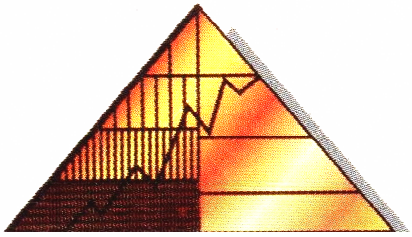
Contraceptive Security Strategic Plan for Egypt 2006–2010

July 2006



National Population Council

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Abbreviations

BBP	Basic Benefit Package
CDPA	Central Department of Pharmaceutical Affairs
CFPC	Contraceptives Forecasting and Procurement Committee
CPI	client provider interaction
CPR	contraceptive prevalence rate
CS	contraceptive security
CSSP	Contraceptive Security Strategic Plan for Egypt 2006–2010
CSWG	Contraceptive Security Working Group
EDHS	Egypt Demographic and Health Survey
EPTC	Egyptian Pharmaceutical Trading Company
FP	family planning
GOE	government of Egypt
HSR	health sector reform
LMIS	logistics management information system
MCH	maternal and child health
MDG	Millennium Development Goal
M&E	monitoring and evaluation
MIS	management information systems
MOF	Ministry of Finance
MOHP	Ministry of Health and Population
MWRA	married women of reproductive age
NGO	nongovernmental organization
NPC	National Population Council
PS	population sector
RH	reproductive health
QA	quality assurance
SDP	service delivery point
SPARCHS	Strategic Pathway for Reproductive Health Commodity Security
TOT	training-of-trainers
TFR	total fertility rate
USAID	United States Agency for International Development
WRA	Women of reproductive age

Executive Summary

Contraceptive Security exists when all persons are able to choose, obtain, and use high-quality contraceptives whenever they need them. If Egypt is to achieve its national goal of reaching replacement level fertility by the year 2017, it must move toward contraceptive security. The benefits of the family planning (FP) program during the past 25 years have been substantial, resulting in a smaller population with a more favorable age distribution and lower infant, child, and maternal mortality rates. Continuing the progress that has been made to date in the population and FP program will build on these successes and continue to aid in Egypt's comprehensive development programs. Failure to do so will result in continued population growth and growing pressure on national development, especially social sector spending and limited natural resources. To continue to reap the benefits of a smaller population, the government of Egypt (GOE) must clearly articulate its plans to limit population growth.

Although many advances have been made in the population and family planning program, challenges do remain. In addition to the USAID phase out of support for contraceptives, with the last deliveries being made in 2006, there exist other financial, logistical, programmatic, and quality issues that may limit Egypt's ability to achieve contraceptive security, if they remain unresolved.

The Contraceptive Security Strategic Plan for Egypt 2006–2010 (CSSP) was developed in consultation among all concerned stakeholders. These include the Ministry of Health and Population (MOHP), National Population Council (NPC), Ministry of Finance (MOF), Ministry of Planning, Ministry of International Cooperation, NGOs, private sector, public and private sector pharmaceutical companies, donor agencies, technical support agencies, representatives from health and population committees in the Shura and People's Assembly, heads of the physician and pharmacy syndicates, research institutes, and USAID cooperating agencies and projects like the Population Council, JSI/DELIVER, Frontiers in Reproductive Health Program, and the TASHEEN/POLICY and CATALYST projects. USAID provided technical assistance through the POLICY Project based in Cairo, Egypt.

This plan was developed in response to a series of gaps identified by a Contraceptive Security Working Group and stakeholders. Gaps included financial pressures on public resources; insufficient financing for contraceptives; lack of adequate user fees and the absence of an exemption and waiver policy; limited information for decisionmaking; lack of appropriate quality control measures in manufacturing; commodity testing, and service delivery; lack of collaborative between sectors and partners working toward contraceptive security; and an overall lack of awareness of contraceptive security issues.

The CSSP was developed to resolve these issues through five components focused on financing, collaboration and coordination, service delivery, logistics, and advocacy. All contribute to the goal of the Contraceptive Security Strategic Plan: to ensure that men and women can choose, obtain, and use, high-quality contraceptive services and commodities, whenever they want them, for planning their families. The estimated cost for the CSSP Year 1 activities is LE 720,199. Activities in Years 2-5 of the CSSP are anticipated to cost LE 799,380; however, costing should be updated annually to account for changes in activities or unit costs. The total costs include

existing direct costs such as salaries and vehicles; required new government investment; required new donor support via projects and/or direct investment; and indirect costs determined as a percentage of the total.

Estimates of the commodity costs over the next decade anticipate annual cost growth rates of between 28 and 40 percent. The most likely scenario will result in commodity costs of LE 145 million in 2017.[1] However, forecasting of commodity requirements for both budgeting and procurement should take place annually to ensure adequate stocks and to account for changes in the family planning environment, both domestically, and on the international market.

The coordination and monitoring and evaluation processes for the CSSP fall within the overall responsibilities of the National Population Council (NPC). Implementation responsibilities will fall to the MOHP, NPC, the MOF, and various partners in the private, commercial, and NGO sectors.

The CSSP identifies contraceptive security goals and activities for the years 2006 through 2010, which are intended to ensure that Egypt is achieving contraceptive security for all its citizens, in an environment of growing need for contraceptives and limited donor support. Completion of these activities will aid the GOE to reach its goal of replacement fertility.

[1] Futures Group. 2005. *Estimating MOHP's Contraceptive Commodity Costs to 2017*. Cairo, Egypt: Futures Group.

Contraceptive Security Strategic Plan for Egypt
2006–2010

Introduction

The Population and Family Planning Strategy aims to reach replacement level fertility (2.1 children per woman) by the year 2017, as well as reduce child mortality rates by 66 percent and maternal mortality by 75 percent, as specified in the Millennium Development Goals (MDGs). To reach these goals by 2017, the GOE will need to expand reproductive healthcare services and increase utilization of FP among women of reproductive age (WRA) to 74 percent.

To this end, it was necessary to integrate and coordinate all efforts related to FP within the context of the Contraceptive Security Strategic Plan for Egypt 2006–2010 (CSSP). The plan, conceived as a series of activities, took into consideration the current demographic situation as well as USAID's plans for withdrawal from the procurement of contraceptives by 2007 and from the health and population sector by 2011.

The total fertility rate (TFR) fell from 5.6 in 1976 to 3.1 in 2005; it is clear that increases in FP use have been a significant factor in this decline. During that same time period, the contraceptive prevalence rate increased from 18.9 percent to 59 percent, and data show this trend was due in large part to an increase in the number of service delivery outlets.[2]

A recent study elaborated the benefits of the FP program over the past 25 years (1980-2005). These have been substantial, resulting in

- A population that is smaller by 12 million (nearly the size of Greater Cairo);
- A more favorable age distribution—10 million fewer youth under the age of 15;
- A lower infant mortality rate—over 3 million infant deaths averted;
- A lower under-5 child mortality rate—approximately 6 million early-childhood deaths averted; and
- Fewer maternal deaths—17,000 mothers' lives saved.[3]

Although a great deal of progress has been made in the population and FP program, challenges do remain. In addition to USAID's planned phaseout of support for contraceptives, with the last deliveries being made in 2006, there exist other financial, logistical, programmatic, and quality issues that may limit Egypt's ability to achieve contraceptive security, if they remain unresolved.

The Contraceptive Security Strategic Plan for Egypt 2006–2010 was designed to serve as a platform for the construction and reinforcement of a high-quality, sustainable family planning program that will allow Egypt to achieve contraceptive security. Thus, the CSSP should be viewed as an expression of the GOE's commitment to a dynamic and proactive response to the nation's population problems, to meeting the FP/RH needs of its citizens, and to achieving the MDGs.

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[2] Moreland, Scott. 2006. Egypt's Population Program: Assessing 25 Years of Family Planning. Cairo, Egypt: POLICY Project/Futures Group.
[3] Ibid.

Contraceptive Security in the Egyptian Context

Contraceptive security exists when all persons are able to choose, obtain, and use high-quality contraceptives whenever they need them.[4] Accordingly, in the Egyptian context, the goal of the CSSP is to ensure that men and women are able to choose, obtain, and use high-quality contraceptive services and commodities at a reasonable price, whenever they want them, for planning their families.

Priority issues and challenges to be considered within the CSSP were identified by stakeholders during a workshop that was held in October 2004 and were further revisited and assessed through a series of meetings with these same stakeholders. The overall framework of the CSSP was the result of intensive discussion that took place during a second workshop held in March/April 2005. Initial discussions were followed by development of a draft framework articulated by the multisectoral Contraceptive Security Working Group (CSWG)[5] later in 2005. This draft was refined through a series of meetings, workshops, retreats, and discussions. These fora focused on gaining consensus on a feasible approach to contraceptive security in Egypt from the CSWG and other key stakeholders. The CSSP is the result of this consultative process.

As a partner in this effort, USAID, through its resident POLICY Project, has provided technical assistance throughout the process of developing the CSSP.

Situation Analysis of Contraceptive Security in Egypt

Current Status of Reproductive Health and Family Planning

Egypt's record on many reproductive health issues is impressive when judged against other nations in the region. This is largely a result of progress made in recent years. The 2005 Egyptian Demographic and Health Survey (EDHS) documented significant progress at various levels. The infant mortality rate during the five years preceding the survey (2001-2005) fell to 33 deaths per 1,000 births compared with 97 during the years 1981–1985. During the same period, under-five mortality declined to 41 per 1,000 births, compared with 139 deaths per 1,000 births in the earlier years. Similar progress was also noticeable with regard to maternal health indicators. The percentages of births whose mothers received regular antenatal care reached 58.5 percent in 2005 (28.3% in 1995), and those who were medically assisted in delivery rose to approximately 74.2 percent compared with 34.6 in 1988. In addition, approximately 89 percent of Egypt's children are fully immunized by age one,[6] and all of Egypt's citizens have access to basic health services.[7] However, the maternal mortality ratio is still 67 deaths per 100,000 live births. In 2005, the average ideal number of children in Egypt was 2.9 children, the same as the ideal number in 2000,[8] indicating a preference for a 3-child family. The actual TFR is even higher (3.1 children). Both the actual TFR and the ideal number of children remain above the replacement fertility rate

[4] USAID definition of contraceptive security.
[5] Current membership in the CSWG is drawn from the Ministry of Health and the Ministry of Finance.
[6] 2005 EDHS Table 12.1
[7] http://www.emro.who.int/emrinfo/index.asp?Ctry=egy#PHC_Concluded
[8] 2005 EDHS Table 9.6

of 2.1 children, the national goal for the year 2017. Ten percent of WRA have an unmet need for family planning and 32 percent of acceptors discontinue use within the first 12 months.[9]

In 2005, 59.2 percent of married women of reproductive age (MWRA) were using a contraceptive method. However, the number of MWRA is expected to grow by approximately 34 percent in the next 15 years. The demand for contraceptives is increasing annually as a result of both this continuous population growth and the GOE's efforts to reach replacement level fertility by the year 2017.

USAID will phase out their support for contraceptives by the end of 2006. The GOE has assumed gradual responsibility for these costs and is on track to assume full responsibility for contraceptive procurement when USAID ends its support.

Contraceptive Security in Egypt: Programmatic Issues

To achieve contraceptive security (CS), Egypt needs the following:

- A supportive policy environment—commitment from top political and technical leadership and an effective policy
- Appropriate contraceptive forecasting, procurement, distribution, and storage mechanisms
- Adequate and sustainable financing
- The identification and meeting of clients' needs and demands for contraceptives and services
- Effective coordination and collaboration between public and private sector stakeholders

A meeting of the CSWG and other stakeholders identified the following issues as hampering the GOE's ability to achieve CS:

- Financial pressures resulting from USAID phaseout and lack of a long-term sustainability/financing plan
- Lack of a targeted strategy where free commodities go to the poor while those who can afford to pay do so
- Lack of timely and accurate information for decisionmaking
- Conditions in which quality standards are not always disseminated and followed;
- Lack of clear roles and responsibilities for stakeholders and partners in service delivery and policymaking
- Inadequate advocacy capacity at all levels to raise awareness about contraceptive security

The CSSP resolves these issues through a series of activities focusing on financing, collaboration and coordination, service delivery, logistics, and advocacy.

Development of the Contraceptive Security Strategic Plan

To respond to USAID's phaseout of contraceptive support and achieve the national population goals, the GOE began development of a multi-partner contraceptive security strategy using the

[9] 2005 EDHS

Strategic Pathway for Reproductive Health Commodity Security (SPARHCS) approach in December 2003.

Steps taken during 2001–2003

Activities completed during 2001–2003 supplied background for the contraceptive security strategic planning process and assisted with the preparation for phaseout of USAID support for contraceptives. The main activities were:

- A Sustainability Strategy Conference was conducted in May 2001 to identify sustainability issues, proposed strategies, and policy dialogue outcomes.
- A Contraceptive Commodity Cost Study, completed in 2002, projected costs for the following 15 years under 17 different scenarios.
- The MOHP started to expand procurement of contraceptives in 2001 including: condoms (2001), all oral contraceptives and implants (Norplant and Implanon since 2002) as well as foam, and emergency contraceptives.
- In July 2002, the USAID/Deliver Project carried out an assessment on the cost of contraceptive distribution systems to governorate-level warehouses.
- In preparation for USAID phaseout of IUDs and injectables, the MOHP and USAID negotiated a letter of agreement in 2003. The key points were:
    - The last delivery of USAID-funded contraceptives will be in 2006.
    - The MOHP was to initiate IUD procurement in 2004, which it did.
    - The MOHP was to shoulder the full responsibility for the procurements of IUDs by the end of 2005 and for injectables by the end of 2006, which it is doing.
- A number of studies conducted during this period provided useful information:
    - A Service Provision Assessment Survey was completed in 2002, which covered areas such as (a) storage and stock monitoring systems for contraceptive methods and medicines; and (b) ordering systems and timely receipt of commodities.
    - CIS Willingness to Pay Study.
    - Greater Cairo Slum Areas Population/RH Profile based on the 2003 EDHS. This also covered information about the cost of contraceptives and the amount users are willing to pay for IUDs, pills, and injectables.

Contraceptive security strategic planning process during 2004–2006

- Awareness raising to develop a common understanding of contraceptive security
    - Conducted key informant interviews
    - Organized stakeholder meetings
    - Formed CS working group
    - Built capacity of the CS working group
- Generating and mobilizing information for decisionmaking
    - Conducted a detailed situation analysis using the SPARHCS framework in January 2004
    - Carried out a market segmentation and trend analysis using 1998, 2000, and 2003 EDHS data
    - Carried out a rapid assessment of the logistics system

    - Identified broad and operational policy barriers
    - Analyzed the cost-benefit of FP program
    - Completed yearly FP cost studies

- Developing the CS strategy and action plan
    - Held a workshop to identify and prioritize issues to be addressed (October 2004)
    - Organized small planning and policy dialogue meetings to develop goals and strategies
    - Conducted strategic planning workshop (March/ April 2005)
    - Conducted costing exercise for the CSSP with the Contraceptive Security Working Group (November 2005)
    - Held stakeholder discussions to validate CSSP (May-June 2006)
    - Advocated for the approval of the CS strategy and GOE funding obligation
    - Disseminated the CS strategic plan at a workshop in June 2006

Summary of Contraceptive Security Plan for Egypt: 2006–2010

Goal

The overarching goal of the Contraceptive Security Strategic Plan for Egypt 2006 – 2010 is to ensure that men and women can choose, obtain, and use high-quality contraceptive services and commodities, whenever they want them, for planning their families.

To reach this goal, the CSSP intends to:

- Identify long-term and sustainable financing for FP commodities and services;
- Improve the collaboration and coordination of the public, private, and NGO sectors;
- Ensure that high-quality FP commodities and consistent services are provided by all sectors;
- Strengthen the logistics, distribution, storage, and procurement systems; and
- Create an environment conducive to achieving contraceptive security and reduce operational and policy barriers to this achievement.

Components, Objectives, Activities, Indicators, Key Actors, and Estimated Budget

Based on a review of issues affecting the nation's ability to respond to contraceptive security goals, the population and family planning sectors of the MOHP coordinated a Contraceptive Security Working Group that identified objectives, activities, indicators, and key actors within five priority areas: Finance, Collaboration and Coordination, Service Delivery, Logistics, and Advocacy. The working group costed the activities based on detailed activity descriptions and identification of inputs and unit costs. An estimated budget is presented for the first year (2006) of activities, along with a probable budget for the following four years (2007–2010). The budget for years two through five should be reviewed annually, based on developments during the strategy's first year of implementation. The estimated budgets are the total cost for conducting these activities. This amount includes existing direct costs such as salaries and vehicles; required new government investment; required new donor support via projects and/or direct investment; and indirect costs determined as a percentage of the total. The monitoring and evaluation process

for the CSSP falls within the overall responsibilities of the NPC, and timely periodic reports will allow corrective measures to be taken, if needed.

Appendix A of this document presents a detailed presentation of each component of the Contraceptive Security Strategic Plan: 2006–2010. The plan's components are summarized below.

Component 1: Finance

Strategic Objective: To provide the funding required for family planning commodities and services based upon actual need.

Issues: Major issues confronting financial sustainability of the family planning program include the need for financial support, as well as current and reliable data, and ensuring that the poor and needy get subsidized family planning services and commodities.

Activities: In addressing the above issues, the CSSP's primary objective is to ensure the availability of long-term financial support from both the public and private sectors for contraceptive security in Egypt. As presented in Appendix A, the Finance component's activities and sub-activities center on developing a financial management system and data flow mechanisms to enable managers to have needed financial information and resources; securing long-term financial support via a ring-fenced budget line item; exploring the feasibility of alternative financing mechanisms, such as including FP services in national social insurance strategies; and paying for commodities. Estimates of the commodity costs over the next decade anticipate annual cost growth rates of between 28 and 40 percent. The most likely scenario will result in commodity costs of LE 145 million in 2017.[10] However, forecasting of commodity requirements for both budgeting and procurement should take place annually to ensure adequate stocks and to account for changes in the FP environment, both domestically, and on the international market.

Finally, to ensure that the poor and needy can access subsidized family planning services and commodities, activities are included that will assess the feasibility of different forms of resource targeting and develop a resource targeting strategy. These will ensure that scarce resources are directed to the poor and needy, while those who can afford to pay do so.

A sample of sub-activities includes:

- Submitting a formal request for a ring-fenced budget line item for contraceptive commodities built on accurate forecasting and implementing an advocacy strategy to sustain the flow of funds into this budget line item
- Allocating funds
- Developing the rules and regulations for both the financial management system and the information system
- Training managers and employees on the data flow and financial management systems
- Conducting studies on the cost effectiveness of including FP commodities and services in insurance mechanisms and implementing an advocacy campaign based on the results

[10] Futures Group. 2005. *Estimating MOHP's Contraceptive Commodity Costs to 2017*. Cairo, Egypt: Futures Group.

- Conducting a study to explore the feasibility of charging user fees to those who can afford to pay, and holding roundtable discussions with key stakeholders to develop and implement user fees and exemptions
- Implementing a user fee pricing structure and exemption mechanisms

Indicators: It is expected that implementation of this component's activities will result in the use of financial data for decisionmaking; funding from the government of Egypt, donors, and other sources for FP commodities and services; and a ring-fenced budget line item for contraceptives approved and operationalized.

Success will be measured by:

- Whether financial data is used to secure funding from GOE for FP commodities and services
- The existence and use of timely data for decisionmaking by managers
- Approval and operationalization of a ring-fenced budget line item for contraceptives
- The presence of an enabling environment for CS alternative financing, as measured by:
  - Number of FP-positive statements made in last month by high-level policymakers
  - Number of CS positive messages in the media in the last month
  - Percentage of required funding for contraceptives allocated by the GOE
- The percent of funding from the Services Improvement Fund allocated for contraceptives and/ or other CS activities
- The percent of funding from donors allocated for contraceptives and/or other CS activities
- Whether FP services and commodities are included in insurance mechanisms; and
- The percent of people in the bottom two income quintiles receiving high-quality FP services

Key Actors: Coordination for this component will occur through the NPC and the MOHP, with implementing responsibilities falling to the MOHP, the NPC, the Integrated MCH/FP/RH Project (TAKAMOL), the MOHP Financial and MIS Departments, and governorate authorities.

Estimated Budget for Year 1: LE 83,700
Estimated Budget for Years 2–5: LE 246,629

Component 2: Collaboration and Coordination

Strategic Objective: To strengthen collaboration and coordination among the public and private sectors, NGOs, and other stakeholders in achieving contraceptive security.

Issues: Collaboration and coordination are crucial to the success of the contraceptive security strategic plan. This component is designed to promote partnerships in developing contraceptive security policies and programs among the public, private, and NGO sectors, ensure multisectoral organizational development for improved management of contraceptive security issues, and ensure proper coordination among different stakeholders in contraceptive security. In addition, it is imperative that an environment be created where it is politically and socially feasible for partners to collaborate.

Activities: To resolve the issues referenced above, activities include defining a mechanism to maintain cross-sectoral linkages, fostering communication and open dialogue between partners, and involving different partners in decision-making. Other activities under the Collaboration and Coordination component are the creation of a suitable environment to encourage investment in CS, the design and implementation of mechanisms for coordinating CS initiatives, and an effective M&E and policy analysis of the CS strategy. It also includes activities to strengthen organizational management capacity in the private and NGO sectors, mobilize and empower NGOs and the private sector to maximize their roles in CS, and strengthen NGO and private sector capacity in information systems for CS.

Examples of specific sub-activities include:

- Conducting a situation analysis to assess attitudes toward collaboration, and holding stakeholder meetings to design and approve strategies for collaboration
- Establishing a mechanism to exchange information among collaborating partners
- Conducting an operational policy barriers study to identify laws and/or regulations that discourage investment in contraceptive security by different sectors and implementing advocacy activities to modify these laws or regulations
- Designing and implementing training-of-trainer (TOT) programs for healthcare providers in the NGO and private sectors to build their capacity on CS issues
- Identifying all stakeholders related to CS issues in Egypt on the national and international levels and developing tools to coordinate among different stakeholders on the executive level
- Identifying CS indicators and suitable tools for data collection and dissemination

Indicators: Progress in the area of collaboration and coordination will be measured by the percent of stakeholders involved in CS activities such as finance and service provision; the percent of FP commodities and services provided by the private sector and NGOs; rates of dissemination to and use by managers in all sectors of current and reliable data related to CS; the percent of national and international stakeholders adhering to activities and contributions agreed upon in the strategic plan; and the number of laws, regulations, and policies that affect investment in CS that have been changed during the last year.

Key Actors: Coordinating responsibility for the Coordination and Collaboration component lies with the NPC, the MOHP and the Integrated MCH/FP/RH Project (TAKAMOL). It is anticipated that a broad-based coalition of public, private, and NGO sector stakeholders will work with the MOHP and the Integrated Project in addressing this component's activities.

Estimated Budget for Year 1: LE 134,964
Estimated Budget for Years 2–5: LE 126,209

Component 3: Service Delivery

Strategic Objective: To ensure secure and permanent access to safe, comprehensive, reliable, and high-quality contraceptive services.

Issues: The Service Delivery component will address the need to provide high-quality FP services by the public, private, and NGO sectors; ensure maintenance and sustainability of systems, processes, and provision of services related to the implementation of the contraceptive security strategy; and improve accessibility to family planning services.

Activities: Key service delivery activities, as detailed in Appendix A, focus on ensuring sustainable and high-quality FP services within the national health reform strategy; strengthening the supervisory, managerial, and data management capacity of FP departments at the district level; and improving Client Provider Interaction (CPI) skills related to CS in all sectors. Service delivery also includes activities to ensure that the poor and needy get high-quality FP services on a sustainable basis.

More specifically, some sub-activities within this component are reviewing, modifying, and disseminating standards and guidelines to service delivery points in the public, private, and NGO sectors; training relevant healthcare providers in the standards and guidelines; and monitoring and evaluating implementation. Others include assessing departmental supervisory capacity, and designing and implementing capacity-building programs to fill gaps, identifying CS data gaps, and designing and implementing programs to help fill them. Attempts to improve the quality of services include identifying gaps in CPI training, developing a training manual to fill them, conducting TOT on these issues, disseminating guidelines for user fees and exemptions, conducting awareness raising on their content among providers and clients, and monitoring client satisfaction with their application.

Indicators: Progress in the service delivery arena will be measured by:

- The percent of service delivery units in all sectors that provide family planning services in accordance with established quality standards
- The percent of providers trained on these standards
- Contraceptive discontinuation rate
- Rate of improvement in FP indicators after phaseout (contraceptive prevalence rate (CPR), discontinuation rates, and unmet need)
- Rate of provision of high-quality FP services as measured by the service standards and guidelines
- Percent of discontinuations due to lack of access
- The number of national or subnational policies or plans that promote access to high-quality FP services or information
- Level of resources available to purchase contraceptives after application of user fee structure and exemptions
- The number of instances that data or information are produced and/or used to improve service delivery or provider training
- The number of providers trained using new curricula

Key Actors: The NPC, MOHP, and private sector representatives will assume coordinating responsibility for this component. Implementing duties will be assumed by the MOHP, NPC, and local FP departments, the commercial sector, and NGOs, along with the Integrated MCH/FP/RH Project (TAKAMOL).

Estimated Budget for Year 1: LE 19,084
Estimated Budget for Years 2–5: LE 221,123

Component 4: Logistics

Strategic Objective: To provide contraceptives in the proper quantities and types and of acceptable quality, to be delivered in the right place, at the right time and cost.

Issues: As a priority component for the CSSP, the Logistics component will address the following issues: the need to ensure the availability of adequate amounts and types of contraceptives, the continuous availability of strategic stocks of contraceptives at all levels, and upgrading storage systems to adequately store contraceptives at all levels.

The logistics management and information system (LMIS) and forecasting are weak across levels; there is no long-term strategy to maintain the LMIS, and there is poor communication between the management information system (MIS) of the MOHP and of the Egyptian Pharmaceutical Trading Company (EPTC). In addition, there is incomplete and/or inaccurate service delivery point (SDP) reporting; the supply chain/pipeline is too long and not filled; supervision is weak across levels; and there are poor storage conditions in MOHP warehouses, in part because warehouse staff are not adequately trained. There is no clear strategy for procuring high-quality, low-cost contraceptives from national or international vendors: the MOHP contraceptive procurement capacity is weak; local contraceptive manufactures do not meet international quality standards; and there are considerable policy barriers to CS, including the drug registration process.

Activities: As presented in Appendix A in more detail, the Logistics component consists of activities to improve the logistics process from forecasting to storage. These include:

- Developing a strategy to forecast contraceptive needs using appropriate data
- Expanding method alternatives
- Developing a plan for procurement of contraceptives based on forecasting
- Strengthening the LMIS to monitor supply levels and provide data for decisionmaking
- Monitoring the commodities flow and assessing stocks on a monthly basis
- Improving the quality and capacity of storage points

Some examples of specific sub-activities are conducting a forecasting exercise to determine contraceptive requirements, conducting a study to assess commodities stores at different storage levels, renovating storehouses, assessing and monitoring commodities flow at different levels, and developing and implementing a training program on commodity storage.

Indicators: Progress will be measured by the existence of an adequate and timely commodities supply at all levels, improved method mix, and reduction in stockouts and poor storage at all levels.

Indicators for the logistics component's activities include: the percentage of SDPs that experienced no stockouts in the last 12 months, the number of new contraceptive products introduced into the Egyptian market in the last year, the percent of contraceptives wasted due to

expiration and/or damage, and the number of months during the last year when stocks were between the minimum and maximum levels for each contraceptive commodity type at central medical stores.

Key Actors: The NPC and the MOHP have coordinating responsibility for this component. Implementing responsibility will fall to the MOHP and its Purchasing Department, along with the MOHP/ Integrated MCH/FP/RH Project (TAKAMOL), and the Contraceptive Forecasting and Procurement Committee (CFPC), the Central Department for Pharmaceutical Affairs (CDPA), and the National Agency for Drug Control and Research.

Estimated Budget for Year 1: LE 410,537
Estimated Budget for Years 2–5: LE 198,662

Component 5: Advocacy

Strategic Objective: To create an enabling environment and reduce barriers for achieving contraceptive security.

Issues: The Advocacy component will address the need for awareness, sensitization, and support on CS issues among strategic stakeholders and decisionmakers.

Activities: Activities include establishing a CS advocacy core team, building capacity for policy champions, developing a plan for advocacy on CS issues, and implementing advocacy activities to reduce cultural, legal, institutional, and political barriers to contraceptive security.

Some of the more detailed sub-activities include:

- Forming of a Contraceptive Security Advocacy Core Group and defining their rules and regulations and scope of work
- Training the core group in advocacy skills, and designing and implementing an advocacy campaign designed to increase awareness of and support for CS, including a budget line item and the inclusion of FP in health insurance schemes
- Implementing advocacy activities to involve partners in decisionmaking on CS to facilitate the development of laws and regulations that support investment in CS by all sectors

Indicators: Ultimately, the success of this component can be measured in the level and sustainability of support for contraceptive security among the public and decisionmakers. The strategy's design team anticipates that action on this key component will result in increased knowledge and commitment to contraceptive security by policymakers and decisionmakers.

Progress on these activities and issues will be measured by the number of advocacy events conducted by members of the CS Advocacy Group in the last six months, the number of FP-positive statements made in last month by high-level policymakers, the number of CS positive messages in the media in the last month, and the percentage of required funding for contraceptives allocated by the GOE and other sectors. Additional indicators include the percent of advocacy activities funded by the private sector; the percent of user fees that cover FP

services; and the number of laws, regulations, and policies that have been changed to support CS investment

Key Actors: Coordinating responsibility for the strategy's Advocacy component falls to the NPC and the MOHP. Implementation will be carried out through the MOHP, the MCH/FP/RH Integrated Project (TAKAMOL), and the CS Advocacy Team (once formed). Input from the health, social, media, political, and financial sectors will also be solicited.

Estimated Budget for Year 1: LE 71,912
Estimated Budget for Years 2–5: LE 6,757

Appendix A:
Egypt Strategic Plan for Family Planning and Contraceptive Security 2006–2010

Component 1: Finance

Goal: To ensure the ability of men and women to choose, obtain, and use high-quality contraceptive services and commodities, whenever they want them, for planning their families
Component 1: Finance
Component Objective: To provide the funding required for family planning commodities and services based on actual need

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
Strategy 1.1 Ensuring that key decisionmakers and financial managers at the national level are provided with current and reliable data on financial requirements for family planning commodities and services							
1.1.1 Develop financial management system for the effective planning, monitoring, and evaluation of CS	1.1.1.1 Set up task force to determine the requirements for financial management mechanisms for contraceptive commodities	MOHP NPC	MOHP	2006	Task force appointed and functional	Financial data used to secure funding from GOE for FP commodities and services (Number of periodic reports)	

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	1.1.1.2 Develop rules and regulations for the financial management mechanisms	MOHP NPC	MOHP Integrated MCH/FP/RH Project	2006	- Financial management system developed - Information needed from financial management mechanism identified - Documentation forms developed and printed		MOHP/NPC will monitor the financial management system periodically, ensure timely and adequate data flow, and implement required modifications on the system when required.
	1.1.1.3 Develop training program for financial management system	MOHP NPC	MOHP, Integrated MCH/FP/RH Project	2006	Curriculum developed		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	1.1.1.4 Train relevant managers on financial management system	MOHP NPC	MOHP, Integrated MCH/FP/RH Project	2006	Percent of relevant managers trained in financial management mechanism		
	1.1.1.5 Develop a monitoring system for the financial management mechanism	MOHP NPC	MOHP, MOHP/ Financial Department, Integrated MCH/FP/RH Project	2006	Monitoring system for financial management designed		
1.1.2 Develop appropriate data flow mechanism to ensure that decisionmakers and financial managers are provided with timely, appropriate data concerning	1.1.2.1 Identify decisionmakers and financial managers in need of CS data	MOHP NPC	MOHP	2006	List of decisionmakers concerned with CS	Existence and use of timely data for decisionmaking by managers	
	1.1.2.2 Develop tools and mechanisms for data flow concerning commodity expenditures	MOHP NPC	MOHP and Integrated MCH/FP/RH Project	2006	Periodic reports developed		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
financial requirements for FP commodities and services	1.1.2.3 Develop training program on data flow	MOHP NPC	MOHP Integrated MCH/FP/RH Project	2006	Training curricula developed		
	1.1.2.4 Train employees on the data flow system	MOHP NPC	MOHP, Integrated MCH/FP/RH Project	2006–2007	Percent of trained employees		
Strategy 1.2 Securing long-term financial support via a ring-fenced budget line item							
1.2.1. Maintain long-term financial support for contraceptive procurement via a ring-fenced budget line item	1.2.1.1 Develop financial requirements for contraceptives based on sound forecasting	MOHP NPC	MOHP, Integrated MCH/FP/RH Project	2006–2010	Timely estimated financial requirements of CS, based on the approved forecasting	Ring-fenced budget line item for contraceptives approved and operationalized	CS financial requirements are identified yearly in October.
	1.2.1.2 Follow up the submitted formal request for ring-fenced budget line item for contraceptive commodities	MOHP NPC	MOHP, MOF	2006	Request approved		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	1.2.1.3 Develop and implement an advocacy strategy to sustain flow of funds into budget line for contraceptives	MOHP NPC	MOHP, Integrated MCH/FP/RH Project	2006–2008	Advocacy plan developed and implemented		
1.2.2 Explore the feasibility of alternative financing mechanisms for CS fund and commodities line item and where feasible advocate for funding	1.2.2.1 Hold awareness-raising workshops on financing for FP commodities and services for Health Undersecretaries, Governorate Financial Officers, other key stakeholders	MOHP NPC	MOHP, Integrated MCH/FP/RH Project	2007	Workshop reports that define alternatives for CS financing		
	1.2.2.2 Determine the feasibility of allocating funds to CS and/or commodities from the Services Improvement Fund	MOHP NPC	MOHP	2007	Policy dialogue with decisionmakers at different levels	Percent of funding from the Services Improvement Fund allocated for contraceptives and/or other CS activities	

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	1.2.2.3 Determine the feasibility of allocating funds from the Governorate Services Development Fund for contraceptives and CS activities	MOHP NPC	MOHP, governorate authorities	2007	Policy dialogue with Governorate Undersecretary, MOHP, and financial officer	Percent of funding from Governorate Services Development Fund allocated for contraceptives and/or other CS activities	
	1.2.2.4 Explore the feasibility of obtaining additional donor funding via policy dialogue with donors	MOHP NPC	MOHP, Ministry of International Cooperation	2006–2007	Policy dialogue with donors completed	Amount of funding from other donors allocated for contraceptives and/or other CS activities	
1.2.3 Include family planning services within the national social insurance strategies	1.2.3.1 Conduct study to determine cost effectiveness of inclusion of FP commodities and services in insurance mechanisms	MOHP NPC	MOHP, Integrated MCH/FP/RH Project, Health Insurance Organization	2007	Study completed, results disseminated	FP services and commodities included in insurance mechanisms	

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	1.2.3.2 Define and implement an advocacy campaign to include FP commodities and services in all currently existing health insurance systems	MOHP NPC	MOHP, Integrated MCH/FP/RH Project	2006–2008	Advocacy campaign implemented		
Strategy 1.3 Exploring the feasibility of alternative financing mechanisms							
1.3.1 Assess the feasibility of implementing a resource targeting strategy	1.3.1.1 Conduct a study to explore the feasibility of charging user fees to those who can afford to pay if indicated	MOHP NPC	MOHP, Integrated MCH/FP/RH Project	2007	Study completed, policy dialogue about results completed	Percent of poor and needy people in the last two market segmentation quintiles receiving high-quality FP services and commodities	
	1.3.1.2 Hold roundtable discussions with key stakeholders to determine the type of resource targeting most suitable to Egypt	MOHP NPC	MOHP, Integrated MCH/FP/RH Project	2007	Roundtable conducted		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
1.3.2 Develop a strategy to implement resource targeting	1.3.2.1 Identify a mechanism to define those eligible for free services	MOHP NPC	MOHP, Integrated MCH/FP/RH Project	2007–2008	Eligibility criteria developed		
	1.3.2.2 Determine user fee pricing structure and exemption policies	MOHP NPC	MOHP, Integrated MCH/FP/RH Project	2007	Pricing structure and exemption criteria identified		
	1.3.2.3 Develop regulations needed to ensure that fees are returned to commodity budget line item	MOHP NPC	MOHP, Integrated MCH/FP/RH Project, MOF	2007	Regulations developed		
	1.3.2.4 Develop guidelines for resource targeting strategy including items 1.3.2.1, 1.3.2.2, 1.3.2.3	MOHP NPC	MOHP, Integrated MCH/FP/RH Project	2007–2008	Guidelines developed		
	1.3.2.5 Pilot test resource targeting guidelines and modify guidelines according to pilot test results	MOHP NPC	MOHP, Integrated MCH/FP/RH Project	2008	Pilot test completed and modifications made		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	1.3.2.6 Develop and implement scale up strategy	MOHP NPC	MOHP, Integrated MCH/FP/RH Project	2008–2010	Scaling up strategy drafted and scale-up implemented		

Component 2: Collaboration and Coordination

Goal: To ensure the ability of men and women to choose, obtain, and use high-quality contraceptive services and commodities, whenever they want them, for planning their families

Component 2: Collaboration and Coordination

Component Objective: To strengthen collaboration and coordination among the public and private sectors, NGOs, and other stakeholders in achieving contraceptive security

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
Strategy 2.1 Promoting partnership in CS policy and programs among public and private sectors and NGOs							
2.1.1 Define a mechanism to maintain public, private, and NGO sector linkages essential to support CS strategy	2.1.1.1 Conduct situation analysis to assess private sector and NGOs' attitudes, position, and practices related to collaboration in CS	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Situation analysis report for each sector produced and disseminated	Percent of FP commodities and services provided by the private sector and NGOs	The MOHP/NPC will ensure implementation of the stakeholder strategies and workplan, and conduct annual workshops to assess progress and modify the workplan.
	2.1.1.2 Hold stakeholder meetings to develop concept paper and strategies specifying stakeholder responsibilities/roles	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Strategies and roles of stakeholders identified		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	2.1.1.3 Approve suitable strategies for collaboration, based on the baseline analysis	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Final strategies approved		
2.1.2 Foster communication and open dialogue among partners (public and private sectors and NGOs)	2.1.2.1 Establish and maintain data base concerning various aspects and different issues related to CS	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Functioning CS data base	Percent share of stakeholders involved in CS activities such as finance and service provision	The database is maintained and updated periodically.
	2.1.2.2 Establish a mechanism to exchange information among collaborating partners	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Specific mechanisms for information exchange established		
Strategy 2.2 Creating a suitable political, cultural, and social environment to implement partner collaboration							

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
2.2.1 Involve different partners in decisionmaking for CS issues	2.2.1.1 Strengthen the CSWG to involve all stakeholders and to participate in policy and decision making (e.g., pricing policies, subsidization policies)	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Expanded list of the CSWG	Number of stakeholders involved in CS activities such as finance and service provision	
	2.2.1.2 Implement advocacy activities to involve different partners in decisionmaking	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006–2010	Advocacy activities implemented		
2.2.2 Create an environment conducive to investment in CS	2.2.2.1 Conduct operational policy barriers study to identify laws and/or regulations regarding investment in FP	MOHP NPC	MOHP, Integrated MCH/FP/R H Project	2007	Study conducted and barriers identified		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	2.2.2.2 Implement advocacy activities to modify current laws, regulations, and policies to support investment in FP (e.g., tariffs and duties laws, laws for contraceptive advertising, pricing policies)	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006–2010	- Advocacy plan created to address identified barriers - Advocacy activities implemented	Number of laws, regulations. and policies related to CS investment that have been changed last year	
Strategy 2.3 Ensuring multisectoral organizational development for improved management of CS initiatives							
2.3.1 Strengthen CS organizational management capacity in private sector and NGOs	2.3.1.1 Assess private sector and NGO needs for participation in CS activities	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Needs identified	Share of FP services and commodities provided by each sector	

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	2.3.1.2 Design and implement development programs to upgrade capacities of private sector and NGOs based on identified needs	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Development programs designed and implemented		The Population Sector helps train NGOs healthcare providers on service delivery and management.
2.3.2 Mobilize and empower NGOs and private sector to maximize their role in CS activities	2.3.2.1 Design and implement TOT program for healthcare providers in NGOs and private sector to build their capacity in CS activities	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Number of trained trainers of health care providers	Number of private organizations and NGOs that expanded their CS activities	This activity has been costed in training programs in the service delivery component.

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	2.3.2.2 NGOs identify and implement mechanisms for fundraising to create their own sources of finance	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007	Fundraising mechanisms identified and implemented		
2.3.3 Strengthen CS organizational capacity in information systems in NGOs and private sector	2.3.3.1 Design and implement TOT program to train relevant personnel in NGOs and private sector about data collection and analysis in areas related to CS	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007	The training program designed	Rate of dissemination to and use by managers of current and reliable data related to CS	Population Sector (PS) continues to disseminate training among different organizations on a scheduled basis.
	2.3.3.2 Conduct the training program	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007–2008	Number of trainers skillful in data collection and management		
Strategy 2.4 Ensuring proper coordination among different stakeholders in CS							

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
2.4.1 Design and implement mechanisms for coordinating all CS initiatives among collaborating partners	2.4.1.1 Identify all stakeholders related to CS issues on the national and international levels	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Stakeholders identified	Percent of national and international stakeholders implementing activities as agreed in the CS strategy	The CSWG meets periodically to monitor multisectoral cooperation on the national and international levels.
	2.4.1.2 Develop tools to coordinate between different stakeholders on the executive level	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Coordination tools developed		
2.4.2 Ensure effective monitoring, evaluation, and policy analysis of CS strategy by collaborating partners	2.4.2.1 Identify CS indicators and develop consensus between collaborating partners on the indicators	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	M&E plan developed	Share of FP services and commodities provided by each sector	CS indicators are periodically revised and updated.

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	2.4.2.2 Identify tools for data collection and dissemination	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Tools identified		
	2.4.2.3 Design and implement policy analysis, monitoring and evaluation training for partners	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007–2008	Number of personnel skillful at policy analysis and M&E		

Component 3: Service Delivery

Goal: To ensure the ability of men and women to choose, obtain, and use high-quality contraceptive services and commodities, whenever they want them, for planning their families
Component 3: Service Delivery
Component Objective: To ensure secure and permanent access to safe, comprehensive, reliable and high-quality contraceptive services

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
Strategy 3.1 Ensure provision of high-quality FP services by public and private sectors and NGOs							
3.1.1 Improve quality of provided FP services in all sectors (public/private sectors and NGOs)	3.1.1.1 Facilitate technical roundtable with stakeholders from all sectors to develop a quality assurance (QA) framework concerning CS service delivery, and define mechanisms for implementation of the program	MOHP NPC	MOHP, private sector, and NGOs	2006	Joint QA program	- Percent of service delivery units that provide FP services based on quality standards, in all sectors - Contraceptive discontinuation rate	
	3.1.1.2 Review and modify service standards and guidelines related to CS issues	MOHP NPC	MOHP, NGOs, and Integrated MCH/FP/ RH Project	2006	Service standards and guidelines modified		MOHP/NPC will ensure through the overall sector plan that service standards and

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	3.1.1.3 Disseminate standards and guidelines to SDPs of the three sectors	MOHP NPC	MOHP, private sector and NGOs, Integrated MCH/FP/ RH Project	2006	Percent of SDPs that receive the standards and guidelines		guidelines are institutionalized by service delivery units in all sectors; and periodically upgrade the standards.
	3.1.1.4 Develop TOT program for relevant healthcare providers in all sectors about implementation of the standards	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007	Training program developed, and TOT implemented	Percent of providers trained on implementing the standards, in the different sectors	MOHP and NPC will coordinate and implement the training program through a scaling up mechanism starting from 2007, in collaboration with government efforts in HSR.

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	3.1.1.5 Develop tools for monitoring implementation of FP service standards in all sectors, and develop monitoring reports	MOHP NPC	MOHP, NGOs, and Integrated MCH/FP/ RH Project	2007	Monitoring tools developed and disseminated to SDPs	FP indicators after phaseout (discontinuation rate, CPR, unmet need)	MOHP and NPC will complete monitoring activities related to CS services within the sector M&E plan.
3.1.2 Ensure sustainable quality of FP services within the national health reform strategy	3.1.2.1 Include FP standards and guidelines within the Basic Benefit Package of family medicine	MOHP NPC	MOHP	2007–2008	FP standards are included in the BBP	Percent of service delivery units in all sectors that provide FP services in accordance with established quality standards	PS will work with HSR to train family physicians at the national level.
	3.1.2.2 Follow up implementation of standards through family medicine units	MOHP NPC	MOHP	2007–2009	Standards applied through family medicine units	- Discontinuation rate - Unmet need - CPR	Implementation will be done in collaboration with the sector plan.

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Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
Strategy 3.2 Ensure maintenance and sustainability of systems, processes, and provision of services related to the implementation of CS strategy							
3.2.1 Strengthen supervisory and managerial capacity of FP departments at the district level	3.2.1.1 Assess department supervisory and managerial needs essential for implementing and monitoring and coordinating CS activities in all sectors	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Study conducted and needs identified	Percent of discontinuations due to lack of access	MOHP and NPC will integrate supervisory and managerial development of CS-related systems into the overall sector development strategy.
	3.2.1.2 Design supervisory and managerial organizational capacity development programs to address departmental needs	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007	Development programs designed	Percent of units maintaining providing FP services based on quality standards at the district level	

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
3.2.2 Strengthen FP departmental capacity in data management for CS issues	3.2.2.1 Identify CS data needed to be used at the district level	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007	Data identified	- Number of instances that data or information are provided and/or used to improve service delivery or provider training - Number of providers trained using new curricula	
	3.2.2.2 Develop forms for data collection	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007	Forms developed		
	3.2.2.3 Develop training manual	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007	Training manual developed		
	3.2.2.4 Develop training program including data collection, analysis, interpretation, and use of indicators	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007–2008	Training program developed		
	3.2.2.5 TOT for service providers about data management and use of indicators	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007–2008	Periodic reports from service providers about indicators and their use		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
Strategy 3.3 Improve accessibility to FP services							
3.3.1 Improve CPI skills related to CS issues in all sectors	3.3.1.1 Assess CPI training needs of healthcare providers in public/private sectors and NGOs mainly concerning method choice, side effects, and so forth	MOHP NPC	MOHP, private sector and NGOs, Integrated MCH/FP/ RH Project	2007	Training needs identified	- Contraceptive discontinuation rate - Percent of unmet needs - Percent of accessibility to FP services	
	3.3.1.2 Develop training manual concerning priority issues in CPI	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007	Manual developed and disseminated		
	3.3.1.3 Develop relevant training program in CPI related to CS	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007–2008	Training program developed		
	3.3.1.4 Conduct TOT for healthcare providers on CPI skills concerning CS issues in the different governates	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007	Training conducted		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
3.3.2 Ensure that the poor and needy get high-quality FP services on a sustainable basis	3.3.2.1 Role out resource targeting regulations and guidelines to SDPs	MOHP NPC	MOHP	2008–2010	Guidelines rolled out	Percent of increased resources available to purchase contraceptives after applying the targeting strategy	MOHP institutionalizes the resource targeting mechanisms within the national reform strategy.
	3.3.2.2 Conduct advocacy and awareness-raising activities at SDPs, for resource targeting to ensure understanding and compliance to targeting strategy	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2008-2010	Advocacy activities implemented		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	3.3.2.3 Develop mechanisms to assess clients' satisfaction about FP services	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2009	Mechanisms developed		

Component 4: Logistics

Goal: To ensure the ability of men and women are able to choose, obtain, and use high-quality contraceptive services and commodities, whenever they want them, for planning their families

Component 4: Logistics

Component Objective: To provide contraceptives in the proper quantities and types, and of acceptable quality, to be delivered in the right place, at the right time, and at the right cost

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
Strategy 4.1 Ensuring availability of adequate amounts and types of contraceptives at all levels							
4.1.1 Develop a strategy to forecast contraceptive needs using appropriate data	4.1.1.1 Form Contraceptives Forecasting and Procurement Committee (CFPC)	MOHP NPC	MOHP	2006	Committee established	Percentage of SDPs that experienced no stockouts in the last 12 months	The committee performs annual forecasting of contraceptive requirements in September, by developing alternative forecasting scenarios for discussion. A final decision is made and approved on the forecasted requirements, which takes into consideration method mix, multisectoral collaboration and geographical needs
	4.1.1.2 Develop tools and regulations for the committee activities	MOHP NPC	MOHP/ Integrated MCH/FP/ RH Project	2006	Tools and regulations developed and approved		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	4.1.1.3 Conduct training needs assessment, update curriculum and train staff, at all levels, on short- and long-term forecasting	MOHP, NPC, Integrated MCH/FP/ RH Project	MOHP, Integrated MCH/FP/ RH Project	2006	- Training needs assessment completed - Training curriculum developed and approved - Number of staff trained		TOT includes MOHP personnel who will conduct training of staff in governorates and districts.
	4.1.1.4 Conduct forecasting exercise for contraceptive requirements	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Accurate contraceptive forecasting		PS monitors forecast reports regularly and ensures accurate data for decisionmakers.

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
4.1.2 Expand method alternatives through introduction of new products into the national FP program	4.1.2.1 Review structure and role of the scientific expert committee to strengthen its ability and capacity to assess the feasibility of introducing new products into the FP program	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007	- Committee formally restructured - Number of new contraceptive products evaluated	Number of new contraceptive products introduced annually to the Egyptian market	The committee will hold regular meetings, through the MOHP, to develop/modify regulations on introducing new contraceptive products. MOHP will support and follow-up committee activities and reports.
	4.1.2.2 Develop action framework for the committee	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007	Committee roles, responsibilities and operating guidelines clearly defined		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
4.1.3 Develop an integrated contraceptive procurement plan based on the approved forecasting scenario to the procurement department on time	4.1.3.1 Upgrade comprehensive procurement guidelines to include the procurement cycle time line and procurement requirements and specifications	MOHP NPC	MOHP	2006	Upgraded comprehensive procurement guidelines	Number of months during the last year when stocks were between the minimum and maximum levels for each contraceptive commodity at each medical warehouse in the system	MOHP modifies product (commodities) specifications for the different commodities in April, assesses available commodities, and makes final decisions on which commodities will be included in the procurement.
	4.1.3.2 Develop an information system to monitor and evaluate procurement procedures and prioritize commodity needs according to available funding to avoid stockouts	MOHP NPC	MOHP	2007	Procurement data flow chart developed		
	4.1.3.3 Develop a system for commodities quality control and	MOHP NPC	MOHP, CDPA, General Agency for	2006	Approved quality control system		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	laboratory testing		Drug Control and Research				
Strategy 4.2 Ensuring continuous availability of strategic stocks of contraceptives at all levels							
4.2.1 Strengthen the LMIS to monitor the contraceptives supply chain and to provide proper data for decisionmak-ing	4.2.1.1 Develop LMIS to meet the data needs of end users including an adaptable reporting system	MOHP NPC	MOHP, Integrated MCH/FP RH Project	2006		- Percentage of SDPs that experienced no stockouts in the last 12 months	
	4.2.1.2 Assess and monitor commodities flow at different levels to increase distribution and storage system	MOHP NPC	MOHP	2006–2010	- Approved guidelines for contraceptives distribution	- Number of months during the last year when stocks were between the minimum and maximum levels for each contraceptive commodity type at	MOHP monitors monthly reports concerning current pipeline, utilization amounts, and monthly stock for every level.

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	4.2.1.3 Provide computers and relevant materials and equipment	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Computers, materials and equipment available	each medical store	
4.2.2 Monitor commodities flow at the different levels and assess available stock, utilization, and commodities on a monthly basis at each level to avoid stock shortages	4.2.2.1 Develop/ upgrade a training program to train supervisory teams and store keepers at the different levels, about monitoring the minimum and maximum levels and using the reporting system	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007–2008	Training program developed		MOHP staff train supervisory teams, store keepers, and statisticians in governorates and districts; monitor their performance; and evaluate their training effectiveness.
	4.2.2.2 Develop/ upgrade a training program to train statisticians in governorates and districts to use commodities flow program	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007–2008	Percent of statisticians trained		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	4.2.2.3 Train EPTC workers about the newly developed electronic communication system	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project, EPTC	2007	Percent of workers trained		
Strategy 4.3 Upgrading storage systems and ensure adequate stocks at all levels							
4.3.1 Enhance capacity to adequately store contraceptive commodities at all levels	4.3.1.1 Conduct a study to assess commodities stores at different storage levels	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project, EPTC	2006	Storage development needs identified	Percent of contraceptive commodities wasted because of inadequate storing	
	4.3.1.2 Develop a plan to upgrade the stores, based on assessment results, including standards guidelines	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2007	Plan and standards guidelines developed		
	4.3.1.3 Implement the renovation process of	MOHP NPC	MOHP, Integrated	2007–2008	Percent of stores meeting		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	the stores		MCH/FP/ RH Project		adhering to stores guidelines		
	4.3.1.4 Train personnel at all storage levels	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2008	Percent of trained personnel		

Component 5: Advocacy

Goal: To ensure ability of men and women to choose, obtain, and use high-quality contraceptive services and commodities, whenever they want them, for planning their families

Component 5: Advocacy

Component Objective: To create an enabling environment and reduce barriers for achieving contraceptive security

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
Strategy 5.1 Strengthening capacity for planning and implementing advocacy activities on all levels							
5.1.1 Establish a CS advocacy core team that includes all stakeholders	5.1.1.1 Develop scope of work and identify members for the core team	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Steering core team formulated and rules and regulations developed	Number of advocacy activities carried out by CS advocacy group in the last six months	The steering committee includes members from different sectors (health, social, media, political, financial, planning).
	5.1.1.2 Develop rules and regulations for the core team	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006			

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
5.1.2 Build capacity for champions on advocacy	5.1.2.1 Design and implement advocacy training program for the core team	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project	2006	Training program designed	Number of policy champions involved in advocacy activities	
5.2 Increasing awareness and promoting support and sensitization on CS issues among strategic stakeholders and decisionmakers							
5.2.1 Develop a plan for advocacy around CS issues	5.2.1.1 Identify CS advocacy issues and define the target groups of strategic stakeholders and decisionmakers	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project, CS Advocacy team	2006–2007	CS advocacy plan developed including M&E indicators	- Percent of required funding for contraceptives funded by GOE - Percent of advocacy activities funded by the private sector - Percent FP services covered by user fees	
	5.2.1.2 Hold a workshop for strategic stakeholders and decisionmakers to identify different barriers to CS	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project, CS Advocacy team	2006			

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	5.2.1.3 Design messages covering identified CS issues, suitable for the target groups	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project, CS Advocacy team	2006–2008			
	5.2.1.4 Develop advocacy implementation plan	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project, CS Advocacy team	2006			MOHP/NPC implements monitoring and evaluation activities, and revises strategies accordingly.
5.2.2 Implement advocacy activities to reduce cultural, legal, institutional, and political barriers to CS	5.2.2.1 Develop and implement advocacy activities to sustain a budget line for contraceptives	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project, CS Advocacy team	2006–2008	Advocacy activities implemented to sustain budget line for contraceptives	- Number of CS positive messages made by high-level policymakers in last six months - Number of CS positive messages in the media in last month	

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	5.2.2.2 Hold awareness-raising workshops on financing for FP commodities and services for Health Undersecretaries, Governorate Financial Officers, other key stakeholders	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project, CS Advocacy team	2007	Workshops reports		
	5.2.2.3 Define and implement an advocacy campaign to include FP commodities and services in all existing health insurance systems	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project, CS Advocacy team	2006–2008	Advocacy campaign implemented		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	5.2.2.4 Hold roundtable discussions with key stakeholders to advocate for the approved resource targeting strategy (resource targeting strategy identified in Finance component)	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project, CS Advocacy team	2007	Roundtable conducted		
	5.2.2.5 Implement advocacy activities to involve different partners in decisionmaking	MOHP NPC	MOHP, Integrated MCH/FP/ RH Project, CS Advocacy team	2006–2010	Advocacy activities implemented		

Activities	Sub-activities	Coordin-ating Agency	Imp. Agency	Imp. Date	Output Indicators	Outcome Indicators	Notes
	5.2.2.6 Implement advocacy activities to modify current laws, regulations, and policies to support investment in FP (e.g., tariffs and duties laws, laws for contraceptive advertising, pricing policies)	MOHP	MOHP, Integrated MCH/FP/ RH Project, CS Advocacy team	2006–2010	Advocacy activities implemented	Number of laws, regulations, and policies that have been changed to support CS investment during last year	
	5.2.2.7 Facilitate informational roundtable to sensitize media, parliamentarians, and other opinion leaders to CS issues, at the central and governorate levels	MOHP	MOHP, Integrated MCH/FP/ RH Project, CS Advocacy team	2006–2008	Roundtable conducted		

Appendix B: Budget[11]

Component	Year 1 Activities Budget (in LE)	Years 2–5 Activities Budget (in LE)
Finance	83,700	246,629
Coordination and Collaboration	134,964	126,209
Service Delivery	19,084	221,123
Logistics	410,537	198,662
Advocacy	71,912	6,757
Total	720,199	799,380

[11] Includes existing direct costs such as salaries and vehicles; required new government investment; required new donor support via projects and/or direct investment; and indirect costs determined as a percentage of the total.