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ARAB REPUBLIC OF EGYPT

MINISTRY OF HEALTH

STRENGTHENING RURAL HEALTH DELIVERY PROJECT

PHASE II IMPLEMENTATION PLAN

1982 - 1986

OCTOBER 31, 1981

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## 1. INTRODUCTION

### 1.1 SRHD First Project Implementation Plan

The Strengthening Rural Health Service Delivery (SRHD) Project of the Ministry of Health, Arab Republic of Egypt, began operation in April of 1978 with its central goal being to improve the health status of Egypt's rural population. The main purpose of the project was to identify and implement methods to reduce or eliminate some of the major constraints in the rural health delivery system to better health services delivery practices. The methods employed to strengthen the rural health delivery system had to be replicable on a nationwide scale. In short, solutions to existing health service delivery problems had to be developed and had to be realistic and workable at levels beyond the model or pilot program level.

The SRHD Project staff undertook an assessment of the rural health system at several levels: identification of specific major health problems, determination of the type, quality, and utilization rate of existing services offered, and a determination of the adequacy of the support services required of the existing rural health service delivery system. This "problem diagnosis" phase institutionalized in the SRHD Project a central health planning and implementation philosophy: ongoing identification and measurement of discrepancies between health care needs and available health services.

The problem diagnosis phase suggested the need for comprehensive strengthening of the rural health system, which was then undertaken, using a ranked list of health problem priorities as a guide for systematically addressing weaknesses in the system. For example, the overriding health intervention priority as determined during the problem diagnosis phase was to reduce pre-school child mortality. The project staff then addressed issues related to the causes of pre-school child mortality.

The specific health problem priorities identified during the problem diagnosis phase are re-listed here in their previously ranked order of decreasing importance:

- o Pre-school child mortality
- o Birth rate
- o Child morbidity prevalence

General: Gastro-intestinal disorders  
 Respiratory tract infections  
 Other communicable diseases  
 Protein energy malnutrition

Specific: Intestinal Parasites  
 Measles  
 Trachoma

Other: Schistosomiasis  
 Anemia  
 Viral hepatitis  
 Malaria  
 Tuberculosis

In effect these health problem priorities became the objectives which, if fulfilled, would allow the project to conclude that its goal of improved health status of rural Egyptians had been achieved. Related, then, the objectives of the original project were to reduce pre-school child mortality, to reduce the birth rate and to reduce pre-school child morbidity prevalence.

Using these health problem priorities as a guide to strengthening the overall rural health service, project staff anticipated work in these areas:

- o Reorganization and strengthening of the maternal and child health (MCH) care services which could serve as a comprehensive program providing a framework for integration of family planning services. Subsequently, a more intensive family planning program, an environmental sanitation program and strengthened programs for school health, communicable disease control, endemic and parasitic disease control, medical services, and health education would be developed. All programs, however, were to be built upon the foundation of a strengthened MCH program which established a functioning home visiting service and which strengthened, at a fundamental level, the support services of the entire rural health facility.

Each program would be developed, delegating to the greatest possible extent diagnostic and treatment responsibilities compatible with quality care, existing levels of education of personnel, and training to increase technical and support skills. Program development would occur with the assistance of expert opinion and applied research.

- o Reorganization and strengthening health service support programs, particularly: central level and health center/unit level administration and supervision; the health information system; technical and management training; transportation; communication and community participation.

- o Selectively undertaking applied research to resolve questions critical to the success or continued application of the programs described above and for which previous experience is insufficient to allow project staff to embark upon or continue major programmatic changes.

## 1.2 Accomplishments Under First Project Implementation Plan

At this juncture of the project, major accomplishments have been made in each of these areas. These are reviewed here briefly.

Service Programs. While the SRHD Project was to be implemented, initially, in 10 districts of 4 governorates of Egypt, most of the service program implementation has been limited to 4 districts in 4 governorates. The major reason for this circumstance was the extent of the need for comprehensive strengthening required coupled with the limited numbers of staff assigned to the project. Nonetheless, the project staff have been able in the 4 districts to strengthen MCH services in such a way as to provide an initial improvement in the quantity and quality of services offered with implications for all future programs contemplated.

This basic strengthening in which MCH services were central, but not exclusive of other related services, specifically accomplished:

- o Effecting a system for mapping all villages in 10 districts with regular updates, household enumeration and census.
- o Initiation of a regular home-visiting program by nursing staff in all villages of 4 districts.

- o Development and implementation of a versatile multi-topic health education/staff training component based on the "MacMillan Visual Learning System" (VLS) kit, implemented in all villages of 4 districts.
- o Redefinition of physician, nurse and sanitarian roles and responsibilities.
- o Re-training (pre-implementation) of all physicians, nurses, and sanitarians in 4 districts.
- o Revision of the antenatal and post natal care aspect of the MCH program.
- o Revision of the in-facility MCH services and implementation in 4 districts.
- o Initiation of an ongoing fertility status survey for the purpose of detecting early pregnancy in 4 districts.
- o Revision of MCH service forms and records; implemented in 4 districts.

While the SRHD Project effected a basic strengthening of rural health services pivoting on MCH services, in depth strengthening of, particularly, family planning services and environmental sanitation services have not been able to be addressed and still require a significant amount of attention. Those items already effected in the 4 districts must be implemented in the remaining districts included in the original implementation plan.

Service Support Development. Strengthening the service support system was intended to focus on administration/supervision- a project evaluation information system; training; transportation; communication; and community participation. The accomplishments in these areas include:

- o Development and implementation of a plan to strengthen administrative/ supervisory practices in 4 districts.
- o All physician, nurse, sanitarian, and lab assistant supervisors in 4 districts trained in new administrative/supervisory practices.
- o Evaluation information system useful for project evaluation and rural health service management designed and 80% implemented (remaining 20% not scheduled until latter part of existing project) in 4 districts or 10 districts as appropriate.
- o 1394 physicians, nurses, sanitarians, sociologists have completed local training.

- 5
- o 59 physicians, nurses, sanitarians, sociologists have completed participant training.
  - o Transportation needs have been addressed by procurement of 140 vehicles, and are in place with the required maintenance system.
  - o An assessment of alternative strategies for improving communications among various aspects of the rural health system was completed.

While administrative reforms have been designed and implemented, the newly implemented system requires smoothing and standardization to bring all implemented districts up to similar levels. The evaluation information system, earlier plagued by a very large backlog of data to be analyzed only recently has been able to begin to resolve its data processing problems. While a transportation scheme has been effected, its impact on the rural health system is not clear and seems to need more direction in the areas of transportation use for supervisory purposes. These items already accomplished in 4 districts must be implemented in the remaining districts included in the original implementation plan.

Applied Research. The project staff jointly determined that several applied research studies were required in order to resolve questions critical to the success or continued application of the health service programs developed by the project staff. For each proposed study previous experience had been insufficient to allow embarkation upon or continuation of major programmatic changes. For instance, given that oral rehydration therapy is the preferred, early method of treatment of children suffering from dehydration, what is the most cost effective and safe way for the rural health service to get this therapy to children who require it? An applied research study on a population of 200,000 persons was undertaken to answer this question. The results are currently being incorporated into the regular MCH program of the SRHD Project. The exciting outcome of this large scale diarrheal disease control study is the usefulness of the home visiting component of the revised MCH program coupled with health education and community motivation helped to cause a 50% reduction in one month to five year child mortality during the period April-October 1980 in conjunction with the use of oral rehydration therapy - a component of our home visiting program. Other specific applied research studies have been identified, but not yet undertaken.

### 1.3 Rationale for New Implementation Plan

The SRHD Project has fulfilled many of its specific objectives. How well it has addressed any or all of its priorities in terms of process indicators has been briefly reviewed. In terms of outcome indicators, the last year and a half of the project in its present form would incorporate attention to preparing an impact statement. At this writing however, some impact evaluation data are beginning to become available and are suggestive of positive project impact. The SRHD Project has developed a systematic and ongoing approach to problem identification, program design and implementation, and program re-adjustment, which can be engaged as appropriate. However, even though the project was scheduled to run well into 1983, sufficient time will not be available to complete all of the project objectives in all 10 districts. Moreover, the success of basic programmatic initiatives taken thus far in the project appear to warrant extension of this project beyond 1983 to allow for further service program and service support development (including additional applied research) in the 4 implemented and remaining 6 districts; and expansion of the project to an additional 10 districts.

In order to accommodate this extension and expansion of the project, staffing patterns, funding, and scope of work must be adjusted accordingly. Hence, there is the need to prepare a Phase II Implementation Plan.

This document serves as that guide to continuing and new activities in new and old project districts. (see Annex I, Table 6 for Villages, Population and Numbers of Health Facilities by Project Governorates). The reader is referred to the numerous project documents for detailed descriptions of activities already implemented. The reader should also note that the 4 districts already implemented will be referred to in this document as "Test Districts" in which all service programs, service support development and most applied research will be first undertaken. The remaining 6 districts of the first Project Implementation Plan and the additional 10 new districts are referred to as "Phase I Implementation Districts" and "Phase II Implementation Districts", respectively. Detailed work plans for each component have been initiated as outlined in this document and will be completed as appropriate as the project proceeds.

It is important to note that implementation in the 6 Phase I and 10 Phase II Implementation Districts serves to demonstrate the increasingly more advanced capability of the MOH to determine and deliver quality basic health services. The 4 Test Districts will serve as areas for service program development and applied research for further refining and upgrading of services and support systems techniques. The successful aspects of service packages developed in the Test Districts will be applied and re-tested in the 6 Phase I Implementation Districts. The 10 Phase II Implementation Districts will serve to demonstrate initial attempts at nationwide replication of well established health service delivery packages.

## 2. PROPOSED PROJECT ACTIVITIES

### 2.1 Overview

The SRHD Project will maintain in the second phase of the project (1982-1986) its stated goal to improve the health status of Egypt's rural population. Also retained in the second phase of the project will be the objectives to fulfill this goal, namely: to reduce pre-school child mortality, to reduce the birth rate, and to reduce pre-school child morbidity prevalence. The goal, purpose, outcomes, and magnitude of an extended and expanded project are summarized in a logical framework matrix found in Annex I, Table 1.

In this context, applied research, direct community service, support systems, and replication components (each summarized below and in tabular form in Annex I) will be applied primarily to each of three topical areas identified as having a high priority in facilitating the achievement of the project goal. These topical areas include maternal and child health care, family planning, and environmental health. This focus does not preclude the need for or importance of other components of basic health services which indirectly will be strengthened by project activities.

Community participation in the basic health services has been an inevitable result of existing project activities. (particularly outreach activities). For example, without the cooperation of mothers, the home prepared oral rehydration therapy could not be successfully implemented as a curative/preventive practice. The SRHD Project proposes to continue to foster community participation in two areas:

- o Curative and preventive health care delivery.
- o Maintenance and upkeep of health facilities.

Community Service Program Development and Implementation. This component of the extended and expanded SRHD Project will further develop the MCH program through strengthening of the obstetrical care component, development of a standardized updated pediatric examination for use by nurses, and strengthening the rural health services management practices of communicable diseases, specifically, lower respiratory tract infections and tetanus neonatorum.

The family planning program will be strengthened beyond that already existing as a service in the SRHD's MCH program implemented in the Test Districts under the first Project Implementation Plan. This program will emphasize the advantages of child spacing both for the mother and the other children of the family.

The environmental sanitation program, too, will extend beyond that done under the first Project Implementation Plan expanding the role of the sanitarian. This role will reach beyond MCH related activity currently found in SRHD's MCH program by the sanitarian.

The existing, basic MCH program developed by the SRHD Project, which sets the stage for strengthening all other service programs and support services will be implemented as is in the Phase I Implementation Districts. Subsequently as modifications to the program are tested in the Test Districts, these will be introduced through an in-service training program in Phase I Implementation Districts. Only the fully tested complete MCH package as finally developed in Phase I Districts will be introduced in Phase II Implementation Districts.

Family planning and environmental health programs will be introduced first in the Test Districts and later in the implementation districts.

Support Service Development. In the extended and expanded project, the amount of participant training will be increased. The existing SRHD pre-implementation training will be refined and modified for the Egyptian Government to incorporate as part of the MOH's "pre-service" training. Pre-implementation training for all staff will be given in all implementation districts. An in-service training curriculum will be developed and implemented through the SRHD supervision/training system framework.

The framework from which a national health information system can be drawn will be developed, building upon the existing new SRHD forms and records, the evaluation information system, and several new service forms and record modules (i.e., outpatient and inpatient records), yet to be developed.

A greater effort to analyze the impact of vehicles for selected purposes will be undertaken. An analysis of the supplies needed and an analysis of the distribution network will be undertaken in contemplation of nationwide distribution.

The communications aspects of the SRHD project were determined to be an unmanageable unresolvable problem and will be dropped from the project.

Applied Research. Three applied research studies will be undertaken in the following areas.

- o Study of treatment of childhood lower respiratory tract infections.
- o Study of Family Planning acceptance/continuing use under a strengthened Family Planning program; and a
- o Study of the control of neonatal tetanus.

Each study deals with a topical area related to child/maternal health or a health problem which is a major cause of pre-school mortality.

Nationwide Replication. The end product of each project component will be a package of training techniques and practices whose implementation has been thoroughly tested and is judged suitable for nationwide replication. Development of strategies for such replication will be a major output of the project.

A more detailed description of each SRHD Project program component in each type of district is given in sections 2.3-2.7. But first the program approach of the SRHD Project is discussed in Section 2.2.

## 2.2 Program Approach

The systematic program approach to be used in the SRHD Project includes 4 steps:

Program Planning. Three months prior to the conclusion of each project year, the project staff will prepare a detailed plan of work for the coming year. The plan will provide an overview of the activities desired to be accomplished in the following year. Detailed activity oriented plans with specific budgetary requirements will be completed each quarter for a subsequent quarter.

Training. While training per se is an activity, it will appear in almost every program plan developed for the project. Training will include participant training (long term U.S., short term U.S., and short term third country), pre-implementation training, and in-service training.

Implementation. During this step, the activity plan will be initiated. Implementation can be further categorized as that occurring in Test Districts; that which is occurring to bring together constellations of services and/or packages for the first time in a unified, streamlined way in phase I Implementation Districts; and that which is occurring to test replication on a somewhat larger scale as would be done for nationwide replication in Phase II Implementation Districts.

Evaluation. In this last step activities will be reviewed from a quantitative perspective. The tasks of the evaluation is to clarify quantifiable objectives of all project activities, obtain the information required to measure the extent objectives have been reached, to execute field monitoring, to analyze and interpret information generated, and to initiate corrective action.

### 2.3 Test District Activities

Applied Research. Activities in applied research to be continued/initiated in the Test Districts will include a family planning study designed to test various forms of family planning outreach interventions, to determine the effect on acceptance and sustained practice of regular, targeted family planning education. This is to be performed by a variety of persons and will be coupled with ready availability of a variety of family planning methods. This will include insertion of IUD's by nurses as well as other interventions. The study will be completed by the end of June 1984.

A Neonatal Tetanus Applied Research study, scheduled to begin in mid 1983 and run through mid 1984 will look at the effect of immunization of various groups of persons - only pregnant females vs all females vs current methods - and its effect on incidence of neonatal tetanus.

A Respiratory Tract Disease applied research study will be undertaken to a) educate mothers regarding the importance of lower respiratory tract infection, b) teach mothers the signs and symptoms of "dangerous" respiratory tract infection and c) inform mothers when and from where to seek medical advice. Nurses will be trained to provide emergency treatment if the doctor is not immediately available and transport to the Governorate Hospital would entail a delay of more than two hours. Following emergency treatment all children will be referred to a doctor for follow up. This intervention will be compared with mortality/morbidity rates given the current form of treatment. This study will begin in late 1982 and continue through March of 1983.

Community Service Programs. Service delivery within the test districts will be in the areas of MCH, family planning and environmental health.

The following specific activities will be developed and incorporated into the project's MCH component:

- o Continued development of the health facility manual with respect to all staff responsibilities in MCH.
- o Commencement of an obstetrical care program and related training program directed first at nurse and subsequently at dayas if deemed appropriate after the completion of an anthropological daya study.
- o Development of a pediatric examination for use by the nurse.
- o Health education/staff education continued with assistance of the Mac Millan Visual Learning System (VLS kits)

These activities will be largely completed by December of 1983.

Beginning in early 1983, an in depth family planning package for in-service training will be designed, implemented and tested. These activities associated with this package include:

- o Continued development of the health facility manual with respect to all staff responsibilities in family planning.
- o Establishing linkages with other family planning programs
- o Development and implementation of a family planning package and a related staff training program.
- o Health education/staff education continued with assistance of VLS family planning kit.

Similarly, an environmental sanitation package for in-service training will be developed, and tested by March of 1985. The related package development activities include:

- o Further extended role for sanitarian beyond that found in first phase of project.
- o Continued development of the health facility manual with respect to all staff responsibilities in Environmental health
- o Development and implementation of the specific in-service training program.
- o Health education/staff training initiated or continued with assistance of VLS environmental sanitation kit.

Support Services. Support service activities will include the development and implementation of:

- o An analysis of the supply network.
- o Institutionalization of the health information system
- o Commodity list development.

Each of these is discussed individually in subsequent sections of this document.

## 2.4 Phase I Implementation Districts

Pre-implementation training and incorporation of the basic MCH package will begin to be implemented in January 1982. The add-on package, developed in the test districts will have been presented to appropriate personnel in these 6 districts by July 1985.

Indepth Family Planning and Environmental Sanitation in-service training are scheduled to take place mid 1984-end 1985.

Support services as provided in the Test Districts will be completely operational in the 6 implementation districts by Dec. 1985.

## 2.5 Phase II Districts

Nationwide replication as a well tested package will begin in the Phase II Implementation Districts. The purposes of replication testing include the following:

- o To develop an integrated health service delivery package
- o To implement integrated health service delivery packages through strengthened linkages within the MOH.
- o To develop a group of staff within the MOH who can assume responsibility for nationwide replication; and who can continue on an ongoing basis applied research in the area of rural health.

Activity will begin in mid 1984 with training of staff in the use of necessary forms, supervisory techniques etc. to begin placement of a Health Information System. This precedes all other activities in these districts. Starting in late 1984 trainers will be identified, enlisted and trained; in 1985 pre-implementation training will be initiated; and the service program packages will be sequentially implemented and tested for potential nation wide replication. This will have been completed by the end of 1985.

A flow sheet summarizing these activities can be found in Figure I. Output/Input tables for each component (MCH Table 2, Family Planning Table 3 and Environmental Sanitation component, Table 4) can all be found in Annex I.

## 2.6 Training

Overseas participant training will be expanded, with a yearly average of 10 persons receiving long term training, 10 short term U.S., and 10 Third country. English language strengthening at the American University of Cairo will be incorporated to permit additional persons to benefit.

Pre-implementation training providing staff with an introduction to the project and to the skills/knowledge which they will be using in project areas will be extended to all districts.

An in-service training program will be developed and implemented through the previously established SRHD supervision/training framework to serve to strengthen (on an ongoing basis) skills/knowledge of staff and to introduce new skills and knowledge for those already working in the system.

Several other training activities will be undertaken. Incorporation of the Governorate Pre-Service training program will provide an advance avenue for replication beyond the 20 districts. Short work-shops from time to time will strengthen abilities of Central Office and Governorate staff. Training materials developed for trial use in the Test Districts will be successively refined in order to constitute, upon final testing in the Phase II Implementation Districts the core materials for nationwide replication. Details of pre-implementation and in-service training are summarized in the appropriate tables and figures of the community service program.

## 2.7 Health Information System

Under the first SRHD project implementation plan, project staff were primarily concerned with the development of a project evaluation information system. An expanded and extended SRHD Project would bring together the various mechanisms of information gathering (and develop additional ones as appropriate) and work toward the development and implementation of a Project health information system from which a national health information system could be drawn.

In this context, the SRHD Project has circumscribed three objectives which must be fulfilled by the SRHD Project health information system. These objectives include:

- o A system which can guide the clinical/preventive care of the individual patient/client
- o A system which can facilitate the administration of a rural health service.
- o A system which can assist the management of the health system to establish policy and to develop work plans.

The SRHD Project will continue to develop (schedule, Fig II annex I) a health information system in which there are two portions: a modular service statistics system (already partially developed) and an evaluation information system (developed but not completely implemented). The former consists of three service statistics modules, either prepared or planned: maternal and child health module; outpatient module; and an inpatient module. These modules will serve to assemble clinical/preventive information at the service level of the health system, but provide information useful to all levels of the health system. Each module will take the place of existing service forms and records as implemented, but will contain all information required by the government plus any additional information required by the project. The evaluation information system consists of information derived from three survey methods employed in the project and collected through specialized, alternative collection systems apart from the service level workers.

These include the methods of Functional Analysis, a Rapid Data System, and Supervisory Feedback which have already been discussed. The evaluation information system serves to assemble complementary and/or validating information required by the administrative and management levels of the health system hierarchy. It should be noted here that the Supervisory Feedback system provides the supervisor/training framework around which the in-service training program will be developed. This feedback is essential in the constant redesign necessary to keep the content of both pre-service and in-service training programs appropriate.

## 2.8 Supply Network and Commodities

During the course of the expanded and extended SRHD Project, the supply network (as well as a standardized commodities list) will be analyzed and implemented as appropriate.

A variety of material items will be required to strengthen the delivery of health care in these 20 districts. In addition to the 140 vehicles already on hand, 280 more will extend transport service.

Basic equipment and consumable commodities, ordered and on hand in the test districts, will be extended to the implementation districts. Additional items, especially in connection with the community obstetrics program, will be put in place in all districts. Analyses of the impact of vehicles for selected purposes will be undertaken. Analyses will be made of supplies needed and of the distribution network, in contemplation of nationwide replication.

Table 5, which can be found in Annex I, presents the present listing of required commodities and their magnitude.

## 2.9 Organization and Staffing

In order to sustain the increased level and duration of work, project central staff will be expanded and re-organized. At the Governorate and District levels the present situation in which the SRHD Project works through existing MOH structures will not change. Expansion to new districts, however, will increase the demands upon staff time at the Governorate and District levels.

Central project staff will comprise (exclusive of short term consultants):

### Ministry of Health

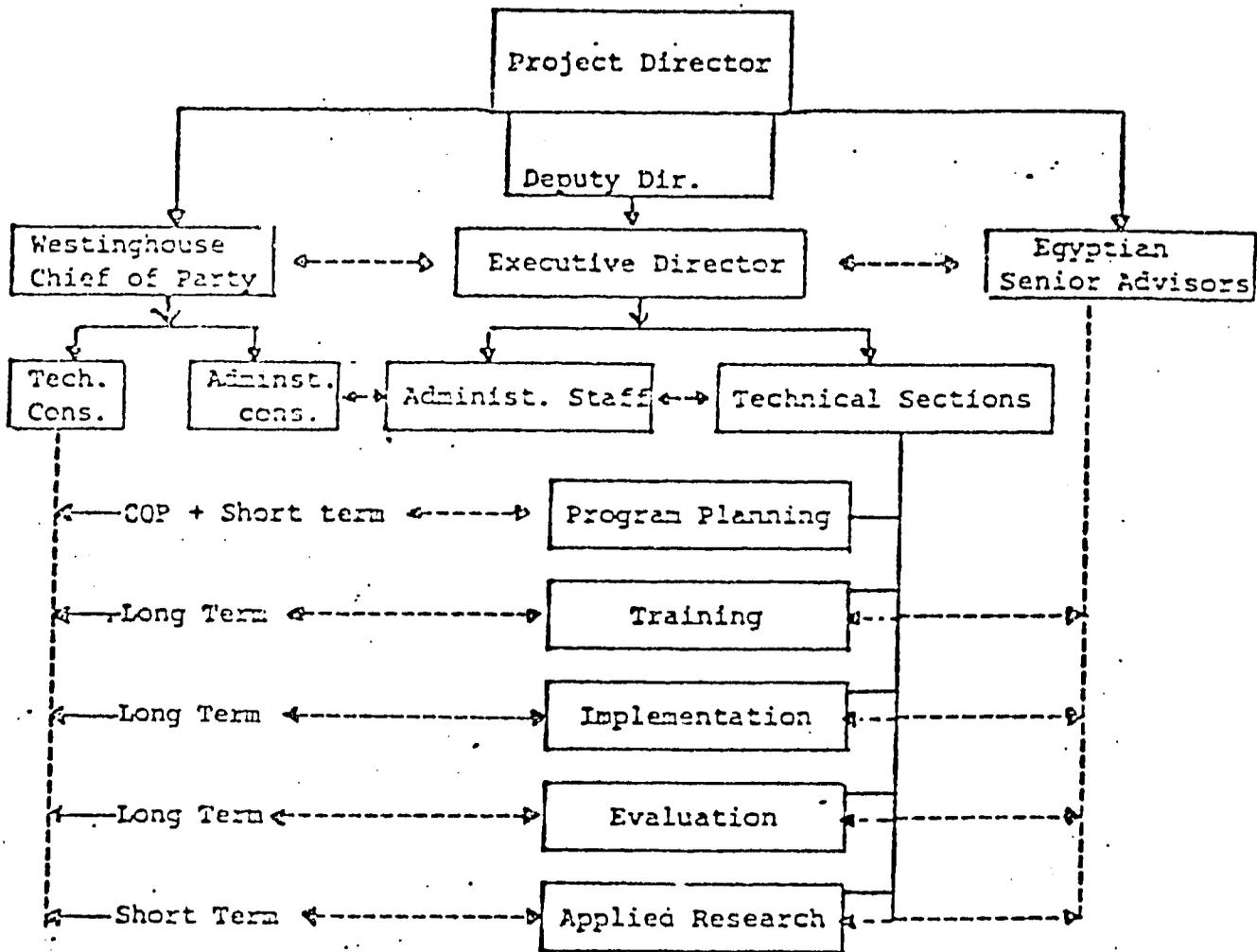
Project Director  
 Deputy Project Director  
 Project Executive Director  
 Deputy Project Executive Director  
 Section Chief, Training  
 Section Chief, Evaluation  
 Section Chief, Implementation  
 Resident Physicians (3)  
 Statistical Assistants (3)  
 Secretaries (3)  
 Accountant  
 Office Manager  
 Commodities Officer  
 Cleaning staff (2)  
 Dispatcher (1)  
 Drivers (2)

### Contractor

Chief of Party  
 Manager/Planner  
 Technical Advisor, Training  
 Technical Advisor, Evaluation  
 Technical Advisor, Implementation  
 Secretaries/Clerks (4)

Accordingly, staff will be reorganized as shown in the following Proposed Project Organogram which identifies five key functional technical areas of responsibility. Section Chiefs and consultants have been identified for most sections. Responsibility for the applied research section will be apportioned among senior staff.

PROPOSED PROJECT ORGANOGRAM



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### 3. END OF PROJECT STATUS

At the conclusion of the SRHD Project in 1986, it is hoped that the SRHD Project will have accomplished its goal within project areas. The anticipated broad accomplishments of the project are reflected in the output magnitudes section of the Logical Framework (see Logical Framework, Table 1). Strengthened service delivery packages built on expert opinion, testing and applied research, and demonstrated to be able to be implemented through the MOH will be a major output of the project. The training materials, training programs, information systems, and distribution network, that are needed to identify system weaknesses; to effect health planning; and to implement and re-adjust the rural health system on an ongoing basis will have been established and tested.

However, more important than the physical outputs of the project will be the MOH's ability to continue nationwide replication beyond the Phase II Implementation Districts. SRHD will, at project end, have produced a set of recommendations for nationwide replication based on replication testing experience in Phase II Implementation Districts. The MOH foresees the SRHD Project in 1986 as a seed group: a cohesive working group of trained, Egyptian staff, able to guide the task of nationwide replication as an extension of SRHD project work. In addition, this group will be able to do health planning based on quantitatively based problem identification, program development and testing (including all required materials for training), and applied research as needed to assist in program development.

Under a new MOH Organization now in effect, the SRHD Project has been institutionalized as one of two components of the General Administration of Rural Basic Health Services. The other component of the General Administration is the Program Planning and Follow-up component. By the end of the project, the SRHD Office and the Program Planning and Follow-up Office will have merged to form the nucleus of a core group responsible for guiding nationwide replication and continuing applied research.

ANNEX I

NARRATIVE SUMMARY

OBJECTIVELY VERIFIABLE INDICATORS

MEANS OF VERIFICATION

IMPORTANT ASSUMPTIONS

Program or Sector Goal: The broader objective to which this project contributes:

To improve the health status of Egypt's rural population through the strengthening of existing health service systems.

Measure of Goal Achievement

1. Rural health system organized to respond effectively to the major causes of morbidity and mortality.
2. Reduced infant and preschool mortality.
3. Progress toward achievement of national population goals.

- o MCH reports, job descriptions, supervisory personnel reports, surveys, data analysis, planning documents.
- o Vital statistics reports, family planning records, community surveys.

Assumptions for Achieving Goal Targets

1. The A.R.E. will maintain present socialist, public service policies concerning delivery of rural health care.
2. The Ministry of Health can organize and staff internally at all levels so that it will be able to effectively mount and sustain design/test/evaluation/training operations.

Project Purpose:

- o To identify and validate through field testing replicable methods to reduce or eliminate communication, management/supervision, motivational and incentive issues as factors limiting production of the rural health services -- particularly as these issues impact on prevention and outreach.

Conditions that will indicate purpose has been achieved:  
End of project status.

1. Validated set of information developed on cost effective interventions that strengthen the delivery and management of rural health services and impact on major health problems.
2. Successful health service delivery packages implemented in the project districts.
3. Strategy developed for replication of project interventions and support services as appropriate, on a nation wide basis.

1. Vital statistics reports on infant and child mortality, health facility records.
2. Records of family planning contacts for motivation, community outreach activities, FP clinic records.
3. Numbers of personnel trained, numbers and types of training programs, quality and quantity of training materials and aids, job performance evaluations.
4. Equipment and supply records for governorates, districts and clinics, clinic surveys, transport studies.
5. Unit for primary health care established in MCH, staffed with personnel trained in health planning, statistics, data analysis, research and evaluation. Data collection and effective record system developed. Computer equipment installed and utilized for data collection and analysis.
6. Evaluation of medical interventions, training, administrative/supervisory procedures, logistical and transport systems completed and results incorporated in strategy.

Assumptions for achieving purpose

1. Field tests can isolate variables and identify replicable techniques that strengthen service delivery, incentives/motivation, supervision/management, and support.
2. Quality of job performance of health personnel is related to appropriate job descriptions, training and supervision.
3. The management of design, test, and training operations can be programmed at a pace which yields useful results but does not overwhelm the health system.
4. Improved or strengthened health service delivery will impact on health status.

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SPHD LOGICAL FRAMEWORK (page 2)

OUTPUTS

I. APPLIED RESEARCH

Cost effective intervention packages which have an effect on the major health problems in rural Egypt, and which include medical treatment and appropriate topics in health services delivery designed, implemented, and tested using an epidemiological research design.

II. COMMUNITY SERVICE PACKAGES

Service delivery packages with strengthened linkage among the health facility services, community outreach programs, and the health consumers designed, implemented, and evaluated.

III. SUPPORT SERVICE DEVELOPMENT

A support service system which facilitates an effective rural health service which includes:

1. Central SPHD Office capable of operating as the MOH Rural Health Planning Unit; MOH personnel trained in primary health care delivery.
2. Training materials for appropriate training programs needed to upgrade MOH personnel in skills and knowledge of primary health care delivery.
3. Health information system for rural health services designed, implemented and established for providing information about and for use by the service, administrative, and management levels of the Rural Health Services.
4. Selected appropriate supplies procured and supply distribution network determined and effected.

IV. REPLICATION AND APPLICATION

Strategy developed for replication of successful project interventions, service packages and support services on a nationwide basis.

OUTPUT MAGNITUDES

I. APPLIED RESEARCH

A minimum of three low cost intervention packages developed in at least the topical areas of Family Planning, Respiratory Tract Infection/Eye Infection, and Control of Tetanus Neonatorum.

II. COMMUNITY SERVICE PACKAGES

Design, implementation and evaluation of at least three service delivery packages in project districts in at least the areas of maternal and child health services, family planning services and environmental sanitation services.

III. SUPPORT SERVICE DEVELOPMENT

Design, implementation and establishment of support service system in project districts and/or the Central Project Office as appropriate and including:

1. 140 participants trained overseas in administration, management, statistics, and public health. 3 pre-implementation and 9 in-service training programs for physicians, nurses, sanitarians, lab assistants, and clerks. MOH unit with capability for planning, applied research, and evaluation for Rural Health Services staffed and operational.
2. Training materials for pre-service, pre-implementation, and in-service training developed, implemented, evaluated, and utilized as appropriate.
3. A health information system for rural health services designed, implemented, and established in project districts providing information about and for use by the:
  - o service level for guiding individual clinical/preventive services.
  - o administrative level for assessing and guiding job performance and monetary incentives, supervision, and commodity support.
  - o managerial level for a strengthened management for health planning.
4. Selected appropriate supplies procured and a supply distribution network determined and effected particularly:
  - o up to 280 vehicles procured for appropriate use in a Rural Health Service and operating according to a transport plan in project districts.
  - o vehicle maintenance centers established, equipped, and operating in 4 project governorates.
  - o rural health centers/units equipped with minimum basic, one time and expendable equipment/supplies and the distribution network/system in place in project districts.

IV. REPLICATION AND APPLICATION

Service, administration, and managerial information systems for planning, implementation, and evaluation in place and a method prepared for nationwide implementation. MOH unit with capability for planning, applied research, and evaluation for Rural Health Services staffed and operational.

**FIGURE I**  
**Proposed Schedule**  
**Phase II Implementation Plan 1982-1986**

TEST DISTRICTS (FOUR)

PHASE I IMPL. (6)

PHASE II IMPL. (10)

	1982 J F M A M J J A S O N D	1983 J F M A M J J A S O N D	1984 J F M A M J J A S O N D	1985 J F M A M J J A S O N D	1986 J F M A
<u>Applied Research</u>					
Family Planning					
Tetanus Neonatorum					
Respiratory Tract					
<u>Community Service</u>					
Community Obstetrics & Pediatric exam		Selected Areas	Remaining Areas		
Family Planning					
Environmental Health					
<u>Support Service Development</u>					
Health Information (ongoing development and implementation)					
Distribution System Analysis					
<u>Community Service</u>					
Pre-Impl/Basic MCH					
MCH Add-On In-Service					
Family Planning Package/In-Service					
Environmental Sanitation Package/In-Service					
<u>Support Services</u>					
Health Information Systems					
<u>Community Service</u>					
Condensed MCH					
Family Planning Package					
Environmental Sanitation Package					
<u>Support Services</u>					
Health Information Systems					

\*Note: Length of each bar represents length of time required to design, develop, train persons as appropriate and implement specified component.

*Ma*

OUTPUT/INPUT TABLE - MCH COMPONENT

ATED PROJECT PUT MAGNITUDE	COMPONENT OUTPUTS	COMPONENT OUTPUT MAGNITUDE	PROCESSES/TASKS	INPUTS/RESOURCES		OTHER RESOURCE
				EXPATRIATE CONSULTANTS	EGYPTIAN CONSULTANTS	
<p><u>LIED RESEARCH</u></p> <p>COST EFFECTIVE ERVENTION PACKAGES IGNED, IMPLEMENTED TESTED IN THE ICAL AREAS OF PIRATORY TRACT ECTION/EYE ECTION AND CON- - OF TETANUS ATORUM, USING AN EMIOLOGICAL ARCH DESIGN.</p>	<p>CONTROL OF TETANUS NEONATORUM STUDY DESIGNED, IMPL- MENTED AND TESTED</p>	<p>1. TEST DATA WILL INDICATE PROCE- DURES WHICH CAN BE USED IN MCH TRAINING MODULES TO ASSIST CON- TROL OF TETANUS NEONATORUM, AVAIL- ABLE BY DECEMBER 1984.</p>	<p>1.1 RESEARCH DESIGN COMPLETED AND APPROVED</p> <p>1.2 SURVEY INSTRUMENTS DESIGNED, PREPARED AND IN PLACE</p> <p>1.3 REQUIRED EQUIPMENT AND SUP- PLIES ORDERED AND IN PLACE</p> <p>1.4 TRAINING PROGRAM DESIGNED, TRAINING MATERIALS PREPARED, TRAINERS TRAINED</p> <p>1.5 REQUISITE STAFF IDENTIFIED, ENLISTED, AND TRAINED</p> <p>1.6 DATA COLLECTED, PROCESSED AND ANALYZED</p> <p>1.7 REPORT WRITTEN AND APPROVED, AND RECOMMENDATIONS FOR MCH ADD-ON MADE</p>	<p>EXPERT IN TETANUS/ NEONATORUM 4 WKS.-1983</p> <p>2 WKS.-1984</p>		<p>SURVEY COSTS</p> <p>EQUIPMENT AND SUPPLIES</p> <p>POTENTIAL TRAINI</p>
	<p>RESPIRATORY TRACT INFECTION STUDY DESIGNED, IMPLEMENTED AND TESTED</p>	<p>2. TEST DATA WILL INDICATE PROCE- DURES WHICH CAN BE USED IN MCH TRAINING MODULES TO LOWER RATES OF RTI/EI, AVAIL- ABLE BY JULY 1983.</p>	<p>2.1 RESEARCH DESIGN COMPLETED AND APPROVED</p> <p>2.2 SURVEY INSTRUMENTS DESIGNED, PREPARED AND IN PLACE</p> <p>2.3 REQUIRED EQUIPMENT AND SUP- PLIES IDENTIFIED, ORDERED AND IN PLACE</p> <p>2.4 TRAINING PROGRAM DESIGNED, TRAINING MATERIALS PREPARED, TRAINERS TRAINED</p> <p>2.5 REQUISITE STAFF IDENTIFIED, ENLISTED, AND TRAINED</p> <p>2.6 DATA COLLECTED, PROCESSED AND ANALYZED</p> <p>2.7 REPORT WRITTEN AND APPROVED, AND RECOMMENDA- TIONS FOR MCH ADD-ON MADE</p>	<p>EXPERT IN RTI 4 WKS.-1982</p> <p>2 WKS.-1983</p>		<p>SURVEY COSTS</p> <p>EQUIPMENT AND SUPPLIES</p>

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OUTPUT/INPUT TABLE - MCH COMPONENT

RELATED PROJECT INPUT MAGNITUDE	COMPONENT OUTPUTS	COMPONENT OUTPUT MAGNITUDE	PROCESSES/TASKS	INPUTS/RESOURCES		OTHER RESOURCES
				EXPATRIATE CONSULTANTS	EGYPTIAN CONSULTANTS	
<p><u>COMMUNITY SERVICE</u></p> <p>SERVICE DELIVERY PACKAGES IN MCH SIGNED, IMPLEMENTED AND EVALUATED.</p>	<p><u>TEST DISTRICTS (4)</u></p> <p>MCH SERVICE DELIVERY PACKAGE INCLUDING BASIC PACKAGE (PRE-IMPLEMENTATION TRAINING) COMMUNITY OBSTETRIC PROGRAM, AND MCH ADD-ON (IN-SERVICE TRAINING) DESIGNED, IMPLEMENTED AND EVALUATED IN 4 TEST DISTRICTS.</p>	<p>3. BASIC MCH PACKAGE INCORPORATED IN PRE-IMPLEMENTATION TRAINING TO PHYSICIANS, NURSING STAFF, AND SANITARIANS IN SINBELLAWIN, ITAY EL BARUD, FAYOUM AND ASSIUT BY JUNE 1981.</p> <p>4. COMMUNITY OBSTETRIC PROGRAM DESIGNED BY DEC. 1983 FOR INCORPORATION IN MCH IN-SERVICE TRAINING PROGRAM AS APPROPRIATE.</p>	<p>ACCOMPLISHED.</p> <p>4.1 PROBLEMS IN COMMUNITY OBSTETRICS IDENTIFIED, TRAINING PROGRAM DEVELOPED AND IMPLEMENTED.</p> <p>4.2 MEDICAL ANTHROPOLOGICAL STUDY OF COMMUNITY OBSTETRICAL PRACTICE RESOURCES, INCLUDING DAYAS, MADE</p> <p>4.3 PROGRAM AND STUDY DATA REVIEWED AND INCORPORATED IN DESIGN FOR MCH INSERVICE TRAINING.</p>	<p>OB-GYN EXPERT THOMAS BARNES 26 WKS.-1982 26 WKS.-1983 4 WKS.-1984 2 WKS.-1985</p> <p>NURSE-MIDWIFE 26 WKS.-1982 26 WKS.-1983</p> <p>MEDICAL ANTHROPOLOGIST MARILEEN VANDER MOST VANSPIJK 17 WKS.-1982</p>	<p>NURSE-MIDWIFE</p>	<p>SURVEY COSTS</p>

91.

RELATED PROJECT OUTPUT MAGNITUDE	COMPONENT OUTPUTS	COMPONENT OUTPUT MAGNITUDE	PROCESSES/TASKS	INPUTS/RESOURCES		OTHER RESOURCES
				EXPATRIATE CONSULTANTS	EGYPTIAN CONSULTANTS	
COMMUNITY SERVICE	<u>TEST DISTRICTS (4)</u>	<p>5. CONTENT OF NECESSARY PEDIATRIC EXAMINATION TRAINING DEVELOPED BY DECEMBER 1983 FOR INCORPORATION INTO MCH IN-SERVICE TRAINING PROGRAM</p> <p>6. MCH ADD-ON IN-SERVICE TRAINING PACKAGES (OBSTETRICS PEDIATRICS) DESIGNED AND DELIVERED TO PHYSICIANS AND NURSING STAFF IN SINBELLAWIN, ITAY EL BARUD, FAYOUM AND ASSIUT BY JULY 1984.</p>	<p>5.1 REQUIRED CONTENT OF TRAINING IN PEDIATRIC EXAMINATIONS IDENTIFIED, TRAINING PROGRAM DEVELOPED AND IMPLEMENTED.</p> <p>6.1 IN-SERVICE TRAINING PROGRAM DELIVERED IN FOUR DISTRICTS.</p> <p>6.2 TRAINING EFFECTIVENESS, EFFICIENCY AND OUTCOME ASSESSED.</p>	<p>EXPERT IN PEDIATRIC EXAMINATIONS 10 WKS. - 1983</p>		<p>TRAINING COSTS COMMODITIES</p>
	<p><u>PHASE I, IMPLEMENTATION DISTRICTS (6)</u></p> <p>MCH SERVICE DELIVERY PACKAGE (PRE-IMPLEMENTATION TRAINING) AND MCH ADD-ON REVIEWED, IMPLEMENTED AND TESTED IN 6 PHASE I, IMPLEMENTATION DISTRICTS</p>	<p>7. PRE-IMPLEMENTATION TRAINING (BASIC MCH PACKAGE) DELIVERED TO PHYSICIANS, NURSING STAFF, AND SANITARIANS IN DEKERNIS, M. EL NASR, KOM HAMADA, ABSIMAI, ABNUB, AND KOUSSEIA BY MARCH 1982.</p>	<p>7.1 ASSESSMENT OF PRE-IMPLEMENTATION TRAINING IN TEST DISTRICTS REVIEWED AND CURRICULUM/MATERIALS REVISED AS NECESSARY.</p> <p>7.2 48 POTENTIAL TRAINERS IDENTIFIED, ENLISTED AND TRAINED IN 4 GOVERNORATES.</p> <p>7.3 BASIC MCH TRAINING DELIVERED IN</p> <p>7.4 TRAINING EFFECTIVENESS, EFFICIENCY AND OUTCOME ASSESSED.</p>			<p>COMMODITIES TRAINING COSTS  10 POTENTIAL TRAINERS</p>

ATED PROJECT PUT MAGNITUDE	COMPONENT OUTPUTS	COMPONENT OUTPUT MAGNITUDE	PROCESSES/TASKS	INPUTS/RESOURCES		OTHER RESOURCES
				EXPATRIATE CONSULTANTS	EGYPTIAN CONSULTANTS	
UNITY SERVICE	<p><u>PHASE I.</u> IMPLEMENTATION DI</p>	<p>8. MCH ADD-ON IN-SERVICE TRAIN- ING REFINED AND DELIVERED TO SELECTED PHYSICIANS AND NURSES BY JULY 1985.</p>	<p>8.1 ASSESSMENT OF MCH IN-SERVICE PACKAGE REVIEWED AND CUR- RICULUM/MATERIALS REVISED. AS NECESSARY</p> <p>8.2 48 TRAINERS AS ABOVE TRAINED IN PACKAGE</p> <p>8.3 MCH IN-SERVICE TRAINING DELIVERED IN 6 DISTRICTS</p> <p>8.4 TRAINING EFFECTIVENESS, EFFICIENCY AND OUTCOME ASSESSED.</p>			<p>TRAINING COSTS</p> <p>10 TRAINERS COMMODITIES</p>
	<p><u>PHASE II.</u> IMPLEMENTATION DISTRICTS (9)</p> <p>BASIC AND ADD-ON MCH PACKAGE CONDENSED, IMPLEMENTED, AND TESTED IN 10 DISTRICTS FOR POTENTIAL NATIONWIDE REPLICATION</p>	<p>9. CONDENSED PRE- IMPLEMENTATION TRAINING/MCH PREPARED AND DELIVERED TO ALL PHYSICIANS, NURSING STAFF, AND SANITARIANS IN 10 PHASE II. IMPLEMENTATION DISTRICTS BY OCTOBER 1984.</p>	<p>9.1 CURRICULUM MATERIALS INCLUD- ING FACILITY MANUAL CONDENSED AND REVISED AS NECESSARY.</p> <p>9.2 POTENTIAL TRAINERS IDENTI- FIED, ENLISTED AND TRAINED IN 10 DISTRICTS.</p> <p>9.3 CONDENSED MCH PRE-IMPLEMENTA- TION TRAINING DELIVERED IN 10 DISTRICTS.</p> <p>9.4 TRAINING OUTCOME ASSESSED AND CURRICULUM PACKAGED FOR NATIONWIDE REPLICATION.</p>			<p>10 TRAINERS</p> <p>TRAINING COSTS COMMODITIES</p>

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OUTPUT/INPUT TABLE - FAMILY PLANNING COMPONENT

PROJECT MAGNITUDE	COMPONENT OUTPUTS	COMPONENT OUTPUT MAGNITUDE	PROCESSES/TASKS	INPUTS/RESOURCES		OTHER RESOURCES
				EXPATRIATE CONSULTANTS	EGYPTIAN CONSULTANTS	
LOW-COST INTERVEN- PACKAGE DEVELOPED IN THE CAL AREA OF LY PLANNING.	FAMILY PLANNING OUTREACH STUDY DESIGNED, IMPL- MENTED AND TESTED.	10. TEST DATA WILL INDICATE OPTIMAL PROCEDURES FOR FAMILY PLANNING OUTREACH, PRELIM- INARY DATA BY JULY 1984, FINAL DATA BY JANUARY 1986.	<p>10.1 RESEARCH DESIGN (INCLUDING EDUCATION STRATEGIES) DETERMINED AND APPROVED.</p> <p>10.2 SURVEY INSTRUMENTS AND RECORD FORMS DESIGNED, PREPARED AND IN PLACE</p> <p>10.3 REQUIRED EQUIPMENT AND SUP- PLIES ORDERED, PREPARED AND IN PLACE</p> <p>10.4 TRAINING PROGRAM DESIGNED, TRAINING MATERIALS PREPARED, TRAINERS TRAINED</p> <p>10.5 REQUISITE STAFF IDENTIFIED, ENLISTED AND TRAINED</p> <p>10.6 DATA COLLECTED, PROCESSED AND ANALYZED</p>	MEDICAL ANTHROPO- LOGIST 3 WKS.-1982 2 WKS.-1983		SURVEY COSTS       EQUIPMENT AND SUPPLIES   TRAINING COSTS
COMMUNITY SERVICE  SERVICE DELIVERY PACKAGES IN FAMILY PLANNING DESIGNED, IMPLEMENTED AND EVALUATED.	TEST DISTRICTS (4)  IN-DEPTH FAMILY PLANNING PACKAGE FOR IN-SERVICE TRAINING DESIGNED, IMPL- MENTED AND EVALUATED IN 4 TEST DISTRICTS.	11. IN-DEPTH FAMILY PLANNING IN-SERVICE TRAIN- ING PROVIDED TO PHYSICIANS, NURSING STAFF AND SANITARIANS IN SINBELLAWIN, ITAY EL BARUD, FAYOUM AND ASSIUT BY SEPTEMBER 1984.	<p>11.1 LINKAGES ESTABLISHED WITH OTHER FAMILY PLANNING PRO- GRAMS TO MAXIMIZE COORDINA- TION AND MINIMIZE DUPLICATION.</p> <p>11.2 FAMILY PLANNING RECORD SYS- TEM USED IN APPLIED RESEARCH REFINED AS APPROPRIATE AND FORMS PREPARED.</p> <p>11.3 REQUIRED EQUIPMENT AND FAMILY PLANNING COMMODITY SYSTEM IN PLACE.</p> <p>11.4 TRAINING CURRICULUM DESIGNED AND MATERIALS PREPARED, INCLUDING FACILITY MANUAL CHAPTER.</p>	TRAINING MATERIALS SPECIALIST 8 WKS.-1982 8 WKS.-1983		EQUIPMENT COMMODITIES

RELATED PROJECT INPUT MAGNITUDE	COMPONENT OUTPUTS	COMPONENT OUTPUT MAGNITUDE	PROCESSES/TASKS	INPUTS/RESOURCES		OTHER RESOURCE
				EXPATRIATE CONSULTANTS	EGYPTIAN CONSULTANTS	
<u>COMMUNITY SERVICE</u>	<u>TEST DISTRICTS (4)</u>		11.5 POTENTIAL TRAINERS IDENTIFIED, ENLISTED AND TRAINED IN 4 DISTRICTS 11.6 IN-SERVICE TRAINING PROGRAM DELIVERED IN 4 DISTRICTS 11.7 TRAINING EFFECTIVENESS, EFFICIENCY AND OUTCOME ASSESSED			TRAINING COSTS
	<u>PHASE I, IMPLEMENTATION DISTRICTS (6)</u>	IN-DEPTH FAMILY PLANNING IN-SERVICE TRAINING PROVIDED TO PHYSICIANS NURSING STAFF AND SANITARIANS IN DEKERNIS, MINIAT EL NASY, KOM HAMADA, ABSHWAI, ABNUB, AND KOUSSEIA BY JUNE, 1985	12.1 FAMILY PLANNING RECORD FORMS PREPARED AND IN PLACE 12.2 REQUIRED EQUIPMENT AND FAMILY PLANNING COMMODITY SYSTEM IN PLACE 12.3 POTENTIAL TRAINERS IDENTIFIED, ENLISTED AND TRAINED IN 6 DISTRICTS 12.4 IN-SERVICE TRAINING PROGRAM DELIVERED IN 6 DISTRICTS 12.5 TRAINING EFFECTIVENESS, EFFICIENCY AND OUTCOME ASSESSED.			EQUIPMENT COMMODITIES  TRAINING COSTS
	<u>PHASE II, IMPLEMENTATION DISTRICTS (10)</u>	FAMILY PLANNING IN-SERVICE TRAINING PROVIDED TO PHYSICIANS, NURSING STAFF AND SANITARIANS IN 10 DISTRICTS BY DECEMBER, 1985.	13.1 ASSESSMENT OF FAMILY PLANNING IN-SERVICE PACKAGE (TEST DISTRICTS) REVIEWED AND CURRICULUM MATERIALS REVISED AS NECESSARY 13.2 FAMILY PLANNING RECORD FORMS REVISED AS NECESSARY AND IN PLACE 13.3 REQUIRED EQUIPMENT AND FAMILY PLANNING COMMODITY SYSTEM IN PLACE 13.4 POTENTIAL TRAINERS IDENTIFIED, ENLISTED AND TRAINED IN 10 DISTRICTS 13.5 IN-SERVICE TRAINING PROGRAM DELIVERED IN 10 DISTRICTS. 13.6 TRAINING OUTCOME ASSESSED AND			EQUIPMENT COMMODITIES  TRAINING COSTS

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PROJECT MAGNITUDE	COMPONENT OUTPUTS	COMPONENT OUTPUT MAGNITUDE	PROCESSES/TASKS	INPUTS/RESOURCES		OTHER RESOURCES
				EXPATRIATE CONSULTANTS	EGYPTIAN CONSULTANTS	
	<p><u>PHASE II, IMPLEMENTATION DISTRICTS (9)</u></p> <p>ENVIRONMENTAL SANI- TATION PACKAGE FOR IN-SERVICE TRAIN- ING IMPLEMENTED AND EVALUATED IN 9 PHASE II, IMPLEMENTATION DISTRICTS.</p>	<p>ENVIRONMENTAL SANI- TATION IN-SERVICE TRAINING PROVIDED TO PHYSICIANS, NURSING STAFF AND SANITARIANS IN 10 DISTRICTS BY MARCH, 1986.</p>	<p>16.1 ASSESSMENT OF PREVIOUS TRAINING REVIEWED AND CURRICULUM MATERIALS REVISED AS NECESSARY.</p> <p>16.2 POTENTIAL TRAINERS IDENTIFIED, ENLISTED AND TRAINED IN 10 DISTRICTS.</p> <p>16.3 ENVIRONMENTAL SANITATION IN-SERVICE TRAINING DELIVERED IN 10 DISTRICTS.</p> <p>16.4 TRAINING OUTCOME ASSESSED AND REVIEWED CURRICULUM PACKAGED FOR NATIONWIDE REPLICATION</p>			<p>TRAINING COSTS</p>

Statistical Assumptions for SRHD Project Planning

	DISTRICTS			TOTAL
	4	6	10	
<b>POPULATION</b>				
Stated Population	845,000	1,296,000	1,601,000	3,742,000
25% Adult Female	211,000	324,000	400,000	935,000
Births @ 45 per 1000 population	38,000	58,000	72,000	168,000
Children under 5	144,000	220,000	272,000	636,000
<b>HEALTH DELIVERY RESOURCES</b>				
Rural Health Center	29	31	46	106
Rural Health Unit	74	96	106	276
RHC + RHU	103	127	152	382
Physicians	119	152	179	450
Nurses (Nurse, Nurse assistant, Midwife, Visitor)	477	501	646	1624
Sanitarians	183	248	284	715
Lab Assistants	120	128	164	412
Clerks	103	127	152	382

Table 6  
Villages, Population and Numbers of Health Facilities by  
Project Governorates

Governorate	Original Project Districts					Phase II Implementation Districts				
	District	No. of Villages	Pop. (OOO)	RHC's	RHU's	District	No. of Villages	Pop. (OOO)	RHC's	RHU's
DAKAHLEYA	Sinbilawin*	74	268	9	27	Sherbeen	24	173	6	14
	Dekernis	36	198	4	19	Talkha	44	256	7	17
	Miniet-el-Nasr	22	147	5	9					
	Total	132	613	18	55		68	429	13	31
BEHEIRA	Etay el-Barudi*	64	207	9	15	El-Delengat	35	136	4	10
	Kom Hamada	69	301	7	20	Shabrakhit	40	170	3	12
	Total	133	508	16	35		75	306	7	22
FAYOUM	Fayoum*	38	177	5	18	Senures	23	165	4	10
	Abshwi	31	264	6	20	Etsa	46	225	6	15
						Tamiya	19	122	6	8
	Total	69	441	11	38		88	512	14	33
ASSIUT	Assiut*	28	193	6	14	Manfalout	26	158	4	10
	Abnub	22	232	6	16	Abu-Teeg	13	120	5	5
	El-Koseya	30	154	3	12	Sedfa	17	76	3	5
	Total	97	579	15	42		56	354	12	20
TOTALS		431	2141	60	170		287	1601	46	106

\* Test Districts

TABLE 7 (continued)

## Illustrative Commodity Requirements

NOTE: 1.2 factor increases quantity by 20% to allow for breakage, teaching, errors, loss, etc.

ITEM NO.	DESCRIPTION	UNIT	UNIT COST	4 DISTRICTS 1983-1986 X 4 Years QUANTITY	6 DISTRICTS 1982-1986 X 5 Years QUANTITY	9 DISTRICTS 1984-1986 X 3 Years QUANTITY	TOTAL	
							QUANTITY	COST(\$)
	<u>1. Transportation</u>							
1	Stretcher, canvas covered pole type, tubular aluminum wood or steel poles, with cross spreaders, collapsible length 81", width open 22", width closed 4"; weight 11 lbs or less. Dyna Med B11158 • Same as # of vehicles	ea	62.55	---	133	147	280	17,514
2	Truck, van; 8 passenger capacity, 125"-138", GVW 6,000-6,200 lbs., gasoline engine, 6 cylinder automatic transmission. Vehicle must use leaded fuel. Ford E-150 Club Wagon. • #RHCs + RHUs + Districts	ea	9,500.00	---	133	147	280	2,660,000
3	Kit, first aid unit type, 36 unit capacity; heavy gauge steel case with cover gasket to seal out dust and moisture, with mounting bracket; Model HSA 2728 or equal. • #RHCs + RHUs + Districts	ea	67.76	---	133	147	280	18,973
	<u>2. Other Basic Equipment</u>							
4	Freezer, electric upright with internal mounted transformer for 220 volt 50 Hz operation; right or left hand door, 16 cu. ft., white color; Model CA16D G.E. or equal. • # RHCs X 1.1	ea	525.40		34	37	71	37,304
5	Autoclave, steam sterilizer, portable pot type, for external heat, 20 psi, cast aluminum construction, clamping locks for cover, 25 quart • # RHCs + RHUs X 1.1	ea	56.53		140	148	288	16,281

TABLE 7 (continued)

## Illustrative Commodity Requirements

ITEM NO.	DESCRIPTION	UNIT	UNIT COST	4 DISTRICTS 1983-1986 X 4 Years QUANTITY	6 DISTRICTS 1982-1986 X 5 Years QUANTITY	9 DISTRICTS 1984-1986 X 3 Years QUANTITY	TOTAL	
							QUANTITY	COST(\$)
2. <u>Other Basic Equipment</u> (continued)								
6	Easel, portable, 71" high, aluminum or steel construction, display size 29" x 40", with clamp to hold paper pads, collapsible; Model T5-80E Quartet. • # RHUs + RHCs X 1.1	ea	94.00	----	140	148	288	27,072
7	Paper pads, for portable easel, plain paper; 27"x34", minimum 60 sheets per pad. Model Ampad. K4-24-301 • 4 pad/RHC & RHU/yr. • # RHCs/RHUs X 4 X 1.2	ea	12.00	494	762	486	1,742	20,904
8	Cooler, urethane insulated, rustproof, two handles; minimum capacity 1 cu. ft. Model 73970F Thermos • # RHCs/RHUs X 1.1	ea	25.75	----	140	148	288	7,416
9	Hemacytometer, glass, improved Neubauer, double ruled; Model 1490. AO • 2/RHU & RHC • RHCs/RHUs X 2 X 1.1	ea	36.00	227	280	297	804	28,944
10	Cover glass, hemacytometer, 20 x 26 cm., 1.4 mm thick, 12/bx; Model B4005; Scientific Products • 12/pkg. • RHCs/RHUs x 1.2 x 8 x years • 8/yr RHU & RHC	pkg	20.28	330	508	324	1,162	23,565
11	Scale, adult, weighing and measuring, metric; weight 140-160 kg. in 100 gm. graduations; height 75 cm. to 195 cm. in 1 cm. graduations, white or equal; Detecto 2391. • RHCs/RHUs X 1.1	ea	120.00	---	140	148	288	34,560

TABLE 7 (continued)

## Illustrative Commodity Requirements

ITEM NO.	DESCRIPTION	UNIT	UNIT COST	4 DISTRICTS 1983-1986 X 4 Years QUANTITY	6 DISTRICTS 1982-1986 X 5 Years QUANTITY	9 DISTRICTS 1984-1986 X 3 Years QUANTITY	TOTAL	
							QUANTITY	COST(\$)
	<b>2. Other Basic Equipment (continued)</b>							
12	Scale, infant 15-1/2 kg. in 5 gm. graduations; Detecto 250. • RHCs/RHUs X 1.1	ea	129.00	---	140	148	288	37,152
13	Refrigerator, electric, with internal mounted transformer for 220 volt, 50 Hz operation; right hand door, 13.9 cu. ft., white color; Model TA 145 GE or equal • RHCs/RHUs X 1.1	ea	483.50		140	148	288	139,248
14	Visual Learning System Kits, including projected 8 Health Education Modules From Macmillan, London • RHCs - RHUs X 1.2	ea	87	124	152	162	438	38,106
15	VLS Carrying Case	ea	50	124	152	162	438	21,900
	<b>3. Obstetric Bag</b>							
16	Tape, umbilical cord, 3 mm. diameter, cotton; Graham Field 3030 • 1 Birms (deliveries) x 1 ft. per delivery (2 6" ties) X 1.2	bt1	8.10	608	1,310	1,005	2,923	23,676
17	Forceps, hemostatic, Kocher, 5 1/2", stainless steel, straight; Model 35AM-410 • 2 per home delivery bag • 1 Nurses + midwives + physicians X 2 X 1.1	ea	11.70	910	1,228	1,793	3,931	45,993
18	Bulb syringe, 3 oz; individually wrapped, sterile; catalog no. 143 Busse or equal • 2/bag & unit/yr. • 50/ctn • 1 Nurses + midwives + physicians X 1.1 X Years	ctn	33.50	36	61	54	151	5,059

TABLE 7 (continued)

## Illustrative Commodity Requirements

ITEM NO.	DESCRIPTION	UNIT	UNIT COST	4 DISTRICTS 1983-1986 X 4 Years QUANTITY	6 DISTRICTS 1982-1986 X 5 Years QUANTITY	9 DISTRICTS 1984-1986 X 3 Years QUANTITY	TOTAL	
							QUANTITY	COST(\$)
19	Catheter, straight, Robinson, one eye, rubber 16" length, assorted sizes; Davol • 3/bag • # Nurses + midwives + physicians X 3 X 1.1	ea	1.50	1,365	1,841	2,690	7,261	10,891
20	Fetoscope, DeLee Hillis type, chrome plated, bell assembly fixed to head band • # Nurses + midwives + physicians X 1.1	ea	16.50	455	614	897	1,966	32,439
21	Scissors, bandage, Lister, 7-1/4" (18.5 cm.), stainless steel; Model 3-750 • # Nurses + midwives + physicians X 1.1	ea.	11.00	455	614	897	1,966	21,626
22	Forceps, obstetrical, Simpson, 14" (35 cm.) stainless steel; Model 30-060 • # Nurses + midwives + physicians X 1.1	ea	130.00	455	614	897	1,966	255,580
23	Gauze, elastic roller, sterile, individually wrapped, assorted widths, all in 5 yard lengths: 2" Model 006922 J&J 3" Model 006923 " 4" Model 006924 " 6" Model 006926 "							
24	Delivery Bags - Type to be determined • # Nurses, midwives + physicians X 1.1	ea	100	755	614	897	1,966	196,000

TABLE 7 (continued)

## Illustrative Commodity Requirements

ITEM NO.	DESCRIPTION	UNIT	UNIT COST	4 DISTRICTS 1983-1986 X 4 Years QUANTITY	6 DISTRICTS 1982-1986 X 5 Years QUANTITY	9 DISTRICTS 1984-1986 X 3 Years QUANTITY	TOTAL	
							QUANTITY	COST(\$)
25	<p>4. <u>Obstetric Program Consumables</u></p> <p>Lancet, blood collecting, sterile disposable, individually packed, stainless steel; B-D 5755</p> <ul style="list-style-type: none"> <li>• Hgb for mothers and infants</li> <li>• 5,000/cs</li> <li>• # Births X [9 (months of pregnancy) + 12 (6 months infancy X 2)] X 1.2</li> </ul>	ea	87.50	767	1,650	1,267	3,492	305,550
26	<p>Albustix reagent strips, for protein in urine Ames 2870</p> <ul style="list-style-type: none"> <li>• 100/btl.</li> <li>• Births X 9 (months of pregnancy) X 1.2</li> </ul>	btl	6.07	16,427	35,357	27,148	78,932	479,117
27	<p>Clinistix reagent stix, for glucose in urine Amex 2844</p> <ul style="list-style-type: none"> <li>• 50 /btl.</li> <li>• # Births X 9 (months of pregnancy) X 1.2</li> </ul>	btl	1.79	32,854	70,714	54,296	57,864	282,577
28	<p>Hemoglobin scale (Tallquist), with paper and comparison chart; comparison chart from 30% to 100% hemoglobin in 10% graduations</p> <ul style="list-style-type: none"> <li>• 152 tests/book</li> <li>• Same # of tests as # of lancets</li> </ul>	bk	1.75	25,217	54,275	41,674	121,166	212,041

TABLE 7 (continued)

## Illustrative Commodity Requirements

ITEM NO.	DESCRIPTION	UNIT	UNIT COST	4 DISTRICTS 1983-1986 X 4 Years QUANTITY	6 DISTRICTS 1982-1986 X 5 Years QUANTITY	9 DISTRICTS 1984-1986 X 3 Years QUANTITY	TOTAL	
							QUANTITY	COST(\$)
	5. <u>Home Visit Bag</u>							
29	Salter Scales							
30	Diagnostic sets, ophthalmoscope and otoscope, battery operated, "C" size batteries; diagnostic head otoscope, with carrying case with set of 5 specula; Model 99208 Welch Allyn or equal. • # Nurses + Physicians X 1.1	ea	158.28		449	635	1,084	171,575
31	Thermos bottles, wide mouth, 1 liter capacity • # Nurses staff + physicians X 1.2	ea	8.00		802	1,122	1,924	15,392
32	Container, plastic, wide mouth, with cover, water-tight, 1 liter capacity, Model R-14423, Markson • 5 per package #Nursing staff + physicians X 1.2	pkc	11.00		160	224	384	4,224
33	Stethoscope, Bell - diaphragm type, single tube, stainless steel or brass head; Source: A.J. Duck, Cockeysville, Md. • # Nursing staff + physicians X 1.2	ea	16.00	----	802	1,172	1,924	30,784
34	Sphgmomanometer, aneroid, Velcro cuff, gauge attached to cuff or handpiece, with zippered case • # nursing staff + physicians X 1.2	ea	122.50	----	802	1,172	1,924	235,690
35	Thermometer, oral, centigrade scale, color coded; BD 4348 or equal. • # Nursing staff + physicians X 1.2 X 12 X years • 144/bx	bx	97.10	200	325	281	806	78,262
36	Thermometer, rectal, centigrade scale, color coded; BD 4358 or equal • 144/bx • # Nursing staff + physician X 1.2 X 12 X years	bx	97.10	----	325	281	806	78,262

## Illustrative Commodity Requirements

ITEM NO.	DESCRIPTION	UNIT	UNIT COST	4 DISTRICTS 1983-1986 X 4 Years QUANTITY	6 DISTRICTS 1982-1986 X 5 Years QUANTITY	9 DISTRICTS 1984-1986 X 3 Years QUANTITY	TOTAL	
							QUANTITY	COST(\$)
	<b>5. Home Visit Bag (continued)</b>							
37	Vision testing cards, pediatric, 9" x 18" • / Nursing staff + physicians X 1.2	ea	2.20	----	802	1,122	1,924	4,233
38	Vision testing card, Snellen illiterate type, size 9" x 18" • / Nursing staff + physicians X 1.2	ea	2.20	----	802	1,122	1,924	4,233
39	Rule, measuring, folding, metric, 200 cm. in 1 mm. graduations; dimensions folded up to 22 cm. long; Bel Art # 13410 • / Nursing staff + physicians X 1.2	ea	9.45	----	802	1,122	1,924	18,162
40	Tape, measuring, 150 cm., non-tearing, graduations 0.5 cm. and 1 mm. Ohaus 80110 • / Nursing staff + physicians X 1.2	pkg	7.52	----	80	112	192	1,444
41	Home visiting bags - Type to be determined. • / Nursing staff + Physicians X 1.2	ea	100	---	802	1,122	1,924	192,400
	<b>6. Other Consumables</b>							
42	Needles, hypodermic, sterile d-sposable, 23 gauge x 1"; Luer lock, polypropylene hub, individually packed in hard plastic container, color coded. Monoject • 1000/cs • Births X 6 (5 DPT immun + 1 measles) X 1.2	cs	78.90	1,095	2,357	1,810	5,262	415,172
43	Needles, hypodermic, sterile disposable, 21 gauge x 1 1/4"; polypropylene Luer lock hub, individually packed in hard plastic container, color coded. Monoject • 1000/cs • Average 1 visit per person per year 1/3 need injection antibiotics • Population X 1/3 X 1.2	cs	78.90	1,351	2,910	2,234	6,495	512,456

TABLE 7 (continued)

## Illustrative Commodity Requirements

ITEM NO.	DESCRIPTION	UNIT	UNIT COST	4 DISTRICTS 1983-1986 X 4 Years QUANTITY	6 DISTRICTS 1982-1986 X 5 Years QUANTITY	9 DISTRICTS 1984-1986 X 3 Years QUANTITY	TOTAL	
							QUANTITY	COST(\$)
	<b>6. Other Consumables (continued)</b>							
44	Syringes, hypodermic, sterile disposable, 3 cc; Luer lock tip, individually packed in hard plastic container, color coded. Monoject • 1000/cs • - 1 DPT/measles + 1/2 # antibiotics	cs	83.20	1,771	3,812	2,927	8,510	708,032
45	Syringes, hypodermic, sterile disposable, 6 cc; Luer lock tip; syringes individually packed in hard plastic container; color coded. Monoject • 250/cs • - 1/2 # antibiotics	cs	38.03	2,704	5,820	4,468	12,992	494,086
46	Administration set, sterile, disposable, 1.75 m. overall length with flow control clamp and drip chamber; without needle; Model 2C 0001 Travenol • # Births X 5 (= Ch. 1-5 yrs) X .1 X 1.2 X years • 48/box	bx	46.08	1,901	4,092	3,142	9,135	42,091
47	Infusion set, butterfly type, 25 gauge X 3/4" needle, 12" tubing, sterile, disposable, individually packed. Model 2C 0075 Travenol • 48/cs • 1/2 # of Admin sets	cs	14.39	950	2,046	1,571	4,567	65,719
48	Infusion set, butterfly type, 23 gauge X 3/4" needle, 12" tubing, sterile, disposable, individually packed. Model 2C 0073 Travenol • 48/cs • 1/2 # of Admin sets	cs	14.39	950	2,046	1,571	4,567	65,719

FIGURE II

PROPOSED INFORMATION SYSTEM AND NATIONAL HEALTH INFORMATION SYSTEM IMPLEMENTATION SCHEDULE, 1979-1986

			1982				1983				1984				1985				1986			
			J	A	J	O	J	A	J	O	J	A	J	O	J	A	J	O	J	A	J	O
4 TEST DISTRICTS	EVALUATION INFORMATION SYSTEM	HOUSEHOLD SURVEY	X	X			X	X			X	X			X	X			X	X		
		FACILITY SURVEY					X												X	X		
		WORK SAMPLING																				
		COST ANALYSIS	←—————→																			
		RAPID DATA FEEDBACK	←—————→																			
		SUPERVISORY FEEDBACK	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		APPLIED RESEARCH	←—————→																			
MATERNAL/CHILD HEALTH	OUTPATIENT	←—————→																				
	INPATIENT	←—————→																				
		←—————→																				
6 PHASE I IMPLEMENTATION DISTRICTS	PROTOTYPE INFORMATION SYSTEM	HOUSEHOLD SURVEY) SELECT SAMPL.	X				X															
		WORK SAMPLING ) ALL PROJECT DISTRICTS		X				X														
		RAPID DATA FEEDBACK) VERBAL AUTOPSY )	←—————→																			
		SUPERVISORY FEEDBACK					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		MATERNAL/CHILD HEALTH	OUTPATIENT	←—————→																		
INPATIENT	←—————→																					
9 PHASE II IMPLEMENTATION DISTRICTS	NATIONAL HEALTH INFORMATION SYSTEM	HOUSEHOLD SURVEY) SELECT SAMPL.											X				X				X	
		WORK SAMPLING ) ALL PROJECT DISTRICTS											X				X				X	
		RAPID DATA SYSTEM	←—————→																			
		SUPERVISORY FEEDBACK									X	X	X	X	X	X	X		X	X	X	
		MATERNAL/CHILD HEALTH	OUTPATIENT )	←—————→																		
INPATIENT )	←—————→																					

I-22.

ANNEX II

ANNEX II (a)

SRHD BUDGET REQUEST TO USAID

I. REQUEST FOR PROCUREMENT OF COMMODITIES AND OTHER DOLLAR EXPENDITURES  
(EXCLUSIVE OF TECHNICAL ASSISTANCE CONTRACT)

Commodities and Vehicles  
as detailed in Table 5

	\$
1. Transportation	2,696,487
2. Other Basic Equipment	432,452
3. Obstetric Bag and Contents	591,264
4. Obstetric Program Consumables	1,279,285
5. Home Visit Bag and Contents	834,661
6. Other Consumables	<u>2,303,275</u>
SUB-TOTAL	8,137,424

Other Items

\$

L.E.

1. Participant Training

10 per yer long term  
@ \$ 18,500/person/year (living) +  
L.E. 1000/person/year (travel)

20 per year short term and third country  
@ \$ 3,500/person/month (living) +  
L.E. 1000/person/year (travel)

Orientation/debriefing per diem 140x13x4

2. Computer

Tape Drive (for Computer) 25,000

Extra Terminals for Computer 15,000

3 @ 5000 15,000

Computer Software 25,000 25,000

External Data Processing (if needed) 20,000

BMDP Lease

\$ 1600 per year 8,000

3. Training and Health Education	\$	L.E.
Human Body Models		
For Pelvic Examinations "Ginny"		
20 Districts + 1 SRHD office) x L.E. 1000		21,000
For breast examinations		
"Bettsi" (20 Districts + 1 SRHD office) x L.E. 1000		21,000
Pathfinder model for IUD insertion		
21 x L.E. 500		10,500
Slide presentation on SRHD Project		10,000
VLS kits (304 folders x 6 kits/folder x 80)		145,920
VLS Boards (304 x 80)		24,320
Reference Books (SRHD Office)		10,000
SUB-TOTAL	1,690,000	423,020
ANNEX II (a) TOTAL	9,827,424	423,020

2/16

SRHD BUDGET REQUEST TO USAID\*  
 (Request for funding in Egyptian Pounds  
 Exclusive of Technical Assistance Contract)

TEST DISTRICTS	L.E. .....
<b>I. Maternal and Child Health</b>	
a) Tetanus Applied Research Study	
Main Surveys (2 surveys x 20 p x 3500 x .02)	2,800
Supplement Surveys	4,000
Training of Interviewers Field Testing (30 interviewers x 30 days x 13.00)	11,700
Interviewer's Salaries (30 x L.E. 100 x 6 surveys) Main	18,000
Interviewer's Salaries (estimate)	5,000
Test Equipment/Tool	20,000
Field Monitoring (5 staff x 4 trips x 10 months x 13.000)	2,600
Training of field staff of study (70 staff x 6 days x 13.00 per diem)	5,460
Paper, supplies, handouts	3,000
Data processing (Tapes, ent , verification, printout paper)	10,000
Study Conferences	7,000
b) Respiratory Tract Infection Applied Research Study Same as above.	
	89,560
c) Community Obstetrics Program Development/Implementation	
Training of Trainers (16 Trainers + 6 SRHD staff x 2 programs x 60 days x 13.65)	36,036
Trainer's Per Diem (20 staff x 3 program/gov x 4 governorates x 60 days x L.E. 13.00)	187,200
Nurse per diems (400 x 60 days x 13.00)	312,000
Curriculum materials for trainers (75 pages x 50 copies x .02)	75
Handouts, paper, supplies (500 people)	1,700
Field Monitoring (5 staff x 2 trips x 24 months x 13.05)	3,120
Obstetrics Conferences	7,000
d) In-Service Training	
Supervisor In-Service Training (12 Supervisors + 13 SRHD staff) x 4 categories of supervisors x 6 days/yr. x L.E. 13.00 per diem x 5 years	39,000
Training of Trainers for Staff In-Service Training (as above)	39,000
Curriculum materials for In-Service Training (12 programs x 25 pages x 40 copies x .02)	240
Staff In-service training per diem (100 staff + 100 participants) x 12 days/yr. x L.E. 13.000/person/ yr x 5 yrs)	858,000
Handouts (25 pages/person/yr x 1100 people x .02)	3,200
Paper/Supplies (1100 persons x 5 L.E./person/yr. x 5 years)	27,500

\* Note: L.E. 13.00 = per diem costs of lodging, food, classroom rental where appropriate.

II. Family Planning

L.E.

a) Family Planning Applied Research Study	
As for Tetanus Applied Research (Except for Training)	89,560
Additional field staff training (125 staff x 13 days x L.E. 13.00)	21,125
b) Family Planning Program Development/Implementation (In-Service Training).	
Training of Trainers (12 Trainers + 10 SRHD staff) x 30 days x 13. x 4 programs	34,320
Trainer's per diem (10 staff x 25 programs x 13.00 x 30 days)	97,500
Participants per diem (500 participants x 30 days x 13.00)	195,000
Curriculum materials for trainers (75 pages x 60 copies x .02)	90
Handouts (600 copies x 30 pages x .02)	360
Paper, supplies (500 staff x L.E. 5/staff)	2,500
Field Monitoring (5 staff x 2 trips x 24 months x 13.00)	3,120

III. Environmental Sanitation

a) Environmental Sanitation Program Development/Implementation.	
Training of Trainers (20 Trainers + 10 SRHD staff) x 30 days x 13.65	12,285
Trainer per diem (5 Trainers + 4 SRHD staff) x 30 days x 5 programs x 13,00	17,750
Sanitarian per diem (200 sanitarians x 30 days x 13.00)	78,000
Curriculum materials for trainers (75 pages x 35 copies x .02)	53
Handouts (200 copies x 30 pages x .02)	120
Paper, supplies (200 sanitarians x L.E. 5/persons)	1,000
Field Monitoring (5 staff x 2 trips x 24 months x L.E. 13.60)	3,120

SUB-TOTAL TEST DISTRICTS L.E. 2,249,094

PHASE I IMPLEMENTATION DISTRICTS

I. Maternal and Child Health

a) Basic MCH/Core Training	
(25 staff x 6 days x 20 programs x 13.00)	39,000
Participants per diem (1100 x 6 days x L.E. 13.00)	85,800
Curriculum Materials for Trainers (100 copies x 75 pages x .02)	150
Handout, paper, supplies (1100 staff x 100 pages x .02)	2,200

b) Community Obstetrics Special In-Service Training Program

Trainers' per diem (8 staff x 25 programs x 60 days x 13.00)	156,000
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Nurse per diems (500 nurses x 60 days x 13.00)	390,000
Handouts, paper + supplies (500 copies x 75 pages x .02)	2,550
Field Monitoring (5 staff x 3 trips x 24 months x 13.00)	3,120

c) In-Service Training	
Staff In-Service Training Per Diem (1200 staff and participants x 12 days/yr x L.E. 13.00/person/yr x 4 yrs)	748,800
Handouts (1500 staff x 20 pages/yr x 4 yrs x .02)	2,400
Paper, supplies (1500 staff x L.E. 5/staff/yr x 4 yrs)	30,000

## II. Family Planning

a) Family Planning In-Service Training Program As in Family Planning Program Development/ Implementation Test District II-b except (training of trainers and curriculum materials for trainers) + 50%.	447,720
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## III. Environmental Sanitation

a) Program Implementation As for Env. San. Program Development/Implementation Test Districts III-a except (training of trainers and curriculum materials for trainers) + 50%.	149,985
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SUB-TOTAL PHASE I IMPLEMENTATION DISTRICTS L.E. 2,057,725

## PHASE II IMPLEMENTATION DISTRICTS

### I. Maternal and Child Health

a) Condensed MCH/Core Training (Basic + Obstetrics) As for Phase I Districts I-a and b + 50%	1,018,230
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b) In-Service Training As for Phase I Districts I-c + 50%	1,171,800
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### II. Family Planning

a) Family Planning In-Service Training Program As above in Phase I Districts II-a + 50%	671,580
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### III. Environmental Sanitation

a) Program Implementation As for Environmental Sanitation Program Development/ Implementation Phase I Implementation Districts III-a + 50%	224,978
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SUB-TOTAL PHASE II IMPLEMENTATION DISTRICTS L.E. 3,086,588

## OTHER ITEMS

	L.E.
<b>Central Office Furniture</b>	
Desks and chairs for 27 persons less 9 on hand = 18 @	7,000
File cabinets with file folder sets - 8 @ L.E. 260	2,000
Bookshelves - 6 @ L.E. 50	300
Desk lights - 25 @ L.E. 15 each	375
Bookcase, enclosed, glass doors	500
Air conditioners 3 additional @	15,000
Typewriters (5) 2000 each	10,000
Telephone sets	3,000
<b>Translation service</b>	<b>25,000</b>
<b>Central Office Supplies</b>	
Photocopier rental (Xerox 7000) L.E. 900 per month x 60 months	54,000
Photocopier rental (Xerox 3107) L.E. 400 per month x 60 months	24,000
Copies (Xerox 7000) 300,000 free + } 250,000 per year (Xerox 2107) 100,000 free + } x .20 x 5 years	25,000
Computer Maintenance Contract L.E. 450 per month x 60 months	27,000
Office paper, pens, clips, files, etc.	21,800
Computer paper, Tapes/Discs L.E. 5000 per year x 5 years	25,000
Typewriter maintenance L.E. 800/yr. x 5 yrs.	4,000
<b>District or Below Office Furniture/Supplies</b>	
1 Desks/chair/file cabinet/file starter sets for all District officers (16 x L.E. 800 per set)	12,800
1 photocopier per district (L.E. 6000 each) + 1 extra file cabinet for each unit/center (L.E. 100 each x 350 facilities)	96,000
Card laminating device (1 per district + 2)	35,000
Photocopier paper 5 reams per month per machine for 6 years	10,500
	<b>340,200</b>
<b>Maintenance of District photocopiers (new and old machines) for 5 years</b>	<b>60,000</b>
<b>Trainers/Trainees Manual Binders (5000 x L.E. 7)</b>	<b>35,000</b>
<b>Information System</b>	
Household Survey (10 surveys x 3000 household x 20 pages x .020) (paper)	12,000
Interviewer Salary (L.E. 100 x 40 people x 10 surveys)	40,000
Work Sampling (5 surveys x 20,000 sheets/surveys x L.E. .020)	2,000
Interviewers Salary (L.E. 150 x 25 people x 5 surveys)	18,750
<b>Supervisory Feedback Test Districts</b>	
(4 pages x 4 Types x 4 times/yr x 882 staff x L.E. .020 x 4.5 yrs)	5,080
6 Phase I Districts (4 x 4 x 4 x 1028 x .020 x 4.5)	5,921
10 Phase II Districts (4 x 4 x 4 x 1261 x .020 x 2.5)	4,035
Monitoring: 2 visits per month x 2 persons x L.E. 13 per diem x 60 months	3,120

Cost Analysis (1 survey x 1000 pages x .020)	20
Interviewer Salary (L.E. 150 x 2 persons x 2 periods)	600
On going regular evaluation training (60 people x L.E. 13 per diem x 60 days x 2 sessions)	93,600
MCH Service Form and Record Module (Replacement stocks in test districts plus initial and replacement stock for all Implementation Districts, plus mapping costs).	250,000
Inpatient Service Form and Record Modules (as above)	125,000
Outpatient Service Form and Record Modules (as above)	125,000
Rapid Data Feedback	
Test Districts (8 pages x 103 facilities x 12 times/yr x 5 yrs. x L.E. .020)	990
6 Phase I Districts (8 x 127 x 12 x 5 x .020)	1,220
10 Phase II Districts (8 x 152 x 12 x 2 x .020)	585
Verbal Autopsy (CDR x population x 5 years x 10 pages x .020)	200
Information system field monitoring except Supervisory feedback (1 Trip x 2 SRHD staff/month x 60 months x 13,00)	1,560
Incentive Payments	
Test Districts, all staff	250,000
Phase I Implementation Districts	375,000
Phase II Implementation Districts	375,000
Obstetrics Program Trainers honoraria	
16 Trainers x L.E. 600/Trainer x 4 yrs.	38,400
	<hr/>
SUB-TOTAL	L.E. 2,561,556
	<hr/>
TOTAL BUDGET ANNEX Iib	9,954,963
Contingency 2.5%	248,875
FINAL TOTAL ANNEX Iib	<u>L.E. 10,203,838</u>

S. R. H. D. PROJECT BUDGET

M. O. H. CONTRIBUTION  
 Fy 1981/82 through 1985/86

L.E. (000)

I T E M S	F. Y.					TOTAL ITEM
	81/82	82/83	83/84	84/85	85/86	
<u>I. Cost of physical facilities:</u>						
- 110 RHC X LE 120	13200					13200
- 272 RHU X LE 40	10880					10880
<u>II. Salaries &amp; Fringe benefits:</u> <sup>*</sup>						
- 110 RHC X LE 20	960	1056	2112	2323	2556	9007
- 272 RHU X LE. 7	1204	1324	2285	2514	2765	10092
- 20 RHD X LE 12	120	132	288	317	349	1206
- 4 Gov'te Administ.	44	48	53	58	64	267
- Central Office	26	29	31	35	38	159
- Extra Payment & Egyptian Consultants Salaries	65	72	79	87	96	399
<u>III. Operation Costs:</u>						
- 110 RHC X 20 beds X 1.38	456	525	1087	1250	1438	4756
- 272 RHU X 3.5	602	693	1238	1424	1637	5594
- Vehicle Operation	80	92	208	239	275	894
- Administ. Costs	20	23	27	31	35	136
<u>IV. Construction**:</u>						
- Training Centers	295	100	600			995
- Veh. Maint. Workshops	80	140	300			520
<b>T O T A L</b>	<b>28032</b>	<b>4234</b>	<b>8308</b>	<b>8278</b>	<b>9253</b>	<b>58105</b>

(\*) 10% annual increase .

(\*\*) 15% annual increase

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