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United Nations Population Fund

Country programme document for Egypt

Proposed indicative UNFPA assistance:	$38.9 million: $5.4 million from regular resources and $33.5 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2018-2022)
Cycle of assistance:	Tenth
Category per decision 2013/31:	Pink

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.2	22.5	23.7
Outcome 2	Adolescents and youth	2.1	4.5	6.6
Outcome 3	Gender equality and women's empowerment	1.4	6.5	7.9
Programme coordination and assistance		0.7	--	0.7
Total		5.4	33.5	38.9

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I. Programme rationale

1. The population of Egypt witnessed a dramatic increase during the last decade, with an estimated population of 94.7 million, compared to a total of 72 million people in 2006. In absolute terms, the population has increased by over 20 million in 10 years. There is also extreme pressure on the limited land and water resources, with 97 per cent of today's population living on 7.8 per cent of the territory. This steady increase of 2.4 per cent per year threatens to hinder development efforts, with major implications on security and quality of life, basic services, education, health, housing and water.

2. Egypt has made significant progress in improving the health of women and children. The recent maternal mortality figures show a continued decrease, as the ratio reached 46 deaths per 100,000 live births, indicating that Egypt has achieved Millennium Development Goal 5. The Government is fully committed to continue investing in maternal and child health in order to further decrease maternal mortality rates.

3. The surge in population is mainly driven by the recent increase in the total fertility rate, following decades of progress in lowering fertility levels. The total fertility rates rose from 3.0 per cent in 2008 to 3.5 per cent in 2014. This increase, along with a decrease in percentage of currently married women using modern contraceptives (from 58 per cent in 2008 to 56.9 per cent in 2014), and persistently high contraceptive discontinuation rate (around 30 per cent) are indications that the family planning programme in Egypt has lost momentum and must be reinvigorated.

4. The unmet need for family planning increased from 11.6 per cent in 2008 to 12.6 per cent in 2014. In Upper Egypt, these rates reached 16 per cent in urban areas and 17 per cent in the rural areas, indicating major regional disparities and gaps in access to and provision of adequate family planning services. Poverty and living in rural Upper Egypt are highly associated with large families and low contraceptive prevalence and fertility levels.

5. A closer look and analysis of the quality of and accessibility to sexual reproductive health services highlight a number of challenges in structural and organizational as well as delivery levels. These include verticality of the family planning programme and their separation from maternal, child health and other primary health care services; inadequate capacity and high turnover of service providers; insufficient capacity for forecasting; and lack of robust logistics information management system.

6. With 62 per cent of its population below the age of 29, the country is reaching the peak of the "youth bulge", the largest cohort of young people in its history. This can translate into serious challenges or opportunities, depending on the investments made in this group. Especially crucial is investing in young women who face inequalities that result in disparities in education, protection, employment and access to services, including sexual and reproductive health services. Investment in young Egyptians is essential to turn the "youth bulge" into a demographic dividend.

7. Social norms, cultural beliefs, conservative voices, maintenance of traditional gender roles in society, as well as still prevalent harmful practices of female genital mutilation and early marriage, tend to affect childbearing trends, encourage families to bear more children, and decrease demand and use of family planning services. The prevalence of female genital mutilation for married women aged 15-49 years is 92.3 per cent, with a decrease in the 15-17 age group (down from 74 per cent in 2008 to 61 per cent in 2014).

8. Child, early and forced marriage and teenage childbearing in rural parts of Egypt have increased over the last decade, and presents a threat to the rights, health and lives of young girls. Moreover, this leads to an increase in fertility rates and contributes to a prolonged childbearing period, with related complications for pregnancy and childbirth, and will eventually lead to increased population growth if not addressed. The Demographic and Health Survey indicated that 14.4 per cent of girls aged 15-19 years are married while the percentage of young women aged 15-19 years who are

mothers or pregnant with their first child increased from 9.6 per cent in 2008 to 10.9 per cent in 2014. This reflects an increasing trend in fertility – 56 live births per 1,000 women aged 15-19 years in 2014, compared to 48 live births per 1,000 in 2005 and 50 live births per 1,000 in 2008.

9. In terms of lessons learned and recommendations, an evaluation of the previous programme highlighted: (a) high relevance to the needs of beneficiaries, in line with government priorities, paired with successful leverage of funds, donors trust and expansion of other resources; (b) responsiveness at varying degrees to shifting needs caused by major challenges and political changes; (c) need to enhance institutional capacity to conduct in-depth analysis of data for better policy formulation and service delivery; (d) programme effectiveness remains a key area for improvement, particularly in family planning where capacity-building efforts at central level did not cascade to governorate levels; and (e) population situation analyses should be used as a priority tool for UNFPA programming.

II. Programme priorities and partnerships

10. The proposed programme is aligned with national development priorities outlined in Egypt's Vision 2030 and National Population Strategy; United Nations Partnership and Development Assistance Framework (2018-2022), and builds on recommendations of the ninth country programme evaluation.

11. The programme aims to assist the country in achieving aspirational goals of the "Egypt's Vision 2030" and is relevant to the 2030 Agenda. It contributes primarily to the progressive achievement of SDG Goals 3 and 5. The programme target groups are women, adolescents and youth, particularly those most in need, including disabled, rural communities, migrants and people affected by emergencies. It will use a differentiated approach by targeting selected governorates with the poorest sexual and reproductive health indicators. Egypt has also recently committed to Family Planning 2020.

12. The programme supports building resilience and anticipating shocks that could undermine progress, whether they come from natural hazards or instability. Humanitarian assistance is delivered in the context of resilience and broader sustainable development priorities.

13. The overall goal is to reduce fertility rates from 3.5 to 3.2 by scaling up family planning programmes in Egypt, focusing on strategies tailored for young people, particularly young women and adolescent girls.

A. Outcome 1: Sexual and reproductive health

14. *Output 1: Strengthened capacities of line ministries and civil society at governorates and national levels for the provision of high-quality, integrated and rights-based and reproductive health and family planning services, including for youth and in humanitarian settings*. This will be achieved by: (a) building national capacity for improved reproductive health commodity security; (b) providing technical assistance for establishment of functional logistics management information system, including last-mile tracking, forecasting and monitoring sexual and reproductive health commodities; (c) advocating for integration of family planning services into routine maternal and child health services; (d) advocating and providing technical support to the Ministry of Health for development, revision and monitoring of reproductive health clinical protocols and standards to increase access of women and youth to evidence-based high-quality services at primary health-care level; (e) advocating for quality assurance in all service delivery elements to ensure client-centred care; (f) supporting development of national monitoring frameworks for SDGs, focusing on sexual and reproductive health, to galvanize government political and financial commitments, and using census and survey data; (g) advocating and supporting line ministries to expand access to high-quality family planning services in underserved and rural areas for women and youth who are furthest behind, including in humanitarian settings; and (h) advocating for provision of the Minimum Initial Service Package for reproductive health in humanitarian settings.

15. *Output 2: Increased demand for informed and voluntary family planning products and services for women and men of reproductive age*. This will be achieved by addressing norms and social determinants of sexual and reproductive health: (a) utilizing entertainment education approaches to promote family planning; (b) building national capacities for integration of community workers into the primary health-care system to promote use of family planning; (c) strengthening partnership and coordination among line ministries and community-based organizations to scale up implementation of outreach interventions on family planning, especially in rural areas; (d) advocating for and supporting sensitization and awareness programmes for religious and community leaders on family planning and population issues; (e) advocating strengthening of coordination among line ministries, civil society and the private sector for effective implementation of the national population strategy and scaling-up of family planning services; (f) partnering with civil society in the design and implementation of effective outreach interventions, and monitoring their delivery, focusing on rural areas; and (g) advocating for premarital educational counselling courses targeting future and newly married young couples.

B. Outcome 2: Adolescents and youth

16. *Output 1: Strengthened capacity of relevant governmental institutions and youth-led civil society for development and implementation of multidimensional youth strategies that facilitate access to reproductive health knowledge, information, skills and services for the most vulnerable and marginalized young people*. The programme will employ the following strategies: (a) advocating for and supporting integration of adequate package of soft skills and information on population, migration, reproductive health, and gender-related concerns and harmful practices, into extracurricular activities in secondary schools and universities; (b) advocating and supporting development and monitoring of an evidence-based, comprehensive multisectoral youth strategy, incorporating principles of youth, peace and security, and in line with Security Council resolution 2250; (c) advocating for and supporting establishment of population awareness and reproductive health clubs in 600 youth clubs in 27 governorates; (d) developing analytical statistics capacity for policy and programming formulation in youth sexual and reproductive health; and (e) supporting the preparation of demographic dividend advocacy instruments and building national partnerships for increased investments in young people.

C. Outcome 3: Gender equality and empowerment

17. *Output 1: Enhanced capacity of the Government and civil society to prevent and respond to gender-based violence, with particular attention to harmful practices affecting women and girls, including those affected by emergencies*. This will be achieved by: (a) supporting development, implementation and monitoring of behavioural change communication interventions addressing sociocultural norms and religious misinterpretations upholding gender-based violence and harmful practices; (b) strengthening the capacity of civil society, youth-led organizations, faith-based organizations, service providers and community leaders to reach out and raise awareness to abandon gender-based violence, including harmful practices; (c) enhancing capacities of law enforcement entities in monitoring, documenting and reporting on gender-based violence, including harmful practices; (d) advocating for integration of gender-based violence multisectoral responses into protection and response services by relevant line ministries, including development of referral pathways; (f) supporting intersectoral coordination for implementation of relevant national strategies at governorate levels; and (g) strengthening coordination of the gender-based violence subcluster to better combat gender-based violence in humanitarian and development spheres.

III. Programme and risk management

18. The Ministry of International Cooperation will act as coordinating authority for the programme. Programme implementation will use national execution modality through government and non-government partners. Programme will benefit from

coordination with the Ministerial Task Force for work with UNFPA established by the Prime Minister of Egypt. The Task Force includes the Ministries of Health and Population; Youth; Social Solidarity; Education; Local Development, Culture and Planning. In situations where there is lack of national capacity, UNFPA may directly implement the programme.

19. UNFPA will utilize a structured, strategic approach to partnering, aiming to spur innovation and identify cutting-edge solutions for development challenges and achieve greater outcomes. Some of the partners will include the National Population Council, National Council for Women, Central Agency for Public Mobilization and Statistics, civil society, faith-based organizations, youth- and women-led organizations, academia, research institutions and the private sector. UNFPA will ensure stronger collaboration and coordination within the United Nations system to ensure a coherent, integrated and effective response to support national priorities and communities in Egypt in achieving the Sustainable Development Goals.

20. The programme will be implemented through a core team of staff funded from the UNFPA institutional budget, regular and other resources. The country office will put in place an internal programme coordination and oversight team to oversee implementation, provide assurance on the harmonized approach to cash transfers (with spot checks), guide programme monitoring and quality assurance, including risks monitoring, mitigation and management. Guided by the resource mobilization plan, UNFPA will support the Government in mobilizing additional resources to complement the regular resources allocated.

21. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

22. UNFPA and the Government will systematically carry out programme quarterly and annual reviews with active participation of stakeholders. UNFPA, jointly with partners, will conduct field monitoring visits to assess progress of workplan implementation and results achievement. Monitoring visits tracking tool will be used to ensure timely implementation of monitoring recommendations as a mechanism to inform and adjust programme design and implementation. Thematic and country programme evaluations will be conducted as per the country programme evaluation plan.

23. The monitoring and evaluation framework includes: (a) an annual review to assess programme performance in order to make required readjustments and provide information for the midterm review of the programme; (b) a midterm review assessing the level of achievement, identifying good practices as well as challenges; and (c) a final evaluation determining the level of achievement, identifying good practices as well as challenges and lessons learned during implementation, making recommendations to guide the development of the next programme cycle. Field trips involving partners, quality assurance activities to improve accountability and a results-based management culture contribute to this framework. Milestones will be recorded to improve programme monitoring.

RESULTS AND RESOURCES FRAMEWORK FOR EGYPT (2018-2022)

National priority: Enhancement of the quality of life for the Egyptian people by means of lowering the rates of population increase with an aim to restore the balance between rates of economic growth on the one hand and increase in population on the other hand **UNDAF outcome:** By 2022, interim 2030 targets are reached with respect to population and sustainable access to public services notably quality, equitable, inclusive and rights-based social protection, health and education services **Indicator**: Total fertility rate: *Baseline:* 3.5*; Target:* 3.2; Population growth rate: *Baseline:* 2.4; *Target:* 2.2				
UNFPA strategic plan outcome	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
Outcome 1: Sexual and reproductive health Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence Outcome indicator(s): • Unmet need for family planning *Baseline*: 12.6%; *Target*: 9% • Contraceptive prevalence rate. *Baseline*: 58.5%; *Target*: 64%	Output 1: Strengthened capacities of line ministries and civil society at governorates and national level for the provision of quality, integrated and rights-based reproductive health and family planning services, including for youth and in humanitarian settings	• Percentage of maternal health facilities integrating family planning counselling in service delivery *Baseline*: 5%; *Target*: 65% • Number of primary health clinics offering integrated youth-friendly health services including reproductive health *Baseline*: 12; *Target*: 200 • Functional logistics management information systems for forecasting and monitoring reproductive health commodities in place *Baseline:* No; *Target:* Yes	Ministries of Health and Population, Social Solidarity, Local Development, Youth and Sports, National Population Council, civil society organizations, private sector, academia	$15.9 million ($0.8 million from regular resources and $15.1 million from other resources)
	Output 2: Increased demand for informed and voluntary family planning products and services for women and men of reproductive age	• Number of people reached with messages promoting family planning *Baseline*: 2,000,000; *Target*: 40,000,000 • Percentage of districts/primary health centres offering premarital counselling and education *Baseline*: 10%; *Target*: 50% • Percentage of women 15-49 years old exposed to family planning messages during the last six months offering premarital counselling *Baseline:* 47%; *Target:* 75%	Ministries of Youth and Sports, Health and Population, Social Solidarity, Local Development, Education, Culture, Planning; National Population Council; media and production companies; parliamentarians; civil society organizations, Y-PEER; youth-led organizations; celebrities; journalists; private sector, academia	$7.8 million ($0.4 million from regular resources and $7.4 million from other resources)
National priority: Enhancement of the quality of life for the Egyptian people by means of lowering the rates of population increase with an aim to restore the balance between rates of economic growth on the one hand and the increase in population on the other hand **UNDAF outcome:** By 2022, interim 2030 targets are reached with respect to population and sustainable access to public services, notably quality, equitable, inclusive and rights-based social protection, health and education services **Indicator**: Value of Youth Development Index: *Baseline:* 0.53*; Target:* 0.57				
Outcome 2: Adolescents and youth Every adolescent and youth, in	Output 1: Strengthened capacity of relevant governmental institutions	• Percentage of secondary schools that have launched population education	Ministries of Youth and Sports, Health	$6.6 million ($2.1 million

particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights in all contexts Outcome indicator(s): • Country has national sexual and reproductive health policy formulated through active engagements of adolescents and youth including marginalized adolescents and youth *Baseline*: No; *Target*: Yes	and youth-led civil society for development and implementation of multidimensional youth strategies that facilitate access to reproductive health knowledge, information, skills and services for the most vulnerable and marginalized young people	*Baseline*: 0; *Target*: 40% • Number of youth centres that have launched Population Clubs for Family Planning and Reproductive Health Education *Baseline*: 15; *Target*: 600 • Number of districts with institutional mechanism for youth participation in decision-making *Baseline:* 0; *Target:* 50	and Population, Local Development, Education, National Population Council; civil society organizations, Y-PEER; youth-led organizations; celebrities; journalists; private sector, academia	from regular resources and $4.5 million from other resources)
National priority: Enhancement of the quality of life for the Egyptian people by means of lowering rates of population increase with an aim to restore the balance between rates of economic growth on the one hand and the increase in population on the other hand **UNDAF outcome:** By 2022, women are fully contributing to the development of Egypt and all women's and girl's rights set forth in the 2014 Constitution are respected, protected and responded to with no discrimination **Indicators**: Percentage of women aged 20-29 years that married before age 18. *Baseline:* 17.4*; Target:* 1. Percentage of women aged 15-49 years who have been subjected to female genital mutilation (also for girls aged 15-17 years). *Baseline:* 92 (61)*; Target:* 55 (1)				
Outcome 3: Gender equality and empowerment Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings Outcome indicator(s): • Proportion of girls aged 15-17 years who have undergone female genital mutilation/cutting *Baseline*: 61%; *Target*: 55%	Output 1: Enhanced capacity of government and civil society to prevent and respond to gender-based violence with particular attention to harmful practices affecting women and girls, including those affected by emergencies	• Number of girls and women receiving GBV prevention, protection and care services *Baseline*: 0; *Target*: 300,000 • Number of governorates that developed costed action plans on addressing harmful practices, including child, early and forced marriage, female genital mutilation *Baseline*: 0; *Target*: 15 • Percentage of women and men support continuation of female genital mutilation *Baseline:* Women: 57%; Men: 50%*;* *Target:* Women: 47%; Men: 45%	National Council for Women, Ministry of Social Solidarity, Ministry of Youth, civil society, youth-led organizations, Y-PEER, NPC, research institutions, parliamentarians, journalists, religious leaders; Al-Azhar; BLESS	$7.9 million ($1.4 million from regular resources and $6.5 million from other resources) Programme coordination and assistance: $0.7 million from regular resources