2630065 / 41
PN-AAU-760
ISN-33201

A Report of a Consultation with the USAID Mission to Egypt Health and Population Division in Connection with the Cairo Urban Health Project

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During the Period: March 16 - 24, 1979

Published by: AMERICAN PUBLIC HEALTH ASSOCIATION

In Agreement with: UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

Authorized under

AID/ta-C-1320

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PREAMBLE

Even though the time available for the consultation was limited the purposes of the consultation would appear to have been fulfilled. This was due in large measure to the assistance given by many people. In particular Barbara Turner of the Near East Technical Division made several key documents available sufficiently far in advance that they could be read and digested before the consultative visit. This was supplemented by an in-depth briefing in the State Department by Ms. Turner and Mr. Porter. Secondly, in Cairo Dr. Shutt gave up a major part of his Sunday to provide an immediate on-the-spot briefing, and was available for guidance and day-to-day decision on the development of the implementation plan and the budget. Dr. Britanak and Mr. Jordan were most helpful, particularly in providing information on their programs and on costs. Most importantly, the new Executive Director of the Urban Health Project, Dr. Nabahat Fouad, was patient with my many questions and gave freely and constructively of her time during my visit. We developed the plan and the budget together. Whatever faults or weaknesses there are, come from my hand.

In summary, the visit was satisfying for there was a sense of working together and of accomplishment. It was a pleasant if somewhat busy week.

CHARGE TO CONSULTANT

The charge to the consultant was contained in a cablegram as follows:

E. O. 12Ø65: NA
SUBJECT: REQUEST FOR CONSULTANT: URBAN HEALTH PROJECT

1. URBAN HEALTH PROJECT REQUIRES CONSIDERABLE PRE-IMPLEMENTATION DESIGN PRIOR TO ARRIVAL OF THE TECHNICAL ASSISTANCE CONTRACTORS CALLED FOR UNDER THE GRANT AGREEMENT. IMPORTANT IN THESE ACTIVITIES IS DEVELOPMENT OF AN IMPLEMENTATION PLAN. IMPLEMENTATION PLAN WILL DESCRIBE TRAINING, MANAGEMENT AND ADMINISTRATIVE REQUIREMENTS FOR EXISTING PROGRAM AND FOR INNOVATIONS TO BE INTRODUCED. PLAN IS DUE IN JUNE.

2. REQUEST 14-21 DAYS OF CONSULTANT ASSISTANCE MARCH OR APRIL TO DEVELOP A TIME-PHASED ACTION PLAN FOR IMPROVEMENT OF MCH AND FAMILY PLANNING SERVICES IN THE URBAN DEMONSTRATION AREA. THE PLAN WILL SEQUENCE EVENTS AND IDENTIFY RESOURCES NEEDED TO DEVELOP A TRAINING PLAN, JOB DESCRIPTIONS, PERSONNEL REQUIREMENTS AND IMPLEMENTATION PLANS FOR: HOME VISITING, ORAL REHYDRATION, INFORMATION, EDUCATION AND COMMUNICATIONS, AND COMMUNITY PARTICIPATION.

3. CONSULTANT REQUIRED WITH STRONG BACKGROUND IN HEALTH/FAMILY PLANNING EDUCATION AND DELIVERY OF SERVICES IN LDC COMMUNITY SETTING. SUGGEST DR. RAYMOND CARLAW, UNIVERSITY OF MINNESOTA, AS HAVING APPROPRIATE SKILLS.

4. REQUEST THIS ASSISTANCE BE PROVIDED UNDER APHA CENTRALLY FUNDED FAMILY PLANNING/HEALTH CONTRACT. PLEASE ADVISE. ELITS

In summary this cable calls for two major activities by the consultant over 14-21 days:

1) To develop an implementation plan to describe training management and administrative requirements for the existing program and for innovations to be introduced.

2) To develop a time-phased action plan for improvement

of MCH and F.P. services. The plan will sequence events and identify resources needed to develop a training plan, job descriptions, personnel requirements and implementation plans for;

a) home visits
b) oral rehydration
c) I E & C
d) community participation

The Health and Population officer of the AID Mission, Dr. M.M. Shutt, interpreted this charge in more general terms. He asked the consultant to work with the Executive Director of the Urban Health Project in the preparation of an implementation plan for 1979 activities and to construct a draft budget covering the Mission's contributions for this period. This was done. The preparation of job descriptions was not advisable during this visit as the senior Project staff, while appointed, had not taken up their new positions. It seemed desirable to involve the senior staff in the development of the job descriptions and this should be done as soon as possible after the Project becomes fully operational. The decision of the Ministry of Health to not involve dayas in any health service delivery system, nor to train them in any way but to actively discourage their recognition has also affected the direction for community participation implied in the Project Papers.

An implementation plan outlining requirements in general terms has been prepared, as has a time-phased action plan for training over the 1979 calender year. Details of

any service implementation must await the assembling of the senior Project Staff and the recruitment of the technical advisors to the Executive Director.

The Cairo Urban Health Project is a joint effort by the Government of Egypt and the USAID Mission to Egypt. The major elements of the Project are:

1. Developing within the MOH the capability to perform on a continuing basis, assessments of the health sector designed to provide the data and information required to plan, implement, and evaluate delivery of health services which are more relevant to the needs of consumers.

2. Establishing and testing of a pyramidal system of health care delivery and referral that will involve local Maternal Child Health Clinics (MCH's)General Urban Health Centers (GUHC's) and a speciality pediatric hospital.

3. Establishing within Cairo University Pediatric Hospital, a Center for Social and Preventive Medicine in order to bring together the medical teaching and service delivery functions of the university with the health delivery responsibility of the Ministry of Health.

4. Training and educating health service providers in order to upgrade the services they deliver.

5. Developing community participation, motivation and health services outreach.

6. Other activites, such as conducting feasibility studies and introducing low-cost innovations to improve the delivery of health services.

This project is designed to improve the delivery of urban services, particularly maternal-child health, family planning and nutrition services in the three demonstration districts of Cairo. The activity emphasizes community involvement, the use of home visitors, the delivery of health services in the neighborhoods where people live (outreach) and cooperation between the health services of Cairo University and the Ministry of Health.

Included in the project will be renovation of neighborhood maternal-child health clinics; creation of new intermediate general urban health clinics for treatment of more complicated problems; renovation of the outpatient

unit of the severely-overcrowded Cairo University Pediatric Hospital and development of a center for social and preventive medicine for training and research in the social and preventive aspects of medicine.

Three zones on the south side of the city have been selected for this Project. These zones have a combined population of 1.7 million from a total population in greater Cairo estimated at 8 million. 66% of the population in the selected area is in the low income bracket, and the infant mortality rate exceeds 150 per thousand live births compared with a national average of 116.

Health services will be delivered primarily through an increased and upgraded system of Maternal and Child Health Centers (M.C.H.C.s) as primary care units, and an increased and upgraded system of General Urban Health Centers (G.U.H.C.s) as secondary care units. Egyptian architects and engineers will be contracted to undertake the initial study of the MCHCs and will supervise construction and repair of these centers. A U.S. contracting A&E group will undertake the study of GUHC units and supervise construction and repair. This will be completed within two years.

The management and service functions will be directed from a central Project office, through the existing Directors General of the Health Zones. All staff will have thorough retraining from the central training office of the Project. The Minister of Health H.E. the Honorable Professor, Dr. Mamdouh Gabr is Director of the Urban Health

Project and he has appointed an Executive Board and Executive Director to manage the affairs of the Project.

There is to be real emphasis on community participation both in health matters within the community and in community representation on the management of the Project. Because the Ministry of Education is responsible for producing medical and health manpower who are then employed by the Ministry of Health, this Project seeks to create a strong liaison with the Cairo University Medical School and service centers. A Center for Social and Preventive Medicine will be established within the Pediatric Hospital of the University under the auspices of this Project and an Egyptian firm will undertake a Health Sector Assessment of the three zones, again emphasizing the social and community aspects.

The Project was approved by the U.S. Governement on November 15, 1978, and a Grant Agreement with the Government of Egypt was signed jointly by the Minister for Health, Professor Dr. M. Gabr, and HEW Secretary Joseph A. Califano, Jr., on November 19, 1978. An initial sum of $4,935,000 has been approved, against a total estimate for the life of the Project of $25,200,000. The Project Assistance Completion date is November 15, 1983.

A draft budget for allocation and expenditure of funds in this calendar year, 1979, has been prepared. The total is $2.1 million with a projected expenditure from this of LE440,000 for in-country costs and immediate commodities.

Organization

While the official responsibility for the Project is taken by the Minister for Health an Executive Council of nine members and a rapporteur has been appointed by the Minister's Decree No. 76 of February 26, 1979. The chairman of the Council is the Undersecretary of State for Health and the rapporteur is the Executive Director of the Project. The Decree also sets out the responsibilities of the Council.

Ministry of Health
Minister's Office

The Minister of Health's Decree No. 76 for 1979 Regarding the Establishment of an Executive Council for the Urban Health Project

After reviewing the Law No. 47 for 1978 concerning the decree issued for civil personnel in the State;

The Presidential decree No. 268 for 197[illegible] concerning the responsibilities and organization of the Ministry of Health;

The decree of the Minister of Health No. 152 for 1975 regarding the issuance of a manual of administrative work for the MOH;

The Urban Health Project signed in Nov. 19, 1978;

and according to the approval of the Minister of Social Affairs and the President of Cairo University, the Minister of health has issued the following Decree:

Item I The establishment of an executive council for the

Urban Health Project.

The council will be formed as follows:

- Dr. Mohamed Saad Ed Din Fouad, Undersecretary of State for Health	Chairman
- Dr. Muneer Sherif, Undersecretary for Health Affairs in Cairo Governorate	Member
- Dr. Mohamed Safwat Shoukry, Pediatrician, Cairo Univ.	Member
- Dr. Mohamed Sabry Zaki, Chairman of the General Authority for Health Insurance	Member
- Dr. Mohamed Ragheb Dowidar, Chairman of the Medical Treatment Organization, Cairo Governorate	Member
- Mrs. Fatma Bahey El Din, Undersecretary for Social Affairs	Member
- Mrs. Fayda Kamel, Member of the People's Assembley	Member
- Mrs. Naguia Abdel Hamid, President of the Charity Associations	Member
- Mr. Sayed Zaki, representative of Local Leadership	Member
- Dr. Nabahat Fouad, Executive Director General of the Urban Health Project	Rapporteur

ITEM II

The Executive Council will be assigned the following responsibilities:

(1) Reviewing the implementation plan of the project and all relevant programs in the light of the scheduled plan.

(2) Approving a manual for the administrative project work.

(3) Following up the implementation of the training plan for the different categories of personnel working in the field of urban health development.

(4) Approving the project budget and its financial situation.

(5) Supervising the implementation of the various programs and activities to assure the achievement of the purposes of the plan. This will involve the studying of the follow up reports submitted by the people monitoring the project, the results of studies and research conducted, and the periodic evaluation of the project.

(6) Finding out solutions for whatever obstacles that may show up.

ITEM III

The Chairman of the Council is fully responsible to us for everything related to the project.

ITEM IV

This decree is effective from the moment it was issued and all involved parties are requested to work to it.

mg, 2/26/79

The Minister on Feb. 1 has already appointed Dr. Nabahat Fouad as Executive Director of the Project (Decree No. 26).

The Executive Director's duties are extensive. Not only does she relate to the Executive Council but she will also relate to the Governing Board of the Center for Social and Preventive Medicine (C.S.P.M.). Reporting to her will be the seven division chiefs, the Training and Education Committee and the A&E Consultants. She will have two U.S. technical advisors, will liaise with the Health Sector Assessment group, the Director of the C.S.P.M., and will maintain sound working relationships with the three Directors General of the Health Zones through whom all Project services will be supplied. A draft organization chart for the Project is attached.

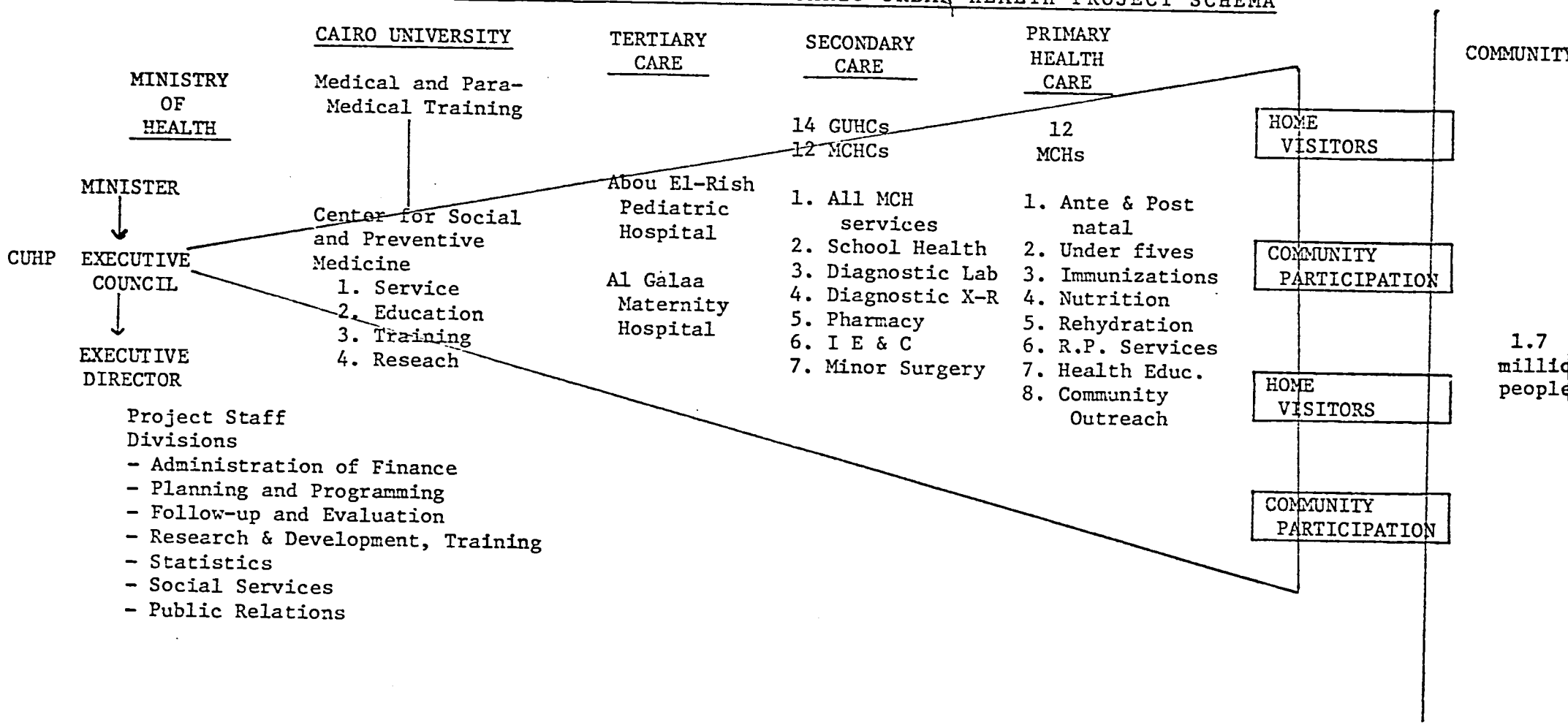
The heads of technical offices (division chiefs) appointed to the Project are:

Dr. Farouk Gaafar	Planning & Programming
Dr. Goad Wahba	Statistics
Dr. Mohib Kandil	Follow-up & Evaluation
Mrs. Iqbal Hanna	Social Services
Dr. Insaf Gabriel	Research & Development, Training
Mr. Sami Gamal El-Din	Public Relations
Mr. Moustafa Mahfouz	Administration & Finance

A total staff of 35 has been appointed.

~~The Executive~~ Director has indicated that the Head of Statistics will be responsible for records. The Training responsibilities, especially in the first two years, will

PYRAMIDAL STRUCTURE OF CARIO URBAN HEALTH PROJECT SCHEMA

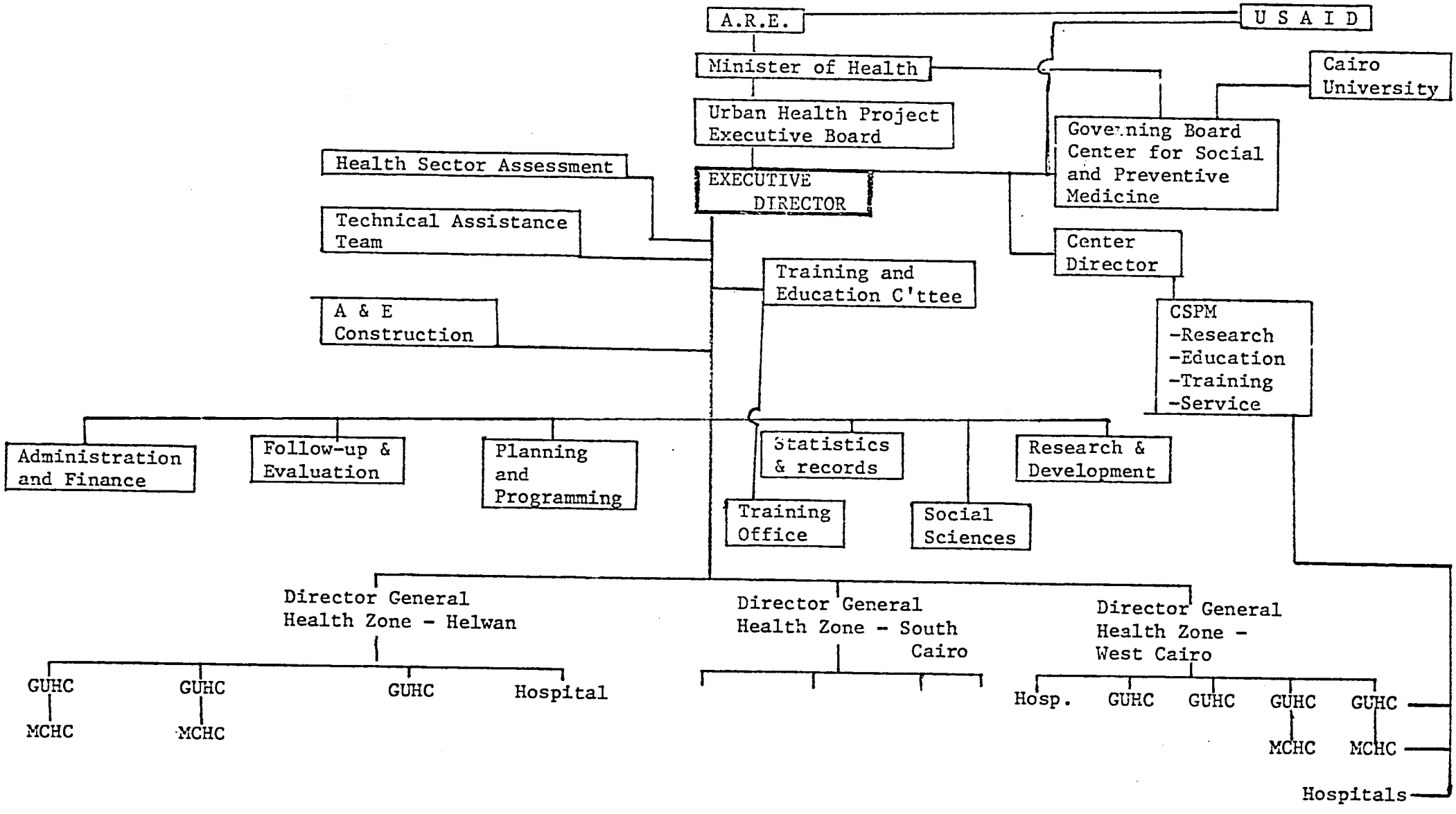


be onerous and it is recommended that a Training Division be established separate from the Research and Development functions, with the Division head reporting directly to the Training and Education Committee. The Information, Education and Communication (I.E. & C) function will apparently come under Public Relations. Community participation is the responsibility of the Social Services. Responsibility for health and medical service delivery is taken by the Directors General, a line function. Each D-G's office will be staffed by an Administrative Officer, a Statistical Clerk and a secretary from the U.H.Project Office.

The Project is to be permanently housed on the fourth floor of the Ministry of Health Technical Training building. Remodelling and painting commenced March 22, and it is estimated that it will take three weeks. Basic furniture will be provided by the Government of Egypt but USAID has been asked to supply funds for office equipment currently unobtainable from G.O.E. This list appears in the appendix and includes items such as desk lamps, electric typewriters, and a copying machine. Special arrangements are made within G.O.E. for the office furniture, and if U.S.A.I.D. approves a waiver to allow for local purchase of equipment it is possible that the Urban Health Project Office could be functional by May the first, some five weeks from this date.

A further matter of concern to the Executive Director is the early need for vehicles for the use of her staff and herself. These vehicles are needed urgently--two cars and one mini-bus. U.S. vehicles are available on the Cairo market and subject to waiver of taxes by the G.O.E. it is recommended that U.S.A.I.D. approve a waiver on U.S. source to allow these three vehicles to be purchased locally. A further justification is provided in the section on budget.

Draft Organogram - Urban Health Project



Cairo Urban Health Project

Draft Implementation Plan - 1979

February

Executive Director and Executive Council appointed by Minister of Health. Appointment of senior staff in Project headquarters by Executive Council.

March

Location of suitable space for Project headquarters and arrangements for modifications, painting, etc. Ordering of office furniture. Preparation of draft workings budget for submission to U.S.A.I.D./E. Preparation of general implementation plan and training plan, and major commodity needs. Preliminary public notice for interest in contract services from qualified U.S. and Egyptian contractors. Nomination of Training and Education Committee and Training Director and T. Deputy Director recruited.

April

Senior staff take up positions in Project Headquarters by April 30. Furniture delivered and U.S.A.I.D. funded office equipment purchased locally, including three vehicles. Selection of senior Training Staff. Nomination of four people for long term academic training and four people for immediate short term training. R.F.P.s on all four contracts advertized. Nomination by Minister of Governing Board for Center for Social and Preventive Medicine.

May

Training Teams begin organization of Training schedules and curricula and schedule initial courses, especially first course for Health Unit Staff. Senior staff meetings to begin detailed planning exercises. Job descriptions for all staff developed and lines of responsibility demarcated. U.S. consultant in health records recruited and a record system developed against criteria for information, planning and evaluation. Four staff members leave for training in U.S.

PIO/Cs completed for 1979 commodities. Selection of contractors proceeds.

June

U.S. consultant in planning for 30 days, Egyptian planning consultant retained. C.S.P.M. Director appointed. Training course continues.

Trial of new health record system in two health units inaugrated. Selection of contractors finalized. Planning Seminar held for 10 days. Preparation of administrative and legislative records systems.

July

U.S. consultant in training for 60 days. Egyptian training consultant retained. Planning for Health Sector Assessment gets underway. Technical Assistance Team preliminary visit. Second Health Unit staff training begins.

Preliminary evaluation of health record system. Management seminar covering personnel practices and records. First training course for H.V. supervisors and home visitors.

August

Technical Assistance Team in Country. U.S. consultant in community health for C.S.P.M. and appointment of Egyptian consultant in community health. Development of detailed plan for community participation. People on 3 months short term training in U.S. return to duty. Training plan for Project finalized. Initial report of A & E contractors received. Second group leave for short term training.

September

Conference of all principals in Project for assessment and further program design.

Contracts and Contractors

While this area was not within the charge given to the consultant, a short note on the contract situation is pertinent. Four contracts are currently being sought, two covering Egyptian support and two from the U.S. Announcement of the areas should be made before the end of March, and it is expected that the R.F.P.s will go out by the end of April. This will allow for contractor identification by June and in-country activity by selected contractors beginning

sometime in August.

The four areas to be handled under contract are:

1) Health Sector Assessment	by an Egyptian contractor
2) Technical Assistance (2 advisors)	by a U.S. contractor
3) A & E for the M.C.H.C. units	by an Egyptian firm
4) A & E for the G.U.H.C., and Pediatric Hosp.	by a U.S. firm

Estimated allocations required under present budget plan.

Health Sector Assessment	$ 140,000
U.S. Architecture and Engineering	300,000
Egyptian Architecture and Engineering	60,000
Technical Assistance (U.S.)	700,000
	$1,200,000

Training and Manpower Development

The manpower development plans for the calendar year, 1979, are ambitious. The Project Training Office is expected to provide 2,338 man/days of training in orientation and seminar format. The Health Units themselves (M.C.H.C.s & G.U.H.C.s) are expected to provide an additional 2,340 man/days of training. Furthermore, it is hoped to be able to arrange for four persons to be admitted to U.S. University degree courses in September of this year. A further 15 short term training and observational tours are available.

Training Team

The development of the technical, philosophical and interpersonal capacities of the Training Team must be given highest priority.

It is recommended that a Training Director and Deputy Training Director be appointed as soon as feasible. As their expertise will be in the methodology of training they might be drawn from social science rather than health. Technical content in health and medical matters will be needed by other members of the Training Team but the Director and Deputy should be, or become, professionals in the methodology of training.

Training of Trainers

In order to build a Team as quickly as possible at least three people should be placed in a Training of Trainers' course in the U.S. as soon as possible. The course run by Yale University at Hartford, Connecticut is recommended. The Training Director or Deputy should be one of these three people. After these people have completed their course and returned to the Cairo Project, the remaining members of the Training Team should undertake a similar course. So far as possible, the philosophy and methods of training adopted by the Team should be understood and accepted by all members. The Project lends itself to the experiential model of training.

Out-of-Country Training

Academic - The Project offers 10 fellowships over the five year period. Because of the need to utilize the highest quality professionals within the life of the Project, it is considered advisable to send four people for Masters' degrees as soon as funding and admission can be arranged. While the areas for such degrees have yet to be identified, it is probable that they will include planning, training, health administration, and health education. Most U.S. Universities demand a T.O.E.F.L. score of 500 and several of the better Universities require a score of 550. English language training and enrollment for the T.O.E.F.L. examination should be arranged as soon as funding and subject identification allow.

Non-academic - The most urgent need appears to be the training of trainers. Assessment of required manpower skills will be undertaken by the Planning Division and the short course fellowships will be used to build skills and professional understanding where these areas are weaker than desired for the efficiency of the Project.

In-Country

The essential work of the Project staff in the first two years will be the inculcation of a philosophy of concern in the delivery of health care services. While this

philosophy incorporates the technology of service delivery it must emphasize the personal relationship between providers and consumers of health services. The Project also proposes to develop a sense of community responsibility for health, and community participation in the development of an improved health service. These broad aims must be clearly understood by all staff, medical and administrative, so that the aims can be implemented by all staff. This approach places a heavy responsibility on the training staff for the translation of a philosophy is much more difficult than the transfer of technical skills and information.

Training Plan

The training plan as developed by Dr. Nabahat and the consultant has recognized that the training staff will be inexperienced and reduced in numbers during the early months of the Project. Therefore staff training is held to a minimum until August when it is anticipated that the Training Consultant will be in place and the first training group to the U.S. will have returned. Adjustments in the time table will be necessary but it is anticipated that all courses listed can be given in this calendar year. A draft training plan and a schedule of estimated dollar and pound costs for both in-country and out-of-country courses is included.

Contingency

All non-health staff training is now listed to be given out-of-country. However, it may be that a suitable course in planning or social research could be available in-country, a modest amount is set aside for this contingency. Another case in point is the adequacy of the maintenance staff to repair and maintain the chevy vehicles, the movie projectors and the medical and administrative equipment and furniture. It is proposed that selected maintenance staff be provided with appropriate in-country training.

CAIRO URBAN HEALTH PROJECT

TRAINING PLAN AND BUDGET - 1979

Activity	Time Frame 1979 A	M	J	J	A	S	O	N	D	1980 J	F	M	A	M	J	J	A	S	O	N	D	Estimated Costs - 1979 Second Quarter	Thrid Quarter	Fourth Quarter	TOTAL
Training																									
Out-of-Country																									
1. Short Term - 3 months																									
1) Training Officer																									
2) Physician - Training																									
3) Nurse - Training																						21,000	7,000	---	28,000
4) Social Worker - Training																									
2. Short Term - 2 months																									
1) Deputy Training Off.																									
2) Planning																									
3) Management																						10,000	10,000	9,400	29,400
4) Statistics																									
5) Nutrition																									
6)																									
3. Long Term - 24 months																									
1) Training																									
2) Evaluation																								53,600	53,600
3) Community Health																									
4) Planning																									
4. Field Trips - 1 month																									
1)																									
2)																						5,600	5,600	5,600	14,000
3)																									
4)																									
5)																									

24 mo.

24 mo.

24 mo.

24 mo.

TRAINING PLAN AND BUDGET - 1979 (continued)

Activity	A M J J A S O N D J F M A M J J A S O N D	Second Quarter	Third Quarter	Fourth Quarter	TOTAL
In-Country		In Egyptian Pounds			
5. Seminar for Directors (101) 3 days	o o o o o o o o o o o o	1,080	1,080	465	2,625
6. Seminar for Trainers (102) 10 days		300	600	600	1,500
7. Planning & Research (103) 10 days		500	500	575	1,575
8. Management (104) 10 days		750	---	750	1,500
9. Community Health (402) 1 day		---	400	---	400
10. Orientation for UHP Staff (201) 5-3-1 day	5 3 1 A A A B B B 5 3 1 C C C 3 1	710	1,230	---	1,940
11. Orientation for Technical and Managerial (202) 5 days	o o	---	375	---	375
12. Orientation for Physicians (203) 5 days	o o o o o o o o	1,725	---	1,900	3,625
13. Orientation for Local Leaders by each Health Unit (301) 2 days	4 4 5 5 Health Units o o o o	---	1,000	1,160	2,160
14. Orientation for Para-Medicals and Home Visitors by each Health Unit	6 6 6 Health Units A A A course B B B course	---	5,400	---	5,400
15. Orientation Supervisors of Home Visitors by Training Staff/H.Q. (302B) 3-2 days A B	AA AA AA AA AA 3 days BB BB BB BB BB 2 days	---	825	825	1,650

Training Costs - United States

No.	Section in Project Paper	No. of Partic.	Term	Country	U.S. $ Costs: Tuition	Per diem	In-country Travel	Other Books etc.	Total $	Egyptian Pounds: International Travel	Total LE
1	Training Sec. C 4 b	4	3 months -90 days	U.S.	2,000	40	---	400	24,000	1,000	2,800
2	"	6	60 days	U.S.	1,000	40	500	---	23,400	1,000	4,200
3	"	4	24 months	U.S.	6,000 per annum	500 per month	---	400	49,600	1,000	2,800
4	"	5	30 days	Selected Third Countries	---	60	---	---	9,000	1,000	3,500
									$106,000		LE 13,300

TRAINING - IN EGYPT

Sequence No.	Series No.	Refer. in P.P.	Type of Course	Number of Days	Number of Partic.	Trainers Per deim	Honorarium Faculty Per Day	Classroom Rental Daily	Transportation per Trainee daily*	Cost per Course	Number of Courses	Total Cost for Series in L E
5	107	C.1.a	Directors of Agencies	3	10	12	20	15	2	525	5	2,625
6	102	C.1.b	Trainers	10	15	4	Consultant and staff	15	Staff Vehicle	750	2	1,500
7	103	C.1.c	Planners	10	15	4	C & S	15	1) 50 P 2) S.V.	825 750	1 1	825 750
8	104	C.1.d	Management	10	15	4	C & S	15	S.V.	750	2	1,500
9	402	C.4.b	Community Health	1	50	6	7 hours @ L7 = 50	50	S.V.	400	1	400
10	201	C.2.a	All U.H.P. Staff	5+3+1 = 9	18	3	C & S	15	1) 50 P 2-3) S.V.	700 620	1 2	700 1,240
11	202	C.2.b	Technical	5	15	4	C & S	15	S.V.	375	1	375
12	203	C.2.c	Physicians	5	10	5	20	15	1) 2 4-7) S.V.	575 475	3 4	1,725 1,900
13	301	C.3.a	Local Leaders	2	15	4	Health Unit Staff	—	S.V.	120	18	2,160
14	302A	C.3.b	Home Visitors	5	20	3	H.U. Staff	—	S.V.	300	18	5,400
15	302B	C.3.b	Supervisors	3	10	4	H.Q. Staff	15	S.V.	165	10	1,650
											LE	22,750

*Until Project Vehicles arrive it is considered necessary to provide transportation costs for directors and physicians at a taxi rate of L.E.2 per day each, and for other traninees at 50 piasta per day for public transportation.

Training Commodities

		L.E.
1. Overhead Projector with Transparencies, pens, and lamps	(1)	400
2. 16mm Projector with lamps and fuses 4" and 6" lens	(1)	700
3. Screen 4 x 4 on stand	(1)	200
4. Screen 6 x 6 wall type	(1)	300
5. Projector Slide, Carousel, with remote control, spare lamps	(1)	250
6. Flip Chart Stand with 12 blocks of F/C paper	(3)	150
7. Duplicating machine and stencils, (hand operated)	(1)	450
8. Stationary		50
9. Camera - 35mm (for color slides to be used in teaching)	(1)	200
	LE	2,700

As training is scheduled to begin in May, and as it will take at least one month to prepare transparencies, handouts, etc., it is strongly recommended that the above equipment be acquired locally, as soon as the budget is approved and the documentation on waiver can be organized.

Consultants

A U.S. consultant is considered necessary to assist in developing a training model which will ensure the fulfillment of the service aims of the Project. No less than 60 days is adequate to the process of interaction with the

training team, development of curricula, and the testing of some models. Concurrent with the U.S. consultant, there should be an Egyptian consultant in training. The host country consultant will provide continuity as it is planned that he or she will provide assistance for one or two days a week over a period of six months. The two consultants would work together with the Training Team so that all grow together in building learning experiences for all staff. The host country consultant is then available as needed to assist the Training Team with problems and the resolution of difficulties.

A similar model has been used for consultants in planning and evaluation and in-country health. Only U.S. consultants are suggested for assistance in developing health records, approaches to social research and in developing approaches to and I.E. and C. program. It is noted that the T.D.Y. consultant use may be changed after the Technical Assistance Team is in place depending on the expertise contained within that team. It is also noted that the Egyptian staff are highly competent people but the presence of consultants will further ensure that the program developed will provide the optimum demonstration and example of the service that might be extended to other urban areas of Egypt.

A schedule of proposed consultant areas and a schedule of costs for U.S. and host country consultants follows.

Consultant Schedule - 1979

Area of Expertise	U.S. or Egyptian(E)	Number of Days	Percentage of time	Months required in 1979									Project
				A	M	J	J	A	S	O	N	D	
1. Planning & Evaluation	U.S.	30	100%		—								U.H.P.
2. Planning & Evaluation	E	35	20%		—	—	—	—	—	—			C.S.P.M. & U.H.P.
3. Health Records	U.S.	30	100%		—								U.H.P.
4. Training	U.S.	60	100%				—	—					U.H.P. & C.S.P.M.
5. Training	E	35	20%				—	—	—	—	—		U.H.P.
6. Community Health	U.S.	60	100%					—	—				C.S.P.M.
7. Community Health	E	20	20%					—	—	—			C.S.P.M.
8. Social Research	U.S.	30	100%							—			U.H.P. & C.S.P.M.
9. Information, Education	U.S.	30	100%							t.b.a.			U.H.P.

Consultants - United States

Area of Specialty	Days Required	Time Period	Consultant Fees per day	U.S. Travel Total	Total $ Costs	Per diem in US $	International Travel in $	Total in US $	Egyptian Pounds
1. Planning and Evaluation	30	May-June	200	200	6,200	60	1,000	2,800	1,960
2. Health Records	30	May-June	200	200	6,200	60	1,000	2,800	1,960
3. Training	60	July-Aug	200	200	12,200	60	1,000	4,600	3,220
4. Information and Education	30	t.b.a.	200	200	6,200	60	1,000	2,800	1,960
5. Community Health	60	Aug-Sep	200	200	12,200	60	1,000	4,600	3,220
6. Social Research	30	Oct-Nov	200	200	6,200	60	1,000	2,800	1,960
					49,200			20,400	14,280
				Overhead 100%	49,200				
					98,400				

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Costs Egyptian Consultants

The general plan calls for a U.S. consultant to work with U.H.P. or C.S.P.M. staff in setting guidelines and developing program. In some areas, during the second part of this consultant's visit an Egyptian consultant would join the group and would be retained on a percentage time for a continuing period.

Area	Time Days	Required Period	Daily Consultant fee	Project Area	Total in LE
1. Community Health 20% Time	20	Aug-Nov	LE 7 per hr. =LE45 p.d.	CSPM	900
2. Training 20% Time	35	July-Dec	LE 4 per hr. =LE26 p.d.	UHP	910
3. Planning 20% Time	35	May-Sep.	LE 7 per hr. =LE45 p.d.	UHP CSMP	1,575
					3,385

Transporation would be provided by U.H.P. vehicles.

The Center for Social and Preventive Medicine

1) The Grant Agreement, Project Paper, and various working documents refer to the establishment of a Center for Social and Preventive Medicine within the Pediatric Hospital of the Cairo University. This Center is to have a Governing Board and a Director, and the proposed functions are clearly spelled out.

Because both the Ministry of Health and the Cairo University are responsible for the Center, the selection and and appointment of the CSPM Governing Board should reflect the interests and concerns of both authorities. However the Minister of Health as the signator of the Grant Agreement under which the Center will be established would appear to have primary responsibility in the formation of the CSPM Governing Board.

The relationships of the CSPM Board to the Project Executive Board, and of the CSPM Director to yourself as Executive Director of the Urban Health Project require clarification.

2) Primary organization and management guidelines discussed between us were the major purpose of the Center for Social and Preventive Medicine which may be generally stated as:

a) identifying and interpreting community health needs,
b) assisting in the provision of health services to meet the needs,
c) preparing all categories of pre-and post-graduate health manpower to provide improved community health services.
d) The Center has a service function, a training and continuing education function and a research function. Specific objectives are summarized from the Technical Analysis Materials (Annex G-2):

i) "The staff and professional students will assist in the provision of general and specialized pediatric services to the community emphasizing MCH, family planning and nutrition.

ii) Pre-and post-graduate students from faculties of medicine, nursing, social service, pharmacy and dentistry will be rotated through the Center as part of their

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scholastic program. MOH and Cairo University personnel will serve as faculty. Students will be assigned to peripheral health units for clinical clerkships.

iii) The Center will conduct training courses for professionals, para-professionals and community representatives both in the Center and within the health zones of Cairo.

iv) The staff will conduct and supervise research in social medicine and public health to bridge the gap between consumer needs and the education experience to meet these needs."

c) The Center for Social and Preventive Medicine Governing Board will be nominated by the Minister of Health to serve for a period of x years. The Board will take immediate steps to appoint a Director of the Center.

d) The Director of the Center is responsible to the Governing Board, through the Executive Director of the Urban Health Project. Duties of the Director include:

i) development of CSPM organization and management guidelines to be approved by the Governing Board.

ii) arrange for the appointment of faculty and staff to the Center.

iii) implement the training, research and service activities of the Center.

iv) develop a work plan covering two years of Center activity within six months of appointment.

"The Grantee shall, except as the parties may otherwise agree in writing, furnish to AID in form and substance satisfactory to AID, a work plan prepared by the Center's Director and approved by the Executive Project Director which will include a statement of health service functions, job description, schedule of education and training activities, and description of research activities to be carried out."

e) Consultation on the development of the Center for Social and Preventive Medicine will be available from:

i) the Urban Health Project/USAID Technical Assistance Team by arrangement with the Executive Director.

ii) special consultation, either U.S. or Egyptian, by arrangement with the Executive Director of the Urban Health Project and USAID.

3) Implementation Schedule and Plan

Excerpt from page 34 of the Project Paper with reference to the Center for Social and Preventive Medicine reads as follows:

"The Cairo University Pediatric Hospital Complex and related Center for Social and Preventive Medicine will be organized and functions and authorities established soon after the Project Agreement is signed. Lines of communication between it and the Ministry of Health will be opened, and early efforts will be directed toward preparing training programs for pre-and post graduate students based on data available on currently existing needs. Full implementation of the Center, however, will depend upon the completion of the program intervention action plan that the Executive Director's staff and technical assistance contractor will prepare."

Implementation Schedule page 3, Annex U reads:

"Center for Social and Preventive Medicine

	Start	Completed
1) Formal statement of role and function approved	1/79	7/79
2) Director appointed and organizational assignments made	1/79	10/79
3) CU/MOH staff interchanges implemented	4/79	LOP
4) CU pre- and post-graduate student participation planned and implemented	4/79	LOP

It is anticipated that the U.S. consultant in Community Health would provide at least 80% time to the C.S.P.M. with the balance given to the community health aspects of the service part of the Project. If the Center Director has been appointed prior to the visit of the consultant in planning, the Director may wish to avail himself of the chance to discuss ideas on the structure and function of the Center. The consultant in Social Research might be expected to spend at least 50% of his/her time with the Center, and the R and D staff of the Project might take this opportunity to form a firm association with the Center for Social and Preventive Medicine. A joint seminar on research areas in social and preventive medicine is suggested during the visit of the social research consultant.

Information Education and Communication

Because this program will have to await the time and attention of the Public Relations division it was felt that the provision of a modest range of equipment sufficient to allow for basic activities would be adequate at this time. In developing the list of equipment some guidelines were noted:

a) It is probable that only half of the health units will be fully operational by December. Therefore only 13 projection units have been suggested (one for every two Health Centers).

b) As the waiting rooms of the Health Centers will be important opportunities for education they should be large enough to accomodate 50% of expected daily client load, and stools or forms should be sufficient for all to be seated.

c) The MOH has several health films made in Egypt. These might be tested for impact on health behavior and copies of those found to have some effect might be obtained by the Project for their constant use. Other health films tested and found to have an effect on health knowledge or behavior could be ordered. Embassies often have documentaries which provide an excellent introduction to health related films, and are free.

d) Nutrition charts may be useful in waiting rooms, and community posters may remind people of immunizations or the necessity for rehydration, in case of diarrhea in small children.

e) High Schools in the zones might be involved in a competition for the best MCH poster--say the best of 13 High Schools--follwed by a final choice of the most appropriate poster from all finalists. Prizes should be awarded.

f) Daylight reverse projection screens can be built quite cheaply and would be useful for showing films in small rooms or in private houses during the day.

g) Posters and charts have their place as reminders of events or ideas and as information suppliers to the curious

or the interested. A small sum is set aside for T.V., radio, and newspaper media costs. The poster design can be by means of a High School competition with prizes. This achieves publicity and community participation even if the cost is slightly higher.

I E & C BUDGET - 1979

Item	Estimated Unit Cost	Units Required	Estimated Total Cost
- 16mm projectors	800	13	23,400
- Portable screens with stand 6' x 6'	180	13	2,340
- Copies of GOE health films	100	5 x 3 copies each	1,500
- Purchase of selected foreign films	120	20 x 2 copies each	4,800
- Use of Embassy documentaries	---	---	---
- Reverse projection screens construction by local carpenter	100	10	1,000
- Posters promoting local clinic			700
unit area High School prize	20	13	260
Grand Prize for final	100		100
- Nutrition charts			200
- Flip charts for use by Staff			
To be made locally from wood	25	10	250
Paper for Flip charts			50
- Media - Radio			
- T.V.			
- Newspapers			
General operating budget			1,000
			35,500
Contingency 15%			3,700
			$39,200

Community Participation

One of the most innovative aspects of the Urban Health Project is the emphasis on community participation. However this area, more than any other in the Project lacks definition. Discussion with the Executive Director has given rise to several possible approaches which would appear to be productive.

1. The Project Plan calls for two community representatives on each Zonal Committee and for one of these representatives to serve on the Executive Council. This is an excellent concept, and can be made stronger if there is a mechanism to interpret community needs and concerns to such representatives.

2. It is therefore suggested that the Project consider the support of "Local Health Committees". These might consist of from 6-10 people drawn from a population of from 10,000 to 20,000. The process by which these committee members might be identified is not clear, but the process should be as democratic as possible. The Committee could:

   a) undertake some assessment of health concerns in their social-geographical area.

   b) These concerns could be made known to the Zonal Rep. and the head of the MCHC by the Committee chairman.

c) The Committee could work to improve the environment (garbage, streets, etc.). If the Cairo water and sewage project could be initiated in the southern part of the City this would assist greatly in improving health, and the Committee could organize community understanding and support of the project.

d) The new ambulance service in the City might be enhanced if Local Health Committees erected signs indicating the best routes through the congested areas. These could be known as ambulance routes.

e) Local health committees might stimulate and in conjunction with Project staff or the local Red Cross might organize simple first aid classes for both mothers and fathers in their area.

f) Local health committees might assist Home Visitors in identifying families in the area who may be named "Health Family of the Month" or similar title. This family could be a focal point for neighborhood women to gather with their children on Home Visitor day. The Home Visitor could

a) provide immunizations;
b) give instruction on oral rehydration
c) give or guide food preparation sessions;
d) explain growth charts of children--which should be held by mother, emphasizing good nutrition.

Such Health Families might be suitably recognized with a certificate, and the following month would produce another Health Family in the area.

The above suggestions have been the subject of discussion between the Executive Director and the Consultant but would need care in implementation.

Home Visitors

The Ministry of Health has made a policy decision not to support dayas in any way. This decision places responsibility on Home Visitors and Nurse-midwives as the major interpreters for health in the community, and the people with primary responsibility for promoting and encouraging community liaison with the various health units and services. This is a sensitive task.

Studies indicate that the quality of supervision influences the attitude of the home visitor toward the community. Supervisors who are oriented toward the community tend to produce the same attitudes in their subordinates. On the other hand, supervisors who are preoccupied with agency regulations tend to produce attitudes in the home visitors which makes them critical of the community they work with. Given these findings, it would seem important to provide training for the supervisors which make them aware of their influence on the relationship of the home visitors and the men and women whom they serve. For this

reason it has been recommended that the training of supervisors be handled by the Project Training Office rather than by the staff of the Health Units as outlined in the P.P.

Partial Budget for Community Participation

	LE
Local Health Communities	
- Minor support for up to 30 Local Health Committees @ LE 20 each for 1979. To be reviewed in the light of experience.	600
- Purchase of local foods for nutrition demonstrations in houses of Health families. 18 Health Units in 1979, at 3 times a week for 26 weeks = 1400 demonstrations @ LE 1 each	1,400
	LE 2,000

Cairo Urban Health Project - 1979

Vehicles

A large health project in Cairo requires vehicles. These vehicles will be used for staff to visit communities, for leaders to be in communication with project headquarters staff, and staff of other Health Units. No vehicles are allocated to M.C.H. Centers but two compacts are planned for each General Urban Health Center. The new Center for Social and Preventive Medicine will require two vehicles and Project headquarters will require a staff car and a mini-bus.

Three maintenance units each require a vehicle. It is proposed that two of these receive a 1/2 ton pick-up and the third receive a mini-bus. If this mini-bus is at the Maintenance Unit most distant from Project Headquarters it is available for use by all Health Units for training courses, staff pick-up, and community work involving home visitors. The location of a mini-bus at the Maintenance Unit is for general accessibility rather than for the exclusive use of that Maintenance Unit.

It is proposed, as far as possible, that the Project standardize its transport and as Chevrolet vehicles are available for initial purchase in Cairo, this GM line seems as good as any if the bids are competitive. The vehicles requested are:

1 6-cylinder car
30 4-cylinder cars
2 Mini-busses (at least 12 people)
2 Pick-ups (1/2 ton)

The Administration Division will draw up strict procedures for the use of such vehicles.

Because of the immediate need for vehicles at Project Headquarters, it is proposed that 3 vehicles be obtained on local purchase from the Cairo market subject, of course, to AID regulations concerning a waiver on taxes, and on competitive biddings.

VEHICLES - Estimated Costs

A. Required immediately - For local purchase in second quarter of 1979.

1 Chevy Nova 6 cyl. car	$ 9,000		
1 Chevy 4 cyl. car	7,000		
1 Dodge Maxi Mini-bus 12 pass.	9,000		
	25,000	=	LE 17,500

B. Required this year.

13 Chevy x 4 cyl. cars @ 6,000	78,000	
1 Chevy Mini-bus 12 pass.	9,000	
1 Chevy Pick-up 1/2 ton	7,000	
		93,000

C. Required next year.

16 Chevy x 4 cyl. cars @ 6,000	96,000	
1 Chevy Pick-up 1/2 ton	7,000	
		103,000
		196,000
Plus 15% for spare parts and extra tyres on B.C. (4 extra tyres for each vehicle--spare parts to include shock absorbers, air filters, oil filters, fan belts, fuel pumps, wind screen wipers, and carburetors)		29,400
		225,400

OFFICE EQUIPMENT

For immediate purchase

14 Desk Lamps @ $70 each	$ 980
1 Typewriter - English Elec.18" @ $900	900
1 Typewriter - English Elec.11" @ $650	650
1 Typewriter - Arabic Elec. 18" @ $900	900
3 Typewriter - Arabic Elec. 11" @ $650	1,950
1 Xerox or equivalent Office Copier	5,000
3 Calculators Electronic @ $350	1,050
6 Airconditioners/Heater Wall Units @ $1,000	6,000
	$17,430
LE =	12,271

For purchase in U.S.

Books (Planning, Statistics, Training, etc)	$ 1,000

SUMMARY OF COSTS

Contract Costs	LE	$	Comment
A) H S A	100,000		
B) Technical Services	147,000	490,000	LE represents 30% of 700,000 as in-country costs.
C) A & E U.S.	63,000	210,000	LE 63,000 is 30% of 300,000 as in-country costs.
D) A & E Egyptian	42,000	---	

Direct Project Costs			
1. Consultants	U.S.	14,300	98,400
	Egyptian	3,400	
2. Training -	Out-of-Country	13,300	106,000
	In-Country	22,750	
	Equipment	2,700	
3. Vehicles -	Local Purchase	17,500	
	U.S. Purchase		196,000
	Spare Parts		29,400
4. Office Equipment		12,300	1,000
5. Information, Education & Communication			39,000
6. Community Participation		2,000	
TOTAL		LE 440,250 = $616,350	
			1,169,800
			+616,350
			1,786,150
General Contingency 20%			357,200
			$2,143,350

Waiver Required for Local Purchase

Vehicles

Chevy Nova	$ 9,000	
Chevy 4 cyl.	7,000	
Dodge Mini-bus	9,000	
	25,000	LE 17,500

Training Equipment

Projectors & Screens	26,450	
Duplicating	650	
35mm Camera	280	
Others	280	
	4,480	3,137

Office Equipment

Desk Lamps	980	
Typewriters - Elec.	4,400	
Xerox	5,000	
Air Condit./Heaters	6,000	
Calculators	1,050	
	17,430	12,200
	$46,910	LE 32,837

List of People Contacted During This Consultation

APHA	- Ms. Catherine Wu	- Finance
	- Mr. John Eason	- Program
AID/W	- Ms. Barbara Turner	- Near East Bureau Technical
	- Mr. "Burt" Porter	- Egypt desk
	- Ms. Keys McManis	- Deputy Director, Near East Bureau
AID/E	- Dr. Merrill M. Shutt	- Chief, Health & Population
	- Dr. Rose Bantanak	- Health
	- Mr. Michael Jordan	- Population
	- Miss Laura Slobic	- Population Statistics
	- Mr. Donald Brown	- Mission Director
	- Mr. David Peet	- Consultant, F.P.-Mass Media
EGYPTIAN	- Dr. Hafnawi Fouad	- Director of Islamic Institute of Population Studies
	- Dr. Nabahat Fouad	- Executive Director, Urban Health Project
	- Dr. Moustafa Gaafar	- Division Chief, U.H.P. - Planning
	- Dr. Mohamed Fathi Sheba	- Director General of South Cairo Health Zone
	- Dr. Senaiya	- Director, South Cairo M.C.H. Center
	- Dr. Harim	- Director, South Cairo G.U.H. Center
	- Dr. Raouf	- Asst. Dir. " " "
	- Dr. Ali	- Medical Officer " "
	- Dr. Victor	- Director, Technical Training Unit, M.O.H.