PD-ABG-740
84312

A.I.D. PROJECT EVALUATION SUMMARY: PART I

A. REPORTING A.I.D. UNIT:

USAID/EGYPT
ES.#

B. WAS EVALUATION SCHEDULED CURRENT FY EVALUATION
Yes X Delayed ___
Ad Hoc ___

C. EVALUATION TIMING
Interim X Final ___
Ex Post ___ Other ___

D. ACTIVITY EVALUATED: **CHILD SURVIVAL - 263-0203**

E.	ACTION DECISIONS APPROVED BY THE MISSION DIRECTOR	ACTION TAKEN	RESPONSIBLE PARTY	COMPLETION DATE
1.	Develop and Implement Project Sustainability Strategy and Plan.		MOH/USAID	08/93
2.	Strengthen Project Management at Governorate and District Levels.		MOH/CSP	12/93
3.	Streamline MIS system, coordinate with MOH system and review indicators of systems.		MOH/CSP	12/93
4.	Improve overall project management in training, preparation of research proposals and CSP internal programming.		MOH/CSP	12/93
5.	Improve the quality of training by emphasizing practical skills, on-site training, team building and the participation of universities		MOH/CSP	12/93

F. **CLEARANCE/APPROVAL OF EVALUATION SUMMARY AND ACTION DECISIONS:**

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Approved: Jeffery R. Malick 8/12/1993
Jeffery Malick, (A)AD/PDS

G. **EVALUATION ABSTRACT:**

The Egypt Child Survival Project Agreement was signed in 1985 with the purpose to improve the health of mothers and children through four vertical interventions: Expanded Program of Immunization (EPI), Acute Respiratory Infection (ARI), Child Spacing (CS) and Nutrition (later modified and merged into CS). Because of administrative delay, most major activity has taken place since 1990. Project agreements have been amended several times. The Project is funded for $67 million with an ending date of August 1995. A team of nine independent consultants, (four expatriates from Datex, Inc., one expert from WHO, and four experts from Egypt), carried out the Evaluation from October 4 to November 10, 1992 in Cairo and five Governorates. The principal recommendations were: (1) develop a sustainability plan to ensure continuation of the Child Survival Program beyond 1995, (2) strengthen program management at the Governorate and District levels, (3) decentralize activities to achieve maximum project impact, (4) review and improve data collection systems to avoid duplication, and (5) focus on skills oriented training in the future.

After a slow start, the Project is organizationally stable and is progressing at working speed. The Project, using a difficult national approach, has succeeded in exceeding its target of 80 percent coverage of children for six immunizations and in maintaining a functioning cold chain. As a result, the number of reported target diseases has declined. Progress is being made toward polio eradication. Training in all the components has been extensive. More than 17,000 health workers have been trained in EPI; nearly half of all primary health care/Ministry of Health (MOH) physicians have been trained in ARI; over 6000 physicians and nurses have been trained in perinatal services, as well as nearly 4000 dayas (traditional birth attendants). Research and KAP studies have been carried out.

H. EVALUATION COSTS

EVALUATION TEAM	CONTRACT NO.	CONTRACT COST
DATEX, Inc.	263-0203-C-00-2220-00	$141,936

SOURCE OF FUNDS	PIO/T No.
Element No. 7 (Audits & Evaluation) of the Project Funds	263-0203-3-60304 263-0203-3-92047

A.I.D. EVALUATION SUMMARY : PART II

I. SUMMARY OF EVALUATION FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

PROJECT DESCRIPTION:

The Egypt Child Survival Project Agreement was signed in 1985 with the purpose to improve the health of mothers and children through four vertical interventions: Expanded Program of Immunization (EPI), Acute Respiratory Infection (ARI), Child Spacing (CS) and Nutrition (later modified and merged into CS). Because of administrative delays, most major activity has taken place since 1990. Project agreements have been amended several times. The Project is funded for $67 million with an ending date of August 1995. The purpose of this interim evaluation was to assess Project design, progress, and achievements, to identify constraints and to make recommendations for improving implementation. A team of nine independent consultants, four expatriates from Datex, Inc., one expert from WHO, and four experts from Egypt, carried out the Evaluation from October 4 to November 10, 1992 in Cairo and in five Governorates.

EVALUATION PURPOSES:

The purpose of this interim evaluation was to assess project design, progress, and achievements, to identify constraints in the achievement of project targets, and to make recommendations for improving project implementation and its impact.

METHODOLOGY:

The Evaluation Team interviewed Project staff, Ministry of Health, USAID, and UNICEF officials, and took field trips to five Governorates: Alexandria, Beheira, Giza, Assiut, and Qena, where they interviewed Governorate and District officials and visited and observed activities in hospitals, health bureaus, rural health centers, and maternal and child health centers. The Governorates were selected to show a variety of experience in implementation: urban and rural; wealthy and poor; areas with long-established child survival activities and areas where activities had been recently introduced. The Evaluation Team developed questionnaires to assure that the field visit teams addressed issues in a systematic fashion.

In Cairo, the Team reviewed the considerable documentation made available by USAID and the Project, including the project paper and amendments, implementation work plans, quarterly and monthly reports, research reports, financial statements, and audits.

FINDINGS AND CONCLUSIONS PRINCIPAL RECOMMENDATIONS:

After a slow start, the Project is organizationally stable and is progressing at working speed. The Project, using a difficult national approach, has succeeded in exceeding its target of 80 percent coverage of children for six immunizations and in maintaining a functioning cold chain. As a result, the number of reported target diseases has declined. Progress is being made toward polio eradication. Training in all the components has been extensive. More than 17,000 health workers have been trained in EPI; nearly half of all primary health care/Ministry of Health (MOH) physicians have been trained in ARI; over 6000 physicians and nurses have been trained in perinatal services, as well as nearly 4000 dayas (traditional birth attendants). Research and KAP studies have been carried out.

PRINCIPAL RECOMMENDATIONS

1. Need to plan for sustainability: A major concern is the Government of Egypt's ability to sustain Project-initiated child survival activities after the Project ends. The full institutional and financial resources for sustainability are not yet in place and need to be planned. Constituencies for child survival are underdeveloped. Project activities are not yet well integrated into the MOH. Although the Government of Egypt's (GOE) in-kind contributions are extensive, it is not meeting its full share of promised cash contributions. Meanwhile, the Project has engendered a series of new recurrent costs for vaccines, drugs, and consumable, which the GOE will have to finance if these vital child survival activities are to be maintained without Project support. By itself, the eradication of polio will require an annual investment of several million dollars for several years.

A. Recommendation: We recommend that by early 1993, the MOH/Project have developed and implemented a sustainability strategy for financing those activities which are to be maintained after the Project ends and to assure appropriate sources of funding and that they have developed an administrative plan for fully integrating Project activities into the MOH; that they designate child survival steering committees at the MOH and in the Governorates; that they seek more involvement of universities for research and training; and that an evaluation be held in 1994 to assess the sustainability strategy's implementation and to assess whether a Project extension is needed.

2. Management capacity at Governorate/district level needs to be strengthened: The Project's national approach is not meeting sufficient success at the lower levels of the health care system because of the Project's centralized management. Planning, research, and technical assistance appear directed mainly to meeting central needs. The Project needs to move more of its resources to provide greater support and flexibility in management, supervision, and planning at the Governorate/District levels to assure smooth service implementation and to assure quality services.

B. Recommendation: We recommend the Project/MOH assist and train Governorate and District officials to develop a system of work plans for child survival activities; sponsor workshops in data needs, use, and analysis for local and regional officials; assist in improving supervisory systems in Governorates and Districts to assure improved child survival services; direct qualified technical assistance to resolving management issues and to assuring quality of care in Governorates/Districts; and work to improve performance motivation of local and regional officials.

3. Management information systems and indicators for monitoring Project achievement need improvement: The MOH has numerous information systems (such as birth and death registration) which can be used more effectively by the MOH and the Project to manage and plan child survival services. Project and MOH information systems are not fully coordinated. The Project, through its need for data, has added to the burden of reporting at the point of data collection. Many of the indicators for Project monitoring in the Project Paper Amendment are not suitable for measurement.

C. Recommendation: We recommend that the Project and the MOH consolidate disease and health services utilization reporting to assure that activities as well as diseases relevant to child survival, such as pneumonia, measles, neonatal tetanus, and diarrheal disease, are routinely reported by all health facilities. Project monitoring indicators should be revised and some suggestions are provided.

4. Project management needs improvement: The Project should implement proposals to coordinate training by designating a Project-wide training coordinator; it should establish a Project-wide research review committee and implement its internal management information systems. More emphasis for health promotion activities would be helpful.

D. Recommendation: We recommend the project provide technical assistance of persons highly capable in resource development/evaluation/resource allocation and information systems to work with the program managers providing on-site consultation as needed. Also, we recommend that research be directed toward operations research and administrative problem-solving research. The project should use its resources to improve MOH capacity in mass media and utilize as well private media resources.

5. Quality of Training Needs Improvement: While the Project has carried out considerable, high-quality training, training courses have been deficient in problem-solving and practical training (including management) and has used approaches that do not foster team building. As a result, the training center concept has become distorted because the hospital is not used for practical training.

E. Recommendation: We recommend that more emphasis on practical skills and on-site training, team building, and more involvement of the universities in the training activities to provide a role model for the trainees and to ensure the quality of training.

MISSION COMMENTS:

The major recommendations of the evaluation focused, not surprisingly, on managerial, programmatic and sustainablility issues. Although the medical skills involved in project interventions are relatively simple, a considerable amount of programmatic and managerial expertise is required to transform inputs in training, commodities, supervision into quality service for patients. The evaluation observed that some project elements, particularly EPI are performing well in this regard but that there is still room for improvement for all the components. Most senior project staff agree with the evaluation team in its major findings and are already working to improve project planning, implementation and the quality of services.

It is recognized by the both USAID and the MOH that the most critical recommendation in this evaluation is the recommendation to develop and implement as soon as possible, a sustainability plan that would permit an orderly assumption of project recurrent costs by the MOH/GOE prior to the August 15, 1993, the project PACD. This issue is particularly critical because the traditional source of open ended support for child survival interventions, UNICEF, will no longer be providing free immunization resources as of 1994. The MOH/GOE is now faced with the urgent task of rationalizing and prioritizing the allocation of its own resources in the area of preventive health services. Project staff is proceeding with the development and implementation of sustainability and institutionalization measures in the technical and operational areas.

Financial and budgetary sustainability remains the most important and critical of these issues. In concert with WHO and UNICEF, and within the context of the Child Vaccine Initiative, USAID is commissioning an analysis of the recurrent costs of the entire child survival program. The results of this study which is expected to be completed in June 1993 will provide the basis for an informed discussion with the MOH on its financial and budgetary plans to sustain the many achievements of the Child Survival Program.

In addition to the five major recommendations presented above, the evaluation team made many suggestions for each project component. Project staff have systematically reviewed all these suggestions and incorporated the realistic ones in its 1993 work plan.

Some of these suggestions and recommendations have already been implemented and the majority of them are scheduled for implementation as described in the 1993 annual implementation plan. HRDC/H will be monitoring the implementation of the recommendations.

LESSONS LEARNED:

- Every public health program must be designed to fit within the existing institutional context. The CSP is managed as a semi-autonomous program which means that special efforts need to be made to integrate its activities into the existing MOH administrative structure and the existing service delivery system.

- The MOH leadership should plan early for the level of MOH support necessary to maintain post Project activities. A study to determine the funding requirements to sustain post Project activities has been initiated. Early attention to this most important issue is critical to the future of the program in Egypt.

- It is more important to emphasize the quality of services being developed than it is to attempt premature evaluation of the impact of these service. The CSP is working to improve services delivery across a wide spectrum of maternal and child health care areas. Particular attention needs to be focussed on quality assurance in these programs.

- Effective, skills-oriented training is a major key to sustainability. The CSP has trained large numbers of health providers and equipped 26 training centers in 19 governorates.

- Project management information systems (MIS) call for the collection of much more data than is possible to analyze. The CSP MIS is being redesigned to foster a greater degree of analysis and utilization of information at the periphery of the Health Care Systems.

- Involving the university community in strategy formulation, planning, research, and training is an excellent way to find talent and advocacy for the Project. The CSP plans to strengthen the link between the MOH and universities.

- Establishing adequate services on a decentralized basis is essential to the success of the program. Delegation of responsibility for CS activities to the local level will establish improved commitment from local officials. The CSP is now apply this approach.

- Mass Media and Social Marketing are critical in mobilizing the public and creating better demand for child survival services or changing behaviors. Private commercial expertise needs to be harnessed in order to produce high quality media materials and ensure adequate air time in order to reach the largest numbers of people rapidly during the next two year period.

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