

表3.9 LEVEL OF FAMILY PLANNING KNOWLEDGE AMONG EVER MARRIED WOMEN BY TYPE OF METHOD KNOWN AND AREA OF RESIDENCE AND PLACE OF RESIDENCE, EGYPT, 1984

Area and Place of Residence	Percent Knowing Any Method	Percent Knowing any Modern Method	Percent Knowing any Traditional Method
Total	85.4	85.2	30.0
<u>Area of Residence</u>			
Urban	94.3	94.2	38.9
Rural	78.8	78.5	23.4
<u>Place and Area of Residence</u>			
Urban governorates	97.5	97.4	44.8
Lower Egypt	94.9	94.7	37.2
Urban Lower Egypt	95.8	95.6	39.5
Rural Lower Egypt	94.5	94.4	36.3
Upper Egypt	69.5	69.2	15.8
Urban Upper Egypt	88.4	88.3	30.0
Rural Upper Egypt	60.7	60.3	9.2
Frontier governorates	83.8	83.8	17.6

出所：FFPE, p.115

を受けていない看護婦も多く、特に農村部での普及上の大きな妨げである点が指摘されている。

dayasと呼ばれるTBAは国内に15,000人以上いると推定される。これらのTBAが全分娩の40~80%に立ち会っているとのデータがあり、その役割はまだ相当に大きい。MOHではdayasの訓練、登録、免許の制度化を進めている。

また、女性のoutreach worker (raidat riffiat) の養成がMOSAによって行なわれてきており、1972年以降の養成者数は1,500人に上る。家族計画の訓練も受けているが、詳細は明らかでない。

### 3) 家族計画の実態と諸問題

#### ① 家族計画の実態

エジプトにおける出生率や家族計画に関する調査はかなり頻繁に実施されている。主要なものは表3.7にまとめた通りである。ただ、これらの調査はそれぞれ対象地域や質問項目を異にしており、結果の相互比較には注意を要する。また、表3.7の最後に掲げたものは

表3. 10 PERCENT KNOWING AT LEAST ONE FAMILY PLANNING METHOD AND THE AVERAGE NUMBER OF METHODS KNOWN AMONG EVER MARRIED WOMEN, CONTROLLING FOR SELECTED SOCIOECONOMIC CHARACTERISTICS, EGYPT, 1984

Socioeconomic Characteristic	Percent Knowing Any Method	Average Number of Methods Known
<b>RESPONDENT'S CHARACTERISTICS</b>		
<u>Literacy Status</u>		
Literate	96.9	4.8
Illiterate	81.6	2.6
<u>Educational Level</u>		
No education	78.8	2.4
Less than primary completed	93.9	3.7
Completed primary/Some preparatory	96.0	3.8
Completed preparatory and above	98.7	5.8
<u>Employment Status</u>		
Working	95.7	5.3
Not working	84.3	3.0
<u>Occupation 1</u>		
Professional, technical or managerial	98.8	6.8
Clerical	99.6	5.6
Sales and services	90.1	3.6
Agricultural	81.1	2.5
Production, transportation and unskilled	92.5	3.8

出所：FFPE, p.121

他と性格が違い、避妊具の供給サイドから見た実績の分析を扱う。

出生率については第2章で概観したので、ここでは家族計画に焦点を絞ってその現状を見ることにする。家族計画実行率に関する最新の、信頼のおけるデータは1984年のEgypt Contraceptive Prevalence Survey (第2回) のものである。この調査はエジプト全域から11,299世帯を選び、実施された。面接対象となったのは結婚経験のある50才以下の全女性で、総面接者数は10,013人である。代表的な結果を以下に示す。

a) 望ましい子供数

望んでいる子供数は平均3.2人、理想の子供数は平均3.3人と比較的少ない(表3. 8)。た

表3. 11 PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY TYPE OF METHOD CURRENTLY USED AND AREA AND PLACE OF RESIDENCE EGYPT, 1984

Method	Total	Area of Residence		Place of Residence			
		Urban	Rural	Urban Governo-rates	Lower Egypt	Upper Egypt	Frontier Governo-rates
Total Number	9,158	3,929	5,229	1,595	3,932	3,496	135
Any method	30.3	45.1	19.2	49.6	34.1	17.3	30.4
Any modern method	28.7	42.5	18.3	46.2	32.8	16.5	28.2
Pill	16.5	23.3	11.4	20.8	19.8	10.8	20.0
Condom	1.3	2.7	0.3	3.8	1.0	0.7	0.0
Vaginal methods	0.7	1.2	0.4	1.0	0.8	0.5	0.7
IUD	8.4	12.9	5.0	17.4	9.0	3.7	6.7
Injection	0.3	0.3	0.2	0.1	0.3	0.3	0.0
Female sterilization	1.5	2.1	1.1	3.1	1.7	0.6	0.7
Any traditional method	1.6	2.6	0.9	3.4	1.3	0.8	2.2
Prolonged breastfeeding	0.6	0.5	0.7	0.6	0.7	0.5	0.7
Rhythm	0.6	1.2	0.1	1.6	0.4	0.3	0.0
Withdrawal	0.3	0.6	0.1	0.7	0.3	0.1	1.5
Other methods	0.1	0.3	0.1	0.4	0.1	0.0	0.0
Not using	69.7	54.9	80.7	50.4	65.9	52.7	69.6

出所: FFPE, p.154

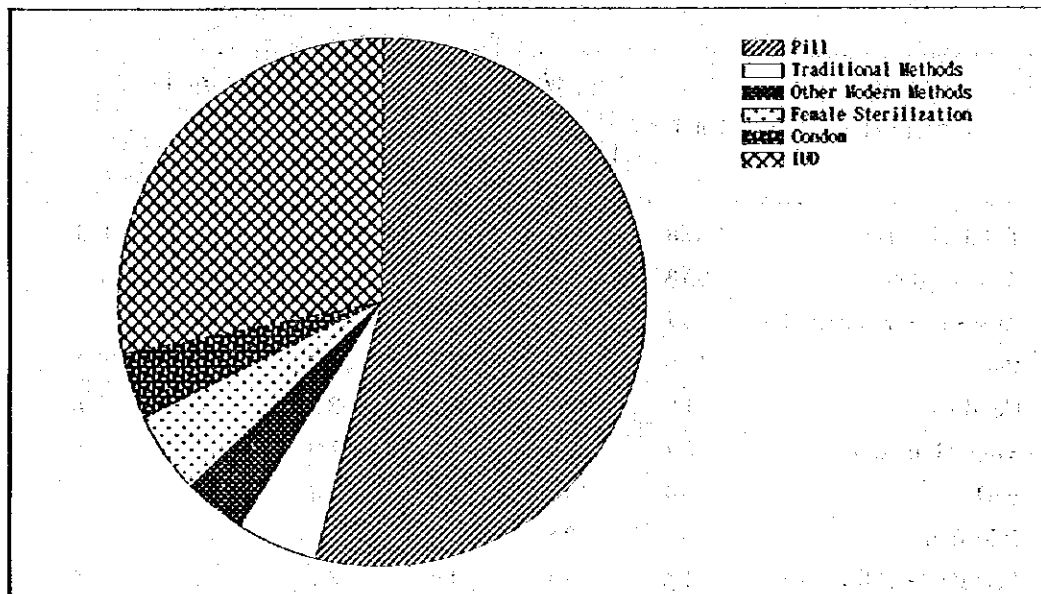
だ、人数を本心より少な目に答えるケースがあるという指摘があり、多少下方にバイアスがかかっている可能性がある。

#### b) 家族計画手法の知識

何らかの家族計画手法を知っている人は全国平均85.4%いる(表3. 9)。都市/農村部別では94.3/78.8%となるが、ここではむしろ上エジプト地域の率の低さ(69.5%)に注目すべきである。特に上エジプト農村部の低率(60.7%)が顕著である。

社会経済属性との関連で見たものが表3. 10である。文盲、無教育、非就業者の間で知悉率が低いことが明白に表われている。

図 3. 6 Percent Distribution of Current Users by Method Used, Egypt, 1984



出所: FPPE, P. 153

c) 家族計画実行率

現在家族計画を実行している人の割合は全国平均30.3%である(表3. 11)。地域別に見るとここでも上エジプトの低さ(17.3%)が目立つ。

使用手法の中ではピルが54%と過半を占め、次いでIUDの28%が多い(図3. 6)。他の手法は5%以下にとどまる。とくにコンドームの不人気が目立つ。

過去の諸調査の結果と比較すると、1974~84年の間で実行率の目立った改善はなかったということになる(表3. 12)。また、エジプトの約3割という実行率は他の開発途上国の現状に比べて中位に位置する(表3. 13)。

実行率を社会経済属性と関連づけたのが表3. 14である。前出の知悉率と同様の傾向が読みとれる。全般に、貧困層ほど実行率が低いといえる。

d) 家族計画を実行する理由

家族計画を実行する理由は、①出産の終結(84.4%)と②出産間隔の調整(14.7%)とで99%を占める(表3. 15)。出産終結を理由とする人は、当然ながら、年齢とともに、また子供数が増えるとともに増加する。概ね30代に入り、3~4人の子供を持った時点で生み終りを望んでいることがわかる。

表3. 12 ESTIMATES OF THE CONTRACEPTIVE PREVALENCE RATE AMONG CURRENTLY MARRIED WOMEN FROM VARIOUS FERTILITY SURVEYS BY AREA OF RESIDENCE, EGYPT, 1974 - 1984

Survey	Total	Urban	Rural
National Fertility Survey, 1974 - 75	26.5	45.4	12.9
Rural Fertility Survey, 1979	-	-	15.5
Egyptian Fertility Survey, 1980	23.8	39.8	11.7
Egypt Contraceptive Prevalence Survey, 1980	-	-	17.1
Rural Fertility Survey, 1982	-	-	17.7
State Information Service Survey, 1982	33.5	-	-
Egypt Contraceptive Prevalence Survey, 1984	30.3	45.1	19.2

SOURCE : CAPMAS, 1978 ; Khalifa et al., 1979, Hallouda et al., 1983 ; Khalifa et al., 1982, and State Information Service, 1982

出所 : FFPE, p.151

e) 家族計画を実行しない理由

家族計画を実行していない69.7%について、その不実行の理由をまとめたのが表3.16である。これによれば、現在妊娠中や不妊などもともと実行の必要のない人あるいは妊娠を望んでいる人が不実行者中の56.9% (全調査対象者中の39.7%) を占めている。従って、この60.7%の不実行者は全てが問題となるわけではなく、妊娠を希望しないにもかかわらず家族計画を実行していない人は不実行者中の43.1% (全調査対象者中の30.0%) にとどまる点にまず留意する必要がある。

この後者のグループに属する人の掲げた不実行の理由の中では、産後の授乳期にあることや家族計画の方法を知らないとするものが主である。ただ、副作用や病氣への恐れがかなり大きな割合を占めていることに注目すべきである。全般に、正しい知識や適切なフォローアップの不足が実行を妨げているといえる。よく言われる宗教上の理由は、このデータで見る限り無視しうるほどのもの (0.5%) である。しかし、これは複数回答ではないから、この数値をもって直ちに宗教的理由を否定し去るのは危険であろう。

表3. 13 CONTRACEPTIVE PREVALENCE RATES AMONG CURRENTLY MARRIED WOMEN AGE 15 - 44 BY AREA OF RESIDENCE, SELECTED COUNTRIES

Region and Country	Total	Urban	Rural
<u>Middle East and North Africa</u>			
EGYPT, 1984	32	47	20
Jordan, 1983	26	32	13
Morocco, 1983 - 84	27	44	16
Syria, 1978	20	35	6
Tunisia, 1983	42	55	29
Yemen Arab Republic, 1979	1	7	0
<u>Africa</u>			
Benin, 1981 - 82	20	22	19
Botswana, 1984	29	38	26
Ghana, 1979 - 80	10	14	8
Ivory Coast, 1980 - 81	3	5	2
Nigeria, 1981 - 82	5	5	4
Sudan (North), 1978 - 79	5	12	2
Zimbabwe, 1984	40	47	36
<u>Asia and Pacific</u>			
Bangladesh, 1979 - 80	13	22	12
Indonesia, 1976	28	31	27
Nepal, 1981	7	23	6
Pakistan, 1975	5	12	3
Sri Lanka, 1982	57	69	57
Thailand, 1981	59	65	58
<u>Latin America and the Caribbean</u>			
Barbados, 1980 - 81	47	-	-
Bolivia, 1983	26	43	13
Colombia, 1980	51	56	39
Costa Rica, 1981	66	69	63
Dominican Republic, 1983	47	42	23
Guatemala, 1983	25	49	19
Haiti, 1983	7	13	6
Jamaica, 1983	52	53	51
Peru, 1981	43	53	23

SOURCE : London et al, 1985.

出所 : FFPE, p.149

表3. 14 PERCENT OF CURRENTLY MARRIED WOMEN CURRENTLY USING ANY METHOD AND ANY MODERN METHOD BY SELECTED SOCIOECONOMIC CHARACTERISTICS, EGYPT, 1984

Socioeconomic Characteristic	Any Method	Modern Method
<b>RESPONDENT CHARACTERISTICS</b>		
<u>Literacy Status</u>		
Literate	46.7	43.2
Illiterate	24.8	23.8
<u>Educational Level</u>		
No education	23.1	22.0
Less than primary completed	35.3	34.2
Completed primary/Some preparatory	44.6	42.4
Completed preparatory and above	50.4	45.3
<u>Employment Status</u>		
Working	48.7	44.3
Not working	28.5	27.2
<u>Occupation</u>		
Professional, technical or managerial	55.4	47.7
Clerical	55.5	52.0
Sales and services	37.7	36.4
Agricultural	19.6	17.9
Production, transportation and unskilled	30.3	30.3
<b>HUSBAND CHARACTERISTICS</b>		
<u>Educational Level</u>		
No education	22.1	21.2
Less than primary completed	29.6	28.5
Completed primary/Some preparatory	36.3	35.1
Completed preparatory and above	46.0	42.1
<u>Employment Status</u>		
Working	31.6	29.8
Not working	19.7	19.1
<u>Occupation</u>		
Professional, technical or managerial	47.3	42.9
Clerical	44.5	41.9
Sales and services	35.7	34.0
Agricultural	16.8	16.0
Production, transportation and unskilled	37.6	35.9

出所：FFPE, p.158

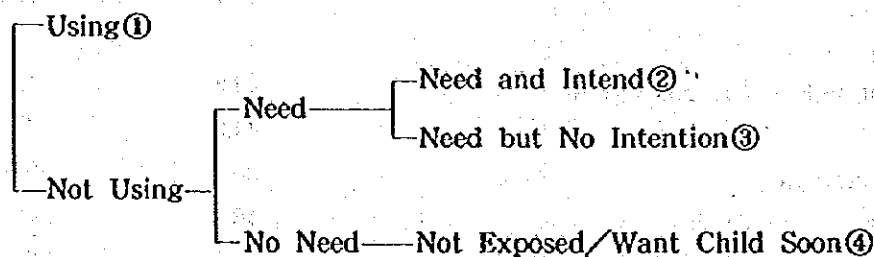
表3. 15 PERCENT OF CURRENT USERS\* USING FAMILY PLANNING TO CEASE  
 CHILDBEARING OR TO SPACE BIRTHS BY AGE AND NUMBER OF  
 SURVIVING CHILDREN, EGYPT, 1984

Demographic Characteristic	Cease Childbirth	Space Birth
Total	84.4	14.7
<u>Age</u>		
Under 20 years	17.5	82.5
20 - 24 years	51.6	48.4
25 - 29 years	74.1	25.1
30 - 34 years	89.1	10.3
35 - 39 years	95.9	3.4
40 - 44 years	98.7	1.3
45 - 49 years	98.3	1.2
<u>Surviving Children</u>		
None	10.0	90.0
1 - 2 children	57.6	42.0
3 - 4 children	92.4	7.3
5 - 6 children	97.2	2.1
7 or more children	96.0	3.2

\* Excludes users relying on sterilization.

出所: FFPE, p.160

必要がありながら実行しない人を、さらに将来実行する意図の有無によって分け、全対象者を4つのカテゴリーに分類してその割合を示したのが図3. 7である。4つのカテゴリーは



である。②の分類に当たるところに依然として大きな unmet needs が存在していることがわかる。



表3. 16 PERCENT DISTRIBUTION OF CURRENTLY MARRIED NONUSERS BY REASONS FOR NONUSE AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Reason for Nonuse	Total	Area of Residence			Place of Residence		
		Urban	Rural	Urban Governo-rates	Lower Egypt	Upper Egypt	Frontier Governo-rates
Total Number	6,379	2,157	4,222	804	2,590	2,891	94
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Currently pregnant	19.2	19.2	19.2	19.4	19.1	19.2	20.2
Not capable of having children	17.3	22.9	14.4	29.0	18.2	13.4	14.9
Husband away	6.7	6.7	6.8	7.2	7.5	6.1	4.3
Wants additional child	13.7	13.1	14.0	11.4	13.9	14.1	12.8
Breastfeeding/ resting	13.6	14.3	13.2	15.1	17.2	9.9	17.0
Health problems	7.9	9.4	7.2	8.2	8.0	7.8	8.5
Fear of side effects	2.6	2.0	2.8	2.2	2.2	2.9	4.3
Religious reasons	0.5	0.6	0.4	0.7	0.2	0.7	0.0
Problems in obtaining methods	0.1	0.0	0.2	0.0	0.2	0.1	0.0
Doesn't know any method	11.6	5.1	14.9	1.0	3.9	21.3	14.9
Other reasons	6.7	6.6	6.8	5.7	9.7	4.5	3.2

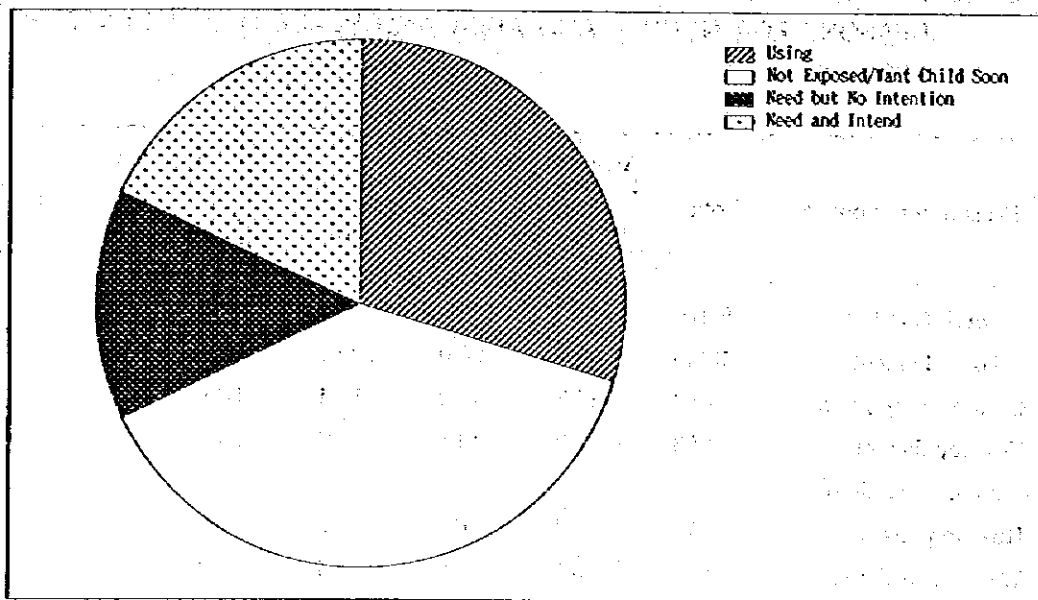
出所：FFPE, p.165

#### f) 家族計画サービスの供給源

現在家族計画を実行している人が、どこからそのサービスを得ているかをまとめたのが表3. 17である。全体では薬局が52%、公共医療施設が27%、民間医師/病院が18%、民間家族計画クリニックが1%という分布であり、最後の民間家族計画クリニック（NGO施設はここに分類されると思われる）の比率の小ささが目を引く。

供給源の比率は当然ながら手法によって大きく変化し、ピル、コンドームなどの医療行為を必要としない手法は圧倒的に薬局の割合が高くなる。逆にIUDなど医療行為を要するものは病院/クリニックが96%を占める（公共44%、民間医師/病院49%、民間家族計画クリニック3%）。医療施設の数からいえば、公共部門の果している役割は相対的に小さいといえる（表3. 20を参照）。

図 3. 7 Percent Distribution of Currently Married Women by User Status, Need for Family Planning and Intention to Use, Egypt, 1984



出所: FFPE, P. 174

表3. 18は、特に農村部の実行者についてサービス供給源をまとめたものである。ここでは、公的施設の比率が全般に高まっているが、民間開業医の少なさからいって当然の結果であろう。

さて、以上はユーザーの側から見た場合のサービス供給源のデータであるが、それを供給側から見ると表3. 19の統計が得られている。これによるとIUDの7割以上が薬局を通じて供給されていることになり、表3. 17、3. 18と整合しにくい、いずれにせよ供給数の上からもピル、コンドームなどは薬局が主であることがわらう。また、IUDとコンドームについては、全供給数の約5割をFOFが扱っていることが注目される。

表3. 20は家族計画サービス施設のみを取り出して、MOHとEFPAの供給数の比率を求めたものである。1施設当りではEFPAの方が多くの供給をしていることがわかる。

### ② 家族計画普及上の諸問題

さて、エジプトにおける家族計画の実態がどのようなものかを概観してきたが、その中で指摘したように家族計画実行率は最近10年ほどの間に目立った上昇を見せていない。家族計画の実行を意図しながらそれに踏み切らない人が全体の2割ほども存在し、ここに大きなギャップが形成されている。エジプトの家族計画実行率の向上を妨げているのはどのような要因なのであろうか。

USAIDの資料によりつつ、この要因は次のように整理できる。<sup>3)</sup>

3) USAID, Arab Republic of Egypt : Population Project (263-0144), Project Paper Amendment # 1 (June 20, 1987), Supplement.

表3. 17 PERCENT DISTRIBUTION OF CURRENT USERS BY THE SOURCE FOR FAMILY PLANNING SERVICES, THE TYPE OF METHOD USED AND AREA AND PLACE OF RESIDENCE, EGYPT, 1984

Type of Method and Source	Total	Area of Residence		Place of Residence		
		Urban	Rural	Urban Governo-rates	Lower Egypt	Upper Egypt
<u>All Methods</u>						
Total Number	2,631	1,673	958	738	1,279	576
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Government FP clinic	8.9	8.1	10.2	9.2	8.8	8.0
MCH Center	4.5	6.0	1.8	7.5	3.0	4.0
Hospital	13.5	10.2	19.1	13.7	15.3	7.6
Pharmacy	51.6	54.8	45.9	47.6	50.3	60.8
Private doctor/clinic	17.8	17.6	18.2	18.4	18.6	16.0
Private FP clinic	1.3	1.8	0.5	2.3	0.4	2.1
Other *	1.8	0.8	3.5	0.5	3.0	0.9
Not stated	0.7	0.4	0.7	0.8	0.7	0.7
<u>Supply Methods</u>						
Total Number	1,701	1,071	630	408	848	417
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Government FP clinic	8.1	5.5	12.4	5.9	9.6	6.0
MCH Center	3.4	4.8	1.1	4.9	2.4	4.1
Hospital	5.5	2.1	11.3	1.0	7.9	3.8
Pharmacy	78.8	84.7	68.9	85.3	75.0	82.5
Private doctor/clinic	0.5	0.7	0.3	0.7	0.4	0.7
Private FP clinic	0.5	0.6	0.3	0.7	0.2	0.7
Other *	2.6	1.1	5.2	1.0	4.2	1.2
Not stated	0.6	0.6	0.6	0.5	0.3	0.9
<u>Clinic Methods</u>						
Total Number	930	602	328	330	431	159
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Government FP clinic	10.4	12.8	6.1	13.3	7.2	13.2
MCH Center	6.5	8.3	3.0	10.6	4.4	3.8
Hospital	28.0	24.6	34.1	29.4	29.9	17.6
Pharmacy	1.7	1.7	1.8	0.9	1.6	3.8
Private doctor/clinic	49.4	47.7	52.4	40.3	54.5	56.0
Private FP clinic	2.9	4.0	0.9	4.2	0.7	5.7
Other *	0.2	0.2	0.3	0.0	0.5	0.0
Not stated	1.0	0.8	1.2	1.2	1.1	0.0

\* Includes home delivery agents

出所: FFPE, p.207

表3. 18 SOURCE FOR FAMILY PLANNING SERVICES AMONG CURRENT USERS  
IN RURAL AREAS BY PLACE OF RESIDENCE, ECPS (80) AND ECPS (85)

Type of Method and Source	Total Rural		Lower Egypt		Upper Egypt	
	ECPS (80)	ECPS (84)	ECPS (80)	ECPS (84)	ECPS (80)	ECPS (84)
<u>All Methods</u>						
Total Number	702	958	536	759	166	173
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Government FP Clinic	27.2	10.2	26.9	10.5	28.3	5.8
MCH Center/Hospital	19.5	20.9	20.5	21.5	16.3	13.9
Pharmacy	34.6	45.9	33.8	42.4	37.3	66.5
Private doctor/clinic	9.3	18.2	9.7	20.4	7.8	10.4
Private FP clinic/Other *	9.3	4.0	9.1	4.5	10.2	2.3
Not stated	0.0	0.7	0.0	0.7	0.0	1.2
<u>Pill</u>						
Total Number	545	594	415	443	130	134
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Government FP Clinic	31.2	13.1	30.6	14.0	33.1	6.7
MCH Center/Hospital	14.3	12.8	15.9	13.1	9.2	8.2
Pharmacy	42.0	67.3	41.2	65.2	44.6	80.6
Private doctor/clinic	0.6	0.3	0.7	0.5	0.0	0.0
Private FP clinic/Other *	12.0	5.9	11.6	7.0	13.1	2.4
Not stated	0.0	0.6	0.0	0.2	0.0	1.4
<u>IUD</u>						
Total Number	108	262	84	232	24	22
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0
Government FP Clinic	17.6	7.6	19.0	7.8	12.5	4.5
MCH Center/Hospital	32.4	32.0	31.0	32.3	37.5	18.1
Pharmacy	0.0	0.4	0.0	0.4	0.0	0.0
Private doctor/clinic	48.1	57.3	47.6	56.9	50.0	77.3
Private FP clinic/Other *	1.8	1.5	2.4	1.3	0.0	0.0
Not stated	0.0	1.2	0.0	1.3	0.0	0.0

\* Includes home delivery agents.

出所: FFPE, p.210

表3. 19. The Relative Share of the Different Outlets in the Distribution of Contraceptive Methods During 1986

Method/Distribution Outlet	Pills	IUDs	Condoms	Vaginal Methods	Foaming Tablets	Creams	Injections
<b>FP Units</b>							
Total	20.7	28.3	1.9	95.7	36.2	100.0	—
MOH	15.4	19.3	1.3	48.4	30.3	57.2	—
EFPA	5.1	8.6	0.6	47.1	5.5	42.8	—
Others	0.2	0.4	0.0	0.2	0.4	—	—
<b>Pharmacies</b>							
Total	79.3	71.7	98.1	4.3	63.8	—	100.0
EPTC	36.3	19.3	48.4	4.3	63.7	—	100.0
MFG. CO	30.7	—	—	—	—	—	—
FOF	12.3	48.9	49.7	—	0.1	—	—
Private ; Co	—	3.5	—	—	—	—	—
G. Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	(11364294)	(544858)	(29181366)	(3775)	(2992302)	(9021)	(7807)

出所: NPC, Annual Analytical Statistical Report for 1986, p.8

a) 政策的要因

大家族を奨励する効果をもつ政策がとられている。(例えば、農家の子供数が多いほど有利となるような補助金体制など。) その一方、16才未満の婚姻を法的に禁じるなど小家族化をすすめる政策もあることはあるが、実効力を持たずほとんど無視されているのが実情である。

b) 人的要因

宗教的理由を不実行の理由にあげる人は少ないが、避妊に対する否定的な見方が社会にあることは否定できない。女性が男性医師の診察を嫌う風潮も根強い。また、教育レベルや雇用が実行率に強く影響していることも明らかである。

c) 制度的要因

MOH系保健医療施設の貧弱さ、サービスの質の低さ、維持管理の劣悪さ、家族計画診療時間の短かさなどが人々の足を遠のけさせる一因であるのは広く認められていることである。MOH系の保健医療施設が農村部にあっては唯一の医療サービス拠点となることが多いだけに、この問題は極めて重大である。

表3. 20 Relative Share of the Different Kinds of FP Units in the Distribution of Contraceptive Devices During 1986

Kind of Units	% in Total No. of Units	Relative Share in the Distribution of Contraceptive Methods					
		Pills	IUDs	Condoms	Vaginal Methods	Foam. Tablets	Creams
MOH	82.6	74.4	68.2	68.4	50.6	83.7	57.2
EFPA	13.7	24.6	30.4	31.6	49.2	15.2	42.8
Others	3.7	1.0	1.4	--	0.2	1.1	--
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

出所：表3.19に同じ (p.9)

また、MOH系に限らずEFPAにも妥当するが、家族計画を希望する人が施設を来訪して  
くるのを待つばかりで、自ら外へ出て普及を図る積極的な活動 (outreach) が見られない。

#### d) 技術的要因

表3.15に見る限り、家族計画を実行している人のうち84%という多数が出産の終結を目的として家族計画を実行しているにもかかわらず、一度の処置で長期間効果が持続する避妊法として認められているのはIUDのみである。他の国で大きな成果を上げている不妊手術は中絶とともに禁止が明言されているし、injectableも世論を巻き起こした結果、現在は大学病院で試験的に使用が認められているにすぎない。

#### 4) 第2次5ヵ年計画における整備方針

第2次5ヵ年計画は、2.2の(2)で言及した新人口政策の実施を明らかにしており、人口配置の適正化、人的資源開発と並んで、家族計画サービスの拡充、IECプログラムの改善等の方策が掲げられている。しかし、投資計画としては、厚生省(MOH)に属する医療施設・要員の全般的な拡充計画が示されているだけであって、家族計画の普及に関する特別な整備事業は明示されていない。

第2次5ヵ年計画における保健セクターの整備方針は、保健医療サービスは健全な経済社会発展を支える重要なサービスであるとの認識に基づき、(1) 伝染病等に対する予防対策の整備、(2) 基礎的医療サービスの拡充と効率の向上、(3) 総合病院・中央病院の整備、(4) 製薬産業の育成、(5) 健康保険制度の拡大、(6) 医療保健分野の雇用創出、を目指すことになっている。このための5年間の公共投資額は、6億5,185万Eポンドであり、公共投資総額の2.3%に相当する。投資額の約30%は、外国援助によるものとされている。

予防医療体制の拡充のための主要整備事業は、以下の通りである。

- (1) 郡レベルの Health Bureausのうち、100ヵ所の改良
- (2) 検疫所の拡充 (Damietta, Port Said, El - Areish, Abu Qir)
- (3) ワクチン・血清生産の拡大と予防接種プログラムの充実
- (4) 住血吸虫 (Bilharzia) 対策 (デルタ地域の8県)
- (5) Dehydration, Malaria, 結核対策の拡充

基礎医療サービスに関する主要整備事業は以下の通りである。

- (1) 都市部保健センター (urban health centers ; UHC) : 25ヵ所増設、母子保健センター5ヵ所のUHCへの昇格、既存UHC10ヵ所の改良 (目標は全国のUHC104ヵ所、人口15万人当たり1ヵ所)
- (2) 学校の診療所の増設 (50ヵ所) と学齢児童のための保健カード・システムの普及
- (3) 農村部保健所 (rural health units ; RHU) : 100ヵ所増設、既存施設50ヵ所の改良 (目標は、人口5,000人当たり1ヵ所)

総合病院・中央病院の主要整備事業は以下の通りである。

- (1) 全国15県における22の総合ないし中央病院の完成、および全国25県の既存の81の病院の設備の更新 (合計7,600床の増加)
- (2) 25の農村部health groupsの農村病院 (village hospitals) への昇格 (合計700床の増加)
- (3) 11の国立大学に付属する Teaching Hospitalsの施設拡充 (合計4,736床の増加)
- (4) その他、新設、拡張による病院の入院患者収容能力の増大

健康保険制度の拡充は、1991/92年までに約500万人をカバーすることを目標とする。また、製薬産業の育成においては、国内の医薬品の自給率を86%に引き上げ、国内生産の5%前後を輸出することを計画目標としている。

第2次5ヵ年計画期間の医療施設・要員の増加目標は、表3. 21に示す通りである。

#### (5) 外国援助の動向

人口・家族計画分野に対する外国援助はかなり早くから始まっており、金額も大きい。中心となっているのはUNFPAとUSAIDである。現行の援助プロジェクトの詳細は次の4章に譲り、ここでは過去の実績を加味しつつ援助主体別に動向を概観する。

#### a) UNFPA

UNFPAの対エジプト援助は1969年に開始された。避妊具供給と生医学研究協力 (実施はWHOとUNICEF) をその内容とする。

その後、1971年から5ヵ年援助プログラム形式がとられるようになり、現在はその第4

表3. 21 第2次5ヵ年計画における整備目標

	1986/87	1987/88	1991/92
合計ベッド数	96,700	99,400	115,700
総合・中央病院	190	194	206
同ベッド数	26,200	28,000	33,800
農村部保健所	2,082	2,102	2,182
農村病院	78	85	113
同ベッド数	2,020	2,160	2,720
医師	77,300	81,100	101,500
薬剤師	24,000	26,100	34,700
看護婦	78,000	82,000	98,500
歯科医	10,500	11,300	15,150

出所：MPIC、第2次5ヵ年開発計画、vol. II

次（1986～1990年）が進行中である。第1次から第3次まで（1971～1985年）の総額は2,400万ドルであったが、実際にディスバースされたのは1,800万ドルにとどまった。プログラムの内容は以下のように多岐にわたる。

- ①避妊具の供給
- ②IECプログラムの支援
- ③家族計画サービスの改善
- ④Population and Family Planning Board (NPCの前身) の組織強化
- ⑤生医学研究、社会経済的研究
- ⑥人口教育
- ⑦人口統計の作成、分析、出版
- ⑧Cairo Demographic Center, Islamic Center for Population Studies Center (Al Azhar University) への資金助成

現行の第4次プログラムはNPCとMOHの組織強化に主眼を置く。主内容は次の通りである。

- ①MOHの保健・MCHサービスの中における家族計画サービスの充実、拡充
- ②NPCの組織強化
- ③Women and Development Programの支援



④以下の継続：人口教育、IEC、人口統計、実践的政策研究

⑤国家開発計画における人口部門計画策定の支援

これらの具体的プロジェクトについては4章を参照されたい。

b) 世界銀行

1978年にMOHに対する総額2,500万ドルのソフトローン(期間5年)が供与されて以降、この分野の実績はない。

c) WHO

不妊や新避妊法に関する生医学的研究への支援を続けている。主な受取機関は University of Alexandria, American University of Cairo, Institute of Research for Tropical Medicine, Asyut Universityである。また、UNDPプロジェクトの実施機関としての技術援助の実績がある。

d) UNICEF

乳幼児死亡率の低下を目指したプログラム(PHC、飲料水、衛生、母子保健教育)を主に上エジプトで集中的に展開している。その他に、ワクチン製造、農村医療施設資機材供与、高タンパク離乳食製造、助産婦訓練、経口補水剤(oral rehydration salt)の配布などを行ってきているが、特に最後のORSのキャンペーンは成功をおさめ、乳児死亡率の低下に大きく貢献した。

e) UNESCO

MOEに対する人口教育カリキュラムの技術援助の実績がある。現在は農村の未就学児童を対象とする就学前教育プロジェクトをMOSAのもとで実施中である。

f) USAID (アメリカ)

アメリカはこの分野における最大の二国間援助国である。援助額は年に約1,500万ドルにのぼる。主な内容は以下の通りである。

①避妊具の供給(EPTC, FOF, EFPA, MOH)

②EFPA施設の改善、要員訓練

③MOH医療サービスの向上

④NPCの組織強化

⑤IEC(SIS)

⑥センサス(CAPMAS)

USAIDのこれらのプロジェクトはおおむね全国を対象とするもので、特定地域に集中しているわけではない。詳細は4章を見られたい。

EFPAに対するプロジェクトは、18県を対象に中心となるセンターを整備するとともに mobile centerを導入するものである。この mobile centerは、立ち寄るステーションを予め設けて簡単な設備も施し、mobile centerが巡回した時だけ（平均週1回）開所するというシステムになっている。EFPAの弱点である outreachの不足を補う意図に基く。

#### g) 西ドイツ

1977—84年に約250万ドルの援助がMOHに対してなされ、シャルキーア、ダカーリア、アレキサンドリア3県の21農村医療施設の改善が行なわれた。このプロジェクトはいったん終了したあと、1988年から再開されている。

また、1982年以降、ビル製造原料を商品援助で供給（総額約400万ドル）した。これは現在は終了している。

#### h) DANIDA（デンマーク）

NPC本部の建物の新設に当り、約65万ドルの供与をした。現在はガルビア、メニア両県において農村婦人の所得向上プロジェクトをMOSAのもとで実施中である。

#### i) その他

ODA（イギリス）は、前出の世界銀行の人口プロジェクトの協調融資として800万ドルを無償供与している。その後、エジプトに対する実績はない。

フランスは現在Cairo University付属のPediatric Teaching Hospitalの改築に援助を行なっている模様である。

NGOからの援助は、IPPF、Pathfinder Fund、Washington Population Centerなどが現在実施中である。受取機関はすべてEFPAである。

**(4) 保健医療・家族計画分野の現状**

NPCでのヒアリングをもとに、エジプトで現在進行中の人工・家族計画関連プロジェクトおよび事業を表4.1にまとめる。この表に掲げられたのは全部で42プロジェクト/事業であるが、若干の洩れがあると思われる。

表 4.1 人口・家族計画関連プロジェクト/事業

実施機関	プロジェクト名	内容	開始年	期間	援助機関 <sup>1)</sup>	プロジェクト位置	備考
NPC	Service Statistics	① 国・県・郡レベルでのF/Pサービスタテスタ ② 県別F/Pサービスタテ ③ F/P情報センター	1986	4	UNFPA	カイロ	49.7万ドル
	Management		1986	5	UNFPA	カイロ	92.2万ドル
	Policy Oriented Biomedical and Program		1986	5	UNFPA (WHO)	カイロ	60.0万ドル
NPC/MOI	Population Content in Development Plans		1986	5	UNFPA	カイロ	16.7万ドル
	Population IEC Program	① NPCのIECプログラムの強化 ② MOIの支援	1987	4	UNFPA (UNESCO)	カイロ	62.4万ドル
NPC	Institution Development		1986	5	USAID	カイロ	5.900万ドル/10年(1983~)
	Governmental Activities	訓練など	1986	1	--	カイロ	
MOH	Upgrade F/P Services		1987	5	USAID	21県	
	Family Health	施設改善, 訓練, 管理能力向上など	1988	2	西ドイツ	シャルキア, ダカール, アレクサンドリア県	100万マルク

注1) ( )内は実行機関

実施機関	プロジェクト名	内容	開始年	期間	援助機関	プロジェクト位置	備考
MOH	F/P Management		1987	1	-	全 県	
	Basic Health and MCH		ongoing		-	全 県	
MOSA	Training of Rural Women in Population and Development		1987	4	UNFPA	ギザ, カフル・シエイク, メヌファイア県	71.4万ドル
	Strengthening the Dept. of Women's Affairs		1988	4	UNFPA	カイロ	30.0万ドル
	Income Generating Pproject for Rural Women		1987	2	DANIDA	ガルビア, メニア県	
	Women's Clubs Development		1987	1	-	全 県	
	Family & Children Services		1979	~	-	全 県	
	Kindergardens		1987	~	-	全 県	
	Rural Children	就学前教育	1985	5	UNESCO	シヤルキア, カフル・シエイク県	
	Children's Library		1987	~	-	全 県	
	Productive Families	Income generation	1987	1	オランダ	全 県	
MOE	Population Education in Formal and Non-Formal Education Program		1987	4	UNFPA	全 県	30.0万ドル
MOI	IEC		ongoing		-	全 県	

実施機関	プロジェクト名	内容	開始年	期間	援助機関	プロジェクト位置	備考
SIS	F/P IEC		1986	～	USAID	全 県	
CAPMAS	Population Analysis Division		1986	5	UNFPA (DTCD)	カイロ	31.0万ドル
	Collection, Evaluation Analysis of Data on External Migration		1986	5	UNFPA (ILO)	カイロ	26.6万ドル
EPTC	Strengthening CAPMAS Capabilities in Demographic Analysis and Training		1987	4	UNFPA (DTCD)	カイロ	97.5万ドル
	Women & Children Study		1986	1	UNICEF	カイロ	
	Provision of Contraceptives		1983	10	USAID	全 県	
EPPA	F/P Contraceptive Management/Information System		1987	1	USAID	カイロ	
	Improve F/P Services	F/Pセンター整備, 避妊具供給など	1988	5	USAID	18 県	
	Non-governmental Clinics Development		1988	3	IPPF	23 県	
	F/P Training		1985	2	USAID	カイロ, アレクサンドリア県	
	Promotion of F/P Services	IEC資材供給	1986	3	WPC2)	アスワン, メニア, マヌフィア, ガルビヤ, アレクサンドリア県	

注2) Washington Population Center

実施機関	プロジェクト名	内容	開始年	期間	援助機関	プロジェクト位置	備考
EPPA	Follow-up	IEC 資材供給	1985	3	WPC	アスワン, メニ, メヌファイ, ガルビア, アレクサンドリア県	
	MCH		1987	1	PLAN	カイロ	
	Female Circumvention	IEC	1985	3	Pathfinder	全 県	
	Improving F/P Services		1987	3	IPPF	アレクサンドリア	
	Model Clinic		1985	7	Pathfinder	アレクサンドリア	
FOF	Social Marketing	避妊具供給	1979	8	USAID	カイロ, シヤルキア, アレクサンドリア, アシユート	
WEA <sup>3)</sup>	Population Education		1986	5	UNFPA (ILO)	カイロ	
教会	F/P Program	訓練, 避妊具供給, 家庭訪問, IEC	1974	~	-	メニ, アシユート, カイロ県	
	Family Life Education	会議, セミナー, クリニック, IEC, 訓練など	1973	~	-		

注3) Workers' Education Association





### Ⅲ 関 連 資 料

#### Ⅲ-1 コンタクトミッション報告書

##### (1) 目 的

現在人口家族計画分野では六件（タイ、フィリピン、ネパール、メキシコ、コロンビア、中国）のプロジェクトが行われているが、近い将来その内の何件かが終了することが予想される。その際に新しいプロジェクトを開始するための準備として新しい国の人口問題・家族計画・母子保健の実状を予備調査し協力の可能性に就いて検討することとする。

##### (2) 調査方法

- 1) 相手国関係者と協議し関連データを収集するとともに人口問題・家族計画のその国における政治的、宗教的、社会的な意義、考え方、認識などに就いても実状を把握することに努めた。
- 2) JICAの人口家族計画分野の他国における実績に就いて紹介し、相手国の実状に適した援助計画立案の参考に供した。
- 3) 病院、母子保健センター、人口研究所などの現場を視察した。
- 4) 近い将来の基礎調査を実施する可能性に就いて討論した。

#### エジプト

##### 1) 訪問施設と討議した相手

National Population Council, Secretary General Dr. Maher Mahran

保 健 省 Director of Family Planning, Dr. Farouk Gafar

F. P. Division : Dr. Moshirah Ishafi

Dr. Hassan El Kalla

Undersecretary Dr. Aliya Ayuubu

国際協力省 Undersecretary Mr. Saad Bayoumi

Director General Mr. Hamed Moustafa

Old Cairo MCH Center

Hadayek Zeinhoum Medical Center

カイロ大学小児病院 (JICA 技術協力) 立山専門家

Family of the Future (NGO) Ms. Aziz Hussein

##### 2) 人口に関する基本的事項

エジプトの人口問題は急激な増加率、地域分布の不均衡、健康・教育・女性の地位等の

面における質的特徴の三点に要約しうる。

アラブ諸国の中では最も人口が多くアフリカ大陸の中では第二位を占める。

国土の大部分が砂漠の為に全人口四千八百万が全国土の5.5% (ナイルバレーとデルタ地域) に集中しておりその為に人口密度は世界一高く、一平方キロメートル当り872人である。農業用地と人が住むことのできる土地とが競合していることも深刻な問題である。

全人口の44%が都会に居住し四分の一以上がカイロとアレキサンドリアに住んでいる。

現在の人口増加率は2.7%でこのまま持続すれば2000年には約九千万に到達する。

### 3) エジプト政府の人口政策

1963年にエジプト政府は人口問題を政策として取り上げることに決定し、それ以来 Ministry of Health と Ministry of Social Affairs が中心となって政策を実行してきた。

粗出生率は1940年頃には40/1000であったが1966年から下降し1972年には35に到達した。これは国家的家族計画運動と1950年以降の社会経済的な変革及び1967年から1973年迄の戦争状態の為である。

しかし1970年代後半から出生率は再び上昇し40に近付いている。

エジプト政府は1978—1982の第二次五ヵ年計画で人口問題に更に積極的に取り組むことを決定して居りその政策は現在でも継続している。

国家的な人口・家族計画の政策の主要なものとしては次のようなことが挙げられる。

A) 出生率を低下させ乳児死亡率を減少させることにより、人口増加率を最適なものにする。出生率の低下は妊娠可能な既婚婦人の間における受胎調節実行率の向上による粗出生率減少により達成する。

(人工妊娠中絶と不妊手術は行わない)。

衛生環境と健康水準の向上によって乳児死亡を減少させる。

(その他に移民流入による人口増加に対しても注目しているがここでは省略する)。

B) 関係各省の努力によって健康・教育・女性の地位などに関する人口の質的向上を達成する。

C) 適正な人口分布を図るために農村地方の開発によって地方から都会への移住速度を低下させる。エジプトの砂漠を開発し新たな居住地を作り出す。

以前はThe Supreme Council for Population and Family Planningを設けていたがこれに代わるものとして、大統領直轄のThe National Population Councilが創設された。これは主としてPlanningとCoordinationを行う機関であるがPilot Projectを実施して成功すれば実施官庁であるMOHやMOSAに下ろすことも有り得る。

以上のような事情であるから政府の態度は人口・家族計画政策に対して極めて積極的であると考える。

#### 4) 宗教的問題

国家宗教であるイスラム教は家族計画・受胎調節に反対ではなく都会に於て少数家族の考え方は定着している。しかし農村地域では未だ古い伝統的な考え方が残って居り反対もあるとのことである。政府の政策の中にはモスクに於て家族計画の教育を行うことも含まれている。

#### 5) 他の国や国際機関による援助

米国USAIDから家族計画及び母子保健の分野で\$ 40Millionの援助があり、特に最近では乳児の下痢対策としてのOral Rehydration Therapy (ORT) に力を入れて居り乳児死亡率が半減した地区がある。

ドイツは\$ 0.5Millionの援助で主として経口避妊薬をバルクでいれエジプトで錠剤化することにより援助している。

その他UNFPAからの援助もあるが詳細は不明。

WHOのSpecial Programme for Human Reproductionは生殖生理学や受胎調節の医学的研究に対して研究費の援助、研究所の強化費用の援助を行って居り主としてアレキサンドリア大学がこれを受けている(後述)。

#### 6) 家族計画・受胎調節サービスの行政機構

歴史的には家族計画運動を最初に始めたのはNGOであるFamily Planning Association of Egyptで当時はMinistry of Social Affairsのもとにあった。

国家事業として家族計画を取り上げることになった為に現在は主としてMinistry of Healthの管轄となっているが、NGOはMOSAの管轄下でありF. P. Unitも存在する。厚生省管轄のF. P. Unitは全国で3603ありここではFPとMCHの両方の活動をやっている。MOSA管轄下のUnitはSocial ActivityとしてFP活動を行っており、主として都会に存在する。厚生省のUnitは37%が都会に、63%は地方に存在する。

都会のUnitはFPが主体であるが、農村地方にはPHCとFPを一緒に行うUnitもある。全国でPHCのHealth Postは3600あり一名以上の医師がいる。

農村地方といっても全てナイル河沿岸地帯で僻地ではないから医師のリクルートは困難ではないと言われたが、都会の良い病院のレジデント試験に落第した医師が二年間の義務年限を果たす為に、地方のPHC Centerに勤めるために、それらの医師の質は良くないと言う情報もある。

#### 7) MCH・FP Center 視察の印象

Old Cairo Centerは古い施設でカイロの下町の低所得者層の住む地区にあり、Hadayek Zeinhoum Medical CenterはUSAIDの援助で建設されたピラミッド形の新

しい施設で設備や器材も新品であるが活動の内容は殆ど同じである。

後者は School Health Center も兼ねている。対象地区の人口は約 10 万人。

わが国の母子健康センターに類似したところが有り次のような活動を行っている。これらのサービスは全て無料である。

A) 妊婦検診。4 ヶ月から行う。簡単な診察と検査のみ。妊娠中の栄養指導、食事の指導等も行う。

B) 助産。陣痛室・分娩室の設備は極めて原始的で一ヶ月に 25 例程度、その他に昼間は助産婦が救急車で自宅に行って助産を行うこともある。エジプト全体における自宅分娩と施設分娩との比率は統計がないために不明であるが低所得者層はカイロのような都会でも殆ど自宅分娩と推測される。このセンターで出産した場合でも殆ど即日退院か 1-2 日入院のみ。初産の年齢は 16-18-20 歳。

C) 家族計画外来。卒業後二年以内の医師が義務としてこのようなセンターに派遣される。IUD 挿入 (Lippes Loop か T-Cu 200) とピルの処方 は医師が行う。

D) 乳幼児検診と予防接種、学校検診

一週間のうちで曜日を分けて実施して居り EPI の普及率はかなり良いとのことである。特に定期的に予防接種を受けないと有料になる (罰金的に高い) ため接種率は良好とのこと。予防接種は六種類。

E) 歯科検診。学校検診の一部として実施。

F) Oral Rehydration Therapy

特別に部屋を設けて指導したりスライドを見せて教育しパッケージを渡している。この運動は非常に効果を挙げたと高く評価されている。

これら我々が視察した施設は都会にあっておそらく模範的な活動をしている施設と思われるが、非常に活発に活動して居り、パンフレットなどの教材も十分にあるとの印象を受けた。

しかし農村地区のセンターの実態を知るためには次回に是非それらを視察する必要がある。

## 8) 具体的な受胎調節方法

不妊手術・人工妊娠中絶は認めない。

主としてピルと IUD を普及しており IUD の挿入は医師のみに許される。若い医師はそのための研修を受ける。以前は Lippes Loop で最近では T-Cu 200 か T-Cu 380A。農村でもピル (42%) から IUD (44%) に変わりつつある。

コンドームは主として USAID が供給しているがあまり普及していない。

デボ・プロペラやノルプラントのような新しい避妊方法は大学で研究的に行われている。

## 9) 産婦人科専門医の人口問題に関する認識と受胎調節に関する研究

今回の調査では時間も限られていたために大学その他の研究機関を訪問する機会がなかった。しかし報告者はWHOのSpecial Programme for Research, Development, Research Training for Human ReproductionのTask Forceのメンバーをしており最近ではこのプログラムのCommittee on Resources for Researchと言う研究費の審査委員をしている。これらを通じてエジプトの産婦人科専門医或は内分泌専門医が受胎調節の研究面に於て優れた業績を挙げていることを認めている。

特にアレキサンドリア大学の業績が優れている。産婦人科専門医が受胎調節、家族計画に対して深い関心と認識を持っていることも認められる。

従って学会や大学が政府の人口政策に協力していることは事実であると思われる。

#### 10) NGOの活動状況に就いて

Family of the FutureはFamily Planning Association of Egyptから別れた団体で、1979年以来活動して居りUSAIDから供給されたピル、コンドーム、IUD、殺精子剤、注射薬等を開業医師、薬局などを通じて主として中産階級に有料で供給しその利潤を活動資金に充てている。この方式は一般にSocial Marketing Programと呼ばれている。その他にTV、ラジオ、ポスターなどを利用して家族計画の宣伝活動を行っている。受胎調節法の教育、指導、供給の面で相当の実績を挙げていることは認められるが、追跡調査の結果は明かではなく中止率等は不明であった。

#### 11) 先方側当事者の援助に関する希望と当方の示唆

##### 厚生省側の希望

1. 家族計画サービスの充実の一貫として農村地方にモデルクリニックを作って試験的に指導、供給活動を行いたい。従来のUSAIDの援助により都会でモデルクリニックを作って実行しそれなりの効果を挙げたので農村地帯で実行するための援助を期待する。
2. Health Centerの医師は六ヶ月で50%が交替するため彼らのTrainingが常に必要でありそのための施設と研修費用、教材等の援助を希望する。
3. IUDやコンドームなどの製造工場の建設を希望する。

##### National Population Council側の希望

ナイル河上流の農村地域(具体的にはQena)にモデル地域を設定し小規模の家族計画センターを建設し宣伝、教育、指導、供給サービスを実施するための援助を希望する。JICAのプロジェクト技術協力の方式の理解が十分ではないために、一部に誤解があり以上のような希望が出された。

上記の希望は従来のJICAが行ってきたプロジェクト技術協力のいわゆるメニューに当てはめて考えると、1) 人口統計分野(例メキシコ)における協力は可能性があるが今回先方からは希望が出されていない。2) 母子保健、PHCと家族計画活動を組み合わせたプロジェクト(例フィリピン、タイ、コロンビア等)は先方の希望に含まれて

居り実現の可能性が高いものと思われる。3) 基礎的、臨床的研究の分野に於ける協力は既にWHOによって行われて居り重複の恐れがある。

一定の地域にモデル地区を設定して家族計画・受胎調節の宣伝、指導、教育、実際の供給サービスを行える小規模のセンターを建設、それを中心として技術協力を行うアイデアは厚生省とNational Population Councilの双方から希望が出されて居り、実行可能なものではないかと思考される。

それに関しては次回は次の点に留意して調査する必要がある。

1. 対象地域の環境・風土、生活条件、対象人口の詳細etc.
2. 必要なセンターの規模、建設費用、必要な医療設備・器材の詳細と費用。
3. センターの活動内容の詳細と必要な専門家に要求される知識、技術、素質、専門家派遣の可能性。

#### 参考資料

- 1) National Strategy Framework for Population, Human Resource Development and the Family Planning Program  
The Supreme Council for Population and Family Planning.
- 2) The National Population Policy  
The National Population Council.
- 3) Family of the Future.

III-2 National Population Councilからのレポート

December 20th. 1987.

Mr. Akihiko Hashimoto

JICA Resident Representative

26 El - Kods El - Sharif St.,

El - Mohandiseen, Giza

Egypt.

Dear Mr. Hashimoto,

It has been my pleasure to receive you and Mr. Yoshizaki on Sunday 13th December, 1987 in the NPC/HQ and discuss with you the future assistance from Japan to Egypt in different fields of population and family planning. In fact, your comprehensive presentation about the scope, policies, considerations and procedures of such assistance was very fruitful, and your understanding has been highly appreciated.

Herewith, kindly find a report on this meeting for your information and records. Please note that we are now in the process of drafting a project request within the framework we reached, and we will invite you to discuss it in due time before the submission via the formal channels.

Looking forward to hearing from you, please accept my best regards,  
I remain,

Yours Faithfully,



Prof. Dr. Maher Mahran

Secretary General

National Population Council

No.

Enclos. : 1.

NATIONAL POPULATION COUNCIL

NATIONAL POPULATION COUNCIL  
TECHNICAL SECRETARIAT

NPC/JICA MEETING REPORT

Upon an invitation extended by Prof. Maher Mahran, Secretary General, the National Population Council (NPC), a meeting was held on Sunday 13th December 1987 at the NPC/HQ. Attendants were :

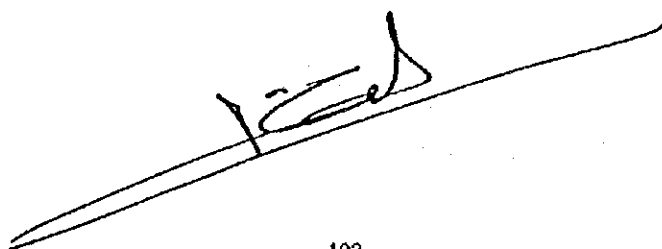
Mr. Akihiko Hashimoto,  
The Japan International Cooperation Agency (JICA),  
Resident Representative, Cairo.  
Mr. Fumikai Yoshizaki,  
JICA, Deputy Resident Representative.  
Mr. Ahmed Abdel - Fattah,  
Ex - Assistant Secretary General, NPC.

The objective of this meeting was to discuss the potential assistance from Japan to Egypt in the field of population and family planning and how to strengthen the relationships between JICA and NPC/TS.

Prof. Mahran welcomed the Japanese officials and stressed the importance of Japan/Egypt friendship and cooperation as a model among developed and developing countries with mutual interest in overcoming population problems.

Mr. Hashimoto presented Japan's current support to Egyptian projects, explained their scope, policies, considerations, and pointed out the process to finalize requests for assistance including the preparatory phase to formulate project requests, the arrival of a Japanese delegation to discuss the requests in February 1988, and the submission of reviewed requests to the Japanese Parliament for approval in April 1988. Mr. Hashimoto stated that project requests always are of a 5 - year duration with a total of approximately \$ 300,000 for equipment sub - component annually.

Prof. Mahran suggested five areas where the NPC/TS requests JICA assistance :





1. Manufacturing of contraceptives locally,
2. Utilization of ultra-sound equipment to train doctors and to be used in rural areas,
3. Introduction and use of a "Family Planning Service Mobile Unit" well-equipped to be used in rural areas especially in Upper Egypt,
4. Establishment of audio-visual small production unit to produce experimental and model IEC materials, and
5. Design and implementation of a skill-oriented and management training and fellowships programme.

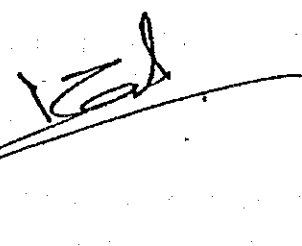
Mr. Hashimoto commented that the manufacturing of FP contraceptives does not fall within the official interests of the Government of Japan. It is the responsibility of the private sector companies. The other four areas do fall within JICA programme. However, the final approval is left to the Government of Japan, Mr. Hashimoto concluded.

Mr. Yoshizaki as well as Mr. Abdel-Fattah participated in the discussions that took place about Japan expected assistance to Egypt.

Prof. Mahran promised to officially contact JICA through the Ministry of International Cooperation, and to formulate required project request in due time.

Mr. Hashimoto and Mr. Yoshizaki received the following documents for their records and information :

1. Presidential Decrees establishing the NPC,
2. National Population Policy,
3. Quantitative Objective of the Population Policy, and
4. Population Strategy.



### III - 3 The National Population Policy

Arab Republic of Egypt

National Population Council

#### The National Population Policy

Egypt is facing a population problem with three dimensions, namely :

1. A high rate of population growth ;
2. An unbalanced geographical distribution of the population ;
3. Low population characteristics.

These three dimensions interact together, and with other components of the socio-economic structure in a reciprocal way. Thus the population problem constitutes one of the impediments to development and the benefits deriving therefrom and reflecting on society. The development level, in turn, influences the resolution of the population problem with its various dimensions.

In order to face the population problem scientifically therefore, it is necessary that development efforts be directed to achieve, among their objectives, the objectives of the population policy, leading thereby to a better chance of raising the standards of living of the people.

Since the population problem is a national one, its confrontation is an essential component of state policy in overall development. Consequently, adherence of all governmental and non-governmental organizations in the country is required to achieve the objectives of the population policy through pre-determined roles for each organization in the face of the population problem.

#### A. Principles

The national population policy is based on the following principles :

1. Recognition of the right of each family to decide on the appropriate number of children to have and their right to obtain information and the means to enable them to achieve their decision, within the framework of religion,

Egypt's civilization and the values of its society.

2. The avoidance of the use of abortion or sterilization as means of family planning.
3. Recognition of the citizen's right to migrate and to move from place to place within Egypt or out of it.
4. Adoption of the positive incentive system based on increased awareness of the individual and the community and avoidance of methods of coercion, negative incentives or punitive methods.
5. Educational, Cultural and Health Development of the individual to help him to become a source of productive energy.
6. Local government bodies are considered the base for implementation of all programs.
7. Encouragement of voluntary efforts and community participation in the solution of the problem.

#### B. Objectives

1. Reduction of population growth rate.
2. Achievement of a better geographical distribution of the population.
3. Improvement of population characteristics.

#### C. Means of Achievement of Objectives

1. The dissemination and upgrading of family planning services, with special emphasis on rural areas.
2. Upgrading of health services to lower maternal mortality and infant mortality rates.
3. Preparation of an information program which lays stress more on face to face communication than on mass media channels, and aiming at changing values and customs and thereby achieving a change in reproductive behaviour.
4. Development of service level at mosques so that the mosque becomes a source of radiation in the religious, social and health fields.
5. Development of population education in all stages of education.
6. To raise the status of women and encourage their participation in public life.
7. To design a clear strategy for population redistribution in Egypt aiming at a relative equilibrium between population in the delta and Nile valley on

the one hand and Egypt's deserts on the other hand.

8. To raise the standards of rural Egypt through comprehensive development programs to improve Egyptian villages and encourage settlement therein in order to curb rural/urban migration.
9. To limit pull factors in major cities and in particular the nation's capital, by halting further industrial expansion in Greater Cairo and further labour recruitment in the capital unless real employment opportunities exist.
10. To design a manpower plan correlated with the education and training policies to face the real demand for different categories of manpower in the internal and external labour markets.
11. To endeavour to eradicate illiteracy and to achieve complete absorption of school age children in compulsory education and limit school dropouts.

## APPENDIX (1)

### Decree by the President of the A. R. E. No, 19 for 1985 organizing the National Population Council.

The President, after perusal of :

- \* Constitution.
- \* The law on public organization issued by law No, 61 of 1963.
- \* Presidential Decree No, 1054 of 1972 on the Supreme Council for Population and Family Planning.
- \* And the Cabinet's approval.

#### Decrees.

##### (Article 1)

The establishment of a Council to be known as "The National Population Council" It will be of an independent legal character and will have its seat in Cairo.

##### (Article 2)

The National Population Council will be headed by the President of the Republic, or whomever he deputises, and will be composed of the following membership :

1. The Prime Minister.
2. The Ministers of Social Affairs, Health, Planning & International Co-operation, Information and Education.
3. Four public figures with experience in the field of population to be selected by the Council Chairman for two renewable years.
4. A Council is to summon Ministers and Officials to attend its Sittings when discussing subjects falling within their competence.

##### (Article 3)

The Council will undertake to do the following :

1. Draw population policies which realise the highest possible rates of economic and social development.
2. Approve annual programmes for the population projects that follow as well as other population related projects :
  - a. The National Family Planning Project which purports to spread

- comprehensive family planning services at republic level.
- b. The Egyptian Child Welfare Service Programme.
  - c. The Projects of Expanding Employment of Women.
  - d. The Project of Illiteracy Rate Control.
3. Evaluate the annual achievements of these projects issuing directives for the elimination of any obstacles in their course.
  4. Decide on the annual budgets of these projects.
  5. Determine and co-ordinate the roles of Ministries, organizations and institutions, whether Governmental, Public or Private, in implementing the annual population project programmes and assure itself of their support thereof and participating therein.
  6. Establish the Council's organizational structure.
  7. Select a manager for each project who has the efficiency and capacity to achieve the targets set down for him.
  8. Supervise implementation of assistance and aid agreements offered by states and foreign organizations to Egypt in the field of population.
  9. Conduct negotiations with states and international and foreign organizations on population and family planning related agreement and on their renewal.
  10. Assign heads for the projects that are to be implemented, determining the salaries, compensations, and allowances of each.

(Article 4)

The Council will draw up the statutes that are related to itself, its projects, and its related agencies in particular it will lay down statutes relating to personnel, financial affairs, purchases and stores.

Formulations of those statutes should be observed to ensure complete managerial freedom of action and flexibility unrestricted by statutory provisions and decisions governing Government activities.

(Article 5)

Council decisions are final and enforceable and are to be implemented by public organizations, local government units and public sector companies, each within the sphere of its competence. The said quarters are to provide the projects, data and statistics related to their activities which the Council requests.

**(Article 6)**

The Council will meet at least one every three months when convoked by its Chairman.

**(Article 7)**

The Council will be assigned a Secretary General to run its affairs. He will be appointed by Presidential Decree and will assume the duties that follow :

1. Review studies, plans and programmes submitted to the Council.
2. Review monthly achievement reports drawn up by project managers.
3. Verification that national registration logs have been made for Family planning, Child Health, Employment of Women and Illiteracy.
4. Drafting of quarterly achievement reports in the field of Family Planning and Population Development.
5. Review project budgets sponsored by the Council before submission therto.
6. Review international and local agreements before submission to the Council.
7. Control and follow - up of projects and budgets.

**(Article 8)**

The Council's resources are composed of the following :

- a. Funds entered by the state for this purpose in the General budget.
- b. Contributions made by local and foreign quarters, organizations and institutions.
- c. Donations, grants and aid accepted by the Council.
- d. Fees received by the Council in return for services performed.

**(Article 9)**

The Prime Minister will represent the National Population Council in its relation with others and before the Judiciary. He will have the competence of a Minister in as far as Council affairs and employees are concerned.

**(Article 10)**

The National Population Council is to replace the Supreme Council for Family Planning and Population and the National Family Planning project will substitute the Family Planning Board. All the rights and commitments of the latter as well

as its employees will be transferred to the National Family Planning Project.

**(Article 11)**

The Council will, be assigned a technical secretariat, Chaired by the Council Secretary General, to assume the duties that follow :

- a. Draw up the draft national population plan and its programmes.
- b. Motify National Population Council decisions to the quarters concerned and follow - up on their implementation.
- c. Communicate with foreign and international quarters and organizations to exchange information and experience in the field of population.
- d. Follow - up on population plans, programmes and activities, approved by the National Population Council and submit regular reports thereon.

**(Article 12)**

Presidential Decree No, 1054 of 1972 will hereby be cancelled together with any judgement pronounced in contradiction to this decree.

**(Article 13)**

This decree is to be published in the Official Journal.



OUTLINE  
OF  
BASE LINE SURVEY MISSION FOR POPULATION AND  
FAMILY PLANNING ACTIVITIES IN EGYPT

1. Members and Duration - see Annex 1
2. Objectives  
Based on the request from the Egyptian Government, the mission will;
  - (1) Collect basic data concerning population and family planning activities,
  - (2) Inquire into the project request proposals for Japan which Egyptian authorities have made so far,
  - (3) Thus, indicates the proper direction of Japan-Egypt technical cooperation in this field
3. Methodology  
The mission will collect data and make inquiry by;
  - (1) Interviewing Egyptian authorities concerned,
  - (2) Collecting documents and statistics,
  - (3) Observing the project sites which Egyptian authorities have proposed,
  - (4) Observing related institutes and hospitals:
4. Data Collection
  - (1) The items to be collected - see Annex 2
  - (2) Persons in charge  
Ms. H. Sato  
Dr. N. Toyomane
5. Inquiry of the project request proposals.
  - (1) Persons in charge  
Dr. T. Wagatsuma  
Mr. H. Niino
  - (2) List of the proposals from Egyptian Government - see Annex 3
  - (3) The items of inquiry - see Annex 4

**ANNEX 1**

**MEMBER LIST  
OF  
BASE LINE SURVEY MISSION FOR POPULATION AND  
FAMILY PLANNING ACTIVITIES IN EGYPT**

1. Dr. Takashi WAGATSUMA      M.D., Leader      2/2 - 2/12  
Director, Dept. of International Cooperation,  
National Medical Center Hospital,  
Ministry of Health and Welfare
  
2. Mr. Hiroshi NIINO      Project Planner      2/2 - 2/12  
Office for Medical Cooperation  
J I C A
  
3. Ms. Hiroko SATO      Economist      2/2 - 2/18  
International Development Center of Japan
  
4. Mr. Norimichi TOYOMANE      Regional Analysis Specialist,  
International Development Center of Japan      2/2 - 2/18

**Questionnaire on Population and Family Planning Survey**

**Preliminary Survey Team by JICA**

**(1) Socio-economic Conditions**

Item	Organization in charge	Availability
<b>1. Economy</b> a) Production GDP by sector Growth rate of GDP by sector Agricultural production Food crop production b) Trade Major exports (value, quantity) Major imports (value, quantity) c) Employment status Number of persons employed Number of persons unemployed d) Income Income distribution by sector		
<b>2. Socio-economic development plan</b> a) Organization for planning Planning chart Decision making process b) Policy and strategy Outline of development plan Investment by sector Major projects Implementation Foreign assistance		
<b>3. Social background</b> a) Political structure b) Ethnic group, religion and languages c) Social norms Family structure Inheritance marriage system and pattern Customs regarding birth and child-bearing d) Educational system		

Item	Organization in charge	Availability
e) Health and medical care system		
f) Status of women Female employment Literacy rate		

(2) Information concerning population

Item	Organization in charge	Availability
<b>1. Population composition (Current figures and time series data)</b>		
a) Total population		
b) Population by sex and sex ratio		
c) Composition of population by age (single and 5-year age group)		
d) Population by ethnic group		
e) Population by religious group		
f) Population of labour force		
g) Employed persons and its proportion by industry		
h) Population by administrative unit, population density		
i) Proportion of urban population		
<b>2. Vital statistics (Current figures and time series data)</b>		
a) Fertility (crude birth rate, TFR, etc.)		
b) Mortality (crude death rate, perinatal mortality rate, neonatal mortality rate, infant and child mortality rate, maternal mortality rate, etc.)		
c) Causes of death		
d) Marital status Proportion of population by marital status		
e) Internal migration		
f) Population projection in future		

**(3) Current situation of health and medical care service**

Item	Organization in charge	Availability
<p>1. Policies related to health and medical care</p> <p>a) Policy and strategy Relation between PHC and family planning</p> <p>b) Target</p> <p>c) Budget</p> <p>d) Response to foreign aid Current conditions of aid by WHO, EPI etc.</p>		
<p>2. Model of health and medical care organization</p> <p>a) Central level</p> <p>b) Provincial level</p> <p>c) County level</p> <p>d) Community level (incl. voluntary activities)</p>		
<p>3. Staff of health and medical care service</p> <p>a) Number of health personnel and their number per population (doctor, nurse, public health nurse, midwife etc.)</p> <p>b) Training system of health personnel, and number of trainees per year</p> <p>c) Retraining system</p>		

**(4) Policy and implementation of population and family planning**

Item	Organization in charge	Availability
<p>1. Current policy of population and family planning</p> <p>a) Policies Position and role of family planning among development planning Opinion of the persons in charge Priority of budget allocation</p> <p>b) Target</p>		

Item	Organization in charge	Availability
c) Budget		
d) Organization and staff		
e) Response to foreign aid Current conditions of aid by WHO, EPI etc.		
2. Indicators related to population and family planning		
a) Proportion of births by type of medical attention		
b) Proportion of family planning acceptors by methods (legitimacy of induced abortion)		
c) Progress in researches on human reproduction relation between family planning activities and doctors in hospital and university		
3. Implementation of population and family planning		
a) Role of each governmental organization Central level Provincial level County level Community level Cooperation system among sectors		
b) Role of NGO and its relation to governmental organization Budget allocation Coordination Interchange personnel		
c) Movements of foreign aid Characteristics of operating projects Liaison offices and staff of foreign agencies Coordination committee for foreign aid		

(5) List of current population and family planning project (incl. foreign aid)

Item	Organization in charge	Availability
1. Classification by topic of project		
a) Population education		
b) Demographic information		

Item	Organization in charge	Availability
c) Health services d) Population education survey and research e) Promotion of allied industries		
2. Independent typed project and joint project		
3. Project by covering area		

PROJECT REQUEST PROPOSALS FROM EGYPT

Annex 3

Requests of Egyptian Authorities			Type of Project	Corresponding JICA On-going Project
National Population Council	Ministry of Health			
to Contact Mission	to JICA Egypt Office	to Contact Mission		
★FP center for IEC and delivery service in rural areas (Qena in upper Nile)	★FP service mobile unit in rural areas (Upper Egypt) ★Ultra-sound equipment to train doctor and to be used in rural areas	★FP model clinic for IEC and delivery service in rural areas	FP / MCH / PHC Integration Project in Model Areas	Colombia Nepal Thailand Philippines
	★A-V small production to produce model IEC materials		Information Education and Communication	(Kenya)
	★Skill-oriented and Management training	★Training of doctors of health centers	Training	
			Improvement of Statistical System	Mexico Srilanka
	Manufacturing contraceptives	Manufacturing contraceptives	Others	



ANNEX 4

THE ITEMS OF INQUIRY FOR THE  
PROJECT REQUEST PROPOSALS

1. Background & General Information
  - (1) The position of the project in the sector programme
  - (2) Rank of priority in the requesting organization
  - (3) The aim of the project
  - (4) Relevant or similar projects
  - (5) Proposed term of cooperation
  - (6) Draft of the project
  
2. Present Resources
  - (1) The section in charge of the project
    - (1) Organization chart (from upper policy making divisions to the section)
    - (2) Decision making system
    - (3) Power and activities
    - (4) Budget
    - (5) Manpower (number and specialities)
    - (6) Location
    - (7) Current problems
  
  - (2) Base facilities of the project
    - (1) Present activities
    - (2) Budget
    - (3) Manpower
    - (4) Equipment
    - (5) Covering population/its share
    - (6) Similar or relevant facilities
    - (7) Location/ date of foundation
    - (8) Current problems
  
3. Basic Design of the Project
  - (1) Breakdown of the project activities
  - (2) Target group/population/its share
  - (3) Equipment/facilities in need
  - (4) Expertise in need
  - (5) Training in need
  - (6) Manpower in need
  - (7) Contribution to be expected from Japan
  - (8) Contribution to be made by Egyptian Government

調査団: Family Planning Mission	宿舎: GEZIRA SHERATON ☎: 3411555	
JICA 在外事務所 (Sun-Thu 9:00-15:30) 26 El Kods El Sherief St., Mohandiseen ☎: 3471502, 3464075 橋本: 3418813, 小森: 3414099 吉崎: 3414164	日本大使館 Cairo Center Bldg 3F., 106 Kasr El Aini St., Garden City ☎: 3553962, 3553963, 3553964	
DAY	TENTATIVE SCHEDULE ( 2/03)	REMARKS
2. 02 (Tue)	22:00 Arrival in Cairo by BA-157	
. 03 (Wed)	09:00 Visit to JICA office 10:30 Visit to MOIC (Regional Planning, Health & Social Services Division, MOP)	
. 04 (Thr)	10:00 Visit to Ministry of Social Affairs Mrs. Hoda Barakat, G.D. of F.P. 11:30 Visit to Embassy	
. 06 (Sat)	10:00 Visit to NPC	
. 07 (Sun)	10:00 Visit to Ministry of Health (Dr. Farouk Gaafar Director of Family Planning) Visit to Mother & Child Health Center in Cairo (El-Galaa Center & Helwan Center)	
. 08 (Mon)	09:00 USAID 12:00 Visit to Cairo University Teaching Hospital (Dr. Ahmed El Daly Director of CU Hospitals)	
. 09 (Tue)	Visit to Project site proposed by Egyptian Authorities (Upper Nile)	
. 10 (Wed)	10:00 Visit to NPC	
. 11 (Thr)	12:00 Visit to UNFPA 13:30 Visit to MOIC	
. 12 (Fri)	09:00 Departure to TOKYO by BA-156 (Dr. WAGATSUMA and Mr. NIINO)	
. 13 (Sat)	to Collect Data and Information	
. 17 (Wed)		
. 18 (Thr)	08:00 Departure to TOKYO BY BA-156 (Ms. SATO and Mr. TOYOMANE)	

III-5 Ministry of Social Affairs のプロジェクト計画書

MEMORANDUM

CONCERNING THE INTEGRAL EXPERIMENTAL  
PROJECT FOR FAMILY PLANNING,  
TREATMENT OF PARASITES,  
AND NUTRITION,  
AT SHEBASS OMEIR VILLAGE,  
KAFR AL SHEIKH  
GOVERNORATE

(IN THE NAME OF GOD MOST MERCIFUL)

MINISTRY OF SOCIAL AFFAIRS

GENERAL DEPARTMENT FOR THE "FAMILY  
AND CHILDHOOD"

---

MR. CHAIRMAN ,  
EGYPTIAN GENERAL FAMILY PLANNING SOCIETY

---

Dear Sir,

I have the honour to provide you with a memorandum on the proposed INTEGRAL EXPERIMENTAL PROJECT FOR FAMILY PLANNING AND TREATMENT OF PARASITES, AND NUTRITION, to be implemented and linked with the COUNTRY-CHILD PROJECT as implemented in SHEBASS OMEIR VILLAGE, KAFR AL SHEIKH. The proposed project as set forth in the present memorandum has been prepared as a result of the Training Course which was granted to me in July, 1987, in Japan. It reveals the need of SHEBASS OMEIR VILLAGE, for this project, similar to which several other projects have been carried out, in a number of developing countries, through JAPAN (JUICEF).

It will be noted that delegates from Japan will be arriving during the period from: ../11/87 to ../11/1987 to follow up the extent trainees have benefited from these courses, for the past ten years.

Request you give the necessary directives in respect thereof and advise us accordingly.

VERY TRULY,  
DIRECTOR GENERAL AND SECRETARY  
OF THE GENERAL FAMILY PLANNING  
SOCIETY.

Dated 18 Nov., 1987.

SIGNED ( HODA BARAKAT/18 Nov.87)

( IN THE NAME OF GOD MOST MERCIFUL )

MINISTRY OF SOCIAL AFFAIRS  
GENERAL DEPARTMENT FOR (THE FAMILY  
AND CHILDHOOD)

---

MEMORANDUM

CONCERNING THE INTEGRAL EXPERIMENTAL  
PROJECT FOR FAMILY PLANNING, TREATMENT OF  
PARASITES, AND NUTRITION, at SHEBASS OMEIR  
VILLAGE, KAFR AL SHEIKH GOVERNORATE.

---

The Plan of the General Department, For The Family and  
Childhood, at the Ministry of Social Affairs, comprises  
the implementation of the COUNTRY-CHILD PROJECT, which  
aims in general, at the development of poor communities  
which are deprived of proper services for the childhood.

Through the plan, began the implementation of the project  
as a first experiment in the Village of SHEBASS OMAIR,  
Markaz Kallin, Kafr al Sheikh Governorate, in the year  
1986/1987, with a survey and comprehensive study of the  
Village, to understand thoroughly the relevant social  
and economic conditions and determine and survey the  
varied services, rendered to the Village, preliminary to  
determining the aspects of deficiency and shortcomings  
in them and laying down the executive plan to achieve  
these aims.

The conduct of such survey has resulted in proposals  
and recommendations and determined aspects of deficiencies  
and shortcomings connected therewith. A structural plan  
has also been proposed for the premises of THE INTEGRAL

ENLIGHTENMENT CENTRE FOR PRE-SCHOOL CHILD FOSTERERS.

Following a study of the recommendations and proposals, by the Village and Governorate Committees, which were formed up, for the purpose, it was realised there had been a set of recommendations connected with each of the following :

- Family Planning
- Parasites
- Public Health
- Nutrition.

It was also found to be necessary to link them together, within a context of reciprocal solidarity, to face up to these problems, which were in turn, connected with the collapsing social, economic and cultural standard of the village folks, of which the different aspects were realised from the rising percentages of illiteracy, unemployment, encumbrance, lack of health and educational services, and the spread of harmful health habits and traditions.

This will require the laying down of an integral experimental project for FAMILY PLANNING, TREATMENT OF PARASITES, and NUTRITION.

Enclosed is a copy of ( Results of the Study - Concerning the above project )

Request you take up the above project, in careful study, and give your directives for necessary steps as will be required.

DIRECTOR GENERAL

( HODA BARAKAT )

(3)

EXPERIMENTAL PROJECT  
FOR  
FAMILY PLANNING, NUTRITION, AND TREATMENT OF  
PARASITES, at the VILLAGE of SHEBASS OMEIR.  
-----

INTRODUCTION :

On the basis of JAPAN's experiment, as adopted and implemented in nineteen developing countries, and as proved to be successful in general, through following up the implementation of the experiment, which led to expanding and spreading the application of such experiment, within their territories, with the aim of realising their aims for family planning,

And since such study has proved the need of the society in the village of SHEBASS OMEIR, for treatment of parasites, and spreading enlightened family planning and proper nutrition as necessary to wipe out endemic anaemia which spreads among the village inhabitants, it will be necessary to put into implementation an integral experimental project, for family planning, nutrition, and treatment of parasites in the Village of SHEBASS OMEIR.

PURPOSES OF THE PROJECT :

- 1- Encouraging and whetting self-efforts toward improving the environment, in local community.
- 2- Increasing the tendency of the village inhabitants toward the application of family planning methods at progressing rates.

- 3- Improving nutritional conditions and working for the reduction of parasites spreading rates.

#### PHILOSOPHY OF THE PROJECT:

Studies carried out in surveying the Village of SHEBASS ONEIR, proved the importance of enlightenment in the fields connected with family planning and health care, treatment of parasites, and nutritional enlightenment.

Studies connected with the project have proved the following :

- 1- Increasing percentage of small ages (below 15 years) reaching up to 43 per cent of the total population of the village.
- 2- Rising percentage of illiteracy among the inhabitants of the village, reaching up to 87 per cent of the village population.
- 3- Spread of Bilharzia ( 81 per cent of the inhabitants) among the Village population.
- 4- Spread of anaemia and indifference toward the immunization of children, in due course, and the resultant ineffectiveness of such immunization when applied at lapsing times.
- 5- Spread of jugglery and magic and other popular recipes for treatment of diseases.
- 6- Shrinkage and weakness of the labour Force in the Village

---

\* Inoculation



reaching 25 per cent of the size of population.

7- Failure of health and educational services, to meet and cope with the needs of the Village inhabitants.

The philosophy of the project is summed up, in the need to enlighten the inhabitants about the parasites spreading among the people of the villages, by means of concrete and tangible social and clear introductions that should, in turn, conduct to complete conviction in the presence of such endemic diseases, with a view to adopting executive procedures toward facing such a problem in an integral form, for the treatment of parasites directly, and reducing the percentage of anaemia diseases, as well as applying the policy on family planning.

Despite that family planning projects require families and spouses with specific characteristics, we find that the treatment of parasites is taking place through the nursery and school children, or that the children are exposed to attack and infestation by parasites, and they could be treated and observed in a collective form, that will have its effective result, and thus the treatment of such diseases would be easier, whereafter it will gradually move to the families of the children, and the workers of factories and the plantation labour force in this village.

PLACE OF THE PROJECT: The Village SHEBASS ONEIR has been chosen for the project, for the following reasons :

- 1- A comprehensive survey has been made, of the Village conditions, and the Village-Child plan, would be carried out in it.
- 2- The site is easily accessible. Infestation with parasites is widely spread, to a very high degree, especially the worms which spread through the village.
- 3- Weak tendency in the village toward family planning.
- 4- The economic condition in the village, is generally below the average.

Another urban area, will also be selected at the same time, for comparison purposes.

#### DURATION OF THE PROJECT :

The project will require about three years, in addition to the period of preparation for the project, which usually precedes the project period itself, in order to assess the results being sought from the project.

#### PROJECT ACTIVITIES :

- 1- Comprehensive BASE survey of the Village.
- 2- Formation of a Committee for the Project.
- 3- Expanding the services of existing health units, and establishing health units provided with laboratories, microscopes, and medical requisites for the treatment of bilharzia, as well as chemical substances for tests on worms, in addition to family planning services, and other environmental health services.
- 4- Providing a suitable functional organ made up of spe-

cialised technicians, in medicine and laboratory fields, as well as family planning and social workers in the field of public health, and volunteers for the service of society.

- 5- Preparing and training the working personnel, each in the field of his specialisation, and within an integral framework.
- 6- Providing data and technological as well as audio-visual communication materials that are suitable for the environment.
- 7- Taking parasites combat procedures through measures of collective treatment of the inhabitants, and improvement of environmental health, and the promotion of personal cleanliness. Procedures shall also include the participation of beneficiaries through personally examining themselves microscopically.
- 8- Choosing suitable treatment which secures a high percentage of cure, and proves to be of quick results and effect.

NEEDS OF THE PROJECT :

FIRST : MANNING AND PERSONNEL NEEDS :

1- SUPERVISORY COMMITTEE :

The Supervisory Committee shall be made up of Governmental representatives, and experts in parasites, nutrition, and family planning. The Committee shall also comprise the Project Director, and local supervisors.

The COMMITTEE shall be concerned with the following :

A- Preparation for the Project :

Designing the Project

Laying Down The Budget

Selecting the project sites and places.

Appointing the project workers and personnel

Foundation of laboratories and offices

Providing and distributing the equipment, and  
requisites for worm-combat and vermifuges.

Production of these materials.

B- TRAINING THE WORKERS OF THE PROJECT.

C- INCENTIVES TO PROJECT PERSONNEL AND WORKERS.

D- ASSESSMENT OF THE PROJECT.

Following is the role of each category of the  
Supervisory Committee :

GOVERNMENT REPRESENTATIVES :

- Organizing the efforts toward family planning, proper nutrition, and control of parasites, and coordinating such efforts.
- Providing the projects with necessary aids, and improving them.
- Founding the project.

EXPERTS:

- Providing the Supervisory Committee with personnel to be in charge of the project, and the necessary

information and data on treatment of parasites, and proper nutrition.

- Training and instructing the project workers and personnel:

- Toward developing, assisting, and improving the materials.

- Toward improving, developing, and continuing the research on the project.

PROJECT WORKERS AND PERSONNEL :

A- DIRECTOR OF THE PROJECT:

The Project Director shall be fully cognizant and have adequate information on family planning and public health. He shall fulfil the spirit of leadership and command, and be member of the Project Supervisory Committee.

B- PROJECT SUPERVISORS :

Adequate experience in family planning and programming, at the level of society, planning, and coordination between those supervising the family planning demands, and medical doctors in the field of public health, providing they submit a report on a regular basis to the PROJECT DIRECTOR.

C- FAMILY PLANNING WORKERS AND PERSONNEL :

- Following up the progress of the project on site.

They shall be responsible for coordination between the doctors and public health supervisors, and the volunteers.

- Urging the people to accept family planning and the treatment of parasites, through home visits and the projection of films concerning such activities.
- Distributing containers in which samples of faeces are kept and gathering these samples for the purpose of laboratory tests on them.
- Distributing vermifugals.
- explaining the process of parasites combating, healthy food and teaching the rules of health.
- Following up and pursuing the cases of parasites, and admitting them to hospitals if necessary.

D- DOCTORS AND TECHNICIANS:

- Planning the methods for combat of parasites by means of supervisors and workers in the field of Public Health.
- Explaining tests on faeces.
- Assisting the Family Planning Workers, and supervising over their distribution of containers and vessels in which samples are collected for laboratory analyses.
- Explaining methods of carrying out tests and analyses of faeces samples.
- Pooling and coordinating the data and information on the combat of parasites.

**SECOND : MATERIAL NEEDS :**  
-----

- 1- Laboratory Articles and Microscopes.
- 2- Vermifugal requisites.
- 3- Chemicals and tubes as well as glasses concerning tests on worm (infestations).
- 4- Training Courses
- 5- Production of Training and Enlightenment techniques and articles.
  - Stationery items, articles and materials as well as equipment for the Management Offices.
  - Comprehensive Survey
  - Field Follow-up and Pursuit, as well as recording of remarks by the Supervisory Committee.
  - Administration
  - Assessment of the Project.

**BUDGET REQUIRED FOR THE PROJECT :**  
-----

The project shall require studies on the part of the Supervisory Committee, for materials needs required according to the aforementioned project manning and material demands.

SUBMITTED BY

HODA BARAKAT

GENERAL DIRECTOR OF THE GENERAL  
DEPARTMENT FOR "THE FAMILY AND  
CHILDHOOD."

DATED /11/1987.

(A1-Fouly)

**Strengthening of the Administrative  
& research Abilities  
of the staff of the general administration for  
Family Planning and Population  
M.O.H**

The staff of the department of F.P./M.O.H. is responsible, among other responsibilities, for supervising and controlling of about 4000 ( four thousand ) service units in the field of Family Planning.

In order to be able to Carry out such responsibility, the staff have to collect and analyze some appropriate data and to carry out research to find out answer to many questions and situations concerning Contraceptives, Service Provision and administrative issues

This objective could be achieved through the following approach.

- 1 - Training in japan for 3 Candidates in the field of:
  - a - F.P. administration .
  - b - F.P. research .with emphasis on the practical difficulties that are frequently met with in the field The training may adress issues like :
  - data Processing .
  - data analysis
  - F.P. Services evaluation .
  - Preparing a protocol .
  - Study design .
  - Carrinq out field and clinical research .
  - Preparing scientific Papers & reports .
- 2 - Short term visits of Japanese experts to the F.P. Department M.O.H. to offer consultation on :
  - Computer Programming .
  - Evaluation .
  - Management .



- 3 - - Support of the F.P.D. H.O.H. with the following equipments .
- Mobile Car equiped with udio- visual aids for F.P. Education at villanes .
  - Personal Computer .
  - Data Processor .
  - Scientific meterials. ( Books, Circulars , Films ) .
  - Models for training on I.U.D. insertions.

The Place & personnel necessary to run the above equipments will be supplied by the ministry of Health .

III-7 National Population Councilのプロジェクト計画書

"INTRODUCTION OF INNOVATIVE QUALITY IMPROVED  
FAMILY PLANNING SERVICES TO SOME RURAL,  
REMOTE AND DEPRIVED  
COMMUNITIES

A GRANT AID REQUEST

SUBMITTED TO :

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)

FROM :

EGYPT, NATIONAL POPULATION COUNCIL (NPC)

Prepared by

Ahmed Abdel Fattah

Consultant

JANUARY 1988

## TABLE OF CONTENTS

### **INTRODUCTION**

### **LONG - RANGE OBJECTIVES**

### **IMMEDIATE OBJECTIVES**

### **MAJOR ACTIVITIES**

### **PROJECT DURATION, SCOPE AND PROCESS**

### **ANNEXES**

#### **1. EGYPT POPULATION DATA SHEET**

#### **2. GOVERNORATES' POPULATION TABLES**

#### **3. SPECIFICATION OF :**

##### **a. FP Service Mobile Unit**

##### **b. Ultra - Sound Equipment**

##### **c. Audio - Visual Production Equipment**

## INTRODUCTION

Egypt was one of the first countries in the developing world, and the first Arab State, to voice concern and to become actively involved in population issues. For more than a quarter of a century the Government and the people of Egypt have gradually expanded activities in the area of population policies and attempts to reduce fertility.

During the past thirty years, the crude birth rate and the crude death rate have declined to presently reach 39.3 and 8.7 per thousand respectively. However, the decline in the rate of natural increase (28 per thousand) has been almost negligible. If this rate of increase persists, Egypt's population (52 million in 1987) will double in less than 25 years.

Moreover, Egypt rapid population growth is complicated with unbalanced spatial distribution resulting in one of the highest density records in the world, and low population specifications leading to very modest levels of productivity and quality of life.

In January 1985, a Presidential decree established the National Population Council (NPC) ; a new policy - making strategic body chaired by the President himself, with top responsibilities for formulating policy, for planning and coordinating among different implementing agencies, for dealing with donors, and for assuring that a wide range of service programmes are implemented with as much urgency as is consistent with a high standard of quality.

For this purpose, Egypt is receiving external assistance from a number of different donors through multilateral and bilateral assistance as well as from non - governmental organizations. The NPC is having the responsibility to control the budget which all agencies in Egypt in the field of population and family planning use for related activities.

Nevertheless, contraceptive prevalence rates are comparatively very low in rural and remote areas, simply because there is an urgent need to improve the organization, quality and provision of family planning services to these communities. Adequate number of less equipped health facilities are existing but medical staff members are often new graduates, serving out their compulsory service with high turnover and low public confidence and trust. The availability of female physicians is limited while many women are reluctant to have IUD inserted by male physicians. Knowledge about family planning methods is often

at a low level. Especially with regard to contraceptive methods and the insertion of IUDs, knowledge and skills are lacking.

Contraceptive mix is primarily composed of oral pill and other spacing-oriented methods mostly distributed and used without considerable attention to be given to ways of encouraging continuity in the efficient use of these methods. Contraceptives are not always available at the right time, in the right mix and as near as possible the targeted audiences.

Moreover, rural poor illiterate married women in reproductive age have seldomly been visited concerning family planning, and knowledge and skills related to contraception are lacking as well.

To overcome these problems, the need is great and critical to experiment small-scale innovative approaches capable to achieve the quantitative objectives of the National Population Policy to increase prevalence rates in a more effectively and efficiently manner. This can be achieved through the implementation of a five-year pilot project.

#### LONG - RANGE OBJECTIVE

By the end of five-year duration, to have demonstrated a new model on how to improve the quality and provision of well-advanced family planning services and contraceptives to some selected rural remote and deprived communities.

#### IMMEDIATE OBJECTIVES

1. To have selected and reached the most deprived areas and targeted audiences,
2. To have increased the level of family planning and contraceptives' knowledge, attitudes and practice among targeted audience,
3. To have upgraded the technical and managerial performance of the project staff members,
4. To have improved the quality and provision of family planning services and contraceptives to the community, and
5. To have developed and applied a new monitoring and evaluation scheme at the local level.

#### MAJOR ACTIVITIES

1. Select rural governorates, villages, satellites, hamlets and locations according

to pre - defined criteria.

2. Draw the route map for the family planning service mobile unit.
3. Identify male and female influentials and opinion leaders, and local institutions, and organization ready to cooperate with the project and to participate in its management functions.
4. Survey local communities to identify the special norms, traditions and characteristics of the targeted audiences ; their family planning practice, attitudes and knowledge levels ; communication habits ; contraceptive mix used and problems.
5. Recruit medical, paramedical and administrative staff at the local level.
6. Procurement of equipments ; audiovisual production mini - studio, ultrasound sets and the well equipped mobile unit.
7. Draw the baseline upon which project activities are to be established and against which achievements are to be measured.
8. Produce a variety of audio - visual IEC materials to be used after pre - testing.
9. Conduct a pre - service communication campaign with three levels ;
  - a - Home visits programme,
  - b - Small group discussions programme, and
  - c - Problem oriented motivational public meetings programme,In all three programmes audio - visual materials specially produced are to be tested, experimented and used by project personnel and local motivators.
10. Utilize the mobile unit in the provision of quality improved family planning services and well advanced contraceptives, using ultra - sound equipment, IUD insertion, check up, follow up and treatment services and counselling.
11. Conduct in - country and abroad training programmes ;
  - a - Medical technical training on the proper use of ultra - sound equipment, and IUD insertion.
  - b - Communication technical training on face - to - face communication techniques.
  - c - IEC material production technical training.
  - d - Project management training.
12. Monitor project activities, pay periodical field - visits to follow up, and fill in project quarterly, bi - annually and annual progress reports.

13. Conduct regular meetings with the project personnel and local influentials.
14. Evaluate the achievements and impact of the project planning and implementation annually.
15. Conduct NPC/JICA Annual Review Meeting.
16. Prepare the project annual plan, and governorate three – month programme of action.
17. Design and use of registration and follow up cards for clients.

#### PROJECT DURATION, SCOPE AND PROCESS

It is intended to implement the project in five years duration according to JICA mechanism of grant aid immediately after signing the E/N (Exchange of Notes).

The total number of governorates selected will amount to four rural and frontier governorates with 10 – 12 million population.

The first year : Preparatory work, project planning and organization at the central level and governorates (A) and (B) and implementation of project major activities in governorate (A).

The second year : implementation of the project major activities in governorates (A) and (B), and planning and organization for governorate (C).

The third year : implementation of the project major activities in governorates (B) and (C), and planning and organization for governorate (D).

The fourth year : implementation of the project major activities in governorates (C) and (D), and preparation for final evaluation.

The fifth year : implementation of project major activities in governorate (D), final evaluation of the project and preparation of project termination report.

The project is carried out by bilateral cooperation between the Government of Egypt and the Government of Japan.

#### BY EGYPT

1. Project personnel, central and local salaries and incentives and administrative support personnel.
2. Task forces payments.
3. Research costs.
4. Project facilities and buildings costs.
5. All costs not covered by the Japanese contribution.

**BY JAPAN**

1. Provision of tow well - equipped mobile units for integrated family planning medical services, IUD insertion and pregnancy care.
2. Provision of ultra - sound equipments both to train doctors and to be used in rural areas.
3. Provision of audio - visual equipment and establishment of mini - studio for production of required IEC materials.
4. Provision of 15 training opportunities in Japan on medical, communication and management skills.
5. Provision of financial support to cover in - country training, meetings, operation and maintenance of equipment, office equipment, reporting and printing, production of IEC materials, and Japanese mission travel costs.

**ANNEXES**

To be attached to the project document in its final form before formal submission.



**Ⅲ-8 質問表に対する回答**

**NATIONAL POPULATION COUNCIL (NPC)  
TECHNICAL SECRETARIAT (TS)**

**QUESTIONNAIRE ON EGYPT POPULATION POLICY**

**DATA SHEET**

**PREPARED FOR THE DISCUSSION BETWEEN**

**PROF. MAHER MAHRAN, NPC SECRETARY GENERAL**

**NPC/TS EXPERT AND TEAM MEMBERS**

**AND**

**JICA BASIC STUDY TEAM MEMBERS**

**JANUARY 1988**

1. SOCIO - ECONOMIC CONDITIONS

1.1 ECONOMY

1.1.1 PRODUCTION

1.1.1.1 GDP 28,000 Million

1.1.1.2 GDP GROWTH RATE BY SECTOR

GOODS SECT.	SOCIAL SERVICES SECT.	PROD. SERV. SECT.
5.8%	4.8%	4.8%

1.1.1.3 AGRICULTURAL PRODUCTION : 12279.6 million

1.1.1.4 FOOD CROP PRODUCTION : 30746 million Tch Metr.

1.1.2 TRADE

1.1.2.1 MAJOR EXPORTS (VALUE, QUANTITY) 7691 Million

1.1.2.2 MAJOR IMPORTS " " 10849 Million

1.1.3 EMPLOYMENT

1.1.3.1 NUMBER OF EMPLOYED (BY SECTOR, REGION, ETH. GROUP) :

11.67 million

1.1.3.2 NUMBER OF UNEMPLOYED (BY SECTOR, REGION, ETH. GROUP) :

2.01 million

1.1.4 INCOME

1.1.4.1 INCOME DESTRIUTION (BY SECTOR, REGION, ETH. GROUP, SEX) :

N. A. PER CAPITA INCOME : 545 L.E.

1.2 SOCIO - ECONOMIC DEVELOPMENT PLAN

1.2.1 ORGANIZATIONS FOR PLANNING : MINISTRY OF PLANNING

1.2.1.1 ORGANIZATIONAL CHART

1.2.1.2 DECISION - MAKING PROCESS : THE MINISTRIES SUGGEST THE 5 YEAR PLAN

ACCORDING TO THEIR NEEDS. THE MINISTRY OF PLANNING RECEIVES AND STUDIES THESE PLANS, THEN IT MAKES A FRAME OF THE PLAN WITH RESPECT TO RESOURCES AND SENDS IT TO THE PARLIAMENT FOR DISCUSSION AND TO MAKE A LAW WITH THE PLAN.

1.2.2 POLICY AND STRATEGY

1.2.2.1 PREVIOUS PLANS AND ACHEIVEMENTS

Five - Years plan (1981/82 - 1985/86)

The National Production increased from LF 35,600 million to 48,900 million, with annual growth rate equal to 6.6% ; Percentages of achievements were

as follows :

Goods sectors	6.5%
Production Services Sect.	6.2%
Social Services Sector	7.7%

#### 1.2.2.2 INVESTMENT BY SECTOR

GOODS SECT.	PROD. SERV. SECT.	SOCIAL SERV. SECT.
24.2 Mil.	7.2 Mil.	45.8 Mil.

#### 1.2.2.3 MAJOR PROJECTS

The new 9 communities - Sewerage project - Underground - Railways Improvement - Improvement of the Network and Power Electric Stations - Improvement of Telecommunication Network - Constructing the New Damietta Port.

#### 1.2.2.4 IMPLEMENTATION :

Public, Private and Joint Sectors.

#### 1.2.2.5 FOREIGN ASSISTANCE : APPROVED (LOANS & GRANTS)

#### 1.3 SOCIETY

##### 1.3.1 POLITICS

##### 1.3.1.1 ADMINISTRATIVE STRUCTURE :

- 26 Governorates
- 232 Cities & Towns
- 4000 Villages.

##### 1.3.2 ETHNIC, RELIGIOUS AND LINGUISTIC GROUPS

##### 1.3.2.1 ETHNIC GROUPS : 0.2% FOREIGNERS

1.3.2.2 RELIGIOUS :	MOSLEM	CHRISTIAN	OTHERS
	94.12%	5.87%	0.01%

##### 1.3.2.3 LANGUAGES : ARABIC FOREIGNERS

99.8%	0.2%
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##### 1.3.3 SOCIAL INSTITUTIONS

1.3.3.1 FAMILY STRUCTURE :	URBAN AREAS	RURAL AREAS
	Nuclear Family	Extended Family

##### 1.3.3.2 INHERITANCE : ACCORDING TO ISLAMIC RULES

##### 1.3.3.3 MARRIAGE : LEGAL

NEVER MARRIED	MARRIED	DIVORCED & WID.	CONTRACTED
26.3%	64.3%	8.2%	1.2%

### 1.3.4 BIRTH AND CHILDBEARING

Legal Family

### 1.3.4 EDUCATION

#### 1.3.4.1 NUMBER OF SCHOOLS (PRIMARY, SECONDARY, HIGHER) BY REGION

	PRIMARY	PREPARATORY	SECONDARY	HIGHER ED.
GENERAL	13233	3475	1804 (G + T)	13 Univ.
AL AZHAR	824	532	289	
TECHN. COLLEGE	-	-	114	

#### 1.3.4.2 ENROLMENT BY SEX AND TYPE OF EDUCATION (1985/86)

Type of Rd.	GENERAL	AL AZHAR	TECHNICAL	TRAINING
Level of Rd.	No. of Students	No. of Students	No. of Stud.	No. of Stud.
PRIMARY Both Sex.	6002850	211400		
Males	3397779	131897		
PREPAR. Both Sex.	2135007	97753		
Males	1274137	73776		
SECONDARY Both Sex.	569366	62491	877399	8458
Males	355454	48791	526283	3411
UNIVERSITY Both Sex.	661347			
Males	445963			

#### 1.3.4.3 LITERACY RATE : 50.6%

### 1.3.5 HEALTH CARE

#### 1.3.5.1 NUMBER OF MEDICAL FACILITIES BY REGION : 3603 HEALTH UNITS

#### 1.3.5.2 NUMBER OF MEDICAL PERSONNEL BY REGION : 87800 DOCTORS

78000 NURSES

### 1.3.6 STATUS OF WOMEN

#### 1.3.6.1 FEMALE EMPLOYMENT BY SECTOR, REGION, ETHNIC GROUP,

INCOME : IN GENERAL 8.9%

REF.

- Preliminary Result of 1986 Census

- Statistical Yearbook (ARE) 1987

- Ministry of Health

- National Five year Plan 1987/1992.

2. POPULATION

2.1 POPULATION STRUCTURE

2.1.1 POPULATION BY SEX, AGE, URBAN/RURAL AND REGION, 1986

REGION	URBAN	SEX	LESS THAN 6 YEARS	6 TO LESS THAN 12	12 TO LESS THAN 65	65 +	TOTAL
	RURAL						
LOWER	URBAN	M	507797	424365	1943055	73890	2949107
EGYPT		F	487002	403756	1846586	68791	2806135
GOVTS.		T	994799	828121	3789641	142681	5755242
	RURAL	M	1553890	1214345	4746450	188787	7703472
		F	1492935	1150141	4553608	220470	7417154
		T	3046825	2364486	9300058	409257	15120626
	TOTAL	M	2061687	1638710	6689505	262677	10652579
		F	1979937	1553897	6400194	289261	10223289
		T	4041624	3192607	13089699	551938	20875868
UPPER	URBAN	M	510988	416374	1774223	76546	2778131
EGYPT		F	485634	383207	1677656	71409	2617906
GOVTS.		T	996622	799581	3451879	147955	5396037
	RURAL	M	1330951	960185	3465753	194951	5951839
		F	1279046	845547	3397451	197096	5719140
		T	2609997	1805732	6863204	392047	11670979
	TOTAL	M	1841939	1376559	5239976	271496	8729970
		F	1764680	1228754	5075107	268505	8337046
		T	3606619	2605313	10315083	540001	17067016

REGION	URBAN	SEX	LESS THAN 6 YEARS	6 TO LESS THAN 12	12 TO LESS THAN 65	65 +	TOTAL
	RURAL						
FRONTIER GOVTS.	URBAN	M	31606	27570	112392	3281	174849
		F	30562	24978	93313	2679	150532
		T	62168	52548	205705	5960	325381
	RURAL	M	26417	22309	69728	3880	122334
		F	25905	20743	68185	2841	117674
		T	52322	43052	137913	6721	240008
	TOTAL	M	58023	49879	182120	7161	297183
		F	56467	45721	160498	5520	268206
		T	114490	95600	342618	12681	565389
TOTAL EGYPT	URBAN	M	1812268	1542424	7221196	301764	10877652
		F	1735116	1453037	6837254	270377	10295784
		T	3547384	2995461	14058450	572141	21173436
	RURAL	M	2911258	2196839	8281931	387617	13777645
		F	2797886	2016431	8019244	420407	13253968
		T	5709144	4213270	16301175	808024	27031613
	TOTAL	M	4723526	3739263	15503127	689381	24655297
		F	4533002	3469468	14856498	690784	23549752
		T	9256528	7208731	30359625	1380165	48205049

Source : Central Agency for Public Mobilization and Statistics, Preliminary results of the 1986 Census.

2/1/2 POPULATION BY URBAN/RURAL, SEX AND RELIGION, EGYPT, 1986

URBAN/ RURAL	MOSLIM			COPTIC			OTHERS			TOTAL		
	M	F	T	M	F	T	M	F	T	M	F	T
URBAN	10029574	9491441	19521015	843507	802520	1646027	4571	1823	6394	10877652	10295784	21173436
RURAL	13168967	12678471	25847438	607883	575439	1183322	795	58	853	13777645	13253968	27031613
TOTAL	23198541	22169912	45368453	1451390	1377959	2829349	5366	1881	7247	24655297	23549752	48205049

Ibid

2/1/3 POPULATION BY EDUCATIONAL STATUS AND SEX, EGYPT, 1986 (POPULATION 10 YEARS AND OVER)

URB/ RUR	ILLITERATE			CAN READ & WRITE			LESS THAN UNIV.			UNIV. & ABOVE			TOTAL		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
URB	2170368	3409393	5579761	2431631	1689825	4121456	2772037	2163432	4935469	827121	414642	1241763	8201157	7677292	1587844
RUR	4632801	6948062	11580863	3047046	1324444	4371490	1900491	762450	2862941	224758	54894	279652	9805096	9089850	1889494
TOTAL	6803169	10357455	17160624	5478677	3014269	8492946	4672528	2925882	7598410	1051879	469536	1521415	3	2	5

Ibid

2/1/4 WOMEN OF REPRODUCTIVE AGE (WRA) 15 - 49, 1986 : 10,987,866

2/1/5 MARRIED WOMEN OF REPRODUCTIVE AGE (MWRA)

15 - 49, 1986 : 7,318,839

Source : NPC, Statistical Department, Annual Statistical Report, 1986.

2/2 POPULATION DYNAMICS

A. FERTILITY

2/2/1 Crude Birth Rate (1986) 39.3 per thousand

2/2/2 Crude Death Rate (1986) 8.7 " "

2/2/3 Rate of Natural Increase (1986) 30.6 " "

Source : CAPMAS, Statistical Year book, June 1987.

2/2/4 Age specific fertility rate per 1000 women, for the 12 - month period and the five year period before the EFS 1980.

AGE	1979 - 1980	1975 - 1980	1976 Annual Data
15 - 19	78.5	99.3	20.60
20 - 24	255.7	255.5	188.64
25 - 29	280.1	285.2	310.39
30 - 34	238.6	217.4	275.53
35 - 39	138.9	130.5	207.37
40 - 44	52.6	48.2	85.86
45 - 49	12.4	15.5	46.65
Total Fertility Rate	5.28	5.27	5.68
All Urban		4.27	
All Rural		6.14	

Source : Central Agency for Public Mobilization and Statistics,  
Egyptian Fertility Survey, 1980.

2/2/5 Completed (1986) Family Size (Urban) 4.6

(Rural) 5.3

Total Egypt 4.9



2/2/6 Mean Ideal Family Size 3.3

Source : (ECPS) 1984.

2/2/7 Mean Number of Children ever born and of surviving children among ever married women, by age (1984)

	<u>CEB</u>	<u>CS</u>
Total	4.2	3.2
Under 20 years	0.7	0.6
20 - 24	1.8	1.5
25 - 29	3.2	2.6
30 - 34	4.5	3.6
35 - 39	5.6	4.3
40 - 44	6.2	4.7
45 - 49	6.7	4.8

Source : Fertility and Family Planning in Egypt, 1984.

#### B. MORTALITY

2/2/8 Crude Death Rate 8.7 per thousand

2/2/9 Age - Specific Death Rate

(Proportion of Children Born Alive Who Have Died by Age of Mother)

Total	.23
Under 20 years	.16
20 - 24	.18
25 - 29	.18
30 - 34	.20
35 - 39	.22
40 - 44	.25
45 - 49	.29

Source : Fertility and Family Planning in Egypt, 1984.

2/2/10 Neonatal Mortality : 54/thousand live births

2/2/11 Infant Mortality Rate : 45.6 per thousand

2/2/12 Life Expectancy at Birth (1981 - 1986) : Males : 55.6  
Females : 60.4

2/2/13 Causes of Death :

## 2/3 MARRIAGE

2/3/1 Crude Marriage Rate (1986) : 9.1 per thousand

Source : Central Agency for Public Mobilization and Statistics,  
Statistical Year book, June 1987.

2/3/2 Average Age at First Marriage for Females, 1984

	%
Under 16 years	33.3
16 - 17 years	26.0
18 - 19	15.9
20 - 21	11.5
22 - 23	5.5
24 years and over	7.2
Not sure/Not stated	0.6
Mean	17.4
Mean Age of Husbands	39.6
Mean Age of Their wives	31.4

Source : Fertility and Family Planning, Egypt, 1984.

2/3/3 Ever Married Women by Age, 1984

	%
Under 20 years	7.5
20 - 24	15.5
25 - 29	19.2
30 - 34	16.8
35 - 39	15.4
40 - 44	12.7
45 - 49	12.8

2/3/4 Average Duration of Marriage :

Women who marry before 16 have roughly 30 years of exposure to the risk of conception, while women who marry after age 24 are exposed to the risk of conception for only about 20 years.

## 2/4 MOBILITY

2/4/1 Permanent emigration has traditionally been negligible. But temporary emigration to other Arab countries has been considerable since 1937.

The number of Egyptians working abroad in 1965 was recorded as 100,000. The 1976 Census of population presented a figure of 1.4 million of Egyptian residents abroad.

According to the preliminary results of population census 1986, the number of Egyptians working or living in other Arab countries was officially at 2.5 million.

Number of foreigners in Egypt is 108249 representing only 0.2% of the total population. This proportion was 0.6% and 0.3% in 1966 and 1976 Censuses respectively. Assuming that all Egyptians abroad were present in Egypt at the census night, the population of Egypt would be illustrated as follows :

Residents :	48,205,048
Egyptians abroad :	2,250,000
Total :	50,455,048

2/4/2 According to this assumption, Egyptians abroad constitute about 4.5% of the total population in 1986, while the percentage was 3.7% (1,425,000 persons) in 1976.

2/4/3 Urbanization Rate (1986) : 43.9%

The pattern of urbanization has been dominated particularly by the growth of the country's prime city, Cairo. During the period between 1947 and 1986, the urban population increased from 33% to 43.9% of the total population. Percentages of urban population in 1960, 1966, 1976 & 1986 were 37.4%, 40.5%, 43.8% and 43.9% respectively.

## 5. MOBILITY

### Population (Assumptions, Results)

2/5/1 Values of periodic fertility rates during the period of projection

	1976 - 80	1981 - 85	1986 - 90	1991 - 95	1996 - 2001	2001 - 2006
1st Assumpt.	5.675	5.408	5.154	4.911	4.679	4.458
2nd "	5.675	5.408	5.100	4.758	4.302	4.010
3rd "	5.675	5.408	5.030	4.562	4.033	3.472

2/5/2 Population Projections

		1981	1986	1991	1996	2001
<u>1st Assumption</u>	M	21254285	24283135	27672451	31344963	35252549
(TFR = 4.5)	F	20670375	23785144	27238381	30958416	34937533
	T	41924660	48068279	54910832	62303379	70190082
Egyptians Abroad		1631141	1870168	2136392	2424011	2730856
Total Egyptians		43555801	49938447	57047224	64727390	72920938
<u>2nd Assumption</u>	M	21254285	24283135	27627419	31156327	34820095
(TFR = 4.0)	F	20670375	23785144	27194767	30775742	34460011
	T	41924660	48068279	54822186	61932069	69280106
Egyptians Abroad		1631141	1870168	2136830	2409560	2695446
Total Egyptians		43555801	49938447	56959016	64341629	71975552
<u>3rd Assumption</u>	M	21254285	24283135	27569120	30914100	34196414
(TFR = 3.5)	F	20670375	23785144	27138242	30541173	33856409
	T	41924660	48068279	54707362	61455273	68052823
Egyptians Abroad		1631141	1870168	2128476	2391014	2647708
Total Egyptians		43555801	49938447	56835838	63846287	70700531

Source : CAPMAS, Population Projections by Age and Sex, Nov. 1984.

3.1.3 BUDGET

NPC GOVERNMENTAL BUDGET	1986/87	1987/88	TOTAL
1. SALARIES & HONORARIA	1,092,000	550,000	1,642,000
2. ACTIVITIES	1,419,000	336,000	1,755,000
3. INVESTMENTS	300,000	1,890,000	2,190,000
<b>TOTAL</b>	<b>2,811,000</b>	<b>2,776,000</b>	<b>5,587,000</b>

### 3.2.2.1 NATURE OF RURAL HEALTH UNITS (PUBLIC, PRIVATE)

#### FAMILY PLANNING UNITS BY URBAN/RURAL, EGYPT, 1986

URBAN	1509
RURAL	2665
TOTAL	4074

#### FAMILY PLANNING UNITS BY AFFILIATION, EGYPT, 1986

MINISTRY OF HEALTH	3365
EGYPTIAN FP ASSOCIATION/MOSA	557
OTHER PRIVATE UNITS	152

THE MAJORITY OF EFPA AND OTHER PRIVATE UNITS ARE LOCATED IN URBAN AREAS.

### 3.3 ACHIEVEMENTS

#### 3.3.1 FAMILY PLANNING

3.3.1.1 CONTRACEPTIVE PREVALENCE RATE, EGYPT, 1986 : 28.7 %  
(CYP AS PERCENTAGE OUT OF MARRIED WOMEN OF REPRODUCTIVE AGE (15 - 49).

3.3.1.2 USERS IN TERMS OF COUPLE YEARS PROTECTION (CYP) BY METHOD, 1986

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<u>METHOD</u>	<u>NUMBER</u>	<u>%</u>
Pills	874176	42.1
IUDs	871773	42.0
Condoms	291814	14.1
Diaphragms	3775	0.2
Creams	1624	0.1
Foaming Tablets	29923	1.4
Injectables	1952	0.1
	<hr/>	
	2075037	100.0

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3.4 FOREIGN ASSISTANCE  
 NPC/UNFPA SUPPORTED BUDGETS (1987 - 1990)

	ALLOCATED IN S	RELEASED IN LE
P05 STRENGTHENING & IMPROV - ING SERVICE STATISTICS	497,544	250056.-
P06 STRENGTHENING MANAGEMENT CAPABILITIES OF NPC	922,000	219346.420
P07 POLICY ORIENTED BIO - MEDICAL & RESEARCH PROG.	600,000	14175.-
P08 REVIEW OF CONTENTS IN DEVELOPMENT PLANS FOR DEVELOPMENT PLANNING PURPOSES	166,680	7970.-
NPC/USAID SUPPORT BUDGET (1987 - 1990)		

	ALLOCATED	RELEASED IN LE
1. EGYPT 21 (2000)	248,500	25,113.660
2. EGYPTIAN DEMOGRAPHIC HEALTH SURVEY	537,040	28,900.-
3. INSTITUTIONAL DEVELOP - MENT PROJECT	1,444,900	—

3.4.1 BUDGET

	ALLOCATED	RESEASED
POPULATION PROJECT/FP	59,000,000	22,738,309
CONTRACEPTIVE COMMODITIES	11,300,000	6,372,064
PRIVATE/COMMERCIAL SECTOR	21,281,000	8,151,404
NATIONAL POPULATION COUNCIL	5,324,000	1,321,398
MOH - FP	7,278,000	422,172
IE & C	6,286,000	2,785,493
POPULATION STATISTICS & POLICY	4,152,700	2,286,119
POP. INTERN. & TECH. TRANSFER	3,378,300	1,399,659

III-9 ケナ県の人口及び家族計画活動データ

DATA JOURNAL  
ON THE INHABITANTS OF QENA  
GOVERNORATE AND FAMILY  
PLANNING SERVICES IN IT

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AS ISSUED BY THE GENERAL STATISTICS (AND CENSUS)  
DEPARTMENT, ON 5 SEPTEMBER, 1987.



**DATA JOURNAL ON QENA GOVERNORATE  
INHABITANTS.**

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* SIZE OF INHABITANTS, NOVEMBER 1986	2,252,315
* RATIO TO TOTAL POPULATION OF EGYPT ( AS EXISTING INLAND ), 1986	4.7 %
* QENA GOVERNORATE'S ORDER AMONG EGYPT'S GOVERNORATES IN TERMS'S OF THE SIZE OF ITS POPULATION (1986)	11
* PROPORTIONAL INCREASE OF POPULATION DURING THE LAST 80 YEARS, COMPARED TO THE YEAR 1907) = 100	292%
* AVERAGE GROWTH RATE OF POPULATION, PER ANNUM ( 1976 - 1986)	2.76 %
* SIZE OF POPULATION AS EXPECTED TO AMOUNT TO, ASSUMING THE STABILITY OF ANNUAL GROWTH RATE OF POPULATION (DURING THE PERIOD)(1976-1986) :	
YEAR 1990	2,515,216
YEAR 2000	3,314,672
* <u>INTERNAL EMIGRATION, 1976</u>	
* TOTAL RATE OF INCOMING IMMIGRATION(+)	1.4 %
* TOTAL RATE OF OUTGOING EMIGRATION (-)	12.2 %
* NET MIGRATION RATE	( - 11.5% )
* MAJOR GOVERNORATES FROM WHICH EMANATES INCOMING TREND OF IMMIGRATION	CAIRO - SOHAG - ASSWAN - ASSIUT ( from which 61.5% OF THE IMMIGRANTS TREND EMANATES )



* MAJOR GOVERNORATES RECEIVING THE EMIGRANTS TREND	CAIRO - ASSWAN - ALEXANDRIA - GIZA (70.3%) OF THE EMIGRANTS TREND MOVES TO THEM )
* URBANIZATION CENTRES, 1986	
* NUMBER OF URBAN CENTRES ( TOWNS AND CITIES )	11
* NUMBER OF VILLAGES	193
* AVERAGE SIZE OF THE CITY'S POPULATION	47670 47670
* AVERAGE SIZE OF THE VILLAGE'S POPULATION	8953
* BIRTH RATE ( AVERAGE OF 1979 - 1982)	38.4 ( EACH ONE THOUSAND INHABITANTS)
* DEATH RATE ( AVERAGE OF 1979 - 1982)	11.2 ( EACH ONE THOUSAND INHABITANTS)
* RATE OF NATURAL INCREASE ( AVERAGE OF 1979 - 1982	2.7 ( each ONE HUNDRED INHABITANTS )
* <u>CERTAIN CHARACTERISTICS OF THE INHABITANTS 1986</u>	
* SEX STRUCTURE	
( MALES	50.55
( FEMALES	49.45
* (DISTRIBUTION OF AGE) WITHIN THE INHABITANTS:	
UP TO 6 YEARS	21.2
6 - 12 YEARS	14.6
12 TO 65 YEARS	60.6
65 YEARS (UPWARDS)	3.6

\* NATIONALITY ( EGYPTIANS 100  
(  
( ALIENS -

\* RELIGION ( MUSLIMS 93.1  
(  
( CHRISTIANS 6.9  
(  
( OTHERS -

\* NATURE OF LOCATION OF RESIDENCE :  
URBAN PLACES 23.3  
VILLAGES 76.7

MALES -----  
FEMALES -----

\* PARTICIPATION IN ECONOMIC  
ACTIVITIES ( 6 + ) :

WITHIN THE LABOUR FORCE 56... 3.5  
OUTSIDE THE LABOUR FORCE 44.-- 96.5

\* EDUCATIONAL STATUS  
( 10 + )

ILLITERATE 48.30 78.70  
LITERATE 28.40 13.30  
less than ACADEMIC QUALIFICATION 20.90 7.50  
ACADEMIC QUALIFICATION + 2.40 0.50

\* MARITAL STATUS

UNMARRIED ( NEVER MARRIED ) 27.90 13.70  
MARRIED 69.70 67.80  
MARRIAGE CONTRACT 0.50 0.50  
DIVORCEE / WIDOWER 1.90 18.--

	URBAN PLACES	VILLAGES
* AVERAGE SIZE OF THE FAMILY	4.8	5.1
* AVERAGE NUMBER OF PERSONS PER ROOM	1.6	1.8
* <u>HOUSES ACCORDING TO WATER SOURCES (%)</u>	<u>100.0%</u>	<u>100.0%</u>
MAIN WATER NETWORK	78.66	21.98
WATER PUMPS	11.51	53.24
WELLS	0.71	2.19
OTHERS	9.12	22.59
* <u>HOUSES ACCORDING TO ILLUMINATION METHODS (%)</u>	<u>100.0</u>	<u>100.0</u>
ELECTRICITY	94.22	86.36
KEROSENE	5.31	13.14
BUTANE GAS	0.15	0.03
OTHERS	0.32	0.47

(5)

DATA ON FAMILY PLANNING SERVICES IN

QENA GOVERNORATE

* FAMILY PLANNING UNITS, 1987	184
* PROPORTIONAL DISTRIBUTION OF UNITS ACCORDING TO UNIT AFFILIATION (%) :	
MINISTRY OF HEALTH	95.11
GENERAL SOCIETY	4.89
OTHERS	--
* CONTRACEPTIVES ISSUED FROM THE DIFFERENT DISTRIBUTION OUTLETS, 1986 :	
CONTRACEPTIVE PILLS (Cycle Set)	323915
VAGINAL HELIX (EA)	1467
CONDOMS (EA)	353932
VAGINAL CONTRACEPTIVE BARRIER (EA)	4
POMADE (TUBE)	17
EFFERVESCENT TABLETS( EA )	41294
INJECTIONS (EA)	-
* STANDARD FIGURE OF CONTRACEPTIVES ISSUED IN 1986, COMPARED TO THE YEAR 1983 (=100)	
PILLS	202
VAGINAL CONTRACEPTIVE HELIX	398.6
CONDOMS	577.4
VAGINAL CONTRACEPTIVE BARRIERS	44.4
POMADES	51.5
EFFERVESCENT TABLETS	114.-
INJECTIONS (COMPARED TO YEAR 1984)	--

- \* PRACTICES AS REALISED ( CYP ), 1986 31224
- \* RECORD FIGURE ( CONSIDERING THE YEAR 1982 = 100 ) 224
- \* RATIO OF PRACTICES REALISED IN 1986 TO TARGETED FIGURE 96.5
- \* RATIO OF MARRIED WOMEN PROVIDED WITH CONTRACEPTIVES ( 16 - 49 ) in 1986 8.8
- \* SHARE PERCENTAGES OF THE DIFFERENT SECTORS IN FAMILY PLANNING DEVICES ISSUED IN THE YEAR 1986, QENA GOVERNORATE :

<u>DISTRIBUTION OUTLETS</u>	<u>UNITS (TOTAL)</u>	<u>HEALTH UNITS</u>	<u>GENERAL (SOCIETY) UNITS</u>	<u>OTHER UNITS</u>
PILLS	11.89	8.23	3.66	-
VAGINAL HELIX (CONTRACEPTIVE)	9.20	2.86	6.34	-
CONDOMS	1.01	0.93	0.08	-
VAGINAL BARRIER (CONTRACEP.)	100	100	-	-
POMADES	100	100	-	-
EFFERVESCENT TABLETS	1.21	1.21	-	-
INJECTIONS	-	-	-	-

(*)	PHARMACIES (TOTAL)	SUPPLIED BY			
		PRIVATE SECTOR	EGYPTIAN PHARMACEUTICALS CO	PHARMACEUTICALS PRODUCING FIRMS	FAMILY OF THE FUTURE
PILLS	88.11	-	32.07	43.87	12.17
HELIX	90.8	6.88	1.36	-	82.56
CONDOMS	98.99	-	46.53	-	52.46
VAGINAL BARRIER	-	-	-	-	-

(cont'd) (*)	PHARMACIES (TOTAL)	S U P P L I E D      B Y			
		PRIVATE SECTOR	EGYPTIAN PHARMACEUTICALS COMPANIES	PHARMACEUTICALS PRODUCING FIRMS	FAMILY OF THE FUTURE
	POMADES	-	-	-	-
	EFFERVESCENT TABLETS	98.79	98.79	-	--
	INJECTIONS	-	-	-	-
<b>GRAND TOTAL :</b>					

PILLS	100
HELIX	100
CONDOMS	100
VAG. BARRIERS	100
POMADES	100
EFFERVESCENT TABLETS	100
INJECTIONS	-

PERCENTAGE OF PARTICIPATION BY DIFFERENT DISTRIBUTION  
OUTLETS , IN REALISED BIRTH CONTROL CASES in the year  
1986.

OUTLETS

PERCENTAGE OF PARTICIPATION  
IN REALISED BIRTH CONTROL  
CASES IN THE YEAR 1986

* UNITS	
TOTAL	10.3
PUBLIC HEALTH UNITS	6.9
GENERAL SOCIETY UNITS	3.4
OTHER UNITS	-
* <u>PHARMACIES</u>	



(cont'd)

OUTLETS

PERCENTAGE OF PARTICIPATION  
IN REALISED BIRTH CONTROL  
CASES, IN THE YEAR 1986

\* Pharmacies

T O T A L

89.7

SUPPLIED BY EGYPTIAN PHARMACEUTICALS  
COMPANIES

32.3

SUPPLIED BY PRODUCING FIRMS

35.-

SUPPLIED BY "FAMILY OF THE FUTURE"

21.9

SUPPLIED BY THE PRIVATE SECTOR

0.5

\* T O T A L

100

\*\*\*\*\*

(9)









JICA