventory and generate reports	X	X	X	X	X	60,000
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Utilize the developed women's clubs to hold seminars and crafts sessions for women	4.1.1 Train women clubs' supervisors, outreach staff, and media officers on the messages related to social marketing for governmental family planning activities, as they are an effective tool to increase awareness among the target population	X	X	X	X	X	150,000
	4.2. Follow up on the recruitment of new Raedat to fill the gap	4.2.1 Identify the outreach staff required to be recruited	X					5,000

	and provide the necessary funding	4.2.2 Hold meetings with the FP sector, the financial affairs and the governorates, to mobilize the necessary resources	X	X				10,000
		4.2.3 Recruit with outreach staff required to fill the gap, and their inclusion into training programs		X	X			4,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Revitalizing the role of NGOs and health centers affiliated to Suez Canal university, and the Suez Canal Authority Hospital	5.1.1 Hold coordination meetings to establish and equip a family planning clinic in the university hospital	X	X				8,000
		5.1.2 Hold coordination meetings aiming at increasing the capacity of service providers from NGOs and Suez Canal Authority Hospital	X			X		20,000
		5.1.3 Hold coordination meetings to supply NGOs and the Suez Canal Authority Hospital with modern contraceptives	X	X	X	X	X	20,000
		5.1.4 Monitor and evaluate the performance of NGOs and Suez Canal University service delivery points	X	X	X	X	X	20,000
		5.2.1 Carry out a mapping of partners and develop a	X			X		10,000

	5.2. Strengthen the partnership with stakeholders	Concept note of how they could be involved in supporting the family planning program						
		5.2.2 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000
		5.2.3 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								4,512,000

Qalyoubeya Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	2,908,670	1,666,626	1,242,044	ذكور	
	Females	2,718,750	1,558,303	1,160,447	إناث	
	Total	5,627,420	3,224,929	2,402,491	إجمالي	
Women at reproductive age *	25%					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%61.7			%63.1		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%0.5	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%33.1	اللؤلؤ		
	Implants		%0.6	الكبسولات		
Short-term methods **	Injectable		%8.7	الحقن		الوسائل قصيرة الأجل **
	Pill		%18.3	الحبوب		
	Condom (male)		%0.6	الواقي الذكري		
Unmet need **	8.5%					نسبة الحاجة غير الملباة **
Fertility rate ***	80.45					معدل الإنجاب العام ***
Total fertility rate ***	2.56					معدل الخصوبة الكلي ***

تعداد (2017) Census

** DHS (2024) المسح الديموغرافي

*** Trends of fertility in Egypt (2018) اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
12	11	103	465	447	No	

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects. Examples of target entities in the governorates: the Regional Population Council, the Secretary General of the Governorate, the Governor, and Businessmen Associations	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Hold quarterly meetings with the National Population Council, and the governorate Executive Council to increase funding for campaigns and caravans.	X	X	X	X	X	20,000
		1.1.3 Hold coordination meetings with the local businessmen to increase funding for campaigns and caravans, conduct of seminars, educational and promotional materials for family planning methods.	X	X	X	X	X	20,000
		1.1.4 Coordinate with pharmaceutical companies to obtain some reproductive health medicines and supplies, to increase the demand of women to use family planning methods.	X	X	X	X	X	20,000
2- Contraceptives Objective: To provide a variety of contraceptives	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be	X					540,000

to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.		introduced to familiarize service providers.						
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					324,000
		2.1.3 Conduct training workshops for media and Raedat promote the new methods and their method of use	X	X	X	X	X	573,750
	2.2. Develop and implement a plan to increase the use of the IUD	2.2.1 Conduct awareness raising sessions by media officials, Raedat and civil society to promote the use of long-acting contraceptives	X	X	X	X	X	360,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage rules and conditions, and disbursement.	X	X	X	X	X	1,320,000
		3.1.2 Conduct training courses for pharmacists and warehouse staff on completing the forms.	X	X	X	X	X	120,000
		3.1.3 Conduct training workshops for statisticians on data entry	X	X	X	X	X	120,000
		3.1.4 Conduct training workshops for statisticians on the system in place and the importance of report generation	X	X	X	X	X	120,000

	3.2. Train supply chain staff on data entry into eLMIS	3.2.1 Conduct training workshops for specialists on entering supply chain data into the eLMIS	X	X	X	X	X	120,000
	3.3. Provide new storage sites for the warehouses	3.3.1 Hold meetings with the General Secretary and governorate officials to secure new storage sites.	X	X	X	X	X	120,000
	3.4. Develop and implement monthly plans for supervision and follow-up of warehouses	3.4.1 Develop and implement monthly supervision visits for warehouses in the districts (by district HO) to ensure their validity and compliance with the proper conditions and standards	X	X	X	X	X	20,000
		3.4.2 Develop and implement quarterly supervision visits by the directorate supervision teams for warehouses in the governorate (by governorate HO) to ensure their validity and compliance with the proper conditions and standards	X	X	X	X	X	864,000
		3.4.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	288,000
	3.5. Qualify warehouse staff to use the standardized forms developed by the central level, and generate reports	3.5.1 Collect all the manual forms used in all warehouses	X					30,000
		3.5.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					5,000
		3.5.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central	X	X	X	X	X	24,000

		level to follow up on inventory and generate reports						
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Activate the role of Raedat to promote for the use of long-acting contraceptive methods	4.1.1 Conduct periodic seminars by media officers and Raedat to respond to rumors about the contraceptive methods	X	X	X	X	X	120,000
		4.1.2 Increase media initiatives and awareness seminars	X	X	X	X	X	180,000
	4.2 Hire physicians to fill the deficit in service providers	4.2.1 Identify the health units that do not have a physician	X					15,000
		4.2.2 Submit the issue of physicians' unavailability to the Governor to allocate the necessary funding	X					5,000
		4.2.3 Recruit the required physicians	X					It will be estimated when the previous activity is performed
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen the partnership with the civil society and private sector	5.1.1 Provide contraceptives and guidelines for the private sector	X	X	X	X	X	100,000
		5.1.2 Train doctors and pharmacists in the private sector through initiatives and projects funded by international partners	X	X	X	X	X	20,000
	5.2. Set tools and mechanisms for monitoring and evaluation	5.2.1 Develop a plan to supervise fixed and mobile clinics through the by governorate and district teams.	X	X	X	X	X	20,000
		5.2.2 Monthly supervision plan at districts level	X	X	X	X	X	864,000
		5.2.3 Quarterly supervision plan at governorate level	X	X	X	X	X	288,000
		5.2.4 Conduct workshops for service providers to introduce the	X	X	X	X	X	20,000

		components of the evaluation forms and supervision standards.						
	5.3. Strengthen collaboration with partners	5.3.1 Carry out a mapping of partners and develop a Concept note of how they could be involved in supporting the family planning program	X	X	X	X	X	10,000
		5.3.2 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000
		5.3.3 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	20,000
TOTAL								4,688,406

Demietta Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	769,505	464,964	304,541	ذكور	
	Females	727,260	442,578	284,682	إناث	
	Total	1,496,765	907,542	589,223	إجمالي	
Women at reproductive age *	%25					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%64.2			%65.8		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%1.1	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%37.1	اللؤلؤ		
	Implants		%0.4	الكبسولات		
Short-term methods **	Injectable		%5.2	الحقن		الوسائل قصيرة الأجل **
	Pill		%19.5	الحبوب		
	Condom (male)		%0.9	الواقي الذكري		
Unmet need **	%9.6					نسبة الحاجة غير الملباة **
Fertility rate ***	85.26					معدل الإنجاب العام ***
Total fertility rate ***	2.7					معدل الخصوبة الكلي ***

تعداد (2017) *Census*

** *DHS (2024)* المسح الديموغرافي

*** *Trends of fertility in Egypt (2018)* اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
6	5	69	215	254	Microginest	3 months
					Nogravida	1 year
					Mizoept	6 months

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects. Examples of target entities in the governorates: the Regional Population Council, the Secretary General of the Governorate, the Governor, and Businessmen Associations	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Strengthen the cooperation with the National Population Council to participate in the existing family planning activities, considering their role in developing and implementing population plans and coordinating between different ministries	X	X	X	X	X	20,000
		1.1.3 Invite representatives of the Demietta Chamber of Commerce to attend a preparatory meeting for the family planning campaign in the governorate to discuss provision of the necessary support for the family planning program	X	X	X	X	X	20,000
		1.1.4 Participate in the activities of the National Council for Women, and discuss aspects of cooperation to support the population issue, given their role as well as	X	X	X	X	X	20,000

		women's associations and NGOs in influencing the target society.						
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new contraceptive methods will be introduced to familiarize service providers.	X					150,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					90,000
		2.1.3 Conduct training workshops for media and Raedat promote the new methods and their method of use	X	X	X	X	X	162,500
		2.1.4 Conduct workshops to familiarize service providers about the new methods	X	X	X	X	X	636,250
	2.2. Propose interventions to change the current contraceptives method mix.	Conduct a survey for a random sample of female beneficiaries in the targeted places to identify the reasons for not preferring long-acting methods	X	X	X			15,000
	2.3 Develop and implement a plan to increase the use of the IUD	2.3.1 Propose a comprehensive system to assign specialists from hospitals to cover family planning clinics in units and centers	X	X				16,000
		2.3.2 Activate the visiting doctor program and maximizing its use to	X	X	X	X	X	25,000

		increase the use of long-acting methods						
		2.3.3 Increase the number of seminars by Raedat and media officers to promote the use of the IUDs	X	X	X	X	X	20,000
		2.3.4 Hold meetings with private sector doctors to promote the use of the IUDs	X	X	X	X	X	20,000
		2.3.5 Propose a system that allows private sector doctors to be supplied with subsidized IUDs, provided that they provide information about relevant beneficiaries	X	X	X			300,000
		2.3.6 Provide training for private sector doctors on IUD insertion by the population sector	X	X	X	X	X	350,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right price, at the right place and time.	3.1. Build the capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage rules and conditions, and disbursement.	X	X	X	X	X	37,500
		3.1.2 Train officials in charge of disbursing methods at all levels on the electronic registration, and how to calculate months of stock and estimating needs.	X	X	X	X	X	318,750
		3.1.3 Extract the monthly record of discontinuers and determining the most discontinued contraceptives.	X	X				10,000
		3.1.4 Conduct training courses for warehouse staff on data collection	X	X	X	X	X	318,750

		and reviewing the accuracy of completed the forms.						
		3.1.5 Conduct training courses for NGO staff members on filling the data forms, and generating relevant reports.	X	X	X			75,000
		3.1.6 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	180,000
	3.2. Work to provide the required staff, develop a plan to recruit them and provide the necessary funding	3.2.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.2.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X	X				10,000
		3.2.3 Follow-up the recruitment process with the concerned officials.	X	X				2,000
	3.3. Develop and implement monthly plans for supervision and follow-up of warehouses according to the warehouses' assessment sheet	3.3.1 Develop and implement monthly supervision visits for warehouses in the districts (by district HO)	X	X	X	X	X	432,000
		3.3.2 Develop and implement quarterly supervision visits by the directorate supervision teams for warehouses in the governorate (by governorate HO)	X	X	X	X	X	144,000
	3.4. Qualify the staff working in the different levels of the supply chain	3.4.1 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	15,000
		3.4.2 Conduct on-job training staff during supervisory visits on storage rules and principles	X	X	X	X	X	75,000

		(conduct supportive supervisory visits)						
	3.5 Train staff on the new forms and developing suitable reports to be submitted to higher levels and establish a related automated system	3.5.1 Collect all the LMIS manual forms used at warehouses	X					10,000
		3.5.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					13,500
		3.5.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central level to follow up on inventory and generate reports	X	X	X	X	X	30,000
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Increasing awareness campaigns and public seminars in the presence of media officials to promote family planning programs	4.1.1 Conduct monthly seminars with the target community	X	X	X	X	X	60,000
	4.2 Increase the number of Raedat	4.2.1 Conduct a needs assessment for the Raedat at governorate level	X					5,000
		4.2.2 Hold meetings with officials to mobilize the required funding to recruit Raedat	X	X	X	X	X	20,000
		4.2.3 Recruit the required Raedat	X	X	X	X	X	4,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between	5.1. Strengthen the partnership with different relevant entities	5.1.1 Hold meetings with the concerned authorities, NGOs, the Ministry of Social Solidarity, businessmen and the Chamber of Commerce to coordinate with them to support and fund the activities of the family planning	X	X	X	X	X	20,000

them to maximize the use of available resources		program, especially the supply chain.						
		5.1.2 Coordinate with the Secretary General of the Governorate to support the family planning program	X	X	X	X	X	20,000
		5.1.3 Activate the partnership with the New Damietta Military Hospital	X	X	X	X	X	20,000
	5.2. Strengthen collaboration with partners	5.2.1 Carry out a mapping of partners and develop a Concept note of how they could be involved in supporting the family planning program	X			X		10,000
		5.2.2 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000
		5.3.3 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
	TOTAL							3,774,250

Sharkeya Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	3,688,761	2,799,636	889,125	ذكور	
	Females	3,475,063	2,623,062	852,001	إناث	
	Total	7,163,824	5,422,698	1,741,126	إجمالي	
Women at reproductive age *	%25					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%57.4			%59.7		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%1.6	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%21.6	اللؤلؤ		
	Implants		%0.4	الكبسولات		
Short-term methods **	Injectable		%10.0	الحقن		الوسائل قصيرة الأجل **
	Pill		%23.0	الحبوب		
	Condom (male)		%0.7	الواقي الذكري		
Unmet need **	14.4%					نسبة الحاجة غير الملباة **
Fertility rate ***	94.28					معدل الإنجاب العام ***
Total fertility rate ***	2.93					معدل الخصوبة الكلي ***

تعداد (2017) *Census*

** *DHS (2024)* المسح الديموغرافي

*** *Trends of fertility in Egypt (2018)* اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
19	18	278	681	855	Oxyprogest	4 months
					Mizocopt	6 months
					Nogravida	7 months
					Microginest	4 months

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects.	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Hold a meeting chaired by His Excellency the Governor and executive leaderships in the governorate to introduce the strategic plan and encourage provision of support for procurement of contraceptives	X	X	X	X	X	20,000
		1.1.3 Hold meetings with the Secretary General of the Governorate and representatives of the Pharmacists Syndicate and the Businessmen Association to cooperate and mobilize necessary funding to procure reproductive health medications as incentives for beneficiaries.	X	X	X	X	X	20,000
		1.1.4 Hold a periodic quarterly meeting to follow up on	X	X	X	X	X	20,000

		implementation progress, assess the current situation, and add some interventions for mitigating challenges.						
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X					216,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					216,000
		2.1.3 Conduct training workshops for media and Raedat promote the new methods and their method of use	X	X	X	X	X	1,091,250
		2.1.4 Conduct workshops to familiarize service providers about the new methods as part of the sustainable training curriculum of the sector	X	X	X	X	X	1,091,250
	2.2 Develop and implement a plan to increase the use of the IUD	2.2.1 Intensify the training for nurses in providing counselling on IUD.	X	X	X	X	X	3,840,000
		2.2.2 Train Raedat and media officials to increase the demand for the use of IUDs	X	X	X	X	X	1,091,250
		2.2.3 Intensify the visiting doctor program and maximize its benefits	X	X	X	X	X	15,000

3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right price, at the right place and time.		2.2.4 Activate the private sector initiative	X	X	X	X	X	20,000
		2.2.5 Implement promotional campaigns focusing on long-acting contraceptives	X	X	X	X	X	20,000
		2.2.6 Implement reproductive health caravans and visits by mobile clinics.	X	X	X	X	X	660,000
	3.1. Build the capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage rules and conditions, and disbursement.	X	X	X	X	X	983,750
		3.1.2 Conduct annual workshop to revise the standards, and ensure accuracy of data collection	X	X	X	X	X	5,000
		3.1.3 Train nurses to calculate the average monthly consumption and fill the TA8 forms	X	X	X	X	X	1,015,000
		3.1.4 Conduct training courses for warehouse staff on data collection and effective completeness of the forms.	X	X	X	X	X	983,750
		3.1.5 Conduct training workshops for statisticians on data entry and report generation.	X	X	X	X	X	95,000
	3.2. The possibility of providing warehouses for contraceptives in medical centers and family medicine centers, where space and suitable rooms are available	3.2.1 Carry out mapping and evaluation of suitable sites	X					5,000
		3.2. Coordinate with different relevant authorities	X	X				8,000

	3.3. Work to provide the required staff, develop a plan to recruit them and provide the necessary funding	3.3.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.3.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X	X	X	X	X	20,000
		3.3.3 Follow-up the recruitment process with the concerned officials.	X	X				10,000
	3.4. Develop and implement plans for supervision and follow-up of warehouses according to the warehouses' assessment sheet	3.4.1 Develop and implement weekly supervision visits for warehouses at district level	X	X	X	X	X	1,368,000
		3.4.2 Develop and implement quarterly supervision visits for warehouse at governorate level	X	X	X	X	X	456,000
		3.4.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	47,500
	3.5 Qualify warehouse staff to use the standardized forms that will be developed by the central level and using the generated reports	3.5.1 Collect all the LMIS manual forms used at warehouses	X					5,000
		3.5.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					9,500
		3.5.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central level to follow up on inventory and generate reports	X	X	X	X	X	95,000
4- Demand and use Objective: To increase the number of	4.1. Enhance the promotion of long-acting methods through various channels	4.1.1 Train doctors, nurses and Raedat on family planning and reproductive health messages	X	X	X	X	X	1,358,750

beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation		4.1.2 Conduct advocacy meetings to intensify media initiatives (Ayamna Ahla)	X	X	X	X	X	20,000
		4.1.3 Conduct advocacy seminars to intensify small and large seminars and sessions in women's clubs	X	X	X	X	X	25,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen the partnership with different partners under the patronage of political leaders	5.1.1 Hold coordination meetings headed by the governor or the secretary general to coordinate between entities providing the service.	X	X	X	X	X	20,000
		5.1.2 Conduct coordination meetings to engage service providers affiliated to different entities in the training activities that are implemented by the Ministry	X	X	X	X	X	20,000
	5.2 Strengthen coordination and partnership with the authorities related to service provision	5.2.1 Hold regular meetings with representatives of the university, health insurance, Al-Ahrar Educational Hospital, the Egyptian Association, the Red Crescent, and representatives of the Regional Federation of NGOs	X	X	X	X	X	20,000
		5.2.2 Coordinate with officials to establish a family planning clinic in the new military hospital, which is to be opened soon, and to provide them with contraceptives needs, publications and posters	X	X	X			20,000
	5.3 Strengthen the partnership and	5.3.1 Hold regular meetings with the partners involved in supporting	X	X	X	X	X	20,000

	cooperation with the authorities concerned with population issues	the population issue, such as the National Population Council, the National Council for Women, and the National Council for Motherhood and Childhood						
	5.4 Coordination with officials in the governorate to provide new storage sites	5.4.1 Hold a coordination meeting at the level of each health district in the presence of the head of the city council to advocate for the importance of having suitable contraceptives' warehouses	X	X	X	X	X	180,000
	5.5 Strengthen the partnership with the private and private sectors	5.5.1 Conduct coordination meetings to regularly provide contraceptives to the civil and private sectors after setting the relevant basic standards	X	X	X	X	X	20,000
		5.5.2 Provide publications and posters for the civil and private sectors	X	X	X	X	X	100,000
	5.6 Strengthen cooperation with partners	5.6.1 Identify partners and develop a concept note of how they can be involved in supporting the family planning program	X			X		10,000
		5.6.2 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000
		5.6.3 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								15,340,000

Dakahleya Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	3,302,844	2,371,100	931,744	ذكور	
	Females	3,189,534	2,285,492	904,042	إناث	
	Total	6,492,378	4,656,592	1,835,786	إجمالي	
Women at reproductive age *	%25					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%63.2			%64.1		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%2.4	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%39.7	اللؤلؤ		
	Implants		%0.4	الكبسولات		
Short-term methods **	Injectable		%7.5	الحقن		الوسائل قصيرة الأجل **
	Pill		%12.8	الحبوب		
	Condom (male)		%0.2	الواقي الذكري		
Unmet need **	%6.9					نسبة الحاجة غير الملباة **
Fertility rate ***	94.19					معدل الإنجاب العام ***
Total fertility rate ***	2.96					معدل الخصوبة الكلي ***

تعداد (2017) Census

** DHS (2024) المسح الديموغرافي

*** Trends of fertility in Egypt (2018) اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raeday	Contraceptive Method	Duration
19	18	343	822	1175	Mizocet	
					Microginest	

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects. Examples of target entities in the governorates: the Regional Population Council, the Secretary General of the Governorate, the Governor, and Businessmen Associations	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Hold coordination meetings with the Secretary General of the Governorate to support the family planning program, and discuss the implementation of the annual plan.	X	X	X	X	X	20,000
		3.1.1 Participate in developing the plans of the businessmen associations, and attend their meetings to increase their financial support to the program	X	X	X	X	X	20,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X	X				540,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate	X					540,000

		level in conjunction with the introduction of the new methods.						
		2.1.3 Conduct training workshops for media and Raedat promote the new methods and their method of use	X	X	X	X	X	894,750
	2.2. Propose interventions to change the current contraceptives method mix to be more effective.	2.2.1 Hold workshops to develop social marketing schemes for governmental family planning activities through health education program or media	X	X	X	X	X	10,000
	2.3 Develop and implement a plan to increase the use of the IUD	2.3.1 Train media and health education officers to increase awareness of the benefits of using the IUD	X	X	X	X	X	45,000
		2.3.2 Continue implementing population caravans in services deprived areas or where service providers are not available in units	X	X	X	X	X	330,000
		2.2.3 Hold coordination meetings to follow up the implementation of the visiting doctor program	X	X	X	X	X	10,000
		2.2.4 Train private sector physicians on IUD insertion	X	X	X	X	X	1,705,000
	3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the capacity of warehouses staff on storing and managing new contraceptive methods	X	X	X	X	X	22,500
		3.1.1 Conduct training courses for warehouses staff on new contraceptives storage rules and conditions, and disbursement.						787,500
		3.1.2 Train the nurses to calculate average monthly consumption and filling TA8 forms						22,500
		3.1.3 Conduct training courses for warehouse staff on data collection	X	X	X	X	X	

		and reviewing the accuracy and completeness of the forms.						
		3.1.4 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	45,000
	3.2. Work to provide the required staff, develop a plan to recruit them and provide the necessary funding	3.2.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.2.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X	X				6,000
		3.2.3 Follow up the recruitment process the officials						2,000
	3.3. Develop and implement monthly plans for supervision and follow-up of warehouses according to the warehouses' assessment sheet	3.3.1 Develop and implement monthly supervision visits for warehouses in the districts (by district HO)	X	X	X	X	X	1,368,000
		3.3.2 Develop and implement quarterly supervision visits by the directorate supervision teams for warehouses in the governorate (by governorate HO)	X	X	X	X	X	456,000
		3.3.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	47,500
	3.4. Qualify warehouse staff to use the standardized forms that will be developed by the central level, and use the generated reports	3.4.1 Collect all the LMIS manual forms used at warehouses	X					5,000
		3.4.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					4,750
		3.4.3 Conduct workshops for statisticians in health departments on the use of the new forms that	X	X	X	X	X	95,000

		will be developed at the central level to follow up on inventory and generate reports						
	3.5 provide suitable warehouses for FP methods	5.3.1 Advocacy meeting with officials to provide suitable warehouses for FP methods						22,500
	6.3 Build the capacity of warehouses staff	3.6.1 Conduct training workshops for pharmacist and nurses on universal standard warehousing						810,000
		3.6.2 Train the warehouses staff on inventory control						23,750
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Intensify the work of the Raedat to promote for long-acting contraceptives	4.1.1 Increase the number of visits conducted by Raedat, postpartum visits, and follow-up with discontinuers.	X	X	X	X	X	21,740
		4.1.2 Enhance the role of hospital in providing long acting contraceptives by training them on postpartum IUD service and periodic meeting	X	X	X	X	X	15,000
		4.1.3 Intensifying awareness raising activities of women's clubs	X	X	X	X	X	15,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen the partnership with stakeholders who can support service provision	5.1.1 Coordinate with NGOs to implement caravans and campaigns	X	X	X	X	X	10,000
		5.1.2 Train gynecologists, obstetricians and assistant specialists and use them to fill the deficit in the most in need areas through coordination with other agencies	X	X	X	X	X	10,000
		5.1.3 Coordinate with the military hospital and familiarize them with	X	X	X	X	X	10,000

		their tasks as a service delivery center as well as provide them with the standard criteria necessary to operate a family planning service delivery center.						
	5.2. Coordinate with different partners to increase their awareness about the importance of the family planning program	5.2.1 Develop a joint plan with the Media, Health Education, and FP Departments to implement awareness meetings and seminars	X	X	X	X	X	10,000
		5.2.2 Participate effectively in the Regional Population Council coordination meetings and activities	X	X	X	X	X	10,000
		5.2.3 Hold workshops to train NGOs' service providers on counselling, registration, and the LMIS	X	X	X	X	X	10,000
	5.3. Strengthen the partnership with development partners	5.3.1 Carry out a mapping of partners and develop a Concept note of how they could be involved in supporting the family planning program	X			X		10,000
		5.3.2 Specify areas of collaboration and topics for discussion	X	X	X	X	X	10,000
		5.3.3 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								8,053,490

Gharbeya Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	2,555,427	1,842,210	713,217	ذكور	
	Females	2,444,206	1,752,126	692,080	إناث	
	Total	4,999,633	3,594,336	1,405,297	إجمالي	
Women at reproductive age *	%26					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%62.0			%63.2		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%1.3	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%39.6	اللؤلؤ		
	Implants		%0.2	الكبسولات		
Short-term methods **	Injectable		%5.4	الحقن		الوسائل قصيرة الأجل **
	Pill		%15.3	الحبوب		
	Condom (male)		%0.2	الواقي الذكري		
Unmet need **	%12.1					نسبة الحاجة غير الملباة **
Fertility rate ***	86.97					معدل الإنجاب العام ***
Total fertility rate ***	2.76					معدل الخصوبة الكلي ***

تعداد (2017) Census

** DHS (2024) المسح الديموغرافي

*** Trends of fertility in Egypt (2018) اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raeday	Contraceptive Method	Duration
11	10	88	697	679	None	

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects. Examples of target entities in the governorates: the Regional Population Council, the Secretary General of the Governorate, the Governor, and Businessmen Associations	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Hold meetings with various entities to coordinate provision of infection control supplies and reproductive health medications	X	X	X	X	X	20,000
		1.1.3 Hold meetings with that can assist in establishing service delivery centers, providing the necessary place, equipment, and fund the recruitment of trained medical personnel	X	X	X	X	X	30,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X					33,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate	X					330,000

		level in conjunction with the introduction of the new methods.						
		2.1.3 Conduct training workshops for media and Raedat promote the new methods and their method of use	X	X	X	X	X	862,500
		2.1.4 Conduct training workshops for service providers - physicians and nurses – on medical eligibility and counselling to ensure effective use of the new method	X	X	X	X	X	4,410,000
	2.2. Develop and implement a plan to increase the use of the IUD	2.2.1 Develop a plan for each health department to increase the use of the IUD	X					22,000
		2.2.2 Deploy medical caravans in the most densely populated places in which a trained physician is not available	X	X	X	X	X	330,000
		2.2.3 Hold meetings with officials to enhance the selection criteria for locations targeted by medical caravans and intensify provision of long-acting contraceptives	X					2,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage rules and conditions, and disbursement.	X	X	X	X	X	27,500
		3.1.2 Train the nurses to calculate average monthly consumption and filling TA8 forms	X	X	X	X	X	1,015,000
		3.1.3 Conduct training courses for warehouse staff on data collection	X	X	X	X	X	27,500

		and reviewing the accuracy and completeness of the forms.						
		3.1.4 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	55,000
	3.2 Develop and implement monthly plans for supervision and follow-up of warehouses, in accordance with the warehouses' assessment sheet	3.2.1 Develop and implement monthly supervision visits for warehouses in the districts (by district HO)	X	X	X	X	X	792,000
		3.2.2 Develop and implement quarterly supervision visits by the directorate supervision teams for warehouses in the governorate (by governorate HO)	X	X	X	X	X	264,000
		3.2.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	27,500
		3.2.4 Create a social networking group for warehouse staff to exchange information when needed	X					7,500
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1 Increase the number of Raedat	4.1.1 Conduct a needs assessment for Raedat at governorate level	X		X			10,000
		4.1.2 Hold meetings with officials to mobilize the required funding to recruit Raedat	X	X	X	X	X	15,000
		4.1.3 Recruit the required Raedat	X	X	X	X	X	8,000
	4.2 Implement a series of awareness seminars	4.2.1. Conduct seminars in youth centers, local units, and different types of secondary schools, factories and companies.	X	X	X	X	X	40,000

	4.3 Increase the number of medical caravans to reach places deprived of service or where trained service providers are not available	4.3.1 Coordinate with officials concerned to increase the number of deployed medical caravans and in to the targeted areas	X	X	X	X	X	10,000
		4.3.2 Coordinate with officials concerned to maximize the benefit of the visiting physician program	X	X	X	X	X	10,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen the partnership with stakeholders who can support service provision	5.1.1 Hold coordination meetings to reach out to NGOs who wish to establish clinics to train their medical staff	X	X	X	X	X	40,000
		5.1.2 Coordinate with relevant authorities to provide contraceptives to active NGOs that are equipped to provide the service	X	X	X	X	X	40,000
		5.1.3 Provide publications, posters, and counselling aids for NGOs	X	X	X	X	X	100,000
	5.2. Strengthen the partnership with development partners	5.2.1 Carry out a mapping of partners and develop a Concept note of how they could be involved in supporting the family planning program	X			X		10,000
		5.2.2 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000
		5.2.3 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								8,632,500

Menoufeya Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	2,219,798	1,765,188	454,610	ذكور	
	Females	2,081,803	1,645,667	436,136	إناث	
	Total	4,301,601	3,410,855	890,746	إجمالي	
Women at reproductive age *	%24					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%65.6			%67.1		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%1.0	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%35.7	اللولب		
	Implants		%0.6	الكبسولات		
Short-term methods **	Injectable		%9.3	الحقن		الوسائل قصيرة الأجل **
	Pill		%18.9	الحبوب		
	Condom (male)		%0.2	الواقي الذكري		
Unmet need **	6.9%					نسبة الحاجة غير الملباة **
Fertility rate ***	94.19					معدل الإنجاب العام ***
Total fertility rate ***	2.96					معدل الخصوبة الكلى ***

تعداد (2017) Census

المسح الديموغرافي (2024) DHS **

اتجاهات مستويات الإنجاب (2018) Trends of fertility in Egypt ***

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
11	10	138	538	693	Oxyprogest	
					Mizoept	
					Nogravida	
					Microginest	

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects. Examples of target entities in the governorates: the Regional Population Council, the Secretary General of the Governorate, the Governor, and Businessmen Associations	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Conduct joint coordination workshops with concerned entities such as the National Population Council and the Businessmen Association	X	X	X	X	X	20,000
		1.1.3 Hold cooperation meetings with the Secretary General of the Governorate to support the family planning program discuss the implementation of the annual plan and mitigate challenges.	X	X	X	X	X	20,000
		1.1.4 Hold advocacy meetings to increase campaigns and caravans in coordination with officials in the governorate, and mobilize required funding.	X	X	X	X	X	22,500
		1.1.5 Hold coordination meetings with partners, businessmen or the	X	X	X	X	X	20,000

		Governorate Services Fund to mobilize necessary funds to procure some supplies, such as ultrasound devices						
		1.1.6 Hold coordination meetings with the governorate officials to establish new clinics and support their supply with the contraceptives required to serve the target community, especially in deprived or remote areas.	X	X	X	X	X	30,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X	X	X	X	X	330,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X	X	X	X	X	330,000
		2.1.3 Conduct training workshops for media and Raedat promote the new methods and their method of use	X	X	X	X	X	55,000
	2.2. Propose interventions to change the current contraceptives method mix to be more focused on long acting contraceptives.	2.2.1 Enhance the public and private counselling through awareness meetings and Raedat	X	X	X	X	X	110,000
		2.2.2. Conduct training workshops for nurses and doctors on provision of counselling,	X	X	X	X	X	816,250

		especially for the new methods that will be introduced						
		2.2.3 Implement awareness seminars in women's clubs to enhance the use of long-acting contraceptives	X	X	X	X	X	110,000
		2.2.4 Hold coordination meetings with the aim of involving private sector doctors and nurses in the training activities provided by the Ministry and ensure providing them with contraceptives	X	X	X	X	X	20,000
		2.2.5 Hold advocacy meetings to increase the frequency of medical caravans	X	X	X	X	X	30,000
		2.2.6 Hold coordination meetings to activate the role of the visiting doctor program	X	X	X	X	X	20,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage rules and conditions, and disbursement.	X	X	X	X	X	27,500
		3.1.2 Conduct training courses for warehouse staff on data collection and reviewing the accuracy and completeness of the forms.	X	X	X	X	X	27,500
		3.1.3 Train pharmacists and warehouse staff on general management of warehouses, including contraceptives' storage conditions, registration rules, and report generation	X	X	X	X	X	55,000

		3.1.4 Conduct regular training workshops by statisticians and the supervision team to train warehouse staff on the use of the implemented information system	X	X	X	X	X	110,000
	3.2. Provide new storage sites for the warehouses to be replaced Develop and implement advocacy campaigns to explain the importance of creating new sites at the local level	3.2.1 Hold meetings with decision makers at governorate level, in coordination with the population sector at the central level, to discuss their needs for storage sites.	X					4,000
		3.2.2 Follow up on selection and agreement of the required sites	X	X	X			2,000
		3.2.3 Equip warehouses to be suitable for storage of contraceptives		X	X			It will be estimated upon conducting the supply chain assessment (National CIP)
	3.3. Work to provide the required staff, develop a plan to recruit them and provide the necessary funding	3.3.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.3.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X	X				4,000
		3.3.3 Follow-up on the recruitment process with the governorate officials			X	X		4,000
	3.4 Develop and implement plans for supervision and follow-up	3.4.1 Implement monthly supervision plans for warehouses at districts level	X	X	X	X	X	792,000

	of warehouses, have posters and guidelines in place, and make sure that staff follow them	3.4.2 Implement quarterly supervision plans for warehouses at governorate level	X	X	X	X	X	792,000
		3.4.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	27,500
		3.4.4 Conduct continuous meetings for the supervisory teams of health departments and highlight the importance of applying the correct storage conditions	X	X	X	X	X	110,000
		3.4.5 Update the warehouses' assessment sheet to add the presence of the posters in their correct places, and using available brochures	X					5,000
	3.5. Qualify warehouse staff to use the standardized forms that will be developed by the central level, and use the generated reports	3.5.1 Collect all the LMIS manual forms used at warehouses	X					5,000
		3.5.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					5,500
		3.5.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central level to follow up on inventory and generate reports	X	X	X	X	X	55,000
4- Demand and use Objective: To increase the number of beneficiaries of family	4.1. Activate the role of Raedat to promote for the use of long-acting contraceptive methods	4.1.1 Conduct periodic seminars by media officers and Raedat to respond to rumors about the contraceptive methods	X	X	X	X	X	110,000

planning services and reduce unmet need and the percentage of discontinuation	4.2. Strengthen the cooperating with the Endowments and the Church to coordinate and support the program.	4.2.1 Hold continuous coordination meetings with representatives of the Church and endowments to support counselling and respond to rumors	X	X	X	X	X	20,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen partnership with private clinics	5.1.1 Carry out a mapping of all private obstetrics and gynecology clinics within the geographical area of the health administration, as well as the names of service providers therein and the available facilities	X					5,000
		5.1.2 Communicate with these clinics, support them with contraceptives, according to availability, and standards	X	X				4,000
		5.1.3 Ensure the availability of IEC materials such as brochures and publications	X	X	X	X	X	100,000
		5.1.4 Involve private sector doctors in the training provided by the Ministry, in accordance with applicable laws	X	X	X	X	X	10,000
	5.2. Strengthen partnership with private pharmacies	5.2.1 Carry out a mapping of all private pharmacies clinics within the geographical area of the health administration, and the available facilities	X					5,000
		5.2.2 Ensure the availability of IEC materials such as brochures and publications	X	X	X	X	X	100,000

		5.2.3 Involve private pharmacists in the training provided by donor agencies	X	X	X	X	X	10,000
	5.3 Strengthen coordination and partnership with the entities that provide services such as the military and police	5.3.1 Hold meetings with representatives of these agencies to present available family planning services gain their support for the program	X	X	X	X	X	15,000
		5.3.2 Support these entities by providing the required contraceptives and assisting them in the forecasting process	X	X	X	X	X	15,000
		5.3.3 Involve service providers in these agencies in training courses to record data on beneficiaries	X	X	X	X	X	15,000
		5.3.3 Conduct training for warehouses staff on the standard operating procedures for storing contraceptives to ensure their quality	X	X	X	X	X	10,000
		5.3.4 Include service providers affiliated to these entities in service provision and counselling training workshops	X	X	X	X	X	10,000
	5.4 Strengthen cooperation with partners	5.4.1 Identify partners and develop a concept note of how they can be involved in supporting the family planning program	X			X		10,000
		5.4.2 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000

		5.4.3 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								4,497,750

Kafr-Elsheikh Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	673,431	376,140	297,291	ذكور	
	Females	630,562	347,906	282,656	إناث	
	Total	1,303,993	724,046	579,947	إجمالي	
Women at reproductive age *	%25					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%56.5			%61.7		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%1.3	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%27.6	اللولب		
	Implants		%0.1	الكبسولات		
Short-term methods **	Injectable		%9.6	الحقن		الوسائل قصيرة الأجل **
	Pill		%18.9	الحبوب		
	Condom (male)		%0.6	الواقي الذكري		
Unmet need **	%11.5					نسبة الحاجة غير الملباة **
Fertility rate ***	107.03					معدل الإنجاب العام ***
Total fertility rate ***	3.38					معدل الخصوبة الكلي ***

تعداد (2017) *Census*

** *DHS (2024)* المسح الديموغرافي

*** *Trends of fertility in Egypt (2018)* اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
11	10	113	494	780	Microginest	2 months
					Mizoept	2 months
					Oxyprogest	3 months

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program.	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Participate in the meetings of the National Population Council, and the Regional council	X	X	X	X	X	20,000
		1.1.3 Hold coordination meetings with the NGOs to implement joint campaigns.	X	X	X	X	X	20,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X					330,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					198,000

		2.1.3 Conduct training workshops for media and Raedat to promote the new methods and their method of use	X	X	X	X	X	988,750
	2.2. Propose interventions to change the current contraceptives method mix to increase the demand for long-acting contraceptives.	2.2.1 Develop and implement workshops to increase awareness of service providers about the recommended contraceptives	X	X	X	X	X	3,420,000
	2.3. Develop and implement a plan to increase the use of the IUD	2.3.1 Carry out a mapping of new and untrained physicians on family planning services	X					5,000
		2.3.2 Develop and implement training courses for untrained physicians	X	X	X	X	X	910,000
		2.3.3 Carry out a mapping of available obstetricians and gynecologists and redistribute them to the units	X					5,000
		2.3.4 Increase the number of media seminars about long-acting contraceptives conducted by media officers and Raedat	X	X	X	X	X	10,000
		2.3.5 Increase the number of reproductive health campaigns in hotspots	X	X	X	X	X	330,000
		2.3.6 Coordinate with the Raedat program in order to increase the number of home visits	X	X	X	X	X	10,000
		2.3.7 Coordinate with concerned officials in order to activate the role of the visiting physician and the private sector initiative	X	X	X	X	X	10,000

3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage rules and conditions, and disbursement.	X	X	X	X	X	27,500
		3.1.2 Conduct training courses for warehouse staff on data collection and reviewing the accuracy and completeness of the forms.	X	X	X	X	X	27,500
		3.1.3 Conduct training workshops for warehouse staff in data entry and report generation	X	X	X	X	X	27,500
		3.1.4 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	55,000
		3.1.5 Hold workshops for pharmacists and nurses on standard storage procedures for contraceptives in general and new ones in particular	X	X	X	X	X	55,000
	3.2. Provide new storage sites for the warehouses to be replaced	3.2.1 Communicate with the Director of Al-Riyad District – Motobas, to provide a new warehouse that meets the required standard criteria	X	X				0
		3.2.2 Separate the family planning warehouse in Kelin, Beiyla from the district warehouse	X	X				4,000
		3.2.3 Communicate with the Director of Sidy Ghazy District to assign a sight in any of the units to establish a district warehouse	X	X				4,000
	3.3. Work to provide the required staff, develop a	3.3.1 Conduct a needs assessment for the required assistive workers	X					5,000

	plan to recruit them and provide the necessary funding	3.3.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X					3,000
		3.3.3 Follow-up on the recruitment process with the governorate officials			X	X		4,000
	3.4 Develop and implement plans for monthly supervision and follow-up of inventory according to the warehouses' assessment sheet	3.4.1 Implement monthly supervision visits for the warehouses at districts' level	X	X	X	X	X	792,000
		3.4.2 Implement quarterly supervision visits for the warehouses at governorate level	X	X	X	X	X	264,000
		3.4.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	27,500
		3.4.4 Ensure the distribution of posters and brochures to warehouses and that staff are utilizing them	X	X	X	X	X	132,000
		3.4.5 Train the new supervisory teams on the standard operating procedures	X	X	X	X	X	27,500
	3.5. Qualify warehouse staff to use the standardized forms that will be developed by the central level, and use the generated reports	3.5.1 Collect all the LMIS manual forms used at warehouses	X					5,000
		3.5.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					5,500
		3.5.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central	X	X	X	X	X	55,000

		level to follow up on inventory and generate reports						
		3.5.4 Ensure the availability of a network to link the warehouses at the health districts with the governorate warehouse and the central level	X					It will be estimated when the eLMIS is introduced
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Build the capacity of media officers in community awareness	4.1.1 Conduct training workshops for media officers on community awareness	X	X	X	X	X	27,500
	4.2. Increase the number of Raedat in accordance with the increasing number of targeted women	4.2.1 Conduct a needs assessment for the required Raedat	X					5,000
		4.2.2 Recruit them and follow up on the implementation of the home visits' plans	X					2,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen the partnership with the private sector and civil society	5.1.1 Conduct coordination workshops to facilitate the provision of training for service providers in NGOs on family planning methods (counselling and registration)	X	X	X	X	X	10,000
		5.1.2 Hold coordination meetings with NGOs and assisting them in recruiting of physicians and nurses	X	X	X	X	X	10,000
	5.2. Strengthen the collaboration with partners and maximize the use of available resources	5.2.1 Carry out a mapping of partners and develop a concept note of how they could be involved in supporting the family planning program	X			X		10,000
		5.2.2 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000

		5.2.3 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								7,936,250

Behera Governorate

Population *		3,181,812	2,610,371	571,441		عدد السكان *
	Males	3,181,812	2,610,371	571,441	ذكور	
	Females	2,989,801	2,440,259	549,542	إناث	
	Total	6,171,613	5,050,630	1,120,983	إجمالي	
Women at reproductive age *	%25					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%65.5			%66.4		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%1.3	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%39.4	اللؤلؤ		
	Implants		%1.1	الكبسولات		
Short-term methods **	Injectable		%9.6	الحقن		الوسائل قصيرة الأجل **
	Pill		%13.6	الحبوب		
	Condom (male)		%0.3	الواقي الذكري		
Unmet need **	%8.2					نسبة الحاجة غير الملباة **
Fertility rate ***	101.99					معدل الإنجاب العام ***
Total fertility rate ***	3.19					معدل الخصوبة الكلي ***

تعداد (2017) Census

** DHS (2024) المسح الديموغرافي

*** Trends of fertility in Egypt (2018) اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
17	16	235	831	1249	Combined injections	3 months

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program.	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Hold a meeting under the auspices of the Governor, in the presence of the deputy governor, secretary general of the governorate, the assistant, and mayors, to explain the importance of collective participation in implementing family planning programs	X	X	X	X	X	20,000
		1.1.3 Ensure the timely presence of the Regional Population Council and inviting businessmen, and making use of these meetings to gain support and urge them to participate in family planning programs	X	X	X	X	X	20,000
		1.1.4 Hold monthly coordination meetings with businessmen, directors of NGOs, the Secretary General of the Governorate, to orient them about the family	X	X	X	X	X	60,000

		planning program and its importance to mobilize resources.						
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X					510,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					306,000
		2.1.3 Conduct training courses for media officials and Raedat to promote the new methods and their importance.	X	X	X	X	X	1,582,500
	2.2. Propose interventions to change the current contraceptives method mix to be more effective.	2.2.1 Carry out a mapping of service providers qualified to administer the most effective methods and their level of training	X					5,000
		2.2.2 Select and support certain service delivery points and provide appropriate service providers	X					3,000
		2.2.3 Distribute posters in service delivery centers	X	X	X	X	X	200,000
		2.2.4 Capacitate Raedat to spread messages related to long-acting contraceptives.	X	X	X	X	X	3,122,500
		2.2.5. Hold meetings on an ongoing basis to identify and	X	X	X	X	X	10,000

		support strengths and mitigate the weaknesses						
	2.3 Develop and implement a plan to increase the use of the IUD	2.3.1 Coordinate with concerned officials to implement the visiting physician program	X	X	X	X	X	10,000
		2.3.2 Hold advocacy meetings for service providers about the importance of effective counselling	X	X	X	X	X	15,000
		2.3.3 Coordinate with the central team during the introduction of modern types of IUDs to the method mix	X	X	X	X	X	15,000
		2.3.4 Hold advocacy meetings for the proposed nurse task shifting project	X	X	X	X	X	30,000
		2.3.5 Coordinate with officials to activate the private sector initiative	X	X	X	X	X	10,000
		2.3.6 Coordinate with the funding agencies and pharmaceutical companies to provide reproductive health medications to encourage beneficiaries on utilizing IUD	X	X	X	X	X	20,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage rules and conditions, and disbursement.	X	X	X	X	X	42,500
		3.1.2 Conduct training courses for warehouse staff on utilization of the warehouses' assessment sheet that includes standard operating procedures and required	X	X	X	X	X	42,500

		equipment that need to be available.						
		3.1.3 Conduct training courses for warehouse staff on data collection and reviewing the accuracy and completeness of the forms.	X	X	X	X	X	42,500
		3.1.4 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	85,000
		3.1.5 Link the warehouses of the health district to the governorate warehouse through an electronic warehouse management system	X	X	X	X	X	It will be estimated upon conducting the supply chain assessment (National CIP)
	3.2. Carry out supervisory visits to warehouses	3.2.1 Implement monthly supervision visits for warehouses at district level using the relevant assessment sheet	X	X	X	X	X	1,224,000
		3.2.2 Implement quarterly supervision visits for warehouses at governorate level using the relevant assessment sheet	X	X	X	X	X	408,000
		3.2.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	42,500
	3.3. Build the capacity of officials in charge of warehouse management	3.3.1 Hold training courses for warehouse staff on warehouse management, storage conditions, and tools used to record inventory	X	X	X	X	X	42,500
	3.4. Work to provide the required staff, develop a	3.4.1 Conduct a needs assessment for the required assistive workers	X					5,000

	plan to recruit them and provide the necessary funding	3.4.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X					10,000
		3.4.3 Follow-up on the recruitment process with the officials concerned			X	X		10,000
	3.5. Provide new storage sites for the warehouses to be replaced	3.5.1 Follow up the rental of new storage sites in light of the available funding (from the fund component)	X	X				4,000
		3.5.2 Hold coordination meetings with heads of local units in case there is a suitable warehouse that meets the specifications	X	X				8,000
	3.6. Qualify warehouse staff to use the standardized forms that will be developed by the central level, and use the generated reports	3.6.1 Collect all the LMIS manual forms used at warehouses	X					5,000
		3.6.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					4,250
		3.6.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central level to follow up on inventory and generate reports	X	X	X	X	X	170,000
	4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and	4.1. Increase the number of Raedat to promote for the use of long acting contraceptives	4.1.1 Conduct a needs assessment for the required Raedat at the level of the health district	X				10,000
			4.1.2 Recruitment of the required Raedat	X				8,000
			4.1.3 Follow up on the recruitment process	X				10,000

the percentage of discontinuation								
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Highlight the importance of the representation of the director of family planning in the governorate within the health committee to present the obstacles faced by the family planning program and to involve other partners in proposing solutions	5.1.1 Hold meetings with the participation of the director of family planning in the governorate to obtain the necessary support and funding to enhance the program	X	X	X	X	X	30,000
		5.1.2 Carry out a mapping of partners and develop a concept note of how they could be involved in supporting the family planning program	X			X		10,000
		5.1.3 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000
		5.1.4 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								8,246,750

Giza Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	4,487,640	1,753,061	2,734,579	ذكور	
	Females	4,144,381	1,612,757	2,531,624	إناث	
	Total	8,632,021	3,365,818	5,266,203	إجمالي	
Women at reproductive age *	%25					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%62.0			%63.2		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%1.4	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%37.5	اللولب		
	Implants		%0.3	الكبسولات		
Short-term methods **	Injectable		%7.3	الحقن		الوسائل قصيرة الأجل **
	Pill		%15.8	الحبوب		
	Condom (male)		%0.1	الواقي الذكري		
Unmet need **	% 10.7					نسبة الحاجة غير الملباة **
Fertility rate ***	92.03					معدل الإنجاب العام ***
Total fertility rate ***	2.86					معدل الخصوبة الكلي ***

تعداد (2017) *Census*

** *DHS (2024)* المسح الديموغرافي

*** *Trends of fertility in Egypt (2018)* اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raeday	Contraceptive Method	Duration
1	22	133	325	700	Microginest	3 months
					Oxyprogest	3 months

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects. Examples of target entities in the governorates: the Regional Population Council, the Secretary General of the Governorate, the Governor, Businessmen Associations	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Conduct joint seminars with targeted entities to increase financial allocations for women health clubs, caravans, and campaigns.	X	X	X	X	X	20,000
		1.1.3 Coordinate with the governorate secretary general to support the family planning program, and ensure the availability of vehicles for mobile teams, as well as required drivers from the governorate budget.	X	X	X	X	X	20,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce	2.1. Implement a plan to introduce new methods	2.1.1 Conduct workshops to familiarize service providers about new methods, to be included in the sustainable training curriculum of the sector	X	X	X	X	X	220,000

unmet need, with a focus on long-acting contraceptive methods.		2.1.2 Ensure the availability of sufficient IEC materials about the new methods and train the Raedat on them so that to advocate for the new methods in their catchment areas.	X	X	X	X	X	1,750,000
	2.2 Develop and implement a plan to increase the utilization of the IUD	2.2.1 Conduct regular training workshops for physicians on the IUD	X	X	X	X	X	900,000
		2.2.2 Increase the number of awareness seminars to increase the demand for IUDs, particularly during postpartum visits	X	X	X	X	X	20,000
		2.2.3 Increase the number of awareness seminars to increase the demand for long-acting contraceptives	X	X	X	X	X	20,000
		2.2.4. Increase the number of deployed mobile clinics especially to areas close to service delivery points where there is no physician, and announce their schedule well in advance.	X	X	X	X	X	330,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the Capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage rules and conditions, and disbursement.	X	X	X	X	X	110,000
		3.1.2 Conduct training courses for warehouse staff on data collection and reviewing the accuracy and completeness of the forms.	X	X	X	X	X	110,000

		3.1.3 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	220,000
	3.2 Implement periodic supervisory visits	3.2.1 Implement monthly supervision visits to warehouses at district level	X	X	X	X	X	1,584,000
		3.2.2 Implement quarterly supervision visits to warehouses at governorates level	X	X	X	X	X	528,000
		3.2.3. Conduct workshops to train district officials on the use of LMIS SOPs and procurement system manuals	X	X	X	X	X	55,000
	3.3 Provide new storage sites for the warehouses to be replaced. Develop and implement advocacy campaigns to explain the importance of creating new sites at the local level	3.3.1 Hold meetings with decision makers at governorate level to discuss the need for allocating new storage sites.	X	X	X	X	X	20,000
	3.4. Work to identify the required staff, develop a plan to recruit them and mobilize the necessary funding	3.3.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.3.2 Hold meetings with the governorate officials and the director of the health office to discuss ways to hire the required staff and manage the necessary resources.	X					5,000
		3.3.3 Follow-up on the recruitment process with the governorate officials			X	X		2,000

	3.4. Qualify warehouse staff to use the standardized forms that will be developed by the central level, and use the generated reports	3.4.1 Collect all the LMIS manual forms used at warehouses	X					5,000
		3.4.2 Hold a one-day workshop to be attended by warehouse representatives to discuss the current forms, and develop new forms	X					5,500
		3.4.3 Conduct workshops for statisticians at districts health offices on using the new forms (that will be developed at the central level) to follow up on inventory and generate reports	X	X	X	X	X	55,000
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Increase the number of service delivery points in collaboration with other entities	4.1.1 Hold coordination meetings with businessmen associations to establish a family planning clinic in each factory and company	X	X	X	X	X	20,000
		4.1.2 Hold coordination meetings to establish a family planning clinic in private universities	X	X	X	X	X	20,000
		4.1.3 Hold coordination meetings to increase the number of curative and reproductive health services caravans	X	X	X	X	X	20,000
	4.2 Increase the number of the Raedat and revitalize their role	4.2.1 Conduct periodic meetings/seminars to refute rumors about the contraceptive methods	X	X	X	X	X	20,000
		4.2.2 Follow up on the recruitment on sufficient Raedat to ensure full coverage	X					8,000

5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen the partnership with civil society and private sector	5.1.1 Coordinate with active NGOs to increase the number of services provided	X	X	X	X	X	20,000
		5.1.2 Design and implement awareness seminars to increase community participation to address the escalating population growth	X	X	X	X	X	20,000
	5.2 Strengthen the coordination with governmental entities at governorate level	5.2.1 Hold coordination meetings with the Regional Population Council to train the Raedat and support women's clubs	X	X	X	X	X	20,000
		5.2.2 Hold regular coordination meetings with the Ministry of Endowments, the Church, the Ministry of Youth and Sports and the Egyptian General Authority for Literacy and Adult Education Branch in the governorate	X	X	X	X	X	20,000
		5.2.3 Hold meetings to coordinate with the Directorate of Education	X	X	X	X	X	20,000
	5.3. Establish clear monitoring and evaluation tools	5.3.1 Follow up on the progress in the annual population plan implementation	X	X	X	X	X	20,000
	5.4. Strengthen the partnership with development partners in the governorate	5.4.1 Carry out a partners mapping and develop a simple concept note to involve them in supporting the family planning program	X	X	X	X	X	10,000
		5.4.2 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000

		5.4.3 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								6,296,500

Baniswef Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	1,626,567	1,261,573	364,994	ذكور	
	Females	1,527,533	1,176,561	350,972	إناث	
	Total	3,154,100	2,438,134	715,966	إجمالي	
Women at reproductive age *	%24					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%55.3			%58.3		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%1.7	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%29.1	اللؤلؤ		
	Implants		%0.4	الكبسولات		
Short-term methods **	Injectable		%11.6	الحقن		الوسائل قصيرة الأجل **
	Pill		%12.1	الحبوب		
	Condom (male)		%0.2	الواقي الذكري		
Unmet need **	%9.6					نسبة الحاجة غير الملباة **
Fertility rate ***	118.95					معدل الإنجاب العام ***
Total fertility rate ***	3.59					معدل الخصوبة الكلي ***

تعداد (2017) Census

** DHS (2024) المسح الديموغرافي

*** Trends of fertility in Egypt (2018) اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
8	7	125	227	705	Oxyprogest	2 months
					Mizocet	1 months
					Microcept	6 months

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects. Examples of target entities in the governorates: the Regional Population Council, the Secretary General of the Governorate, the Governor, Businessmen Associations	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Identify the entities targeted with advocacy activities to support the program.	X					5,000
		1.1.3 Identify and prioritize the needs to be presented in meetings (equipment, contraceptives, supplies, vehicles)	X	X	X	X	X	5,000
		1.1.4 Hold periodic meetings with officials at governorate level, and partners to financially support the family planning program.	X	X	X	X	X	20,000
		1.1.5 Carrying out regular caravans in the districts, through the participating authorities and ensure having gifts and means of transportation for the beneficiaries.	X	X	X	X	X	495,000
2- Contraceptives Objective: To provide a variety of contraceptives	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be	X					360,000

to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.		introduced to familiarize service providers.						
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					216,000
		2.1.3 Conduct training courses for media officials and Raedat to promote the new contraceptives and highlight their importance	X	X	X	X	X	902,500
	2.2. Propose interventions to change the current contraceptives method mix to be more effective.	2.2.1 Conduct training workshops for service providers on long acting contraceptives.	X	X	X	X	X	3,420,000
		2.2.2 Carryout a survey to understand the obstacles to the use of contraceptives.	X	X				10,000
		2.2.3 Introduce multiple types of IUDs	X	X	X	X	X	20,000
		2.2.4 Conduct training workshops for service providers on effective counselling	X	X	X	X	X	1,263,750
		2.2.5. Develop and implement an information and awareness plan in the field.	X	X	X	X	X	20,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right	3.1. Build the Capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage rules and conditions, and disbursement.	X	X	X	X	X	40,000
		3.1.2 Conduct training courses for warehouse staff on data collection	X	X	X	X	X	40,000

quality, the right price, at the right place and time.		and reviewing the accuracy and completeness of the forms.						
		3.1.3 Conduct training workshops for statisticians on data entry and report generation, and replicate the training to include the second line of statisticians in the governorate and districts.	X	X	X	X	X	80,000
	3.2. Work to identify the required staff, develop a plan to recruit them and provide the necessary funding	3.2.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.2.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X	X				8,000
		3.2.3 Follow-up on the recruitment process with the governorate officials			X	X		4,000
	3.3. Develop and implement a supervision and monitoring plan for warehouses according to the warehouses' assessment sheet	3.3.1 Develop and implement monthly supervision visits for warehouses at the level of districts	X	X	X	X	X	576,000
		3.3.2 Develop and implement quarterly supervision visits at the level of governorate	X	X	X	X	X	192,000
		3.3.3 Conduct workshops to train district officials on the use of LMIS SOPs and procurement system manuals	X	X	X	X	X	20,000
	3.4. Provide new storage sites for the warehouses to be replaced at the level of health districts	3.4.1 Carryout mapping of the warehouses that need replacement	X					5,000
		3.4.2 Hold meetings with localities to find alternative sites for warehouses to be replaced.	X	X				16,000

		3.4.3 Refurbish the new warehouses		X	X	X		It will be estimated upon conducting the supply chain assessment (National CIP)
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Activate the role of Raedat to promote for the use of long-acting contraceptive methods	4.1.1 Conduct periodic seminars by media officers and Raedat to respond to rumors about the contraceptive methods	X	X	X	X	X	40,000
		4.1.2 Conduct training workshops for Raedat and nurses on family planning counselling	X	X	X	X	X	1,133,750
		4.1.3 Conduct periodic training workshops for Raedat on awareness raising	X	X	X	X	X	881,250
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen the partnership with other entities	5.1.1 Determine the sectors that must be coordinated with at the governorate level	X					5,000
		5.1.2 Determine the topics and needs that require effective communication	X	X	X	X	X	20,000
		5.1.3 Hold quarterly meetings	X	X	X	X	X	20,000
		5.1.4 Activate the private physician initiative	X	X	X	X	X	20,000
		5.1.5 Identify partners and develop a concept not to involve them in supporting the family planning program	X			X		10,000
		5.1.6 Determine areas of cooperation with partners and topics for discussion	X	X	X	X	X	10,000

		5.2.5 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								9,947,250

Fayoum Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	769,505	464,964	304,541	ذكور	
	Females	727,260	442,578	284,682	إناث	
	Total	1,496,765	907,542	589,223	إجمالي	
Women at reproductive age *	%25					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%64.2			%65.8		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%1.1	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%37.1	اللؤلؤ		
	Implants		%0.4	الكبسولات		
Short-term methods **	Injectable		%5.2	الحقن		الوسائل قصيرة الأجل **
	Pill		%19.5	الحبوب		
	Condom (male)		%0.9	الواقي الذكري		
Unmet need **	%9.6					نسبة الحاجة غير الملباة **
Fertility rate ***	85.26					معدل الإنجاب العام ***
Total fertility rate ***	2.7					معدل الخصوبة الكلي ***

تعداد (2017) Census

** DHS (2024) المسح الديموغرافي

*** Trends of fertility in Egypt (2018) اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
8	7	62	299	910	Oxyprogest	4 months
					Mizoccept	1 month
					Microginest	

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects. Examples of target entities in the governorates: the Regional Population Council, the Secretary General of the Governorate, the Governor, Businessmen Associations	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Determine the entities whose support is required to increase funding	X					5,000
		1.1.3 Identify needs according to priority	X					5,000
		1.1.4. Hold regular meetings with the authorities according to the type of needs	X	X	X	X	X	20,000
		1.1.5. Hold advocacy meetings to increase the medical caravans to be funded by partners	X	X	X	X	X	30,000
		1.1.6 Prepare reports on the challenges facing the financing of activities and describe the role of different entities in addressing this issue	X	X	X	X	X	25,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of	2.1. Implement a plan to introduce new methods	2.1.1 Conduct a workshop for administrative centers in which new methods will be introduced to familiarize service providers.	X					96,000

beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					96,000
		2.1.3 Conduct training courses for media officials and Raedat to promote the new contraceptives and their method of use	X	X	X	X	X	1,147,500
		2.1.4 Establish a hotline to receive complaints from beneficiaries and service providers	X	X	X	X	X	7,500
		2.1.5 Conduct training workshops for service providers on the new methods and counselling	X	X	X	X	X	20,000
	2.2 Develop and implement a plan to increase the use of the IUD and other long acting methods	2.2.1 Conduct a workshop to identify places with the least demand for IUD use.	X					50,000
		2.2.2 Conduct a workshop to identify target groups and locate suitable places for caravans and mobile clinics	X					200,000
		2.2.3 Conduct a workshop to determine the required tools and aids such as manuals and publications	X					50,000
		2.2.4. Hold meetings with pharmaceutical companies to provide reproductive health medications to encourage the use of family planning methods	X	X	X	X	X	15,000

	2.3. Propose interventions to change the current contraceptives method mix to be more effective.	2.3.1 Hold coordination meetings to activate the visiting physician plan	X	X	X	X	X	10,000
		2.3.2 Deploy mobile clinics to remote and slum areas	X	X	X	X	X	660,000
		2.3.3 Develop and implement a plan to raise awareness on the importance of using long-acting methods	X	X	X	X	X	20,000
		2.3.4 Activate the task shifting approach and train qualified nurses on IUD insertion	X	X	X	X	X	30,000
		2.3.5 Ensure the availability of different types of IUDs to suit target beneficiaries	X	X	X	X	X	30,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Train staff to accurately record disbursement information	3.1.1 Conduct training workshops for staff on preparing the working papers	X	X	X	X	X	20,000
		3.1.2 Conduct training workshops for staff on average consumption and daily disbursement	X	X	X	X	X	20,000
		3.1.3 Link the information system of the quantity disbursed at health units with various levels of warehouses	X	X	X	X	X	Part of the eLMIS from central plan -
	3.2. Build the Capacity of warehouses staff on storing and managing new contraceptive methods	3.2.1 Conduct training courses for warehouses staff on new contraceptives storage rules and conditions, and disbursement.	X	X	X	X	X	20,000
		3.2.2 Conduct training courses for warehouse staff on data collection and reviewing the accuracy and completeness of the forms.	X	X	X	X	X	20,000

		3.2.3 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	40,000
	3.3. Work to provide the required staff, develop a plan to recruit them and provide the necessary funding	3.3.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.3.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X					15,000
		3.3.3 Follow-up on the recruitment process with concerned officials		X	X			4,000
	3.4. Renovate the available storage sites and replace the warehouses that do not conform to specifications	3.4.1 Identify the warehouses that need to be renovated or replaced.	X					5,000
		3.4.2 Hold a meeting with the Undersecretary for Planning and Medical Supply to explain the importance of adhering to storage standards and the necessity of providing suitable storage places.	X					6,000
		3.4.3. Hold meetings with city council and governorate officials to provide suitable places for warehouses	X	X				16,000
		3.4.4. Prepare and refurbish proposed storage places		X	X	X	X	It will be estimated upon conducting the supply chain assessment (National CIP)
	3.5. Develop and implement monthly plans for supervision and follow-	3.5.1 Develop and implement monthly supervision visits for warehouses at the district level	X	X	X	X	X	576,000

	up of warehouses according to the warehouses' assessment sheet	3.5.2 Develop and implement quarterly supervision visits for warehouses at the governorate level	X	X	X	X	X	192,000
		3.5.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	20,000
	3.6. Enhance the capacity of warehouse staff	3.6.1 Train warehouses' staff on the calculation of months of stock and strategic buffer	X	X	X	X	X	20,000
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Activate the role of Raedat to promote for the use of long-acting contraceptive methods	4.1.1 Intensify the training of Raedat on community awareness	X	X	X	X	X	1,137,500
		4.1.2 Train media professionals on community awareness	X	X	X	X	X	40,000
		4.1.3 Train nurses on effective counselling	X	X	X	X	X	115,000
		4.1.4 Conduct a needs assessment for the required number of Raedat to be recruited	X	X	X	X	X	5,000
		4.1.5 Follow-up on the recruitment process of Raedat and allocate necessary funds	X	X	X	X	X	2,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen the coordination with entities that can support service provision	5.1.1 Hold periodic meetings to activate the inclusion of private and health insurance clinics in service provision	X	X	X	X	X	20,000
		5.1.2 Hold coordination meetings to activate the private sector initiative	X	X	X	X	X	10,000
		5.1.3 Hold coordination meetings to engage the service providers of NGOs in capacity building activities	X	X	X	X	X	20,000

		5.1.4 Coordinate to train officials of other entities providing family planning services, to record the disbursed methods and monitor their performance.	X	X	X	X	X	20,000
		5.1.5 Ensure the availability of brochures and posters to be given to different entities	X	X	X	X	X	100,000
		5.1.6 Identify partners and develop a concept note of how they can be involved in supporting the family planning program	X	X	X	X	X	10,000
		3.1.7 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000
		5.1.8 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								5,069,500

Minia Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	2,834,948	2330229	504719	ذكور	
	Females	2,662,147	2177702	484445	إناث	
	Total	5,497,095	4,507,931	989,164	إجمالي	
Women at reproductive age *	%24					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%48.5			%51.3		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%0.9	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%14.3	اللولب		
	Implants		%0.9	الكبسولات		
Short-term methods **	Injectable		%8.8	الحقن		الوسائل قصيرة الأجل **
	Pill		%14.5	الحبوب		
	Condom (male)		%0.1	الواقي الذكري		
Unmet need **	17.2%					نسبة الحاجة غير الملباة **
Fertility rate ***	121.98					معدل الإنجاب العام ***
Total fertility rate ***	3.76					معدل الخصوبة الكلي ***

تعداد (2017) *Census*

** *DHS (2024)* المسح الديموغرافي

*** *Trends of fertility in Egypt (2018)* اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
10	9	190	392	809	Combined injections	4 months
					Microginest	3 months

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects. Examples of target entities in the governorates: the Regional Population Council, the Secretary General of the Governorate, the Governor, Businessmen Associations	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Hold coordination meetings with the secretary general at the governorate to support the family planning program, discuss the implementation of the annual plan, and address any arising challenges	X	X	X	X	X	20,000
		1.1.3 Advocate with governorate officials for the importance of signing temporary contracts with workers and drivers through the Governorate Office	X	X	X	X	X	30,000
		1.1.4 Hold meetings to arrange with localities to carry out construction work within the units	X	X				20,000
		1.1.5 Hold coordination meetings with the National Council for Women to cooperate in conducting seminars	X	X	X	X	X	20,000

		1.1.6. Hold meetings with other entities to provide the necessary funding for the provision of contraceptives and necessary means of transport	X	X	X	X	X	20,000
		1.1.7 Hold meetings with businessmen associations to provide medical supplies and equipment to improve service delivery	X	X	X	X	X	20,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative centers in which new methods will be introduced to familiarize service providers.	X					600,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					600,000
		2.1.3 Conduct training workshops for media officials and Raedat to promote the new methods and the importance of their use	X	X	X	X	X	1,023,750
	2.2. Develop and implement a plan to increase the use of the IUD	2.2.1 Hold coordination meetings to maximize the benefit of the visiting physician program	X	X	X	X	X	60,000
		2.2.2 Conduct periodic meetings/seminars to refute rumors about the contraceptive methods	X	X	X	X	X	60,000

		2.2.3 Support NGOs and other entities, particularly those who have a female physician, by providing them with IUDs	X	X	X	X	X	20,000
		2.2.4 Increase the implementation of medical caravans and mobile teams.	X	X	X	X	X	132,000
		2.2.5 Hold coordination meetings to enhance the pathway between the OB/ GYN clinic in hospitals, and family planning clinics	X	X	X	X	X	60,000
		2.2.6 Hold meetings to strengthen the collaboration between primary health care and family planning nurses to follow-up on women pregnant in their 9 th month	X	X	X	X	X	20,000
		2.2.7 Develop appropriate promotional materials to promote the use of long acting methods, focusing on the IUD being one of the most important long acting methods	X	X	X	X	X	Part of Central plan
	2.3. Propose interventions to change the current contraceptives method mix to be more effective.	2.3.1 Prepare and display appropriate IEC materials to enhance the use of most effective contraceptives	X	X	X	X	X	Part of Central plan
		2.3.2 Increase the number of implemented awareness raising seminars by media officers and Raedat	X	X	X	X	X	20,000
3- Capabilities	3.1. Build the capacity of warehouses staff on	3.1.1 Conduct training courses for warehouses staff on new	X	X	X	X	X	12,500

Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	storing and managing new contraceptive methods	contraceptives storage rules and conditions, and disbursement.						
		3.1.2 Establish a team to periodically follow up on data collection and the use of forms	X	X	X	X	X	10,000
		3.1.3 Conduct training courses for warehouse staff on data collection and reviewing the accuracy and completeness of the forms.	X	X	X	X	X	50,000
		3.1.4 Conduct training workshops for Health Information Centers at district level	X					10,000
		3.1.5 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	10,000
	3.2. Work to provide the required staff, develop a plan to recruit them and provide the necessary funding	3.2.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.2.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X					10,000
		3.2.3 Follow up on the recruitment process with the governorate officials		X	X			4,000
	3.3 Develop and implement plans for supervision according to the warehouses' assessment sheet	3.3.1 Develop and implement monthly supervision visits for warehouses at the level of districts	X	X	X	X	X	720,000
		3.3.2 Develop and implement quarterly supervision visits for warehouses at the level of governorate	X	X	X	X	X	240,000

		3.3.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	25,000
	3.4. Enhance the capacity of warehouse staff on applying storage regulations and the calculation of the strategic buffer	3.4.1 Hold meetings with the pharmaceutical inspection officials to develop an training plan for their staff to improve their performance	X	X	X	X	X	10,000
	3.5. Qualify warehouse staff to use the standardized forms that will be developed by the central level, and use the generated reports	3.4.1 Collect all the LMIS manual forms used at warehouses	X					5,000
		3.4.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					5,000
		3.4.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central level to follow up on inventory and generate reports	X	X	X	X	X	200,000
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Activate the role of Raedat to promote for the use of long-acting contraceptive methods	4.1.1 Follow-up on the Implementation of the central plan, and monitor the trainees	X	X	X	X	X	10,000
	4.2. Increase community awareness of the importance of the family planning program	4.2.1 Conduct seminars in cooperation with the directorates of Motherhood and Childhood, and the Youth and Sports in villages	X	X	X	X	X	20,000
5- Coordination and partnership	5.1. Enhance the coordination with entities	5.1.1 Hold coordination meetings to equip family planning clinics in private hospitals	X	X	X	X	X	20,000

Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	that can contribute to service provision	5.1.2 Carry out regular visits to the Armed Forces Hospital and sign a cooperation protocol	X	X	X	X	X	30,000
		5.1.3 Carry out a mapping of partners and develop a concept note of how they could be involved in supporting the family planning program	X			X		10,000
		5.1.3 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000
		5.1.4 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								4,226,250

Assiut Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	2,266,684	1,683,686	582,998	ذكور	
	Females	2,086,605	1,564,539	522,066	إناث	
	Total	4,353,289	3,248,225	1,105,064	إجمالي	
Women at reproductive age *	25%					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%58.9			%60.2		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		0.9%	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		14.3%	اللؤلؤ		
	Implants		0.9%	الكبسولات		
Short-term methods **	Injectable		8.8%	الحقن		الوسائل قصيرة الأجل **
	Pill		14.5%	الحبوب		
	Condom (male)		0.1%	الواقي الذكري		
Unmet need **	18.8%					نسبة الحاجة غير الملباة **
Fertility rate ***	130.71					معدل الإنجاب العام ***
Total fertility rate ***	4.09					معدل الخصوبة الكلي ***

تعداد (2017) *Census*

** *DHS (2024)* المسح الديموغرافي

*** *Trends of fertility in Egypt (2018)* اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
14	13	116	554	410	Mizocopt	

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects. Examples of target entities in the governorates: the Regional Population Council, the Secretary General of the Governorate, the Governor, and Businessmen Associations	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Hold meetings with the Regional Population Council and the Secretary General of the Governorate to orient them about the governorate's plan and to coordinate between the Directorate and city mayors to support procurement	X	X	X	X	X	20,000
		1.1.3 Hold meetings with the directors of the Businessmen Associations and NGOs to introduce the family planning plan, and highlight the required support from NGOs to implement the activities.						20,000
		1.1.4 Hold meeting with the governorate officials to secure sites for implementing medical convoys.	X	X	X	X	X	20,000
2- Contraceptives	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in	X					70,000

Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.		which new methods will be introduced to familiarize service providers.						
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					840,000
		2.1.3 Conduct training workshops for service providers on the new methods, and counselling services	X	X	X	X	X	210,000
		2.1.4 Increase the implementation of medical caravans and mobile teams						660,000
		2.1.5 Conduct training workshops for media and Raedat to promote the new methods and their method of use	X	X	X	X	X	1,060,000
		2.1.6 Conduct workshops for the governorates' supervision teams to orient them about the new methods	X	X	X	X	X	210,000
		2.1.7 Conduct workshops for Raedat, women health clubs' supervisors, and media officers to orient them about the new methods	X	X	X	X	X	1,025,000
	2.2. Develop and implement a plan to increase the use of the IUD	2.2.1 Train physicians to provide IUD related services.	X	X	X	X	X	360,000
		2.2.2 Develop a plan for the visiting physicians that includes under-served areas, based on the	X	X	X	X	X	15,000

		indicators related to contraceptive use.						
		2.2.3 Form a specialized team to fill the service gaps in different regions	X					10,000
		2.2.4 Increase the number of advocacy meetings conducted by media officers with officials from governmental entities to promote the use of IUDs	X	X	X	X	X	280,000
		2.2.5 Identify needs of physicians and conduct advocacy meeting for both government and donors to advocate for recruiting physicians to fill the service gaps	X	X				20,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage conditions, and disbursement rules.	X	X	X	X	X	70,000
		3.1.2 Conduct training courses for warehouse staff on data collection and reviewing the accuracy of submitted forms.	X	X	X	X	X	70,000
		3.1.3 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	140,000
	3.2. Provide new storage sites for the warehouses to replace the unsuitable ones	3.2.1 Conduct a needs assessment for new storage sites and suggest alternative sites.	X					5,000
		3.2.2 Hold meetings with the Governor or the Secretary General to present the needs	X					2,000

		3.2.3 Follow-up on the required procedures to provide new storage sites.	X	X				4,000
	3.3. Develop and implement plans for supervision and follow-up of warehouses according to the warehouses' assessment sheet	3.3.1 Develop and implement monthly supervision visits at the level of districts.	X	X	X	X	X	1,008,000
		3.3.2 Develop and implement quarterly supervision visits at the level of governorate.	X	X	X	X	X	336,000
		3.3.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	30,000
	3.4 Implement capacity building interventions for warehouse staff	3.4.1 Conduct training workshops at governorate and districts level on applying storage conditions and strategic buffer calculation	X	X	X	X	X	35,000
		3.4.2 Conduct training workshops to train warehouse keepers and pharmacist on storage management	X	X	X	X	X	35,000
	3.5. Qualify warehouse staff to use the standardized forms that will be developed by the central level, and use the generated reports	3.5.1 Collect all the LMIS manual forms used at warehouses	X					5,000
		3.5.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					7,000
		3.5.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central level to monitor inventory and generate reports	X	X	X	X	X	35,000

4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Implement a program to increase demand through media initiatives	4.1.1 Conduct awareness raising activities in health units and governmental entities	X	X	X	X	X	20,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Design and implement a mechanism that ensures a smooth information flow from NGOs and the private sector to the Health Directorate	5.1.1 Hold meetings with NGOs to establish a mechanism to ensure flow of required data from NGOs to districts and governorate HOs.	X	X				20,000
		5.1.2 Develop, print, and disseminate the agreed forms to be filled by NGOs	X			X		25,000
		5.1.3 Conduct training workshops for NGOs staff on the new forms	X	X	X	X	X	250,000
		5.1.4 Develop supervisory plans to be carried out by supervisors form districts and governorate HOs	X	X	X	X	X	72,000
	5.2. Strengthen the cooperation with NGOs and the private sector	5.2.1 Hold coordination meetings with concerned officials to develop manuals and guides for the private sector	X	X	X	X	X	0
		5.2.2 Supply NGOs with posters and leaflets	X	X	X	X	X	100,000
		5.2.3 Hold coordination meetings with concerned officials to activate the private sector initiative	X	X	X	X	X	20,000
		5.2.4 Include physicians and pharmacists from the private sector in capacity building initiatives	X	X	X	X	X	20,000

	5.3. Strengthen the coordination with entities that can provide service, such as army and police hospitals	5.3.1 Carry out periodic visits to army and police hospitals to promote family planning services	X	X	X	X	X	12,000
		5.3.2 Hold meetings with officials in these entities to give them an overview about the support that can be provided by the governorate HO.	X	X	X	X	X	10,000
		5.3.3 Support these entities with manuals, posters and flyers, and follow-up on their use and efficiency	X	X	X	X	X	100,000
		5.3.4 Carry out a mapping of partners and develop a concept note of how they could be involved in supporting the family planning program	X			X		10,000
		5.3.5 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000
		5.3.6 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								7,355,000

Sohag Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	2,569,032	2,028,043	540,989	ذكور	
	Females	2,398,377	1,885,066	513,311	إناث	
	Total	4,967,409	3,913,109	1,054,300	إجمالي	
Women at reproductive age *	%24					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%29.4			%31.0		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%0.5	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%11.1	اللؤلؤ		
	Implants		%0.5	الكبسولات		
Short-term methods **	Injectable		%5.7	الحقن		الوسائل قصيرة الأجل **
	Pill		%10.7	الحبوب		
	Condom (male)		%0.9	الواقي الذكري		
Unmet need **	25.9%					نسبة الحاجة غير الملباة **
Fertility rate ***	127.75					معدل الإنجاب العام ***
Total fertility rate ***	4.01					معدل الخصوبة الكلي ***

تعداد (2017) Census

** DHS (2024) المسح الديموغرافي

*** Trends of fertility in Egypt (2018) اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
12	11	248	357	306	Mizocept	5 months
					Condom	4 months
					Oxyprogest	2 months
					Lactinor	3 months

					Microginest	4 months
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Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects. Examples of target entities in the governorates: the Regional Population Council, the Secretary General of the Governorate, the Governor, and Businessmen Associations	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Hold quarterly meetings with the National Population Council, and the governorate Executive Council to increase funding for campaigns and caravans.	X	X	X	X	X	20,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X					720,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most	X					720,000

		important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.						
		2.1.3 Conduct training workshops for media and Raedat promote the new methods and their method of use	X	X	X	X	X	795,000
	2.2. Develop and implement a plan to increase the use of the IUD	2.2.1 Coordinate with the visiting doctor project	X	X	X	X	X	660,000
		2.2.2 Conduct awareness raising activities in health units	X	X	X	X	X	20,000
		2.2.3 Increase the number of home visits, and emphasis on IUDs	X	X	X	X	X	240,000
		2.2.4 Increase the number of deployed mobile clinics	X	X	X	X	X	20,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage conditions, and disbursement rules.	X	X	X	X	X	660,000
		3.1.2 Train nurses on calculation of the average monthly consumption and filling the TA8 forms	X	X	X	X	X	60,000
		3.1.2 Conduct training courses for pharmacists and warehouse staff on filling the forms.	X	X	X	X	X	35,000
		3.1.3 Conduct training courses for warehouse staff on data collection and reviewing the accuracy of filled forms.	X	X	X	X	X	60,000

		3.1.4 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	60,000
	3.2. Provide new storage sites for the warehouses	3.2.1 Identify the warehouses that need to be replaced	X	X				10,000
		3.2.2 Hold meetings with the relevant authorities to specify alternative sites for warehouses	X	X				24,000
		3.2.3 Follow-up on the implementation and secure necessary funding for the new sites	X	X	X	X	X	8,000
	3.3. Work to provide the required staff, develop a plan to recruit them and provide the necessary funding	3.3.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.3.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X					4,000
		3.3.3 Follow-up the recruitment process with the concerned officials.	X					4,000
	3.4. Develop and implement periodic plans for supervision and follow-up of warehouses according to the warehouses' assessment sheet	3.4.1 Develop and implement monthly supervision visits at the level of districts for warehouses	X	X	X	X	X	864,000
		3.4.2 Develop and implement quarterly supervision visits at the level of governorate for warehouses	X	X	X	X	X	288,000
		3.4.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	30,000
	3.5. Implement capacity building interventions for warehouse staff	3.5.1 Conduct training workshops at governorate and districts level	X	X	X	X	X	120,000

		on applying storage conditions and strategic buffer calculation						
	3.6. Qualify warehouse staff to use the standardized forms developed by the central level, and generate reports	3.6.1 Collect all the manual forms used in all warehouses	X					5,000
		3.6.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					12,000
		3.6.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central level to follow up on inventory and generate reports	X	X	X	X	X	30,000
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Implement an integrated social awareness raising program	4.1.1 Conduct training workshops for Raedat, women clubs' supervisors and media officers.	X	X	X	X	X	765,000
	4.2 Increase the number of Raedat	4.2.1 Identify the required number of Raedat	X					5,000
		4.2.2 Hold meeting with officials to secure required funds for their recruitment	X					4,000
		4.2.3 Follow-up on the recruitment process	X	X				4,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen the partnership with other governmental entities	5.1.1 Hold regular meetings with representatives of the relevant authorities, such as illiteracy eradication, endowments, education, youth and sports, and NGOs to coordinate with them.	X	X	X	X	X	20,000
	5.2. Strengthen the partnership with the private sector	5.2.1 Hold meetings with the local branch of the Physicians' Syndicate to support cooperation with obstetricians and	X	X	X	X	X	20,000

		gynecologists and to establish relevant cooperation protocols.						
		5.2.2 Hold coordination meetings to involve private doctors in contraceptives' capacity building activities	X	X	X	X	X	20,000
		5.2.3 Provide the private sector with posters and manuals regularly	X	X	X	X	X	100,000
		5.2.4 Hold coordination meetings with military hospitals to establish family planning clinics in these hospitals	X	X	X	X	X	20,000
		5.2.5 Hold coordination meetings to develop a cooperation protocol with the military hospital	X	X	X			12,000
		5.2.6 Carry out a mapping of partners and develop a Concept note of how they could be involved in supporting the family planning program	X			X		10,000
		5.2.7 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000
		5.2.8 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								6,548,000

Qena Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	1,623,352	1,318,317	305,035	ذكور	
	Females	1,540,929	1,251,478	289,451	إناث	
	Total	3,164,281	2,569,795	594,486	إجمالي	
Women at reproductive age *	%25					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%37.1			%37.8		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%0.4	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%10.6	اللؤلؤ		
	Implants		%1.0	الكبسولات		
Short-term methods **	Injectable		%4.5	الحقن		الوسائل قصيرة الأجل **
	Pill		%20.5	الحبوب		
	Condom (male)		%0.2	الواقي الذكري		
Unmet need **	20.2%					نسبة الحاجة غير الملباة **
Fertility rate ***	119.28					معدل الإنجاب العام ***
Total fertility rate ***	3.71					معدل الخصوبة الكلي ***

تعداد (2017) Census

** DHS (2024) المسح الديموغرافي

*** Trends of fertility in Egypt (2018) اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raeday	Contraceptive Method	Duration
10	9	100	265	453	Mizocopt	3 months
					Nogravida	4 months

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program.	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Conduct advocacy workshops with different entities that can provide financial support and efforts.	X	X	X	X	X	30,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new contraceptive methods will be introduced to familiarize service providers.	X					600,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					600,000
		2.1.3 Conduct training workshops for media and Raedat promote the new methods and their method of use	X	X	X	X	X	2,315,000

	2.2 Develop and implement a plan to increase the use of the IUD	2.2.1 Train Raedat and media officials to increase the demand for the use of IUDs	X	X	X	X	X	2,315,000
		2.2.2 Train service providers on effective counselling	X	X	X	X	X	115,000
		2.2.3 Increase the number of seminars that promote the use of the IUDs	X	X	X	X	X	20,000
	2.3. Propose interventions to change the current contraceptives method mix.	2.3.1 Conduct local training workshops for nurses	X	X	X	X	X	55,000
		2.3.2 Conduct local training workshops for physicians	X	X	X	X	X	240,000
		2.3.3 Conduct local training workshops for statisticians	X	X	X	X	X	100,000
		2.3.4 Conduct local training workshops for Raedat	X	X	X	X	X	2,265,000
		2.3.5 Conduct local training workshops for supervision teams	X	X	X	X	X	75,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage conditions, and disbursement rules.	X	X	X	X	X	75,000
		3.1.2 Conduct training courses for warehouse staff on data collection and reviewing the accuracy of completion of the forms.	X	X	X	X	X	75,000
		3.1.3 Conduct training workshops for statisticians on data entry and report generation.	X	X	X	X	X	50,000
	3.2. Build the capacity of warehouse staff on data	3.2.1 Conduct training courses for warehouse officials and pharmacists in health departments	X	X	X	X	X	75,000

	collection and effective completeness of the forms.	on data collection and completion of forms.						
		3.2.2 Conduct training courses for nurses in health units in districts HOs on data collection and completion of forms.	X	X	X	X	X	27,500
		3.2.3 Conduct training courses for statisticians in in districts HOs.	X	X	X	X	X	50,000
	3.3. Work to provide the required staff, develop a plan to recruit them and provide the necessary funding	3.3.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.3.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X					3,000
		3.3.3 Follow-up the recruitment process with the concerned officials.	X	X				8,000
	3.4. Develop and implement plans for periodic supervision and follow-up of warehouses according to the warehouses' assessment sheet	3.4.1 Develop and implement monthly supervision visits at the level of districts. for warehouses	X	X	X	X	X	720,000
		3.4.2 Develop and implement quarterly supervision visits at the level of governorate. for warehouses	X	X	X	X	X	240,000
		3.4.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	25,000
	3.5 Train warehouses' staff to utilize the new forms developed by the central level and related report generation	3.5.1 Collect all the LMIS manual forms used at warehouses	X					5,000
		3.5.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					7,500

		3.5.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central level to follow up on inventory and generate reports	X	X	X	X	X	50,000
	3.6. Implement interventions to build the capacity of warehouses' staff.	3.6.1 Conduct training workshops for warehouses' staff on applying storage regulations and the calculation of the strategic buffer	X	X	X	X	X	75,000
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Enhance the role of Raedat in the promotion of long-acting methods.	4.1.1 Increase the number of Raedat visits to cover the targeted community	X	X	X	X	X	20,000
	4.2 Increase the role of media in the promotion contraceptive use	4.2.1 Carry out seminars in public places such as the village mayor's house, youth centers, and clubs	X	X	X	X	X	20,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen coordination with entities that can support in service provision	5.1.1 Hold periodic coordination meetings with the military and police hospitals to enhance service provision.	X	X	X	X	X	10,000
		5.1.2 Carry out a mapping of partners and develop a concept note of how they could be involved in supporting the family planning program	X			X		10,000
		5.1.3 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	20,000
		5. 1.4 Hold periodic meetings with partners to discuss various	X	X	X	X	X	60,000

		issues and ensure effective coordination						
TOTAL								10,385,000

Luxor Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	645,329	386,788	258,541	ذكور	
	Females	604,880	357,881	246,999	إناث	
	Total	1,250,209	744,669	505,540	إجمالي	
Women at reproductive age *	%26					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%56.5			%61.7		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%0.4	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%12.0	اللولب		
	Implants		%1.0	الكبسولات		
Short-term methods **	Injectable		%6.5	الحقن		الوسائل قصيرة الأجل **
	Pill		%26.3	الحبوب		
	Condom (male)		%0.7	الواقي الذكري		
Unmet need **	14.1%					نسبة الحاجة غير الملباة **
Fertility rate ***	102.4					معدل الإنجاب العام ***
Total fertility rate ***	3.22					معدل الخصوبة الكلي ***

تعداد (2017) *Census*

المسح الديموغرافي (2024) *DHS*

اتجاهات مستويات الإنجاب (2018) *Trends of fertility in Egypt*

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raeday	Contraceptive Method	Duration
7	6	26	149	178	Mizoccept	3 months
					Nogravida	2 months

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program.	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Hold quarterly meetings with the Regional Population Council, the Secretary General of the Governorate, and the Governor, to gain the support of businessmen in procuring the unavailable contraceptives, and their general support to the family planning program.	X	X	X	X	X	20,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X					315,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					315,000

		2.1.3 Conduct training workshops for media and Raedat promote the new methods and their method of use	X	X	X	X	X	925,000
	2.2. Propose interventions to change the current contraceptives method mix to be more effective.	2.2.1 Conduct workshops with service providers to capacitate them to provide counseling on long-acting contraceptives	X	X	X	X	X	155,000
		2.2.2. Conduct training workshops with Raedat to orient them about new contraceptives	X	X	X	X	X	890,000
		2.2.3 Conduct training workshops for media officers to promote the use of long-acting methods	X	X	X	X	X	30,000
		2.2.4 Hold coordination meetings to include NGOs' service providers in capacity building activities related to the new methods	X	X	X	X	X	15,000
	2.3. Orient service providers on the new methods, to be included in the sustainable training activities carried out by the sector	2.3.1 Conduct workshops to familiarize service providers with the new methods.	X	X	X	X	X	116,250
	2.4. Develop and implement a plan to increase the use of the IUD	2.4.1 Carry out educational seminars to raise awareness about the advantages and effectiveness of the IUD	X	X	X	X	X	20,000
		2.4.2 Coordinate with postpartum IUD insertion initiative	X	X	X	X	X	20,000

		2.4.3 Carry out advocacy activities to endorse the suggestion to allow qualified nurses to insert IUDs	X	X	X	X	X	30,000
		2.4.4 Support the training of service providers in service delivery points to insert IUDs and relevant referral mechanisms	X	X	X	X	X	465,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage conditions, and disbursement rules.	X	X	X	X	X	105,000
		3.1.2 Train nurses on calculation of the average monthly consumption and filling the TA8 forms	X	X	X	X	X	22,500
		3.1.3 Conduct training courses for warehouse staff on data collection and effective completeness of the forms.	X	X	X	X	X	105,000
		3.1.4 Conduct training workshops for statisticians on data entry and report generation.	X	X	X	X	X	70,000
	3.2. Work to provide the required staff, develop a plan to recruit them and provide the necessary funding	3.2.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.2.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X					4,000
		3.2.3 Follow-up the recruitment process with the concerned officials.	X	X				4,000

	3.3. Build the capacity of warehouses staff on data collection and using forms	3.3.1 Conduct training courses for warehouse staff and nurses on completion of the forms.	X	X	X	X	X	150,000
		3.3.2 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	210,000
	3.4 Implement capacity building interventions for warehouse staff	3.4.1 Conduct training workshops for warehouse staff on applying storage regulations and the calculation of the strategic buffer	X	X	X	X	X	105,000
	3.5. Develop and implement plans for supervision and follow-up of warehouses according to the warehouses' assessment sheet	3.5.1 Develop and implement monthly supervision visits for warehouses at the level of districts.	X	X	X	X	X	504,000
		3.5.2 Develop and implement quarterly supervision visits for warehouses at the level of governorate.	X	X	X	X	X	168,000
		3.5.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	17,500
	3.6 Qualify warehouse staff to use the standardized forms that will be developed by the central level and using the generated reports	3.6.1 Collect all the LMIS manual forms used at warehouses	X					5,000
		3.6.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					5,250
		3.6.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central level to follow up on inventory and generate reports	X	X	X	X	X	70,000
	4- Demand and use	4.1.1 Hold quarterly meetings with NGOs	X	X	X	X	X	20,000

Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Implement programs to increase awareness of the target community	4.1.2 Conduct additional awareness raising seminars	X	X	X	X	X	20,000
		4.1.3 Coordinate with officials to implement training workshops for private sector pharmacists.	X	X	X	X	X	20,000
		4.1.4 Coordinate with officials to increase the number of home visits implemented by the Raedat	X	X	X	X	X	20,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen the partnership with the civil and private sector	5.1.1 Hold coordination meetings with 2 kefaya NGOs.	X	X	X	X	X	20,000
		5.1.2 Hold meetings with the National Council for Women to ensure their participation in the medical caravans	X	X	X	X	X	20,000
		5.1.3 Coordinate with the local branch of the Syndicate to include obstetricians and gynecologists from the private sector in training activities on standards of service provision.	X	X	X	X	X	20,000
		5.1.4 Hold coordination meetings with private sector hospitals.	X	X	X	X	X	20,000
	5.2 Establish a new family planning clinic in the university hospital.	5.2.1 Hold coordination meetings with the university officials to establish a service delivery point.	X	X	X	X	X	20,000
		5.2.2 Carry out a mapping of partners and develop a concept note of how they could be involved in supporting the family planning program	X		X		X	10,000
		5.2.3 Specify areas of collaboration and topics for discussion	X	X	X	X	X	10,000

		5.2.4 Hold periodic meetings with partners to discuss different topics and ensure effective coordination.	X	X	X	X	X	60,000
TOTAL								5,150,500

Aswan Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	749,400	442,358	307,042	ذكور	
	Females	724,575	426,469	298,106	إناث	
	Total	1,473,975	868,827	605,148	إجمالي	
Women at reproductive age *	%26					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%47.8			%49.7		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		0.5%	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		12.9%	اللؤلؤ		
	Implants		0.6%	الكبسولات		
Short-term methods **	Injectable		9.1%	الحقن		الوسائل قصيرة الأجل **
	Pill		24.2%	الحبوب		
	Condom (male)		0.5%	الواقي الذكري		
Unmet need **	18.8%					نسبة الحاجة غير الملباة **
Fertility rate ***	130.71					معدل الإنجاب العام ***
Total fertility rate ***	4.09					معدل الخصوبة الكلي ***

تعداد (2017) Census

** DHS (2024) المسح الديموغرافي

*** Trends of fertility in Egypt (2018) اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
7	6	95	297	345		

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects.	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Conduct a workshop in collaboration with the Regional Population Council to discuss proposed studies and set specific advocacy mechanisms.	X	X	X	X	X	20,000
		1.1.3 Hold a meeting with the governor, executive entities, and local businessmen to increase their financial support to the program	X	X	X	X	X	20,000
	1.2 Developing and implementing a proposal to increase financial allocations for doctors and work teams in the field of family planning to further attract competent service providers to work in family planning	1.2.1 Hold meetings with financial and legal affairs and officials in the governorates to provide the necessary funding.	X	X	X	X	X	10,000
		1.2.2 Hold coordination meetings to develop a proposal for increasing financial allocations.	X	X				16,000
		1.2.3 Hold meetings to expand the visiting physician activities.	X	X	X	X	X	20,000

2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X					315,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					315,000
		2.1.3 Conduct training workshops for media officers and Raedat promote the new methods and their method of use	X	X	X	X	X	1,760,000
	2.2 Develop and implement a plan to increase the use of the IUD	2.2.1 Design and implement training activities for physicians to enhance the quality of services provided.	X	X	X	X	X	140,000
		2.2.2 Design and implement training activities for nurses to enhance the quality of services provided.	X	X	X	X	X	140,000
		2.2.3 Carry out awareness raising activities to promote the use of IUDs.	X	X	X	X	X	40,000
		2.2.4. Addition of new types of IUDs to the current method mix.	X	X	X	X	X	Central plan
3- Capabilities Objective: To strengthen the supply	3.1. Build the capacity of warehouses staff on storing and managing	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage	X	X	X	X	X	105,000

chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	new contraceptive methods	conditions, and disbursement rules.						
		3.1.2 Conduct training courses for warehouse staff on data collection and reviewing the accuracy and completeness of the forms.	X	X	X	X	X	105,000
		3.1.3 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	35,000
	3.2. Build the capacity of warehouse staff on data collection and using the forms.	3.3.1 Conduct a mapping of statisticians and their assistants.	X		X		X	15,000
		3.2.2 Develop a plan to train statisticians and their assistants	X	X	X	X	X	20,000
	3.3. Provide new storage sites for the warehouses to be replaced	3.3.1 Develop a list with the warehouses to be replaced segregated by districts.	X					5,000
		3.3.2 Develop a proposal to be submitted to the Governor that includes suggestions, and discuss implementation modalities.	X					4,000
		3.3.3 Follow-up on the agreement on the alternative sites.	X	X				4,000
	3.4. Develop and implement plans for supervision and follow-up of warehouses according to the warehouses' assessment sheet	3.4.1 Develop and implement monthly supervision visits for warehouses in the districts at the level of districts.	X	X	X	X	X	504,000
		3.4.2 Develop and implement quarterly supervision visits for warehouses at the governorate level.	X	X	X	X	X	168,000

		3.4.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	17,500
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Implementing an integrated community awareness raising program	4.1.1 Hold coordination meetings to activate the Ayamna Ahla initiative	X	X	X	X	X	20,000
		4.1.2 Implement awareness raising seminars	X	X	X	X	X	20,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen the partnership with civil society and private sector.	5.1.1 Conduct training workshops for private sector physicians on the IUD	X	X	X	X	X	20,000
		5.1.2 Sign a protocol with the medical syndicate to enhance partnership with the private sector.	X	X	X	X	X	20,000
		5.1.3 Conduct training workshops for private sector pharmacists.	X	X	X	X	X	20,000
	5.2. Coordinate with the military and police hospitals	5.2.1 Hold periodic coordination meetings with the military and police hospitals	X	X	X	X	X	20,000
		5.2.2 Sign a protocol with the police and military hospitals to establish family planning clinics	X	X	X	X	X	20,000
		5.2.3 Set a specific mechanism to supply these entities with contraceptives, under the supervision of the district HO	X	X	X	X	X	20,000

	5.3. Strengthen the partnership with development partners	5.3.1 Carry out a mapping of partners and develop a concept note of how they could be involved in supporting the family planning program	X			X		10,000
		5.3.2 Specify areas of collaboration and topics for discussion	X	X	X	X	X	10,000
		5.3.3 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	60,000
TOTAL								4,042,500

New Valley Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	124,057	67,232	56,825	ذكور	
	Females	117,190	63,021	54,169	إناث	
	Total	241,247	130,253	110,994	إجمالي	
Women at reproductive age *	%25					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%64.5			%65.7		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%1.1	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%38.5	اللؤلؤ		
	Implants		%1.0	الكبسولات		
Short-term methods **	Injectable		%7.2	الحقن		الوسائل قصيرة الأجل **
	Pill		%16.2	الحبوب		
	Condom (male)		%0.0	الواقي الذكري		
Unmet need **	6.5%					نسبة الحاجة غير الملباة **
Fertility rate ***	88.01					معدل الإنجاب العام ***
Total fertility rate ***	2.94					معدل الخصوبة الكلي ***

تعداد (2017) Census

** DHS (2024) المسح الديموغرافي

*** Trends of fertility in Egypt (2018) اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
6	5	45	115	179	Microginest	3-6 months
					Oxyprogest	3 months

					Mizocept	
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Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects.	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Hold quarterly meetings in collaboration with the National Population Council to specify the financial incentives needed for physicians participating in population caravans	X	X	X	X	X	20,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X					18,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate	X					36,000

		level in conjunction with the introduction of the new methods.						
		2.1.3 Conduct training workshops for media officers and Raedat promote the new methods and their method of use.	X	X	X	X	X	92,500
	2.2. Orient service providers about the new methods	2.2.1 Conduct workshops to orient service providers about the new methods.	X	X	X	X	X	149,500
	2.3. Develop and implement a plan to increase the use of the IUD	2.3.1 Ensure the inclusion of private sector clinics and physicians	X	X	X	X	X	20,000
		2.3.2 Establish mobile teams, that include a female physician to be deployed to areas where health units do not have a trained physician	X	X	X	X	X	20,000
		2.3.3 Implement quarterly caravans at the level of health districts	X	X	X	X	X	20,000
		2.3.4 Revitalize the role of the media officer and Raedat in awareness raising about IUDs and respond to rumors.	X	X	X	X	X	20,000
	2.4. Propose interventions to change the current contraceptives method mix	2.4.1 Train service providers on long acting contraceptives	X	X	X	X	X	340,000
		2.4.2 Increase the number of mobile teams in areas where health units do not have a physician, or in deprived areas.	X	X	X	X	X	165,000
	3- Capabilities	3.1. Build the capacity of warehouses staff on storing	X	X	X	X	X	90,000

Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	and managing new contraceptive methods	contraceptives storage conditions, and disbursement rules.						
		3.1.2 Train the nurses to calculate average monthly consumption and filling TA8 forms	X	X	X	X	X	60,000
		3.1.3 Conduct training courses for warehouse staff on data collection and reviewing the accuracy and completeness of the forms.	X	X	X	X	X	45,000
		3.1.4 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	30,000
	3.2. Conduct training courses for warehouse staff on data collection and completion of forms	3.2.1 Conduct training courses for warehouse officials and on data collection	X	X	X	X	X	30,000
		3.2.2 Conduct training courses for pharmacists on logistics management and utilization of forms	X	X	X	X	X	15,000
	3.3. Work to provide the required staff, develop a plan to recruit them and provide the necessary funding	3.3.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.3.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X	X				6,000
		3.3.3 Follow-up on the recruitment process with the governorate officials	X	X				4,000
	3.4 Develop and implement plans for supervision and follow-up	3.4.1 Develop and implement monthly supervision visits for warehouses at the level of districts.	X	X	X	X	X	432,000

	of warehouses, in accordance with the warehouses' assessment sheet	3.4.2 Develop and implement quarterly supervision visits for warehouses at the level of governorate.	X	X	X	X	X	144,000
		3.4.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	15,000
	3.5. Qualify warehouse staff to use the standardized forms that will be developed by the central level, and use the generated reports	3.5.1 Collect all the LMIS manual forms used at warehouses	X					5,000
		3.5.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					4,500
		3.5.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central level to follow up on inventory and generate reports	X	X	X	X	X	30,000
	3.6 Implement capacity building interventions for warehouse staff at directorate and district levels	3.6.1 Conduct training workshops at governorate and districts level on applying storage conditions and strategic buffer calculation	X	X	X	X	X	15,000
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1 Strengthen the role of Raedat to promote for long acting contraceptives	4.1.1 Conduct periodic seminars to address rumors about contraceptives	X	X	X	X	X	20,000

5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen the partnership with civil and private sectors.	5.1.1 Set criteria and regulations for supply private clinics with contraceptives	X	X	X	X	X	20,000
		5.1.2 Hold coordination meetings to include private sector pharmacists in capacity building activities	X	X	X	X	X	20,000
		5.1.3 Set criteria and regulations for supply NGOs with contraceptives	X	X	X	X	X	20,000
		5.1.4 Carry out a mapping of partners and develop a concept note of how they could be involved in supporting the family planning program	X			X		10,000
		5.1.5 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000
		5.2.3 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	20,000
TOTAL								1,975,500

Matrouh Governorate

Population *		جملة Total	ريف Rural	حضر Urban	
	Males	223,459	83,649	139,810	ذكور
	Females	202,165	74,897	127,268	إناث
	Total	425,624	158,546	267,078	إجمالي
Women at reproductive age *	%23				نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR		معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%40.0		%41.0		
Method Mix **					توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%0.3	التعقيم الأنثوي	
	IUD		%12.5	اللولب	
	Implants		%0.9	الكبسولات	
Short-term methods **	Injectable		%8.7	الحقن	
	Pill		%16.9	الحبوب	
	Condom (male)		%0.7	الواقي الذكري	
Unmet need **	14.8%				نسبة الحاجة غير الملباة **
Fertility rate ***	230.06				معدل الإنجاب العام ***
Total fertility rate ***	7.01				معدل الخصوبة الكلي ***

تعداد (2017) *Census*

** *DHS (2024)* المسح الديموغرافي

*** *Trends of fertility in Egypt (2018)* اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raodat	Contraceptive Method	Duration
9	8	15	93	52	Combined injections	5 months

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue.	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Develop a proposal to mobilize resources to increase incentives for physicians and service providers	X					20,000
		1.1.3 Hold advocacy meetings to provide the required funds.	X					7,500
		1.1.4 Follow-up on providing necessary funds with different entities.	X	X				8,000
		1.1.5 Develop a proposal to finance the means of transportation necessary for transferring the contraceptives from the directorate to the health departments	X					6,000
		1.1.6 Hold advocacy meetings to provide the required funds.	X					9,000

		1.1.7 Follow-up on providing necessary funds with different entities.	X	X				4,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X					27,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					54,000
		2.1.3 Conduct training workshops for media officers and Raedat promote the new methods and their method of use.	X	X	X	X	X	152,500
	2.2. Propose interventions to change the current contraceptives method mix	2.2.1 Conduct training workshops for nurses and doctors on	X	X	X	X	X	440,000
	2.3. Develop and implement a plan to increase the use of the IUD	2.3.1 Increase the implementation of training workshops on provision of counselling for the IUD.	X	X	X	X	X	110,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage conditions, and disbursement rules.	X	X	X	X	X	67,500
		3.1.2 Conduct training courses for warehouse staff on data collection and reviewing the accuracy and completeness of the forms.	X	X	X	X	X	67,500

		3.1.3 Conduct training workshops for statisticians on data entry and report generation.	X	X	X	X	X	45,000
		3.1.4 Conduct training workshops on the work paper development.	X	X	X	X	X	205,000
	3.2. Work to provide the required staff, develop a plan to recruit them and provide the necessary funding	3.2.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.2.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X					2,000
		3.2.3 Follow-up on the recruitment process with the governorate officials	X	X				4,000
	3.3 Develop and implement plans for supervision and follow-up of warehouses, have posters and guidelines in place, and make sure that staff follow them	3.3.1 Implement monthly supervision plans for warehouses.	X	X	X	X	X	648,000
		3.3.2 Implement quarterly supervision plans for warehouses at governorate level.	X	X	X	X	X	216,000
		3.3.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	22,500
	3.4. Qualify warehouse staff to use the standardized forms that will be developed by the central level, and use the generated reports	3.4.1 Collect all the LMIS manual forms used at warehouses	X					5,000
		3.4.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					6,750
		3.4.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central level to follow up on inventory and generate reports.	X	X	X	X	X	22,500

		3.4.4 Conduct training workshops at governorate and districts level on applying storage conditions and strategic buffer calculation.	X	X	X	X	X	33,750
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Conduct awareness raising sessions in coordination with different entities.	4.1.1 Conduct periodic seminars to address rumors about the contraceptive methods	X	X	X	X	X	20,000
	4.2. Develop innovative ideas to encourage the use of family planning methods.	4.2.1 Hold coordination meetings with the Ministry of Social Solidarity to develop a proposal to implement the provision of small loans to encourage community members to use family planning methods.	X					6,000
		4.2.2 Discuss the proposal with the concerned officials and obtain endorsement.	X					3,000
		4.2.3 Follow up on implementation	X	X				4,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen partnership with civil and private sector.	5.1.1 Hold regular coordination meetings with different entities, and support the private sector initiative.	X	X	X	X	X	20,000
		5.1.2 Carry out a mapping of partners and develop a concept note of how they could be involved in supporting the family planning program.	X			X		10,000
		5.1.3 Determine areas of cooperation with partners and agenda for discussion.	X	X	X	X	X	10,000

		5.1.4 Hold periodic meetings with partners to discuss various issues and ensure effective coordination.	X	X	X	X	X	20,000
TOTAL								2,305,500

Red Sea Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	187,479	6,430	181,049	ذكور	
	Females	172,409	6,086	166,323	إناث	
	Total	359,888	12,516	347,372	إجمالي	
Women at reproductive age *	%25					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	%55.3			%57.5		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		%0.6	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		%23.6	اللؤلؤ		
	Implants		%0.9	الكبسولات		
Short-term methods **	Injectable		%2.8	الحقن		الوسائل قصيرة الأجل **
	Pill		%24.9	الحبوب		
	Condom (male)		%2.5	الواقي الذكري		
Unmet need **	11.5%					نسبة الحاجة غير الملباة **
Fertility rate ***	96					معدل الإنجاب العام ***
Total fertility rate ***	29					معدل الخصوبة الكلي ***

تعداد (2017) *Census*

** *DHS (2024)* المسح الديموغرافي

*** *Trends of fertility in Egypt (2018)* اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raeday	Contraceptive Method	Duration
7	6	19	35	73	Microginest	Less than required
					Lactevenor	1 month
					Mizoept	1 month

					Implanon	2 months
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**Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods
2021-2025**

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program.	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Identify financial needs, computers and ultra sound devices, as well as providing incentives for service providers, drivers and support workers.	X	X	X	X	X	25,000
		1.1.3 Conduct periodic meetings with officials in the governorate, the National Population Council and businessmen associations to increase funding for the identified activities and requirements of the family planning program.	X	X	X	X	X	20,000
		1.1.4 Hold meetings with pharmaceutical companies to provide reproductive health drugs	X	X	X	X	X	20,000

		to beneficiaries of medical caravans.						
		1.1.5 Hold meetings to strengthen cooperation with the water and sewage company to support activities and increase funding for implementation of medical caravans.	X	X	X	X	X	20,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X					7,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					14,000
		2.1.3 Conduct training workshops for media officers and Raedat to promote the new methods and their method of use	X	X	X	X	X	200,000
	2.2. Propose interventions to change the current contraceptives method mix.	2.2.1 Conduct workshops to forecast needs	X					48,000
		2.2.2 Conduct a workshop to train service providers on counselling of long acting contraceptives.	X	X	X	X	X	235,000
		2.2.3 Conduct training workshops for media officials and Raedat to promote long acting contraceptives.	X	X	X	X	X	200,000

	2.3. Develop and implement a plan to increase the use of the IUD	2.3.1 Conduct training workshops for newly recruited physicians on IUD insertion	X	X	X	X	X	200,000
		2.3.2 Conduct a workshop for all service providers on effective counselling	X	X	X	X	X	117,500
		2.3.4 Strengthen the role of media through implementation of community seminars about the IUD and related misconceptions.	X	X	X	X	X	20,000
		2.3.5 Increase the implementation of medical and reproductive health caravans focusing on long acting methods.	X	X	X	X	X	165,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Train warehouses' staff	3.1.1 Conduct training workshops for pharmacists and warehouses' staff on completion of forms.	X	X	X	X	X	26,250
		3.1.2 Train staff on effective storage conditions	X	X	X	X	X	26,250
	3.2. Build the capacity of warehouses staff on storing and managing new contraceptive methods	3.2.1 Conduct training courses for warehouses staff on new contraceptives storage conditions, and disbursement rules.	X	X	X	X	X	52,500
		3.2.2 Conduct training courses for warehouse staff on data collection and reviewing the accuracy and completeness of the forms.	X	X	X	X	X	52,500
		3.2.3 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	70,000
	3.3. Provide new storage sites for the warehouses to be replaced	3.3.1 Conduct a needs assessment for the warehouses that need to be replaced.	X					5,000

		3.3.2 Hold meetings with the head of planning department in the directorate to provide new storage sites	X					6,000
		3.3.3 Carry out periodic supervisory visits to evaluate the status of the new warehouses and assess its accordance with set regulations and conditions.	X	X	X			14,400
	3.4. Work to provide the required staff, develop a plan to recruit them and provide the necessary funding	3.4.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.4.2 Hold meetings with the governorate officials to discuss ways to hire the required staff and mobilize the necessary resources.	X					4,000
		3.4.3 Follow-up on the recruitment process with the governorate officials	X	X				4,000
	3.5 Develop and implement plans for regular supervision and follow-up of inventory according to the warehouses' assessment sheet	3.5.1 Implement monthly supervision visits for the warehouses at districts level	X	X	X	X	X	504,000
		3.5.2 Implement quarterly supervision visits for the warehouses at governorate level	X	X	X	X	X	168,000
		3.5.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	84,000
	3.6 Implement capacity building interventions for warehouse staff	3.6.1 Conduct training workshops at governorate and districts level on applying storage conditions and strategic buffer calculation	X	X	X	X	X	52,500
	3.7. Qualify warehouse staff to use the	3.7.1 Collect all the LMIS manual forms used at warehouses	X					5,000

	standardized forms that will be developed by the central level, and use the generated reports	3.7.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					5,250
		3.7.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central level to follow up on inventory and generate reports	X	X	X	X	X	35,000
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Increase the number of Raedat in accordance with the increasing number of targeted women.	4.1.1 Conduct a needs assessment for the required Raedat	X					5,000
		4.1.2 Recruiting the required number and increasing the home visits to the targeted beneficiaries.	X	X	X	X	X	It will be estimated when the previous activity is performed
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen the partnership with the private sector and civil society	5.1.1 Hold coordination meeting with civil and private sector to maximize the benefit from available resources	X	X	X	X	X	20,000
		5.1.2 Address relevant entities to set a mechanism to establish clinics in hospitals and provide contraceptives	X	X	X	X	X	20,000
		5.1.3 Carry out a mapping of partners and develop a concept note of how they could be involved in supporting the family planning program	X			X		10,000
		5.1.4 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000

		5.1.5 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	20,000
TOTAL								2,520,150

North Sinai Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	229,617	85,951	143,666	ذكور	
	Females	220,711	81,266	139,445	إناث	
	Total	450,328	167,217	283,111	إجمالي	
Women at reproductive age *	%25					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	NA			NA		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		NA	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		NA	اللولب		
	Implants		NA	الكبسولات		
Short-term methods **	Injectable		NA	الحقن		الوسائل قصيرة الأجل **
	Pill		NA	الحبوب		
	Condom (male)		NA	الواقي الذكري		
Unmet need **	NA					نسبة الحاجة غير الملباة **
Fertility rate ***	79.4					معدل الإنجاب العام ***
Total fertility rate ***	2.56					معدل الخصوبة الكلي ***

تعداد (2017) *Census*

** *DHS (2024)* المسح الديموغرافي

*** *Trends of fertility in Egypt (2018)* اتجاهات مستويات الإنجاب

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Physicians	Nurses	Raeday	Contraceptive Method	Duration
6	5	19	68	165	Microcept	3 months
					Oxyprogest	3 months
					Male condom	1 year
					Nogravida	1 year

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program.	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	27,600
		1.1.2 Hold coordination meetings with all relevant entities to provide necessary funding to implement activities.	X	X	X	X	X	23,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X					20,700
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					41,400
		2.1.3 Conduct training courses for media officers and Raedat to	X	X	X	X	X	196,650

		promote the new methods and their use.						
	2.2. Develop and implement a plan to increase the use of the IUD	2.2.1 Periodically gather all beneficiaries who wish to use IUDs in one of the units, and ensure the availability of a female physician.	X	X	X	X	X	28,750
		2.2.2 Increase the number of implemented awareness sessions in all districts.	X					138,000
		2.2.3 Coordinate with concerned officials to implement the visiting physician program	X	X	X	X	X	23,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the capacity of warehouses staff on storing and managing new contraceptive methods	3.1.1 Conduct training courses for warehouses staff on new contraceptives storage conditions, and disbursement rules.	X	X	X	X	X	103,500
		3.1.2 Conduct training courses for warehouse staff on data collection and reviewing the accuracy and completeness of the forms.	X	X	X	X	X	103,500
		3.1.3 Conduct training workshops for statisticians on data entry and report generation.	X	X	X	X	X	69,000
		3.1.4 Conduct training workshops for pharmacists on TA8 form and forecasting needs.	X	X	X	X	X	34,500
		3.1.5 Conduct training workshops for physicians on calculation of average consumption data, and forecasting needs.	X	X	X	X	X	23,000

	3.2. Develop and implement plans for supervision and follow-up of warehouses according to the warehouses' assessment sheet	3.2.1 Develop and implement monthly supervision visits at the level of districts.	X	X	X	X	X	496,800
		3.2.2 Develop and implement quarterly supervision visits at the level of governorate.	X	X	X	X	X	165,600
		3.2.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	17,250
4- Demand and use Objective: To increase the number of beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.1. Implement Intensive media promotion activities on the importance of using family planning methods.	4.1.1 Conduct periodic seminars to address rumors about contraceptives	X	X	X	X	X	23,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Increase coordination with entities that can assist in service provision.	5.1.1 Coordinate with the military advisor to attend workshops to gain his support for the family planning program	X	X	X	X	X	23,000
		5.1.2 Carry out a mapping of partners and develop a Concept note of how they could be involved in supporting the family planning program	X			X		11,500
		5.1.3 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	11,500
		5.1.4 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	23,000

TOTAL								1,395,000
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South Sinai Governorate

Population *		جملة Total	ريف Rural	حضر Urban		عدد السكان *
	Males	52,920	25,327	27,593	ذكور	
	Females	49,098	22,752	26,346	إناث	
	Total	102,018	48,079	53,939	إجمالي	
Women at reproductive age *	%25					نسبة النساء في سن الإنجاب *
Contraceptive prevalence rate **	معدل استخدام الوسائل الحديثة MCPR			معدل استخدام أي وسيلة CPR		معدل استخدام وسائل تنظيم الأسرة **
	NA			NA		
Method Mix **						توليفة الوسائل **
Long-acting and permanent methods **	Sterilization (female)		NA	التعقيم الأنثوي		الوسائل طويلة الأجل والدائمة **
	IUD		NA	اللولب		
	Implants		NA	الكبسولات		
Short-term methods **	Injectable		NA	الحقن		الوسائل قصيرة الأجل **
	Pill		NA	الحبوب		
	Condom (male)		NA	الواقي الذكري		
Unmet need **	NA					نسبة الحاجة غير الملباة **
Fertility rate ***	107.96					معدل الإنجاب العام ***
Total fertility rate ***	3.43					معدل الخصوبة الكلي ***

تعداد (2017) *Census*

المسح الديموغرافي (2024) *DHS*

اتجاهات مستويات الإنجاب (2018) *Trends of fertility in Egypt*

No. of warehouses	Number of health districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Raodat	Contraceptive Method	Raodat	Contraceptive Method	Duration
1	8	20	50	48	Mizocopt	5 months

Detailed tables of the governorate costed implementation plan (CIP) to secure the supply of family planning methods

2021-2025

Component, objective and most important issues	Proposed interventions	Detailed proposed activities	Suggested timeline in years					Estimated expected cost
			1	2	3	4	5	
1- Financing Objective: To activate the role of partners (governmental sector, private sector and donor agencies) in the financing plan necessary to secure contraceptives for the next five years and to maximize the use of available resources.	1.1. Develop/ implement an advocacy plan to gain the support of different entities to the family planning program, being a national issue that has many effects on economic and social aspects. Examples of target entities in the governorates: the Regional Population Council, the Secretary General of the Governorate, the Governor, and Businessmen Associations	1.1.1. Conduct advocacy workshops to gain the support of decision-makers using communication materials prepared at the central level based on the available information about the governorate.	X	X	X	X	X	24,000
		1.1.2 Conduct joint seminars with various entities such as the National Council for Women to introduce the importance of the family planning program and increase its funding.	X	X	X	X	X	20,000
2- Contraceptives Objective: To provide a variety of contraceptives to suit all segments of beneficiaries and reduce unmet need, with a focus on long-acting contraceptive methods.	2.1. Implement a plan to introduce new methods	2.1.1 Conduct one-day workshops for administrative districts in which new methods will be introduced to familiarize service providers.	X					24,000
		2.1.2 Conduct a two-day workshop, for the concerned parties, to determine the most important activities that must be implemented at the governorate level in conjunction with the introduction of the new methods.	X					48,000

		2.1.3 Conduct training workshops for media and Raedat to promote the new methods and their method of use	X	X	X	X	X	140,000
	2.2. Develop and implement a plan to increase the use of the IUD	2.2.1 Coordinate with the visiting doctor project	X	X	X	X	X	20,000
		2.2.2 Implement educational seminars by media and population education specialists.	X	X	X	X	X	20,000
		2.2.3 Increase the number of medical caravans to reach remote and deprived areas.	X	X	X	X	X	165,000
3- Capabilities Objective: To strengthen the supply chain to achieve the six rights: the right product, the right quantity, the right quality, the right price, at the right place and time.	3.1. Build the capacity of warehouses staff on warehouse management	3.1.1 Conduct training courses for warehouses staff on storage rules.	X	X	X	X	X	60,000
		3.1.2 Train nurses and pharmacists to calculate the average monthly consumption and fill the TA8 forms.	X	X	X	X	X	145,000
		3.1.3 Conduct training courses for warehouse staff on data collection and reviewing the accuracy of completion of the forms.	X	X	X	X	X	60,000
		3.1.4 Train nurses and pharmacists on needs forecasting and average consumption.	X	X	X	X	X	145,000
		3.1.5 Conduct training workshops for statisticians on data entry and report generation	X	X	X	X	X	40,000
	3.2. Work to provide the required staff, develop a plan to recruit them and	3.2.1 Conduct a needs assessment for the required assistive workers	X					5,000
		3.2.2 Hold meetings with the governorate officials to discuss	X					20,000

	provide the necessary funding	ways to hire the required staff and mobilize the necessary resources.						
		3.2.3 Follow-up the recruitment process with the concerned officials.	X	X				2,000
	3.3. Increasing the number of warehouses	3.3.1 Hold coordination meetings with the government to ensure the availability of a warehouse in each health district.	X	X				20,000
	3.4. Develop and implement plans for supervision and follow-up of warehouses according to the warehouses' assessment sheet	3.4.1 Develop and implement monthly supervision visits at the level of districts.	X	X	X	X	X	648,000
		3.4.2 Develop and implement quarterly supervision visits at the level of governorate.	X	X	X	X	X	216,000
		3.4.3 Conduct workshops to train district staff on the use of LMIS and procurement system manuals	X	X	X	X	X	22,500
	3.5. Qualify warehouse staff to use the standardized forms that will be developed by the central level, and use the generated reports	3.5.1 Collect all the LMIS manual forms used at warehouses	X					5,000
		3.5.2 Conduct a one-day workshop for warehouse staff to discuss the new forms	X					6,000
		3.5.3 Conduct workshops for statisticians in health departments on the use of the new forms that will be developed at the central level to monitor inventory and generate reports	X	X	X	X	X	80,000
	4- Demand and use Objective: To increase the number of	4.1. Enhance the role of Raedat in the promotion of long-acting methods.	4.1.1 Conduct periodic seminars to address rumors about the contraceptive methods	X	X	X	X	X

beneficiaries of family planning services and reduce unmet need and the percentage of discontinuation	4.2. Increase the number of Raedat	4.2.1 Identify the required number of Raedat	X					10,000
		4.2.2 Recruit the required Raedat	X	X				It will be estimated when the previous activity is performed
		4.2.3 Follow-up on the recruitment process		X	X			4,000
5- Coordination and partnership Objective: To activate the partnership between the stakeholders of family planning services and coordinate between them to maximize the use of available resources	5.1. Strengthen the coordination with officials in the governorate.	5.1.1 Hold coordination meetings officials in the governorate.	X	X	X	X	X	20,000
		5.1.2 Carry out a mapping of partners and develop a concept note of how they could be involved in supporting the family planning program	X				X	10,000
		5.1.3 Determine areas of cooperation with partners and agenda for discussion	X	X	X	X	X	10,000
		5.1.4 Hold periodic meetings with partners to discuss various issues and ensure effective coordination	X	X	X	X	X	20,000
TOTAL								2,029,500

Annex 1: List of participants in the workshops

1st Group:		
Governorate	Name	Functional Title
Cairo	Dr. Eman Ibrahim Sayed	Family Planning Director
	Ms. Nadia Ali Ahmed	Nursing Supervisor
Menoufeya	Dr. Doaa Gamal Mohamed	Family Planning Director
	Ms. Doaa Ibrahim Shaker	Nursing Supervisor
Gharbeya	Dr. Salwa Shawki	Family Planning Director
	Ms. Zeinab Mohamed Abdelsamad	Nursing Supervisor
Giza	Dr. Amany Saad Ali Alsayad	Family Planning Director
	Ms. Zainab Aboelnour Teleb	Nursing Supervisor
Minia	Dr. Asmaa Maher Othman	Family Planning Director
	Ms. Lamiaa Hassan Sayed	Nursing Supervisor
Red Sea	Dr. Nagat Mohamed Kheir	Family Planning Director
	Ms. Inas Ahmed Shetewy	Nursing Supervisor
2nd Group:		
Qualyoubeya	Dr. Nawal Fayek Mohamed Omran	Family Planning Director
	Ms. Badreya Abdel Moniem Desouky	Nursing Supervisor
Sohag	Dr. Abeer Ali Eissa	Family Planning Director
	Ms. Nadia Saad Allah Khalifa	Nursing Supervisor
Assiut	Dr. Somaya Antar Eid	Family Planning Director
	Ms. Amal Zakareya Mohamed	Nursing Supervisor
Qena	Ms. Karima Mohamed Ali	Nursing Supervisor
Luxor	Dr. Ghada Shoeib	Family Planning Director

	Ms. Samah Ahmed Abdullah	Nursing Supervisor
Aswan	Dr. Mohamed Abdel Moniem Sorour	Family Planning Director
	Ms. Safaa Abdel Rahman Shehebah	Nursing Supervisor
El Wadi El Gedeed	Dr. Mahmoud Hussein Mahdi	Family Planning Director
	Ms. Naglaa Ahmed Taha	Nursing Supervisor
3rd Group:		
Alexandria	Dr. Manal Abdel Aziz Sharif	Family Planning Director
	Ms. Ghada Mounir Fouad	Nursing Supervisor
Behera	Dr. Basma Abdel Hamid Bkour	Family Planning Director
	Ms. Eman Mahmoud Al Dosouky	Nursing Supervisor
Sharkeya	Dr. Aida Atteya Abdel Hamid	Family Planning Director
	Ms. Gihan Hafez Abdullah	Nursing Supervisor
Kafr Elsheikh	Dr. Naja Atef Othman	Family Planning Director
	Ms. Maysa Mahmoud Aldayasty	Nursing Supervisor
Fayoum	Dr. Ghada Helal Hussein	Family Planning Director
	Ms. Eman Hassan Ali	Nursing Supervisor
Beniswef	Dr. Madiha Serry Imanm	Family Planning Director
	Ms. Abeer Fekry Mahrous	Nursing Supervisor
Matrouh	Dr. Aza Abdel Baky Mostafa	Family Planning Director
	Mr. Abeer Fekry Mahrous	Nursing Supervisor
4th Group:		
Port said	Dr. Hussein Abdel moniem Sayed	Family Planning Director
	Ms. Dawlat Mostafa Mohammed	Nursing Supervisor
Suez	Dr. Hwayda Mohamed Hussein Ibrahim	Family Planning Director
Ismaileya	Dr. Ahmed Mohamed Fakhr El Din	Family Planning Director
	Ms. Samah Ramadan Gamal	Nursing Supervisor
Dakahleya	Dr. Sahar Mohamed Thabet	Family Planning Director

	Ms. Reham El Saeed Abdel Halim	Nursing Supervisor
Demietta	Dr. Amal Mohammed Dorra	Family Planning Director
	Ms. Amira El Shaht Abdel Khalek	Nursing Supervisor
North Sinai	Dr. Inas Kamal Amin	Family Planning Director
	Ms. Azhar Ahmed	Nursing Supervisor
South Sinai	Dr. Soumayah Anani Ali	Family Planning Director
	Ms. Zainab Nahmoud Abdel Khalek	Nursing Supervisor

Annex 2: Distribution of groups and venues of workshops

1 st Group	2 nd Group	3 rd Group	4 th Group
Date: 8-10 August Place: Training Institute, Cairo	Date: 15-17 August Place: Training Center, Assiut	Date: 27-29 August Place: Reproductive Health Research Center, Alexandria	Date: 25-27 September Place: Youth Center, Port said
Cairo	Qualyoubeya	Alexandria	Suez
Menoufeya	Sohag	Behera	Port said
Gharbeya	Assiut	Shakeya	Ismaileya
Giza	Qena	Kafr Elsheikh	Dakahleya
Menya	Luxor	Fayoum	Demietta
Red Sea	Aswan	Beniswef	North Sinai
	El Wadi El Gedeed	Matrouh	South Sinai

Annex 3: Agenda of the workshops

Day 1:

10:00 – 10:30 Registration, opening remarks, and presentation of the Workshop’s objectives

10:30 – 11:00 Presentation of the National Costed Implementation Plan for contraceptives’ security

11:00 – 11:20 Division into working groups, and presentation of their objective

11:20 – 11:30 Break

11:30 – 12:00 Working groups to conduct SWOT analysis for each governorate

12:00 – 1:00 Presentation of working groups (10 minutes for each governorate)

2:00 – 3:00 Discussion about the Financing and Contraceptives components

Day 2:

10:00 – 11:15 Working groups to revise the interventions, and suggest activities for the Capabilities
Component

11:15 – 12:15 Open discussion about the Capabilities component

12:15 – 12:30 Break

12:30 – 1:00 Working groups to revise the interventions, and suggest activities for the Demand and Use, and the Coordination and
Partnership components

1:00 – 2:00 Open discussion about the Demand and Use, and the Coordination and Partnership components

Annex 4: Summary of the outcome of the working groups, revised in accordance with the data received from the Sector in November 2020

	Governorate	Participants from the Governorate		No. of warehouses	No. of districts	Name of districts	Staff working in family planning affiliated to the Health Directorate			Occurrence of stock out	
		Name	Occupation				Physicians	Nurses	Raedat	Method	Duration
1	Cairo	Dr. Eman Ibrahim Sayed Ms. Nadia Ali Ahmed	Family Planning Director Nursing Supervisor	37	37	Heliopolis, Al-Nozha, Zawia, Shubra, Mokattam, Al-Sayeda, Nasy City East, Nasr City West, Rawd Al-Farag, Al-Sahel, Masr Elkadeema, Al-Basateen, Al-Salam 1, Al-Salam 2, Bulaq, Abdeen, Dar Al-Salam, Helwan, Al-Marg, Al Matareya, Al Moski, Al Maasara, New Cairo, Badr, 15 Mayo, Bab Alsharia, Al Waily , Ain Shams, El-Zaytoun, Hadayek Al Kobba, Sharabia, Mansheyet Nasser, Al Khalifa, Al Shorouk, Al Tebeen, Maadi.	147	225	650	Microgenest Mizoccept	3 months 3 months
2	Alexandria	Dr Manal Abdel Aziz Sherif Ms Ghada Mounir Foad	Family Planning Director Nursing Supervisor	9	8	Al-Montazah, Shark, Wasat, Gharb, Al-Gomrok, Alagami, Al-Amereya, Borg Al Arab	185	186	280	Microgenest Mizoccept Oxyprogest	3 months 2 months 2 months
3	Suez	Dr. Howaida Mohamed Hussein Ibrahim	Family Planning Director	1	5	Suez, Al Arbeien, Faisal, Al Ganayen, Attaka	2	51	145	Mizoccept Vaginal suppository Combined pills One-hormone injection	6 months 3 months 3 months 9 months
4	Port said	Dr. Hussein Abdel Moniem El Sayed Ms. Dawlat Mostafa Ahmed	Family Planning Director Nursing Supervisor	1	1	Port said	20	80	103	Microgenest Mizoccept	1-3 months 5-7 months
5	Ismailia	Dr. Ahmed Mohamed Fakhr Eldin Ms. Samah Ramadan Gamal	Family Planning Director Nursing Supervisor	8	7	Ismailia, Abu Swer, Al Kassaseen, Al Tal Al Kabeer, Fayed, Khantara Gharb, Kantara Shark	20	64	154	Microgenest Mizoccept Oxyprogest Nogravida	

6	Qualyoubeya	Dr. Nawal Fayek Mohamed Omran Ms. Badreya Abdel Moniem Dossouky	Family Planning Director Nursing Supervisor	12	11	Banha, Kafr Shukr, Tookh, Qaha, Al-Qanater Al-Khayriya, Qalioub, Shebin Al-Qanater, Al-Khanka, Shubra Sharq, Shubra Gharb, Al-Obour	103	465	154	Microgenest Mizoept Oxyprogest Nogravida	
7	Damietta	Dr. Amal Mohamed Dorra Ms. Amira Elshahar Abdel Khaled	Family Planning Director Nursing Supervisor	19	18	Damietta, Kafr Saad, Kafr Al-bateekh, Al-zorka, Fareskor	69	215	254	Microgenest Nogravida Mizoept	3 months 1 year 6 months
8	Sharkeya	Dr. Aida Atteya Abdel Hamid Ms. Gihan Hafez Abdallah	Family Planning Director Nursing Supervisor	19	18	Zakazig, Hehyah, Ibrahimiyah, Abu Kabir, New Salhia, Faqous, Belbeis, San Al Hajar, Menshat Abu Omar, Hussainia, Awlad Saqr, Kafr Saqr, Tenth of Ramadan, Minya Al Qamh, Mashtoul Al Souq, Abu Hammad, Al Qurain, Derab Negm	278	681	855	Microgenest Mizoept Oxyprogest Nogravida	4 months 6 months 4 months 7 months
9	Dakahleya	Dr. Sahar Mohamed Thabet Ms. Reham Elsaeed Abdel Halim	Family Planning Director Nursing Supervisor	19	18	Mansoura, Sinbillawin, Belqas, Mit Ghamr, Sherbin, Aga, Dikiris, Manzala, Gamaliyeh, Mit Salsil, Matareya, Minat al-Nasr, Bandawa, Gamasa, Tmy al-Amdid, Mahallat Damna, Bani Ebeid, Talkha	343	822	1175	Microgenest Mizoept	
10	Gharbeya	Dr. Salwa Shawky Ms. Zainab Mohamed Abdel Samad	Family Planning Director Nursing Supervisor	11	10		88	697	679	N/A	
11	Menoufeya	Dr. Doaa Gamal Mohamed Ms. Doaa Ibrahim Shaker	Family Planning Director Nursing Supervisor	11	10	Shebin Al-Kom, Al-Bagour, Al-Sadat, Menouf, Al-Shohadaa, Sers Al-Layyan, Tala, Ashmun, Qesna, Birkat Al-Sab'	138	538	693	Microgenest Mizoept Oxyprogest Nogravida	4 months 4 months 4 months 4 months
12	Kafr Elsheikh	Dr. Naja Atef Othman Ms. Maysa Mayhmoud Aldayasty	Family Planning Director Nursing Supervisor	11	10	Desouk, Kafr El Sheikh, Beyalla, Qaleen, Fouah, Hamoul, Riyad, Sidi Salem, Baltim, Motobas	113	494	780	Microcept Mizoept Oxyprogest	2 months 2 months 3 months

13	Behera	Dr. Basma Abdel Hameed Bokour Ms. Eman Mahmoud El Dessouky	Family Planning Director Nursing Supervisor	17	16	Damanhour, Rahmaniyah, Kom Hamada, Wadi Al-Natrun, Rashid, Abu Al-Matamir, Kafr Al-Dawar, Shoubrahit, Al-Tahrir, Mahmoudiya, Delengat, Housh Issa, Edco, West Al-Noubaria, Itay Al-Baroud, Abu Hommos	235	831	1249	Combined injections	3 months
14	Giza	Dr. Amany Saad Ali Alsayad Ms. Zainab Aboulmour Teleb	Family Planning Director Nursing Supervisor	1	22	North Giza, South Giza, Warraq, Omrania, Oseem, Al Wahat, Dokki, Agouza, Boulaq Dakrou, Abu Al Nomros, Atfih, Al Saff, North Al Ayat, South Al Ayyat, Badrashin, Al Hawamdia, Kerdasa, Al Haram, 6 October, Sheikh Zayed, East Qanater, Qanater	133	325	700	Microgenest Oxyprogest	3 months 3 months
15	Banishwef	Dr. madiha Serry Imam Ms. Abeer Fekry Mahrous	Family Planning Director Nursing Supervisor	8	7	Beni Suef, Al Wasta, Nasser, Ahnasia, Beba, Sumosta, Al Fashn	125	227	705	Microcept Mizocept Oxyprogest	6 months 1 month 2 months
16	Fayoum	Dr. Ghada Helal Hussein Ms. Eman Hassan Ali	Family Planning Director Nursing Supervisor	8	7	Bandar Al-Fayoum, Fayoum Center, Itsa, Sinnures, Tamiya, Abshway, Yusef Al-Siddiq	62	299	910	Microgenest Mizocept Oxyprogest	months 1 months 4 months
17	Minia	Dr. Asmaa Maher Othman Ms. Lamiaa Hassan Sayed	Family Planning Director Nursing Supervisor	10	9	Minya, Adwa, Maghagha, Bani Mazar, Matai, Samalut, Abu Qurqas, Mallawi, Deir Mawas	190	392	809	Microgenest Mizocept Oxyprogest Nogravida	4 months 6 months 4 months 7 months
18	Assiut	Dr. Somaya Antar Eid Ms. Amal Zakareya Mohamed	Family Planning Director Nursing Supervisor	14	13	Dayrout, Qusiya, Abu Tig, Abnoub, West Assiut, Badari, Sedfa, Al-Fath, East Assiut, Assiut Center, Manfalut, Al-Ghanayem, Sahel Salim	116	554	410	Mizocept	
19	Sohag	Dr. Abeer Ali Eissa Ms. Nadia Saad Allah Khalifa	Family Planning Director Nursing Supervisor	12	11	Sohag, Maragha, Tahta, Ghena, Tema, Saqlteh, Al Baliana, Gerga, Al Menshah, Dar Al Salam, Akhmim	248	357	306	Microgenest Mizocept Oxyprogest Lactinor Condoms	4 months 5 months 2 months 3 months 4 months
20	Qena	Ms. Karima Mohammed Ali	Nursing Supervisor	10	9	Qena, Abu Tisht, Farshout, Nag' Hammadi, Al-Wakf, Dshna, Qus, Naqada, Qeft.	100	265	453	Mizocept Nogravida	3 months 4 months

21	Luxor	Dr. Ghada Shoeib Abdel Raheem Ms. Samah Ahmed Abdallah	Family Planning Director Nursing Supervisor	7	6	Al Bandar, Al Qurna, Al Bayadeya, Esna, Armant, Al Toud	26	149	178	Mizocept Nogravida	3 months 2 months
22	Aswan	Dr. Mohamed Abdel Moniem Sorour Ms. Safaa Abdel Rahman Sheiba	Family Planning Director Nursing Supervisor	7	6	Aswan, Kom Ombo, Daraw, Nasr El Nuba, Edfu East, Edfu West	95	297	345		
23	New Valley	Dr. Mahmoud Hussein Mahdy Ms. Naglaa Ahmed Taha	Family Planning Director Nursing Supervisor	6	5	Kharga, Dakhla, Farafra, Paris, Balat * There is no branch for the Egyptian company in the governorate	45	115	179	Microgenest Mizocept Oxyprogest	3-6 months 3 months
24	Matrouh	Dr. Aza Abdel Baki Mostafa Ms. Mona Mohamed Yousef Askar	Family Planning Director Nursing Supervisor	9	8	Hammam, Alamein, AL-Dabaa, Matrouh, Al- Negeila, Barrani, Al-Saloum, Siwa	15	93	52	Combined injections	5 months
25	Red Sea	Dr. Nagat Kamal Amin Ms. Inas Ahmed Shetewi	Family Planning Director Nursing Supervisor	7	6	Ras Ghareb, Hurghada, Safaga, Quseir, Marsa Alam, Shalateen. There is no branch store for the Egyptian company in the governorate	19	35	73	Microgenest Lactivenor Implanon Mizocept	Less than requested 1 month 2 months 1 month
26	North Sinai	Dr. Inas Kamal Eldin Ms. Azhar Ahmed	Family Planning Director Nursing Supervisor	6	5	Al-Arish, Bir al-Abd, Sheikh Zuweid, Al-Hasana, Taml	19	68	165	Microcept Oxyprogest Condom Nogravida	3 months 3 months 1 year 1 year
27	South Sinai	Dr. Soumaya Anani Ali Ms. Zainab Mahmoud Abdel Khalek	Family Planning Director Nursing Supervisor	1	8	Al-Tur, Ras Sidr, Abu Rudeis, Abu Zaymeh, Sharm el-Sheikh, Dahab, Nuweiba, Catherine	20	50	48	Mizocept	5 months

Annex 5: Summary of the SWOT analysis

Governorate	Strengths	Weaknesses	Opportunities	Threats
Cairo	<ul style="list-style-type: none"> 1- Warehouses are equipped according to the regulations and standards. 2- Warehouse officials are trained and committed to the latest standards. 3- The cooperative and supportive central administration in the sector 	<ul style="list-style-type: none"> 1- Unavailability of a vehicle to transport the contraceptives 2- Lack of sufficient assistive workers 3- Some warehouses need to be upgraded 	<ul style="list-style-type: none"> 1- The possibility of using mobile clinics to transfer the contraceptives from the directorate to the health departments 2- Effective collaboration of family planning managers and nursing supervisors with warehouse staff 	<ul style="list-style-type: none"> 1- Spread of rumors about some methods and the need to address them.
Alexandria	<ul style="list-style-type: none"> 1- There is a warehouse in every health department in addition to the directorate's warehouse. 2- Availability of a pharmacist in charge of family planning methods in each warehouse 3- A trained supervision team in each department 	<ul style="list-style-type: none"> 1- The directorate warehouse needs to be replaced as it is not sufficient to store all of the contraceptives 2- The warehouse is shared with all the governorate's drugs 3- Some warehouses need to be upgraded and repaired 4- Inability of the responsible workers to transport the contraceptives 5- There are no cars in the districts to receive the orders from the main warehouse, this is done by self-efforts. 6- There is a deficit in number of workers. It is not allowed to work in the Ministry with temporary contracts. 	<ul style="list-style-type: none"> 1- Availability of foreign grants to develop warehouses 2- Political support for the directorate and the ministry 3- The availability of a very large number of pharmacists to contribute to the LMIS. 	

		7- Lack of transportation methods affiliated to the warehouses		
Suez	<ul style="list-style-type: none"> 1- The small area of the governorate 2- All areas are urban 3- One main warehouse 4- Training courses are held for staff 	<ul style="list-style-type: none"> 1- There is a deficit in physicians 2- There is no full-time supervisors (doctors and nurses) 3- The need to relocate service delivery points due to the introduction of the health insurance system 4- There is no supervision team at the level of health departments 5- Cars used for supervision are not functional 	1- Existence of foreign grants	<ul style="list-style-type: none"> 1- Work has stopped in fixed and mobile clinics due to COVID-19 2- Private pharmacists do not have adequate knowledge about the criteria for dispensing contraceptives, especially hormonal ones 3- The comprehensive health insurance and the consequent changes
Port said	<ul style="list-style-type: none"> 1- One health district, it is a small governorate 2- The supply is made directly to the health units 3- There are no transportation costs 4- Availability of trained nurses 	<ul style="list-style-type: none"> 1- Insufficient number of physicians. 2- Far distance between some rural health rural units and the main warehouse 3- Low incentives for the pharmacist and the physicians 	<ul style="list-style-type: none"> 1- Joining the universal health insurance system 2- The ability to communicate with citizens using electronic messages 3- The family planning clinic is sufficiently equipped 4- The presence of donors 	<ul style="list-style-type: none"> 1- The unavailability of a car to supervise the units 2- Doctors and nurses turn away from providing family planning services and join the universal health insurance system 3- The COVID-19 pandemic
Ismailia	<ul style="list-style-type: none"> 1- The availability of trained nurses in all health units and hospitals 2- The beneficiaries program makes it easy to track the supply chain 	1- Closing down most of the service delivery points for renovation in order to add them to the insurance system.	<ul style="list-style-type: none"> 1- Renovation of places of service delivery within the framework of the universal insurance system 2- The presence of 6 NGOs providing services. 	<ul style="list-style-type: none"> 1- Doctors and nurses turn away from places where family planning services are provided to join the universal health insurance system. 2- The COVID-19 pandemic

	<p>3. The directorate's team is cooperative and trained</p> <p>4. The existence of alternatives in periods of stock-out for some contraceptives.</p> <p>5. Long-acting contraceptives are available all the time</p> <p>6. The existence of training courses on the supply chain</p>	<p>2- The insufficient number of full time physicians providing services</p> <p>3- The occurrence of a shortage in the supply of some items in different periods</p> <p>4- Unavailability of warehouses conforming to the specifications in the directorate and districts</p> <p>5- Using mobile clinics for activities other than family planning</p> <p>6- Poor financial return, which leads to physicians refusing to work on mobile clinics</p> <p>7- The supervision team is incomplete</p>	<p>3- The presence of medical centers affiliated to Suez Canal University providing the service.</p> <p>4- The Suez Canal Authority Hospital cooperated in providing the service.</p> <p>5- Easy transportation within the governorate.</p> <p>6- The presence of a branch of the Egyptian company in the governorate.</p> <p>7- Decrease in the illiteracy rate in the governorate</p>	<p>3- The difficulty in connecting with the Qantara Sharq administration due to the security conditions</p> <p>4- The presence of untrained pharmacists and doctors in the private sector</p>
Qualyoubeya	<p>1- Warehouses are equipped according to the regulations and standards.</p> <p>2- Effective coordination between the statistician and the family planning official.</p> <p>3- The presence of a pharmacist in charge of warehouses in the directorates and health departments.</p> <p>4- Trained staff on LMIS</p> <p>5- A trained supervision team to monitor the</p>	<p>1- Shortage of some contraceptives, such as combined injections.</p> <p>2- Decrease in months of sufficiency for some contraceptives.</p> <p>3- Difficulty in transportation of contraceptives from the directorate warehouse to health departments.</p> <p>4- The long distance between the directorate and some health departments.</p>	<p>1- The presence of foreign grants that helped in the increase of training on the LMIS that took place through the contraceptive commodity security department in the sector.</p>	<p>1- Advocate for the addition of the proposed contraceptives to the cafeteria of the current method mix.</p>

	<p>movement of contraceptives on a regular basis</p> <p>6- Continuous follow-up of months of protection in the governorate and health departments.</p> <p>7- Transportation of contraceptives to the directorate's stores through the Egyptian Company's branch in the governorate.</p> <p>8- Good communication between the supply team at the central level and those responsible for family planning in the governorate.</p>	<p>5- There is no separate warehouse for family planning methods.</p> <p>6- The frequent breakdowns of vehicles needed to transport contraceptives.</p>		
Damietta	<p>1- The proximity of the Egyptian Company's warehouse from the directorate's warehouse.</p> <p>2- A team of warehouse keepers and pharmacists that is trained on the LMIS.</p> <p>3- The nursing staff is trained on the KMIS</p> <p>4- The availability of training courses to train pharmacists and service providers.</p> <p>5- The presence of family planning methods in pharmacies.</p>	<p>1. The far distance between some units and warehouses in the health administration, which represents a hardship for the person responsible for the disbursement, and the absence of a means of transportation between the administration and units.</p> <p>2. The system hospitals follow for dispensing the methods is different, as the dispensing takes place from the main pharmacy in the hospital, which affects the clinic's supply chain</p>	<p>1- Grants and funding from foreign agencies</p> <p>2- Raising the efficiency of the service provided</p>	<p>1. The outbreak of the COVID-19 pandemic</p>

		<p>3- The unified exchange system leads to some obstacles when disbursing the shares of the contraceptives from the Egyptian company</p> <p>4.-The lack of knowledge of the private pharmacist about the eligibility criteria for dispensing contraceptives.</p>		
Sharkeya	<p>1- The existence of a main warehouse in the directorate of an adequate area with 3 trained pharmacists.</p> <p>2- The Egyptian Company branch is suitable, within walking distance from the department warehouse, and its employees are cooperative.</p> <p>3- Every health department has a family planning warehouse that has at least one trained pharmacist</p> <p>4- Pharmacists have all been trained on the LMIS and their number is sufficient</p> <p>5- Health departments' warehouses are in suitable places and most of them have been renovated</p> <p>6- Availability of an appropriate method mix</p>	<p>1 – The occasional unavailability of cars to transfer the shares of contraceptives from the Egyptian Company to the directorate warehouse.</p> <p>2- The long distance between the health departments and the department warehouse, which requires effort, time, and the availability of suitable cars</p> <p>3- Lack of computers in the department warehouses.</p> <p>4- Low demand for specific contraceptives such as IUDs, which requires effort to increase demand and respond to rumors.</p>	<p>1- The governor supports the family planning program</p>	<p>1- The high illiteracy rates, especially among women, which requires greater effort in counselling.</p> <p>2- The decrease in the standard of living, which increases the reliance on governmental services due to their low cost</p>

	7 - All nurses and most pharmacists working in the health units are trained			
Dakahleya	<p>1- The presence of a trained supervision team at the directorate level.</p> <p>2- Pharmacists are available in family planning clinics in some departments, as well as in all the governorate's warehouses</p> <p>3- Electronic data recording</p> <p>4- Promotion of governmental family planning activities (Raedat - media - nurses) among community members</p> <p>5- Trained physicians cover 60% of the units</p> <p>Obstetricians and gynecologists are deployed in the convoys and campaigns.</p> <p>6- Establish a second line of nurses to be hired to cover the gap in some departments.</p>	<p>1- Some supervision teams in some health departments are not completed.</p> <p>2- The rapid change of service delivery teams</p> <p>3- A deficit in the number of physicians</p> <p>4- The presence of some weaknesses in the system of dispensing contraceptives in the curative sector in the governorates</p>		
Gharbeya	<p>1. Availability of trained pharmacists in warehouses.</p> <p>2. The availability of a sufficient number of warehouses.</p> <p>3. The availability of mobile clinics</p>	<p>1- Limited space of some warehouses, which leads to difficulty in dispensing the methods.</p> <p>2- There is a shortage of physicians providing services.</p>	<p>1- The absence of slums in the governorate.</p> <p>2- The existence of NGOs and family planning clinics affiliated to the university and health insurance</p>	<p>1- Reduction in the number of new beneficiaries, especially for long-acting methods.</p> <p>2- Activities of mobile clinics has stopped due to the COVID-19 pandemic</p>

	<p>4. Availability of a branch of the Egyptian company in the governorate</p> <p>5. The presence of media officers at the directorate and district levels</p>	<p>3- The shortage of Raedat in some districts.</p> <p>4- Cars are non-functional in most districts, which leads to disruption of periodic supervision.</p> <p>5- The absence of a medical supervisor in some districts.</p> <p>6- The difficulty of securing vehicles to transfer contraceptives from the district warehouse to the departments</p>	<p>system activated and functional.</p> <p>3- The presence of specialist doctors in a number of hospitals</p> <p>4- Reactivation of the women's health campaign.</p> <p>5- The existence of a partnership with pharmacists in the private sector.</p>	
Menoufeya	<p>1- The presence of hospitals that provide the service.</p> <p>2- The presence of mobile centers, health units and clinics</p> <p>3- A trained nursing team to provide the service</p> <p>4- Availability of contraceptives</p> <p>5- Availability of supportive training courses from the sector</p> <p>6- Availability of the required medical supplies</p> <p>7- The possibility of implementing medical convoys</p> <p>8- Existence of an adequate number of Raedat</p>	<p>1- The lack of sufficient numbers of doctors trained in family planning.</p> <p>2- Unavailability of sonar devices in service delivery centers</p> <p>3- The lack of supervision vehicles at the departmental level</p> <p>4- The far distance between places of service provision in some administrations, such as Ashmun and Sadat</p> <p>5- High turnover of nurses</p>	<p>1- The possibility of partnership with other entities such as NGOs.</p> <p>2- The possibility of establishing new family planning clinics.</p> <p>3- The possibility of cooperation with pharmacies, private clinics and university hospitals.</p> <p>4- Cooperating with obstetricians and gynecologists in the governorate</p> <p>5- Cooperating with medical convoys.</p>	<p>1- COVID-19 pandemic</p> <p>2- Rumors spreading about some family planning methods</p> <p>3- Different societal customs and traditions</p>

Kafr Elsheikh	<ul style="list-style-type: none"> 1- Trained warehouse staff 2- The proximity of the Egyptian Company's warehouse from the directorate's warehouse. 3- Availability of contraceptives 4- Cooperation of vehicle traffic officials and departments 5- The majority of warehouses conform to the standards 6- The majority of family planning warehouses are separate 	<ul style="list-style-type: none"> 1- The absence of warehouses' assistive workers 2- Weak financial compensation for warehouse officials 3- There are 2 warehouses that do not meet the standards (Riyadh and Mtobas) 4- There are 2 shared warehouses with the health administration (Qaleen and Beialla) 5- The long distance between districts. 	<ul style="list-style-type: none"> 1- Availability of some contraceptives in private pharmacies and clinics. 	<ul style="list-style-type: none"> 1- The Director of the Pharmaceutical Department refuses to accept any donations
Behera	<ul style="list-style-type: none"> 1- The existence of a warehouse in every health district 2- The presence of a pharmacist in charge of family planning methods in all warehouses 3- The presence of a supervisory team from each department that monitors the contraceptives, and forecasts the needs of all health units and the department. 4- The presence of trained workers in every health district on LMIS 	<ul style="list-style-type: none"> 1- The directorate's warehouse needs to be replaced as the as it is not sufficient for all contraceptives. 2- The far distance between some health districts and the directorate warehouse, which leads to the difficulty of arrival of the methods on time. 3- Some district warehouses are not equipped and are in poor condition. 	<ul style="list-style-type: none"> 1- Foreign grants to support the LMIS 	<ul style="list-style-type: none"> 1- The lack of suitable places to replace warehouses and equip them in some departments 2- Lack of cooperation between localities and health districts. 3- Weak contribution of businessmen and the private sector

	5- The presence of a trained team in the health districts to assess needs.			
Giza	1- Continuous support from the population sector 2- Availability of contraceptives 3- Continuous training on LMIS 4- The presence of a trained team to forecast needs 5- The presence of a trained nursing team 6- A full supervision team in the directorate 7- Warehouses conform to standards	1- Shortage of physicians 2- Unavailability of a car to transport the supervision team from the directorate 3 - Some districts do not have a medical supervisor	1- Political and civil support . 2- The possibility of establishing new clinics with other entities. 3- Cooperation with private pharmacies in disseminating information about contraceptives.	1- Misconceptions about family planning methods 2- Spread of false rumors about the methods 3- customs and traditions 4- A sprawling, multicultural governorate
Baniswef	1- A trained supervision team at the directorate and district level. 2- Training courses and on-the-job training 3- Nurses are trained in all units 4- Availability of a warehouse for the Egyptian company in the governorate 5- Equipped warehouses in all districts, units and the directorate 6- The presence of a second row of trained nurses in most units	1- Frequent breakdown of mobile clinics 2- The insufficient number of drivers 3- The lack of a mechanism to maintain cars periodically 4- Lack of sufficient cars to supervise, as they are either broken down or need maintenance 5- Deficiency in registries and brochures 6- Weak remuneration for the warehouse staff.	1- Foreign grants 2- Visiting doctor initiative 3- Continuous training 4- Support from the governorate's political administration	1- Non-governmental organizations are not playing an effective role and they are of limited number. 2- Lack of cooperation from localities 3- The absence of a special system for the vehicles needed to transport the contraceptives 4- Lack of cooperation between obstetricians and gynecologists from the curative sector.

	<p>7- In some health districts the district director is the director of family planning.</p> <p>8- The support provided from the central level in the sector</p>			
Fayoum	<p>1- Payment of the share on an ongoing basis according to the months of sufficiency</p> <p>2- The availability of equipped warehouses available in the health districts</p> <p>3- The presence of a team of pharmacists and warehouse staff in the directorate trained to calculate months of sufficiency.</p> <p>4- Continuous communication with the sector regarding months of sufficiency of emergency requests.</p> <p>5- There is an influx of information about months of sufficiency in districts from the district warehouse and units after disbursement of its share</p> <p>6- Effective follow-up on stock at hand through supervision</p>	<p>1- The limited space of the directorate's warehouse and those in some departments.</p> <p>2- Fluctuation in the provision of contraceptives due to the procurement procedures at the central level.</p> <p>3- Unavailability of cars for the supervision team at the directorate and district level</p> <p>4- Unavailability of cars to timely transfer shares to districts.</p> <p>5- The far distance between some districts and the directorate, which makes it difficult to provide the required quotas for the units on time.</p> <p>6- The nurse travels on her personal account in case of urgent requests</p> <p>7- A deficit in assistive workers.</p> <p>8- Inability to follow up on the stock at hand in health units in case of fluctuations in the available contraceptives</p>	<p>1- Political support to the family planning program, provision of contraceptives, and overcoming challenges.</p> <p>2- The presence of donors</p>	<p>1- The complexities of the procurement system and its constant change</p> <p>2- Lengthy procedures for car maintenance.</p> <p>3- Insufficient drivers.</p> <p>4- The COVID-19 pandemic and its impact on several aspects, including the delay in transporting contraceptives or the willingness of beneficiaries to obtain the methods.</p>

	7- Some districts' managers provide cars at their own expense.			
Minya	1- Availability of contraceptives, support from the sector, and swift response to emergency requests. 2- A clear supply system that gives the opportunity to calculate the needs for all levels 3- Training of all pharmacists on the supply system 4- Renovation of warehouses 5- Full coordination between doctors, pharmacists and family planning officials	1- The shortage of assistive workers in warehouses 2- Breaking down of vehicles in districts 3- The lack of drivers in the directorate, which affects receiving the directorate's share from the Egyptian company's warehouse. 4- The deficiency in female physicians in the health units	1- Temporary contracts have been made for seasonal workers and warehouses' drivers through the Governorate General Office 2- Seeking the support of businessmen and NGOs to contribute to repairing cars. 3- Take advantage of the medical convoy cars and the visiting doctor	Rumors spreading about some 1- methods. 2- The spreading culture of revenge, which leads to the complete closure of some villages.
Assiut	1- The Contraceptives Commodity Security Department at the central level is supportive of the work team 2- The available warehouses are sufficient and equipped 3- Provision of vehicles to transport contraceptives from the directorate to health districts 4- The presence of a branch of the Egyptian company	1 - Stock out of some methods 2- The lack of sufficient funding to transfer the contraceptives from the Directorate to the health districts	1- The presence of donors such as UNFPA, the World Bank and JSI 2- Donor support to procure contraceptives 3- Supplying NGOs with contraceptives	

	5- A supportive statistical information system			
Sohag	<p>1- Availability of adequate warehouses for the directorate and districts.</p> <p>2- The availability of suitable equipment in the warehouses.</p> <p>3- Availability of staff in each warehouse.</p> <p>4- Coordination between the statistician and warehouses.</p> <p>5- Cooperation between the pharmaceutical department director and family planning director in the governorate.</p> <p>6- The presence of trained staff to follow up the availability of contraceptives and months of sufficiency.</p> <p>7- Cooperation between the central team and the directorates.</p> <p>8- Rapid response from the central level to emergency orders.</p> <p>9- Continuous training for pharmacists</p> <p>10- Availability of the Directorate's warehouse in the same location as the Family Planning Department</p>	<p>1 - Some warehouses in the district have shared warehouses that are not designated for family planning methods only.</p> <p>2- The mechanism used to transfer the contraceptives to some health units and districts is not done in the correct manner.</p> <p>3- A deficit in some contraceptives at different times.</p> <p>4- Vehicles for transporting the contraceptives to health districts frequently break down.</p>		

	11- Availability of vehicles to transport contraceptives from the central level to the directorates and from there to the district.			
Qena	<ul style="list-style-type: none"> 1- Family planning methods are available, and the method-mix is adequate. 2- Trained service providers. 3- Most of the warehouses are in a good condition 4- Swift response to emergency requests. 5- Availability of necessary human resources 	<ul style="list-style-type: none"> 1- Suitability of the locations of some warehouses 2- The distance between districts and the directorate warehouses. 3- Unavailability of a means of transportation. 4- Lack of equipment in some warehouses. 5- The occasional absence of a pharmacist. 	<ul style="list-style-type: none"> 1- There is a supportive atmosphere for cooperation with NGOs. 2- Provision of family planning methods for NGOs. 	1- Promoting the use of new methods that will be added.
Luxor	<ul style="list-style-type: none"> 1- The presence of a sufficient number of warehouses. 2- The availability of trained warehouses' staff. 3- Refurbishment of some warehouses. 4- Smooth flow of the contraceptives from the sector to the governorates. 5- Availability of an appropriate method-mix that suits beneficiaries. 	<ul style="list-style-type: none"> 1- Suitability of the locations of some warehouses. 2- Closing down some warehouses for the purpose of replacement and renewal as part of the health insurance system. 3- The distance between districts and the directorate warehouses. 4- Unavailability of a means of transportation 5- It is difficult for the nurses to leave their placed to disburse the contraceptives due to the application of the health insurance system 	<ul style="list-style-type: none"> 1- Availability of the necessary funds to procure the required contraceptives through the sector 2- Availability of foreign grants such as UNFPA, the World Bank, and USAID 	1- Promoting the use of new methods that will be added.

Aswan	<p>1- The presence of a sufficient number of warehouses at the directorate and district level</p> <p>2- Sufficient warehouse equipment.</p> <p>3- The availability of trained warehouse staff.</p> <p>4- The existence of an efficient forecasting mechanism to determine the needs according to the months of sufficiency at the directorate and district levels</p>	<p>1- Increase the rate of turnover of pharmacists responsible for warehouses.</p> <p>2- Failure to adhere to a specific and clear mechanism for receiving districts' shares from the directorate warehouse</p>	<p>1- Having a clear strategy at the central level pertaining to the provision of the required contraceptives</p> <p>2- Existence of an agreement with the Egyptian company for distribution</p> <p>3- The presence of foreign grants</p>	<p>1- Stock-out of some contraception</p> <p>2- The difficulty of providing vehicles to transport contraceptives from the directorate to the health districts.</p>
New Valley	<p>1- The presence of a sufficient number of warehouses.</p> <p>2- The presence of pharmacists trained on the LMIS.</p> <p>3- The presence of trained warehouse staff</p> <p>4- There is a sufficient number of trained nurses to make orders and calculate months of sufficiency.</p> <p>5- Promotion of family planning methods through the media and Raedat.</p>	<p>1- The absence of vehicles in the directorate and districts to transfer work teams.</p> <p>2- Lack of incentives for specialized physicians and other service providers.</p> <p>3- Distance between warehouses in districts and service delivery units</p> <p>4- The lack of trained physicians in health units to provide family planning services.</p>	<p>1- The possibility of cooperation with other entities in the governorate, such as the Ministry of Social Solidarity, the National Council for Women, the Governorate, and the media.</p>	<p>1- The lack of vehicles to transport contraceptives from the directorate to the health districts.</p>
Matrouh	<p>1- The presence of a branch of the Egyptian company in the governorate, which</p>	<p>1 - Failure to provide the required quantities of some methods.</p>	<p>1- Effective cooperation between family planning and the Undersecretary</p>	

	<p>facilitates access to the contraceptives.</p> <p>2- Availability of sufficient quantities of some methods</p> <p>3- The existence of warehouses at the directorate as well as in each district</p> <p>4- The presence of a pharmacist in each warehouse</p> <p>5- Continuous training for pharmacists</p>	<p>2- Unavailability of a computer in some districts.</p> <p>3- Distance between directorate and districts' warehouses.</p>		
Red Sea	<p>1- The presence of a pharmacist dedicated to family planning methods in the directorate and district.</p> <p>2- Availability of warehouses family planning methods in all districts.</p> <p>3- Provision of the annual contraceptives' needs of all health units.</p> <p>4- Easy access to the Sector's officials to overcome obstacles and replace methods that have been consumed.</p>	<p>1- There are neither computers in the warehouses, nor an Internet network for direct communication with the responsible authorities.</p> <p>2- Inadequate enough assistive warehouses' staff.</p> <p>3- A severe shortage of physicians at district level.</p> <p>4- The lack of vehicles to transport contraceptives from to districts.</p>	1- Limited population size, which helps to demonstrate the efficiency of the system	1- There is no branch for the Egyptian company in the governorate.
North Sinai	<p>1. Sufficient numbers of female nurses and Raedat.</p> <p>2. All nurses are trained to maintain buffer stocks.</p>	<p>1. There is no car for supervision</p> <p>2. Shortage of physicians</p> <p>3. Due to the distance between the directorate and districts, as</p>	<p>1. Cooperation with private pharmacies</p> <p>2. The existence of opportunities to train</p>	1- Security conditions that hinder the timely disbursement of contraceptives from the Egyptian company.

	<p>3. The available warehouses are suitable for storage according to the standards</p> <p>4. The directorate team is cooperative.</p>	<p>well as the security conditions, there is difficulty in delivering contraceptives to districts.</p> <p>4. Insufficient drivers required for the transportation of contraceptives.</p> <p>5. The lack of easy access of contraceptives to the governorate.</p> <p>6. Recurrent break down of vehicles</p> <p>7. Using the Raedat in activities other than family planning</p> <p>8. The need to train pharmacists in calculating balances and disbursement rules.</p>	<p>physicians and nurses on an ongoing basis.</p>	
South Sinai	<p>1. There is a good relationship between the Egyptian Company.</p> <p>2. The presence of a pharmacist in the contraceptive commodities' department</p> <p>3. The presence of two trained data entry officers.</p> <p>4. The presence of full-time trained team.</p>	<p>1. The shortage of physicians, medical supervisors and family planning providers.</p> <p>2. Distance between districts and directorate</p> <p>3. The presence of one warehouse at the directorate at the governorate level</p> <p>4. Lack of Raedat in some health districts, such as Dahab.</p> <p>5. The absence of NGOs and a Chamber of Commerce</p> <p>6. Non-cooperation of the Undersecretary with the Family Planning Department</p>	<p>1- The presence of foreign grants</p>	<p>1- The introduction of comprehensive health insurance in the governorate has a negative impact on the family planning system</p> <p>2- Using mobile clinics in other initiatives</p> <p>3- The COVID-19 pandemic, which led to weak activity due to restriction of gatherings, and thus fewer seminars.</p>

Annex No. (6) sorting governorates according to priority of needs

Governorate	Score	TFR	CPR	Unmet need
Souhag	1	4.1	29.4	25.9
Assiut	2	4.09	58.9	18.8
Menya	3	3.76	48.5	17.2
Qena	4	3.71	37.1	20.2
Fayoum	5	2.7	64.2	9.6
Sharkia	6	2.93	57.4	14.4
Kalyubia	7	2.56	61.7	8.5
Beni Suef	8	3.59	55.3	9.6
Aswan	9	4.09	47.8	18.8
Ismailia	10	3.38	56.5	11.5
Luxor	11	3.22	56.5	14.1
Port said	12	2.04	56.7	13.6
Dakahlia	13	2.97	63.2	6.9
Kafrelsheikh	14	3.38	56.5	11.5
Behera	15	3.19	65.5	8.2
Giza	16	2.86	62	10.7
Gharbia	17	2.76	62	12.1
Menoufia	18	2.96	65.6	6.9
Alexandria	19	2.7	58.9	14.7
Suez	20	2.55	60.1	10
Demietta	21	2.7	64.2	9.6
Cairo	22	2.85	61.7	9.3

Trends of fertility in Egypt (2018

DHS (2024)

DHS (2024)

The contents of this plan are the sole responsibility of ministry of health and population, and do not necessarily reflect the views of the European Union.

مضمون هذه الخطة هو مسؤولية وزارة الصحة والسكان، ولا يمكن بأي حال أن يعتبر انعكاساً لرؤى الاتحاد الأوروبي.