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**ASSESSMENT OF THE
GOVERNORS' COUNCIL OF WOMEN
(GCOW) DEVELOPMENT AND FAMILY
PLANNING PROJECT
1990 - 1993**

Report submitted to USAID/Cairo

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* The overall GCOW Project implemented a number of projects in the Governorates, under the NPC/IDP Governorate Support Grant mechanism. In this report, the latter are referred to as "demonstration projects" in order to differentiate them from the larger GCOW project.

A

EXECUTIVE SUMMARY AND CONCLUSIONS

Assessment Purpose and Methods This report presents the findings of an assessment of the USAID/Cairo-funded Governors' Council of Women (GCOW) Development and Family Planning Project. The assessment reviews progress since project authorization in 1990. It provides recommendations regarding GCOW continuation and to guide the design of follow-on project activities under the bilateral Population/Family Planning III Project, scheduled to begin in 1994.

The review focusses on GCOW progress to date and its future potential in assisting with governorate level population planning and policy development, and in advocating for improved family planning services. It was carried out by Dr. Maria J. Wawer, March 28 - April 11, 1993. Assessment methods included collection and analysis of data on GCOW inputs, outputs and impact, and on the project implementation process and institutional context. Data were collected through review of documents, interviews and site visits to three governorates.

Project Purpose The broad GCOW project purpose is to facilitate a reduction in the Egyptian birthrate by working closely with NPC/G Action Plans, and to develop the knowledge and skills of Egyptian women leaders to take leadership roles in promoting family planning efforts. In the original GCOW proposal, the Councils were not envisaged as direct service providers. Their impact on contraception was to occur through activities such as IEC, identification of service gaps to be filled by other agencies, and by referral of clients to existing services.

Specific project outputs included the development of GCOW committees made up of women leaders in 11 low prevalence governorates, the design and implementation of workshops for GCOW members, and the implementation by GCOW committees of demonstration projects related to family planning and development.

Project Evolution Project design was a joint responsibility of the Institute for Training and Research in Family Planning and the NPC Institutional Development Project (IDP); the project director and coordinator are both within the ITRFP. The GCOW was initiated with a conference for women leaders in 1990. Subsequently, GCOW committees made up of senior women leaders were successfully established in all 11 target governorate (a first group of seven governorates in Upper Egypt were initiated in 1991; four additional low prevalence Lower Egypt governorates were added in 1992).

Project Inputs Categories of project inputs include: training, local and foreign technical assistance, training equipment purchases, Governorate Development Support Grants and project administration.

Human Resources Implementation of the project has benefitted from the work of qualified and committed ITRFP, NPC/TS and NPC/IDP staff and consultants. Inputs from volunteer women leaders in the governorates have been of high quality. At the same time, however, a lack of clear administrative structures for field monitoring and evaluation, and a relative lack of ongoing technical assistance inputs by family planning program specialists, has resulted in some confusion and in less than optimal emphasis on issues such as service quality and sustainability.

Financial Resources Financial resources have been appropriate for project activities, and have been made available through a number of mechanisms. USAID/Cairo provided funds for ITRFP personnel, equipment and training activities (LE 618,379), eleven Governorate Development Support Grants (LE 997,000) and CEDPA technical assistance (\$96,000). GCOW committees in a number of governorates have shown excellent initiative in acquiring additional funds from the Governor's office, ministries and non-governmental organizations, and in identifying in-kind contributions from the community.

Project Outputs The GCOW project has met projected outputs in establishing 11 active GCOW committees, providing training and implementing 11 GDSG demonstration projects. GCOW committees are meeting numeric targets with respect to clinics established, community meetings and seminars, the training of district and local women leaders and the implementation of literacy classes and women's income generation projects.

Project Impact The project has been very successful in motivating women leaders to become involved in population and family planning. Proposal preparation and planning abilities of GCOW members have been substantially strengthened, as has their capacity to lobby for and coordinate the efforts of ministries and agencies.

However, the emphasis placed to date by GCOW committees on establishing new clinics and classes has a number of drawbacks. Some of the services duplicate those of other agencies, often within close geographic proximity. The cost-effectiveness and sustainability of the services developed have not been appraised, and their long term continuation presents problems. Setting up services entails an important opportunity cost, in that less effort can be placed upon the broader GCOW policy, planning and advocacy role.

Principal Conclusions The GCOW project has great potential to influence policies and planning related to women-in-development and population. The access to women leaders to the governors has been excellent, as has their capacity to identify problems women face in acquiring services. The early stage of GCOW development described in this report is a success in that, for the first time, women leaders have been systematically organized to address problems of family planning and women's services.

Given the short duration of the GCOW project, its full potential has not yet been fully developed. The current emphasis on small scale service delivery activities risks detracting from the overall advocacy role of the GCOW, and entails problems of duplication of services, sustainability, and ownership of/responsibility for the services being delivered. In order to fulfill the broader policy and advocacy functions, the GCOW project will need to be reoriented away from direct services to the coordination of other agencies.

Innovative activities which may warrant implementation in GCOW continuation include exploring ways to improve the quality of existing services, reducing family planning drop-out rates, and coordinating more mobile family planning outreach and services. For example, GCOW committees could initiate client satisfaction surveys, and bring the results to bear on the decisions of governorate policy makers and service providers. As has been suggested numerous times, the number of Egyptian women residing in truly underserved areas is far smaller than the number residing close to poor

quality services. GCOW training, orientation and study tours should be designed to expose members to such broader policy, advocacy and quality control issues and to the skills needed to address them.

In the future, project technical assistance, monitoring and administrative roles need to be clarified and reorganized, in order to provide GCOW committees with appropriate, non-duplicative technical and administrative support. Mechanisms to ensure timely transfer of funds are urgently required.

MAJOR RECOMMENDATIONS:

1. Global Recommendation:

1. The GCOW project merits continuation, pending some modifications in project administrative organization, and a reorientation of the project mandate to concentrate more fully on policy and leadership areas, as originally envisaged.

2. Recommendations for reorientation:

2.i GCOW activities should be reoriented towards policy and planning functions, with a diminution of council efforts in direct service delivery.

2.ii Training and study tour design should reflect the modification in GCOW role.

2.iii. A two-tiered approach to GCOW activities should be considered.

** In the first tier, policy, planning and leadership skills training can be provided to women leaders in all governorates.*

** In the second tier, Governorate Development Support Grant follow-on is made available to a limited number of low prevalence governorates, for very specific, innovative policy and advocacy oriented studies and demonstration projects.*

2.iv. Technical assistance responsibilities and content need to be redefined in light of the policy reorientation of the project.

3. Recommendations for Coordination, Administration and Clarification of Roles:

3.i Responsibilities regarding technical assistance, training, evaluation and financial monitoring must be clarified, and areas of overlap eliminated.

The NPC/TS, with intensive technical assistance from the NPC/IDP project, should be charged with overall planning, coordination and monitoring of the GCOW project, including sub-contracting of training activities.

ITRFP should continue to provide training under the NPC/IDP umbrella, in close technical collaboration with the NPC/IDP.

3.ii The expertise of NPC/G offices must be better utilized in support of GCOW activities, and to ensure coordination of population activities at the governorate level. NPC/TS must encourage and facilitate such collaboration, particularly in view of the need to strengthen population program decentralization to the governorates.

3.iii Within the GCOW committees themselves, clear demarcation of functions, and delegation of responsibilities, need to be explicitly addressed.

3.iv Funding levels for follow-on GCOW demonstration projects can be similar to those made available to date. A governorate-level mechanism should be identified to provide GCOW committees with small grants to cover secretarial and information dissemination activities in the governorates, separate from demonstration project monies.

3.v Mechanisms to facilitate timely movement of funds from the central NPC to the governorates need to be developed prior to GCOW continuation

ACRONYMS

AVSC	Association for Voluntary Surgical Contraception
CEDPA	Center for Development and Population Activities
EFPA	Egyptian Family Planning Association
EP&A	E. Petrich and Associates, Inc.
FP	Family Planning
GCOW	Governors' Council of Women
GDSG	Governorate Development Support Grant
GOE	Government of Egypt
IDP	Institutional Development Project
IEC	Information, Education and Communication
ITRFP	Institute for Training and Research in Family Planning
LE	Egyptian Pounds (currency)
MCH	Maternal Child Health
MOE	Ministry of Education
MOH	Ministry of Health
MOSA	Ministry of Social Affairs
NGO	Non-Governmental Organization
NPC	National Population Council
NPC/G	National Population Council/Governorate
NPC/TS	National Population Council/Technical Secretariat
PIL	Project Implementation Letter
POP/FP II	Population/Family Planning Project II (USAID) 1983-1993
POP/FP III	Population/Family Planning III Project (USAID) 1994-1997
PY	Project Year
RFP	Request for Proposals
TA	Technical Assistance
U.S.A.I.D.	United States Agency for International Development, Washington
USAID/Cairo	United States Agency for International Development, Cairo Office

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I. INTRODUCTION

Assessment Methods:

This report presents the findings of an assessment of the USAID/Cairo-funded Governors' Council of Women (GCOW) Development and Family Planning Project. The assessment was carried out primarily during a two week visit by Dr. Maria J. Wawer, Columbia University, March 28 - April 11, 1993. (Please see appendix A for consultant's workplan.) During this period, the consultant conducted the following activities:

- * visited and interviewed individuals at USAID/Cairo, the Institute for Training and Research in Family Planning (ITRFP) in Alexandria, the National Population Council/Technical Secretariat (NPC/TS), the Institutional Development Project (IDP) of the NPC, and at NPC offices in the governorates. (Appendix B)
- * reviewed project documents at these institutions and agencies (Appendix C),
- * conducted observational field visits to three governorates (Beheira, Beni Suef and El Minya) having GCOW demonstration projects, (Descriptions in appendix D).
- * met with the Chairperson of the Aswan GCOW in Cairo. (Due to travel constraints, the consultant was unable to visit governorates in the southernmost regions of Egypt.)

In addition, prior to her arrival in Egypt, the consultant visited the Center for Development and Population Activities (CEDPA) in Washington, and reviewed relevant documents at that time.

Assessment Purpose

The overall goals of the assessment were to 1) determine whether the GCOW project can facilitate population related activities in the governorates, 2) produce recommendations regarding the continuation of the project, 3) provide suggestions regarding the most useful functions of the GCOW, and 4) to indicate technical assistance and other inputs needed to maximize these functions.

The specific purposes of the assessment, as defined by USAID/Cairo, were to examine

- * the training program (content and process) provided to the GCOW;
- * the effectiveness of the GCOW in the governorates;
- * the relevance of the demonstration project proposals prepared by the GCOW in each governorate to the needs of their respective communities; and
- * the impact of the project on: GCOW members, trainees, local leaders and women in the community who serve in or are served by the program.

Among the areas explored by the consultant were overall GCOW planning and policy activities; GCOW success in proposal preparation and implementation; the appropriateness and feasibility of expanding the grassroots input and base of GCOW activities; the capacity of the GCOW to broaden its advocacy,

planning and policy roles; project administration at the governorate level; the administrative and technical relationships and interactions between the GCOW, NPC, ITRFP, CEDPA, IDP and the Egyptian Family Planning Association (EFPA); and determinants of and potential barriers to project success. Project organizational and administrative structures were examined with the goal of suggesting future collaborations and an organizational structure which would ensure project flexibility and rapid response to governorate needs, while providing for appropriate accountability.

The assessment does not concentrate on detailed evaluation of individual governorate level GCOW demonstration projects, nor does it recommend which of these projects should be continued in the short term under the USAID/Cairo Population/Family Planning II Project (POP/FP II). Evaluation of individual demonstration projects is to be conducted separately by CEDPA. Rather, the assessment described in this report attempts to analyze the overall viability and long term potential for GCOW activities under POP/FP III (1994-1997).

II. OVERVIEW OF THE GOVERNORS' COUNCIL OF WOMEN PROJECT

A. Project background

As described in the 1990 GCOW proposal, the project focuses on developing the role of women leaders in support of family planning and development programs. A primary purpose is to involve GCOW members in facilitating the implementation of governorate population plans and objectives, through activities such as the identification of needs, the mobilization of resources, and by increasing public awareness of family planning and development programs.

A number of factors contributed to the development of the GCOW. In 1989, Her Excellency Mrs. Suzan Mubarak, the First Lady, chaired a conference at the National Population Council, to which she invited women leaders including Governors' wives, and encouraged them to become advocates in the arena of development, population and family planning services. In 1990, a delegation which included Mrs. Mushira El Shaffie, Director of Family Planning, Ministry of Health (MOH) and Mr. Terry Tiffany, Director, USAID/Cairo Office of Population, travelled to the governorates of Upper Egypt and met with Governors, and their wives and other women leaders, to explore ways of increasing governorate level population awareness. A number of women leaders explicitly requested training and technical assistance to develop their capacity as advocates for family planning.

USAID/Cairo, under the POP/FP II Project, responded by suggesting and funding the GCOW Project. The project was developed in a proposal prepared by the Institute for Training and Research in Family Planning (ITRFP) in Alexandria, with substantial inputs from USAID/Cairo and the USAID funded IDP project of the NPC. Additional technical assistance for proposal design was provided by CEDPA. ITRFP was to develop training and technical support for the GCOW committees. The role of the NPC was to ensure that GCOW activities were congruent with and assisted governorate level Population Plans of Action. In addition, the NPC, through the IDP, was to use funding set aside in the Governorate Development Support Grants (GDSG) Program to finance special demonstration projects developed by GCOW committees. The GDSG had been established as a mechanism for governorates to initiate innovative population related activities for which other funds were not available. As of 1990, these funds had not been tapped into, since the governorates lacked a clear mechanism for proposal and project development. The GCOW was seen as providing a structure and technical assistance for such projects, with the understanding that any activities supported under the GDSG would be developed in conjunction with local NPC/G offices and would be congruent with governorate level plans. In turn, use of the GDSG by the GCOW would provide the latter with concrete program experience and would legitimize the role of the women's councils.

B. GCOW project purpose and expected outputs:

Primary project goals were:

- * To facilitate a reduction in the Egyptian birthrate from a crude birth rate of 38/1000 in 1986 to 35/1000 in 1993, by working closely with the NPC/G Action Plans.
- * To develop the knowledge and skills of women leaders in Upper Egypt to take leadership roles in promoting family planning efforts.

(In the original proposal, the GCOW was not envisaged as a direct service provider. It was expected to increase contraceptive prevalence through activities such as IEC, identification of service gaps to be filled by other agencies, and referral of clients to existing clinics.)

Specific project outputs planned for the GCOW project were:

- * establishing GCOW committees of 10-15 members in seven governorates of Upper Egypt (Aswan, Qena, Sohag, Assiut, El Minya, Beni Suef and Fayoum). At the request of the NPC/TS, the number of governorates was increased to 11 in 1992, with the addition of 4 low prevalence governorates in Lower Egypt (Beheira, Kafr El Sheik, Sharkeyia and Dakhaleya).
- * designing and implementing workshops for GCOW members regarding population/family planning/development; selected leadership skills; and proposal development.
- * the design, implementation and management by the GCOW committees of special demonstration projects through the GDSG mechanism.

Expected governorate level GCOW activities included:

Coordination of women's population and development activities in the governorates, identification and training of women leaders at the local and district levels, organization of special campaigns to increase awareness of family planning through the mass media and community mobilization, identification of gaps in service through the review of existing data and through special surveys, development of strategies to fill these gaps, and advocacy for quality family planning programs and to ensure that appropriate policies were in place to facilitate access to family planning.

C. GCOW Project Structure, Relationships of Collaborating Institutions, and Administration

As described in the project proposal, the GCOW project is a combined effort of the ITRFP and the NPC to work with women leaders. The GCOWs are designed to be permanent subcommittees of the Governorate Regional Population Councils, supported by staff assistance from the NPC/G offices. Figure 1 illustrates project structure and the interactions of the many institutions involved with the project. The roles of these institutions are briefly summarized below.

USAID/Cairo:

USAID/Cairo, under Egypt POP/FP II, provided

- * funding for ITRFP to support training, technical assistance and followup for the GCOW project. Funding covered ITRFP personnel costs, selected training equipment, and institute-based and field expenditures.
- * funding for GCOW demonstration projects, through the Governorate Development Support Grants, awarded via the IDP project of the NPC; and
- * funding for technical assistance provided to the GCOW by CEDPA.

GCOW:

The role of the GCOW committee in each governorate is to analyze existing needs, resources and Population Plans of Action; work closely with the NPC/G office to assist in the development of plans and policies to address unmet needs; serve as a forum to provide family planning and development information for women and other leaders in the governorates; and develop and implement innovative family planning/development demonstration projects using GDSG funds. The activities of the core GCOW committee in each governorate are conducted by volunteer women leaders, chaired in the majority of cases by the wife of the governor.

ITRFP:

The ITRFP is the training institute of the Egyptian Family Planning Association, and has accrued over 20 years of experience in the development of seminars, workshops and materials related to family planning, development and leadership skills. For the past decade, the Institute has been self sufficient, covering its costs through training programs. Within the GCOW project, the responsibilities of the ITRFP include 1) assisting the governorates to develop criteria for the selection of GCOW candidates sent for training, 2) screening of selected candidates, 3) training up to 100 GCOW members in basic demography and population issues, family planning methods, needs assessment and planning, communications and leadership skills, proposal design and project implementation, and 4) providing technical assistance in the application of these skills at the governorate level. In turn, ITRFP receives technical assistance from CEDPA in curriculum development and demonstration project design and implementation.

CEDPA:

CEDPA had been supporting women-in-development and family planning training in Egypt for over 15 years, working primarily with the EFPA and the ITRFP. Through a USAID/Cairo buy-in to CEDPA's Cooperative Agreement with U.S.A.I.D., CEDPA's TA role includes development of GCOW training materials, the preparation of case studies from other successful women-in-development programs, development of new models for special projects, consultations in project design and evaluation, and an end-of-project Situational Assessment with recommendations for the future.

NPC/TS:

In its role of coordinating population activities in Egypt, the NPC/TS is expected to ensure that GCOW activities are congruent with national plans. Under the IDP project of the NPC (see below), the NPC/TS also supported GCOW demonstration projects. The NPC/TS Monitoring and Evaluation Unit has been involved in oversight of GCOW activities at the governorate level; the Governorate Support Unit reviewed and selected demonstration project proposals submitted by the GCOW committees, and has conducted some technical assistance to and monitoring of the demonstration projects. The NPC/TS finance office is charged with the review of GCOW demonstration project expenditures and with replenishing these project accounts.

IDP:

The Institutional Development Project of the NPC assisted the ITRFP in the development of the original GCOW proposal. The IDP also made funds available for GCOW demonstration projects through monies set aside for Governorate Development Support Grants. The IDP provides technical assistance to the NPC/TS Governorate Support Unit in all the latter's GCOW related activities.

NPC/G Offices:

NPC/G offices are to work closely with the GCOWs to ensure that needs assessment and other activities are complementary to the Governorate Population Plans of Action. The NPC/G offices introduce the GCOW to existing agencies with population programs, assist the GCOW with activities such as community surveys/needs assessments and demonstration projects, and incorporate GCOW findings and experiences into future Plans of Action. Among other actions to ensure that GCOW experiences are utilized appropriately, the NPC/G offices present relevant results to the Regional Population Councils headed by the governors. The NPC/G offices are also to provide the GCOW committees, made up of unpaid, volunteer women leaders, with secretarial and administrative backup, and to help coordinate meetings. In order to facilitate coordination between the GCOW and the NPC/G offices, representatives from the latter attend GCOW training courses at the ITRFP.

Egyptian Family Planning Association (EFPA):

The EFPA is an NGO implementing agency associated with the Ministry of Social Affairs (MOSA). The GCOW is not an officially incorporated NGO, and given the association between the GCOW and the EFPA/ITRFP, the EFPA serves as the official coordinating body for GCOW activities under the MOSA umbrella. As envisaged in the original project proposal, GCOW programs were to refer family planning clients to EFPA clinics.

Governor's offices:

As indicated above, the GCOW officially reports to the Governor's office through the Regional Population Council, of which each GCOW is a permanent sub-committee. In reality, the contact is frequently more direct and informal, although the extent to which each governor's office is involved in GCOW activities is variable. In a number of cases, the governor has taken an active role in identifying additional financial support for the GCOW, at times directly from governorate funds.

Ministries of Health, Social Affairs, Education and Information:

In many governorates, ministries have direct involvement in GCOW activities. In most settings, for example, the MOH has seconded health personnel to GCOW clinics.

The number of agencies, institutions and ministries involved in GCOW implementation, administration, monitoring and support is large, frequently resulting in complex interactions. The strengths and weaknesses of the current structure are described in the Section III of this report.

D. Project Inputs

Di. GCOW funding

USAID/Cairo has supported the GCOW through three mechanisms.

* **LE 618,379 local costs to ITRFP:**

The funding covers ITRFP training activities and technical assistance for GCOW field activities, supports ITRFP project staff (the GCOW Director, Coordinator, and secretarial and accountant time), and has provided training equipment for the ITRFP (a copying machine, FAX and overhead projectors). Since the ITRFP is the EFPA training institute, and the EFPA is itself an NGO under the MOSA umbrella, USAID/Cairo funding to the ITRFP was made available through a signed agreement with the MOSA. The agreement stipulated that ITRFP would receive its monies directly from USAID, through Project Implementation Letter (PIL) No. 31.

Disbursement of funds from USAID/Cairo to the ITRFP appears to have occurred in a smooth and timely manner.

* **LE 997,000 for GCOW governorate level demonstration projects, through the NPC/IDP Governorate Development Support Grants:**

A total of 14 GDSGs have been disbursed, for a total of LE 997,000. A maximum grant level of LE 100,000 (approximately \$35,000) was proposed per GCOW project. Actual grant size varied from LE 35,000 for Fayoum, to LE 113,000 for Assiut. The majority of grants were in the LE 90,000 - 100,000 range. The GCOW grants accounted for over 90% of GDSGs funded since the grant mechanism was established.

GDSG funds are sent directly from the NPC/TS to GCOW accounts in the governorates. GCOWs have experienced problems with the timely transfer of funds from the central NPC to the governorate level. Although a three month revolving account has officially been set up for each GCOW, in reality these have not been replenished sufficiently quickly or frequently, with resultant local shortages. Although in part this has been due to slow return of expenditure receipts to the central level, the need for NPC/TS turnover to be more rapid is also apparent. In several cases, GCOW committees complained that they had been asked to remit funds which were as yet unexpended prior to receiving the next installment - a mechanism which is decidedly cumbersome.

* **\$96,000 for CEDPA Technical Assistance.**

The funding was allocated through a buy-in by USAID/Cairo to CEDPA's centrally funded Cooperative Agreement (CA DPE-3037-A-00-5020), and was to cover technical assistance in training, demonstration project development and evaluation. The original 1991 buy-in was for \$83,921 and was subsequently increased by approximately \$12,000 as the project scope was enlarged to more governorates.

A number of the GCOW committees have been very successful in tapping into supplementary sources of funding for demonstration project activities. Such sources include the Governor's office, ministries and other NGOs. In El Minya, for example, approximately LE 75,000 has been raised as monetary donations

in addition to in-kind donations. (LE 50,000 from the MOSA, 20,000 from the Governor's office and LE 5,000 from NGOs. The Ministry of Health donated books and materials for the literacy classes and the EFPA provided contraceptives free of charge.)

Cost recovery mechanisms have been implemented by GCOW committees for additional income generation and to enhance demonstration project self-sufficiency and replicability. GCOWs have instituted low levels of fee-for-service for family planning and literacy classes, and collaborate in the marketing of products from the women's income generation activities they support. The resulting funds have been modest and although in some cases have been adequate to pay incentives for seconded workers and short term purchase of materials, there is little residual funding to permit true self-sufficiency. Income generation in Assiut represents something of an exception, with reports suggesting that self-sufficiency in that project is a genuine possibility.

Dii. Human Resources

The following section briefly reviews the human resource inputs of the most important agencies and institutions involved with the GCOW project.

ITRFP, with CEDPA Technical Assistance

ITRFP provided the GCOW project with the Project Director (Mrs. Salha Awad, ITRFP Dean), a full time Project Coordinator (Mrs. Magda Osman), and training staff, secretarial and accountant inputs. In addition to effort expended on the development of curricula and the implementation of ITRFP training courses and conferences (Table 2), 16 technical assistance (TA) visits had been conducted by ITRFP staff to the governorates as of February 1993. The visits covered interviews to explain the GCOW project, TA in needs assessment and demonstration project development, finalization of project implementation and followup.

Another 12 TA visits related to the GCOW were undertaken by foreign consultants to the ITRFP. ITRFP received assistance primarily in the preparation of the overall GCOW project proposal, in the design of the first and the third training workshop curricula (Basic Development and Family Planning Skills and Communications Skills), in demonstration project implementation and followup, planning of the Observational Study Tour to Indonesia (see Section E) and in evaluation. The TA was provided principally by Dr. Beth Beckner, IDP (training); and Ms. Mary Luke, Ms. Leslie Perry and Dr. Lily Kak, CEDPA (GCOW project design and implementation, demonstration project followup, Indonesia Study Tour design). Ms. Perry is the CEDPA Near East regional representative, overseeing all of the Center's projects in Egypt.

ITRFP training inputs, as provided by staff and consultants, have been of high quality. ITRFP, under the direction of Mrs. Awad, represents an excellent training resource in the current project and for any future continuation and expansion. Mrs. Magda Osman is a highly organized and motivated project coordinator, who has followed project activities closely in the governorates. The overall technical assistance provided to the GCOWs may have benefitted from the more frequent presence of a family planning program specialist to examine issues such as quality, avoidance of duplication of services and sustainability.

NPC/TS and the NPC IDP Project

The NPC/TS has provided backup to the GCOW project principally through the IDP project, the Governorate Support Unit and the Monitoring and Evaluation Unit. The former received valuable TA in its GCOW-related activities from Dr. Waleed Alkhateeb, IDP Resident Management Advisor. Dr. Alkhateeb worked with Mr. Mohammed Amer, Governorate Support Unit Head, in the review and selection of GCOW demonstration project proposals and in devising NPC/TS monitoring of relevant components. NPC inputs into the GCOW have been somewhat fragmented, in part because of the lack of an IDP director who could be officially charged with overseeing and coordinating the NPC effort. This situation is likely to improve since the NPC Secretary General recently named Mr. Fauzi Abdel Ghaney to the IDP Director position. Mr. Abdel Ghaney is experienced with IDP activities and highly committed. It is expected that NPC/IDP coordination with respect to the GCOW will be much strengthened by his presence, and by his collaboration with NPC unit heads and with Dr. Alkhateeb.

USAID/Cairo

Ms. Amani Selim, USAID/Cairo Population Project Officer, was instrumental in initiating and guiding GCOW project proposal development. She has encouraged ITRFP and NPC/IDP cooperation in project implementation and continues to take a strong interest in the GCOW. Her interest has been crucial in facilitating the delivery of project inputs and in ensuring project success to date.

GCOW Committees

GCOW committees are staffed by volunteers. In 9 of the 11 GCOW governorates, the committee is chaired by the governor's wife. Four of these wives, however, do not reside in the governorate itself. They are high powered professional women (doctors, deans, institute directors) who were unable to leave their positions in Cairo when their husbands were posted to the governorates. To the degree possible, they travel frequently to the governorates. The majority of GCOW committees members are senior representatives of key implementing and policy bodies (MOH, MOSA, MOE, Information Center, Parliament, political parties) and have devoted large amounts of time and effort to their voluntary activities.

E. GCOW Project Implementation

The project was launched in June, 1990 with a two day conference "The Role of Women Leaders in Development and Family Planning", attended by governors' wives and women leaders from the original 7 governorates in Upper Egypt. The conference, co-sponsored by the Ministry of Social Affairs (MOSA) through the EFPA and the NPC, was planned and organized by the ITRFP. Over 75 leaders chosen by the governors attended and endorsed the concept of such councils.

ITRFP hired project staff in the latter half of 1990 (most importantly, Mrs. Magda Osman, Project Coordinator). The ITRFP then developed criteria for the selection of candidates to attend GCOW training sessions; criteria included an appropriate level of seniority (managerial decision-making position in a ministry or other agency, long term identification with women-in-development issues), and a commitment on the part of the participant to remain involved in GCOW activities for at least two years. Following the development of the criteria, the Governors were contacted by the ITRFP through the Ministry of Social Affairs, and asked to nominate 15 women leaders as a nucleus for GCOW activities

in each governorate. ITRFP staff conducted interviews with the proposed GCOW members in most of the governorates to discuss project goals and to prepare the schedule for the first workshop.

The initial round of project workshops, on the topic of "Basic Development and Family Planning Skills", was held between February and July 1991. Following the workshops, ITRFP contacted a number of governorates and recommended some changes to the ranks of the nominated GCOW members, in order to ensure adequate representation of senior people. Some changes were made as a result of the recommendations. Subsequently, two sets of workshops ("Project Design and Proposal Writing" and "Applied Communications Skills for Women Leaders") were conducted for GCOWs from the original seven governorates between June 1991 and October 1991. The same series of workshops for the four expansion governorates was added between April and Oct. 1992. Technical assistance to ITRFP in curriculum development was provided by Mary Luke of CEDPA and Dr. Beth Beckner. Dr. Beckner is an IDP/EP&A consultant with extensive experience in the preparation of training materials for NPC staff; for her GCOW related work, Dr. Beckner was funded by a subcontract to EP&A from the CEDPA buy-in.

Between May and July 1991, with ITRFP technical assistance, the GCOW in each governorate conducted a needs assessment to identify gaps in family planning coverage, defined priority activities to be undertaken with GDSG funds, and prepared proposals to tap into the grants. GCOW demonstration project proposals were subsequently reviewed by the IDP-NPC/TS. Projects in the Upper Egypt governorates were funded and implemented in early 1992, the four in Lower Egypt followed in late 1992 and early 1993. In November and December, 1992, miniworkshops were conducted for representatives of the seven original governorates, to discuss demonstration project progress and problems to date. Table 3 illustrates the principal activities to be conducted in each demonstration project, and indicates which activities were implemented as of late 1992.

As of the second quarter of 1993, GCOW demonstration projects in the seven original governorates are drawing to an end, although no-cost extensions will be available for three or four of the more successful endeavors. Activities in the four newly added governorates will end in late 1993.

An additional GCOW activity organized by CEDPA and the ITRFP was a 1992 observational study tour to Indonesia, to acquaint GCOW members with the role of women leaders in the Indonesian family planning program and their coordination of activities with various sectors. During the trip, the participants were exposed to a broad range of grass roots, community and national level women's organizations. Study tour members included women leaders from four governorates, the GCOW project director, and the CEDPA evaluation specialist. A list of participants and principal contacts is appended (Appendix E).

The degree to which agencies, offices and institutions such as the EFPA, NPC/G offices, and the Office of the Governor, have been involved in GCOW programs is very variable. In some governorates, the local EFPA collects demonstration project data and is expected to help in the preparation of reports. Given that the GCOW has in large part worked to establish and/or revitalize clinics, the original referral function by which GCOW sent clients to EFPA clinics has not been implemented. Where the governor has taken a direct interest in the GCOW, access to resources has been substantially facilitated, as has the degree to which the GCOW can raise the profile of family planning/population needs.

F. GCOW Project Monitoring and Evaluation

As indicated in the listing of institutions and agencies involved in GCOW activities (Section II B), project evaluation and monitoring are overseen by many entities. USAID/Cairo has ultimate fiscal and programmatic responsibility. Technical oversight of field activities, and in particular of the demonstration grants, is shared by the ITRFP with CEDPA TA, the Monitoring and Evaluation Unit and the Governorate Support Unit of the NPC/TS, NPC/G offices, the Governor's office and in some settings, the EFPA.

The ITRFP has visited all project sites, organized demonstration project followup miniworkshops, and receives quarterly technical and progress reports from the GCOWs. The NPC/TS Monitoring and Evaluation Unit conducts monthly visits to the governorates to examine all NPC/G office activities; GCOW progress is included in the NPC/G reports. The GCOWs also produce monthly financial statements and receipts of expenditures in order to replenish their revolving accounts. In some governorates, monthly records of GCOW services are actually compiled by the EFPA, and these compilations form part of the reports to the ITRFP and the NPC/TS.

To date, most GCOW related evaluation has focussed on the quantities and timing of deliverables. As of now, less emphasis has been placed on issues of quality, sustainability and replicability. A CEDPA end-of-project evaluation is expected to address some of these issues.

III. ASSESSMENT OF GCOW PROJECT OUTPUTS AND ACCOMPLISHMENTS

A. Achievement of Overall Project Goals and Attainment of Outputs

Overall, the GCOW project has had marked success in mobilizing governorate women leaders to become involved in a systematic manner in population, family planning and development issues. Site visit interviews and observations revealed a high level of enthusiasm and commitment on the part of core committee participants. GCOW members indicated that they had benefitted substantially from the leadership, communications and planning training, and from having a structure which encouraged them to plan women-centered development activities in a concrete context.

GCOW ability to mobilize other resources in aid of family planning and women-in-development activities was also impressive. In all three governorates visited, GCOW members had excellent access to the governor, and had been able to enlist cooperation and support (both financial and material) from a number of other key institutions, notably the Ministries of Health and Social Affairs. Community motivation and organization at the grass roots level has also been a notable achievement. In several villages, Moslem religious community organizations were actively involved in and supportive of the developmental activities, including family planning.

GCOW members indicated that the leadership training had given them additional confidence to approach and organize other agencies and institutions, whereas the GDSG mechanism had provided a specific focus, identity and a learning experience regarding program implementation.

As indicated in Table I, the GCOW project has met virtually all major indicators and outputs specified in the project proposal. Indeed, with the addition of four new governorates in late 1992, the project has accomplished substantially more than was originally anticipated. The following review is organized by GCOW project component, indicating strengths and weaknesses inherent in different steps of the project process. This is followed by overall conclusions and recommendations based on results to date.

B. Selection of GCOW committee members

The process followed by the ITRFP of developing criteria for selecting GCOW training participants appears to have been successful. Following some discussions and adjustments between the ITRFP and governors, most of the core GCOW committees (15 women on average per governorate) are quite senior and have a long term commitment to GCOW activities.

The strategy of having the governor's wife act as chairperson has facilitated access to the governor and provided the GCOW with highly desirable political visibility.

As indicated earlier, two GCOWs are not chaired by the governor's wife and four others are chaired by wives whose professional lives keep them in Cairo for substantial periods of time. In general, GCOWs headed by wives who are regularly present have experienced an easier time of achieving targeted goals in a timely manner. This trend signals the need to ensure that the governor's wife is backed by a strong deputy/local coordinator who can act effectively in her absence, and that adequate delegation explicitly occurs. In Beni Suef, for example, a successful GCOW is chaired by Her Excellency Dr. Effat el Ghanam who is Deputy Director of the Diabetic Institute in Cairo. The presence of a strong local coordinator has greatly facilitated the GCOW process.

C. Training

Table II illustrates GCOW training goals, and outputs as delivered by the ITRFP. The ITRFP has met all predetermined outputs to date, including the production of materials and the implementation of courses, seminars, and conferences. (The final summation conference is to take place towards the end of the project.) Review of training materials and discussions with GCOW members indicate that the quality of the training was high, and very much appreciated. Participatory, skills-oriented teaching techniques appear to have imparted good levels of knowledge and capability - within a short period of time - in the areas addressed to date (basic family planning, population and development information; communications; leadership skills; needs assessment and project proposal preparation). ITRFP indicated satisfaction with the technical assistance provided by CEDPA and IDP in the development of materials and curricula. (CEDPA provided TA directly; in addition, the services of Dr. Beth Beckner, an IDP/E.Petrich and Associates consultant, were covered by CEDPA through a sub-contract with EP&A while she worked on GCOW materials.)

The observational study tour to Indonesia appears to have been both motivating and useful for participants, exposing them to a model of strong women's leadership for family planning. Participants made a number of useful recommendations to strengthen the GCOW program. Among the salient recommendations were the need for better and more streamlined coordination at all levels of the project, the development of a management information system for project activities, and suggestions regarding methods of increasing member identification with the project at both the core GCOW committee level and among community participants.

As will become evident from the discussion of GCOW demonstration projects below, however, there remain a number of areas where additional training (coupled to on-site technical assistance) for GCOW members is urgently needed. Financial management, record keeping, and evaluation represent obvious areas to be included in any GCOW project continuation. In at least one governorate, for example, the GCOW did not establish a separate project account for monies received from income generation, and had only partial knowledge of expenditures (much of the latter function being handled by the local EFPA). It should be noted that the ITRFP and IDP have already discussed the need for the financial management training.

D. Collaboration with Local Institutions and Community Mobilization

This area represents one of the strong points of the GCOW project. Table 3 demonstrates that large numbers of community seminars, meetings and training sessions regarding population and development have been carried out by the GCOWs at the local, district and governorate levels. Such outreach, coupled to personal contacts by GCOW members have resulted in strong community support for GCOW activities and substantial community inputs of time, facilities and funds. Collaboration with ministries and NGOs has also resulted in a marked enlargement of GCOW resources.

E. GDSG Demonstration Project Development, Implementation, Record Keeping and Evaluation:

As indicated earlier, the goal of the current assessment is not to evaluate each project, nor to rank them by relative success. Rather, the aim is to determine the global effects of the demonstration projects, and provide recommendations for future courses of action.

The needs assessments and proposal development activities carried out in virtually all the governorates focussed on several themes: the need for integrated development and family planning activities, and the necessity of providing services for underserved areas.

Table III illustrates the principal activities specified in the proposals developed by the GCOWs, and indicates progress to date in meeting targets. Clinic-based family planning service delivery - either establishing new sites or refurbishing existing clinics - was a component of every project. Literacy or women's income generation classes were also almost universal. Seven governorates trained or retrained, and supported, *raida rifeyas*. Community meetings/symposia regarding development and family planning, and the training of local women leaders/GCOW members were given prominence.

The activities undertaken in the governorates have for the most part been very ambitious. The fact that so many of the targets have been met is impressive. The projects, by providing a focus for GCOW activities, served a valuable role in giving the GCOWs status, recognition, identity, and a concrete set of actions around which to coalesce. As such, they have to be counted as a successful part of the overall GCOW project.

A highly valuable effect of the demonstration projects has been the strengthening of GCOW capacity to work with and coordinate the activities of other institutions and agencies. In most cases, clinic staff in "GCOW" clinics are MOH and MOSA employees seconded for several hours or days per week.

In general, the GCOW strategy has been to focus on several underserved towns, and provide them with a number of development, educational and family planning services. An important goal has been to increase the contraceptive prevalence rate in the target towns. This "saturation" approach has decided merits, in that community knowledge and acceptance of women's development issues and family planning can be expected to increase, especially if local organizations, both secular and religious, are co-opted into demonstrating support for project activities.

A number of issues regarding demonstration project development and implementation need to be addressed, however.

• *Multiplicity of activities undertaken:*

By trying to accomplish many tasks simultaneously (enhanced service delivery, women's development, community education and motivation, training of grass-roots women's leaders), the GCOW projects have generally not developed their strength in any one area. Although trying one's hand at a number of activities has its merits, this approach is less likely to be replicable on a larger scale than would a more focussed approach for which specific donors or income generating strategies could be developed. Quality control of services, record keeping and evaluation have not been adequately developed for the many small activities.

* *Cost effectiveness of the activities selected*

The cost effectiveness of some GCOW activities is somewhat questionable. Data from the Ministry of Education suggest that the cost of regular schooling is approximately 20-25 LE per annum (parents are expected to pay half this amount); the ministry estimates that the expenditures for a year of literacy classes is over LE 55. Most of the individuals in the GCOW literacy classes visited were young school age girls. One could ask whether it may not be more cost effective for the GCOW to initiate scholarship

funds for girls or to identify other mechanisms to ensure their school enrolment, rather than to establish literacy classes de novo.

Likewise, reasons for the implementation of a number of the women's development activities are unclear. Although sales of tailored products may be viable in the long run, the value to the local economy of some of the small handicrafts being produced in GCOW income generation classes is questionable. Food processing for sale also appears to have merit (although market studies are needed to determine its financial returns); however, the goal of home economics classes which concentrate on foodstuffs that local women in all likelihood already know how to prepare (stuffed grapeleaves, simple traditional pastries) is less evident. Market research and additional planning prior to the implementation of the activities would have strengthened outputs. Again, had the GCOWs concentrated on a smaller number of activities, more comprehensive planning could have gone into their design.

• *Sustainability, replicability, expansion of GCOW demonstration projects:*

The sustainability and expansion of GCOW activities have not, for the most part, been sufficiently conceptualized. Although ministries have proven willing to second small numbers of personnel to GCOW clinics for short periods of time, the human resource requirements to cover a sizeable proportion of underserved villages through the GCOW strategy may present problems in the long run. In most cases, seconded staff in GCOW coordinated clinics receive financial incentives for their work, which may cause additional problems for their original institutions. In both Beni Suef and El Minya, the governor's office has committed funds to maintaining GCOW project activities upon termination of GDSG support. This approach, although viable for a small number of clinics/literacy classes, may not be feasible for several hundred. Yet, if the current model of GCOW demonstration projects are expected to contribute to governorate level contraceptive prevalence rates, project activities would have to be expanded beyond a few localized villages.

Some degree of income generation is in effect in most GCOW projects. Clinic clients are charged low rates for services, woman pay for skills development classes, products developed in the classes (tailoring, small scale food processing and freezing) are sold. However, careful financial management of the proceeds, with reserves maintained for future expansion, has not been systematically carried out. Monies are spent to subsidize incentives for health personnel, teachers and raida rifeyas, and the projects cannot become financially self sustaining at current rates of income and expenditure.

* *Record keeping:*

Demonstration project record keeping, both financial and output-oriented, appears to be somewhat unsystematic. In El Minya, for example, service statistics are collected and maintained by the EFPA, with what appears to be relatively little GCOW input or analysis. Evaluation activities are likewise somewhat ad hoc. This may in part be a reflection of a somewhat fragmented system of GCOW monitoring and evaluation, which is shared by the ITRFP, several units at the NPC/TS, and governorate level bodies. No one agency is in a position to systematize and simplify record keeping, nor to ensure that appropriate mechanisms for data retrieval are implemented for decision making purposes.

* *Difficulties inherent in GCOW clinic development:*

To date, the importance accorded by GCOWs to clinical service delivery is understandable, given the need to produce tangible results. However, long term "ownership" of the clinics, and maintaining staffing,

supervision, quality of services and supplies may prove difficult in light of the number of actors involved in virtually every such "GCOW" clinic. (Typically, the cast of characters involves the GCOW, MOH, MOSA, the EFPA and local community groups.) In its original conceptualization, the GCOW was seen primarily as a policy, planning and coordination group, without service delivery responsibilities. In the long run, the latter approach - although less immediately tangible - may prove less problematic and yield better results for governorate population programs.

A principal GCOW goal in all governorates has been to establish clinics in underserved areas. The definition of "underserved" remains somewhat unclear. In El Minya, for example, one underserved area adopted by the GCOW was a suburb of the city of Minya itself, where multiple service delivery sites are presumably available within a few kilometers. In Beheira, a GCOW clinic was established less than a kilometer away from a large integrated MOH clinic offering family planning. GCOW eagerness to establish clinics has thus resulted in some duplication of efforts. The emphasis on new clinics entails an opportunity cost in that less GCOW effort is directed at improving overall quality of services in the governorates, and of addressing policies and regulations which hinder better access to services and contraceptives.

F. GCOW Project Impact on Policies, Population and Family Planning at the Governorate

Level

The greatest success of the GCOW program on governorate population programs has been to involve substantial numbers of women leaders, and of women in the community, in family planning and development. The project has increased the visibility of the issue at the governorate level.

The overall direct impact of GCOW service delivery activities on contraceptive prevalence is necessarily limited. GDSG demonstration projects were designed as small scale seed grants, with the goal of providing motivation and experience, rather than as major service delivery vehicles. The latter role would not be appropriate, given the multiplicity of private, public and NGO service delivery mechanisms already in place.

Needs assessment and planning activities of the GCOWs have been appropriately conducted, but were narrow in scope, concentrating only on the needs of "underserved" areas. Opportunities to address broader issues of quality of services, school attendance by girls, and related topics were not addressed. Thus, although the exercise to date has yielded positive results with respect to GCOW motivation, the full effect of what could be accomplished by the project remains to be explored.

G. GCOW Project Administration, Coordination, Technical Assistance and Monitoring

Given the multiplicity of agencies involved in GCOW activities at the central and local levels, it is impressive that project coordination has been relatively smooth to date. ITRFP coordination of training content with the IDP/NPC has been excellent, with clear understanding of training goals and responsibilities, and the sharing of consultants. However, some confusion exists as to ITRFP and NPC roles in communicating with governorates, and as to the role of local EFPA and NPC/G offices. In any project continuation, the lines of authority and responsibility need to be clarified.

With respect to GDSG demonstration project implementation and monitoring, lines of authority and responsibility are also somewhat blurred, with important functions (financial and technical record keeping,

evaluation, sustainability) at times falling between the cracks. Although not a major problem to date, given the small scale of GCOW projects, these problems must be addressed before project continuation into POP/FP III.

As indicated earlier, technical assistance and monitoring for the GCOW demonstration projects has been provided by the ITRFP (with CEDPA TA), as well as the NPC/TS and to a lesser degree, the NPC/Gs. The projects produce monthly financial statements and quarterly technical reports. The backstopping has generally been good from the viewpoint of ensuring adherence to the goals proposed in the GDSG proposals. ITRFP has maintained excellent records of accomplishments to date. However, more programmatically oriented technical assistance may have identified some of the weaknesses in the areas of duplication of service delivery, income generation, sustainability and local record keeping and helped to provide more timely solutions.

NPC/TS inputs appear to have concentrated primarily on financial monitoring, with less technical input. The reimbursement mechanism in place at the NPC/TS needs to be altered substantially. As indicated earlier, funding for the GCOW demonstration projects is disbursed from the central level, leading to delays and frequent shortages in the governorates. GCOW committees have had to borrow money from the governorate, a situation which has resulted in some concern on the part of governors. (One governor expressed the sentiment that the project is "more trouble than its worth" as a result of such problems.) The situation could be improved by advancing GCOWs a six month lump sum (or some similar amount), with quarterly reporting and replenishment of the revolving account. An even more expeditious solution may be to transfer all funds to the governorate and set up local mechanisms for accountability and disbursement, while maintaining some degree of central oversight.

EFPA inputs into the program have been variable, depending on the governorate. Given that USAID/Cairo activities with the MOSA are likely to be more limited in POP/FP III than has been the case thus far, the continuation of the EFPA role as the umbrella for a GCOW project agreement between USAID and MOSA appears not to be warranted.

Financial inputs:

The magnitude of financial inputs into the project at all levels (training, TA, GDSG funds) was appropriate. Larger demonstration projects, for example, could have overextended GCOW human resources at this stage. In future continuations, however, some level of funding to supply GCOWs with basic and consistent office and secretarial support needs to be planned; such support may be most appropriate coming from the governorate or the NPC/G.

IV. CONCLUSIONS

The GCOW project has great potential to influence policies and planning related to women development and population. The access to women leaders to the governors has been excellent, as has their capacity to identify problems women face in acquiring services. The early stage of GCOW development described in this report is a success in that, for the first time, women leaders have been systematically organized to address problems of family planning and women's services.

Given the short duration of the GCOW project, its full potential has not yet been fully developed. The current emphasis on small scale service delivery activities risks detracting from the overall advocacy role of the GCOW, and entails problems of coverage, duplication of services, sustainability, quality control and ownership of/responsibility for the services being delivered. In order to fulfill the broader policy and advocacy functions, the GCOW project will need to be reoriented away from direct services to the coordination of other agencies. In effect, this process has already begun, with the excellent level of initiative shown by GCOW committees in harnessing many local resources. The scope and level at which such resources are coordinated needs to be broadened, however, to address problems facing existing services and agencies.

Innovative activities which may warrant implementation in any GCOW continuation include exploring ways to improve the quality of existing services, reducing family planning drop-out rates, and coordinating more mobile outreach. For example, GCOW committees could initiate client satisfaction surveys, and bring the results to bear on the decisions of governorate policy makers and service providers. As has been suggested numerous times, the number of Egyptian women residing in truly underserved areas is far smaller than the number residing close to poor quality services. DHS statistics on contraceptive dropout rates suggest that such problems persist and need to be systematically explored. Women's groups may also be in a position to lobby for the greater availability of safe contraceptive methods (injectibles, Norplant). (In the past, governors have been known to bypass central bottlenecks and purchase Depoprovera directly with governorate funds.)

GCOW training, orientation and study tours should be designed to expose members to such broader policy, advocacy and quality control issues and to the skills needed to address them.

In the future, project technical assistance, monitoring and administrative roles need to be clarified and reorganized, in order to provide GCOW committees with appropriate, non-duplicative technical and administrative support. Mechanisms to ensure timely transfer of funds are urgently required.

Governor's office inputs into the design of GCOW activities are highly desirable. Mechanisms to ensure continued and strengthened contact between the GCOW and the Governor should be implemented. The NPC/G office offers an avenue for such interchange.

V. RECOMMENDATIONS:

1. Global Recommendation:

1. The GCOW project merits continuation, pending some modifications in project administrative organization, and a reorientation of the project mandate to concentrate more fully on policy and leadership areas, as originally envisaged.

2. Recommendations for reorientation:

2.i GCOW activities should be reoriented towards policy and planning functions, with a diminution of council efforts on direct service delivery.

Priority planning and policy areas include quality of family planning services, lobbying for expansion of contraceptive method mix, pressure to increase school attendance for girls, and encouragement of service delivery agencies to cover underserved areas (potentially through more mobile vans rather than fixed facilities). The GCOWs have demonstrated strong political support for their activities. This new-found strength can and should be applied to more global problems, rather than to establishing clinics and small services which require much effort and produce relatively little yield related to overall governorate needs.

It should be strongly noted that GCOW ability to improve contraceptive prevalence levels in the governorates need not be tied directly to family planning service delivery by the committees. Policy and advocacy roles, and coordination with service providers, can have a greater effect in the long run.

2.ii Training and study tour design should reflect the modification in GCOW role.

ITRFP, with its excellent training record, ability to coordinate with IDP/NPC and strong ties to women leaders throughout Egypt, remains an ideal institution to provide GCOW project training. ITRFP should tap into the quality control and policy expertise of agencies such as the Association for Voluntary Surgical Contraception (AVSC) and its quality control COPE modules, the Population Council, and potentially the Options II project for policy/regulatory related training. Study tours to international sites which illustrate quality control activities or the availability of a broad mix of family planning methods (including Depoprovera distribution by non-physicians and more ready access to Norplant) could assist in reorienting GCOW goals.

2.iii. A two-tiered approach to GCOW activities should be considered.

The first tier, policy and planning training for women leaders, could be made available to all Egyptian governorates. This tier would consist of training in leadership, communications, policy and quality issues, with participation in study tours as outlined above. GCOW committees which have received this training/orientation would be able to lobby more effectively for women's development/family planning issues in their governorates, would be better equipped to provide information and motivation to other women and policy makers, and could potentially work with other NGOs or agencies to fund small scale projects. Funding for this tier would be limited to support for training and seminars at the central and governorate levels.

The second tier would consist of GCOW committees which received GDSG project follow-on funding. Such projects could be made available only to low-prevalence, underserved governorates, principally

those in Upper Egypt. The grants would be much more competitive than in the first phase, being awarded only to those GCOWs which develop innovative approaches to studying and addressing policy/quality control/cost recovery issues. Although some of these activities could be short term demonstration projects, many could be focussed studies, such as client surveys regarding quality of services. Funding levels need not exceed those provided by the GDSG mechanism to date. Ideally, projects would not propose to initiate new services, but to improve and coordinate service provision by other agencies. In a small number of cases, a project may be deemed to be primarily research oriented, and could be covered by NPC Research Management Unit funds - this mechanism, however, would only be viable with very strong NPC/IDP Governorate Support Unit coordination.

Projects should be considered for funding only if clear and realistic mechanisms are identified to ensure application of results and experiences, ie., close collaboration with an interested service delivery organization, careful consideration of cost recovery and sustainability where appropriate.

2.iv. Technical assistance responsibilities and content need to be redesigned in light of the project reorientation towards planning and policy issues.

Technical assistance to all levels of GCOW project implementation (policy development, training, GDSG follow-on) should be coordinated by the NPC/TS, provided that the latter delegates the role to strong programmatic personnel who work closely with IDP technical assistance. Additional TA inputs should be sought from agencies with specific experience in quality control, income generation, sustainability, cost recovery, and policy development.

3. Recommendations for Coordination, Administration and Clarification of Roles:

3.i Responsibilities regarding technical assistance, training, evaluation and financial monitoring must be clarified, and areas of overlap eliminated.

The NPC/TS, with intensive technical assistance from its IDP project, should be charged with overall planning, coordination and monitoring of the GCOW project, including sub-contracting of training activities.

ITRFP should continue to provide training under the NPC/IDP umbrella, in close technical collaboration with the NPC/IDP.

Given the recommended emphasis on policy and planning in the GCOW continuation, NPC/IDP should take over GCOW project planning and design, technical assistance, monitoring and evaluation, provided that full time, qualified technical staff are seconded by the NPC Secretary General to these tasks. The NPC/TS Governorate Support Unit, with extensive technical backup from the IDP, represents the most appropriate body to undertake the GCOW project design, implementation, oversight and management functions.

GCOW committees should be trained to maintain its own records, accounts and financial statements for review by NPC/IDP. The role of additional organizations such as the EFPA should be that of technical advisor as called upon by individual GCOW committees, without line functions in GCOW record keeping or financial management.

3.ii The expertise of NPC/G offices must be better utilized in support of GCOW activities, and to ensure coordination of population activities at the governorate level. NPC/TS must encourage and facilitate such collaboration, particularly in view of the need to decentralize population planning to the governorates.

Governorate level review of GCOW plans is essential, and the NPC/G offices are in a unique position to facilitate such review. Prior to the development of GCOW plans, the NPC/G offices can assist in providing GCOW committees with relevant data and in communicating with the governor's office, to ensure that GCOW plans address priority governorate needs.

3.iii Within the GCOW committees themselves, clear demarcation of functions, and delegation of responsibilities need to be explicitly addressed.

3.iv Funding levels for follow-on GCOW demonstration projects can be similar to those made available to date. A governorate-level mechanism should be identified to provide the GCOW committees with small grants to cover their secretarial and information dissemination activities in the governorates, separate from demonstration grant funding.

3.v Mechanisms to facilitate timely movement of funds from the central NPC to the governorates need to be developed prior to GCOW continuation

Among the mechanisms which may be considered are greater front-loading of GDSG funds to the governorates (six month advance, with quarterly reimbursement of expenses to date) or the transfer of all funds to the governorate level with the development of local mechanisms to ensure accountability.

Table 1 : Overall project outputs

Activity	Number planned	Number accomplished to date
GCOW committees established	11	11
Training;		
Curricula developed*	3	3
Number of courses organized**	4	5
Conferences***	2	1
GDSG Proposals submitted/funded	11	11

* Leadership Skills, Proposal Development, Communications Skills.

** Planned: Leadership Skills, Proposal Development, Communications, Miniworkshops.

Added: Training of Trainers in Aswan.

*** Initial conference carried out. End of project conference not implemented.

TABLE 2:

Seminars, Conferences and Training activities planned and implemented:

<u>Planned: Name</u>	<u>Brief Description</u>	<u>Implemented</u>	<u># trained</u>
<u>Conducted at ITRFP</u>			
Conference: Role of Women Leaders in Devel. and FP	To launch the GCOW Project	1990 (June 16-17)	5
Family Planning Needs Assessment and Leadership Training: Basic Development and Family Planning Skills	13 day course Repeated 4 times. Attended by GCOW reps from 2 or 3 governorates	1991 (for Aswan, Assiut, Minya, Fayoum, Sohag, Beni Suef, Qena) 1992 (Sharkeyia,	101 58
for Women Leaders	at a time.	Beheira, Dakhaleya, Kafr el Sheikh)	
Project Design and Proposal Writing	6 day course, repeated 3 times Attended by GCOW reps from 3 or 4 governorates at a time.	1991 (Original 7 Governorate GCOWs) 1992 (4 newly added Governorate GCOWs)	63 33
Skills training: Applied Communications Skills for Women Leaders	6 day course, Repeated 2 times Attended by GCOW reps from 4 and 7 governorates at a time.	1991 (original 7 Governorate GCOWs) 1992 (4 newly added Governorate GCOWs)	31 34
Final Conference	Project summary, lessons learned for 100 participants	To be held at end of project	TBD
<u>Conducted in the Governorates</u>			
Training of Trainers		1992 (Aswan only)	19
Miniworkshops	(3 days, repeated 3X held in Aswan, Luxor Fayoum To discuss demonstration projects)	1992 (All 7 original governorate GCOWs)	99

TABLE 3. Summary of Proposed Activities, GCOW Demonstration Projects Implemented with Governorate Development Support Grant Funds, and of Activities as of Late 1992

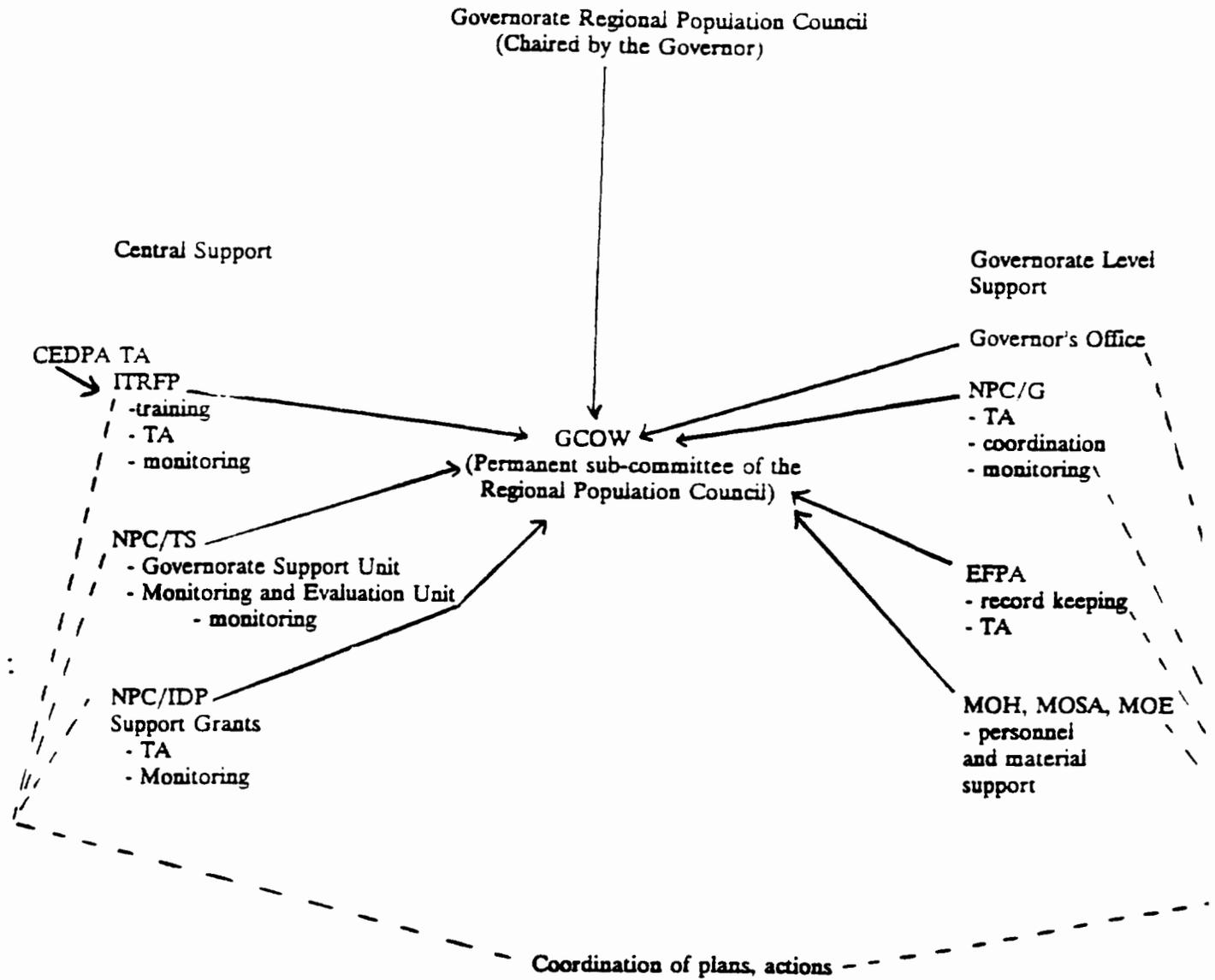
Activity
or Goal

Governorate where proposed (and number proposed)
Governorate where implemented (number accomplished as of late 1992)

	Aswan	Assiut	Qena	Sohag	Minia	BeniS	Fayn	Beher (New)	Dakal (New)	KafrS (New)	Shark (New)
Principal overall FP goal(s)	To increase CPR from 18.8% to 22.2% in one district	To increase FP use by 2,070 in a FP center	To increase CPR from 67% to 12% in 6 areas	Work in 4 villages	Increase CPR from 10% to 24% in 15 villages	Increase CPR from 8% to 16% in 10 villages	Increase CPR from 5% to 20% in 5 villages	Increase CPR from 15% to 50% in 20 villages	Increase CPR in 10 villages from 35% to 40%	Increase FP use in 8 villages (320 new cases/month/clinic)	400 women to receive FP monthly 740 IUDs inserted in 2 years
Raise FP Awareness:											
Home visits	3,000 home visits (1,571)										
Train/support Raida rifeyas	100 (42)		25 (?)	8 (8)	45 (15)	21 (21)	10 (10)	20			
Train midwives						10 (?)					
Community meetings	For 1,000 persons + 200 seminars for couples (22 seminars)	For 500 women (?)	126 sessions for 9,780 women (18 sessions)	44 meetings (11 meetings)	3,300 women (?)	126 sessions for 5,040 women (13 for 324 women)	255 seminars for 12,000 people (15 seminars)	120 symposia	60 x 30 women	810 women 4,600 couples	104 symposia (5,200 women)
Training for clinic teams	50 social workers (38)		3 workshops x 10 professionals (3 workshops)	4 social workers (4 social workers)			10 RNs (?)	2 meetings	10 meetings		
Training for new GCOW members/women leaders, at the village level	150 (46) + 397 trainees (?)		6 committees for 21 women (?)	80 (?)	120 women (57 women)	100 women (45 women)	75 women (?)	150 women			85 women

	Aswan	Assiut	Qena	Sohag	Minia	BeniS	Faym	Behr (New)	Dakal (New)	KafrS (New)	Shark (New)
Training for community members/leaders	100 (46) 50 religious (?)			210 (150)	338 (151)			200		240	96 leaders
Provide FP											
Mobile van						1 (2)					
Mobile teams											2
Establish FP clinics	6 (6)	6 (9)		1 (?)	5 (5)		5 (5)		10		4
Upgrade/refurnish existing in structures and FP clinics			9 (6)	3 (equip for 10 purchased)		3 (3)		20		8	
Women's literacy classes		25 classes 420 women (394 women)	6 x 40 women (3 x 40)	60 women (?)	440 women (242)		0 (3)			2,430 women	4 x 15 women
Women's income generation classes (sewing, food processing etc.)		220 women (173 women)	6 x 60 women (3 x 30)			0 (3)			10 classes x 30 women	20 x 15 women	4 x 15 women
Establish vocational centers											4
Other											
Children's vaccination							3,000 children x 5 villages (not implemented)				
Community survey of needs							X				

FIGURE 1: Current GCOW Structure and Collaborations



APPENDIX A

Consultancy Workplan

Sunday, March 28

Arrival of consultant in Cairo

Monday, March 29

USAID Briefing.

Objective: common understanding of scope of work, development of workplan, collection of documents

Tuesday, March 30

Review of documents, preparation of detailed workplan, brief meeting in Cairo with Mrs. Salha Awad, Dean Institute for Training and Research in Family Planning.

Objectives: orientation to project.

Wednesday, March 31

Meeting with Prof. Maher Mahran, Secretary General, NPC; meeting with Dr. Waleed Alkhateeb, Resident Advisor, IDP; meeting with Prof. Dr. Azza Abdel Hady, wife of the governor of Aswan, Chairperson, Aswan GCOW (meeting conducted in Cairo)

Objectives: discussion of visit goals and proposed travel with Prof. Mahran; discussion of GCOW training and collection of documents, IDP; discussion of Aswan GCOW activities, accomplishments, problems and potential future directions.

Thursday, April 1.

Visit to ITRFP in Alexandria.

Objectives: discussions with Mrs. Salha Awad, Director, and Mrs. Magda Osman, Coordinator, GCOW, and detailed collection of project documents.

Friday, April 2:

Detailed review of project documents. Initiation of structuring of report.

Saturday April 3:

Site visit, Beni Suef Governorate, with continuation to and initiation of site visit to El Minia Governorate.

Sunday April 4:

Completion of site visit in El Minia Governorate.

Monday April 5:

Report drafting

Visit to NPC/TS in Cairo to meet with Mr. Mohammed Amer, Head, Governorate Support Unit, Mr. Fauzi Abdel Ghaney, Director IDP and Dr. Waleen Alkhateeb, IDP Resident Management Advisor.

Tuesday, April 6:

Report drafting.

Briefing with USAID regarding findings to date. Submission of preliminary draft report and recommendations to USAID for review and comment.

Wednesday, April 7:

Review with USAID of preliminary draft report.

Thursday, April 8:

Site visit, Beheira.

Friday, April 9 and Saturday April 10.

**Incorporation of USAID comments and suggestions, and of Beheira findings into the draft report
Finalization of draft.**

Sunday, April 11.

Final debriefing USAID; final debriefing and presentation of draft executive summary and recommendations to Prof. Maher Mahran, Secretary General, NPC

APPENDIX B
PERSONS CONTACTED

USAID/Cairo:

Dr. Carol Carpenter-Yaman, Director, Office of Population
Mrs. Amani Selim, Project Officer

NPC/TS:

Prof. Maher Mahran, Secretary General
Mr. Mohammed Amer, Head, Governorate Support Unit and
Organization and Management Unit.

Institutional Development Project/NPC:

Dr. Waleed Alkhateeb, Resident Management Advisor
Mr. Fauzi Abdel Ghaney, Director, IDP

Institute for Training and Research in Family Planning.

Mrs. Salha Awad, Dean and Director, GCOW Project

Mrs. Magda Osman, GCOW Project Coordinator

CEDPA, Washington, DC:

Mary Luke, Director of International Programs

Principal persons contacted during governorate site visits:

Governorate of Beni Suef:

His Excellency, Governor Abdel Fatah El-Sayed Ghaloush
Her Excellency, Dr. Effat El Ghanam, Wife of the Governor, Chairperson, Beni Suef
GCOW, Deputy Director, Cairo Diabetic Institute.
Dr. Zenat Abdel Hamid, Coordinator, Beni Suef GCOW
Ms. Amalifi al Akad, GCOW
Mrs. Lamyia Ahmad, GCOW
Dr. Ettisen Sahkla, GCOW, Beni Suef MOH
Dr. Ibtesam Kamel Sakla, Family Planning Manager, Services Development Project, MOH
Mr. Gamal Awad, NPC/G Office Director

Governorate of El Minya:

His Excellency, Governor Abdel Hamid Badawi

Her Excellency, Mrs. Samiha Abdel Fatah, Wife of the Governor, Chairperson, El Minya GCOW

Mrs. Ragaa Abdel Negeed, Coordinator, GCOW, Director of women's Affairs, Social Affairs Directorate, Ministry of Social Affairs in El Minya.

Dr. Effet Aboulella, GCOW Member, Ministry of Health, El Minya

Mr. Abdel Latif Shouman, Director, El Minya EFPA

Mr. Hassan Mohamed Hussein, Director, Beni Mazar Community Organization

Mrs. Claudette George, Women's Representative, Village of Mattai

Mr. Hamdi Seleiman, Director, Community Center, Village of Mattai

Governorate of Beheira

His Excellency, the Governor Dr. Salah Edeen Attia

Her Excellency, Mrs. Soulafa Dajani, Wife of the Governor, Chairperson, Beheira GCOW

Mrs. Wadihaa El Zalaban, Coordinator GCOW, Member of Parliament

Dr. Soher El Minyaw, GCOW Member, MOH

Dr. Mohammed Abdl Latif Shaat, Director of FP/SDP, MOH

Mrs. Fayza Saheh, GCOW Member, Democratic Party Women's Speaker

Dr. Ayat Sharaway, GCOW member, MOH

Mrs. Madeiha Abbas, GCOW member, MOSA

Mrs. Nabawya Khalefa, IEC Center.

Mr. Magdi Farid, NPC/G Director.

Aswan Governorate:

Prof. Dr. Azza A. Abd El-Hady, Dean Faculty of Physical Therapy, Cairo University; wife of Governor of Aswan, and Chairperson, Aswan GCOW. (Meeting conducted in Cairo)

APPENDIX C

DOCUMENTS REVIEWED

Institute for Training and Research in Family Planning. Summaries of Governorate level demonstration projects: Beheira, Sharkeyia, Dakhleyia, Fayoum, Sohag, Beni Suef, Qena, Aswan, Assiut, El Minya, Kafr El-Sheik

Institute for Training and Research in Family Planning, Summary of principal Training Activities, Technical Assistance and other Activities Implemented during the Governorate Council of Women Project, 1990-1992.

Kak, LP and S Awad. Trip Report: Access to Family Planning Through Women Mangers: Observation Study Tour of the Egyptian Governor's Council of women to Indonesia. July 26-Aug. 5, 1992.

Luke, MM, Director of Programs/CEDPA. Trip Report, Alexandria, Egypt, Jan. 4, 1993.

National Population Council and Demographic and Health Surveys/Macro International Inc. Egypt Demographic and Health Survey, 1992, Preliminary Report, March 1993.

USAID, Project Paper for Population/Family Planning III 263-0227, June 18, 1992

USAID, Governor's Council of Women for Family Planning and Development: A Training Project of the Institute for Training and Research in Family Planning. Sept 1990- Feb. 1993. Project Description, Final Draft, 8/12/90

Wawer MJ and RE Levine. Evaluation of the Institutional Development Project of the National Population Council. Options II Project, The Futures Group, June 1992.

Training Materials:

E. Petrich and Associates, Inc. Workshop Design for the Egyptian Governors' Council of Women Leaders: Family Planning Community Awareness, Dec. 1990, Revised Dec. 1991.

E. Petrich and Associates, Inc. Applied Communications Skills: Workshop Design for the Egyptian Governors' Council of Women Leaders, Aug. 1991, revised Jan. 1992.

Institute for Training and Research in Family Planning: Training Activity summary Report XI: Mini-Workshops for Upper Egypt Governorates (Aswan, Qena and Fayoume governorates), Mini-Workshops I, II and III, Nov 1992 - Dec. 1992.

Institute for Training and Research in Family Planning. Summary, Workshop Competency Objectives and Schedule, Basic Development and Family Planning Skills Workshop, 1991

APPENDIX D

Summaries of Site Visit Activities:

Institute for Training and Research in Family Planning, Alexandria

April 1, 1993

Discussions with Mrs. Salha Awad, Dean and Director of GCOW Project, and Mrs. Magda Osman, GCOW Coordinator, and review of documents.

Governorate of Beni Suef

April 3, 1993

(Consultant travelled with Mrs. S. Awad, Mrs. M. Osman and Dr. W. Alkhateeb)

- Meeting with His Excellency, Governor Abdel Fatah El Sayed Ghaloush, and Her Excellency Dr. Effat El Ghanam, Chairperson, Beni Suef GCOW, and GCOW members
- Visit to Kamel el Amarous village, to observe GCOW literacy classes, income generation class (sewing, handicrafts), and part time family planning/women's health clinic, in community center space offered free of charge to the GCOW.
- Visit to Wana el Quss village, to observe similar activities, also in a community center setting
- Visit to Abou Zidal village, to see the mobile family planning van bought and equipped by GCOW, staffed by MOH doctors and nurses.
- Wrap-up luncheon and meeting with His Excellency the Governor and members of the GCOW

Governorate of El Minya:

April 3rd and 4th.

(Consultant travelled with Mrs. Awad, Mrs. Osman and Dr. Alkhateeb)

- Evening presentations, open forum and dinner with His Excellency the Governor, Her Excellency Mrs. Samiha Abdel Fatah, GCOW members, and representatives of the EFPA, MOH, MOSA and other agencies with an interest in development and family planning.
- Visits to three underserved areas (Mussa a suburb of Minya, Beni Mazal village and Mattai village) to observe literacy classes, income generation training and products, and family planning services offered and/or coordinated by the El Minya GCOW.

Governorate of Beheira

April 8.

(Consultant travelled with Mrs. A. Selim, USAID/Cairo, Mrs. Awad, Mrs. Osman and Dr. Alkhateeb.)

- Meeting with His Excellency the Governor Dr. Salah Edeen Attia, Her Excellency, Mrs. Soulafa Dajani, wife of the governor and Chairperson, Beheira GCOW; and open meeting with members of the GCOW and representatives of the MOH, MOSA, NPC/G office, Ministry of Information, and IEC Center.

- Visit to three villages (El Kasr, Barsiq, Ghaba) to see family planning clinics and see the governor open a literacy center.

- Luncheon with Her Excellency and GCOW members.

APPENDIX E

List of participants and principal contacts, GCOW Indonesia Observational Study Tour, 1992

Study Tour Participants

Mrs. Laila El Alfy	Wife of the Governor of Assiut
Mrs. Soulafa Dajani	Wife of the Governor of Beheira
Mrs. Nariman Badawi	Wife of the Governor of Sohag
Dr. Kariman Sourour	Dean, Inst. for Physical Education, Sharkeyia
Mrs. Salha Awad Director,	Dean of the Institute for Training and Research in Family Plannin GCOW Project
Dr. Lily P. Kak	Evaluation Specialist, CEDPA, Washington

Principal Contacts in Indonesia

Dr. Haryono Suyono	Chairman, BKKBN
Prof. Dr. Santoso s. Hamijoyo	Coordinator, ITP/BKKBN
Mrs. Achie Luhulima	Office of the State Minister for the Role of Women
Mrs. Darich Yasin	ITP/BKKBN
Mr. Soelarso	Governor, East Java
Mrs. Soelarso	Wife of Governor, East Java
Dr. Pudjo Rahardjo	BKKBN Head, Bali
Mrs. P. Rahardjo	Wife of Head of BKKBN, Bali