

Participatory needs assessment has used a group of tools to investigate the situations of local Qena Governorate communities, such as focus groups, in-depth interviews, public hearings, map drawing and field visits

# Basic Services in the Poorest Villages of Qena

Egypt Network for Integrated Development

---

**Policy Brief 018**

## **Basic services in the poorest villages of QENA**

**Howaida Roman**

Basic services in rural Upper Egypt are suffering from many challenges in terms of access, quality, affordability and sustainability. The rural communities in Upper Egypt according to all livelihood indicators are the most vulnerable and marginalized in this regard. The deprivation from basic services is one of the main reasons that are driving poverty and social problems. Youth and child poverty are a considerable factor in continual and constant poverty, and in the intergenerational transmission of poverty. Therefore, in order to break the increasing poverty at the grassroots level, a poverty alleviation strategy must begin from rural Egypt using a human right based approach, to secure basic services in an effective, efficient and fair way.

The objective of this policy brief is to analyze the situations of basic services in the poorest villages of Qena governorate on the one hand and raise some recommendations for policy makers on the other, based on grassroots studies targeting the poorest communities and community participants themselves.

The brief mainly depends on two participatory needs assessment studies on some poor villages of Qena, the first participatory study conducted by Social Contract Center (SCC) on 22 villages in Doshna and Abo Tesht districts 2009-2010 and the second conducted by the Egypt Network for Integrated Development (ENID) on 10 villages in Qous, Nakada, El Wakf and Abo Tesht districts. The number of villages studied through participatory methodology is 32 villages, distributed over five districts (*Marakez*) in North and South Qena<sup>i</sup>.

The participatory needs assessment for the 32 villages of Qena depended on two main approaches: assets mapping and stakeholder analysis. Using the two approaches together could provide a comprehensive profile of local community livelihoods. Drawing resources map is the first step towards a holistic strategy to mobilize local communities to handle their problems. Assets mapping begins with the philosophy that all local residents, regardless of age, gender, religion, race or other characteristics can play an effective role in addressing important local matters. Local people are encouraged to explore how problems might be interrelated, and to respond to their issues in a coordinative way<sup>ii</sup>. The stakeholder analysis approach leads to building trust and cooperation between all stakeholders to develop a common vision for development. It yields useful information about those persons and organizations that have an interest in development<sup>iii</sup>.

The participatory needs assessment used a group of tools to investigate the situations of local communities under study such as focus groups, in-depth interviews, public hearings, maps drawing and field visits.

### Mapping of the poorest villages of Qena

The 32 villages are located among the poorest villages of Qena (estimated at 59 villages according to the Poverty Map of Egypt).

The table below shows the villages under study distributed on the districts and local units:

The district	The local unit	The villages
Deshna	Abo Dyab Ghareb	Abo Dyab shark Abo Dyab Ghareb El Ezaab
	El Samata Bahari	El Samata Bahari El Samata Kebli El Atiyatt
	Fawo Kebli	Fawo Kebli Fawo Ghareb Fawo Bahari El Sabriat
	Abo Manah Bahari	Abo Manah Shark Abo Manah Kebli Abo Manah Ghareb Abo Manah Bahari El Sheikh Ali Nagah Azoz Nagah Saed
Abo Tesht	Qoseir Bakahanes	El Ameriya El Hobilat El Maharaza ElNegma Welhomran El Zarayeb

		Qoseir Bakahanes El Rezka
Qous	Garagos  El Kalalsa  El Haragia	Gezirat Mattera El Kharanka  Abbasa  EL Makazen El Haragia
Nakada	El Bahari Qamola	El Bahari Qamola Al Awst Qamola
El Wakf	El Marashda	El Hamodi El Marashda
5	10	32

#### Overall indicators of the poorest villages -Qena Governorate<sup>iv</sup>

Indicators	Percentage-time
Percentage of households using sanitation facility from the main public sanitation network inside the home	0.1%
Percentage of households living in proper housing unit	0.3%
Percentage of households registered in the health care unit (family doctor program)	2%
Average time spent in travelling to health unit	31 minutes
Average time of ambulance response	63 minutes
Net enrolment rate in basic education	84%
Net enrolment in secondary education	34%
Net enrolment in university and above	10%
Children 12-15 years drop out of primary education	4.2%
Children 16-18 years drop out of basic education	16%

Enrolment rate in literacy classes	4%
Illiterate rate	52%
Literacy drop out rate	51%
Percentage of population below the national poverty line	82%
Percentage of vulnerable households	79%

### **Profile of rural communities under study: needs and assets:<sup>v</sup>**

- Agriculture is the main economic activity in the villages under study. In spite of the fact that it is the main economic activity, it is still traditional in general, regarding usage of technology and domination of traditional crops namely sugarcane. Sugarcane is the main crop in Qena.
- The villages vary in possessing of natural and economic resources between scarcity and abundance, taking into consideration that there are no villages without resources. These resources are agricultural land and livestock as the main economic activities. The problem lies in inability to invest these resources in the best way that maximizes return. Agriculture faces a number of problems that are negatively reflected on the return on agricultural activity. Managing livestock development takes place in an individual way in addition to the fact that farmers suffer from absence of veterinary care. On the other hand, the activities of agricultural manufacturing (except sugarcane) are limited. No doubt, supporting agricultural manufacturing represents an added value to rural economy. In this context, there is the problem of managing solid and agricultural wastes in particular.
- As for agricultural lands, the dominance of dwarf ownership limits the possibility of maximizing the revenue of agricultural products; however there is a great opportunity in the governorates that have a desert hinterland that could be used in hot and arid specialized agriculture or any other activities. Most of villages under study have access to desert land.
- There are many indicators of poverty in the local communities under study such as the above mentioned dwarf holdings, weak ownership of assets in general, inability of poor to access basic services if available and the deteriorated quality of these services if accessible. Thus, these services are hardly useful.
- The different kinds of shocks which poor endure are evidence of the spread of human poverty in a large scale in the villages under study. There are shocks associated with small farmers that affect them due to price fluctuation of crops, instability of prices and high cost of inputs. There are financial and nutritional shocks associated with the death of poultry and livestock. There are shocks associated with health evident in the spread

of kidney failure and hepatitis as a result of poor sanitation and water or chemical pollution.

- Work is the most important source of income in the villages under study. The youth in the studied villages suffer from a high unemployment rate because of agricultural work seasonality. This results in youth migrating to Gulf or neighbouring countries in the search for work, mainly in agriculture or construction.
- There remain great numbers of male and female jobless, or working as casual irregular labour. Youth require a clear policy of vocational training associated with micro enterprises, able to exploit available local resources and needs, and accompanied by appropriate marketing systems.
- There is a promising potential to develop and modernize many traditional small crafts such as weaving (Ferka), pottery, handicrafts from agricultural/animal waste such as palm trees and Camel hair (kelims or wool carpets) or home-based cheeses and milk products.
- However, one of the most common problems faced by youth is how to get loans for small enterprises due to ignorance on how to access available loans, besides the absence of the necessary administrative and technical abilities to run small enterprises.
- In many villages, the phenomenon of donating for mosques building and helping the poor during crisis is prevalent. This is an important cultural resource. It is one of the fundamental resources to form social capital. However, the real challenge is how to turn this resource from charity work to contributing to sustainable development. There are some community initiatives that could be invested and built upon.
- There are a number of developmental NGOs and charity organizations in Qena and other Upper Egypt governorates. The developmental NGOs have designed and implemented many interventions in health and education through cooperation with big/umbrella NGOs such as CARE, CEOSS and with other donors. An integrated capacity building program to develop and consolidate these NGOs is a must.

## **The situations of basic services**

### **Education and literacy**

- There are a number of educational institutions in the villages under study, between primary schools in the first place and preparatory ones in the second place. However, general secondary (higher education stream) and technical (vocational) schools decrease to a great extent in number. Overall, the number of educational institutions does not meet the quantitative need of villages. This is clear from the high classroom density in a number of villages which exceeds 70 students/class especially in primary schools. This density decreases in preparatory schools due to high dropout rates.

- There are cultural and economic reasons for high drop out rates, in addition to the perception that education is useless in promoting social mobility. High rates of girls' drop out are due to early marriage in Upper Egypt governorates, and refusal to send daughters to mixed gender schools. This may be replaced by sending daughters to available girl only schools but is not the rule. In addition, high poverty rates in the villages under study prevent many villagers from continuing their children's education either because of the high expenses of the educational process or the need for a return from child labour.
- Education suffers from a deterioration of the quality provided. The impact of education is almost non-existent in empowering villagers, and does not contribute to breaking out of the poverty cycle, or to meet job market requirements. The deterioration of educational system is clear in a number of common issues that prevail in most of the villages under study; shortage of teachers, the unavailability of needed specializations, the poor qualification of teachers, a high percentage of contracted (short term) teachers, high density of classes especially in primary schools, absence of healthy educational environment, shortage of workers and administrative staff, unavailability of budget for school activities, using the school buildings in two shifts, weak board of trustees and frequency of physical punishment.
- The Azhar (religious stream) education is more disciplined and less costly from the villagers' perspectives. The Azhar educational sector is vital in Egyptian rural areas. This is clear in requests for building more Azhar institutes and villagers' donations of land to build more institutes. In addition, the graduates of Azhar institutes appear to find jobs more easily compared with graduates of civil governmental educational institutions.
- As for public or technical secondary, these exist on Markez (district) levels and secondary schools in the villages under study are very rare. Accessing such schools are physically and financially problematic for parents who want their children to continue their education. This is further complicated for girls in these conservative societies, where they are expected to remain close to home. In spite of the importance of technical and vocational schools in building skills in specific fields of specialization in order to be ready to join labour market, these schools do not play their expected role. They are few and far between, the educational quality is very low, equipment is old, infrastructure lacking, and graduates find difficulty in finding jobs after such poor preparation. .
- Pre-school kindergarten classes have become more common in the villages under study. These classes are either affiliated to the Ministry of Education or NGOs. Those affiliated to NGOs are the nurseries that start from the child's birth till age of six. Such types of nurseries work under the supervision of the Ministry of Social Affairs. Mothers especially ask for increasing these classes, as it frees them up for other activities. Pre-school

preparatory education is available in theory while in practice is still few although it is necessary to eliminate deprivation from further secondary education and to achieve the goal of universal basic education.

- Literacy is a multi dimension problem. The rate of illiteracy is high especially among women, in spite of availability of literacy classes, whether governmental or civil. Villagers are not convinced of the need, available literacy programs suffer from poor male and female facilitators and teachers, villagers complain of their frequent fictitious efforts, and lack motives (such as improved living standards) to seek literacy.

### **Health:**

- Participatory Needs' Assessment studies (2010 & 2013) clarified that the health sector is suffering from two basic problems. First is the unavailability of health units in all the villages/remote regions under study. Second is the deterioration of the quality of health services in the case of being available. This deterioration is represented in the unavailability of resident doctors, lack of different medical specializations, lack of the needed medical equipment necessary for diagnosing, unavailability of medical services at appropriate times (in the evening, for example), absence of female health care providers for women, unavailability of drugs, scarcity of nurses and other health workers and lack of health awareness.
- The overall view of the health status in the villages suggests that there is evident and urgent need for more accessible health services accompanied by a significant improvement in the quality of the services already provided.
- While shortage of essential medicines and medical equipment are the most prominent deficiencies of health units and hospitals, absence of female physicians and long waiting period are the main deficiencies of family planning centers and ambulance services respectively. In general, patients in the intervention villages suffer from scarcity of doctors and medicines. A doctor, on the average, follows up on 27 cases daily and essential medicines are not available all the time, including serums to treat scorpion and snake bites. It is noteworthy to mention that scorpion bites are widespread in the villages under study.
- It was mentioned that it is important to pay attention to the health awareness component in particular, the role of health workers in spreading health awareness. They also should be well trained or their skills upgraded and have their job conditions reformed.



Health is significantly affected by other services, notably **sanitation, potable water and environment**.

### **Sanitation:**

The participatory needs assessments (2010&2013) showed that sanitation is on top of the local communities' priorities in these villages. This problem should be solved as soon as possible because it has its negative impacts on health and agriculture. The problem is the mixing of sanitation water with irrigation water because the sanitation of many houses goes directly to canals. The problem is more complex due to mingle of sewage water with potable water due rising underground water in these villages, and the consequent high health cost due to the spread of many complaints, topped by kidney failure and followed by hepatitis.

It is noteworthy to mention that villagers depend on a traditional sewage system represented by chamber pots or sanitation pits. Due to high poverty villagers dig pits without a cement base which leads to sewage leakage into underground water, or practice dumping directly into irrigation canals.

### **Potable water:**

Introducing potable water to Egyptian villages took place in the 1960s without a maintenance plan. Most of these networks are shaky after 50 years of use. The pipes are made from Asbestos (cancerogenic) and not hardy, resulting in constant water cuts, bad quality of water, change of color, taste and smell. Gastrointestinal diseases, cancer or kidney failure result. Villagers ask for a renewed water networks and control over water quality coming from purification stations. However, many villagers depend on underground water using Abyssinians pumps that do not extend deep enough, which intensifies the problem.

### **Structural changes are imperative:**

Improvement of the basic service in terms of access, quality, affordability and sustainability needs key structural changes regarding the relation between local authorities and central government, namely decentralization on one hand, and restructure the relationship between the citizen/stakeholder/user and service provider to be more accountable and participative on the other.

### **Decentralization:**

One of the benefits of decentralisation is to improve accountability and responsiveness. Decentralisation of public provisioning gives the government a presence more directly in people's communities, easier physical access to public officials and a greater stake in improving services as a result of greater use. Decentralisation can be used to mean different things in different contexts, depending upon whether administrative, financial or political powers are

devolved. At one extreme, decentralisation can be limited to administrative structures – commonly termed deconcentration. At the other extreme, decentralisation can mean the devolution of full control of state institutions by democratically elected local bodies – commonly termed democratic decentralisation.

Experience suggests that decentralisation poses particular challenges for service delivery due to the differences in capacity and resources among local governments. For this reason, the most important requirement to apply decentralization is the capacities and skills of local authorities. It is necessary to build technical and administrative capacities of local authorities to perform in an efficient and effective way. The positive impact of decentralization on improvement of basic services has never been achieved in a sound way without widening the local participation and providing institutional platforms to do that. These platforms are the main channels to identify the priorities of local communities, to strength the voices of the poor, and to establish a culture of accountability and transparency<sup>vi</sup>.

#### **Stakeholders participation :**

Absence of stakeholders participation in management, monitoring and evaluation the basic service delivery leads to absence of accountability, widespread corruption. The growing realisation of the importance of users and citizens role in holding governments to account for the delivery of basic services has led to a range of initiatives attempting to empower users and provide them with institutionalised spaces for participation. These range from user committees for local management of resources in various sectors to the creation of formal policy councils (e.g. the health councils in Brazil) that offer legitimate space for direct involvement in policy making and service delivery.

Creating institutional spaces for direct participation of users and citizens is an increasingly popular measure for simultaneously empowering citizens, and making services more responsive to users. Citizen involvement can take place at various stages, from policy formulation to citizen monitoring and accountability. Citizen involvement in planning processes at the local level is an essential component of getting providers to respond to the needs of poor citizens. However, the feeble response from government agencies and opposition from politicians has limited the impact this initiative in Egypt. This leads to develop facility-level platforms that include providers, policy-makers and users to help improve the management of facilities, and these have had better success. Involving citizens in the monitoring of services has also been relatively successful. The Citizen Report Cards pioneered by the Public Affairs Centre in Bangalore, India, can be a powerful way of naming and shaming poor service providers and bringing pressure on all to improve their performance. Social audits such as the public hearings

carried out by these platforms can have a similar effect by highlighting the gaps between plans and implementation and holding politicians and bureaucrats accountable<sup>vii</sup>.

The effectiveness of such platforms is contingent upon awareness of the users of sound criteria to evaluate the basic services across the different sectors. The problem that plagues both public and private providers of services is the difficulty that users face in judging the quality of services offered. No doubt, public information campaigns and quality assurance through branding are some approaches to tackling quality. The lack of clarity of standards and regulation in basic services is an issue that needs to be addressed.

### **Recommendations:**

Many recommendations can be extracted from the above mentioned, some related to methodology of working with local communities and others dealing with basic services as an entry point for alleviating poverty.

No doubt, the new trends in development have focused on participatory and democratic approaches to bring the local communities to the public sphere again. Successful partnerships have never been built without participation of all stakeholders in all phases of the policy making process, starting with agenda setting till monitoring and evaluation.

- The participatory needs assessment conducted in the villages under study represent the diagnostic phase through identifying the major pockets of poverty and its reasons, then the required interventions.
- The participatory needs' assessment asserts the need to put rural communities in the driver's seat and give them a new set of powers, rights and obligations such as the right to be treated as people with capabilities, not objects of pity. The mapping assets approach and stakeholders analysis foster this attitude.
- The research experience outlined above indicates that communities can be organized quickly to diagnose local problems, come up with solutions, lay down priorities, elaborate action plans and strengthen community organization and accountability.
- However, community driven development requires empowering communities, empowering local government, improving accountability and building capacity.
- In this respect, there is a need to obtain strong political commitment, and local government commitment and openness to administrative change and devolution of responsibility. In spite of many developmental interventions implemented by NGOs in rural Upper Egypt, the absence of commitment and support to decentralization and deconcentration remains a big obstacle to stakeholder participation and sustainability.

**Upgrading basic services is an entry point for alleviating poverty in rural Upper Egypt, notably in education and health:**

- The development of basic service is the entry point to development. It is one of the main mechanisms to combat poverty and achieve the Millennium Development Goals. The issue of providing good basic services such as in health and educational is a pivotal issue in the poverty combating strategies for developing countries. These services provide a baseline against which development may flourish.
- The findings of the study assert the continual deterioration of all basic services such as education and health, with impact on livelihoods in the communities studied. Indeed, poor villages suffer from multi-dimensional poverty, extending beyond low levels of income to lack of all basic rights, such as access to good health services, adequate educational facilities, realistic job opportunities such as economic resources and access to market.
- Availability of good health is a prerequisite for productivity. This depends on the ensuring good clinical services, availability of clean potable water, maternity and child care, combating pollution from substandard sanitation services, infection, prevention and combating endemic and expensive diseases. All of these factors feed into the ability to be productive.
- To be effective, addressing these problems, identified in the study by the grassroots participants, requires a holistic approach, whereby community participation guides the interventions of local and central government, as well as private sector NGOs and community associations.
- There is a need to strengthen policies for reducing deep social inequalities that hinder progress towards education for all. Government should integrate education planning into wider poverty-reduction strategies<sup>viii</sup>.
- Early childhood education and care in planning for all young children has proven to contribute substantially to better outcomes at the preparatory and secondary levels, reducing drop out rates. Incentives would help include those who are vulnerable and disadvantaged<sup>ix</sup> and encourage more women to attend literacy classes.
- More budgetary allocations from the Ministry of Education are needed to equip classes in an appropriate manner, and to provide more classrooms and reduce density.
- Adequate education facilities include well-trained teachers, relevant curricula and clearly identified learning outcomes.
- Develop the capacity to measure, monitor and assess education quality, in areas that affect learning conditions (infrastructure, textbooks, class sizes) processes (language, instructional time) and outcomes

- Strengthen the links between education planning and child health provision, using cash transfer programs, targeted health interventions and more equitable public spending in the sectors.

**Upgrading basic services requires holistic approach to alleviate poverty and develop the poor villages.** Based upon foregoing, there is an urgent need for integrated development interventions in the poorest villages. Achieving this requires addressing the following:

- Poor communities are isolated not only in physical terms but also in terms of their access to employment, financial resources, skills and information.
- Since poverty has many different causes and effects, it can only be tackled in an integrated way.
- Coordination between all interventions related to various sectors and all stakeholders whether governmental bodies or civil society organizations.
- Integration will not be achieved without drawing an integrated map for needs and resources in poor rural Egyptian villages and translating this map into service projects and investment opportunities.
- Improving the livelihoods of local communities by supporting the ability for productive work whether in agriculture or any other economic activities in rural areas. It also means to support the ability to reach funding and markets.
- It is noteworthy to mention that the relation between all resources is integrated. For example: strengthening social organization for peasants, improving roads and communication networks supports financial assets. Ensuring rights of benefiting from land allows farmers to invest in technology. By turn this leads to more productivity and more income which will be reflected on concern on investment in the health and education of children.
- Employment opportunities in/outside the village are important factors in alleviating poverty. No doubt, the encouragement of contractual agriculture can provide more jobs on one hand and building new factories nearby village may provide “stable, permanent” jobs for some residents. The available and empty desert hinterland can support appropriate agricultural or mining projects and the encouragement of micro and small enterprises provide income and jobs.<sup>x</sup>
- Expanding the government social safety network beyond female-headed households to target and cater for the needs of households that suffer extreme poverty in these villages is imperative. Reduced welfare combined with increased inequality seem to be the result of the household having handicapped members, large number of children, or heads who work as agriculture labourers, or simply work outside formal establishments. These households could be targeted for social assistance, social protection schemes,

vocational training programs, education and health care support. Efficient targeting within the poorest villages accompanied by proper interventions as proposed should contribute to enhancing households' welfare and reducing inequality<sup>xi</sup>.

- 
- <sup>i</sup> - The Egyptian Cabinet (IDSC) and Social Contract Center, Participatory Needs' Assessment for the 151 Poorest Villages , The Qualitative Report, 2010
- Egyptian Network for Integrated Development (ENID), Findings of Participatory Needs Assessment of 10 villages of Qena, forthcoming
- <sup>ii</sup> Beaulieu, L., Mapping the Assets of Your Community: a Key Component for Building Local Capacity, Southern Rural Development Center, <http://srdc.msstate.edu>
- <sup>iii</sup> Schmeer, Kammi, Stakeholder Analysis Guidelines, [www.eestum.eu/voorbeelden/stakeholders\\_analysis\\_guidelines](http://www.eestum.eu/voorbeelden/stakeholders_analysis_guidelines)
- <sup>iv</sup> Social Contract Center, Baseline Households Results, unpublished, 2010
- <sup>v</sup> The Egyptian Cabinet, op.cit
- ENID, op.cit
- <sup>vi</sup> Anuradha, J., Institutions and Service Delivery in Asia, March 2006, [www.asia2015conferenc.org](http://www.asia2015conferenc.org)
- See also : Afrimap and Open Society Foundation for South Africa, South Africa, Effective Service Delivery in Education and Health Sector, A Discussion Paper, Open Society Foundation for South African, 2007
- <sup>vii</sup> Anuradha, J., op.cit
- <sup>viii</sup> UNESCO, Education For All Global Monitoring Report, Reaching the Marginalized 2010, [www.unesco.org/publishing](http://www.unesco.org/publishing)
- <sup>ix</sup> UNESCO, Expanding Equitable Early Childhood Care and Education is an Urgent Need, Education for All Global Monitoring Report, Policy Paper 03, April 2012
- <sup>x</sup> Social Contract Center, Social Justice ..., op.cit
- <sup>xi</sup> El Tawila, Sahar et al. Poverty and Inequality in Egypt's poorest Villages, Social Contract Center, unpublished

Further readings :

1. Center for Health Policy, Improve Health Service Delivery through Building Trust, Equity Briefing, Sept. 2007
2. Kumar,A., and Kumar, I., Ensuring Basic Necessities in Rural India, A Strategy for Poverty Alleviation, [www.skoch.org](http://www.skoch.org)
3. Friedman, P., Meeting the Challenge for Social Service Delivery in Rural Areas, Welfare Information Network, vol.7, no.2, March 2003
4. Mubangizi, B., Poverty Alleviation and Service Delivery- Developing a Conceptual Framework for South Africa, Service Delivery System, International NGO Journal, vol.4, no.10, Oct 2009
5. Roushdy, R . et al, The Impact of Water Supply and Sanitation of Child Health, Evidence from Egypt, Population Council, Poverty, Gender and Youth Working Paper, No.24, 2012, [www.popcouncil.org](http://www.popcouncil.org)