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JOINT TECHNICAL ADVISORY COMMITTEE REPORT

Strengthening Rural Health Project

Arab Republic of Egypt

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with

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In accordance with the provisions of a contract for strengthening rural health delivery in the Arab Republic of Egypt between the Ministry of Health, Government of the Arab Republic of Egypt and Westinghouse Health Systems, a division of Westinghouse Electric Corporation, a meeting of the mandated Joint Egyptian-U.S. Technical Advisory Committee was held in Cairo, Egypt 13 through 18 August, 1978.

The Technical Advisory Committee (TAC) consisted of the following members:

- Dr. J. Banta: Dean School of Public Health and Tropical Medicine - Tulane University
- Dr. E. Boostrom: Consultant, National Academy of Sciences of Guatemala - Guatemala, C.A.
- Dr. F. Rizk Hassan: Consultant to MOH, Former Undersecretary MOH.
- Dr. M. Hussein: Dean, High Institute of Public Health, Alexandria University

The TAC met with members of the Ministry of Health (MOH), the Westinghouse in country team, and representatives of USAID Egypt as follows:

- Dr. A. Mobarak: Project Director
- Dr. M. Hammamy: Deputy Project Director
- Dr. A. Nagati: Project Executive Director
- Dr. A. Kielmann: Chief of Party, Westinghouse Health Systems
- Mr. G. Little: Management and Training Specialists, Westinghouse Health Systems
- Dr. R. Britanak: Project Manager, USAID - Egypt

The Agenda for the meeting was adopted and is enclosed, see Annex 1.

The opening session was attended by his Excellency the Minister of Health, Dr. I. Badran. He indicated his vital interest in the project and expressed his wish for a sucessful meeting and great success to the project. He indicated his concern for development of adequate emergency care in the villages (e.g. for insecticide poisoning), cooperation between the project and other health programs (i.e. World Bank and WHO), and finally, improvement in the performance of the public servants charged with health care delivery.

The committee then elected as Chairman, Dr. James Banta and as Rapporteur Dr. M. Hussein.

Dr. Paul Nutting, a member of the TAC was unable to attend the meeting but he sent his comments by cable after review of the Westinghouse implementation plans. His comments were discussed by the TAC and incorporated into their recommendations as appropriate.

In following the agenda, the TAC examined the Implementation Plan in detail and discussed the plan. The following observations and recommendations are noted:

1) The ratio of neonatal to post neonatal deaths, are uncertain. Figures presented by Dr. Kielmann of 1:9 were questioned being based on a brief survey and do not conform with the published figures of 17:99 in 1972. Efforts should be made to determine the exact ratio and investigate underlying causes of death especially preventable causes.

2) The role of the physician, as an effective back-up source in Health Education has to be strengthened.

3) Stress Health Education in home visits to promote active health behavior.

4) Train school teachers to give Health Education in schools and consider incentives for them.

5) Collections of lab. specimens in the out-reach program may be done by lab. assistant or assistant sanitarian.

6) The sanitarian should not play any role in early detection of pregnancy because of traditions.

7) Stress on practical training of staff in Health Education as well as in Health Education methodology in orientation programs.

8) Measure the height of Egyptian women for those attending the clinic as well as determining the pattern of heights among Egyptian females as part of the pre-implementation survey.

9) Criteria for consultation were discussed and should include, inter alia:

   1. Real needs.
   2. Proper identification of both the area and consultants based on consultant's background, and program need.
   3. Timing and duration of consultation.
   4. Consultantship must include local counterpart with consultant, especially expatriate consultant.

10) The Family Planning Program was discussed and the following points agreed upon:

   10.1 Continuous availability of contraceptive supplies must be ensured.
   10.2 Efforts should be promoted on health, rather than economic approach.
   10.3 The role of the physician in Family Planning cannot be ignored. He will have to make the medical consultation and examination and prescribe the suitable contraceptive.
   Distribution and follow-up can be done by the nurses.

11) Extension of Westinghouse long-term management consultant position will be considered at the end of pre-implementation phase, on bases of project needs, and will probably be required.

12) Incentives: Different methods of incentives were discussed including:

12.1 Active participation and responsibility sharing by each member of the team.
12.2 Supportive supervision based on identified problems.
12.3 Personnel training at both overseas and local sites.
12.4 Recognition awards.
12.5 Monetary incentives, using the team and the individual approach.
12.6 Incentives should be based on the achievement of efforts and tasks imposed by the SRHD Project.

13) Transportation Plan:

13.1 A research design is to be developed which will evaluate the impact of vehicles on managerial and technical effectiveness, including:

- use of vehicles and HSD packages vs. vehicles per se

- use of mobile teams versus resident nurse (efficiency and cost-effectiveness)

- extension of transportation and the impact of enhanced communication together with vehicles in certain defined sectors

13.2 In expanded areas with multiple health delivery sites need to estimate appropriate numbers and distribution of vehicles at District level.

13.3 Vehicle use estimates should include CDC activities such as, examination of the dead, vaccination campaigns, ...etc.

14) Research Design:

The RHTAC is generally in agreement with the project's research design, as discussed at length in the meetings. The MOH/Westinghouse interpretation of and approaches to the research questions posed by the project need to be clarified in terms of a number of "givens" within the project and of certain MOH decisions regarding intended "treatment" variables (see notes in Annex 1 to this report). The research design should include, inter alia, measurements of changes in consumer and provider knowledge, attitudes and practices within the rural health services delivery system.

15) Project Evaluation:

The RHTAC is in agreement with the project evaluation framework included in the implementation plan (called the "RAGPIE" model). The RHTAC will participate in the evaluation of the project within that framework.

16) Local Training Plan:

16.1 Must stress the role of the physician as a team leader and developing managerial capabilities.
16.2 Include a wider scope of training of physicians in the art of general medical practice with emphasis on the specific objectives mentioned in the plan.
16.3 Obtain a consultant in medical education to develop the contents of the orientation training program.
16.4 Must develop a set of self-instruction material for each training center.
16.5 Must institute English language training for technical supervisors to permit overseas training.
16.6 Must stress practical training in health education and in medical counseling techniques.

17) Overseas Training Plan:

17.1 The duration for MPH for non-physicians has to be extended to 18 months, and for physicians to 12 months.
17.2 The disciplines of Environmental Health and Public Health Administration and Health Education for organization of Health Education programs should be considered.
17.3 Third country observations for rural health participants will mostly involve junior physicians. The 1/2 month duration proposed needs to be extended to one month, on the basis of benefits and cost effectiveness.
17.4 Active involvement and participation of candidates in third country observations should be stressed.
17.5 A curriculum committee for MPH candidates must be developed to ensure appropriate training.
17.6 The selection committee should be provided with objective evaluation criteria for selection of candidates.
17.7 Early preparation of potential MPH candidates to insure passage of the English Proficiency Test which should be a pre-requisite for consideration by the selection committee.

18) Standardization of records and of data collection and processing (including"control" areas) is required.

19) Standing orders being revised for basic MCH problems should be checked (or monitored) for provider and consumer acceptability and compliance.

20) Dr. Mobarak suggests that if resources allow, rather than studying samples of inhabitants within villages, entire village populations could be studied in order to diagnose specified and then initiate treatment.

21) Possible need for more than one Westinghouse resident consultant and type of consultant which might be required, should be considered again at the end of Pre-implementation phase. (Recommendation for more than one consultant later in project would be a matter for MOH - USAID discussions.

22) Driver training should be initiated early in the project, for reason of safety and of vehicle life (see Annex 2).

23) Plans for modifying the logistics system have not been developed, due to lack of time, and should be developed as soon as possible, in conjunction with appropriate consultants.

24) The budget was reviewed by the TAC. Those items relating to the technical aspects of implementing the project appeared adequate and appropriately allocated. The committee understand the need for flexibility and leaving a significant portion of the budget unallocated until the results of field studies indicate suitable program activities to be undertaken and recommends this as prudent budgetary planning.

25) While the TAC approves the implementation plan in general, it goes without saying that during implementation necessary modifications are acceptable as long as they do not involve basic alterations in the plan.

26) RHTAC meeting should be scheduled to coincide with key project events, considering also the availability of information for review (including direct observation as required) and the timeliness of RHTAC recommendations as inputs to the project (and other MOH) decisions. (Initial plans have included twice yearly RHTAC meetings. The next RHTAC meeting should be held at the end of the Pre-Implementation Phase, probably early in January of 1979, at a time to be determined by October of 1978. Another RHTAC

meeting will probably be held near the mid-point of implementation phase I).

Annex 1

JOINT TECHNICAL ADVISORY COMMITTEE

FIRST MEETING, AUG. 13-18, 1978

I) Scope of Work:

To provide overall technical guidance to MOH, Westinghouse Health Systems resident team & USAID, HPD (through project director) through:

1- Review and comment on implementation plans of project activities including description and schedule of test activities, commodity implementation plan and areas of training and consultations.

2- Provide consultation to U.S. and Egyptian operations team to conduct evaluation of project activities specified in implementation plan, to provide indices for evaluation.

3- Review and comment on progress reports and other technical documents.

4- Advise on other matters at the request of project director.

5- Provide expertise and knowledge in the area of comprehensive health delivery systems.

II) Organization of meeting:

- Committee will elect its own chairman & rapporteur
- Develop agenda of meeting, task forces, modus operandi.
- Provide a written report to MOH project Director with copies to USAID/HPD.
- Develop a tentative schedule for next meetings.

III) Agenda:

Sunday, Aug. 13:

9:00 - 9:15	Opening the meeting by His Excellency the Minister of Health.
9:15 - 9:45	Orientation (Dr. A. B. Mobarak)
9:45 - 10:00	Orientation (USAID)

10:00 - 10:45	Break
10:45 - 11:30	"Preparation of the Implementation Plan" (Plan Summary, Dr. A.A. Kielmann)
11:30 - 12:00	Organization of meetings, task forces, modus operandi.
12:00 - 13:00	Reiteration and discussions on the "Problem"
20:00 - 22:00	Health Service Delivery Program aspect of the Implementation Plan and Program Evaluation I

Monday, Aug. 14:

9:00 - 12:00	Health service delivery program aspect of the Implementation Plan and Program Evaluation II
12:00 - 12:30	Break
12:30 - 13:30	Summary and recommendations
18:30	Reception

Tuesday, Aug. 15:

9:30 - 12:00	Discussion of Health team member responsibilities, Supervision, Local Training aspect of the Plan.
12:00 - 12:30	Break
12:30 - 13:30	Summary and recommendations.
20:00 - 22:00	Overseas training plan and plan of consultants.

Wednesday, Aug. 16:

All day	Field visit to one of the Project Governorates (Behira Govt.)

Thursday, Aug. 17:

9:00 - 12:00	Discussion of Administrative, Organizational and Logistic support systems (transportation, communication and patterns of rewards and incentives).
12:00 - 12:30	Break
12:30 - 13:30	Summary, overall conclusions and recommendations.
20:00 - 23:00	Writing of conclusions

Friday, Aug. 18:

13:30 - 14:30 Closing session

Annex 2

Notes on Westinghouse/MOH Approach to Research Design(s)

1) Questions to be answered (by study)

See contracts

Questions stated in contracts ⟶ interpreted in light of "givens"

2) "Givens"

Egyptian Health Services infrastructure.

Vehicles will be assigned to health centers (at least)

Delivery system can only be changed in four districts during Phase I

Communications system changes will not be made until Phase II

Communications system changes (i.e. telephone network) will be introduced nationwide and essentially all health centers and units will have telephones (by ...?)

Basic professional training of health workers, etc.

3) "Treatment" variables manipulable within project-Norms

Providers responses to specific health problems

Providers activities and levels of activity

Vehicles assignments (centers vs. centers + units)

(Communications)

Training and orientation of providers within rural health services system.