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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: The Family Planning Systems Development (MOH/SDP) Subproject of the Ministry of Health under the Population/Family Planning II Project (263-0144)

E. ACTION DECISIONS APPROVED BY THE ACTING ASSOCIATE DIRECTOR, PDS:	ACTION TAKEN	RESPONSIBLE PARTY	COMPLETION DATE
1. USAID should continue its clinic-based strategy in Upper Egypt.		HRDC/P	
2. USAID should continue to support and the MOH should continue to provide training of clinicians, both doctors and nurses, at a level which will meet or slightly exceed the current turnover.		HRDC/P & MOH	

(continued)

F.a. CLEARANCE (initial and date)

HRDC/P: CJohnson CJ Johnson 8/31/93  
PDS/P/E: RParks R Parks 9/6/93 - note comments  
HRDC/P: SEL-Saharty SEL 9/1/93  
OD/HRDC/P: CCarpenter-Yaman CCY 9/16/93 - rec'd 9/16/93  
AD/HRDC: DMiller D Miller 9/14/93  
OD/PDS/P: JMalick J Malick 9/30/93

F.b. APPROVAL (initial and date)

AD/PDS: KJordan [Signature]

F.c. INFORMATION

D/DIR: CCrowley

**E. ACTION DECISIONS APPROVED  
BY THE ACTING ASSOCIATE  
DIRECTOR, PDS:**

**ACTION TAKEN      RESPONSIBLE PARTY      COMPLETION DATE**

3. USAID should work with the MOH NPC and other appropriate parties to design and implement a strategically focused effort to reduce fertility, and through that infant and maternal mortality, in Upper Egypt through expanded quality services and through an intensive media campaign to increase initiation of family planning on the 40th postpartum day.

HRDC/P  
&  
MOH

## G. EVALUATION ABSTRACT

The purpose of the evaluation of the MOH/SDP subproject was to provide both end of project status information as well as baseline information for the follow-on Population/Family Planning III Project (POP/FP III) in relation to the provision of clinical services. Specifically, the evaluation was to 1.) assess the extent to which the subproject had achieved its outputs and purpose; 2.) assess progress toward sustainability in the context of the public sector; and 3.) identify baseline data for the follow-on subproject. A five person team whose members have long-term experience in family planning policy, management and clinical standards and practice in both the public and private sectors in Egypt and other developing countries conducted this final evaluation of the MOH/SDP subproject.

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

- the MOH family planning program is sustainable for a variety of reasons;
- the overall quality of the MOH family planning program is good;
- training efforts have produced a nationwide cadre of competent professionals for the public and private sectors;
- although there has been great progress in the last four years, fertility in rural Upper Egypt remains much higher than the national rate; and
- in those MOH centers in which family planning is truly integrated into the MCH unit, both programs are stronger; both recruit and follow-up for each other.

Based on its findings and conclusions, the team made six principal recommendations and thirty-six secondary recommendations. The principal recommendations were:

1. The MOH should publicize the results of this project and honor the dedicated managers and service providers at every level who have worked to make it possible.
2. The MOH should expand the choice of long-lasting methods to include progestin-only contraceptives in their oral, injectable, and implant forms.
3. USAID should continue to support and the MOH should continue to provide training of clinicians, both doctors and nurses, at a level which will meet or slightly exceed the current turnover.

4. USAID should work with the MOH, NPC, and other appropriate parties to design and implement a strategically focused effort to reduce fertility, and through that infant and maternal mortality, in Upper Egypt through expanded quality services and through an intensive media campaign to increase the initiation of family planning on the 40th postpartum day.
5. The MOH should more fully integrate the family planning program with the antenatal, postpartal, and infant immunization program, beginning at the MCH centers and moving into the hospitals, urban centers, and rural units.
6. The emphasis in client recruitment should begin with the pregnant and postpartal women in the clinics and should include the postpartal women who visit the community birth registration office, and should focus on the celebration of the 40th postpartal day for infant immunization and initiation of a contraceptive method.

USAID accepted four of the principal recommendations for monitoring. The rationale for the selection is presented in Part II, Section III, Mission Comments.

#### H. EVALUATION COSTS

EVALUATION TEAM	CONTRACT NO.	CONTRACT COST	SOURCE OF FUNDS
Laurel Knight Cobb	POPTECH	\$ 152,962 <sup>1</sup>	POP/FP II
Keys Macmanus	No. 936-3024		(263-0144)
Donald Harbick			
Rogers Beasley			
Mary Wright			

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<sup>1</sup>This figure is the contract cost for conducting the combined evaluations of the MOH/SDP and the CSI subprojects.

A.I.D. EVALUATION SUMMARY: PART II

Mission: USAID/Egypt  
Office: HRDC/Population  
Date of Summary: June 28, 1993

Title and Date of  
Full Evaluation  
Report:

Final Evaluation of the Family Planning  
Systems Development Subproject of the Ministry  
of Health under the Egypt Population/Family  
Planning II Project  
[Report No. 92-184-149 (a)]

I. SUMMARY OF EVALUATION FINDINGS, CONCLUSIONS, AND  
RECOMMENDATIONS

EVALUATION PURPOSE AND METHODOLOGY:

The purpose of the combined evaluation of the MOH/SDP (Public Sector) and the CSI (PVO Sector) was to provide both end of project status information as well as baseline information for the follow-on Population/Family Planning III Project (POP/FP III) in relation to the provision of clinical services. Specifically, the combined evaluation was to 1.) assess the extent to which each subproject had achieved its subproject outputs and purpose; 2.) assess progress toward sustainability in the context of the sector in which the subproject is situated; and 3.) identify baseline data for the follow-on subprojects.

The MOH/SDP evaluation is one part of a two-part evaluation focusing on the provision of clinical family planning services under the Population/Family Planning II Project. The two evaluations, one on the Ministry of Health Systems Development Subproject (MOH/SDP) and the other on the Clinical Services Improvement Subproject (CSI), were undertaken simultaneously. Although it was originally planned to develop a single report on the two evaluations, it was concluded at the end of the fieldwork that the volume and substance of the data warranted two separate reports.

In preparation for the evaluation, the team read extensively from project papers, evaluation reports, and other documents. The team was briefed and supported by USAID/Cairo and MOH/SDP staff throughout the evaluation.

The team conducted interviews and collected data at three levels: policy and management, service provider, and family planning clients. The sampling methodology focused on securing data from both rural and urban sites in Alexandria and Gharbia in Lower Egypt and in Fayoum, Aswan, Sohag and Beni Suef in Upper Egypt. In each of these governorates, the team requested that the SDP governorate director select a representative sample of district hospitals, maternal and child health (MCH) centers, and rural health units for the team visits, including those facilities that had done well and others that had problems. In all, over 20 MOH service delivery points were visited. Most visits included in-depth interviews; others entailed only brief observation.

The team established indicators for evaluating each question or issue in the scope of work. On the basis of those indicators and questions, the team developed four evaluation instruments, using instruments from the Population Council's Situational Analysis Study as a point of departure.

The team was accompanied throughout its interviews with service providers and clients by a female Egyptian family planning specialist who served as focus group facilitator and as a translator and by one or two members of the Cairo MOH/SDP central office who assisted in translation and governorate introductions. In each of the six sampled governorates, the team met with the Undersecretary for Health who briefed the team on issues in his governorate. In addition, the team met with the Governor of Gharbia who spoke of the importance of population and family planning in his governorate and of his support for family planning.

#### EVALUATION FINDINGS AND CONCLUSIONS:

##### 1. Sustainability

Six characteristics were identified in a 1990 A.I.D. Center for Development Information and Evaluation (CDIE) study as being most closely related to project sustainability: 1) a project's perceived effectiveness; 2) the extent to which a project is integrated into existing organizational hierarchies (rather than operated as a separate, vertically run operation); 3) community participation; 4) financing through government budget sources and cost recovery mechanisms; 5) inclusion of training components as project activities; and 6) a mutually respectful negotiation process between A.I.D. and the host country. An analysis of the Egypt program with regard to these six characteristics indicates that:

- o The program is widely perceived by leaders, service providers, clients, and donors as being effective. Most important, the MOH program is sustainable because of the demand for it-- couples want contraception and the location, quality, and price of MOH family planning services meet the needs of increasing numbers of women.
- o The family planning program is a part of the MOH program in 3,600 MOH facilities, and services are available and accessible to rural and urban women throughout the country. Quality, which is critical to demand, is good and steadily improving.
- o The program is increasingly decentralized: planning, monitoring, and control are occurring at the governorate and district levels.
- o The program is financed through a combination of government, donor, and client funds. The share of MOH costs borne by clients, although small, has increased over the last three years.
- o There has been massive training of MOH service providers and managers. The training is followed up by supervision and monitoring.
- o The relationship between the MOH and donors to the family planning program, notably USAID, is harmonious and collaborative.

## 2. Quality of Care

The overall quality of the MOH family planning program is good. The program demonstrates that although quality takes a great deal of effort, attention, and commitment, it is not a capital-intensive effort. A clean one-room clinic, equipped with minimal equipment and staffed with trained and caring professionals who listen to and communicate with their clients, can offer high-quality family planning services. The MOH is to be commended for paying attention to the fundamentals of quality.

The family planning program is, however, essentially a one-method (IUD) program and lacks the total quality which a choice of methods provides. To expand choice of long-lasting methods, the number and variety of long-lasting contraceptive methods needs to be expanded to include progestin-only

contraceptives in their oral, injectable, and implant forms. By expanding the oral contraceptives to include the progestin-only pill, as well as the highly effective and long-acting injectables and implants, the choice of contraceptives will make an effective five-method program.

### 3. Human Resource Development

Training efforts have produced a nationwide cadre of competent professionals. Continuation of training programs is essential.

### 4. Upper Egypt

The USAID clinic-based strategy in Upper Egypt has been very successful. The CPR in Upper Egypt rose from 22 percent to 31 percent over the life of this subproject; for rural women it has more than doubled during this period. USAID's strategy contributed to this success in rural Upper Egypt through the following activities:

- the massive, continuous training of physicians and nurses in contraceptive technology, including IUD insertion and management;
- the renovation, equipping, and supplying of family planning clinics at all levels, from the district hospital to the rural center;
- the systems development which has resulted in IUDs and oral contraceptives being available throughout the system on a regular and consistent basis; and
- the focus on quality which has not only provided better services to the client but has increased pride and motivation among the service providers, prompting them to be more effective.

### 5. Greater Integration

In those MOH centers in which family planning is truly integrated into the MCH unit, both programs are stronger; both recruit and follow up for each other. Postpartum care and infant care are much more likely to take place when family planning services are offered at the same site. Conversely, family planning services are more likely to be sought out when offered in the same clinic with postpartum and infant care. The effectiveness and quality of both elements are strengthened.

PRINCIPAL RECOMMENDATIONS OF THE EVALUATION:

1. The MOH should publicize the results of this subproject and honor the dedicated managers and service providers at every level who have worked to make it possible. It is important that morale be kept high and that staff continue to be committed to reaching the year 2001 goal.
2. The MOH should expand the choice of long-lasting methods to include progestin-only contraceptives in their oral, injectable, and implant forms. The MOH should move with all due speed to collaborate with the Egyptian Fertility Care Society and other institutions to introduce NORPLANT into Egypt on a wide scale. Consideration should be given to making injectables and the progestin-only pill for lactating women more widely available.
3. USAID should continue to support and the MOH should continue to provide training of clinicians, both doctors and nurses, at a level which will meet or slightly exceed the current turnover. Training should emphasize the use of progestin-only hormonal contraceptives in oral, injectable, and implant form. Training for the NORPLANT program should follow the curricula designed for its introduction into the Egyptian program by the Egyptian Fertility Care Society. The MOH should provide competency-based training in IUD insertion for experienced maternal and child health nurses who are indigenous to rural areas without female physicians.
4. USAID should work with the MOH, NPC, and other appropriate parties to design and implement a strategically focused effort to reduce fertility, and through that infant and maternal mortality, in Upper Egypt through expanded quality services and through an intensive media campaign to increase the initiation of family planning on the 40th postpartum day.
5. The MOH should more fully integrate the family planning program with the antenatal, postpartum, and infant immunization program, beginning at the MCH centers and moving into the hospitals, urban centers, and rural units.
6. The emphasis in client recruitment should begin with the pregnant and postpartum women in the clinics and should include the postpartum women who visit the community birth registration office, and should focus on the celebration of the 40th postpartal day for infant immunization and initiation of a contraceptive method.

## II. LESSONS LEARNED

- Although provision of quality family planning services requires a great deal of effort, attention, and commitment, it need not be not capital intensive. A clean, one-room clinic equipped with very minimal equipment and staffed with trained and caring professionals who listen to and communicate with their clients, can offer high-quality family planning services.
- Public sector management can learn from the private sector how to stay competitive in the total family planning market. In Egypt, the MOH learned from the quality focus of the Clinical Services Improvement subproject (also under the Egypt Population/Family Planning II Project) of the Egyptian Family Planning Association, and has steadily upgraded the quality of MOH services even though quality per se was not a focus of the SDP project.
- In MOH facilities with limited space, family planning services are stronger when they are truly integrated into the MCH unit than they are when situated in separate clinics.
- Service statistics based on couple years of protection measure distribution of contraceptives rather than clients served or reduced fertility. A more precise assessment of contribution to reduced fertility can be achieved with client-based service statistics.

## III. MISSION COMMENTS

The five members of the evaluation team have long-term experience in family planning policy, management, 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 MOH/SDP subproject using established indicators for evaluating each question or issue in the scope of work. They then thoroughly analyzed the data obtained from document review and field visits resulting in a clear, concise evaluation report with conclusions based on supporting documentation and useful recommendations to strengthen the MOH family planning program.

USAID/Egypt is in basic agreement with the principal recommendations presented in the evaluation report. Of the six recommendations, USAID has selected three for monitoring. USAID has some control over the resources and implementation of these three recommendations. USAID intends to use these recommendations as guiding principles in the development of the specific MOH/SDP subproject for the follow-on Population/Family Planning III Project. While USAID fully endorses the recommendation that ". . . the MOH should publicize the results of this subproject and honor the dedicated managers and service providers at every level who have worked to make it possible . . .", this is more appropriately within the sphere of authority and responsibility of the MOH itself.

USAID is also in full agreement with the evaluation team's recommendation that ". . . the MOH should expand the choice of long-lasting methods to include progestin-only contraceptives in their oral, injectable, and implant forms." In fact, the Office of Population has periodic meetings with the Undersecretary for Family Planning to review the status of MOH actions targeted toward introducing NORPLANT. Policies and processes to facilitate the availability and accessibility of progestin-only injectables and to introduce progestin-only oral contraceptives are also agenda items at these or separate meetings. The Office of Population will continue to meet with MOH officials and to provide them with relevant materials to hasten the day when progestin-only contraceptives in their oral, injectable and implant forms are part of the customary method mix in the Egyptian family planning program. However, the actual development and initiation of the relevant policy changes and administrative mechanisms rests solely with the designated officials of the Government of Egypt in the Ministry of Health.

USAID has reservations with regard to the team's recommendation that ". . . the MOH should more fully integrate the family planning program with the antenatal, postpartum, and infant immunization program, beginning at the MCH centers and moving into the hospitals, urban centers and rural units." While there have been beneficial effects when the various services are offered in close proximity to each other, the positive effect in family planning acceptors with a distinct emphasis on provision of family planning clinical services cannot be denied nor should it be overlooked in our enthusiasm over subproject achievements. This is further supported by

evidence in most developing countries. The use of the term "integration" must be carefully defined. While the MOH program has made significant gains, there remains a lot to be accomplished. One should approach "total integration" with caution, as staff can too easily be sidetracked to MCH activities leaving family planning on the sideline. It is our considered opinion that the MOH family planning program is still fragile and warrants specific attention (i.e., human and financial resources).

**IV. ATTACHMENTS**

1. Final Evaluation of the Family Planning Systems Development Subproject of the Ministry of Health under the Egypt Population/Family Planning II Project [Report No. 92-184-149 (a)]
2. Arabic translation of the Executive Summary of the final report
3. POPTECH's "Report at A Glance"