المجلس القومى للسكان
National Population Council

وزارة الصحة والسكان
Ministry of Health & Population

The National Population and Development Strategy

2023 - 2030



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Preface

The preparation of this strategy comes within the framework of the assignment given by H.E. President Abdel Fattah El-Sisi to the Ministry of Health and Population to prioritize the population and development issue at the forefront of the ministry's work, in coordination with all relevant State entities. This strategy serves as a decisive indication of the political leadership's support for the population issue. It represents a significant and ambitious achievement for Egypt's future, aligned with the great aspirations of our beloved country, and our dedication to building a better and brighter future for the upcoming generations.

The Egyptian State aims to achieve a decent life for all Egyptian citizens in various aspects of life. The Egyptian government ensures access to quality services and knowledge to enable all Egyptian citizens to make informed decisions about their sexual and reproductive health. Egypt is also investing in healthcare, education, empowerment and employment programs for women and young people in particular, as well as social protection.

The Egyptian Ministry of Health and Population has achieved many remarkable accomplishments that support the realization of a decent life for the Egyptian citizens. At the forefront of these accomplishments are public health initiatives. Egypt has also succeeded recently in reducing total fertility rates. Despite the progress achieved, providing services to all Egyptian citizens requires further concerted efforts to achieve Egypt Vision 2030.

Therefore, it was incumbent upon all State entities and civil society to collaborate, unify efforts, and renew commitment towards the population issue. I take this opportunity to express gratitude for their dedicated efforts in formulating this ambitious consensus-based strategy.

All participants involved in developing this strategy have agreed to adopt a rights-based perspective and the concept of a decent life for the Egyptian family, not just the individual citizen. Additionally, there is a focus on improving demographic characteristics and harnessing Egypt's demographic dividend, recognizing that the human factor is one of the most important assets for the Egyptian state.

Our work in this strategy will revolve around achieving a balance between population and economic growth in Egypt, ensuring the sustainability of resources and development. We will also concentrate on consolidating social justice, reducing economic and social disparities among different geographic regions, and enhancing the demographic characteristics through a comprehensive and integrated approach.

I pray that we are all successful in our efforts, and I promise that we will continue to work diligently and tirelessly to achieve prosperity and well-being for the great Egyptian people.

H.E. Prof. Dr. Khaled Abdel Ghaffar
Minister of Health and Population
President of the National Population Council

Acknowledgment

Updating the National Population and Development Strategy is a clear indication of the special attention given by the political leadership to the population issue and its associated multiple developmental issues that collectively impact the well-being and progress of the Egyptian citizen.

In this context, the National Population Council is engaged in updating the National Population and Development Strategy, which was launched by the Prime Minister, Engineer Ibrahim Mahlab, in November 2014, under the auspices of His Excellency President Abdel Fattah El-Sisi.

The Ministry of Health and Population, represented by the National Population Council, has been keen on updating the new strategy with the participation of all relevant entities, including governmental bodies, civil society organizations, as well as the private sector and the international organizations, who participated in all stages of preparation and review. This culminated in the formulation of the updated strategy and its executive plan in its final implementable form.

We extend our deepest respect and appreciation to all those who have contributed to the development of the updated strategy and its executive plan, and for bringing them to light in the distinguished manner they currently embody. A special note of gratitude is also owed to the United Nations Population Fund (UNFPA) and the European Union (EU) whose unwavering provision of technical and financial support has been instrumental throughout every phase of preparation and implementation.

Likewise, a special acknowledgment goes to the distinguished team of experts, led by Professor Dr. Mohamed El Tayeb, Assistant Minister of Health and Population for Governance and Technical Affairs, and composed of UNPFA Egypt team led by Ms. Frederika Meijer, the Representative, Dr. Tej Ram Jat, Programme Specialist RH & FP, and Dr. Maha Mowafy, RH & FP Specialist.

Much appreciation for the efforts of the Planning Management and Technical Departments at the National Population Council who led a systematic planning process that resulted in an outstanding document that we all take pride in. We hope that it achieves the desired goals as soon as possible

Prof. Dr. Tarek Tawfik

Deputy Minister of Health and Population for Population Affairs

Finalization of the preparation of Egypt's National Population and Development Strategy 2023-2030, under the leadership of His Excellency the Minister of Health and Population, Professor Dr. Khaled Abdel Ghaffar, reflects effective collaboration and strong partnership between the Ministry of Health and Population, represented by the National Population Council, and other relevant entities, along with various United Nations organizations. We would like to express our sincere gratitude and appreciation to all individuals who contributed to the preparation of this strategy, working diligently and dedicatedly to achieve this accomplishment.

We extend our thanks and appreciation to the various participating entities for their significant cooperation and continuous efforts, as well as for contributing their professional expertise. We highly value everyone's efforts in achieving this success, including:

- Al-Azhar Al-Sharif
- Ministry of Awqaf (Religious Endowments)
- Ministry of Planning and Economic Development
- Ministry of Social Solidarity
- Ministry of Local Development
- Ministry of Agriculture - Agricultural Research Center
- Ministry of Labor
- Central Agency for Public Mobilization and Statistics
- General Authority for Health Care
- National Media Authority
- National Council for Women
- National Council for Persons with Disabilities
- General Authority for Adult Education
- General Authority for Information
- General Union of Civil Associations
- Sonaa ElKheir Foundation
- Pharmaceutical Syndicate
- MSME Development Agency
- DKT Company
- Organon Company
- Organic Company
- Future Eve Association
- Egyptian Church
- Ministry of Trade and Industry
- Ministry of Education and Technical Education
- Ministry of Higher Education and Scientific Re-search
- Ministry of Culture
- Ministry of Youth and Sports
- Ministry of Emigration and Egyptian Expatriates' Affairs
- General Authority for Health Accreditation and Regulation
- Egyptian Drug Authority
- National Council for Human Rights
- National Council for Motherhood and Childhood
- Coptic Evangelical Authority
- National Training Academy
- Egyptian Family Planning Association
- Medical Syndicate
- Nursing Syndicate
- ACDIMA Company
- Pfizer Company
- Techno Pharma Company
- Pathfinder Foundation
- CARE Foundation
- Itijah Foundation

We would like to express our appreciation to the various departments of the Ministry of Health and Population, including the General Authority for Health Insurance, the Population and Family Planning Sector, the Primary Health Care and Nursing Sector, the Therapeutic Medicine Sector, the Central Administration for Health and Population Media, the Central Administration for Non-Governmental Organizations and Licenses, the Central Administration for Technical Support, and the Minister's Technical Office. The valuable inputs from these departments have greatly contributed to the preparation of this strategy.

Furthermore, we extend our gratitude and appreciation to the esteemed members of the High Advisory Committee for Family Planning and Population, chaired by the Minister of Health and Population, for their invaluable technical supervision and guidance, including:

- Dr. Maha El-Rabbat
  Former Minister of Health and Population and Professor of Public Health, the Faculty of Medicine, Cairo University
- Dr. Hala Youssef
  Former Minister of Population
- Dr. Tarek Tawfik
  Deputy Minister of Health and Population for Population Affairs
- Dr. Ahmed El-Sobki
  Chairman of the Board of the General Authority for Health Care
- Dr. Amr Hassan
  Advisor to the Minister of Health and Population for Population and Family Development Affairs
- Dr. Hossam Abbas
  Head of the Population and Family Planning Sector, Ministry of Health and Population
- Dr. Talaat Abdel-Qawi
  chairman of the general union of NGOs and Civil Society Organizations
- Dr. Samah El Saharty
  Health Policy Advisor, the World Bank
- Dr.Abla El alfy
  Member of the Health Committee in the Parliament
- Dr. Wajida Anwar
  Professor of Public Health at Ain Shams University
- Dr. Nabil Al Mahiri
  Former President of the General Authority for Health Insurance and Professor of Surgery at Ain Shams University
- Dr. Ahmed Rashed
  Professor of Obstetrics and Gynecology, Ain Shams University
- Dr. Mohamed Amr El-Noury
  Professor of Obstetrics and Gynecology at Cairo University
- Dr. Hamdi El Sayed
  Professor Emeritus of Cardiology, Ain Shams University
- Dr. Hassan Al Qala
  Chairman of the Egyptian Society for Healthcare Quality
- Dr. Magdy Khaled
  Regional Expert in Population and Reproductive Health
- Dr. Atef El Sheitani
  Former Chairman of the National Population Council
- Dr. Ashraf Anwar Ismail
  Former Chairman of the General Authority for Accreditation and Regulation

We also wish to express our gratitude to the United Nations organizations for their effective role, including the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), and the World Health Organization (WHO).

We wish to thank the European Union for providing financial support for updating the National Population and Development Strategy 2023-2030.

Prof. Dr. Tarek Tawfik

Deputy Minister of Health and Population for Population Affairs

Introduction

The demographic trends in Egypt over the past decades indicate significant progress. There has been notable improvement in healthcare, reflected in reduced mortality rates and increased life expectancy at birth. Since the 1960s, Egypt has witnessed a substantial decline in death rates. The crude death rate dropped from 16.9 per 1000 population in 1960 to 7.3 in 2021 (CAPMAS –2010 and 2021), while infant and child mortality rates have also rapidly decreased. Infant mortality rate decreased from 141 per 1000 live births during 1965-1969 (Egyptian Fertility Survey 1980) to 25 during 2017-2021 (Egyptian Family Health Survey 2021). Additionally, under-five child mortality decreased from 243 per 1000 live births to 28 per 1000 live birth in 2021. Maternal mortality rates also witnessed a decline from 174 deaths per 100,000 live births during 1992-1993 (The National Maternal Mortality Survey 1992-1993) to 49 deaths in 2020 (Statistical Yearbook 2022).

According to a report issued by the World Health Organization in February 2023, Egypt was classified as the sixth largest country globally in terms of reducing maternal mortality rates from 2000 to 2020. Due to these improvements in death rates, life expectancy in Egypt reached 74.1 years for females and 69.7 years for males in 2022.

Fertility rates in Egypt have also decreased. According to data from the Egyptian Fertility Survey in 1980 and the Egyptian Family Health Survey in 2021, the total fertility rate declined from 5.3 children per woman to 2.85

Youth constitute a significant portion of the population. As indicated by CAPMAS data in 2021, the percentage of youth aged 15 to 29 years accounted for 25% of the total population, providing Egypt with an opportunity to capitalize on the potential demographic dividend. Youth are the backbone of the nation and a pivotal force in all facets of development within any society. Endowed with capabilities, potentials, and creativity that contribute to achieving the desired progress and the anticipated advancement.

The National Population and Development Strategy (2015-2030) was launched in November 2014 with the aim of enhancing citizens' quality of life by achieving a balance between population growth rates and economic growth. It also seeks to improve population characteristics, reshape Egypt's population distribution, and attain social justice and harmony by reducing developmental disparities between geographic regions. In December 2018 (UNFPA, 2018), the National Population Council and the United Nations Population Fund conducted a study to review and assess the 2015-2020 executive plan, resulting in valuable lessons and recommendations. These include aspects such as institutional context, financial resources, monitoring and evaluation coordination, collaboration, and partnerships among stakeholders in population-related matters. The National Population and Development Strategy (2015-2030) and its executive plan were based on data and indicators from the 2014 Demographic and Health Survey. Hence, an update of The National Population and Development Strategy was necessary to align with the changes that occurred and to incorporate the findings from the evaluation of the 2015-2020 executive plan.

Why was The National Population and Development Strategy (2015-2030) updated?

The National Population and Development Strategy (2023-2030) has been prepared based on the following reasons:

- The results of the 2021 Egyptian Family Health Survey indicated the need for new interventions and adjustments to the five-year plans of The National Population and Development Strategy (2015-2030) in order to achieve the 2030 goals. Additionally, the launch of the National Project for Development of Egyptian Family in 2022 served as the main nucleus for updating the strategy, acting as a driving force for its implementation.
- The current presidential initiatives, such as "Decent Life," "Solidarity and Dignity," and "100 Million Health" projects, aim to enhance individual well-being and improve population characteristics. Updating the strategy aligns it with these initiatives and also harmonizes with the National Strategy for Women Empowerment 2030 and the Child Strategy.
- The ongoing health initiatives, including the Comprehensive Health Insurance, 100 Million Health Initiative, Breast Cancer Detection Initiative, Maternal and Fetal Health Initiative, and the National Program for Sexually Transmitted Diseases, are being supported and monitored.
- The commitment of the Egyptian State, based on Article 41 of the 2014 Egyptian Constitution (the State shall implement a population program aiming at striking a balance between population growth rates and available resources; and shall maximize investments in human resources and improve their characteristics in the framework of achieving sustainable development). Given the demographic changes and transformations, updating is essential.
- In line with the Sustainable Development Goals and Egypt's Vision 2030, focused on justice, social inclusion, and participation for sustainable development and improved quality of life for future generations.
- In continuation of the International Conference on Population and Development (ICPD) Program of Action, agreed upon in Cairo in 1994, including its subsequent extensions and the Cairo Declaration of 2013.
- Adherence to the national and international commitments within the framework of humanitarian cooperation, serving the rights of children, women, families, and society, and upholding human rights principles. The implications of population issues are closely linked to the economic and social rights within the comprehensive concept of human rights, particularly women's and children's rights.
- Adapting to the social and economic changes, especially the recent global changes that have impacted the Egyptian society such as the COVID-19 pandemic, the global economic situation, the repercussions of the Russian Ukraine war, and the climate change.
- Striving to achieve a balance between population growth rate and economic growth while safeguarding reproductive rights and sexual health.
- Managing the increased influx of migrants and refugees to Egypt, which may alter the population composition. According to the report issued by the International Organization for Migration on August 7, 2022, the number of residents in Egypt reached 9 million migrants and refugees, equivalent to 8.7% of the Egyptian population, necessitating the provision of family planning, reproductive health, and various other services.
- Harnessing the demographic dividend and investing in human capital, especially the youth, who constitute a substantial portion of the population, leading to improved population characteristics, increased productivity, and consequently higher economic growth rates.
- Inclusion of persons with disabilities and elderly individuals, considering their diverse needs.

- Formulating contingency plans to address crises such as climate change and pandemics (such as COVID-19) to ensure continuous service provision.
- Supporting climate change responses and incorporating specialized services for women and girls at the heart of these efforts.
- Enhancing awareness about environmental issues, environmental conservation, and conducting environmental impact assessments.
- Utilizing the evaluation results of the executive plan (2015-2020) to achieve the desired objectives.

Based on the agreements reached in the International Conference on Population and Development (ICPD) Program of Action in 1994, the updated strategy (2023-2030) does not primarily aim for quantitative goals, but rather seeks to achieve the well-being and development of the Egyptian citizen through flexibility and adaptability to meet individual needs. This approach entails aligning social and economic systems with what people desire and require to thrive (UNFPA, 2023). In light of this perspective, The National Population and Development Strategy (2023-2030) has been updated, following an inclusive and participatory approach, by involving all relevant institutions and organizations related to population and development issues.

Efforts of the Egyptian State in implementing Population Policies

- Article 41 of the 2014 Constitution obliges the Egyptian state to achieve a balance between population growth rates and available resources, maximize investment in human capital, and enhance its qualities within the framework of achieving sustainable development.

Article 41 of the Constitution

"The State shall implement a population program aiming at striking a balance between population growth rates and available resources; and shall maximize investments in human resources and improve their characteristics in the framework of achieving sustainable development."

- The 2014 constitution also encompasses intersecting issues with the population concern, such as human rights, women and children's rights, and the rights of persons with disabilities.
- The International Conference on Population and Development was held in Cairo in 1994, making it the largest-ever intergovernmental conference on population and development. It saw the participation of 179 countries and led to the adoption of a new program of action that served as a guide for national and international efforts in the field of population and development. This program of action emphasized the close relationship between population and development, focusing on meeting individuals' needs within the framework of globally recognized human rights standards, rather than solely achieving demographic goals. Additionally, Egypt ratified agreements related to human rights, women and children's rights, and the rights of individuals with disabilities.
- Egypt has adhered to numerous recommendations stemming from regional and international conferences on population and development (such as the Regional Conference on Population and Development in the Arab States, and the Cairo Declaration of 2013).
- The National Reproductive Health Strategy (2015-2020), the National Women's Empowerment Strategy 2030, and the National Human Rights Strategy 2021-2026 have been issued.
- The National Population and Development Strategy (2015-2030) was launched in November 2014.
- The Egyptian government has launched initiatives aimed at improving the well-being of its citizens, including the National Project for Development of Egyptian Family, Takaful and Karama Project, Decent Life, 100 Million Health, and Comprehensive Health Insurance, among others.

- Finally, the update of the National Population and Development Strategy aims to enhance the life of the Egyptian citizen by achieving a balance between population growth rates and economic growth. This is achieved through adopting a rights-based perspective, improving population characteristics, and achieving social justice among the different segments of the society.

The National Project for Development of the Egyptian Family

The project aims to enhance the quality of life for citizens and families in general by improving population characteristics. It also focuses on empowering women and supporting their economic and social rights, while combating all forms of violence against women and harmful practices they may face. The project encompasses five pillars:

1. **Economic Empowerment Pillar:** Targets the empowerment of women aged 18-45 to achieve their financial independence.
2. **Service Pillar:** Aims to reduce unmet needs for family planning methods and make them accessible to everyone free of charge.
3. **Cultural, Awareness, and Educational Pillar:** Aims to raise citizens' awareness of the fundamental concepts related to the population issue, as well as its economic and social implications.
4. **Digital Transformation Pillar:** Aims to digitize and connect all services provided to Egyptian families to ensure provision of comprehensive data and information for the project. It also ensures efficient project management to achieve the desired objectives.
5. **Legislative Pillar:** Aims to establish a governing legislative and regulatory framework for population-related policies, addressing certain negative phenomena such as child labor, child marriages, and unregistered births.

The Population overview in Egypt

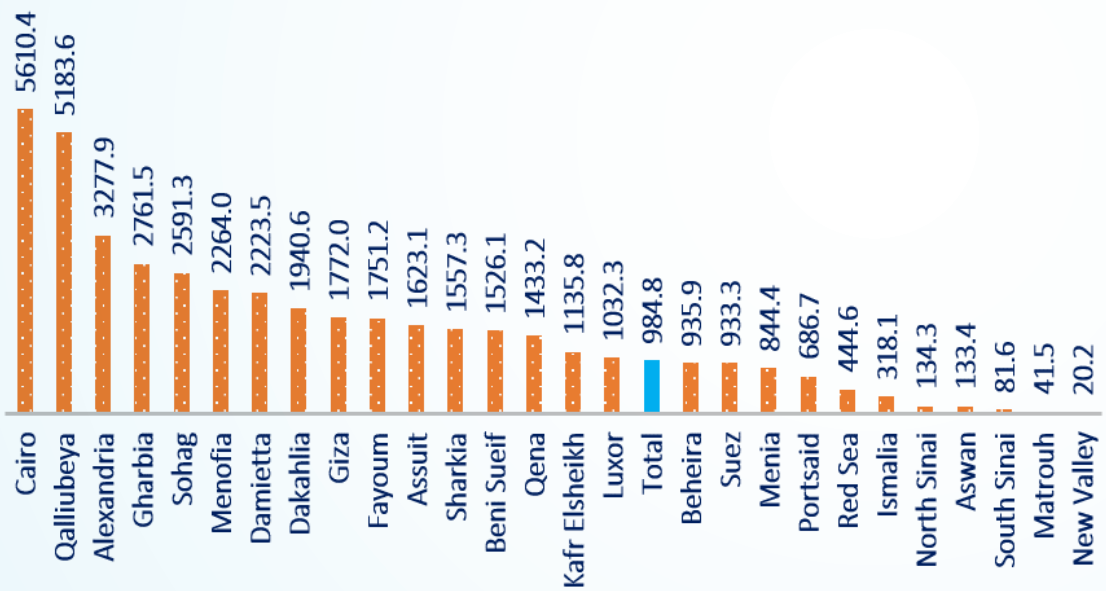
Geographic Distribution of the Population:

Population distribution imbalance stands as one of the most significant obstacles to development. High population density in a specific region poses a burden and intense pressure on all available services in that region. Moreover, it encourages the spread of chaos and negative customs.

Population Density:

Egyptians inhabit approximately 13.7% (as of 2021) of Egypt's vast land area (which exceeds one million square kilometers). This represents an increase of about 2.5% from around 8% in 2016. This increase can be attributed to the State's intensified urban activities, including the development of new urban cities, developmental projects, and land reclamation. Historically, residential areas were concentrated along the banks of the Nile River, from the south to the north. However, population density has decreased in inhabited areas, dropping from 1162.9 individuals per square kilometer in 2016 to 984.8 individuals per square kilometer according to CAPMAS estimates.

Population Density for Inhabited Area (Egyptian Governorates) in 2022



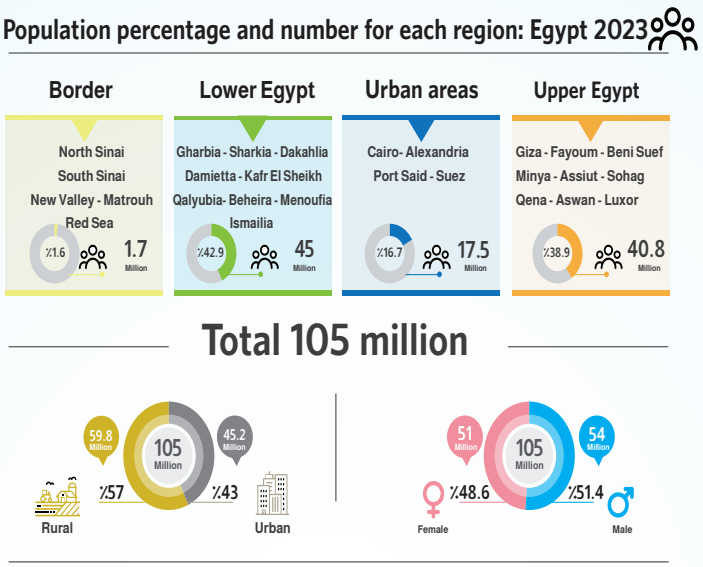
Cairo Governorate recorded the highest population density in inhabited areas, followed by Qalyubia Governorate, while the lowest population density was in the New Valley Governorate.

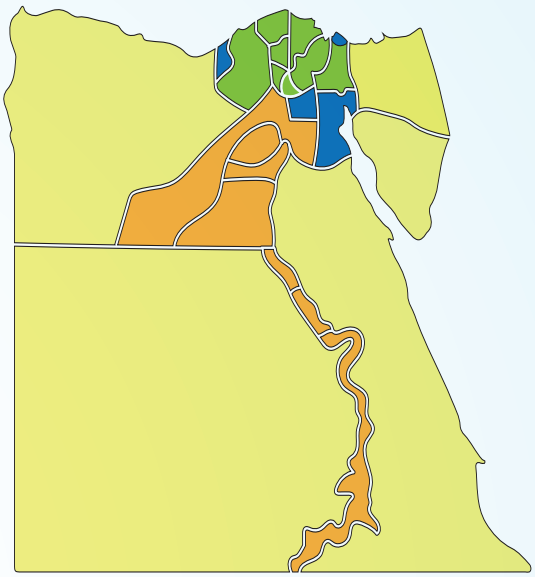
Population Distribution between Urban and Rural Areas:

In 2023, Egypt's population reached around 105 million individuals, on the 3rd of June,2023 with 43% living in urban areas and 57% in rural areas.

Population Distribution by Regions:

Lower Egypt houses the largest population in Egypt, representing 42.9% of the total population. It is followed by Upper Egypt with a percentage of 38.9%, then the urban governorates (16.7%) of the population, while frontier governorate constitute less than 2% of the total population.





Slum Areas:

Following the June 2013 revolution, the Egyptian leadership attached great attention to eradicating unsafe informal settlements and developing unplanned areas across various governorates. This was accomplished by constructing new, integrated urban and residential communities that address the needs of various segments of society and provide comprehensive services, ensuring suitable housing for Egyptian citizen, restoring the State's civilized image, and transforming the quality of life in Egypt.

Egypt has made remarkable progress in global indicators due to the unprecedented achievements. According to the World Bank's classification of "Percentage of the informal settlements population to the urban Population," Egypt has ranked as the lowest at the regional level and among the lowest 13 countries globally.

New urban settlements

The state has embraced a policy of expanding into the desert and establishing new urban foundations outside the populated region, disrupting traditional patterns of urban growth and the sprawl of informal settlements, with the aim of achieving the following:

1. Redrawing the population map and geographic distribution within Egypt through a regional urban plan derived from national planning. This involves creating a new urban environment that is more organized and attractive, absorbing a portion of the population congestion in existing cities.
2. Expanding beyond the urbanized areas confined to the Nile Valley and Delta into desert areas to alleviate excessive population density and protect threatened agricultural land from urban encroachment.
3. Partially addressing the issues faced by the existing cities, including overcrowding, deteriorating infrastructure, and limited space for urban expansion.
4. Creating incentives to attract capital investment and investors to the new regions. This is achieved by creating favorable conditions for projects in industrial production and various service sectors.
5. Promoting the localization of industries in specific areas to leverage available natural resources and exploit different potentials within the desert regions.

Population Size and Growth Rate

Egypt ranks fourteenth globally in terms of population size, standing as the foremost among Arab nations and third among African countries, following Nigeria and Ethiopia. Egypt's population constitutes approximately 1.3% of the world's population. The population growth rate increased from 2.05% between the 1996 and 2006 censuses to 2.56% between the 2006 and 2017 censuses, surpassing the annual growth rate of the global population and many developing nations.

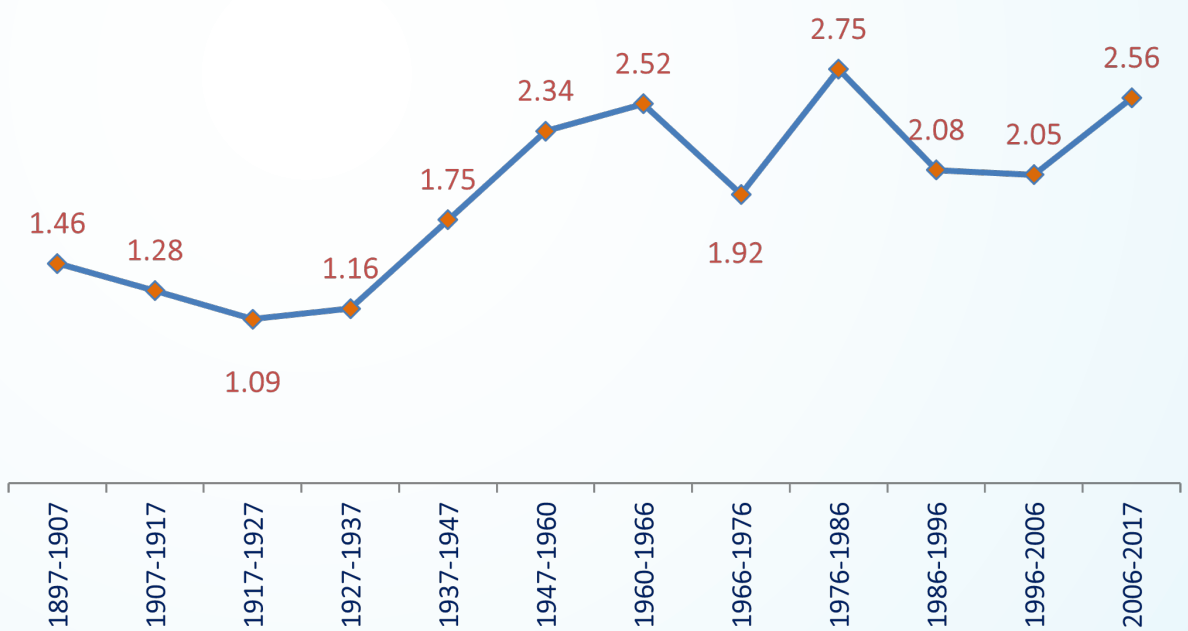
According to the United Nations estimates, the world's population grew at an annual rate of 1.23% during the period from 2000 to 2010. India, the second most populous country, recorded an annual growth rate of 1.64% during the same period, while China, the world's most populous country, had an annual population growth rate of 0.5% from 2000 to 2010 (Population Situation Analysis 2016).

Population Count and Growth Rate according to Egypt Censuses 1897-2017

Census Year	Population in Millions	Growth Rate between Censuses
1897	9,7	-
1907	11,2	1,46
1917	12,7	1,28
1927	14,2	1,09
1937	15,9	1,16
1947	18,9	1,75
1960	26,1	2,34
1966	30,1	2,52
1976	36,6	1,92
1986	48,2	2,75
1996	59,3	2,08
2006	72,8	2,05
2017	94,8	2,56

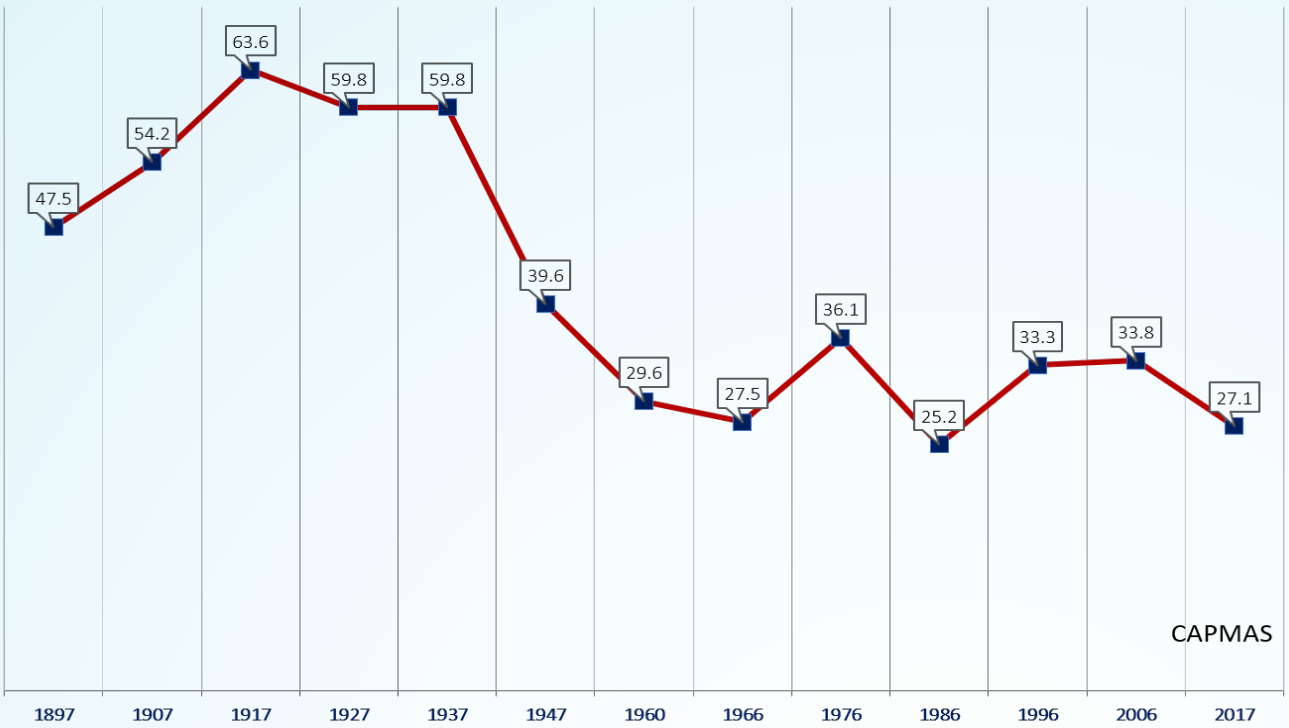
Source: Central Agency for Public Mobilization and Statistics (CAPMAS)

Population Growth Rate According to Census Years - Egypt 1897 to 2017

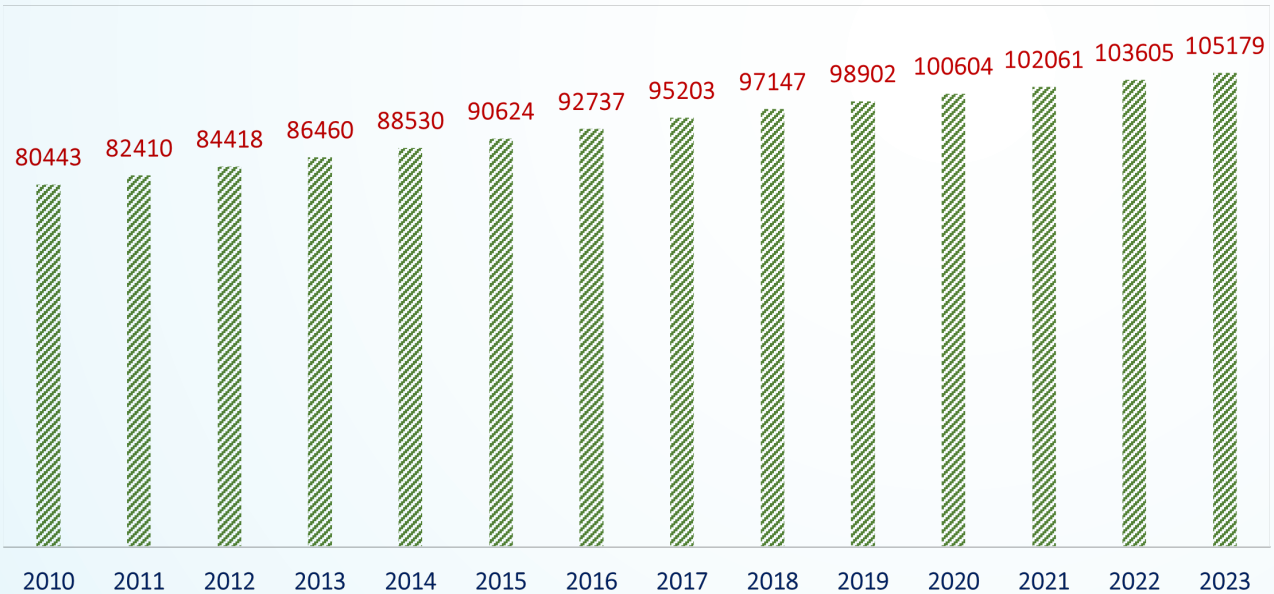


There is another indication to illustrate continuous population growth, which is the doubling time of the population size (the required years for the population to double). It was approximately around forty years or more before the 1960s of the twentieth century, then it decreased to less than thirty years in the 2017 census.

Time (Years) Required for Population to Double - Censuses (1897 - 2017)



Population trends at mid-year on the national level (in thousands) 2010-2023



The population increased by approximately 24.7 million individuals (around 30% increase) between 2010 and the beginning of 2023. This reflects the magnitude of population growth during this period and its health, economic, and other consequences. Furthermore, there exists an imbalance between population growth and economic growth in Egypt. Numerous research studies have emphasized that economic growth should be three times the rate of population growth in order to generate the necessary jobs for the new generation. This means that Egypt's population growth rate, which reached 2.56% during the period from 2006 to 2017, requires an economic growth rate exceeding 7.5% annually for citizens to truly experience the benefits of development.

Governments, including Egypt, agreed at the International Conference on Population and Development held in Cairo in 1994 that the objective of any population policy should be to ensure reproductive rights and choices and sexual health for people, rather than achieving demographic goals.

From this standpoint, Egypt seeks, through its population programs and policies, to elevate the standard of living for individuals and families by achieving a balance between population growth and economic growth. This is accomplished through the voluntary use of family planning methods, improving population characteristics, and achieving social justice among different segments of society by adopting a rights-based perspective.

Population Dynamics

Fertility

Births:

Egypt witnessed a notable decline in birth rates over the previous years, from 30.3 live births per 1000 population in 2013 to 21.1 in 2022. All governorates achieved a decrease in birth rates in 2022 compared to 2010, except for South Sinai and Qena governorates, which experienced an increase of 8.1 and 1.2 per thousand, respectively.

Birth Rates during the Period (2013-2022)



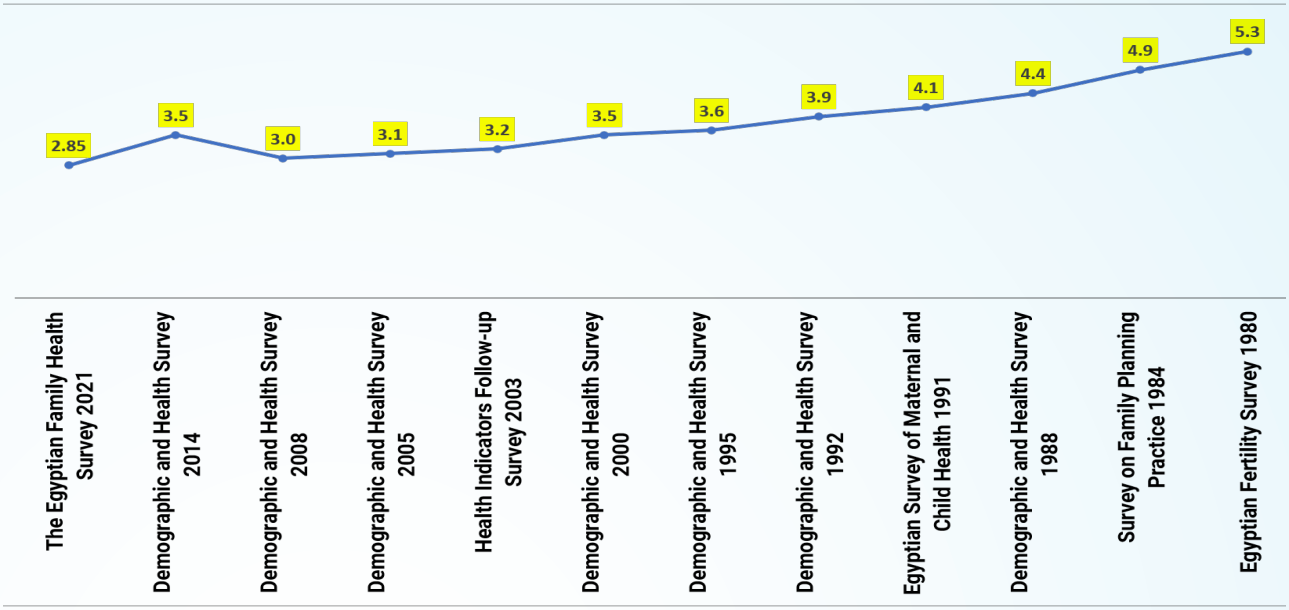
Birth Rate per 1000 population according to Governorates from 2010-2022

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Portsaid	25.2	24.2	25.4	26.1	25.5	24.4	22	19.1	16.9	16.2	14.7	14.3	13.6
Damietta	32	30.3	30.5	28.8	28.9	27.8	26.5	23.6	21.3	19.8	18.2	18	16.8
Dakahlia	28.3	28.1	28.9	27.7	28.1	27.1	25	23.3	21.4	20.2	18.8	18.2	17.7
Suez	30.5	30	31.1	30.9	30.1	28.2	25.7	22.8	21	19.8	18.9	18.1	17.9
Qalliubeya	27.5	27.4	28.5	27.8	27.7	26.3	24.9	22.5	20.5	19.3	18.8	18.2	18.1
Gharbia	26.8	27.5	28.6	27.8	28	27.1	25.1	24	21.7	20.5	19.3	18.5	18.2
Alexandria	25.2	27	28.4	27.6	27.6	26.6	24.8	23.8	21.8	20.6	19.5	18.6	18.3
Kafr Elsheikh	28.5	28.7	30.4	29.9	30.3	29	27	25.9	23.9	22.1	20.5	19.1	18.8
New Valley	27.1	27.8	29.4	28.1	29.8	27.2	26	25.2	20.9	20.8	20.2	20.2	19.1
North Sinai	32.6	33.8	36.3	34.3	33.9	29.5	25.5	25.2	20	18.4	18.8	18.6	19.6
Sharkia	29.2	29.3	30.6	29.4	29.8	28.9	27.4	25	23.1	21.8	20.7	20.1	19.8
Menofeya	28.7	29.3	30.9	30.1	30.6	29.3	27.6	25.2	23.1	22	20.9	20.5	19.8
Giza	29.1	29.7	31.6	30.9	30.2	28.9	27.9	24.9	23.1	22.2	21.3	20.3	19.9
Cairo	28.7	28.3	28.8	27.9	27.5	26.6	24.9	25	22.8	21.5	20	19.5	20
Beheira	27.8	30.4	32.2	31.8	32.1	30.9	29.2	28	24.9	23.4	21.8	19.4	20.6
Total Country	28.8	29.6	31.2	30.3	30.7	29.6	28	26.8	24.5	23.3	22.2	21	21.1
Ismailia	29.1	32.8	34.2	33.3	33.2	31.7	30.2	28.2	26.3	24.4	23.1	20.8	21.9
Red Sea	26.3	26.4	28.9	28.8	29.6	28.5	26.3	26.9	24.3	24.5	23.8	22	22.2
Luxor	53.5	26.8	28.9	29	29.5	28.8	28.3	28.1	26	25.4	24	20.9	23
Aswan	28.2	28.2	30.7	30.5	30.9	29.5	28.2	29.6	26.4	25.3	24.3	22.6	23.2
Fayoum	34.1	34.1	35.5	35	35.5	34.8	33	30	25.9	25.3	24.3	23.4	23.4
South Sinai	15.8	17.2	19.8	20	20.6	19.4	19.3	30.6	28.8	26.4	26.9	26.2	23.9
Beni Sueif	30.7	33.6	35.5	34.7	35.2	34.7	33.4	30.6	27.9	26.5	25.7	23.7	24
Menia	28.9	32.8	34.5	32.9	34.7	33.8	32.4	32	29	27.6	27	26	25.7
Qena	24.8	29.1	31.9	31.9	33.3	31.9	30.6	32	29.3	28.3	27.4	25.6	26
Sohag	29.8	31	33.6	32.6	34.5	33.2	31.4	32.3	30.1	29	27.9	25.4	26.6
Assuit	30.7	32.5	34	33.2	34.7	33.4	32	33.5	31.3	29.4	28.6	26.4	27.2
Marsa Matrouh	44	45.1	50.3	49.8	49.9	47.6	47.7	55.1	51.8	49.1	46.1	40.7	40.4

Trends and Geographic Discrepancies in Total Fertility rate:

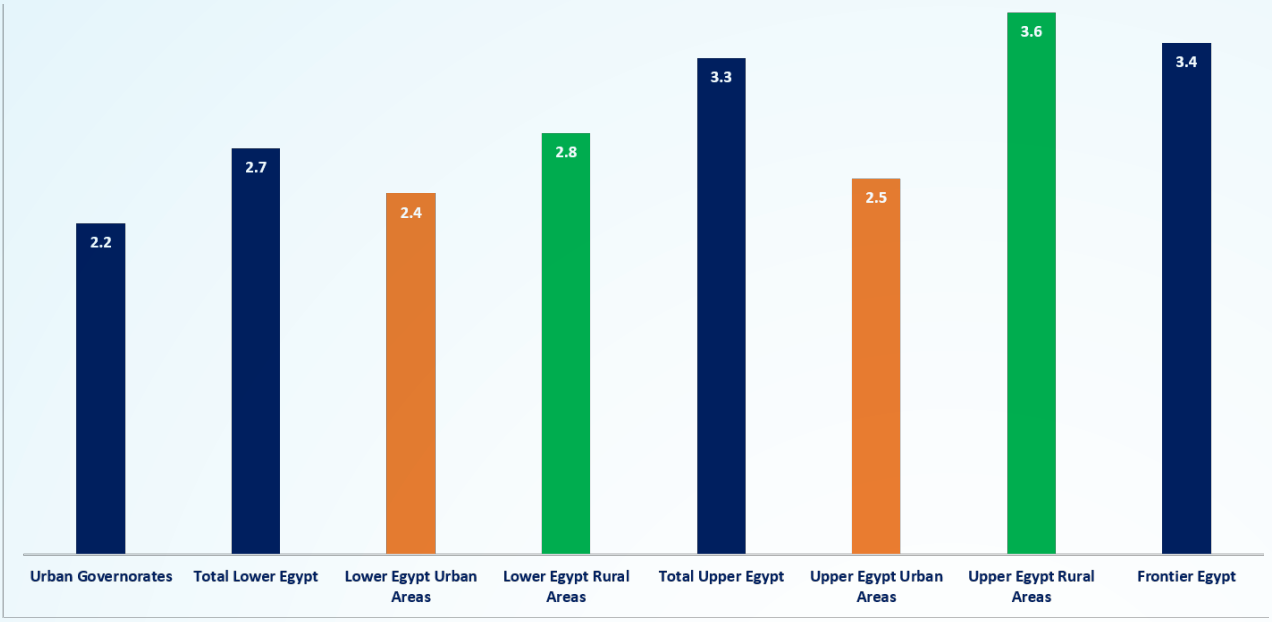
The results of the 2021 Egyptian Family Health Survey reflected a decrease in the total fertility rate (the average number of children per woman of reproductive age between 15 to 49 years old), as the rate reached 2.85 children per woman compared to 3.5 in 2014 (according to data from the 2014 Population Health Survey).

Trends in Fertility Rates (Total Fertility Rate/Per Woman of Reproductive Age 15-49) in Egypt

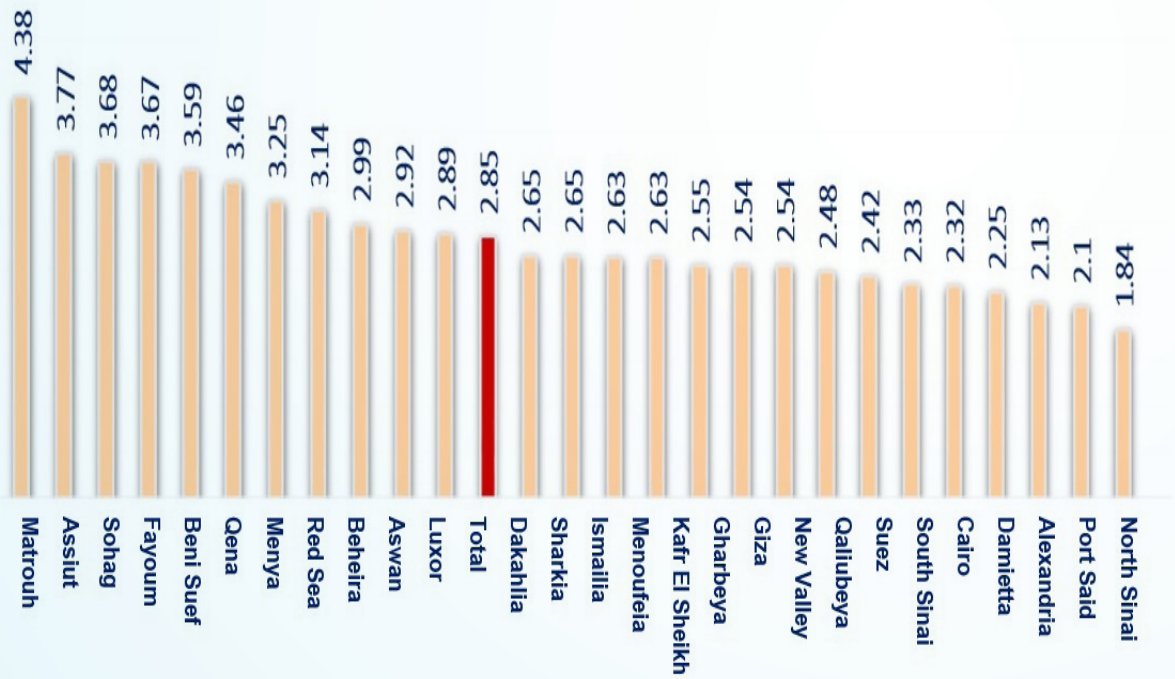


The data documents the significant impact of a woman's place of residence on fertility rates. According to the results of the 2021 Egyptian Family Health Survey, the total fertility rate was 2.2 children per woman in urban governorates, whereas the rate reached 3.6 in rural Upper Egypt. At the governorate level, Matrouh governorate recorded the highest fertility rate (approximately 4.4), while Port-Said governorate had the lowest rate (1.8).

Total Fertility Rate by Place of Residence According to the Egyptian Family Health Survey 2021



Total Fertility Rate by Governorate - Egyptian Family Health Survey 2021



Adolescent Birth Rate:

The 2021 Egyptian Family Health Survey reveals that the birth rate among adolescent girls (aged 15-19) reached 50 births per 1000 women in the same age group. Each of these pregnancies indicates precarious circumstances beyond the control of the girl (United Nations Population Fund, 2013), highlighting conditions in which girl's human rights are significantly restricted (UNFPA 2023).

Birth Spacing:

Although the majority of births after the first child occurred after a spacing period of two years or more, 20% of births took place within a short interval, i.e., within 24 months of the previous birth. (According to the Egyptian Family Health Survey 2021).

Ideal Number of Children:

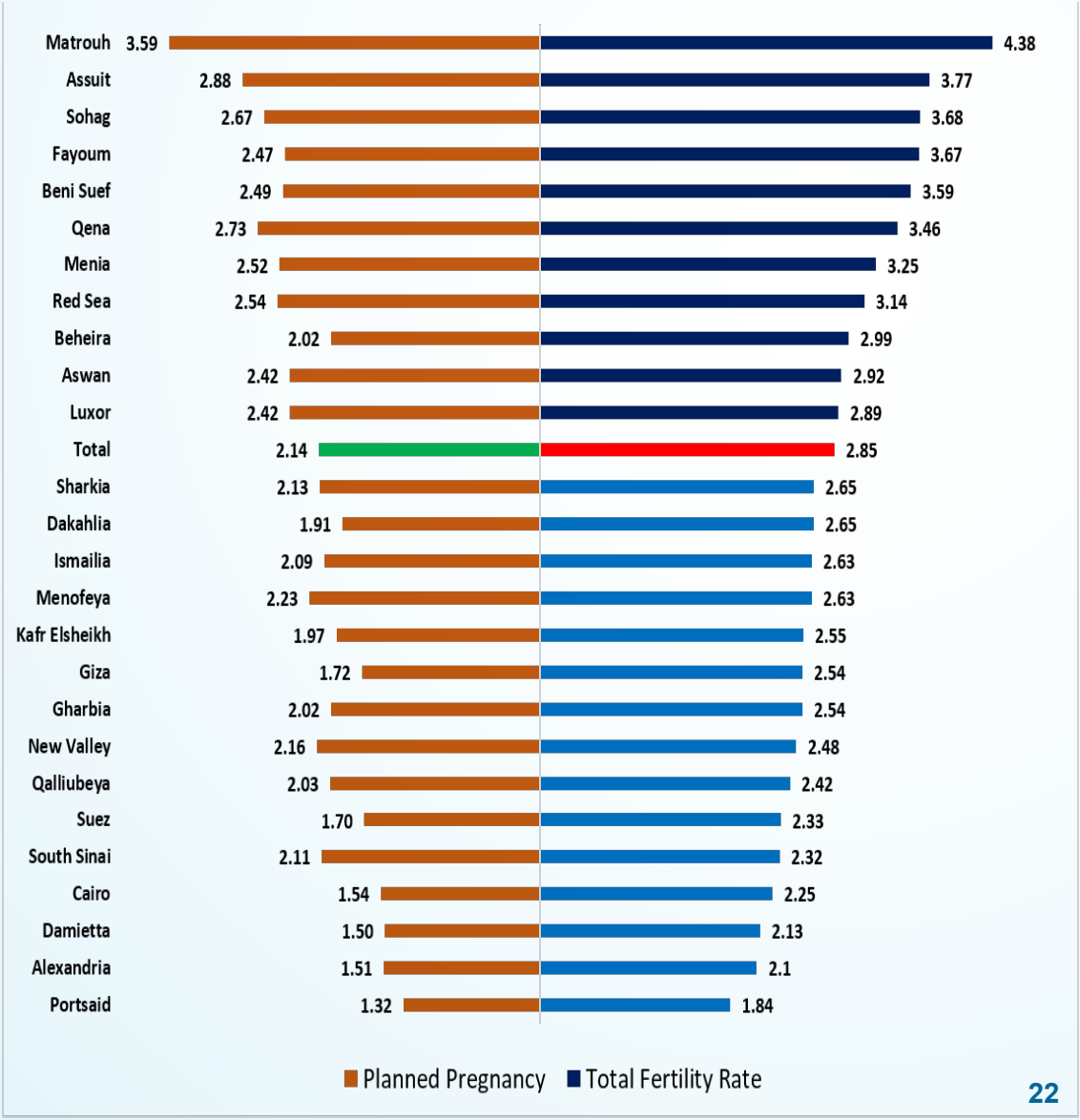
Most women still prefer to have 3 children (3 children according to the 2014 EDHS and 2.9 according to the 2021 EFHS). According to data from the 2021 EFHS, the ideal number of children for young individuals in the age group 15-29 is 2.6 children, rising to 2.7 children among males. However, the ideal number of children decreases to 2.4 children among females.

Unplanned and Unintended Birth:

The percentage of unintended births (whether wanted for the future or unwanted at all) increased from 15.7% during the five years preceding the 2014 EDHS to 20.5% (8.7% were wanted after a period of time, and 11.8% were unwanted at all) during the five years prior to the 2021 EFHS. This contradicts the women's rights perspective in achieving their reproductive desires, which highlights the need to improve the quality of counseling provided by the service providers. This includes proper use of method, potential side effects and how to deal with them instead of discontinuing the method. Side effects were the primary reason for discontinuation within the first year of use, and fear of method-related side effects was also a key reason for non-use among non-users in reproductive age.

The desired fertility rate is reported as 2.14 births per woman, which is about 0.7 children less than the total fertility rate (2.85). This means that the total fertility rate could decrease by around 25% if women's reproductive desires are realized, bringing it closer to the replacement level (Egyptian Family Health Survey 2021)

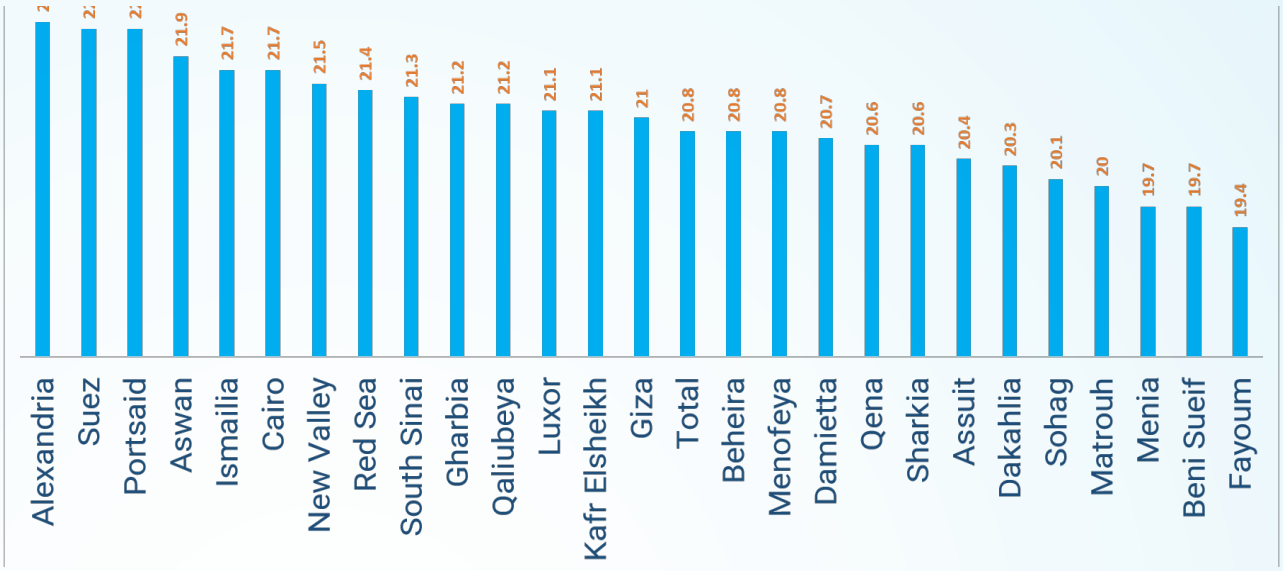
Total Fertility Rate and Desired Fertility Rate per Woman by Governorate in 2021



Marriage

The median age at first marriage for women in the age group (25-49) was 20.8 years, according to the results of the 2021 Egyptian Family Health Survey. The lowest median age for marriage was observed in Fayoum governorate. Additionally, a significant proportion of women still marry before reaching the age of 18, as 20% of women in the age group 25-49 and 16% of women in the age group 20-24 were married before reaching the age of 18.

Median Age at First Marriage: Egyptian Family Health Survey - Governorates of Egypt 2021

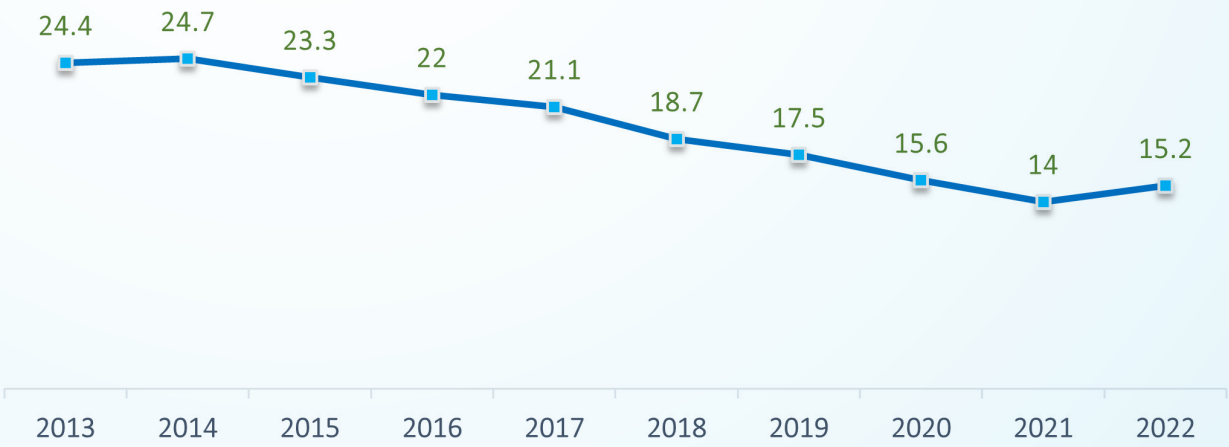


Deaths

Death Rate

The death rate gradually declined during the period 2014-2021, from 24.7 deaths per 1000 population to 14 in 2021. However, it then rose to 15.2 deaths per 1000 population in 2022.

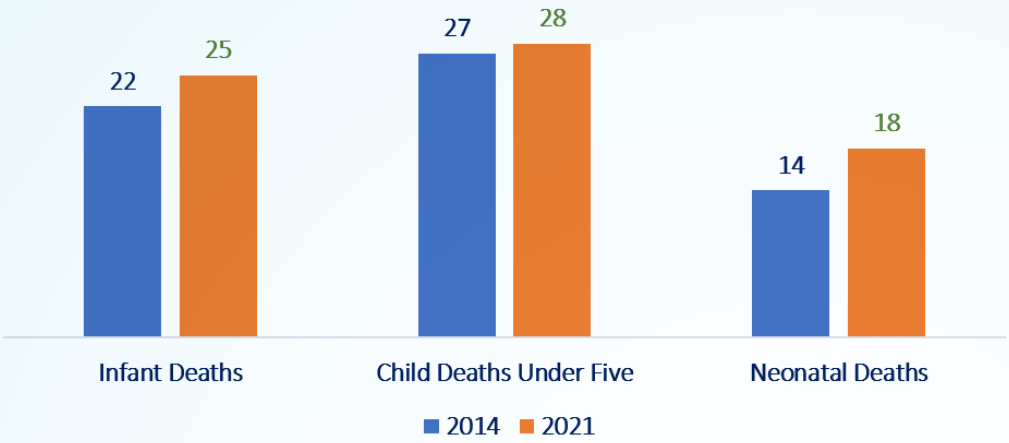
Death Rates per 1000 Population during the Period (2013-2022)



Infant and Child Mortality

The under-five mortality rates and infant mortality rates have increased over the past two decades, particularly among newborns. The under-five mortality rate slightly increased from 27 deaths per 1000 live births during the five years preceding the 2014 EDHS to 28 deaths during the five years preceding the 2021 EFHS. Infant mortality rate increased from 22 deaths per 1000 live births to 25 deaths, and neonatal mortality rate increased from 14 deaths to 18 deaths per 1000 live births.

Under-five Mortality Rate and Infant Mortality Rate per 1000 Live Births between the Egyptian Health Survey 2014 and the Egyptian Family Health Survey 2021



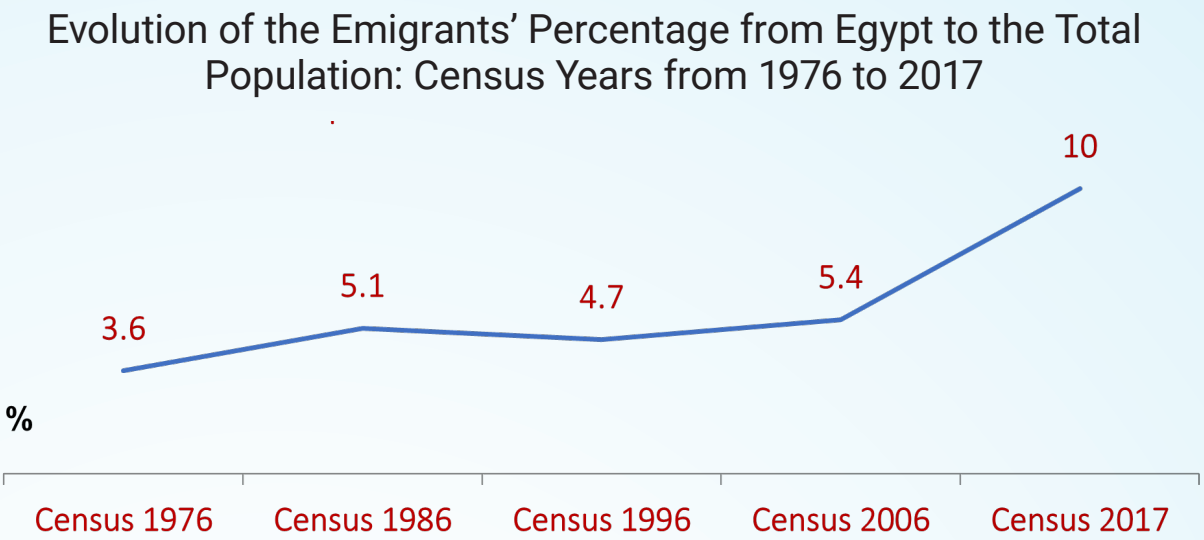
Migration

The number of migrants from Egypt was estimated at around 1.4 million migrants according to the 1976 population census, accounting for 3.6% of the total population. According to the 2006 census, the international migration from Egypt reached 3.9 million migrants, constituting 5.4% of the population. Finally, there was a significant surge in the number of migrants abroad according to the 2017 census, reaching 9.5 million migrants, which represents 10% of the population.

Estimates indicate that the highest migration flows from Egypt are directed to the Gulf countries compared to other Arab nationalities. However, Egyptian labor in the Gulf countries faces fierce competition in the job market with the Asian labor, and these countries are also tending to replace foreign labor with domestic workforce.

According to CAPMAS data, the majority of Egyptian migrants are concentrated in the Arab countries, where their number reached 7 million individuals in 2017, accounting for 68.4% of the total Egyptian expatriates. However, under the current circumstances faced by the Arab countries due to security instability in Libya, Iraq, and the war in Yemen, as well as the decline in global oil prices, the number of Egyptians abroad has decreased to 4.9 million individuals, representing 54.6% of the total Egyptian expatriates.

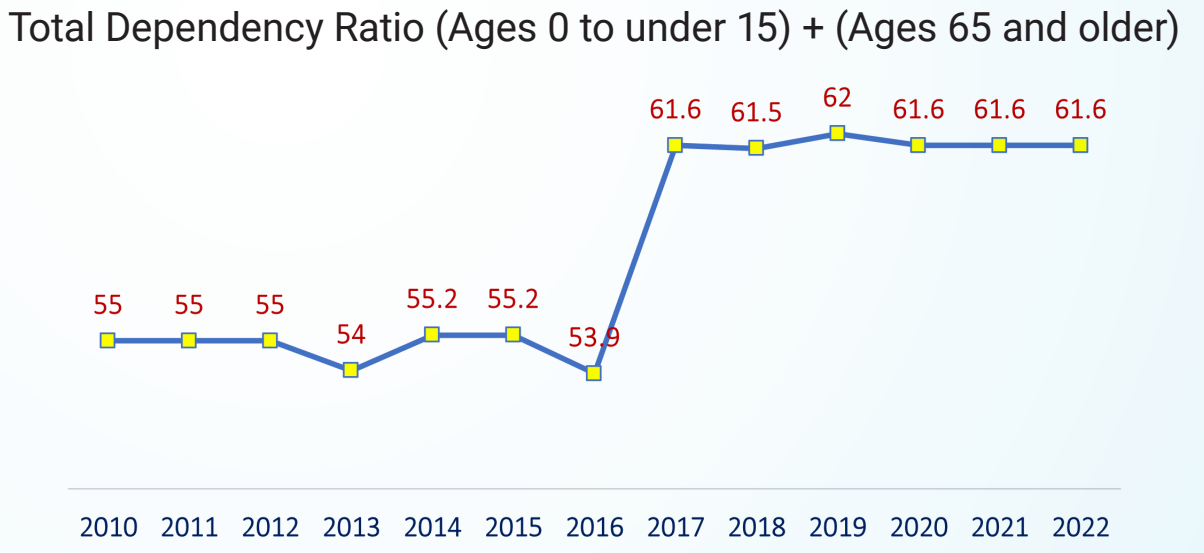
Egypt has also become an attractive destination for certain nationalities. According to a report by the International Organization for Migration dated August 7, 2022, the number of residents in Egypt has reached 9 million migrants and refugees, equivalent to 8.7% of the Egyptian population.



Population Characteristics

Age Structure and Demographic Dividend:

Both the dependency ratio for the young (the population under 15 years old to the population aged 15-64) and the dependency ratio for the elderly (the population 65 years and older to the population aged 15-64) have increased from approximately 51% and 6% respectively in 2011 to 55% and 8% in 2021.



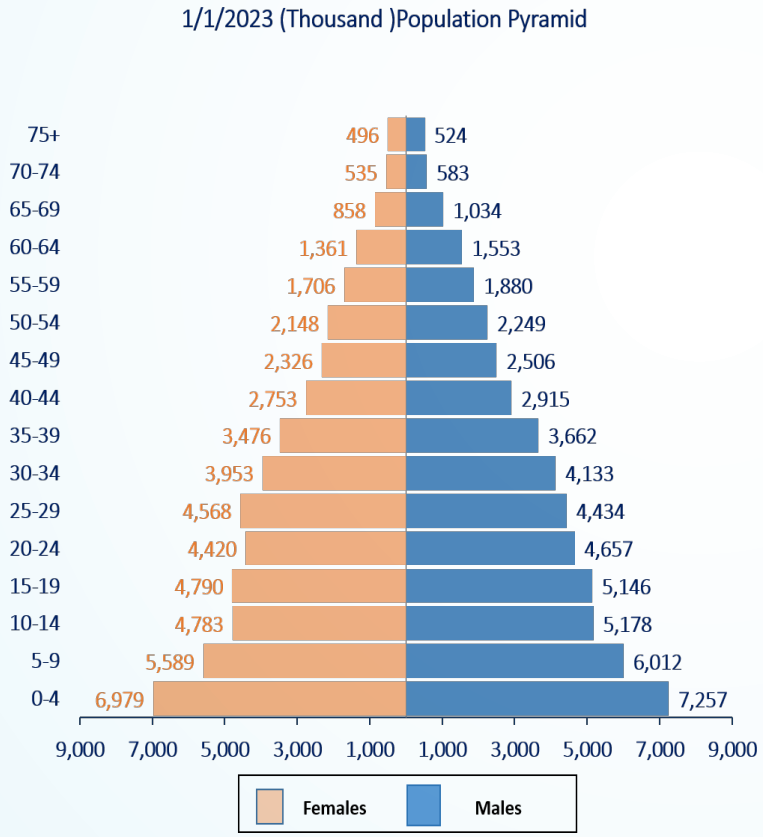
The overall dependency ratio (the population under 15 years old and the population 65 years and older to the population aged 15-64) increased to around 61.6% by 2022. This is due to an increase in birth rates and a rise in the elderly population as a result of an increase in the average lifespan. To fully benefit from the demographic dividend, the dependency rate must decrease which can be achieved by reducing the overall birth rates.

Egypt possesses a broad youth base that narrows toward the top. According to the CAPMAS data as of July 1, 2021, approximately 34% of the population is under 15 years old, and around 25% are aged between 15 and 29. Today, youth have taken on an important role through their creative endeavors and their success in many sectors. According to a United Nations study, youth innovation has reshaped culture and the arts, while youth movements have advocated for diversity and human rights (UNFPA, 2023).

Consequently, Egypt has an opportunity to invest in youth and benefit from them. Furthermore, Egypt also has the opportunity to reap the rewards of the demographic dividend, as the proportion of the working-age population (15-64) is larger than the proportion of the population in non-working age groups (14 and younger, and 65 and older). Around 61% of Egypt's population is of working age, with the youth in the age group (15-29) comprising approximately 41% of that group.

The age structure of population

The total population in Egypt reached 104.4 million individuals on January 1, 2023, amidst the COVID-19 pandemic. The population distribution reveals the following proportions: 34.3% of the population is under the age of 15, 59.1% of the population falls within the age group of 15 to 59, and 6.6% of the population is 60 years old or older.

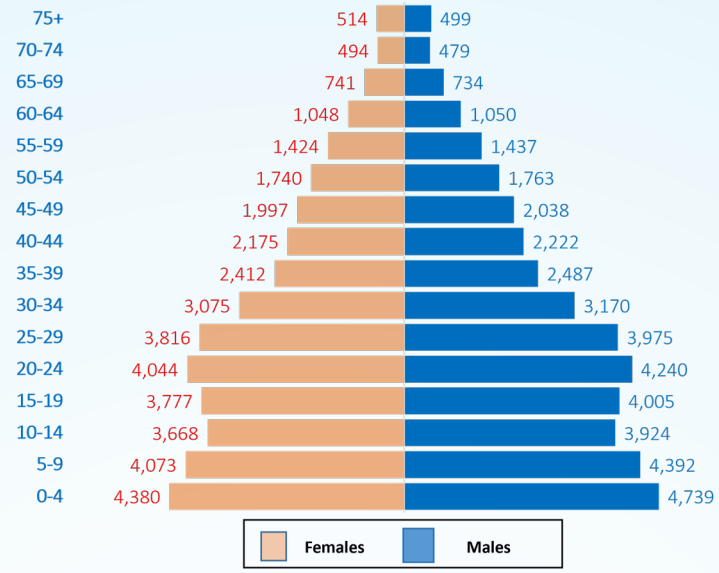


Ratio	Number (million)	Age Group
34.3	35.8	Less than 15 years old
59.1	61.7	From 15 to 59 years old
6.6	6.9	60 years and above

Total = 104.4 million

Trends in the age structure of population

2011 (Thousand)Population Pyramid



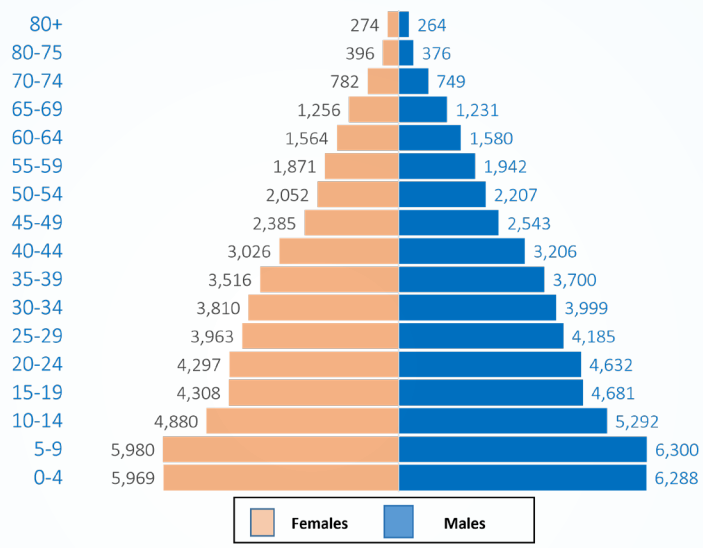
The Elderly			
Categories	Females	Males	Total
65-69	741	734	1475
70-74	494	479	973
75+	514	499	1013
			3461

65 and over 4.3%

The Elderly			
Categories	Females	Males	Total
60-64	1048	1050	2098
65-69	741	734	1475
70-74	494	479	973
75+	514	499	1013
			5559

60 and over 6.9%

2021 (Thousand)Population Pyramid



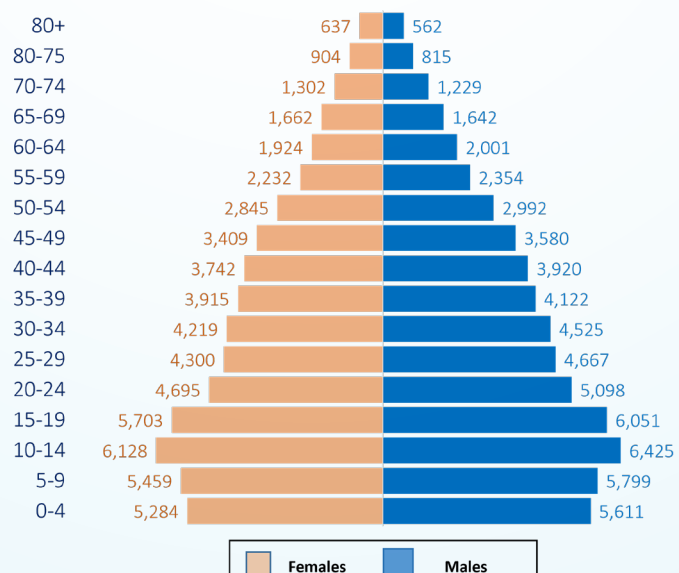
The Elderly			
Categories	Females	Males	Total
65-69	1256	1231	2487
70-74	782	749	1531
80-75	396	376	772
80+	274	264	538
			5328

65 and over 5.1%

The Elderly			
Categories	Females	Males	Total
60-64	1564	1580	3144
65-69	1256	1231	2487
70-74	782	749	1531
80-75	396	376	772
80+	274	264	538
			8472

60 and over 8.2%

2030 (Thousand)Population Pyramid



The Elderly			
Categories	Females	Males	Total
65-69	1662	1642	3304
70-74	1302	1229	2531
80-75	904	815	1719
80+	637	562	1199
			8753

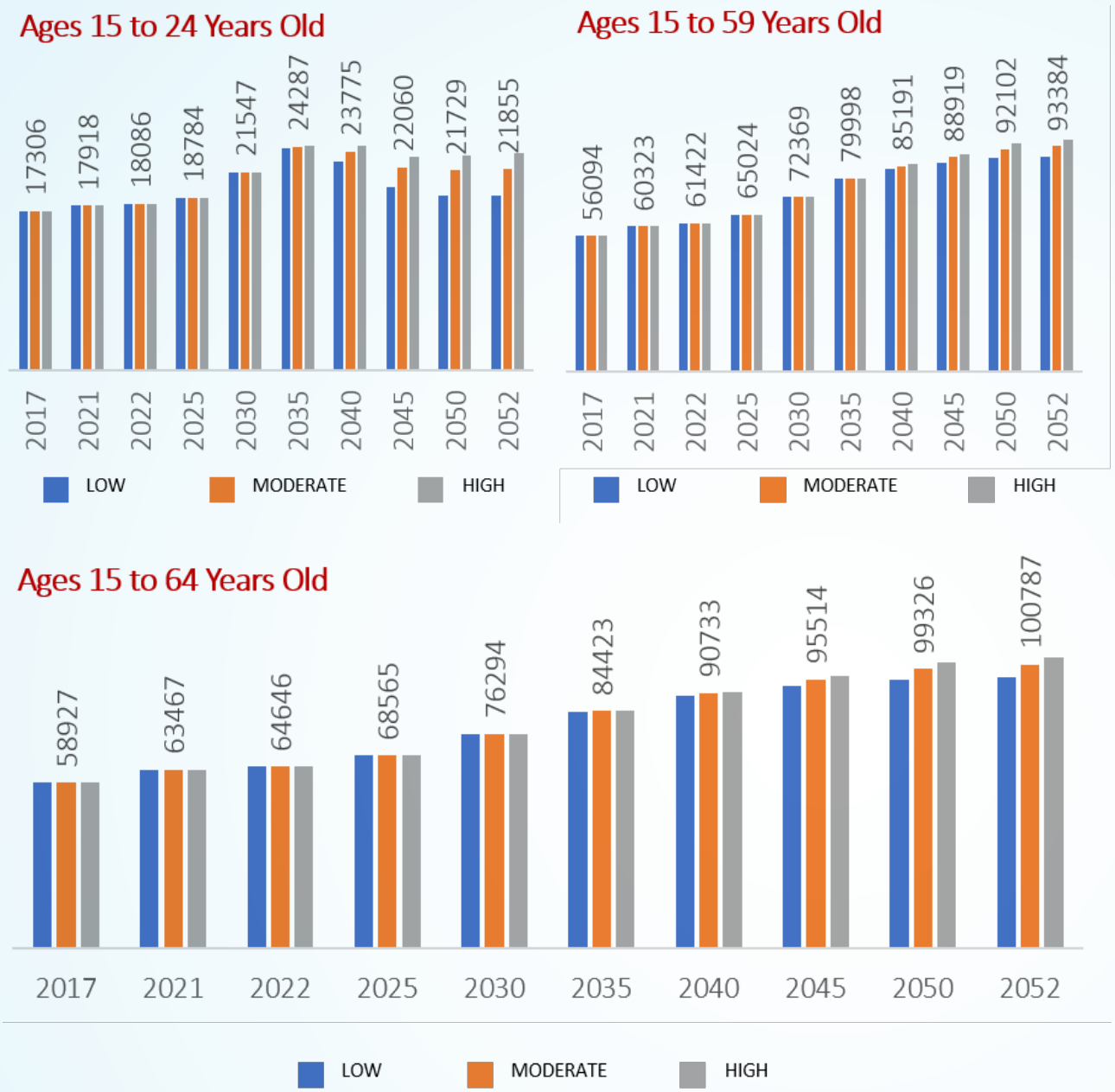
65 and over 7.3%

The Elderly			
Categories	Females	Males	Total
60-64	1924	2001	3925
65-69	1662	1642	3304
70-74	1302	1229	2531
80-75	904	815	1719
80+	637	562	1199
			12678

60 and over10.6 %

The percentage of age groups 60 years and over increased from 6.9% in 2011 to 8.2% in 2021 and the same group is expected to increase in 2030 to 10.6, which indicates changes in the population composition, which can have multiple effects and health and social challenges. The increase in the percentage of age groups that exceeds the age of sixty means an increase in the health and social needs of this group. This leads to increased health care and pension costs, which requires additional investments in health infrastructure.

Population Projections until 2052[1] (CAPMAS)



According to the population projections issued by the Central Agency for Public Mobilization and Statistics, regardless of the scenario of total fertility rate (fertility), the youth and the age groups eligible to enter the workforce will increase until 2052.

1 Moderate: Achieving a total fertility rate replacement level (2.1 children per woman) by the year 2042.

High: Achieving replacement level total fertility rate (2.1 children per woman) by the year 2052.

Low: Achieving replacement level fertility rate (2.1 children per woman) by the year 2032.

Education

Illiteracy Rate:

The 2017 census data revealed that the illiteracy rate reached 25.8% of the total population aged 10 years and above. The illiteracy rate among females exceeded that among males by approximately 10 percentage points (30.8% compared to 21.1% respectively).

Education Enrollment:

According to the 2021 Egyptian Family Health Survey data, the overall enrollment rate[2]
for primary education reached 98%, while for preparatory or secondary education, the rate was 94.2%. Among female children aged (6-11), the enrollment rate in primary education was 97.4%, compared to 98.7% for males. The gender gap widens in enrollment for preparatory or secondary education, where the enrollment rate for females was 90.6%, while the corresponding rate for males was 97.6%.

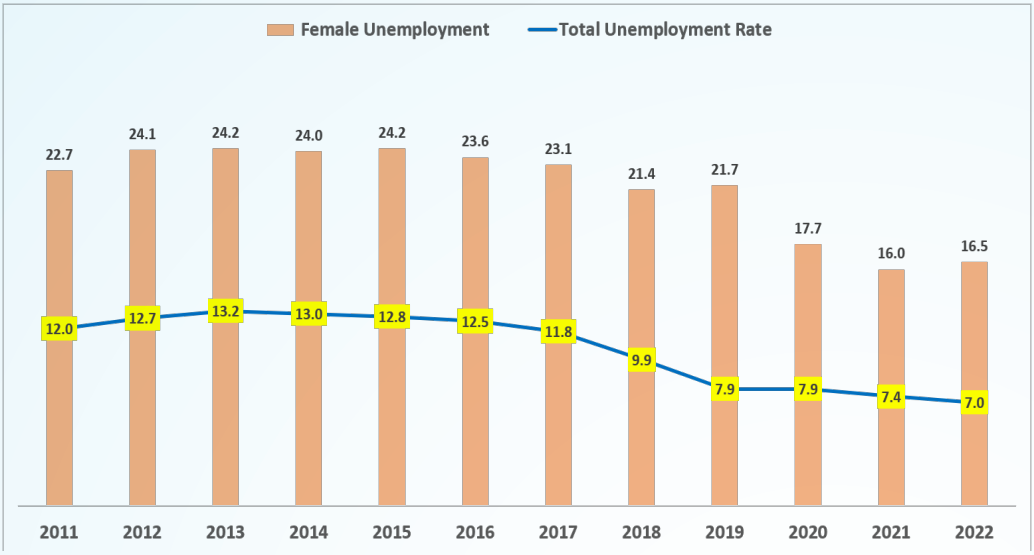
School Dropout:

The number of individuals aged (6-20) who dropped out of schools was 1.123 million, with 28.7% of them dropping out from the primary level, 40.2% from the preparatory level, and 31.1% dropping out from the secondary level (according to the 2017 census).

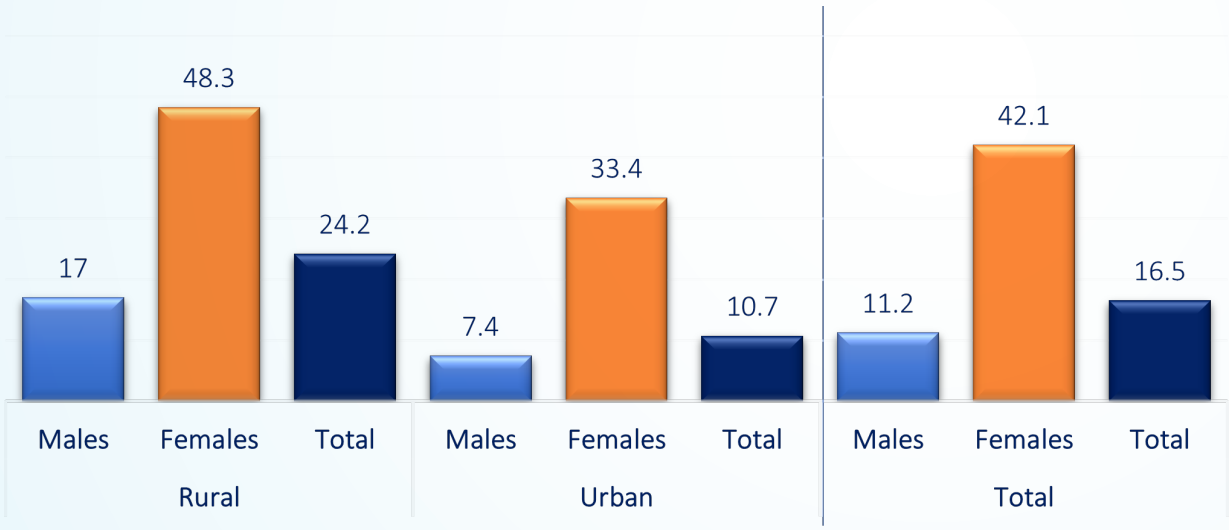
2 The overall enrollment rate in the primary stage is defined as the total number of students in the primary level expressed as a percentage of the population within the appropriate age range for that level. The overall enrollment rate can exceed 100% if there is a significant increase in the number of students, below or above the legal age for the educational level, who attend the educational stage.

Unemployment

Indicators reveal a decline in unemployment rates due to the implementation of the economic reform program. The unemployment rate for the entire country decreased from 12% of the total labor force in 2011 to 7% in 2022. However, there is still a need for further efforts to reduce unemployment rates, especially among females and youth, as the unemployment rate among females aged (15-29) reached 42% of the total female labor force in 2022, compared to 11.2% for males. Unemployment rates were higher in urban areas compared to rural areas, for both males and females.

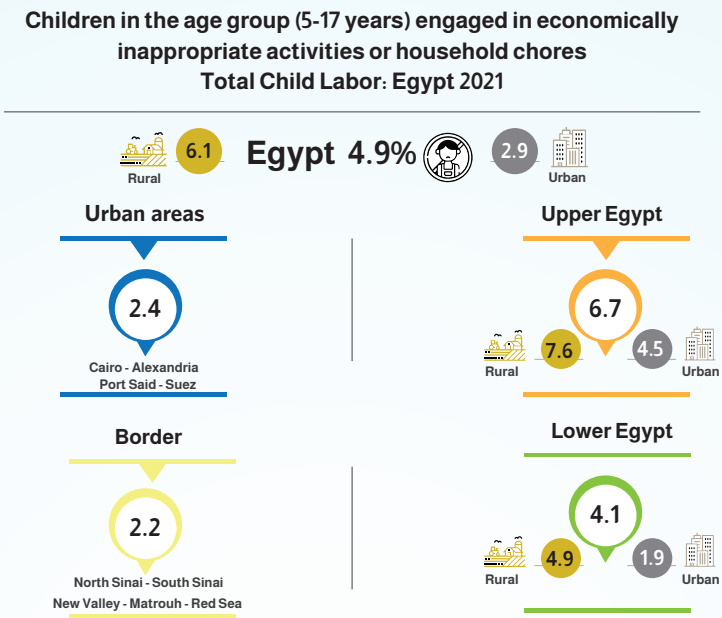


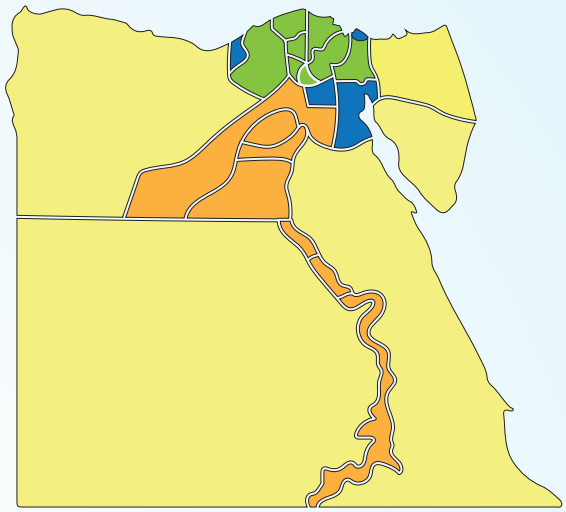
Unemployment Rate for the Total Republic (Ages 15-29) for the year 2022



Child Labor

The results of the 2021 Egyptian Family Health Survey indicate that the percentage of child labor among those aged 5 to 17 years reached 5%. The percentage of child labor was higher in rural areas compared to urban areas (6.1% versus 2.9%, respectively). The highest rate was observed in the rural areas of Upper Egypt, reaching around 8%.



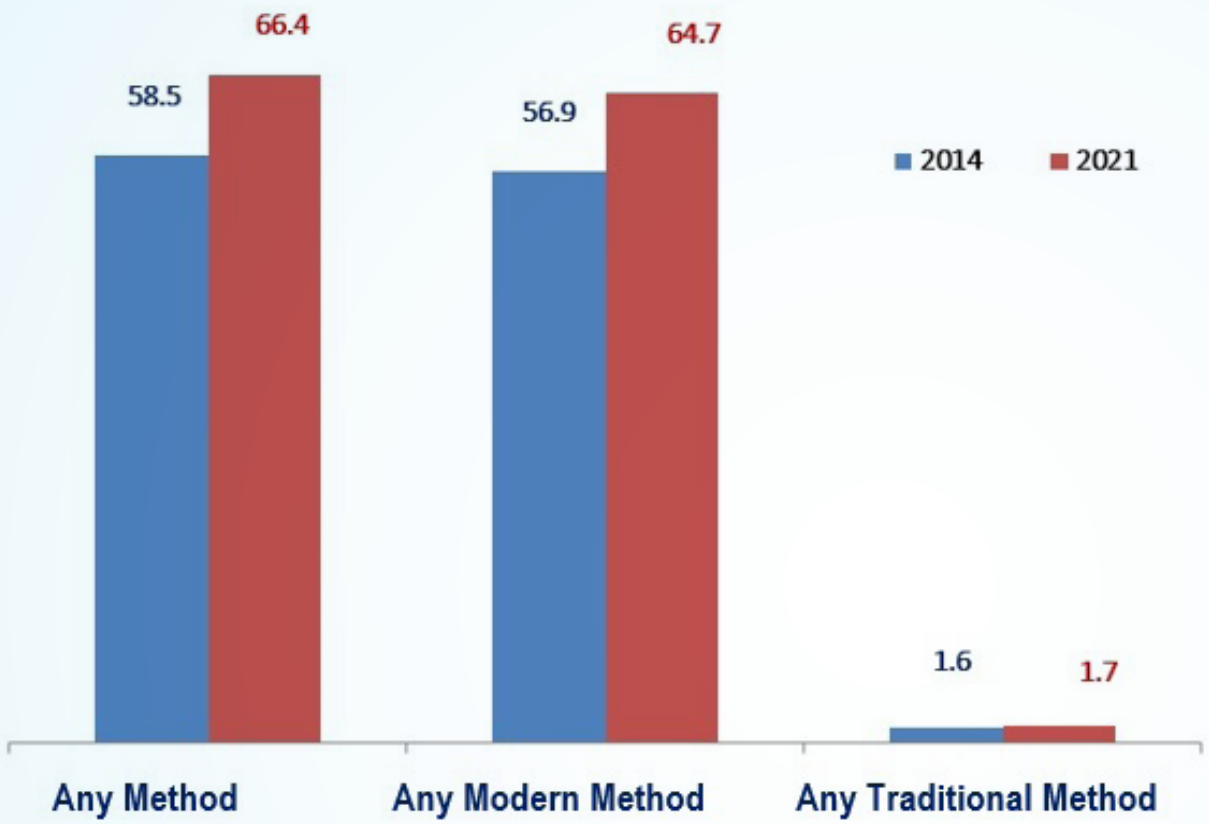


Family Planning

Use of Family Planning (FP) Methods

The results of the 2021 Egyptian Family Health Survey indicate an increase in contraceptive prevalence rate (CPR) among currently married women aged 15 to 49. The CPR reached 66.4%, showing an 8 percentage point increase compared to the records of the 2014 EDHS (58.5%). Additionally, the percentage of modern methods use in 2021 reached approximately 65%, compared to around 57% in 2014.

CPR trends among currently married women aged 15-49 between 2014 and 2021



The CPR rates vary across the different geographical regions. The usage rate in urban areas was 68% compared to 65% in rural areas in 2021. The percentage of usage increased to 71% in urban and coastal governorates, while it decreased to only 57% in rural areas of the northern region. Sohag Governorate recorded the lowest usage level (only 47.2%).

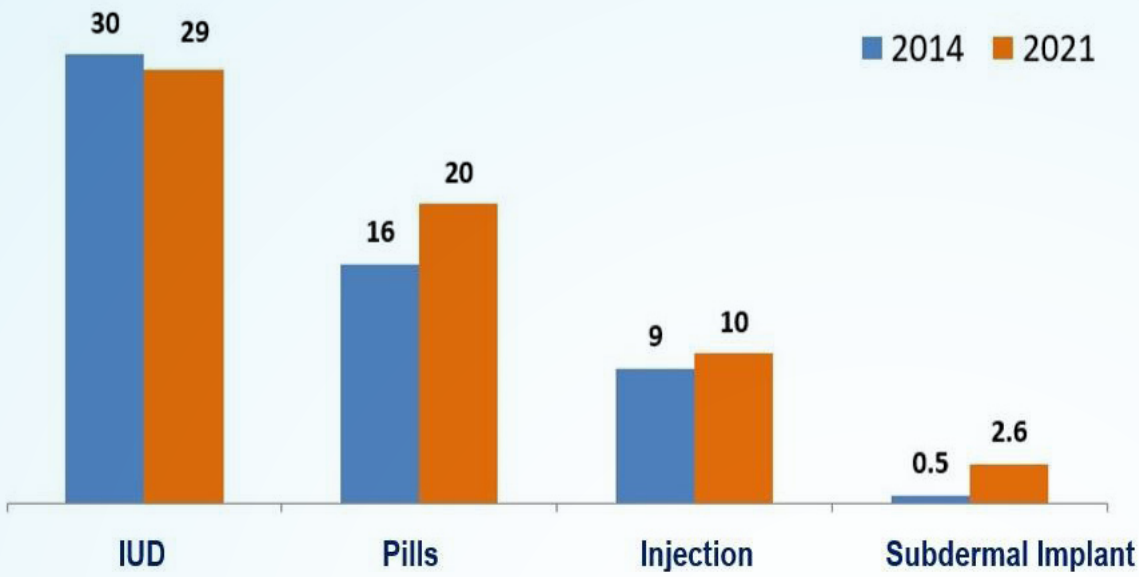
Rate Of CPR Use in Governorates, Egypt 2021

	Any method	Any modern method	Female sterilization	Pills	IUD	Injections	Not currently using any method
Urban Areas	70.5	67.8	1.9	15.6	39.3	7.4	29.5
Cairo	68.4	66.8	1.9	14.9	39.4	8	31.6
Alexandria	74.5	70.8	2	16.7	41.4	6.1	25.5
PortSaid	66.3	60.7	2	12.6	29.9	8.2	33.7
Suez	72.4	66	1	19.6	32.5	7.4	27.6
Coastal Area	71.4	69.8	2.1	21	34.3	9.5	28.6
Damietta	70.4	66.5	1.2	16.7	38.1	5.7	29.6
Dakahlia	68.4	66.8	3.4	18.9	33.8	8.6	31.6
Sharqia	69.7	68.1	1.5	27.6	23.2	12.4	30.3
Qalliubeya	73.9	72.6	1.7	20.3	37.3	8.9	26.1
Kafr ElSheikh	68.2	67.3	1.9	18.2	34.4	10	31.8
Gharbia	71	69.2	3.5	17.7	41.5	4.8	29
Menofeya	71.4	70.2	1.7	22	35	9.7	28.6
Beheira	76.7	74.9	1.6	19.6	39.7	11.1	23.3
Ismailia	66.8	64.6	1	23.9	26.3	9.6	33.2
Eastern Area	59.1	57.8	2	19.1	20.4	12.1	40.9
Giza	67.8	66.8	1.5	20.9	32.6	8.9	32.2
Beni Sueif	66.9	65.9	4.5	11.7	27.7	17.7	33.1
Fayoum	66.3	64.9	1.9	20.9	22.1	15.8	33.7
Menia	60.5	60	3.4	18	17.1	17.7	39.5
Assuit	52	50.8	1.5	17.5	16.1	10.5	48
Sohag	47.4	45.3	1.5	14.8	12.3	10.3	52.6
Qena	46.9	44.8	0.9	22.9	8.3	9	53.1
Aswan	53.7	52.5	0.9	25.9	13.4	7.6	46.3
Luxor	57.6	56	0.7	30.3	12.5	7.8	42.4
Border Areas	65.3	61.9	1.2	21.7	26.4	8.6	34.7
Red Sea	68.7	66.3	2.4	26.5	25.3	6.4	31.3
New Valley	69.1	67.3	0	15.8	40	7.8	30.9
Matrouh	57.9	53.7	0.5	21.2	17.2	11.6	42.1
South Sinai	75.7	69.2	2.8	22	36	4.5	24.3
Total Country	66.4	64.7	2	19.5	29.4	10.2	33.6

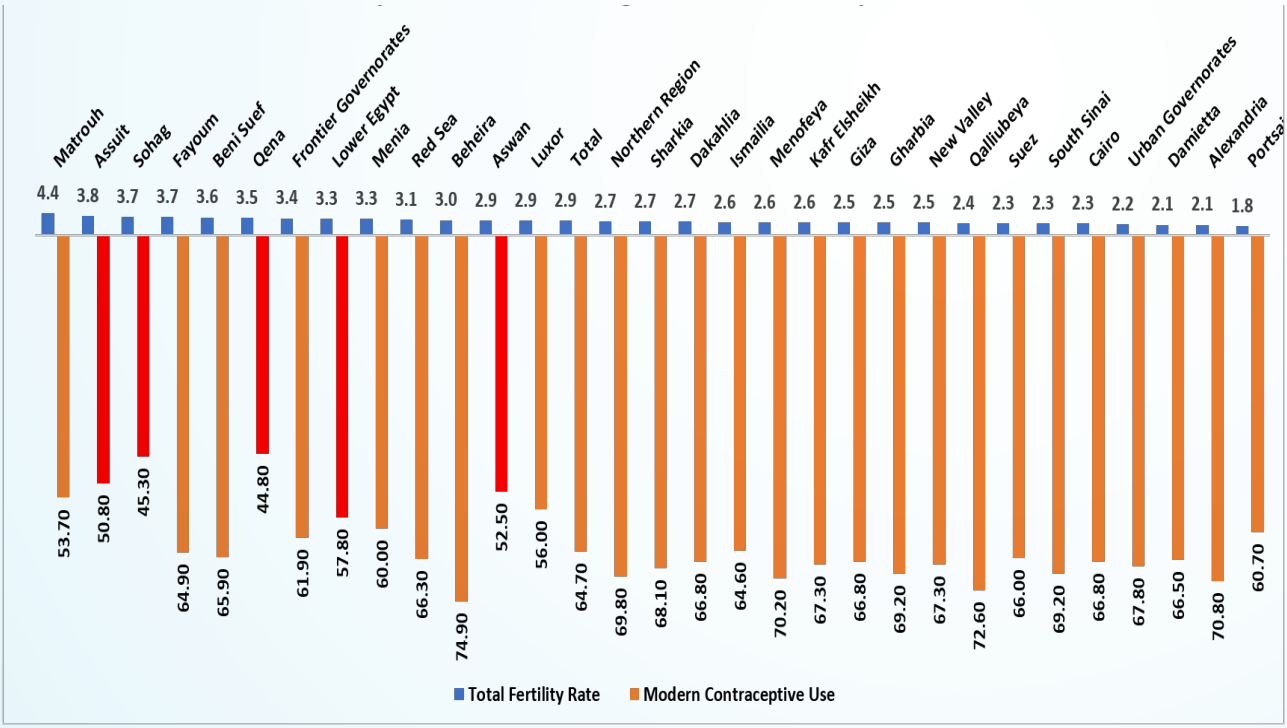
Method Used:

The highest percentage of women still use the IUD; however, this percentage has decreased by 1 point between 2014 and 2021. Meanwhile, the use of other modern methods has increased.

CPR Trends Between 2014 And 2021 According to The Type Of Family Planning Method Used



Total Fertility Rate and the Percentage of Modern Contraceptive Use in 2021



Source of FP Methods:

The governmental sector is the main source for obtaining family planning methods, and reliance on the governmental sector increased between 2014 and 2021. Around 61% of users obtained family planning methods from the governmental sector in 2021, compared to around 57% in 2014. On the contrary, the contribution of the non-governmental organizations NGOs was almost negligible and decreased from 5.1% in 2005 to 2.5% in 2008, then further decreased to 0.6% in 2014, and finally dropped to only 0.3% in 2021. This highlights the importance of supporting the NGOs to provide family planning and reproductive health services in addition to their awareness-raising role.

Discontinuation of Use and Service Quality:

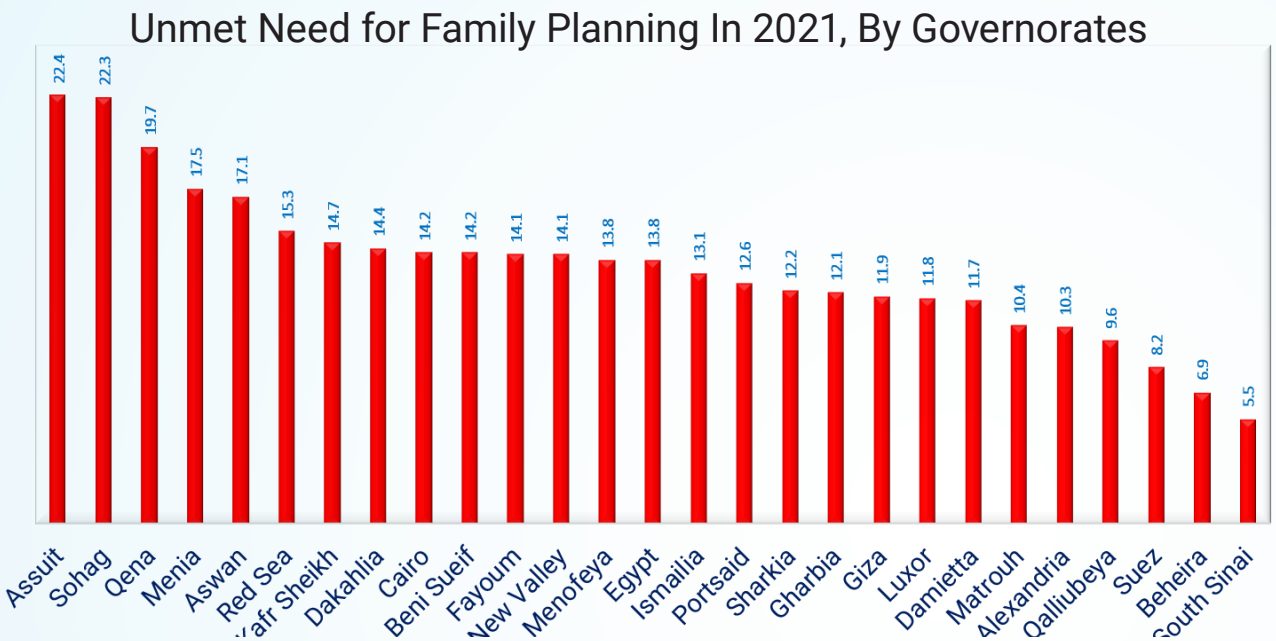
Approximately 30% of FP methods users in Egypt discontinued use within 12 months after beginning to use the method. Side effects and health considerations were the most common reasons for discontinuation, accounting for (11%) of cases, while 4% discontinued due to method failure (becoming pregnant while using the method). This emphasizes the necessity for family planning programs to provide substantial counseling and follow-up to assist female users in overcoming various challenges and obstacles, thus promoting continued use of the methods. Data revealed that only about 42% of users received information from service providers about potential side effects of the methods, and only 28% were informed by service providers about how to deal with side effects if they occur (Egyptian Family Health Survey 2021).

Unmet Need:

The Egyptian Family Health Survey 2021 indicated that approximately 14% of currently married women have an unmet need for family planning. Among them, 4% desire spacing between births, and 10% wish to stop childbearing altogether but are not using any family planning method. The percentage of unmet need in 2021 is slightly higher than the rate in 2014, which was around 13%.

Furthermore, there is significant variation in the unmet need across different geographic regions. In rural Upper Egypt, the unmet need reaches around 18%, compared to 11% in rural Lower Egypt. The rate rises to 22% in Assiut and Sohag governorates.

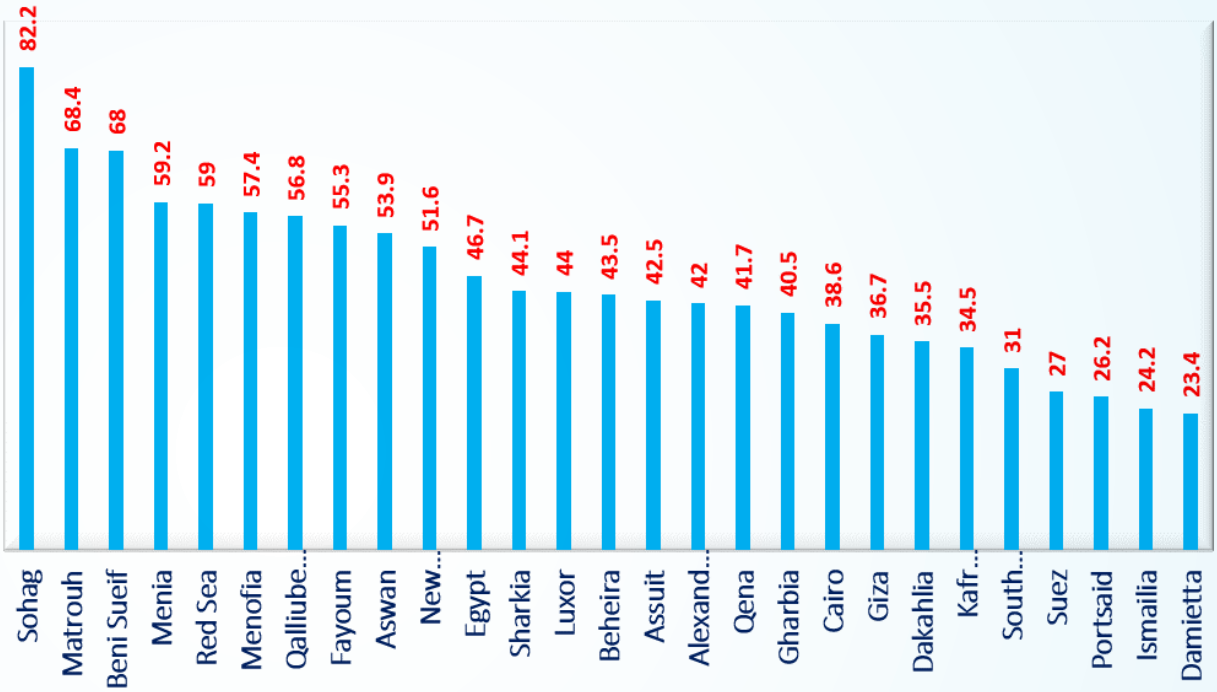
The unmet need for family planning in Egypt consistently remains higher than the global average for countries with a similar level of contraceptive use (El-Saharty, et al., 2022).



Exposure to Mass Media FP Messages:

There has been a decline in exposure to FP messages over time from various media sources (such as radio, television, newspapers/magazines, seminars, religious leaders). However, there was an increase between 2014 and 2021, although it was a limited increase. It is important to continue awareness campaigns to reach the vast majority of Egyptian households. For instance, the percentage of women exposed to family planning messages through television decreased from around 89% in 2005 and 58% in 2008 to less than 40% in 2014, then rose again to about 43% in 2021. The percentage of women who confirmed being exposed to family planning messages through radio decreased from about 19% in 2008 to 5% in 2014 and increased again to 8% in 2021. Moreover, the 2021 EFHS revealed that about half of the youth in the age group (15-29) who had not been married were not exposed to any source of FP awareness.

Arrangement of governorates according to the percentage of women who have not been exposed to any family planning messages in 2021.



Contact of Female Non-Users with Field Workers or Healthcare Providers:

Few women who are non-users of family planning methods were exposed to information about family planning through home visits or during healthcare service delivery, which represents a missed opportunity to attract non-users towards family planning methods. Additionally, the percentage of exposure to family planning information through home visits decreased between 2014 and 2021. The percentage of female non-users who were visited at home by rural leaders (Raedat Rifiat) decreased from 7% in 2014 to only 4% in 2021. Similarly, only around 7% of female non-users discussed family planning during their visit to healthcare facilities in 2014 and 2021.

Women's Empowerment

The International Conference on Population and Development affirmed that advancing gender equality, empowering women, and ensuring their ability to control their reproductive and sexual lives should be at the core of the population and development programs. The Sustainable Development Goals for 2030 explicitly recognize that sexual and reproductive health and gender equality are essential for creating a more prosperous and sustainable future.

There is a clear commitment from the Egyptian government to improve the status of women and achieve their social, economic, cultural, and political empowerment. The majority of legislations related to social and economic rights emphasize principles of social justice, women's equality with men, fair access to resources and services, and participation in public affairs. Over the past half-century, the situation of the Egyptian woman has undergone significant changes, accompanied by relative improvements in women's educational opportunities, employment, participation in public affairs, and appointment to higher positions. However, indicators still reflect the need for further efforts towards women's empowerment.

As previously evident, gender gaps persist across many development indicators, such as literacy rates and unemployment. Similarly, the results of the 2021 Egyptian Family Health Survey highlighted that only 17.5% of unmarried women aged 15 to 49 are currently working or have engaged in any work during the past twelve months prior to the survey. Additionally, only 65% of women participate in decisions related to their healthcare, significant household purchases, and visits to family and relatives. The data also underscore a direct correlation between women's empowerment and the use of family planning methods. The percentage of women using family planning methods increases to 71% among those who are employed, compared to 66% among those who are not employed. Conversely, the use of family planning methods decreases among women who do not participate in any family decisions (61%) compared to those who are engaged in at least one decision.

Female Genital Mutilation

The results of the 2021 Egyptian Family Health Survey revealed a decline in the prevalence of female genital mutilation (FGM) among girls in the age group (0-19), dropping to 14% compared to 21% in 2014. For the age group (15-17), FGM rates decreased to 36.8% compared to 61% in 2014. Similarly, the percentage of mothers with intentions to subject their daughters undergo FGM in the future declined from 35% to 13%. Nonetheless, the majority of FGM procedures are still performed by medical professionals. Approximately 83% of cases were conducted by individuals within the medical field (around 74% carried out by doctors and 9% by nurses or other medical staff). This percentage surpasses the one reported by the 2014 EDHS (82%). This discrepancy underscores the need to enforce Law No. 10 of 2021, raise awareness among healthcare providers about the legal penalties associated with the FGM crime, while establishing and enhancing supervisory mechanisms for reporting. Additionally, efforts should focus on fostering a culture of reporting at both national and community levels.

Exposure to Violence

EFHS data indicates that 31% of women in the age group of 15-49 have experienced some form of physical, sexual, or psychological violence. About 26% have experienced physical violence, and approximately 9% have suffered severe injuries resulting from physical or sexual violence by their spouses.

The survey results indicate an inverse relationship between indicators of women's empowerment and their exposure to violence. For instance, while approximately 37% of women who do not participate in any family decisions reported experiencing physical or sexual violence from their husbands, the corresponding percentage among women participating in three decisions was around 21%.

Results of the same survey highlight a notable gender disparity in the approval of husbands hitting their wives. This approval rate is significantly higher among young males compared to young females (30% versus 11%, respectively). This underscores the need to involve men and young males, while enhancing their roles in all awareness programs aimed at combating violence against women and harmful practices.

Population Status: Challenges and Opportunities

Challenges

- Imbalance between population growth rates and economic growth.
- High rates of illiteracy and school dropout, especially among females.
- Limited women's participation in the labor market, with high unemployment rates among females and youth.
- Economic and social disparities between different geographical regions.
- Weak governance and lack of decentralization in the management of population and development programs.
- Inadequate monitoring and evaluation system to track progress in activity implementation and measuring its results.
- Uneven distribution of the workforce in health facilities, with disparities between rural and urban areas, remote regions, and Upper Egypt governorates, leading to gaps in service coverage. For instance, the number of family planning doctors is lower in Matrouh, Port Said, Luxor, Red Sea, South Sinai, and New Valley.
- Current funding sources are insufficient to meet the growing current and future needs for family planning services.
- Over reliance on the public sector as the primary source of family planning resources (Egyptian Family Health Survey 2021), which poses a larger burden on the government to address the population issue. Additionally, the majority of family planning clinics (89%) are located within primary care units and centers affiliated with the Ministry of Health and Population, while university hospitals and police hospitals only have 29 family planning clinics combined (Ministry of Health and Population).
- Family planning services are not fully activated in some healthcare facilities despite their availability. Despite the availability of postpartum and post-abortion family planning services in 264 hospitals under the Ministry of Health and Population and its affiliated bodies, about 23% of them (60 hospitals) remain inactive. Similarly, although the service was provided in 19 university hospitals, 95% of them (18 hospitals) are not active (Ministry of Health and Population).
- Declining the role of civil society organizations in providing family planning services and methods.
- Missed opportunities in educating and motivating non-users of family planning services to use them. Only 4% of non-users have been visited at home by rural leaders and discussed family planning, and only 7% of non-users who visited a healthcare facility were discussed family planning by healthcare providers.
- The quality of family planning counseling and services is a significant challenge for program success. This explains the relatively high unmet need for family planning and unwanted pregnancies between 2014 and 2021. It also explains the relatively high discontinuation rate within the first year of use due to side effects.
- The declining role of media (such as radio, television, newspapers/magazines, seminars, religious leaders) in family planning awareness compared to previous decades.

- Cultural norms, erroneous traditions, and misconceptions, along with misinterpretation of religion regarding population-sensitive issues like family planning, child marriage, female genital mutilation[3], as well as the preference for male children over females , and the popular proverbs that reinforce gender discrimination.
- Early marriage, child labor, and other negative phenomena.
- Lack of general awareness and limited campaigns providing knowledge to youth and women about family planning and reproductive health.
- Failure to integrate age-appropriate reproductive health programs into schools.
- Failure to disseminate awareness programs to those preparing for marriage.
- Limited availability and accessibility of data. For instance, the Egyptian Family Health Survey was conducted seven years after the Demographic Health Survey in 2014.

Opportunities

- Presence of a supportive political will for the population issue.
- Presence of a supportive political will for women's empowerment economically, socially, and culturally.
- The national project for development of the Egyptian family.
- Societal consensus on everyone's responsibility to address the population issue, not considering it the responsibility of the governmental institutions alone.
- Support from the political leadership combined with the presence of initiatives and strategies supporting the population issue will encourage and stimulate more effective participation and collaboration among the different State's entities.
- Accelerating the investment in the demographic dividend and harnessing its benefits.

3 Summary of research on the role of societal values in reproduction - https://www.npc.eg

Methodology for Updating and Developing the Strategy

This strategy is based on a multidimensional methodology that focuses on several important aspects. The following is an explanation of the methodology used in its development:

1- Analysis of the current situation through a thorough review of documents and surveys to infer future trends and challenges:

A task force was formed to review all key documents, including population growth, age distribution, fertility and mortality rates, and various demographic indicators.

- These documents included the 2021 Egyptian Family Health Survey to assess the current population situation and compare its results with previous surveys to understand indicators' trends. The National Population Strategy 2015-2030 was also reviewed.
- The 2015-2020 Executive Plan was examined within the framework of the National Population Strategy to identify the current status and gaps. The international studies on plans and priorities to address the population issue and utilize the human element for achieving demographic returns were also reviewed.
- The results of the evaluation study of the (2015-2020) Executive Plan were considered, and lessons learned and recommendations were extracted for consideration in updating the strategy and its executive plan.
- Documents related to the National Project for Development of the Egyptian Family were reviewed, as this project served as the nucleus from which the strategy update emerged. The primary objective of the project is to enhance the quality of life for Egyptian citizens. The project's components were integrated into the strategy's pillars to unify and synergize efforts.

2- Expert Review for Priority Determination, Drafting Initial Proposals, and Consensus on Goals and Measures:

A multi sectoral committee was established to review the social dimensions of the population issue, such as educational dropout, early marriage, and child labor. This committee referred to the outputs and recommendations during the preparation of the initial drafts of the strategy. Consultations were held regarding the overarching goals, the strategy pillars, as well as the monitoring and evaluation mechanism in order to establish a general framework that ensures the strategy's implementation and the attainment of its desired objectives. Additionally, the strategy was reviewed by representatives from ministries, authorities, and relevant bodies.

3- Collaboration and Partnership through Workshops with Stakeholders in the Population Issue to Achieve Alignment:

A series of workshops were conducted with various state authorities involved in the population issue, the civil society organizations, the private sector, the international organizations, and others. The objective was to reaffirm the comprehensive participatory approach of the strategy and unify concepts and goals. An evaluation study of the (2015-2020) Executive Plan showed that among the reasons for the impact on the level of accomplishment of plan activities was that each entity implemented activities solely within the scope of its assigned tasks, rather than in accordance with the requirements of the executive plan and its activities.

These workshops successfully fostered alignment with the strategy and culminated in the development of a comprehensive, time-bound executive plan. In this plan, all parties pledge commitments and fulfillment, while establishing a mutually agreed framework for monitoring and evaluation. This methodology is pivotal for achieving success in strategy implementation and attaining its objectives. Various entities are essential partners in achieving the strategy's goals. Each entity assumes a specific responsibility to contribute its expertise and resources for the implementation of the strategy.

Vision and Mission

VISION

Achieving Social and Economic Well-being for All Citizens.

Mission

Achieving a balance between population and development through enhancing reproductive health, empowering women, investing in youth, improving education opportunities, and raising awareness about population issues within a comprehensive framework that ensures the efficiency, effectiveness, and transparent implementation of population policies.

Guiding Principles



Sustainability of financing and service delivery.

Governments, international institutions, civil society, and the private sector must work together within a partnership framework to implement the strategy, enhance effective management, and coordinate among themselves to achieve common goals.

Allocating more efforts and providing necessary support for research and developmental projects, ensuring accurate and regular data availability, enabling informed decision-making, and implementing evidence-based policies.

Implementation of Governance Elements.



Reducing economic, social, and educational disparities increases opportunities for improving economic and health conditions.

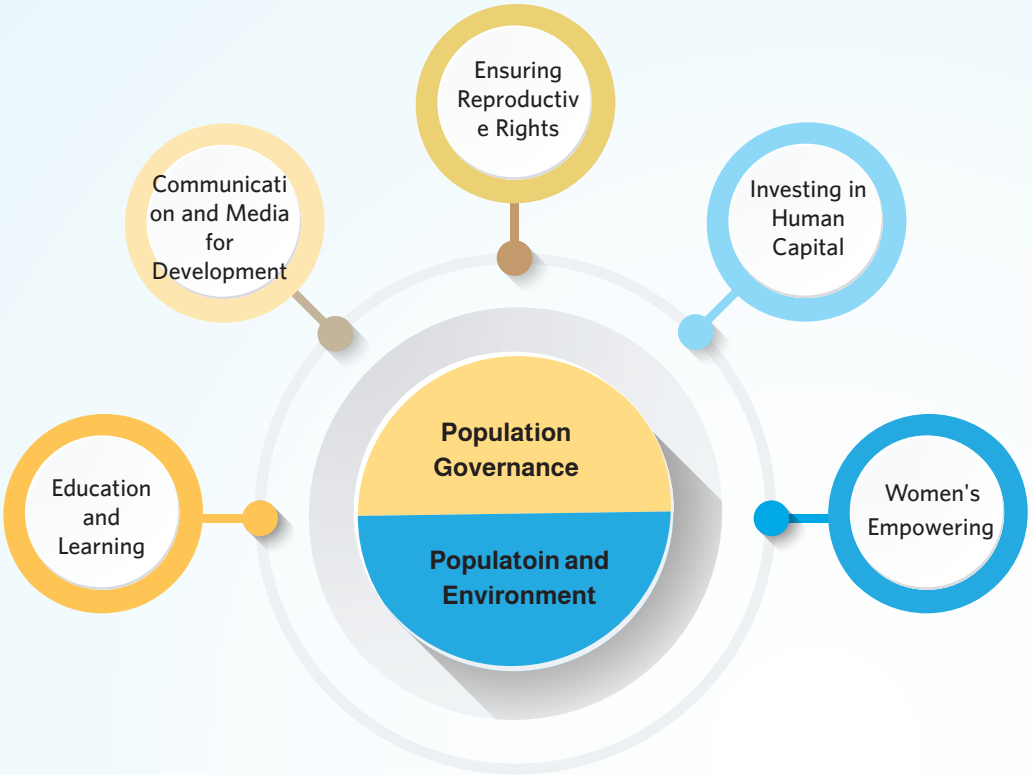
Gender Equality and Women's Empowerment are among the most important factors leading to the improvement of demographic characteristics. They contribute to reducing early marriage and early childbirth for girls, as well as enhancing family life.

It involves adaptability and flexibility to address changing challenges and responding promptly to demographic developments. Enhancing human, social, and economic rights.

Every individual has the right to make their own choices regarding their reproductive health, and it is essential to ensure that everyone has access to health services and reproductive rights, including family planning.

Strategic Pillars

Aligned with the objectives of Egypt Vision 2030 to enhance the quality of life for Egyptian citizens and improve their standard of living, the strategy will revolve around five strategic pillars to achieve these objectives, in addition to governance which will be a cross cutting dimension that intersects with each of the operational pillars. It is noteworthy to mention that the strategic pillars share their main objectives with the pillars of the National Project for Development of the Egyptian Family.



Ensuring Reproductive Rights Pillar

This pillar focuses on achieving comprehensive access to health and reproductive rights as part of the universal health coverage, ensuring opportunities to access integrated RH services and information and promoting healthy lifestyles, especially among vulnerable groups. It also underlines that community members should actively play a role in “reproductive rights” matters, such as making decisions about the number and time to have children, through responsible participation of both women and men. In fact, the main objectives of this pillar align with the service intervention pillar of the National Project for Development of the Egyptian Family, which aims to reduce the unmet needs of women for FP methods and make them available and free of charge to all.

Investing in Human Capital Pillar

1- Youth and Adolescents

This section is based on building the capacities of young people and adolescents (boys and girls), empowering them in political, social, and economic domains. It aims to enhance positive norms, attitudes, and social roles that support gender equality, while creating an environment conducive to fostering creativity, innovation, and entrepreneurship among young people (both males and females). This also entails providing equal opportunities for youth and adolescents to access health services, including information and services related to public health, reproductive and mental health to promote youth participation in making informed decisions and choices about their reproductive health, while ensuring adequate protection for them. This pillar receives significant support through its integration with various strategies, notably the National Strategy for Youth and Adolescents, as well as national projects such as the National Project for Development of the Egyptian Family and the Decent Life' initiative. These initiatives prioritize the needs of youth (both males and females), university and school students, and those approaching marriage by directing specific activities tailored to their needs.

2- The Elderly

This section focuses on achieving care and protection for the elderly by enhancing their access to health and mental care, as well as other services. It aims to expand and maximize the utilization of social protection and security programs that serve the elderly, and to harness their capabilities through providing educational and training opportunities, while promoting their community participation.

Women's Empowerment Pillar

This pillar is centered on achieving a society where every woman lives in a place that recognizes her rights to physical, mental, and psychological health, enabling her full participation in shaping sustainable and prosperous communities. Additionally, it aims to economically empower women, ensuring their financial independence through the implementation of micro-enterprise and other projects led by women. Furthermore, it focuses on women empowerment in entrepreneurship in conjunction with the activities of the economic pillar of the National Project for Development of the Egyptian Family. This pillar also focuses on enhancing protection against all forms of violence and harmful practices, prominently including female genital mutilation and child marriage. It tackles the eradication of discrimination against women and girls, building upon the outcomes of the priorities set by the National Strategy for the Egyptian Women Empowerment 2030. It particularly underscores the protection of women from all forms of violence, offering mechanisms of protection and support, and enhancing the quality of specialized services.

Education and Learning Pillar

This pillar focuses on improving the education environment, reducing dropout rates, and working towards decreasing illiteracy rates. It involves integrating the perspectives of population and development into both classroom and non-classroom educational curricula and programs to empower adolescents and youth with the knowledge and skills related to population issues and comprehensive reproductive health. This enables them to realize their full potential for effecting change in perceptions and promoting the culture of small family size. Furthermore, this pillar focuses on raising awareness about environmental issues and providing environmental education to the population. This encourages sustainable environmental practices and the conservation of the country's resources, thereby contributing to achieving economic and social well-being.

Communication and Media for Development Pillar

This pillar is the most impactful tool for all segments of the society and all family members. It is the optimal means for discussing and rectifying misconceptions and changing attitudes and behaviors, through the development of a comprehensive media strategy that revolves around a unified developmental rights message related to population issues. This message supports families and contributes to social and economic empowerment, well-being, and the improvement of individual living standards. This media strategy serves as a complement and enhancement to the efforts of the National Project for Development of the Egyptian Family, which aims to raise citizens' awareness about the fundamental concepts of population issues and the social and economic consequences of demographic deviations. Achieving this requires collaboration and coordination among all State institutions, religious leaders, civil society organizations, and the private sector, while using unconventional media messages that align with social customs and traditions without conflicting with religious beliefs. Additionally, monitoring dramatic works ensures their alignment with societal norms and traditions, with television dramas focusing on correcting misconceptions and erroneous beliefs.

Population and Environment

This pillar intersects with other pillars and focuses on raising awareness about the environmental issues, how to preserve the environment, and contribute to sustainable development. It also centers on assessing the environmental impact of industrial projects and the use of advanced technology to improve the quality of family planning methods. Environmental impact assessment is integrated into all services and activities related to the population (providing reproductive health services, family planning, creating suitable environments in schools, small projects, and micro enterprises). Additionally, it is closely linked with evaluating the quality of provided services and associated training programs.

Governance of the Population Portfolio

Governance of population portfolio is considered the supporting pillar for all strategic pillars and their objectives due to its intersection with all the pillars. Therefore, the activities related to this pillar in the executive plan will be integrated within the activities of the other pillars.

These objectives are achieved through the following procedures:

1- Strengthening the Role of the Legislative Frameworks:

The Egyptian state's determination regarding the population issue was evident, especially when it allocated a separate article to it in the 2014 constitution (Article 41), making the implementation of the population program a national responsibility for the Egyptian society. There are also legislations that support the population issue, such as the law prohibiting child marriage and the review and amendment of the child labor laws. However, the laws and regulations governing the health sector need to be revisited to become effective tools for achieving the goals of the health sector within the framework of Egypt Vision 2030, rather than being obstacles. Therefore, a necessary step will be to review the regulations of the health sector concerning nursing, rural leaders, and midwives to establish a legal framework for task-sharing.

In light of the general policies of the health sector aiming to achieve comprehensive coverage of various health services for all citizens through the Comprehensive Health Insurance Project, the Comprehensive Health Insurance Law will be reviewed to include family planning services as part of the core services package to support service integration.

2- Establishing an institutional framework with integrated and effective roles:

The population program requires an institutional framework through the establishment of a committee chaired by the Prime Minister, comprising representatives from all ministries involved in implementing the population program as well as experts in the field of population issues. This committee will reflect the Egyptian State's determination and seriousness in addressing the population issue. The committee will oversee the executive plan, monitor performance indicators, review the regulatory frameworks of the population program, and periodically submit reports to the Prime Minister's office. This will ensure that challenges are identified and timely interventions are made.

The multiple changes that have occurred in the organizational structure of the population program have led to instability in its management. Therefore, there is a priority to review and enhance the organizational structure to ensure the effectiveness and sustainability of the executive plan. The new structure should include representatives from the private and civil sectors, as they are crucial partners. Clear responsibilities should be assigned to each component of the structure to support role integration. These institutional interventions aim to restore the confidence of stakeholders both internally and externally.

3- Promoting Decentralization:

Decentralization is one of the key characteristics of effective institutional frameworks. The Egyptian experience with previous strategies has highlighted the need to shift from centralization to decentralization, enabling directorates and departments in governorates to participate in activity implementation. This shift will have a positive impact on the population issue, as these directorates and departments are closer to the community and have a better understanding of its needs. Achieving decentralization requires role integration and effective support from the Ministry of Local Development, represented by the governors in various governorates.

4- Ensuring Financial Sustainability

Securing and maintaining financial resources is a fundamental factor for the success of the population program. To make the most of the funding, an extensive study on activity costing will be conducted to ensure that costs are adequately covered. Additionally, collaboration with the Ministry of Finance will transform the population program's budget into program-based and performance-based budget, enhancing accountability principles and maximizing financial benefits. The program will also adopt long-term strategic planning and evidence-based decision-making. Diversifying funding sources and coordinating between different donor projects and financing mechanisms will be considered. Innovative funding sources like tobacco and high-sugar-content beverage taxes will be explored, with a portion allocated to family planning program financing. In the context of providing sustainable funding sources, a sustainable partnership model between the public and private sectors will be developed. The emphasis will be on achieving equitable, cost-effective, and high-quality services.

5- Community Consensus on the Strategy and the Family Planning Program:

The population program will not yield its fruits without the active engagement of all segments of the civil society. The strategy will be presented on the agenda of the national dialogue for discussion and consensus-building among its members regarding its vision and objectives. This approach ensures societal acceptance and support for the program.

6- Information and Data Accessibility:

The availability of information and data remains a significant barrier to evidence-based decision-making and hinders the process of monitoring and evaluation. Therefore, supporting and strengthening data collection systems will be a priority within the strategy. Efforts will also be directed towards unifying and integrating the database, ensuring that necessary data about the workforce and both public and private sectors are accessible. This approach aims to provide the required information to measure progress in evaluating and monitoring the indicators of the strategy. Furthermore, the program will undergo a digital transformation in line with the national digital health transformation plan. This transformation guarantees integration and alignment with the healthcare information systems, as well as effective documentation of projects and interventions. This practice will establish an institutional memory for the program that can be utilized as needed.

7- Monitoring and Evaluation:

An effective monitoring and evaluation system is a fundamental cornerstone of any strategy to ensure the achievement of its objectives. Among its key elements is the presence of a logical framework for the program, encompassing inputs and outputs, activity pathways, indicators, and a clear mechanism for data collection and timelines. This system also involves defining the roles and responsibilities of monitoring and evaluation for various entities, establishing a timeline for data analysis and report templates, as well as implementing a system for disseminating reports and informing policymakers and stakeholders at all levels. Furthermore, an effective monitoring system includes a mechanism for measuring results through various indicators, reviewing them, and adjusting the course based on monitoring outcomes.

Strategic pillars are achieved through main objectives and sub-objectives that rely on the implementation of several interventions, through a number of activities, in coordination among the entities, authorities, and sectors that are involved in the strategy.

First Pillar: Ensuring Reproductive Rights

First Main Objective: Enhance the availability and accessibility of reproductive health and family planning services.

Sub-objective: Ensuring the availability of family planning services in primary healthcare units and entities affiliated with the Ministry of Health and Population, as well as universal health insurance.

Strategic Interventions:

- Integrating the provision of family planning and reproductive health services into the universal health covarage Insurance system.
- Applying accreditation standards to include family planning services in primary healthcare units within the list of accredited and quality-assured services.
- Registering and accrediting primary healthcare units with the General Authority for Accreditation and Healthcare Regulation.
- Expanding the criteria for methods and introducing new methods for family planning (across all sectors: governmental, civil, and private), and integrating reproductive health and family planning into emergency preparedness and response.
- Integrating services at the level of primary healthcare (comprehensive service and counseling).
- Providing family planning services within entities under the Ministry of Health and Population, including central, general, and educational hospitals.
- Increasing the number of graduates specializing in family medicine and family planning (diploma and master's degree).
- Establishing a new branch of nursing specializing in family planning within the technical health institute under the Ministry of Health and Population, including specialized family planning consultants capable of sharing responsibilities.
- Facilitating access to reproductive health and family planning services for individuals with disabilities.
- Providing necessary services and support for migrants and refugees to access reproductive health and family planning services.

Sub-objective: Geographic coverage of underserved areas and regions with the highest unmet need.

Strategic Interventions:

- Identifying and understanding gaps in service provision and unmet needs in these areas through analyzing available data and conducting relevant operational research.
- Ensuring sufficient and effective service delivery while considering the locations most in need (distribution of clinics, nurses, etc.) through campaigns and mobile clinics.
- Implementing a task-sharing system through establishing a cadre of midwives to address shortage in medical personnel.
- Distributing some family planning methods using social marketing.
- Creating an enabling environment for the workforce to operate in the areas most in need.
- Enhancing and expanding the scope of family planning services through partnerships between the Ministry of Health and Population, the university hospitals, and the non-governmental sector to provide integrated and comprehensive services for individuals and families of all age groups and communities.
- Providing reproductive and sexual health care services to individuals in areas lacking access to these services. This includes awareness, consultation, medical services, and preventive measures.

Sub-objective: Expanding the scope and improving the quality of family planning and reproductive health services within ministries (other than the Ministry of Health and Population), as well as in the private and non-governmental sectors.

Strategic Interventions:

- Expanding the provision of postpartum and post-abortion family planning services in all hospitals.
- Enhancing the skills of service providers in hospitals to offer postpartum and post-abortion family planning counseling and services.
- Establishing family planning clinics and specialized clinics for postpartum and post-abortion care in ministries' hospitals, university hospitals, military and police hospitals, as well as other ministries' hospitals (such as electricity, transportation, etc.).
- Increasing the private sector engagement in delivering family planning services (pharmacies, clinics, dispensaries, medical centers, and hospitals), as well as engaging in partnerships and contracts to integrate services based on local needs.
- Enhancing the competency of the private sector to deliver high-quality services according to service provision standards, especially in family planning counseling, and providing posters and brochures to promote the service.
- Collaborating and integrating databases of beneficiaries between the Ministry of Health, the private sector, and civil society.
- Providing facilitations and motivation to encourage private sector participation in delivering family planning services and providing family planning methods through the private sector (including importing long-acting methods like Implanon).
- Providing access to the standard guidelines for service provision and informational materials used in counseling at family planning and reproductive health service outlets of these entities.
- Providing family planning methods at a subsidized price at service outlets within private entities through the Ministry of Health and Population.

- Establishing a “Private Sector Engagement Department” within the Ministry of Health and Population at all levels (central, governorate, and directorate levels) to introduce the concept of joint value initiatives to encourage private sector participation.
- Partnering with civil society to enhance the availability and accessibility of family planning services for everyone by providing doctors outside of official government working hours, offering family planning methods, and facilitating licensing procedures for family planning clinics affiliated with non-governmental organizations in underserved areas based on need.

Sub-objective: Enhancing integrated collaboration between relevant authorities (the Drug Authority and the Unified Procurement Authority)

Strategic Interventions:

- Ensuring continuous provision of resources and methods for family planning and reproductive health through automating supply chains, monitoring the inventory of resources, and identifying and providing necessary supplies.
- Enhancing information exchange and regular communication between relevant entities, the Drug Authority, and the Unified Procurement Authority to ensure alignment of plans and strategies, as well as exchanging updates.
- Developing common policies and procedures that contribute to improving cooperation and coordination among the involved entities.
- Collaboratively working on streamlining procedures and transactions to enhance the speed and efficiency of the implementation process.
- Organizing joint assessments and reviews to monitor progress and evaluate performance.
- Developing shared strategic plans and working towards their achievement, while providing regular reports on their progress.
- Encouraging collaboration in the development of healthcare-related innovations and research.
- Continuous evaluation, improvement, and joint performance analysis to enhance and improve services.

Sub-objective: Ensuring sustainable availability and access to family planning methods for individuals.

Strategic Interventions:

- Promoting the local family planning methods industry, especially those with extended protection periods (after conducting necessary quality studies, if possible).
- Implementing quality standards in the production of family planning methods, particularly (Pills, copper/hormonal IUDs, condoms) to support export potential and local economic development.
- Providing the necessary logistical support (raw materials, storage, etc.) for localizing the production of family planning methods.
- Ensuring the application of good manufacturing practices; assessing the environmental impact of industrial projects and employing advanced technology to improve the quality of the produced methods.
- Encouraging local companies and entrepreneurs to invest in the family planning methods industry.
- Enhancing education and training to ensure the development and production of high-quality methods.

Second Main Objective: Achieving comprehensive and sustainable improvement in reproductive health for all.

Sub-objective: Achieving a comprehensive and integrated experience for individuals and families to achieve a positive interaction among the various aspects of healthcare.

Strategic Interventions:

- Updating the internal referral system and developing a guide outlining the beneficiary's pathway within the primary healthcare units, along with preparing a referral system guide.
- Developing an integrated service package for beneficiaries and supporting integrated counseling programs for beneficiaries.
- Enhancing the efficiency of maternal and child care nurses in providing family planning counseling and immediate postpartum family planning counseling.
- Implementing an electronic system linking family planning and maternal and child care services (across all units).
- Implementing comprehensive improvement programs for maternal and child health within the first thousand days of life.

Sub-objective: Enhancing sexually transmitted diseases (STDs) services programs to achieve a positive impact on public health.

Strategic Interventions:

- Integrating human immunodeficiency virus (HIV) and sexually transmitted diseases (STDs) services into the package of reproductive health and family planning services across primary care facilities.
- Strengthening integration and referral systems with the national HIV program and related initiatives.
- Continuing to support the initiative to eliminate mother-to-child transmission of HIV.
- Applying policies to detect cases and carriers of diseases among foreign migrants.
- Enhancing programs for diagnosis and counseling of sexually transmitted infections (STIs) in civil society clinics and activating protocols of collaboration between health clinics and civil society for data exchange.
- Delivering comprehensive awareness campaigns to the public about the importance of awareness regarding sexually transmitted diseases and HIV, changing misconceptions, increasing awareness, diagnosing and preventing, and how to deal with affected individuals.
- Providing free or reasonably priced tests for early detection of sexually transmitted diseases and HIV.
- Offering treatment and care for individuals affected by sexually transmitted diseases and AIDS, ensuring the availability of necessary medications and appropriate medical care.
- Implementing programs to provide psychological and social support for affected individuals and their families, helping them cope with psychological and social challenges related to sexually transmitted diseases and AIDS.
- Providing information and support to individuals regarding the use of protective measures such as condoms, and raising awareness of the importance of risk avoidance.

- Maximizing collaboration and knowledge exchange with non-governmental organizations and partners in the field of public health and development to achieve better results.
- Applying modern communication methods and information technology to disseminate information and advice to the public more quickly and effectively.
- Supporting research and development in the field of sexually transmitted diseases and AIDS to develop more effective treatments and better prevention methods.

Third Main Objective: Enhancing the quality of reproductive health and family planning services.

Sub-objective: Enhancing the skills of medical service providers in delivering reproductive health and family planning services.

Strategic Interventions:

- Updating guidelines and training curricula in accordance with the World Health Organization standards.
- Programs to enhance the skills of medical staff (physicians and nurses) to provide family planning and reproductive health services in civil society clinics.
- Expanding training for service-providing doctors on modern methods (Implanon, Pills, hormonal IUDs).
- Establish a professional midwifery cadre according to the international standards.
- Negotiating with the Medical Education Department of the Supreme Council of Universities to give greater weight to family planning and reproductive health in the obstetrics and gynecology curriculum in medical faculties, adding mandatory exam questions about family planning and reproductive health (oral and written), and incorporating a training course on family planning and reproductive health for intern students, with successful course completion being mandatory.
- Building the capacities of health personnel by conducting specialized training in the field of family planning and reproductive health.
- Ongoing assessment of service providers' performance on a regular basis to identify areas needing improvement.
- Ensuring the provision of available resources to expand the knowledge and skills of service providers.
- Providing ethical guidance to service providers on handling sensitive topics and offering psychological support to patients.
- Exchanging experiences and knowledge with other service providers in the same field through meetings and workshops.

Sub-objective: Continuous monitoring and supervision of the implementation of quality standards for providing family planning services.

Strategic Interventions:

- Implementing the core standards of the World Health Organization in delivering reproductive health services.
- Activating mechanisms for monitoring and evaluating performance (through an independent body).
- Employing the Mystery Client approach to assess service quality.
- Continuously monitoring the implementation of quality standards and ongoing evaluation to improve the quality of services provided, ensuring effective response to beneficiaries' needs.

Sub-objective: Developing primary health care units and enhancing the efficiency of family planning services.

Strategic Interventions:

- Conducting a comprehensive assessment of the current status of the primary healthcare units and family planning services to identify strengths and weaknesses.
- Developing a logistics and information management system for family planning to ensure smooth forecasting, procurement, distribution of family planning methods, and integrated counseling services. Also, establishing a healthcare management system to track beneficiaries of family planning services.
- Automating the information systems from the health unit to the central level for monitoring service reception trends, tracking increases in new users, monitoring method continuation (tracking discontinuations), and electronically connecting storage facilities with the Family Planning and Population Sector (supply chains).
- Activating electronic referral systems to link hospitals with primary healthcare units.
- Developing and integrating family planning information systems in coordination with other government authorities to provide a unified database for research purposes.
- Linking the Family Development Centers' database with all databases of various initiatives.
- Developing databases used for compiling service statistics and enhancing the statistical capacities of personnel in utilizing databases.
- Providing necessary equipment such as computers, printers, and fax machines.
- Ensuring the provision of resources and necessary equipment for providing reproductive health and family planning services.
- Improving the internal processes within the healthcare units to make the most of time and effort.
- Conducting regular performance evaluations of healthcare units, as well as reproductive health and family planning services to drive continuous improvement and update plans according to changing needs.

Fourth Main Objective: Ensuring the effective allocation of financial resources for the sustainability of family planning services and activities.

Sub-objective: Allocating a financial budget to provide the necessary supplies, equipment, and medical necessities for delivering to ensure consistent delivery of the service.

Strategic Interventions:

- Developing annual budget plans according to increases in needs and global price trends.
- Building the staff capacity to effectively prioritize needs and allocate financial resources in line with the objectives.
- Enhancing staff skills in cost and expense management through monitoring and analyzing expenditures, and seeking savings opportunities.
- Activating the role of the Supplies Assurance Committee to register new types of contraceptives circulated in Egypt, setting pricing policies, managing imports, and coordinating with the Ministry of Health's Pharmacy Management.

Sub-objective: Encouraging Donors and the Private Sector to Contribute to Sustainable Budgets for Family Planning Programs to Ensure Service Sustainability.

Strategic Interventions:

- Promoting corporate social responsibility to encourage the private sector's involvement in financing family planning programs, such as opening family planning clinics, providing equipment and supplies, especially in under-served areas.
- Developing long-term budget plans considering the program's future growth and increasing service needs.
- Designing programs to enhance negotiation skills with donors and the private sector to execute joint action plan to ensure a sustainable, long-term program funding.
- Developing investment cases that highlight the investment needs and potential benefits for donors and the private sector.
- Marketing strategies: Present marketing strategies, based on the values and benefits that family planning programs offer, to potential donors and partners.

Fifth Main Objective: Developing strategies and procedures aimed at ensuring the readiness of family planning and reproductive health programs to effectively manage emergencies and crises, while adapting and responding in an organized and efficient manner.

Sub-objective: Formulating contingency plans to ensure the continuity of family planning service programs amidst economic fluctuations, disease outbreaks, and climate change.

Strategic Interventions:

- Enhancing the capacities and skills of service providers in handling emergencies and delivering services within crisis contexts, including disaster-prone areas such as (flood-affected regions and others).
- Developing comprehensive and specific crisis response plans encompassing procedures for addressing urgent health cases and ensuring the continuity of family planning and reproductive health services.
- Ensuring the provision of necessary supplies and medical equipment for family planning and reproductive health services during crisis situations, including various medical supplies.
- Amplifying public communication and awareness about the importance of maintaining the use of family planning methods and safeguarding reproductive health even in challenging times.
- Directing humanitarian aid during humanitarian crises, including provision of family planning methods and reproductive healthcare service to affected communities.
- Providing emergency and suitable healthcare services for cases requiring swift intervention.
- Coordinating efforts with entities in charge of health, relief, security, and safety to ensure effective service delivery during crises.
- Formulating strategies for sustaining the provision of family planning and reproductive health services in post-crisis phases.
- Conducting assessments and deriving insights from post-crisis experiences, extracting lessons learned to enhance program preparedness for the future.

Sub-objective: Implementing the minimum initial service package (MISP) of essential reproductive health services in crisis situations.

Strategic Interventions:

- Prioritize and assess the current needs in the context of the crisis through rapid assessments of urgent needs.
- Establish mechanisms for data collection and information about provided services and deliver reports for monitoring and evaluation on regular basis.
- Provide emergency care for pregnant women, childbirth, mother, and children in crisis situations, including safe deliveries and assistance in complicated childbirth cases.
- Supply family planning methods and offer counseling and guidance on family planning for women and couples.
- Offer essential medical screenings to detect potential health issues and ensure early intervention.
- Promote awareness about personal hygiene and infection prevention to safeguard the health of mothers and children.

- Provide education and guidance for women and couples about reproductive health, pregnancy, and childbirth related matters.
- Encourage breastfeeding and proper infant care during this critical period.
- Expand beneficiaries' education on self-injection of the single hormone family planning method (Sayana Press) and ensure its availability at all service delivery centers.
- Coordinate efforts with local health authorities, humanitarian agencies, and non-governmental organizations to ensure optimal coordination in implementing the package.

Sixth Main Objective: Ensuring the flow and utilization of data for making decisions regarding the planning and the implementation of reproductive health, family planning, and population programs.

Sub-objective: Placing population issue gaps at top of research agenda priorities.

Strategic Interventions:

- Increasing financial budgets allocated to research and studies.
- Providing qualified human resources capable of selecting suitable research topics, analyzing data, extracting results, and utilizing data for decision-making.
- Enhancing cooperation and partnerships with relevant entities to fund and implement population-related research.
- Encouraging and conducting field scientific research (operational researches) to identify priorities in the field of reproductive health, ensuring the utilization of operational research results in performance development and family planning program management.
- Creating a research environment to monitor changes in population indicators.
- Standardizing criteria and reports to facilitate information exchange among different institutions.
- Utilizing modern technology such as electronic record management systems and digital health applications to efficiently record and track data.
- Establishing a strong database: Creating a robust database containing information related to population, health, fertility, and family planning.
- Using data analysis and artificial intelligence techniques to extract precise insights and directions from the data while ensuring privacy, confidentiality and human rights.

Sub-objective: Enhancing awareness and understanding of population issues to guide policies and decision-making.

Strategic Interventions:

- Providing research summaries containing up-to-date and accurate information to offer a comprehensive view for relevant stakeholders. This facilitates the adoption and application of research findings in planning, implementation, and service delivery.
- Incorporating the results of population-related research studies into training programs for doctors, nurses, and leaders.
- Establishing a database dedicated to studies and researches related to reproductive health and family planning services.
- Disseminating acquired knowledge and critical information from researches to increase public awareness of the population issue and its significance.
- Providing robust evidence that contributes to guiding the formulation of governmental and institutional policies and decisions concerning the population issue.
- Developing utilized reports and preparing international reports on indicators' trends.
- Providing and making data accessible, while utilizing it to formulate periodic policies and reports.
- Coordinating and integrating efforts among the National Population Council Observatory, the Ministry of Planning and Economic Development Observatory, the Cairo Demographic Center Observatory, and the various information centers (health, solidarity, etc.), as well as the Central Agency for Public Mobilization and Statistics.

Seventh Main Objective: Enhancing legal and policy frameworks to improve reproductive health and population characteristics.

Sub-objective: Enhancing a supportive legislative environment for the delivery of family planning and reproductive health services.

Strategic Interventions:

- Amending the Comprehensive Health Insurance Law to include family planning services within the package of services provided in the comprehensive health insurance system.
- Enacting a law to criminalize child marriage and all relevant participants (father or guardian, husband, witnesses, marriage registrar, lawyer, etc.).
- Intensifying legal provisions for school dropout.
- Making legal and policy provisions for compulsory education and addressing school dropouts by providing scholarships, accommodations and support to families whose children, especially girls, are at the risk of dropping out from schools.
- Intensifying legal and social provisions for ending child labor.
- Ensuring and guaranteeing individuals' right to access information and services related to family planning and reproductive health, enhancing freedom of choice, and providing sufficient information to individuals for informed decision-making.
- Protecting the confidentiality and privacy of family planning and reproductive health services.

- Safeguarding against discrimination and violence towards individuals seeking family planning and reproductive health services. Defining legal penalties for any infringements or violations of individuals' rights related to the provision of family planning and reproductive health services.
- Enacting legislations that encourage collaboration with international and regional organizations to enhance the provision of family planning and reproductive health services.

Sub-objective: Establishing legislations that support specialized awareness and continuous skillful counseling services.

Strategic Interventions:

- Legislations that define how to regulate the participation of qualified nurses in tasks related to family planning methods' use.
- Reviewing laws and regulations within the private healthcare sector for rural leaders and midwives, establishing an institutional framework for the presence of counselors in the healthcare sector, and issuing amendments to allow midwives and rural leaders to provide comprehensive counseling.
- Assigning doctors interested in joining obstetrics, gynecology, and family medicine departments for six months to work in family planning units and centers after receiving intensive theoretical and practical training.
- Reviewing governing regulations of the healthcare system (such as reviewing regulations within the healthcare sector concerning nursing, midwifery, and rural leaders to establish a legal framework for task-sharing) and amending them to align with the comprehensive healthcare reform policy, in line with Egypt's international commitments. This involves forming an expert working group to review laws, regulations, and ministerial decisions related to reproductive health.

Sub-objective: Enhancing the decentralization of population program management.

Strategic Interventions:

- Enhancing accountability for local leaderships and obliging them to formulate a local population plan in accordance with the local demographic situation, while regularly monitoring its implementation.
- Integrating population plans within the local development plans.
- Clarifying the roles and responsibilities for the governors regarding the development and implementation of local population plans, specifying the tasks of each entity, and ensuring their understanding of these responsibilities.
- Defining standardized indicators to measure the progress of implementation for accountability and assessing the plan's success.
- Regular monitoring and evaluation of the implementation of the local population plan, and assessing it to identify required adjustments and improvements.
- Enhancing transparency and communication by activating the regional councils and the population coordination committees, and involving the local executing authorities.

Human Capital Investment Pillar

1. Youth and Adolescents

First Main Objective: Building the capacities of adolescents and youth and enhancing their participatory role in the community.

Sub-objective: Enhancing communication and leadership skills among youth to inspire their contribution to community improvement and advancement.

Strategic Interventions:

- Awareness programs for youth and adolescents about modern concepts of communication skills and social interaction.
- Adoption of innovative methods and tools to educate and raise awareness among youth and adolescents about reproductive health issues, family planning, and harmful practices (such as female genital mutilation, early marriage, and child marriage). This includes considering medical, religious, legal, and social perspectives according to different age groups.
- Support peer education programs and work on spreading them for use in raising awareness about reproductive health and family planning.
- Building and supporting leadership capacities for male and female adolescents and youth.
- Providing technological training and digital transformation programs for male and female adolescents and youth to support their leadership skills.
- Involving male and female youth in population coordination committees and regional councils under the National Population Council in the provinces.
- Increasing opportunities for regional and international exchange programs to expand the horizons of youth, through evaluative competitions in schools and universities, allowing students to share their experiences and knowledge with their peers.

Sub-objective: Promoting the volunteerism culture among youth and strengthening the role of volunteer units within youth centers.

Strategic Interventions:

- Training programs for raising awareness and building capacities around the concept of volunteering and effective participation.
- Disseminating the culture of volunteer work and establishing a network of volunteers at the level of youth centers to enhance the role of volunteer units within these centers.
- Supporting different networks of volunteer youth that have already been formed in collaboration with various ministries and authorities to ensure their continuity in volunteer work and to empower them with the necessary tools and training.
- Introducing new mechanisms to attract youth to participate in various forms of volunteer work.
- Encouraging male and female youth and adolescents to engage in volunteer work by integrating them into community-based organizations and youth networks.

- Enhancing the role of youth activities within universities, activating them, and making them accessible to all students without discrimination.
- Training and awareness programs to change perceptions and behaviors related to the value of volunteer work among youth.

Second Main Objective: Empowering Adolescents and Youth.

Sub- Objective: Providing comprehensive reproductive health services and counseling for youth and adolescents of both genders.

Strategic Interventions:

- Implementing the National Youth Strategy – pillar of reproductive health and economic empowerment for youth.
- Expanding specialized training programs for those preparing for marriage through a program aimed at preserving the Egyptian family entity.
- Providing marriage preparation programs for people with disabilities.
- Activating the role of youth-friendly clinics and promoting their services nationwide among youth and adolescents. Expanding their establishment across all regions of the country, with quality standards tailored to the needs of youth based on age groups.
- Building the capacity of service providers and counselors and developing their skills in dealing with youth.
- Raising awareness among youth about available health services and how to access them.
- Raising health awareness among youth and adolescents and educating them about reproductive health issues, such as female genital mutilation, child marriage, and adolescent health. This could be achieved through interactive and entertaining educational methods, such as awareness seminars, film sessions, interactive workshops, sports activities, theatrical performances, and musical events in collaboration with various ministries, such as the Ministry of Health and Population and the Ministry of Youth and Sports, within the population awareness clubs and the youth centers.

Sub-Objective: Supporting the mental health of youth and adolescents.

Strategic Interventions:

- Supporting psychological support and family counseling units to provide mental sessions for children and adolescents, as well as counseling sessions for mothers, including remote consultations.
- Enhancing the psychological and social counseling service for youth through the digital “Mawadda” platform and the youth-friendly clinics.
- Building the capacities of psychological counselors to have a presence in all service locations (hospitals, schools, and clubs).
- Raising awareness among youth and adolescents about psychological health topics and mental illnesses.
- Developing a mental health and psychosocial -educational program through youth-friendly clinics for adolescents and youth to address psychological challenges and difficulties.
- Supporting psychological support services and referrals for youth through trained psychological specialists in youth centers.

- Assisting the Ministry of Health and Population with doctors and psychologists to provide awareness programs for mental health and psychosocial support in youth centers.
- Incorporating material for behavioral modification into pre-university educational curricula.
- Providing initial psychological support as well as specialized and non-specialized psychosocial support for adolescents, especially cases exposed to violence and harmful practices.
- Raising community awareness about mental health and creating a supportive environment for adolescents and youth.

Sub-objective: Building the capacities of adolescents and youth in life skills.

Strategic Interventions:

- Expanding the Positive Family Education Program.
- Developing life skills for youth and adolescents by incorporating activities that are suitable for each community.
- Adopting a preparatory program for individuals preparing for marriage as a conditional requirement to complete the marriage contract. This program aims to solidify life and health skills, as well as clarify the roles and social responsibilities between spouses.
- Supporting and maximizing the benefit from initiatives related to empowering girls (and boys), such as “DAWWIE”, and “NOURA”.

Sub-objective: Reducing unemployment rates among young adults.

Strategic Interventions:

- Programs to raise youth awareness about the value of work and introduce them to job opportunities and market needs.
- Programs to build youth capacities and provide entrepreneurship training for entry into the job market.
- Micro-enterprises and leveraging the relative advantage of each region.
- Expanding labor-intensive employment programs in community services (environment, healthcare, literacy, and vocational training).
- Expanding programs to provide job opportunities for young adults and activating the role of the private sector and community responsibility.
- Expanding micro and soft loans provided by institutions and NGOs.
- Expanding training programs for employment (self-employment / employment in others’ businesses).
- Adopting technology training programs (artificial intelligence, cloud computing, data analysts, big data analysis, cloud security, etc.).
- Supporting marketing skills and expanding outlets for showcasing products to the public.
- Developing economic skills for youth and preparing feasibility studies for small and micro projects.
- Building young adults capacities in transitional training between different job opportunities.
- Expanding programs directed at girls that enhance their opportunities in fields of science, technology, engineering, and mathematics (STEM).
- Expanding qualification programs for the job market targeting girls.

2. The Elderly

First Main Objective: Ensuring care and protection for the Elderly.

Sub-objective: Enhancing the availability of healthcare, psychological support, and other services for the elderly.

Strategic Interventions:

- Developing a long-term plan in preparation for the growth of this group to implement necessary interventions and readiness (coordination with potential partners).
- Increasing the availability and accessibility of medicines and treatments for age-related illnesses.
- Establishing mechanisms to facilitate the access of the elderly to healthcare and other services (social, recreational, etc.).
- Training the elderly in technological methods that facilitate their access to services, enhance social communication, and improve access to information.
- Providing psychological and social support to address mental and emotional challenges that seniors might face, through specialists and the surrounding community (through rural leaders, natural leaders).
- Raising families' awareness of how to deal with the elderly, and how to support them at the psychological, social, and health levels.
- Enhancing the rights of the elderly, protecting them from discrimination and exploitation, and providing the necessary legal support.
- Collaborating with civil society organizations and the private sector to jointly provide services and psychological and social support for the elderly.

Sub-objective: Increasing the utilization of the social protection programs by the elderly people.

Strategic Interventions:

- Expanding the provision of elderly care facilities and improving accessibility in collaboration with civil society organizations and the private sector.
- Increasing the coverage of social protection programs that provide financial support to the most impoverished elderly.
- Enhancing elderly awareness of social protection programs and facilitating the procedures for accessing them.

Second Main Objective: Maximizing the utilization of the Elderly's capabilities.

Sub-objective: Providing educational and training opportunities for the elderly to enhance their skills and knowledge, while encouraging lifelong learning.

Strategic Interventions:

- Collaborating with civil society organizations to provide effective guidance and training programs, assisting the elderly in acquiring necessary skills and boosting their confidence for active participation.
- Offering opportunities to enhance social communication and engage in community activities, thus reinforcing the positive role of the elderly in society.
- Expanding transitional training to ensure that capable and willing seniors have opportunities for employment.

Sub-objective: Enhancing the elderly's community participation.

Strategic Interventions:

- Providing opportunities for participating in volunteer activities that align with the interests and abilities of the elderly, and engaging them to share their experiences to enhance their sense of care and contribution to the community through civil society organizations.
- Awareness programs to promote volunteer opportunities through social media platforms and advertisements.
- Incorporating seniors in awareness activities related to community issues to increase their awareness and promote intergenerational understanding.
- Enhancing the role of the elderly as natural leaders in spreading awareness about community issues, especially in rural areas where seniors can have a strong influence.

Women's Empowerment Pillar

First Main Objective: Empowering women holistically in health, social, economic, and political aspects.

Sub-objective: Supporting the National Project for Development of the Egyptian Family.

Strategic Interventions:

- Completion of the establishment and preparation of the project units and women's workspaces, along with the setup of nurseries.
- Development of indicators for assessing the progress in implementing the timelines.
- Financial inclusion (projects for savings and digital lending groups, smart green initiatives).
- Financial and digital literacy, as well as entrepreneurship.
- Enhancement of the fieldwork officials' capacities through population messages and linking them to financial inclusion and its various programs.

- Enhancement of leadership skills and supervisory staff (doctors, nurses, clubs' managers, female supervisory leaders).
- Raising community awareness of population issues through religious leaders and figures, evening sessions, and participation in medical convoys and door-to-door initiatives.
- Empowering women's clubs to enhance women's awareness of reproductive health services, the importance of family planning, while providing training in crafts and small industries.
- Investment in girls and empowering them through programs tailored for their needs.
- Legislative support (criminalizing, child marriage, child labor,).

Sub-objective: Supporting current initiatives and developing plans for additional health initiatives aiming at improving women's health.

Strategic Interventions:

- Supporting continuity in women's health initiatives and monitoring their implementation (100 Mi llion Health, Women's Health Initiative, Kidney Disease Initiative, Mother and Fetus Health Initiative, Women's Health Initiative for Early Detection of Breast Cancer).
- Supporting collaboration between civil society and the private sector in the implementation of initiatives, while adopting innovative and new approaches in executing initiatives and promoting health awareness.
- Monitoring the implementation of the pre-marital initiative and analyzing its indicators.
- Ensuring the participation of refugee and migrant women in all women-specific initiatives.
- Ensuring the participation of women with disabilities in all women-specific initiatives.
- Ensuring the participation of the Ministry of Health and Population in promoting medical convoys in cultural evenings and community awareness sessions.
- Continuous provision of healthcare and specialized services to women exposed to violence through the "Safe Women Units" initiative in all Governorates.
- Enhancing the capacities of female social leaders (affiliated with the Ministry of Social Solidarity leaders) and rural leaders (affiliated with the Ministry of Health and Population) in home visits to increase women and family health awareness.
- Nutrition Sessions for women to raise awareness about anemia issues, how to overcome and treat them.
- Improving the quality of healthcare services provided for women, including mental and reproductive health.
- Utilizing digital approaches to provide healthcare services and initiatives.
- Supporting services for women with disabilities (such as providing sign language interpreters).

Sub-objective: Supporting the implementation of the National Strategy for Women's Empowerment 2017-2030.

Strategic Interventions:

- Enhancing the capacities of those concerned with women's issues and gaining their support to back the strategic objectives and ensure smooth implementation in programs and projects.
- Developing a model for the life cycle of women and connecting it with the platform for remote work opportunities, flexible working hours, and future job prospects.
- Coordinating with relevant management in various ministries regarding social media platforms

that provide information about reproductive health in order to furnish accurate information.

- Conducting necessary researches and studies to support the national strategy for women's empowerment.
- Launching a national dialogue in conjunction with the mid-term review of the strategy, involving all relevant parties, to examine the key outcomes of the strategy and the obstacles impeding its implementation, with a focus on issues of gender-based violence and harmful practices perpetrated against girls and women, as well as all barriers to their empowerment.

Sub-objective: Combatting harmful practices and gender-based violence.

Strategic Interventions:

- Supporting the role of the National Committee for the Eradication of Female Genital Mutilation (FGM) in implementing the national strategy to combat FGM.
- Supporting initiatives and national campaigns aimed at combating all forms of violence against women, harmful practices, erroneous traditions, and eliminating outdated customs and norms that hinder achieving of gender justice.
- Supporting the national framework for investing in girls in Egypt, and expanding the implementation of programs and initiatives aimed at supporting girls.
- Implementing programs to strengthen the capabilities of religious leaders, healthcare providers, and jurists in countering all forms of violence and harmful practices against women, while engaging them in community awareness efforts.
- Initiating nationwide events aimed at raising awareness among teenagers about the repercussions of violence and harmful practices directed towards girls and women, including FGM and child marriage, along with their adverse effects on society as a whole.
- Activating violence against women units in universities to provide information, awareness, and protection against harassment and discrimination on campus.
- Activating a mechanism for networking and coordination among relevant entities to unify the goals of media messages against gender-based violence.

Sub-objective: Fostering a conducive environment for women's participation in the workforce.

Strategic Interventions:

- Providing on-site nurseries for working women
- Establishing anti-harassment and violence policies in workplaces.
- Developing reporting mechanisms and providing support for victims, as well as receiving complaints in the workplace and linking them to the referral national system.
- Enforcing laws and legislations dedicated to creating an enabling environment for women's work in various institutions.
- Supporting the implementation of the National Plan for Gender Equality in the Workplace 2022-2027.
- Enhancing the capacities of female workers in the public sector, considering gender and equal opportunities in plans and programs.
- Activating programs to incentivize women's participation in small-scale projects.
- Supporting training and rehabilitation programs targeting women to enhance their social and economic skills.
- Supporting and gaining endorsement for the amendment of policies that promote women's work as well as their financial and economic inclusion.

- Establishing business development centers across different governorates targeting women in local communities.
- Creating a comprehensive map of services provided to women across all entities.
- Expanding the launch and implementation of programs targeting girls and young women to enhance their capabilities and equip them with the necessary skills for the job market.

Sub-objective: Promoting women's access to employment opportunities.

Strategic Interventions:

- Raising women's awareness of self-employment opportunities.
- Providing micro and small loans for women to support their projects, through direct lending or intermediaries like banks and associations, and facilitating the application process.
- Establishing business incubators to attract ventures tailored to women's interests.
- Facilitating collaboration among participating organizations in initiatives dedicated to advancing women's economic empowerment.
- Integrating women with disabilities into the workforce, particularly in the private sector.
- Encouraging remote work and flexible arrangements.
- Qualifying women/girls to work as educators in the National Illiteracy Eradication Project.
- Creating marketing opportunities through exhibitions and online exhibitions.
- Offering non-financial services for women (feasibility studies, business consultations, entrepreneurship training, and vocational training).
- Maximizing the role of vocational training centers in manufacturing and training processes.

Second Main Objective: Amending policies and legislations to empower women.

Sub-objective: Amending legislations, laws, and regulations related to population issues in alignment with the rights of women and children.

Strategic Interventions:

- Amending the labor law to mandate companies and institutions employing 100 or more female workers to establish childcare facilities.
- Introducing laws and policies that oblige the private sector to embrace societal responsibility by offering employment opportunities and creating a supportive environment for women in the workforce.
- Progressing towards the finalization of a new labor law project.
- Enhancing oversight to ensure the implementation of the new legislative frameworks (Ministerial Decrees 43 and 44) for the years 2020-2021 respectively.
- Enacting a law to criminalize child marriage for anyone involved in or aiding the completion of such marriages, even if not documented.
- Establishing regulatory mechanisms for harmful practices in society, with a focus on female genital mutilation and child marriage.

- Modifying the civil service law to allow for partial wage leave for child care.
- Expanding the scope of health and social insurance coverage to include both working and non-working women, and incorporating family planning clinics within the system.
- Coordinating between ministries and relevant councils during the process of policy and legislative amendments.

Third Main Objective: Enhancing women's role in environmental conservation and sustainable development.

Sub-objective: Raising women's awareness about environmental issues and methods of preserving the environment.

Strategic Interventions:

- Enhancing awareness and education about environmental issues, climate change, their significance, and methods of environmental preservation. Directing awareness efforts towards women, focusing on the environmental impact of their choices and daily activities.
- Promoting technology and innovation for achieving sustainable development, while encouraging women to leverage technology and develop innovative solutions to environmental challenges.
- Strengthening sustainable agriculture and promoting sustainable agricultural practices.
- Adopting sustainable habits in daily life and practicing responsible consumption.
- Fostering a culture of recycling and proper waste disposal.

Education and Learning Pillar

First Main Objective: Increasing the enrollment rate in pre-university education.

Sub-objective: Improving the educational environment.

Strategic Interventions:

- Ensuring 100% enrollment capacity for first-grade students in primary schools, with private sector involvement.
- Intensifying classroom and non-classroom activities and offering activities to students in line with the community's culture.
- Fostering community development and raising family awareness regarding the significance of education from a rights perspective.
- Enhancing the competence and capabilities of those providing psychological and social support to develop direct therapeutic intervention plans to aid students based on their needs.
- Training and qualifying teachers to handle diverse students at various educational levels, especially those with lower academic abilities.

- Activating the requirements of educational integration for students with disabilities (integration teacher, available curriculum, educational tools, school environment, parents, etc.).
- Implementing appropriate educational curricula and utilizing impactful teaching methods for children's education.
- Enhancing integrated activities based on social responsibility (needs – local community related issues).
- Supporting reading improvement teams within administrations and departments to incorporate students into reading and writing improvement programs.
- Promoting and fostering the culture of role models through integrating subjects into educational curricula and highlighting exemplary figures, utilizing innovative illustrative methods.
- Nurturing talents, encouraging innovation, and developing life skills for students.
- Facilitating access of students with disabilities to vital resources, information, and technology within the educational institutions.
- Executing a mechanism for monitoring and evaluating the academic support groups.
- Expanding the implementation of parental education programs addressing contemporary issues.
- Expanding the supportive role of international and civil society organizations.
- Professional development of community education teachers to align with schools' nature.
- Increasing community awareness through (notifications, media campaigns, seminars, etc.), about the significance of education and the risks of dropout on individuals and society.
- Raising awareness about the importance of education through (seminars, door-to-door campaigns, home visits).
- Activating the role of "Our School" channels in raising awareness about population issues, reproductive health, and contemporary topics.

Sub-objective: Expanding school nutrition programs.

Strategic Interventions:

- Adopting a school nutrition program based on sustainable and nutritious food systems, guided by three criteria: innovation, impact, and inclusivity.
- Collaborating with local communities to provide healthy meals that align with the students' surrounding environment.
- Conducting regular screenings to detect cases of malnutrition in schools and providing counseling service.
- Implementing educational programs about proper nutrition within the school community.
- Monitoring students' dietary patterns and supporting local health initiatives to prevent the provision of harmful food within and around the school premises.
- Respecting the rights of diabetic students during school hours and exams.
- Expanding engagement with food banks through different operational mechanism.
- Expanding school nutrition programs of various types, particularly in remote, impoverished, and most needy areas, as part of family support initiatives to sustain education spending.
- Establishing a unified framework for implementing school nutrition programs, involving civil society and international organizations (public schools and community schools), along with mechanisms for monitoring and evaluating these programs.

- Expanding factories under the supervision of the Agricultural Research Center to provide school meals.
- Considering the nutritional requirements of students with disabilities in inclusive and special education schools.

Sub-objective: Reducing high classroom density.

Strategic Interventions:

- Expanding the establishment of schools according to internationally recognized class density standards, with a focus on regions with the highest classroom density.
- Encouraging and facilitating the role of the private sector in contributing to the construction of schools under the Ministry's supervision, in line with the principle of corporate social responsibility.
- Increasing the participation of the civil society organizations in providing and increasing the number of classrooms through horizontal and vertical expansion.
- Taking necessary local measures to alleviate classroom densities and establishing a unified definition of student density in classrooms between the Ministry and directorates in the governorates to create a map of high-density and needed areas.

Sub-objective: Providing Scholarships for Various Groups.

Strategic Interventions:

- Increasing financial assistance for tuition fees to the most impoverished families, through the collaboration of civil society organizations to contribute to a portion of the educational expenses and fulfill certain educational needs of the most vulnerable students.
- Encouraging and organizing community participation and the involvement of civil society in providing social assistance to families according to their needs, ensuring their children's continuation in the educational process.
- Supporting the provision of available technological infrastructure for students with disabilities.
- Establishing protocols between educational institutions and relevant ministries.
- Providing scholarships for exceptionally distinguished and academically excellent students.

Second Main Objective: Reducing school drop-out rate.

Sub-objective: Developing mechanisms to track and reconnect with students who have dropped out in order to minimize school dropout.

Strategic Interventions:

- Conducting a comprehensive round up of dropouts by linking the central database of the Ministry of Education with the birth registry databases of both the Ministry of Health and Population and the Ministry of Interior.
- Establishing a daily monitoring network to track attendance and regularity in the educational process.
- Forming teams to track dropouts, identifying and addressing reasons for discontinuation, to reintegrate students into the educational process.
- Activating the role of parent and trustee councils in reducing dropout rates.

Sub-objective: Expanding the program to promote and motivate students, while supporting low-income families to ensure their children pursue the educational process.

Strategic Interventions:

- Supporting students' families to prevent educational dropouts through programs linked to educational requirements.
- Expanding initiatives targeting issues like combatting (violence, bullying, gender discrimination, and empowering Egyptian children).
- Enhancing institutional collaboration between ministries (Ministry of Education and Technical Education, and Ministry of Youth and Sports) (granting membership to youth centers to attract dropping out students).
- Providing assistive tools for students with disabilities and special educational needs.

Sub-objective: Providing opportunities for school dropouts to re-enroll and continue their education journey.

Strategic Interventions:

- Expanding the establishment of community schools according to the capacities of the school's surroundings and in coordination with the national projects (such as the "Decent Life" initiative).
- Supporting community schools for students with disabilities (enhancing women facilitators' competency, promoting inclusion-based activities, and providing accessible educational tools for various types of disabilities).
- Facilitating procedures for reintegrating dropouts into the educational process.
- Enhancing the school's role in attracting dropout students (transitional classes, awareness seminars).
- Expanding the establishment of vocational schools to accommodate dropout students, considering the requirements for accommodating different types of disabilities, along with establishing mechanisms for their integration.
- Providing dedicated schools for girls, especially in governorates with unique characteristics, particularly in preparatory and secondary stages.

Sub-objective: Amending legislations that protect children's rights to education and prevents their exploitation through child labor.

Strategic Interventions:

- Proposing an amendment to the Child Law to ensure the best interest of the child.
- Enacting article 96 of the Child Law to provide protection and criminalize child labor.
- Enacting legal legislation to stiffen penalties on parents of dropout children.
- Enforcing regulations and laws concerning judicial seizure to detect cases of child labor.
- Enforcing and amending legislations that reduce dropout rates and provides opportunities to accept dropouts

Third Main Objective: Enhancing the vocational education and aligning it with the needs of the community and the job market.

Sub-objective: Strengthening the role of the vocational education and increasing its enrollment rates.

Strategic Interventions:

- Expanding the establishment of vocational and applied technology schools.
- Increasing the admission rate in vocational schools.
- Linking graduates of vocational schools during and after their studies to the job market and aligning the educational curricula taught in technical schools with the needs of the labor market.
- Improving the perception of vocational in its various forms through media channels.
- Enhancing the quality of vocational education (skill development, teacher training, incentive provision).
- Activating the corporate social responsibility of the private sector to support vocational education through rehabilitation, training, and the establishment of specialized technical schools.
- Expanding higher education pathways to continue vocational education activities and programs.
- Supporting vocational education programs that harness the abilities and talents of students with disabilities and align them with the needs of the job market.
- Supporting practical vocational training programs for students with disabilities in collaboration with the private sector and factories.
- Transforming educational curricula into programs based on vocational competency standards.
- Improving the skills and qualifications of teachers and finding solutions to address the shortage of teachers for vocational education institutions.

Fourth Main Objective: Reducing Illiteracy Rates.

Sub-objective: Enhancing Adult Education Services.

Strategic Interventions:

- Rehabilitating women facilitators and enhancing their skills in reproductive health issues and misconceptions in societal concepts.
- Expanding the provision of adult literacy classes in the most impoverished regions and community learning centers targeting educational literacy.
- Integrating reproductive health messages and population issues into adult education curriculum.
- Activating the role of partner organizations within the State sectors in accordance with the provisions of law No. 8 of 1991.
- Developing educational curricula that consider the demographic characteristics of illiterate individuals and the needs of learners.

- Linking adult education programs to sustainable development goals and the Marrakech Framework.
- Activating the media role to connect literacy programs with population messages.
- Identifying exemplary models to serve as incentives for illiterate individuals to progress to secondary, higher, and Lifelong Education.
- Launching the Population Curriculum (Education for Quality of Life) in collaboration with the National Population Council and the General Authority for Adult Education.
- Integrating technology into adult education and learning, in terms of curriculum, digitalization, exercises, and examinations.
- Changing the perspective on the notion of illiteracy, recognizing it as a societal issue rather than solely an educational issue, with a developmental and empowerment approach (woman and life curriculum in collaboration with the Future Eve Association and the Arab Network for Literacy, accredited by the Adult Education Authority and UNESCO).
- Supporting literacy programs for persons with disabilities, continuous learning programs, and available technological learning, particularly for the deaf, in collaboration with civil society organizations.

Fifth Main Objective: Integrating population issues into the educational process.

Sub-objective: Incorporating the population issue into educational curricula.

Strategic Interventions:

- Incorporate population concepts into classroom curricula. Integrate reproductive health messages and population issues into all non-classroom student activities at various educational levels, in line with societal norms and traditions, and in collaboration with ministries, different organizations, and civil society.
- Activate the role of environmental and population education specialists to implement the developed guide for environmental and population education.
- Expand student activities (theatrical, sports, social, cultural) to enhance the fight against misconceptions related to population and reproductive health issues.
- Adapt curricula to the needs of students at different educational levels in the field of reproductive health and population issues, and integrating topics related to primary prevention of disabilities.
- Rehabilitate teachers and build their capacities to teach inclusive population curricula.

Sub-objective: Increasing awareness of environmental issues and providing environmental education to the population to encourage sustainable environmental practices.

Strategic Interventions:

- Embedding environmental education in curricula: integrating environmental education into various educational curricula to provide students with a deeper understanding of environmental issues and their impacts.

- Encouraging research and innovation in the field of environment: providing support for environmental research and developing innovative projects related to environmental conservation.
- Collaborating with environmental institutions and associations: building partnerships with local and international organizations and associations to exchange knowledge and organize awareness events.
- Environmental guidance and counseling: supporting individuals in making sustainable environmental decisions in their daily lives.
- Enhancing training for teachers and counselors: providing training courses for teachers and counselors to enable them to effectively deliver environmental information.
- Utilizing technology to boost environmental education: Employing technological tools such as interactive software and applications to convey environmental concepts.
- Engaging with the local community: organizing community events such as clean-up campaigns and tree planting to promote direct interaction with the community.
- Providing online courses and Educational Platforms: Establishing online websites and platforms that offer environmental information and educational activities.

Communication and Media for Development Pillar

First Main Objective: Achieving social and economic change through awareness and education about population and development issues.

Sub-objective: Organizing awareness and educational efforts towards comprehensive and equitable individual awareness, with a focus on human rights and equality within families.

Strategic Interventions:

- Formation, qualification, and training of a group of communicators and population media specialists capable of achieving persuasive communication (non-professionals such as social leaders).
- Development of comprehensive awareness content covering a diverse range of issues related to human rights and equality within families, suitable for all age groups and cultures.
- Developing a guidance manual for media professionals and personnel working in the population field, outlining the required media messages aimed at unifying and regulating population-related messages.
- Conducting evaluative studies on the field of population communication and media (direct, indirect, mass, and interactive digital communication) for future planning reference.
- Establishment of partnerships with civil society organizations, governmental bodies, and academic institutions to enhance awareness and education.
- Support the development and implementation of legislations and policies that promote human rights and equality within families.

Sub-objective: Developing specialized awareness programs for all segments of society and different age groups to promote sustainable development, in accordance with communication theories.

Strategic Interventions:

- Conducting field research to understand public trends.
- Increasing media content that addresses population issues.
- Drafting messages that align with innovative ideas and resonate with target audiences across their various categories, characteristics, and trends towards the issue (through religious leaders, female preachers, natural leaders, rural leaders, etc.).
- Diversifying the use of media tools, templates, and content for the targeted audience, including traditional media like television and newspapers, as well as modern communication tools such as social media and the internet.
- Using artificial intelligence with popular children's characters to create cartoons that convey the media message.
- Developing messages that target men, highlighting the importance of their role and involvement in population issues, especially family planning.
- Transmitting vital information about development goals, opportunities, and challenges to the public.
- Encouraging individuals and stakeholders to support development projects, as well as economic and social initiatives.
- Utilizing communication and media processes to provide regular evaluation of development efforts, analyze results, and learn from experiences.
- Promoting positive thinking and innovation in various fields such as education and health.
- Launching public awareness campaigns that shed light on human rights and equality issues and encourage public discourse.

Sub-objective: Incorporating the population issue into the agenda of various media platforms (interactive digital and traditional) to effectively disseminate population awareness across all segments of society.

Strategic Interventions:

- Integrating the population issue into all programs (family, women, youth, economy, drama, advertising, etc.).
- Media support through free or subsidized broadcasting.
- Gaining support from relevant stakeholders and media representatives within the country.
- Activating the roles of branches affiliated with the National Population Council in the governorates to advocate and gain support for population partners in the governorate.
- Establishing partnerships with organizations and entities concerned with population and development issues to enhance guidance efforts and provide additional resources.
- Leveraging prominent media messages and seeking opportunities to link population issues with significant media events and topics to attract media attention.

Sub-objective: Conducting media research and studies to bring the component of population media to the forefront of attention and agendas.

Strategic Interventions:

- Coordinating and complementary efforts of media research institutions to select research topics.
- Sharing knowledge and announcing the results of studies and research for guidance.
- Conducting studies to identify knowledge, attitudes, and practices related to the population issue among different age groups and geographic sectors to understand the reasons and measure the impact of efforts.
- Conducting literature reviews of previous studies related to the population issue to capitalize on lessons learned, analyze results, and disseminate them through various media channels via the National Media Authority.

Second Main Objective: Community participation from all sectors of the State (governmental, private, local authorities, civil and volunteer society, etc.) to effectively and impactfully provide population awareness and understanding to all segments of society.

Sub-objective: Gaining the support of natural leaders to participate in spreading educational messages and awareness programs.

Strategic Interventions:

- Establishing and building a database for senior, mid-level, supervisory, and specialized community leaders in relevant ministries to leverage their involvement in population programs.
- Encompassing all levels of leadership in educational programs and discussion sessions within the field of population.
- Engaging trained leaders in disseminating awareness messages.
- Leveraging social media influencers to enhance awareness, interaction, and garner support from the new generations for population-related matters.
- Emphasizing the role of Religious leaders in dissimnating messages and awareness programs on population issues.

Sub-objective: Enhancing the role of female field workers (RRs and social workers) in raising community awareness and education, especially in remote villages and Upper Egypt regions, with the aim of improving the quality of life for population and promoting sustainable community development.

Strategic Interventions:

- Developing qualified capacities among female social workers (RRs and social workers) to undertake their educational role and stay updated on new and essential media messages in the local community, which may be related to health, education, environment, and community engagement.

- Utilizing available communication channels such as social media and mobile phones to enhance communication and knowledge sharing between female leaders and the local community.
- Local financing: Enhancing and supporting local financing initiatives that can contribute to funding projects and programs led by female leaders.
- Organizing community events involving female leaders to contribute to message and information dissemination to residents in remote villages and Upper Egypt.
- Providing legal and institutional support to female leaders to protect their rights and ensure their effective role in the society.
- Developing and implementing policies that enhance the role of female leaders (rural and social) and encourage their participation in decision-making.
- Organizing local awareness campaigns that encourage women and girls to participate in social, economic, and political issues.

Sub-objective: Promoting the role of men in building a better society through their participation in population awareness programs.

Strategic Interventions:

- Targeting men in media messages.
- Enhancing the role of men and involving them in population awareness from a rights perspective, developing specialized awareness programs that target men in general and youth in particular.
- Designing awareness programs for individuals preparing for marriage and integrating them fundamentally into pre-marital counseling programs, focusing on reproductive health and positive upbringing.
- Creating awareness programs that explain the importance of men's involvement in population, family, and health issues, using successful examples and models for inspiration.
- Organizing events and workshops that bring together men and women to discuss population, family, health, and development issues.
- Conducting training programs that target men and provide them with knowledge and skills that support effective participation in awareness programs.
- Organizing targeted campaigns and activities that encourage men to participate actively.
- Building partnerships with local organizations, civil society, and governmental institutions to support men's participation.
- Evaluating the effectiveness of men's participation in programs and using these results to enhance future programs.

Sub-objective: Enhancing the role of women's clubs in all governorates to promote awareness about family planning and reproductive health, with the aim of improving the quality of life for women and families and enhancing healthcare.

Strategic Interventions:

- Supporting the social role of health units and connecting population development programs with projects aimed at increasing household income.
- Establishing management councils for women's clubs in coordination with the General Union of Civil Societies.
- Conducting workshops (for traditional crafts and artistic activities) with integrated messages to empower women socially and economically.
- Measuring the impact of these clubs on regular basis to ensure goal achievement and performance improvement.

Third Main Objective: Building the capacity of media professionals involved in population-related matters.

Sub-objective: Enhancing the ongoing training programs for media professionals engaged in population-related issues, with the aim of effectively and impactfully transferring knowledge and awareness about population issues.

Strategic Interventions:

- Developing media programs for media professionals on how to cover population-related issues.
- Introducing engaging methods to enhance the coverage and training on population issues.
- Designing specialized training programs for media professionals involved in population matters, regularly updated to include the latest developments and methods in both media and population issues.
- Monitoring and evaluating the impact of training programs on regular basis to ensure desired objectives are met and improving programs based on feedback.
- Establishing communication platforms and networks for media professionals to share experiences and exchange knowledge.
- Supporting innovative media research and projects that contribute to conveying knowledge and awareness about population issues.

Sub-objective: Facilitating access to population information and data for media professionals.

Strategic Interventions:

- Issuing periodic population newsletters containing population-related topics according to priorities.
- Employing communication technology in the field of population media to disseminate and manage population knowledge.
- Establishing specialized electronic platforms containing regularly updated population information and data that media professionals can access for research and data utilization.

Monitoring and Evaluation

Monitoring and evaluation are among the most important tools for the implementation of strategies.

The purpose of monitoring and evaluation is to:

- Monitor progress towards achieving goals, enhancing the sustainability of plans and their outcomes, and promoting governance principles, particularly accountability, transparency, data availability, and decentralization. Additionally, one of the objectives of the monitoring and evaluation process is to support evidence-based decision-making and policy implementation.
- Responsible entities will issue monitoring and evaluation reports, which will encompass: achievements and progress made, obstacles and risks hindering goal attainment, deviations and their causes, as well as recommendations and suggestions. These entities will also share reports related to the implementation plan to support decision-making.
- Monthly reports on challenges and difficulties will be generated in a decentralized manner from healthcare facilities to directorates. This is intended to take necessary actions regarding progress levels towards achieving the planned results and to provide guidance on any corrective measures needed in this area. Governors, heads of entities, and participating organizations in the implementation plan will be entrusted with presenting quarterly reports on progress levels towards implementing the population plan's objectives in their respective workplaces. These reports will also address the challenges that work may encounter and propose potential solutions.

Monitoring and evaluation mechanisms are prepared through:

- Defining quantitative and qualitative indicators to be measured, along with the methods of measurement. This should commence and extend to the central level.
- Incorporating the description and measurement method as fundamental aspects of the monitoring and evaluation system, designed within priority activities listed in the preparation activities.
- Regularly reviewing indicators, particularly those measuring outputs, to make them more realistic and impactful over time.
- Distinguishing between implementers and those responsible for monitoring and evaluation.
- Establishing monitoring and evaluation methods across three levels, encompassing indicators for measuring preliminary outcomes, intermediate results monitoring indicators, and final impact indicators.

key performance Indicators for outcome and Impact

- The indicators for measuring the results and the impact of implementing the strategy and its executive plan will be assessed at the national level and across various geographic regions.
- Gender disaggregation (male/female) will also be considered when measuring these indicators.
- The output indicators will be based on activities related to the pillars' objectives within the executive plan. The monitoring and evaluation plan will track progress across all indicators.
- This will encompass defining the indicators, periodic measurement, data sources, baseline data and target values for each indicator.

Indicator	Baseline Year	Baseline Value	Target in 2030
Strategic Goal (Impact Measurement): Total Fertility Rate (TFR) per woman of reproductive age (15-49 years)	2021	2.85	2.1
Ensuring Reproductive Rights Pillar			
Contraceptive prevalence rate	2021	66.4%	75%
Contraceptive prevalence rate of modern methods	2021	64.7%	72%
Unmet need for family planning	2021	13.8%	6%
Percentage of women who discontinued using a family planning method within 12 months of initiation (by reason for discontinuation)	2021	29.8%	25%
Percentage of family planning method users who receive information from the service provider about possible side effects of the method.	2021	42.2%	70%
Percentage of family planning method users who receive information from the service provider on how to manage side effects if they occur.	2021	28.3%	55%
Investment in Human Capital Pillar			
Youth unemployment rate (Ages 15-29).	2022	16.5%	12%
Percentage of children aged 5-17 engaged in the Labor Market.[4]	2021	4.9%	2%

4. Sustainable development indicator No: 8.7.1
5. Sustainable development indicator No. 5.3.1a

Women's Empowering			
Percentage of women aged 15 and above participating in the labor market (CAPMAS - Workforce Bulletin).	2022	15.2%	30%
Percentage of women aged 20-24 who were married before the age of 15[5].	2021	1.8%	-
Percentage of women aged 20-24 who were married before the age of 18[6].	2021	15.8%	8%
Education and Learning Pillar			
Percentage of total enrollment in primary education[7].	2021	98%	100%
Percentage of total enrollment in preparatory or secondary education[8].	2021	94%	98%
Percentage of population under 18 years old who dropped out of education (Ministry of Education and Technical Education will provide this data).			
ILiteracy rate among the population aged 10 years and above.	2017	25.8%	12.6%
Communication and Media for Development Pillar			
Percentage of women who have seen or heard family planning messages through various media.	2021	55.3%	75%
Percentage of youth aged 15-29 who have heard family planning messages through various media.	2021	51.1%	61%

6. Sustainable development indicator No. 5.3.1b

7. The gross enrollment rate in primary education is defined as the ratio of the total number of students enrolled in primary education to the population of the appropriate age group for this stage

8. The gross enrollment rate in preparatory or secondary education is defined as the ratio of the total number of students enrolled in preparatory or secondary education to the population of the appropriate age group for this stage.

List of Participants in the Workshops

Ensuring Reproductive Health Pillar

Participating Entities:

- Ministry of Health and Population
- National Population Council
- General Authority for Health Insurance
- Ministry of Social Solidarity
- General Union of NGOs
- Egyptian Drug Authority
- General Authority for Accreditation and Quality Control
- General Authority for Health Care
- Medical Syndicate
- Pharmacists Syndicate
- Nursing Syndicate
- General Union of NGOs
- United Nations Population Fund (UNFPA)
- Pathfinder
- United Nations Children Fund (UNICEF)
- United Nations Programme on HIV/AIDS (UNAIDS)
- The Private Sector
- ACDIMA Company
- Organon Company
- Organic Company
- Techno Pharma Company
- DKT Company
- Pfizer Company

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Investing in Human Capital Pillar

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- The Church
- Ministry of Health and Population
- National Population Council
- Ministry of Religious Endowments (Awqaf)
- Ministry of Social Solidarity
- Ministry of Local Development
- Ministry of Agriculture
- Agricultural Research Center
- Ministry of Youth and Sports
- Ministry of Labor
- National Council for Human Rights
- National Council for Childhood and Motherhood
- National Council for Persons with Disabilities
- National Academy for Training
- Small and Medium Enterprise Development Authority
- General Union of NGOs
- Sonaa Al-Kheir Foundation
- United Nations Population Fund
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- Ministry of Health and Population
- National Population Council
- Ministry of Religious Endowments (Awqaf)
- Ministry of Trade and Industry
- Ministry of Planning and Economic Development
- Ministry of Social Solidarity
- Ministry of Local Development
- Ministry of Agriculture
- Ministry of Labor
- General Authority for Adult Education
- National Council for Women
- National Council for Persons with Disabilities
- Small and Medium Enterprise Development Authority
- General Union of NGOs
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- Ministry of Planning and Economic Development
- Ministry of Social Solidarity
- Ministry of Education and Technical Education
- Ministry of Higher Education and Scientific Research
- Ministry of Local Development
- Ministry of Agriculture
- Ministry of Youth and Sports
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Communication and Media for Development Pillar

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- The Church
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- National Population Council
- Ministry of Religious Endowments (Awqaf)
- Ministry of Planning and Economic Development
- Ministry of Social Solidarity
- Ministry of Higher Education and Scientific Research
- Ministry of Culture
- Ministry of Agriculture
- National Media Authority
- General Authority for Information
- National Council for Women
- National Council for Childhood and Motherhood
- National Council for Persons with Disabilities
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Attendance on Consensus Day, Monday 22/08/2023

Regarding the final Vision of the National Strategy for Population and Development

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References

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