

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

- A. REPORTING A.I.D. UNIT: USAID/Egypt
- B. WAS EVALUATION SCHEDULED
CURRENT FY EVALUATION: YES Delayed
Ad Hoc
- C. EVALUATION TIMING: Interim Final
Ex Post Other
- D. ACTIVITY EVALUATED: Population/Family Planning III Project
(263-0227)

E. ACTION DECISIONS APPROVED BY THE ASSOCIATE DIRECTOR, PDS:	ACTION TAKEN	RESPONSIBLE PARTY	COMPLETION DATE
1. USAID should assist the GOE in developing a long-term plan for contraceptive sustainability to ensure an available and affordable supply of high quality contraceptives to the public, private and NGO sectors.		HRDC/P	6/97
2. USAID should study the effects on client behavior of changes in contraceptive prices in the private sector and the extent to which utilization is disrupted, discontinued and/or transferred to the public/NGO sectors.		HRDC/P	ongoing

(Continued)

- F.a. CLEARANCE (initial and date)
 HRDC/P:RMartin *RM Martin 6-2-96*
 HRDC/P:CJJohnson *C Johnson 6/3/96*
 PDS/P/E:RParks *RP Parks 6/3/96*
 OD/PDS/P:SBaker *SBaker*
- F.b. APPROVAL (initial and date)
 AD/PDS:TRiShoi *TRiShoi 6/23/96*
- F.c. INFORMATION
 D/DIR:

E. ACTION DECISIONS APPROVED BY THE ACTING ASSOCIATE DIRECTOR, PDS:	ACTION TAKEN	RESPONSIBLE PARTY	COMPLETION DATE
3. USAID should assist the various agencies to develop an actionable FP/IEC national strategy by bringing all agencies with an IEC function together to divide training and materials production tasks and to share resources and finished materials, based on each agency's comparative advantages in these areas.		HRDC/P	6/97
4. USAID should, in follow-up to the ICPD Plan of Action and in line with USAID/Washington policies and strategies, assist the MOH to develop a reproductive health program of which family planning would be the key component and should closely integrate activities with the Healthy Mother/Healthy Child Project.		HRDC/P HRDC/H	7/97
5. USAID should continue the dialogue with the NPC to support institutionalization of a visible and vital role in policy dialogue and formulation, policy-related research, and public sector coordination.		HRDC/P	ongoing
6. USAID should continue to fund efforts to improve extended use effectiveness including: a. more and better counseling by all providers, which requires more and better training in counseling, and b. more and better method-specific IEC through mass media and interpersonal activities.		HRDC/P	ongoing

- | | | |
|---|---------------|------|
| 7. PPC and USAID should agree on ways to minimize paper work and streamline formate for reports. | HRDC/P
PPC | 4/96 |
| 8. USAID and PPC should define a mechanism to coordinate USAID-sponsored research activities in Egypt. | HRDC/P
PPC | 3/96 |
| 9. USAID should amend the plan for technical assistance provided through the PPC to the Regional Center for Training, Teaching Hospital Organization, and Clinical Services Improvement Subprojects to reflect the need for more business planning and development. | HRDC/P | 4/96 |
| 10. Given the shortened period of the project because of slow start due to complications in contract negotiations, USAID should extend the POP/FP III Project to achieve its outputs with essentially the subproject activities. | HRDC/P | 7/96 |

G. EVALUATION ABSTRACT

The purpose of the mid-term evaluation of the Population/Family Planning III Project was to assess progress in implementation of the POP/FP III Project as a basis for providing recommendations concerning modification and amendment of the Project's design and individual component funding. Specifically, the evaluation was to assess progress toward umbrella project outputs and goal. Further, the evaluation was to address any changes in the policy and institutional context of Egypt which require changes in the Project. The evaluation also was to look at the implementation progress of the eight subprojects' effectiveness as well as the progress towards objectives of the Implementation/Goods and Services (I/G&S) Contractor as well as. Lastly, the evaluation was to address the issue of whether the reengineering and reinvention processes plus the new USAID/Cairo and USAID/W strategies require any adjustments in the Project. This final evaluation of the POP/FP III Project was conducted by a five person team whose members have long-term experience in family planning practice, management, training, policy, and research, as well as information, education, and communication activities in both the public and private sectors in Egypt and other developing countries.

Based on its critical review of documentation, interview data and field observation using established indicators the team concluded that:

- The POP/FP III Project through its eight subprojects is making good progress toward achieving project outputs of increased family planning service volume, improved quality of services, improved implementing agency management capacity; and increased information for policy makers, and expanded information, education, and communication.
- Together, these outputs have contributed to increased couple years of contraceptive protection which leads to decreased fertility.
- Management capacity of the subprojects has been strengthened through the development of management systems, training and emphasis on supportive supervision.
- Improved information for policy makers has had slower success because there exists no body which has policy dialogue, formulation, and dissemination as a high priority.

- The umbrella approach of one prime contractor and several subcontractors is advantageous for coordination of project activities.
- Continued emphasis in Upper Egypt with the mobile teams and nursing schools are likely to result in improved and expanded services, however, it is too early to tell because these activities have recently started.

PRINCIPAL RECOMMENDATIONS OF THE EVALUATION:

Based on its findings and conclusions, the team made recommendations specific to the overall project and to each subproject, and the I/GS contractor. The principal cross cutting recommendations for the Project were:

1. USAID should assist the GOE in developing a long-term plan for contraceptive sustainability to ensure an available and affordable supply of high quality contraceptives to the public, private and NGO sectors.
2. USAID should study the effects on client behavior of changes in contraceptive prices in the private sector and the extent to which utilization is disrupted, discontinued and/or transferred to the public/NGO sectors.
3. USAID should assist the various agencies to develop an actionable FP/IEC national strategy by bringing all agencies with an IEC function together to divide training and materials production tasks and to share resources and finished materials, based on each agency's comparative advantages in these areas.
4. USAID should, in follow-up to the ICPD Plan of Action and inline with USAID/Washington policies and strategies, assist the MOH to develop a reproductive health program of which family planning would be the key component and should closely integrate activities with the Healthy Mother/Healthy Child Project.
5. USAID should continue the dialogue with the NPC to support institutionalization of a visible and vital role in policy dialogue and formulation, policy-related research, and public sector coordination.
6. USAID should continue to fund efforts to improve extended use effectiveness including:

- a. more and better counseling by all providers, which requires more and better training in counseling, and;
 - b. more and better method-specific IEC through mass media and interpersonal activities.
7. PPC and USAID should agree on ways to minimize paper work and streamline formate for reports.
 8. USAID and PPC should define a mechanism to coordinate USAID-sponsored research activities in Egypt.
 9. USAID should amend the plan for technical assistance provided through the PPC to the Regional Center for Training, Teaching Hospital Organization, and Clinical Services Improvement subprojects to reflect the need for more business planning and development.
 10. Given the shortened period of the project because of slow start due to complications in contract negotiations, USAID should extend the POP/FP III Project to achieve its outputs with essentially the subproject activities.

H. EVALUATION COSTS

EVALUATION TEAM	CONTRACT NO.	CONTRACT COST	SOURCE OF FUNDS
Betsy Stephens	POPTECH	\$172,216	POP/FP III
Laurel Cobb	No. CCP- 3024-Q-17- 3012-00		(263-0227)
Maria Wawer			
Louis Werner			
Mary Wright			

A.I.D. EVALUATION SUMMARY: PART II

Mission: USAID/Egypt
Office: HRDC/Population
Date of Summary:

Title and Date of
Full Evaluation
Report: Midterm Evaluation of the Egypt
Population Family Planning III Project
(263-0227)

I. **SUMMARY OF EVALUATION FINDINGS, CONCLUSIONS, AND
RECOMMENDATIONS**

A. EVALUATION PURPOSE AND METHODOLOGY:

The purpose of the mid-term evaluation of the Population/Family Planning III Project was to assess progress in implementation of the POP/FP III Project as a basis for providing recommendations concerning modification and amendment of the Project's design and individual component funding. Specifically, the evaluation was to assess progress toward umbrella project outputs and goal. Further, the evaluation was to address any changes in the policy and institutional context of Egypt which require changes in the Project. The evaluation also was to look at effectiveness and progress towards objectives of the Implementation/Goods and Services (I/G&S) Contractor as well as the implementation progress of the eight subprojects. Lastly, the evaluation was to address the issue of whether the reengineering/reinvention process and the new USAID/Cairo and USAID/W strategies require any adjustments in the Project. This final evaluation of the POP/FP III Project was conducted by a five person team whose members have long-term experience in family planning practice, management, training, policy, and research, as well as information, education, and communication activities in both the public and private sectors in Egypt and other developing countries.

The team based its recommendations on its critical review of documentation, interview data with GOE, NGO and private sector senior and field level counterparts, clients, contractors, and donors, plus field observation using established indicators.

B. EVALUATION FINDINGS AND CONCLUSIONS:

1. ACHIEVEMENT OF PROJECT OUTPUTS:

a. **Service Volume, Quality and IEC**

POP/FP III is making good progress toward achieving projected outputs of service volume, quality, and IEC. The MOH infrastructure alone includes a vast network of 3,706 units no one is further than five kilometers from a source of health care. The focus of POP/FP III has been to improve the quality of services and to institutionalize high-quality care and the systems that are necessary to support quality services. Training provided through the Quality Improvement program (QIP) and other project support to Clinical Services Improvement (CSI) and Teaching Hospital Organization (THO) have strengthened the capacity of those institutions to provide quality services. The project has supported an effective program of mass communication, local IEC activities, and interpersonal communication through State Information Service (SIS) and the MOH.

Full and informed choice is an important dimension of quality. In the long-term it is an indispensable element of sustainability. Heavy reliance on the IUD is a concern, although a recent dramatic increase in the use of the injectable is encouraging.

Improved Management Capacity

A great deal of progress has been made in developing the mission, strategy, structure, staff and systems in the POP/FP III subprojects. The developments are scattered throughout the subprojects, however, and most of them are in need of additional technical assistance (TA)--some short-term and some long-term--to reach more comprehensive institutionalization for sustainable operations.

Improved Information for Policy Makers

Although Egypt faces some difficult policy issues at this time, there exists no body for which such dialogue and policy formulation represents a priority. Without such ground setting, there is a risk that Egyptian family planning efforts will be unprepared for the inevitable financial and sectoral changes to come (i.e., eventual removal of free contraceptives given by foreign donors and changes in national price control strategies in all sectors).

Given their central role in the population sector, it is crucial that the new Ministry of Population and Family Planning (MOPFP) and/or the NPC retain a strong orientation towards policy,

planning, and research issues, as these issues are of immense importance and uniquely within their scope. The new Ministry is in a unique position to support the service and IEC activities of other ministries and agencies, to ensure that there is no duplication of efforts, and to assist implementing agencies to emphasize quality of service. Support for new service delivery activities is not recommended since coverage is adequate. The pressing issues are service quality, efficiency, and cost effectiveness. The new Ministry, along with a restructured NPC, would be in an ideal position to coordinate these directions and thus to add substantially to family planning utilization.

2. SUBPROJECTS

a. **Service Delivery and Training**

Systems Development Project (SDP). SDP, whose mission is to improve the management, service delivery, and sustainability of the MOH family planning program, had laudable success in POP/FP II and has continued that development in POP/FP III. The MOH is providing increasing higher quality services through a vast network which includes 3,706 service delivery points. The key SDP strategy is the Quality Improvement Program through which SDP has established QIP standards, protocols, systems, and manuals for effective management and quality service delivery. SDP is implementing these improvements through training at the central, district, and unit level, and through careful supervision and monitoring, together with targeted renovation of clinical sites. QIP, now in the second of three phases of implementation throughout the country, has been successful: QIP clinics are attractive, well utilized, appropriately equipped and supplied, and well staffed. SDP anticipates that by the end of the project, 2,500-3,000 of the existing units will have been brought up to QIP standards.

SDP has exceeded its CYP targets throughout the country; service volume, which soared in POP/FP II, has continued to steadily increase. Average utilization of MOH facilities, however, is low for a variety of factors. These include the fact that many facilities are tiny rural units in small villages where it has been difficult to secure/maintain physicians and female providers. Further, the MOH IEC effort relies on governorate-level MOH/IEC supervisors and district-level MOH/IEC officers for whom family planning is only one of several duties. Coordination between the MOH/IEC supervisors and SDP managers has been insufficient: the first run of IEC materials has been insufficient to stock MOH facilities, and IEC materials are only just beginning to arrive at MOH clinics.

MOH efforts to address the preference for female providers look promising. District nursing schools are being opened in Upper

Egypt. Mobile teams, staffed by female physicians, appear to be successful in increasing utilization, particularly for IUD insertion.

SDP is fulfilling its mission of providing increasingly high-quality family planning services: in light of that success and Egyptian demographic data on maternal morbidity and mortality, it is time to consider expanding the SDP mission to include broader reproductive health components.

Clinical Services Improvement Project (CSI). CSI's purpose is to become an increasingly self-financing organization that continues to augment the number of high-quality family planning and related reproductive health services it provides, and it has performed very well during POP/FP III. Although CSI has had severe financial difficulties due to delays in the release of USAID funds, it is meeting its CYP targets; has developed strong management systems; and increased its level of self-financing through a combination of cost recovery, cost control, and income generation. CSI has converted to a performance-based payment system: USAID pays CSI per CYP on a sliding scale that favors governorates with lower prevalence rates and Upper Egypt.

Although CSI has closed down some of its low-performing clinics, utilization is still low relative to capacity. Nonetheless, utilization of CSI clinics is significantly higher than utilization of MOH clinics, particularly in districts in which QIP has not yet been introduced. Clients travel farther, bypassing MOH clinics, to attend CSI clinics which charge higher user fees but are perceived to have better quality services. CSI should, however, continue to monitor clinics on the basis of utilization and level of self-financing and close those that are low performers and a financial drain.

CSI management is strong: responsibility for clinic management has been decentralized and a sophisticated MIS introduced. However, CSI needs additional technical assistance to help with strategic planning, financial management, definition of its market niche, and marketing. CSI's funding problems necessitated a severe cutback in the level of training and IEC-activities which are now a high priority if CSI is to maintain the level of quality for which it is known.

Technically, CSI is a project of the Egyptian Family Planning Association (EFPA) which in turn reports to the National Population Council (NPC), a public sector entity. CSI's status as a "project" has some advantages; but that status also hinders CSI's efforts to become a self-sufficient, competitive organization. CSI should seek to become a legally recognized, independent nongovernmental organization (NGO). USAID should help CSI become part of the worldwide group of flourishing family

planning organizations by giving the management of CSI the opportunity to get to know some of the more successful organizations, particularly in Latin America.

Teaching Hospital Organization Subproject (THO). THO provides models for hospital-based family planning services and an entry point for introducing postpartum IUD services and NORPLANT® in the public sector. Because THO has only eight clinics, the subproject is not intended to contribute a significant number of CYPs to the national program. However, each clinic must generate a sufficient number of clients to be a model of hospital-based services and to enable it to be a training site for hospital-based methods. It is expected that THO will convert to performance-based payments in July 1996.

THO training for THO permanent and house staff and other MOH physicians and nurses has helped to expand the knowledge of family planning service delivery, particularly clinical methods, throughout the public health system. THO activities, including hospital-specific brochures and an IEC plan to counsel hospital inpatients and outpatients, are a model for hospital-based services.

Under dynamic new leadership, a new and streamlined headquarters staff has developed and implemented systems for service quality monitoring, clinic management, and supervision. However, management systems are not yet adequate for conversion to the output-based payment system. To successfully address these needs, THO requires a new type of long-term technical assistance in the areas of financial management and strategic planning.

Regional Center for Training (RCT). The purpose of RCT is to train physicians, nurses, pharmacists, and family planning service providers. The long-term goal of the institution is to be a self-financing, regional family planning training center. USAID converted RCT to a performance-based payment system two years earlier than originally planned in order to support RCT's progression toward becoming a self-sufficient, sustainable institution.

RCT currently has an agreement with SDP to provide all of the latter's training of trainers (TOT) courses for physician and nurse trainers. There have been a number of problems and misunderstandings in the past between SDP and RCT. However, the new leadership in RCT recognizes the need to improve the quality of RCT training and to be more responsive to client requirements. The training skills of physician trainers need to be upgraded and non-physician trainers need to be recruited to provide specialized non-clinical training. Some short-term technical assistance (STA) will be required.

RCT will have to cut costs and market its services. USAID should

shift the focus of their long-term technical assistance to strategic planning, financial management, and marketing to assist RCT to become a more business-oriented organization.

Information, Education, and Communication (IEC)

State Information Service Family Planning IEC Subproject (SIS/IEC). The SIS/IEC subproject supports efforts to increase demand for and the correct use of contraceptives, through mass media and interpersonal activities, and to improve SIS management capacity. SIS/IEC has met all of its numerical targets in producing IEC materials, developing mass media messages, and holding meetings, and it has developed some extremely effective materials and approaches. However, there needs to be more direct emphasis on male responsibility and method-specific use and guidelines developed for presenters at village meetings.

Useful IEC materials produced by SIS/IEC include flip charts, method brochures, and method spot videos. A coordinated effort needs to be mounted to determine the needs of all of the subprojects for these materials and arrangements made to produce and distribute materials as needed.

NPC should make a more concerted effort to coordinate a national IEC strategy bringing all relevant agencies together to identify and allocate training and materials production tasks and to share resources and finished materials based on each agency's comparative advantages in these areas.

Policy

Institutional Development Project. The primary objectives of the Institutional Development Project (IDP) are to strengthen the capacity of the National Population Council/Technical Secretariat (NPC/TS) to engage in policy analysis and formulation, coordinate policy-based research, and strengthen the capacity of the NPC/Governorate (NPC/G) offices in strategic planning and coordination of population and family planning activities.

The ability of the IDP to strengthen the management and planning capacity of the NPC/TS is limited. The staff capacity is weak; the NPC leadership does not provide direction on policy and planning issues; and no staff members are charged with policy dialogue or coordination. The Research Management Unit (RMU) technical staff appear to be motivated and interested in research directed to policy and planning guidance but they are isolated from policy and planning discussion.

While it is recommended to continue to limit the scope of IDP activities at NPC/TS level with primary concentration on the RMU, one new initiative in the NPC/TS is recommended. Technical assistance should be provided to the Statistical Unit in the

areas of 1) annual governorate-level family planning target setting, coupled with demographic analysis to assess the achievement of targets, and 2) the development of a national management information system (MIS).

There is evident improvement in the ability of governorate-level NPC personnel to plan and coordinate activities, related in large part to IDP efforts, and these efforts should be continued. However, with the disjuncture between the targets established for the governorates by the NPC/TS and the reality at governorate level, true coordination and strategic planning remain elusive. Upgrading the computers and follow-up of the ongoing strategic planning training for NPC/G personnel would strengthen NPC/G ability to analyze data and coordinate family planning activities at governorate level.

The leadership of the population sector should be encouraged to provide the RMU with guidance and support in the stimulation of policy-related research and to support research and policy development in the areas of commodity pricing, family planning service subsidies, and efforts to enhance the private sector (e.g., removing economic barriers to contraceptive manufacture and retail sales), in order to ensure long-term family planning program sustainability.

Private Commercial Sector

The private sector has played an important role in family planning in Egypt, contributing about 70% of overall prevalence in 1988 and 63% in 1992. Implementation of the Private Sector Initiatives (PSI) subproject is just getting under way. It is a large-scale effort in selected governorates in Lower Egypt to train 4,000 pharmacists and 600 physicians and establish a complementary referral service between them.

As relatively little is known about what works in terms of training and promoting private sector providers, each of the components needs to be carefully evaluated individually and an assessment made as to whether there is a positive cumulative effect of the combination of interventions. Future activities to support the private sector should be tested on a smaller scale to determine effectiveness.

The distribution of subsidized contraceptives to the private sector by the centrally funded Social Marketing for Change Project (SOMARC) is ending. The SOMARC objective has been to support the transition to commercial sales and to help strengthen the private sector and attract commodities to the Egyptian market at competitive prices. There have already been some positive consequences with an increase in the availability of imported contraceptives commercially. The phasing out of subsidized contraceptives provides a good opportunity to assess price

elasticity and client behavior. Since the midterm evaluation was conducted, the Ministry of Population and Family Planning (MOPFP) has been dissolved by Presidential Decree, and the Ministry of Health has been expanded to become the Ministry of Health and Population. Recommendations for MOPFP should be considered in light of these changes.

3. Project Management

POP/FP III represented a radical change in project management: the overall program management and coordination was put under a single contract with eight subprojects, unlike POP/FP II, which had 24 individual subprojects with technical support provided through a series of cooperative agreements. The umbrella mechanism used in POP/FP III has distinct advantages. Bringing together the elements of this project under one management structure facilitates coordinated planning and implementation which is critical to ensure complementarily and mutual reinforcement and to avoid overlap. It also decreases the USAID management burden.

While we recommend an umbrella mechanism for a follow-on project, USAID should consider a more flexible contracting mode. The necessity for rigid adherence to a contract forces a focus on deliverables rather than on qualitative outputs and puts a heavy burden on all sides for detailed documentation. Either a cooperative agreement or performance-based contract would provide considerably more flexibility for collaboration between USAID, the technical assistance team, and the implementing agencies in design and implementation, and would permit everyone to spend more time and resources on the program instead of on the process.

An important lesson learned from POP/FP III is that the time frame is too short. The project, initially conceived of as a five-year effort, has been compressed into less than four years. This short period has forced an orientation toward detail--achieving deliverables-- and diverted attention from the big picture. Five years is the absolute minimum for a program that has long-term goals and vision; and ten years would be better. The existing project should be extended and the follow-on project designed with an overall implementation period of ten years.

PRINCIPAL RECOMMENDATIONS OF THE EVALUATION:

Based on its findings and conclusions, the team made recommendations specific to the overall project and to each subproject, and the I/GS contractor. The principal cross cutting recommendations for the Project were:

1. USAID should assist the GOE in developing a long-term plan for contraceptive sustainability to ensure an available and affordable supply of high quality contraceptives to the public, private and NGO sectors.
2. USAID should study the effects on client behavior of changes in contraceptive prices in the private sector and the extent to which utilization is disrupted, discontinued and/or transferred to the public/NGO sectors.
3. USAID should assist the various agencies to develop an actionable FP/IEC national strategy by bringing all agencies with an IEC function together to divide training and materials production tasks and to share resources and finished materials, based on each agency's comparative advantages in these areas.
4. USAID should, in follow-up to the ICPD Plan of Action and in line with USAID/Washington policies and strategies, assist the MOH to develop a reproductive health program of which family planning would be the key component and should closely integrate activities with the Healthy Mother/Healthy Child Project.
5. USAID should continue the dialogue with the NPC to support institutionalization of a visible and vital role in policy dialogue and formulation, policy-related research, and public sector coordination.
6. USAID should continue to fund efforts to improve extended use effectiveness including:
 - a. more and better counseling by all providers, which requires more and better training in counseling, and
 - b. more and better method-specific IEC through mass media and interpersonal activities.
7. PPC and USAID should agree on ways to minimize paper work and streamline formate for reports.
8. USAID and PPC should define a mechanism to coordinate USAID-sponsored research activities in Egypt.
9. USAID should amend the plan for technical assistance provided through the PPC to the Regional Center for Training, Teaching Hospital Organization, and Clinical Services Improvement subprojects to reflect the need for more business planning and development.

10. Given the shortened period of the project because of slow start due to complications in contract negotiations, USAID should extend the POP/FP III Project to achieve its outputs with essentially the subproject activities.

II. LESSONS LEARNED

1. While the POP/FP III Project consists of 8 subprojects, the overall success of the Project depends on a close working relationship and formal linkages between the subprojects. These subprojects constitute all major subsystems required for a successful family planning program -- service delivery, demand creation, policy development and dissemination, training, and contraceptive supply. Together, the subsystems form the basis for a strong and sustainable Egyptian national family planning program.
2. Decentralization of responsibilities for planning, coordination and management of family planning services within the public sector and NGO family planning service delivery contributes to a greater sense of responsibility and empowerment by the managers and staff.
3. Senior-level policy dialogue between public, private, and commercial sectors impacts positively on changes in the policies relating to contraceptive pricing, availability of new contraceptives, and new distribution channels.
4. Family planning clients will respond favorably to high-quality services of renovated yet simple clinics, adequate equipment, and trained and caring professionals who respond to the client needs. Carefully planned marketing of improved clinic services through mass media campaigns, public relations events, and interpersonal communication can increase potential client interest and attendance at family planning clinics.
5. High-level government support is necessary for building linkages between family planning and maternal and child health services. A clear policy and well-defined system are fundamental to ensure that such linkages can occur systematically at the service delivery level. Operational research can guide this process.
6. Given a clearcut definition of market strategy and its niche within the range of potential providers of family planning services from whom clients choose, NGO family planning services can be programmatically and financially sustainable.
7. The use of an umbrella technical assistance contractor consolidates long and short-term technical assistance, management of vehicle and other commodity procurement, short-term participant training, invitational travel, and special studies. Such consolidation results in efficiencies, but requires start-up time in country for the contractor to organize and provide assistance.

III. MISSION COMMENTS

The five members of the evaluation team have long-term experience in family planning policy, management, training, IEC, and clinical standards and practice in both the public and private sectors in Egypt and other developing countries. They applied this experience to a rigorous and objective final evaluation of the Population/Family Planning III Project using established indicators in the Logical Framework for evaluating the scope of work. They thoroughly analyzed the data obtained from document review, interviews, and field visits resulting in a clear, concise evaluation report with conclusions based on supporting documentation and useful recommendations to strengthen the Egyptian family planning program.

USAID/Egypt is in basic agreement with the recommendations presented in the evaluation report from which the USAID/Egypt Office of Population selected 10 principal overriding recommendations. Of the 10 principal recommendations, USAID has selected all eleven for monitoring. USAID has some control over the resources and implementation of these recommendations. USAID intends to use these recommendations as guiding principles in the development of the one-year POP/FP III extension and the follow-on project.

Since the evaluation was conducted, the Ministry of Population and Family Planning has been dissolved by Presidential Decree, and the Ministry of Health has been expanded to become the Ministry of Health and Population. The final configuration of the restructured population sector is not yet clear, nor are the implications for the recommendations made for the MOPFP. Recommendations for the MOPFP will be considered in light of these changes. In the long run, the Mission believes that the ministerial structural changes are positive. Shifting responsibility for family planning service delivery to the new Ministry of Health and Population reduces duplication of effort and improves the prospects for sustainability.

While USAID fully endorses the recommendation that ". . . the RCT should hire other appropriately trained and qualified professionals to carry out specialized functions for which its physicians are not trained." and ". . . SDP should have a professional staff to carry out specialized functions instead of asking physicians who are not trained in these specialties to perform them", this is more appropriately within the sphere of authority and responsibility of the RCT and MOH itself. USAID provides selected training to physicians in such areas as management, supervision, and IEC. USAID also encourages subprojects to second or contract specialists.

USAID has reservations with regard to the team's recommendation that ". . . (the project staff) should be permitted to write (implementation plans) in Arabic, if necessary, and the project should provide resources for translation." Project Managers and senior of FP Subprojects are often physicians who have attended Medical School where lectures are presented in English. USAID has provided extensive English training to these staff in preparation for short-term training abroad, to improve understanding and implementation of USAID rules and regulations, and to more effectively work with short- and long-term consultants. As such, their English writing and speaking skills have greatly improved. USAID believes that the requirement to have reports and plans in English assists the staff in utilizing and perfecting their English writing skills. In this way, the staff, project and USAID benefits.

USAID is in full agreement with the evaluation team's recommendation that ". . . the USAID/Egypt should urge MOH to expand SDP, in a carefully phased manner, into reproductive health program with family planning as a key component." In fact, the Office of Population has had several meetings with the Executive Director of the Ministry of Health Systems Development Project to discuss the possibility of adding health care services for the women who attends the SDP clinic. Such possibilities include screening and counseling regarding reproductive track infections, self-breast examination, and counseling about the health risks of female genital mutilation. USAID has reached agreement with the MOH/SDP that selected reproductive health services will be added to SDP in Project Year Three of the current project. Already, CSI provides testing for anemia and pregnancy testing. CSI is also exploring what further reproductive health services could be added to its clinic services. Also, the RCT is developing a reproductive health training curriculum to strengthen service delivery in reproductive health.

USAID fully agrees with the linking MCH and family planning services. The operational research identifying possible ways to link these services has recently been concluded; specific project activities are being identified. However, linkages of services does not necessarily mean "total integration." One should approach "total integration" with caution. As the Egyptian history of public family planning services has shown, staff can too easily be absorbed by MCH activities leaving family planning with little attention. USAID believes that the Egyptian family planning program is still fragile and warrants specific human and financial resources.

IV. ATTACHMENT

Final Report of the Midterm Evaluation of the Egypt
Population/Family Planning III Project 263-0227 [Report No. 95-
055-035]