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**IMPLEMENTATION PLAN FOR
PRIVATE SECTOR INITIATIVES SUBPROJECT**

JULY 1994 - JUNE 1997

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Executed by:

**Population Project Consortium of Egypt
Implementation Goods and Services Contract**

No. 263-227-C-00-4016-00

USAID Population/Family Planning III

Project No. 263-0227

Printed: 01/29/95

Revised: 01/23/95

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ACRONYMS AND ABBREVIATIONS

AID	Agency for International Development
A/V	Audio/Video
CAPMAS	Central Agency for Public Mobilization and Statistics
CBT	Competency-Based Training
CDSS	Country Development Strategy Statement
CIIS	Contraceptive Inventory Information System
CME	Continuing Medical Education
CPR	Contraceptive Prevalence Rate
CSI	Clinical Services Improvement Project
CYP	Couple Year of Protection
DHS	Demographic and Health Survey
DSG'S	Governorate Development Support Grants
EOP	End of Project
EPTC	Egyptian Pharmaceutical Trading Company
FAR	Fixed Amount Reimbursement
FP	Family Planning
FSN	Foreign Service National
FY	Fiscal Year
GOE	Government of Egypt
HCC	Host Country Contribution
IE&C	Information, Education and Communication
IDP	Institutional Development Project
I/G&S	Implementation Goods and Services, contract # 263-227-c-00-4016-00
IMR	Infant Mortality Rate
IQC	Indefinite Quantity Contract
ITRFP	Institute For Training and Research, Alexandria
IUD	Intrauterine Device
JHU/PCS	The Johns Hopkins University/Population Communications Services
LE	Egyptian Pound
LOP	Life of Project
MCH	Maternal and Child Health
MCRA	Married Couples of Reproductive Age
MIS	Management Information System
MMR	Maternal Mortality Rate
MOH	Ministry of Health
MOI	Ministry of Information
MOP/FP	Minister of State for Population & Family Planning
MWRA	Married Women of Reproductive Age
NPC	National Population Council
NPC/G	NPC Governorate Offices
NPC/TS	NPC Technical Secretariat
Ob/Gyn	Obstetrics/Gynecology
OC	Oral Contraceptive

OR	Operations Research
PIC	Population Information Center
PIL	Project Implementation Letter
PIO/C	Project Implementation Order/Contract
PIO/T	Project Implementation Order/Technical
PIS	Population Information System
POP/FP III	Population/Family Planning III Project # 263-0227
POP/POS	Point-of-purchase/point-of-sale
PSC	Personal Services Contract
PSI	Private Sector Initiatives Project
RCT	Regional Center for Training
RMU	Research Management Unit
SDP	Systems Development Project
SIS	State Information Service
SOW	Scope of Work
TA	Technical Assistance
THO	Teaching Hospital Organization
TFR	Total Fertility Rate
TOT	Training of Trainers
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

The Population/Family Planning (POP/FP) III Project recognizes the importance of the contribution which the commercial sector makes to the delivery of family planning services in Egypt. Over 85 percent of all Egyptian women using oral contraceptives and 39 percent of women using IUDs have obtained their method from a private source (DHS 1992). All but the poorest of Egyptians are thought to have obtained some type of health/medical care from the commercial sector. At the same time, however, it is clear that effective use of contraceptives from commercial sector sources (as well as from sources in all other sectors) is not as high as it needs to be in order to achieve national fertility goals. Concurrently, as Egypt's population program expands, maintaining and strengthening the percentage of family planning users served by the private commercial sector will be critical to meeting Egypt's family planning needs effectively in the future.

The Private Sector Initiatives (PSI) Subproject will contribute towards the fertility reduction goal of the Government of Egypt (GOE). The GOE expects to reduce the total fertility rate (TFR) from 3.9 in 1992 to 3.5 in 1997 through innovative programmatic strategies. The PSI interventions will: (1) decrease failure rates of the pill; (2) increase the method-specific continuation rates; and (3) increase the use of commercial private sector services among family planning (FP) consumers who can afford to pay.

The major outputs of the Private Sector Initiatives Subproject will include:

1. Continuing education curricula, trained teachers and materials to conduct courses for 3,000 - 4,000 retail pharmacists, 450 - 600 neighboring physicians and, if feasible, for up to 4,000 pharmacist assistants. To maximize the impact of resources, the subproject will select physicians and pharmacists from the same market area.

2. Communications, mass media, and market promotion targeted for improving consumer awareness about private sector provided family planning services and for improved provider/client communications about contraceptive use.
3. Research, monitoring, and evaluation studies to identify contraceptive needs of married women of reproductive age (MWRA), to develop private sector provider and consumer profiles, to compile information that will be crucial for the design and evaluation of educational materials, to conduct field based monitoring activities and to measure the impact of private sector interventions on the level and quality of contraceptive use.

Continuing Education Component

The continuing education component of the PSI will result in improving the quality of family planning services provided by the 3,000 - 4,000 retail pharmacists, and by the 450 - 600 neighboring physicians participating in the program. The subproject will also explore the possibility of providing continuing education to the pharmacy assistants (3,000 - 4,000) of the participating pharmacists. Improvement of the quality of services provided through the commercial sector will, in turn, contribute to the larger POP/FP III Project goal of increasing correct and continued use of modern contraceptives. The highlights of the continuing education component include:

- Continuing education courses will stress contraceptive safety and side effect management, correct use of oral contraceptives, IUD usage intervals, introduction of the injectable contraceptive, client communications/ client satisfaction, and the advantages of pharmacist/physician referral networks. The previously developed "standards for good family planning practice" will be given to physicians participating in the courses. A simpler contraceptive technology guidelines will be developed and distributed to the pharmacists.
- The initial continuing education course for pharmacists and physicians will be followed in twelve months by a second course which will reinforce key

contraceptive information points, review client interaction techniques, and explore questions/issues which have arisen since the initial course.

- The need for continuing education for pharmacist assistants will be assessed. If such a course is deemed appropriate, then up to 4,000 pharmacy assistants (working for participating pharmacists) will be trained in basic family planning and contraceptive information.

Communications, Mass Media and Market Promotion Component

Communications will play an important role in supporting the private sector initiatives. Under this component, a variety of materials and messages will be developed for improving the awareness about the private providers (pharmacists and physicians), and the quality of provider/client communication about the use of specific methods. The highlights of this component include:

- IE&C materials, designed to improve provider/client communications and improve contraceptive use, will be developed when existing materials are not available or are deemed inappropriate for private sector use. Materials will be distributed to both private contraceptive providers and contraceptive consumers.
- A targeted mass media television and radio advertising/promotion campaign will be developed to increase demand at participating private sector pharmacies and physician offices.
- Point of Purchase/Point of Sale (POP/POS) materials including store signs, window stickers, and business cards for identifying trained pharmacists will be developed and distributed to pharmacists participating in the continuing education component.

Research, Monitoring, and Evaluation Component

Under the research, monitoring, and evaluation component of the PSI Subproject, various studies will be undertaken to evaluate the overall impact of the continuing education and marketing interventions. A baseline study will be conducted in the project area among married women of reproductive age (MWRA) to establish pre-intervention patterns of contraceptive use, private sector use, and to identify problems with the quality of care. Mid-term and final

surveys will measure the impact of interventions on overall contraceptive use and the use of private sector providers among MWRA. In-depth interviews and focus group discussions will be held with the clients of private and public providers to measure satisfaction with contraceptive methods and to determine how well the clients were counseled by the private providers. Retail audits will be conducted periodically to determine the availability of contraceptive methods in pharmacies. The subproject will also use mystery clients to assess the changes in the process of service delivery. Routine monitoring and periodic evaluations will generate data to determine changes in the knowledge and skills of private sector providers, customers sales, volume of client visits, and the quality of contraceptive usage. This information will be essential for determining whether the PSI continuing education and communications interventions are having desired impact or whether programmatic changes are required. The results of these evaluations will be helpful in designing a strategy for the private sector program expansion to Upper Egypt.

PSI Implementation Strategy

The PSI subproject components will stress on building and strengthening the linkages between private sector pharmacy and physician providers working in the same area. The linkages will be designed to improve appropriate cross-referrals, enhance the quality of contraceptive services provided to consumers, support correct contraceptive use, and identify opportunities for developing a private sector constituency for family planning. To strengthen the linkages between the physicians and pharmacists, the PSI Subproject will:

- recruit pharmacists and physicians from the same geographic area
- develop joint pharmacist/physician continuing education opportunities/events
- encourage pharmaceutical company participation in appropriate PSI activities
- highlight both pharmacists and physicians in mass media messages
- explore mechanisms designed to foster appropriate cross-referrals between participating pharmacists and physicians.

Primary Geographic Market Area

The Private Sector Initiatives program will initially be concentrated in a single geographic program area in Lower Egypt to maximize intervention impact, prior to being expanded in an anticipated roll-out to Upper Egypt in a broader national program. The rationale for targeting the Delta region as the primary geographic market is based on both important program issues and supporting demographic factors. Program issues include but are not limited to an adequate concentration of pharmacies/physicians to allow for measurable program impact, greater program management, monitoring and control capabilities and easier access to continuing education sites within a well defined, easily accessible and more concentrated market and an isolated mass media market. Key demographic data point to Lower Egypt as a primary private sector intervention market including a larger absolute base of family planning acceptors, a higher prevalence rate of contraceptive use and a significant failure rate of oral contraceptives. As such, initial efforts will focus on maximizing the success of the private sector interventions prior to their expansion to Upper Egypt.

Policy Environment

Using the I/G&S contract resources to finance POP/FP III assistance to the private commercial sector emphasizes that support to the profit sector, which relies on client payments to meet service delivery costs, needs no direct allocation of public resources. PPC sub-contract inputs in the primary market area are designed to be short term. The long-term strategy for service delivery improvements will rely on changes in pre-service curricula for the pharmacists and physicians.

The Institutional Development Project (IDP II) subproject of NPC together with the US AID/W-funded follow-on policy project will initiate policy outreach activities for introducing changes in curricula with the Council of Higher Education, Ministries of Health and Education, pharmacists and physicians professional associations. Also, a dialogue will be initiated with the contraceptive manufacturers and professional organizations to develop continuing medical education (CME) or in-service programs for physicians and pharmacists. Policy initiatives will

be launched for achieving a more supportive environment for commercial marketing of IUDs, injectables, and other contraceptive methods.

Private Sector Initiatives Subproject Management Plan

The three complementary inter-related Private Sector Initiatives outputs will be managed as a fully integrated program under the Implementation/Goods and Services (I/G&S) contract by the Population Project Consortium of Egypt (PPC). Program costs in support of the Private Sector Initiatives will be financed by the PPC through the competitive selection of local subcontractors to undertake: 1) continuing education programs; 2) communications, media and market promotion activities; and 3) research, monitoring, and evaluation activities.

The POP/FP III Chief of Party/Private Sector Specialist (COP/PSS) will be responsible for the overall implementation of the PSI Subproject. The COP/PSS will be assisted by Private Sector Coordinator, Private Sector Deputy Coordinator, and Private Sector Financial Analyst. The Resident Technical Specialists will be the other members of the management team. Twenty-two (22) person months of short term technical assistance will also be furnished through the PPC's I/G&S contract to assist in producing the Private Sector Initiatives outputs. In collaboration with the short term consultants, the Research Specialist for the National Population Council (NPC) and IE&C Specialist for the State Information Service (SIS) will provide technical oversight in the design, implementation and execution of subproject interventions. The Research Specialist will utilize lessons learned by initially concentrating the PSI in a single geographic program area in Lower Egypt to prepare a design for the anticipated roll-out to Upper Egypt in a broader national program. The PPC Management and Planning Specialist for the NPC will facilitate identification and documentation of policy issues to be addressed to encourage and expand the private commercial sector participation in the national population program. The PPC Management Specialist for SDP/MOH and the Training Specialist for RCT will provide input to the training plans, curriculum, and methodology. The PPC Finance and Administration Specialist will supervise the Private Sector Financial Analyst and oversee all financial and administrative aspects of the PSI subcontracts.

The Private Sector Initiatives Coordinator will supervise the PSI implementation, coordinate and monitor the activities of the local sub-contractors. The Private Sector Financial Analyst will monitor the financial and contractual aspects of the three subcontracts. The COP/PSS is responsible for all activities to be carried out by the PSI, for implementing a strategy for effective liaison with influential individuals/groups in primary market governorates and for briefing the Minister of State for Population and Family Welfare and the USAID Director of the Office of Population on the PSI program implementation.

The PSI program will receive guidance from the Private Sector Advisory Team consisting of representatives from NPC, pharmaceutical companies/distributors, pharmacy and physicians syndicates, subproject contractors, and USAID. The team will meet at least 4 times a year and will be coordinated by the PPC.

PSI Budget

The estimated local cost of the Private Sector Initiatives over the life of the subproject will be [REDACTED]. The I/G&S contractor will provide 22 person-months of short-term technical assistance during the life of the subproject. The short-term consultants will assist the PSI subcontractors in the design and evaluation of training and promotional materials. The consultants will also provide inputs in the impact assessment. The Resident Technical Specialists and COP/Private Sector Specialist will provide approximately 28 person-months of technical assistance over the life of the project.

I. BACKGROUND AND RATIONALE

Although Egyptian family planning efforts began in 1950s when services were offered through experimental and pilot projects in selected areas, a significant expansion in family planning service provision occurred only in the last decade. Strong governmental commitment was evidenced at the 1984 National Population Conference and the creation of a National Population Council in 1985. Contraceptive services are currently available through a network of 3,600 government operated facilities, including hospitals, MCH centers and family planning clinics. Over 10,000 pharmacies are selling contraceptives throughout the country. In the last 5 years, a large number of private physicians have been trained in periurban and rural areas for the provision of family planning services; various NGOs and PVOs have also contributed to the recent expansion of family planning services.

Contraceptive Use: The effectiveness of the Egyptian family planning program is supported by the recent surveys done in the country. The age-specific fertility rate has gone down considerably in the last decade. According to the 1992 Demographic and Health Survey (DHS), total fertility rate (TFR) has declined from 5.28 in 1979-1980 to a 3.93 in 1990-1992, a reduction of 26 percent. Overall contraceptive prevalence in 1992 was 47% with significantly higher use in the urban areas and among married women between the ages of 30 and under 44 years. As would be expected, prevalence increases based on the number of living children in a family, the number of mothers who work for cash, and those women who have some education. IUD use has increased from 16% in 1988 to 28% in 1992. However, the use of oral contraceptives has seen a small decline.

Contraceptive Source: According to the 1992 DHS survey, the private sector plays a significant role in Egypt. More than half of the contraceptive users rely on private physicians and pharmacies for the contraceptive supplies and services. The two major suppliers in the private sector are: private doctor/clinic (26%) and pharmacies (28%). Overall, there has been an increase in the use of private doctor/clinic as a source of contraceptive needs.

Unmet Need: According to the 1992 DHS survey, 66% of women do not want any more children and another 16% want to wait at least two years before the birth of the next child.

Thus, over 80% of the women want to either limit or space births. Therefore, there is a wide gap between the reproductive intention and current contraceptive use. This indicates both a need to **increase the availability of high quality family planning services**, and a need to **develop demand through communication strategies** that will help the eligible couples to realize the benefits of family planning services.

To help the Egyptian program in increasing contraceptive prevalence, it is important to understand the current Egyptian situation and barriers to increased contraceptive prevalence. Reduction of the excess fertility will be an important element in increasing prevalence, since it does not involve changing women's desire for children but rather assisting women to act on their desires to limit their family size. However, in order to know how to reduce the discrepancy between desired and actual size and, thus, how to target women for appropriate contraceptive methods, it is useful to understand contraceptive awareness, fertility preferences, contraceptive practice, and access to the various methods in more detail.

Contraceptive Knowledge: The knowledge of modern methods is universal among married Egyptian women, with almost all women having heard of pills and IUDs. Other methods known to women include injectables (82%) female sterilization (71%) and Norplant® (47%). According to the 1992 DHS survey, 67% of married women of reproductive age have tried a contraceptive method, and 47% are currently using contraceptives.

Role of Media: The positive influence of media on behavior has been demonstrated in many countries. Since access to media is high in Egypt, potential for its use in increasing family planning knowledge is vast. In Egypt, television is an important source of information. Eighty-seven percent of the urban women and 65% of the rural women watch television (DHS, 1988) compared to radio which has an audience of 66 and 45% respectively. Almost all urban women who watch television were exposed to a family planning message compared to only 83% in the rural areas.

Continuation Rates: The 1992 survey indicated that while 65% have tried a modern method, only 45% are currently using a modern method. Thus, there is a significant number of women

who have tried but discontinued use of contraception. Understanding the reasons for discontinued use are the key to increasing extended use, leading to higher contraceptive prevalence.

Health concerns were the main reasons given for those who have discontinued use of a contraceptive method. Almost one-half of the non-users of family planning who wish to prevent pregnancy cite such reasons as method side effects, availability, cost, or husband's disapproval as reasons for not using a method. Women age 30 or over are more likely than younger women to cite side effect as an important concern.

The 1988 and 1992 DHS data also show high rates of contraceptive failure, misinformation, misuse, and discontinuation. For example, the extended use failure rate for 1992 is 10%, significantly decreasing the impact of current contraceptive prevalence in fertility rates. The 1992 DHS data also reports on the quality of pill use. For example, 22 percent of users reported that they had interrupted use for one or more days during the previous month. Pill users often interrupt due to concerns of side effects or due to the belief that there was no need to take pills if the husband was away or the couple was not having intercourse. Twenty-six percent of women in Lower Egypt were unable to show their pill packets compared to only 20 percent in Upper Egypt; 24 percent in Upper Egypt and 15 percent in Lower had taken pills out of sequence.

Therefore, quality improvement efforts need to focus on **correct administration of family planning methods** and **improved counseling to enhance effective compliance** with methods chosen, and **allay fears about side effects**. Thus, improvements in the quality of family planning services can contribute significantly to a more efficient program and an enhanced impact on fertility rates.

Knowledge and Accessibility: Among married women, 93% know where to get a modern method. However, this knowledge drops to 90% for pills, 88% for IUDs, 60% for injectable, 47% for condoms. The apparent barriers for injectable may reflect a lower knowledge of the

method (80%) as well as its less accessible source, since, until recently, it had to be provided by a gynecological specialist rather than a general practitioner.

To reach an overall prevalence rate of 53% by 1997, the number of contraceptive users will have to increase by approximately 24 percent. To achieve this increase, increased access through both **public and private sector expansion** will be needed. Further, **policy initiatives** which reduce barriers to access and availability of wider choice of contraceptives, improve provider skills must also be explored.

A. PRIVATE SECTOR FAMILY PLANNING SERVICES IN EGYPT

In Egypt, for-profit private family planning sector entities include private practice physicians and other medical professionals, privately owned clinics and hospitals, pharmacies, and commercial manufacturers and distributors of contraceptives, as well as private mechanisms for financing family planning services such as insurance companies.

A.1 Pharmacies

Pharmacies participate in family planning services delivery as retail outlets for sales of contraceptives to end users. Contraceptives available in pharmacies include oral contraceptives, IUDs, condoms, and vaginal foaming tablets. Oral contraceptives and IUDs are considered ethical pharmaceuticals (that is, they require a prescription from a physician). Condoms and vaginal foaming tablets are over-the-counter products (that is, they do not require a prescription). In fact, oral contraceptives are sold without prescription. IUDs are purchased on prescription by the consumer and then taken to the prescribing physician for insertion. The prices which pharmacies can charge consumers for contraceptives and other pharmaceutical products are controlled by the GOE and are heavily subsidized.

Pharmacies receive contraceptive commodities through the distribution networks of the Egyptian Pharmaceutical Trading Company (EPTC), a parastatal entity; CID and EL NIL, parastatal manufacturers of oral contraceptives; the MEC/MEDTECH distributors for the

USAID-supported social marketing products; and several relatively new private sector pharmaceutical distribution firms.

The pharmaceutical distribution companies, as well as the parastatal manufacturers of oral contraceptives, have regional and/or central warehouses. Salesmen travel their territories from these bases of supply to call on pharmacies, take orders, and ensure delivery of commodities. Pharmacies can also initiate resupply by coming to the regional or central warehouses to purchase product or by telephoning in an order which will be delivered later by a salesman.

Contraceptives are promoted to pharmacies in two ways. A select few are visited periodically by the detail staffs of some of the scientific offices representing international manufacturing laboratories. These pharmacies are large-volume outlets primarily in Cairo.

A larger number of pharmacies are detailed by the staff of the MEC/MEDTECH. Detailers discuss the brands which they represent: product attributes, relevant clinical information, indications and contraindications for use, and the like. Informational leaflets, desk calendars, etc., might be left behind as reminders of the firm's products. Contraceptives, as well as other pharmaceutical products, are often promoted to pharmacies through incentives to the trade. Free samples, small gifts such as the wall calendars or writing pens, bonus goods for volume purchases, and even requirements to purchase certain less popular products in order to be allowed to purchase more popular products are used.

In general, pharmacies in Egypt occupy relatively small spaces and are lined with shelves and cases in which products are stored. Although point of purchase posters and other informational material aimed at consumers may be displayed, space available for them is not great.

It is estimated that there are 20,000 pharmacists in Egypt and a significant proportion of them may be female. Government regulation requires that whenever a pharmacy is open a pharmacist must be on the premises. Pharmacists and their assistants are looked to for medical advice and prescription of drugs by their customers in lower-income neighborhoods and rural areas.

Although 84 percent of oral contraceptive prevalence in Egypt is accounted for by pharmacy sales (1992 DHS), and pharmacists and assistants are looked to as knowledgeable and consulted by their customers about medical matters, it is reported by many sources that pharmacists and their assistants are not knowledgeable about oral contraceptives and many women obtain their pills from pharmacies do not use them correctly. (A study completed by SOMARC in 1987 indicates, however, that women obtaining pills from pharmacies are no less likely to be using them correctly than women who obtain pills from other sources.)

A.2 Private Practice Physicians

Physicians participate in family planning service delivery in Egypt as sources of client information relevant to method choice and method use and also as the suppliers of IUDs and injectable contraceptives.

There are over 100,000 graduates of medical schools living in Egypt. Around 40 thousand of these doctors have registered a private practice. It is not known how many other doctors operate private practices that are not registered to avoid taxation of income.

Eleven universities in Egypt have medical schools producing upwards of 3,000 physicians a year. Each graduate completes a year of internship. In each class of graduating physicians, about the top 5 percent go immediately into a residency and post-graduate study. These doctors later become the medical school professors, university hospital staff, and the most highly regarded private practitioners. The next 20 to 30 percent of graduates are assigned to MOH centers around the major urban areas. The remaining graduates must spend two years working in MOH posts in rural areas or one of those years in the military.

Because of overcrowding in medical schools and during internships, many physicians are graduated without having much opportunity for clinical practice. This is one reason that many general practitioners are reported to have not enough experience in IUD insertions or other family planning services. The primary source for family planning skills has been the MOH clinics that provide opportunities for clinical practice. However, in the last 6 years, 3,427 physicians have also received training in family planning from Regional Center for Training

under a USAID-funded project based at Ain Shams University, Faculty of Medicine, Department of Obstetrics and Gynecology.

The exact number of physicians providing family planning services is difficult to know. However, the majority of physicians working in the rural health units and MCH clinics do practice in the evenings. Together with the 6,000 or so OB/GYNs in Egypt, the total number of private providers providing family planning services could be over 15,000. (The Family of the Future, which marketed only contraceptive products until its termination in 1992, reported that it had at one time or another 3,290 OB/GYNs and 2,223 general practitioners receiving supplies from its detailers.)

Private practice physicians--especially female practitioners--are a very acceptable source of family planning services in Egypt. Clients cite privacy as an important factor in choosing a private provider for family planning services. Insertion of IUDs is the primary family planning service provided by private practitioners. Since 40 percent of overall contraceptive use is accounted for by IUDs, this contribution to family planning service delivery in Egypt is quite important. Physicians are detailed by the representatives of oral contraceptive manufacturers so that they will recommend and prescribe particular brands to their clients. It is widely accepted, however, that most oral contraceptive users bypass the physician and go directly to pharmacies for their source of supply.

Private practice physicians offer the best demonstration of the possibilities for segmentation within the Egyptian family planning market. Private practice physicians set their fees according to what they believe their clientele can and will pay for services. For example, insertion of an IUD by a private doctor in rural Upper Egypt costs as little as LE 20, while the same service provided by a specialist physician in Cairo costs as much as LE 200. Segmentation exists within cities as well. A physician in Maadi will charge considerably more for an IUD than a physician in Bulaq. These differences in price are not a reflection of differences in the cost of the IUD itself. The MOH Contraceptive Pricing Committee controls the sale price of the IUD in the market at LE2.

A.3 Contraceptive Social Marketing Program

The USAID Contraceptive Social Marketing Project (CSMP) is the principal source of contraceptives for the Egyptian private sector, providing the CuT 380A IUD, Norminest oral contraceptives and New Golden Tops condoms to doctors, private clinics and pharmacists at affordable prices in all the governorates of Egypt.

The CSMP is currently responsible for more than 90 percent of the IUDs provided to private sector doctors and pharmacies, 95 percent of the condoms, and 80 percent of the OC market. Since the private sector accounts for approximately 45 percent of all contraceptives distributed in Egypt, an effective and timely transition to an open and free market, where affordable price levels are maintained, is extremely important.

The CSMP operates under the joint aegis of the Ministry of International Cooperation and the Ministry of Population and Family Welfare. Implementation of the program is carried out by the SOMARC (Social Marketing for Change) project. The SOMARC project monitors a nationwide sales and distribution efforts by a consortium of two Egyptian private sector companies, Middle East Chemical Company, Ltd. (MEC), and International Medical Technology Company, Ltd. (MEDTEC).

The Egyptian contraceptive social marketing program has a dual program objective:

- to support national family planning goals by providing contraceptives, through the current USAID-donated stocks, at affordable price levels to all Egyptian families, particularly low- and middle-income, who want them
- to facilitate the transition to a purely private sector contraceptive marketing effort by helping interested companies locate product sources for a full range of contraceptive categories.

The second objective is based on the fact that Egypt already has a solid private sector pharmaceutical distribution and marketing organization. However, timing of the transition to the private sector as a source is important, as it is anticipated that the stocks of USAID-donated

CuT 380A IUDs and Norminest will be exhausted in 995, while the new Golden Tops condoms should be completely sold by 1996.

B. MAJOR CONSTRAINTS IMPEDING PRIVATE FAMILY PLANNING SERVICE DELIVERY EXPANSION

B.1 Knowledge of Providers

Pharmacists have limited knowledge about contraceptive methods and their correct use. There is no training program or professional curriculum currently available to pharmacists which addresses these topics; yet according to the 1992 DHS, pharmacies are the single large source of contraceptive supply in the country (most likely due to the level of oral contraceptive prevalence).

Most recent medical school graduates and general practitioners have not received sufficient instruction and clinical practice to be able to perform a pelvic exam or successfully insert an IUD. Their knowledge of contraceptive methods, their correct use by the client, and accurate indications and contraindications for each method is generally weak.

In the past, under the Family of the Future, pharmacists received training about the socially-marketed products. Under another USAID-funded project, the Egyptian Junior Medical Doctors Association (EJMDA) 1,300 physicians were trained in family planning service delivery. The project was designed to train female private practitioners in the low prevalence areas, particularly Upper Egypt. However, a recently completed evaluation concluded that a greater proportion of providers trained were OB/GYNs. Also, most of the private physicians had already been trained in clinical services through the MOH-sponsored training programs.

B.2 Linkages

Physicians are resentful of pharmacists' place in the practice of medicine as it currently exists in Egypt and are reluctant to collaborate with pharmacists in ensuring optimum provision of information and other services for family planning users.

B.3 Choice of Methods

Choice of method is limited by the available methods in Egypt and by provider restrictions. The method choice does not include progesterone-only pills, and injectables, that were re-introduced several years ago, are only available in public facilities or through OB/GYNs.

B.4 Continuing Education

Medical graduates get minimal pre-service training (theory and clinical) in family planning. Little or no instruction on family planning topics is included in the regular curriculum for pharmacy students. Similarly, continuing education is not required for any health professional/worker to continue practicing.

B.5 Availability of Contraceptives

There have been concerns raised about the availability of CuT 380 after the CSMP-supplied commodities run out by mid-1995. To ensure uninterrupted availability of CuT 380 and other IUDs in the market, these will have to be imported in the short term. MEDTECH is currently negotiating with the US supplier to import, while Organon is considering lowering its current high price once USAID-donated IUDs--sold at subsidized prices--are no longer available in the market. Providing the GOE assures a favorable market environment, several firms are interested in producing IUDs locally.

C. RATIONALE FOR PRIVATE SECTOR INITIATIVES SUBPROJECT

The strongest rationale for continued investment in family planning activities in Egypt is the negative economic and social consequences of increasing population pressure. Despite encouraging signs that the pace of growth of the Egyptian population is slowing, the level is

still high, and, if the rate does not decrease further, Egypt's current population of 57 million will grow to 108 million over the next 30 years. Population growth remains one of the central constraints to the country's economic growth with the negative effects of high fertility evident in many aspects of Egyptian life: population distribution, food supply, education, employment, and health.

Although since the 1960s the Government of Egypt (GOE) has formally identified rapid population growth as a key constraint to development, it was not until the 1980s that consistent leadership at all political levels began to address the population problem and a comprehensive public sector program for delivering family planning services emerged. However, while there is acute awareness of the impact of rapid population growth at the highest levels within the GOE, a critical gap exists between high level policy statements and allocations of government budgetary and operational support.

While current reforms are addressing some of the central policy constraints hampering economic growth, it is unlikely that the GOE will be in a position to support its national family program at the necessary level during the coming five years. Substantial donor contributions are warranted and needed during this time, as they have been in the past.

Although family planning activities in Egypt have attained substantial success in recent years, challenges remain: service volume must be increased, first merely to maintain contraceptive prevalence at current levels, let alone to reach those women who are not currently using contraception but who want to; service quality and user knowledge must be improved to increase contraceptive effectiveness; and improved information must be available to policy makers in order to take advantage of the comparative advantages of the Egyptian sector mix, and to reduce the large differentials that still exist in contraceptive use and fertility rates between urban and rural areas and between Upper and Lower Egypt.

Since 1975, USAID has been the principal donor assisting the Government of Egypt in population and family planning. UNFPA is the most important provider of grant assistance

after USAID, with the Dutch, Germans, and European Community also providing limited assistance.

II. PRIVATE SECTOR INITIATIVES UNDER THE POP/FP III PROJECT

A. POP/FP III PROJECT GOAL AND PURPOSE

The Population and Family Planning III Project's goal is to assist the Government of Egypt to achieve its fertility reduction goals. The GOE has set a long-range goal of reducing the population growth rate to 1.8 percent and the total fertility rate (TFR) to 2.7 by the year 2007 and intermediate goal of reducing the population growth rate to 2.0 percent and TFR to 3.5 by 1997.

The POP FP III Project's purpose is to increase the level and effectiveness of contraceptive use among married couples. This would be indicated through an increase in contraceptive prevalence from 47 percent in 1992 to 53 percent in 1997 and a decrease in the extended-use failure rate, measured at 10 percent in 1992, to 7 percent in 1997. Achieving this purpose requires that couples have access to information and services that will enable them to select an appropriate, effective method, use that method correctly, and continue use.

The Population/Family Planning III Project is composed of eight subprojects, implemented by three GOE implementing agencies and the Private Sector Initiatives implemented under the Implementation Goods and Services Contract by the Population Project Consortium of Egypt. POP/FP III continues the most successful activities of the predecessor project, POP/FP II, and discontinues those that do not directly or effectively contribute to achieving the sector goal of reduced fertility.

B. ROLE OF PRIVATE SECTOR IN POPULATION/FAMILY PLANNING III PROJECT

Egypt is currently in the enviable position of having over 85% of pill users obtaining the method from private sector sources, principally pharmacies. Among IUD users, 39% percent obtain the IUD from private hospitals/clinics or doctors. The private sector initiative program under POP/FP III is designed to strengthen this positive picture. That is, as the real number of

family planning users increases, the percentage served by the private, commercial sector should be maintained and, if possible, increased.

However, by its very nature as a non-public mechanism, the private/commercial sector is not amenable to the same controls and accountability as are publicly-supported sectors. There is no direct control mechanism to ensure that service volume is maintained or that service quality is high. Likewise, channels through which to feed key inputs such as training are indirect.

While project assistance to the private/commercial sector needs to be indirect, the size of the sector's participation in family planning service delivery makes the effort mandatory. Because the private/commercial sector sustains its own activities through consumer payments for goods and services received, subproject funding assistance to the sector is limited for specific periods of time and to relatively small amounts, primarily for training and increasing consumer demand for private sector family planning products and services. Technical assistance will also be needed in strategically important areas such as identifying a market segment that would benefit from commercially available products/services while assuring that the poorest people are not adversely affected. Attention will be simultaneously directed at the policy level in order to encourage and expand the private commercial sector through favorable regulations and mobilizing all efforts towards moving a broad range of contraceptive supplies to private sector channels. The activities under the subproject will not increase or cause to increase the presence of public sector control and/or management of private commercial sector activities, but rather strengthen the GOE's role in facilitating a diversity in service provision to meet the needs of a diverse population.

According to the POP/FP III Project Paper, private sector activities will be aimed at enhancing the quality and acceptability of family planning care, support for studies to assist USAID to better target its assistance, and mass media messages to promote the use of private sector channels for service delivery. Specifically the Project Paper outlined the following private sector initiatives:

B.1 Private Physicians

- Conduct two studies during the pre-implementation phase to: (1) assess the effect of POP/FP II training on private physicians' skills and earning power, and (2) identify those private physicians for whom family planning training is appropriate by locale.
- Train at least 150 private practice physicians each year.
- Develop a consumer profile of private physician family planning clients, including a survey of prices paid by clients.
- Develop (if required), adopt and disseminate a "standards of good family planning practice" to private physicians. Technical assistance will also be provided to establish within professional organizations a means of promoting and monitoring good practice among its members.

B.2 Pharmacists

- Develop the curriculum and reference manual, promote the opportunity for family planning training among pharmacists, identify participants, and implement the training at appropriate sites. Approximately 4,000 pharmacists will receive a minimum of six-hour training course over the life-of-project. A simple contraceptive reference manual will be given to each pharmacist who completes the training.
- Determine the feasibility and usefulness of developing and producing store signs, window stickers, etc., for identifying trained pharmacists' shops as special sources of family planning information/referral.
- Develop simple print materials--aimed at pharmacy contraceptive clients and appropriate for non-literate populations--which support correct and informed use of contraceptive methods for distribution by trained pharmacists to their contraceptive clients.

C. STRATEGIC ROLE OF PSI SUBPROJECT

The Population/Family Planning III Project recognizes the importance of the contribution which the commercial sector makes to the delivery of family planning services in Egypt. Over

80 percent of all Egyptian women using oral contraceptives, for example, obtain their supplies from commercial sector outlets; and 39 percent of women using IUDs have had them inserted by private practice physicians clinics. All but the poorest of Egyptians are thought to have obtained some type of health/ medical care from the commercial sector. At the same time, however, it is clear that effective use of contraceptives from commercial sector sources (as well as from sources in all other sectors) is not as high as it needs to be in order to achieve national fertility goals. Concurrently, as Egypt's population program expands, maintaining and strengthening the percentage of family planning users served by the private commercial sector will be critical to meeting Egypt's family planning needs in the future.

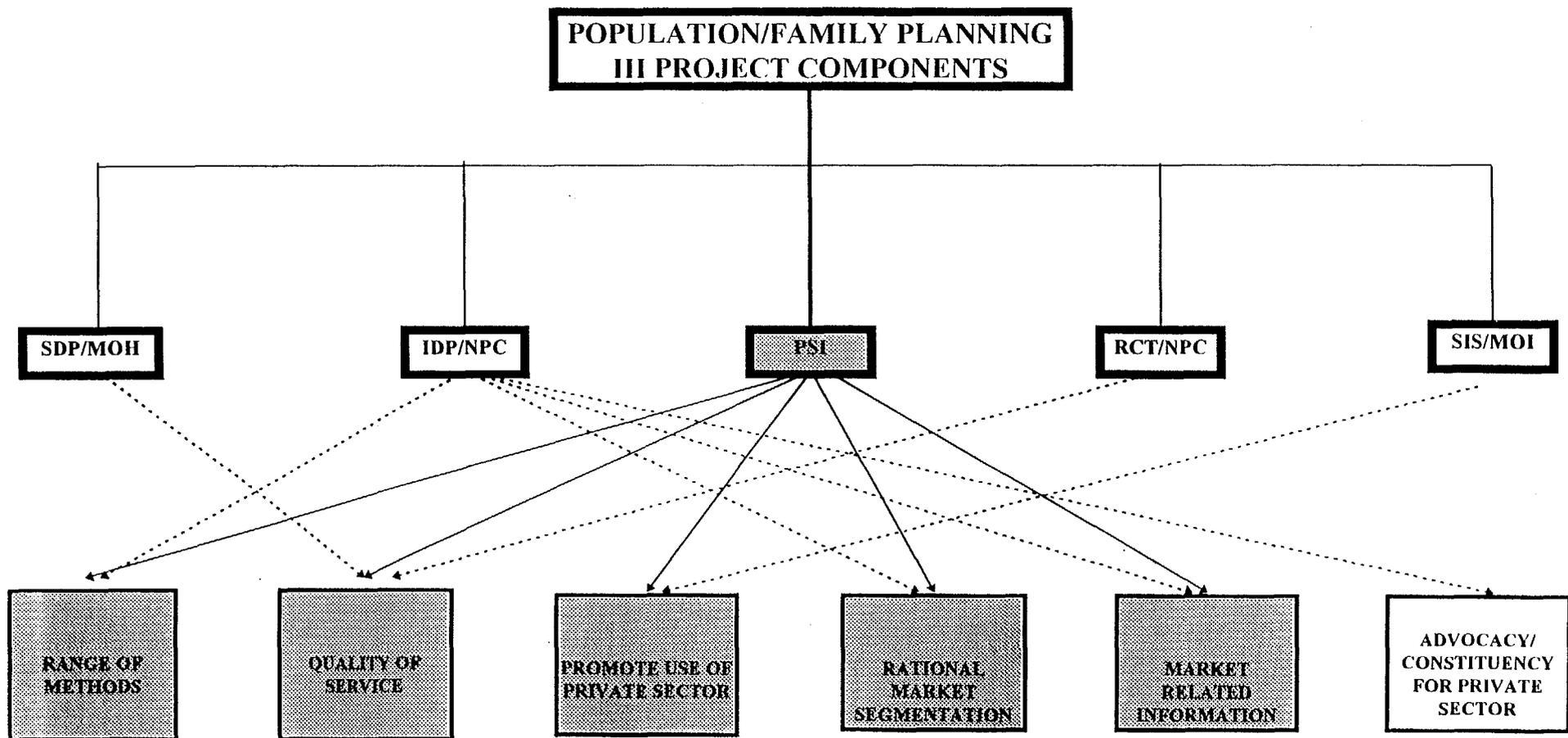
The Private Sector Initiatives, therefore, has six objectives related to strengthening the commercial sector's current contribution to family planning services/contraceptive delivery in Egypt. These commercial sector-related objectives are as follows:

- Increase the range of contraceptive methods available through commercial sector outlets.
- Improve the quality of services available through commercial sector family planning service delivery points.
- Promote the use of commercial sector sources of family planning services by those consumers who can afford to pay.
- Promote the development of a "rational" segmentation of the family planning market among the public, commercial, and private voluntary sectors.
- Provide family planning market-related information necessary for informed program management and policy setting.
- Initiate advocacy/constituency building activities for private sector.

The strategies required to achieve these objectives are not confined to a single POP/FP III subproject. Indeed, the relevance of the commercial sector to the overall national family planning program is illustrated by the fact that project strategies associated with the commercial sector spread across a number of POP/FP III subproject areas -- such as policy outreach, quality of care, rational market segmentation, IE&C, and research -- as well as the Private Sector Initiatives itself (see Figure 1).

FIGURE 1

INTERFACE BETWEEN PRIVATE COMMERCIAL SECTOR STRATEGY AND POP/FP III PROJECT



C.1 Range of Contraceptive Methods Available

To maximize the usefulness of the commercial sector to the overall national family planning program, a broad range of modern contraceptive methods should be available in retail pharmacies and from private practice physicians. Currently, injectable and mini-pill contraceptives are unavailable in the commercial sector. CuT 380A IUDs, the IUD for which all MOH/RCT physician training has been designed and implemented, are not available in the commercial sector beyond soon-to-be exhausted USAID-provided supplies. Low dose oral contraceptives have been inconsistently available in the commercial marketplace because of stock outages from local production. These constraints to broad range method availability have been largely due to GOE pricing policies and/or pharmaceutical product registration requirements. They are being will be addressed and followed-up within the POP/FP III project through the NPC/IDP policy outreach agenda with assistance from AID-funded follow-on policy project and also through the activities of the USAID-funded contraceptive social marketing project.

C.2 Improved Quality of Service Delivery

Ineffective use of modern contraceptives is a great concern within the Egyptian national family planning program. As many as 25% of women currently using oral contraceptives may not be using them correctly and therefore be at risk of unwanted/mis-timed pregnancy (DHS 1992).

To improve the support for continued, correct use of contraceptives which the commercial sector can provide to family planning consumers, continuing education of retail pharmacists and private practice physicians is necessary. Contraceptive safety, IUD insertion intervals, oral contraceptive correct use, client communications, and client satisfaction techniques will form the core of this continuing education which will be implemented within the Private Sector Initiatives subproject. Informal linkages and referral networks between pharmacists and private practice physicians will also be encouraged.

IE&C and mass media communications which support correct, effective use of modern contraceptives among all family planning consumers will be provided within the POP/FP III project through its subproject with the State Information Service.

Inclusion of a family planning/contraceptive technology unit within the required university curriculum for pharmacists and strengthening the current family planning/contraceptive university curriculum for physicians will be promoted through the NPC/IDP policy outreach agenda with technical assistance in curriculum development through the RCT. Adoption of national requirements for continuing education and re-licensing of physicians and pharmacists will be explored by the NPC/IDP with technical inputs from the US AID-funded follow-on policy project.

C.3 Use of Commercial Sector by Those Who Can Afford to Pay

There is considerable ambiguity in Egypt concerning the equity of distribution of subsidized services. In other words, it may be that some people who can afford to pay for the services are receiving services provided free or at less than cost while some potential family planning consumers may not be receiving all the services they require.

The Private Sector Initiatives Subproject will promote the use--among those consumers who can afford to pay--of private practice physicians and retail pharmacists for family planning information, products, and services through selected media and "point-of-sale" materials. This campaign will operate in collaboration with the SIS campaign designed to promote the public sector physicians and facilities as high quality sources of family planning services. Informal referral networks among retail pharmacists and nearby private practice physicians will also be encouraged.

C.4 "Rational" Segmentation of Family Planning Market

There are three sectors within the Egyptian context which deliver family planning products and services: the public sector, the private voluntary or non-profit sector, and the commercial or for-profit sector. Each sector has its special strengths to contribute to achieving the goals of the overall national family planning program. Each also has areas of weakness.

To ensure the most effective use of finite government, donor, and consumer resources for family planning, it makes sense to segment the efforts of each sector in the areas of its strengths and

among the groups of consumers who are its most appropriate targets financially. The POP/FP III Project, consequently, will promote the development of a segmentation strategy among the public, PVO, and commercial sectors for family planning services delivery in Egypt. This strategy will be pursued through the policy outreach agenda of the NPC/IDP with the technical assistance from US AID-funded follow-on policy project.

C.5 Provision of Information

The PSI Subproject will provide market-related information necessary for further family planning policy development; resource allocation decisions; and family planning program design, management, and evaluation. The strategies for achieving this objective will include such things as use of mystery clients, retail audits, intercept surveys, omnibus surveys, cost/benefit analyses, mapping surveys, and the like. These studies will be implemented through both the PSI and the RMU. Collaboration with the US AID centrally-funded follow-on policy project is also anticipated.

C.6 Advocacy and Constituency Building for Private Sector

Initiating an active constituency for private commercial sector will be an essential element of the Private Sector Initiatives. However, this task will be undertaken by IDP II. Working groups will be established for promoting reform in the following areas: legal and regulatory environment; contraceptive pricing; family planning curriculum (pre-service and in-service); and expansion of contraceptive choice. The working groups will have representation from public and private sector entities, including pharmaceutical companies, pharmacy and medical equipment trade associations, physician and pharmacist professional organizations, MOH Committee on Pricing and Egyptian FDA, NPC, Minister of State for Population and Family Planning, Ministry of Health, Ministry of Finance, etc.. The working groups will actively develop policy options in the selected areas.

III. DETAILED DESCRIPTION OF PSI SUBPROJECT ACTIVITIES

A. PSI GOAL AND PURPOSE

The overall goal of the Private Sector Initiatives Subproject, under the Population/Family Planning III Project, is to contribute to reducing the population growth rate by assisting the GOE in achieving lower fertility, specially the reduction of TFR from 3.9 in 1992 to 3.5 in 1997.

The purpose of PSI is to increase the level and effective use of contraception by developing a cadre of trained providers (pharmacists and physicians) to help decrease failure rates of the pill and increase continuation rates and duration of use of the IUD and by promoting the use of commercial private sector services among contraceptive users who can afford to pay.

B. PSI IMPLEMENTATION STRATEGY

B.1 Primary Market Area

Within the broader context of the POP/FP III private sector agenda, the Private Sector Initiatives will focus on specific family planning interventions among selected private sector pharmacists and physicians designed to enhance and improve contraceptive use. The PSI strategy combines relevant and practical continuing education for providers, with effective IE&C materials for both providers and contraceptive users, under the umbrella of a mass media promotional campaign conducted in selected geographic markets. Highlights from this strategy include the following:

- PSI activities will initially be concentrated in a single geographic program area in Lower Egypt to maximize intervention impacts, prior to being expanded in an anticipated roll-out to Upper Egypt in a broader national program.
- Separate family planning continuing education programs will be conducted among 3,000 - 4,000 pharmacists and 450 - 600 doctors, using multiple-sessions and follow-up activities, and if feasible, for up to 4,000 pharmacists assistants.
- Additional efforts designed to strengthen and expand the linkage between pharmacists and physicians will be incorporated into several of the program components.
- IE&C materials designed to improve provider/client communications and improve contraceptive use will be developed and distributed to both providers and contraceptive consumers.

- A targeted mass media television and radio advertising/ promotion campaign will be developed to increase demand at participating private sector pharmacies/physician offices.
- An evaluation component will measure intervention impacts on a wide range of process and outcome measures including improved private sector knowledge and skills, increases in customers/sales/client visits in participating outlets, and improved pill and IUD usage.
- Lessons learned will be factored into a future roll-out of the private sector initiatives to Governorates in Upper Egypt.

The Delta region has been selected as the primary geographic market for the initial PSI interventions. The rationale for focusing private sector efforts in Lower Egypt (rather than starting in Upper Egypt and/or in a national program) was based on both important program issues and supporting demographic factors. These include the following:

Program Issues

- a large, expanding private sector with a dense private sector pharmacy and physician per capita ratio;
- a large and growing "middle class" who can afford to pay for private sector services;
- an adequate concentration of pharmacies/physicians to allow for measurable program impact;
- easier access to continuing education sites, with less travel costs/time required;
- an area where "supermarket" encroachment on traditional (non-ethical) pharmaceutical products may provide a greater level of pharmacy interest and involvement in family planning as a way to generate store traffic;
- greater program management and control capabilities within a well defined, easily accessible, and more concentrated market;
- an isolated mass media market with regional television and radio stations that can efficiently reach all areas of the program market while avoiding unnecessary, expensive, and potentially confusing/damaging media and message spill-over; and
- the easiest market regarding contraceptive prevalence, private sector access, consumer attitudes, and other factors that traditionally attract private sector interests.

Demographic Factors

In addition to the program rationale, a review of key demographic data point to the importance of Lower Egypt as a primary private sector intervention market. These include:

- a higher prevalence rate of contraceptive use;
- a larger absolute base of family planning acceptors;
- a greater failure rate of oral contraceptives.

The importance of Upper Egypt as a priority area for family planning will not be overlooked in the PSI program. However, given the lower prevalence and predisposition towards family planning, stronger conservative attitudes, limited regional media; and other challenges in Upper Egypt, program outcomes during the critical developmental stages may be compromised. As such, initial efforts will focus on maximizing the success of the private sector interventions prior to their expansion into Upper Egypt.

B.2 Developing and Promoting Linkages between Physicians and Pharmacists

According to some anecdotal evidence, animosity exists among pharmacists and physicians due to economic and ethical issues. Therefore, the subproject will explore strategies that can create opportunities for healthy collaboration among the two providers that benefit clients of private sector. These strategies will be designed to improve appropriate cross-referrals, enhance the quality of contraceptive services to consumers, support correct contraceptive use, and identify opportunities for developing a private sector constituency for family planning at local and regional level.

The specific activities supporting the development of linkages will be integrated into the continuing education and promotion components of the Private Sector Initiatives Subproject. These include:

1. Recruit pharmacists and physicians from the same geographic areas.

Once selected pharmacies are identified for PSI participation, neighboring private sector physicians will be recruited in an attempt to maximize participation of existing referral networks.

2. Develop joint pharmacist/physician continuing education opportunities/events

While the continuing education programs for the private sector pharmacists and physicians will differ based on their respective needs, not all of the continuing education programs will be separate and segregated. "Special event" style programs for both pharmacists and physicians, such as continuing education luncheons with key note speakers, will be planned. These activities will be coordinated by and with the subcontractors selected to conduct the continuing education and IE&C/promotion activities.

3. Encourage pharmaceutical company participation in appropriate PSI activities

Linkage efforts will also be directed to pharmaceutical manufacturing/detailing companies in encouraging their participation in PSI programs. Specific activities to be explored will include: exhibiting at continuing education seminars; distributing IE&C materials to participating pharmacies/physicians; and advertising on IE&C leaflets as a way to offset/underwrite printing costs for IE&C materials production.

4. Highlight both pharmacists and physicians in mass media messages.

Both pharmacists and physicians will be included in the mass media and promotional messages. This will help avoid potential concern within the physician community over messages that only emphasize the role of pharmacists. In addition, this will limit potential confusion with physician only messages that might air in conjunction with the physician PRO Approach messages associated with the MOH/SIS SDP campaign. Finally, by combining both providers in each message, linkages will be demonstrated to consumers.

5. Explore mechanisms designed to foster appropriate referrals between participating pharmacists and physicians.

The development of IE&C materials will include provisions for promoting and encouraging appropriate referrals for both neighboring pharmacists and physicians. These might include separate referral cards and/or "fill in the blank" referral boxes incorporated into method specific leaflets and materials.

C. PSI SUBPROJECT COMPONENTS

Activities under the Private Sector Initiatives Subproject will be divided into three complementary, inter-related and fully integrated program components as follows:

1. Continuing Education Component that produces Curricula, Course Materials, Trained Teachers and Follow up Materials in order to conduct multi-session continuing education programs for 3,000 - 4,000 pharmacists and 450 - 600 physicians and up to 4,000 pharmacist assistants (if feasible).
2. Communications, Mass Media, and Market Promotion targeted to providers and clients to improve contraceptive use; and mass media promotional materials/messages to build traffic among clients who can afford to pay for services.
3. Research, Monitoring, and Evaluation Studies to measure the impact of the PSI interventions (changes in contraceptive prevalence and sources of contraceptives), to identify changes in the skills of providers through CME, to develop profiles of clients using private providers, to compile information that will be crucial to the design of the education materials, to conduct field based monitoring activities, and to measure changes in the quality of contraceptive usage.

C.1 CONTINUING EDUCATION COMPONENT

The objective of the continuing education component of the Private Sector Initiatives Subproject is to improve the quality of family planning services provided through the commercial sector -- that is, through private practice physicians and pharmacists. Improvement of the quality of services provided through the commercial sector will, in turn, contribute to the larger POP/FP III Subproject goal of increasing correct and continued use of modern contraceptives by Egyptian family planning consumers.

PSI will develop continuing education courses for private physicians, pharmacists, and pharmacy assistants to improve the quality of services provided by the commercial sector. The continuing education courses will cover the following topics:

- Contraceptive safety and side effect management;
- Correct use of the oral contraceptive;
- IUD usage intervals;
- Introduction of the injectable contraceptive;
- Client communications/client satisfaction; and
- Advantages of pharmacist/physician referral networks.
- Information on commonly held misconceptions about various contraceptive methods
- Training methods (for pharmacists to orient staff)

The private physicians will receive a manual on "standards for good family planning practice", while the pharmacists will receive a contraceptive technology guidebook. The component's continuing education strategy will be implemented initially in a well defined geographic area in Lower Egypt (excluding Cairo and Giza governorates). Participants in the continuing education courses will be selected first on the basis of their geographic location with particular emphasis given to village locations within the define geographic area. Secondly, pharmacists will be selected on the volume of their contraceptive sales and physicians on their proximity to participating pharmacists.

The continuing education strategy will include activities for effective liaison with influential groups/individuals at the governorate level in consultation with the Minister of State for Population and Family Planning or his representative.

The Private Sector Initiatives is not concerned with establishing a long-term sustainable or institutionalized capacity for family planning continuing education for the following reasons:

- The NPC/IDP has agreed to take as one point in its agenda for family planning policy change the promotion within the MOH and other relevant bodies of continuing education requirements for re-licensing of physicians and pharmacists. If the concept of re-licensing and requirements for re-licensing are adopted, then health care professionals will -- as in other countries -- obtain such continuing education at their own expense through medical and professional associations or special university offerings.

- Continuing education in clinical aspects of family planning service delivery is currently available to physicians in the public sector through the MOH/SDP and RCT. Since most of these public sector doctors also operate a private practice, there is no particular need to set up a separate private sector clinical training program. In other words, the public sector is already providing clinical training to many private sector physicians.

C.1.1 Key Implementation Activities

1. Initial Course for Pharmacists

- a. Develop curriculum and necessary supporting materials for 4-to-6-hour continuing education course in family planning and contraceptive safety for pharmacists.
 - Work in collaboration with (IG&S) PPC provided short-term technical assistance consultant(s) and Resident Training Specialist for RCT and Resident Management Specialist for SDP;
 - Use continuing education needs assessment data to develop training materials and methodology;
 - Stress information and communication techniques needed for pharmacists' support of consumers' correct, continued use of oral contraceptives and other temporary methods (including condoms); longer-term use of IUDs; correct, continued use of injectable contraceptives; and mutually profitable networking with neighboring private practice physicians; training staff (pharmacy assistants) in the provision of correct information to family planning clients;
 - Use, wherever effective and relevant to the Egyptian environment, previously developed materials;
 - Use or adapt, when appropriate, the materials previously developed by RCT and/or THO.
 - Liaise with appropriate RCT, THO, and MOH/SDP staff to ensure standardization, consistency of information provided as well as .
- b. Pre-test prototype curriculum and course materials for clarity, appropriateness, perceived usefulness for pharmacists, and ease of use in teaching.

- Pre-test curriculum and all course materials during pilot continuing education sessions which will be a part of the training process for course teachers; and
 - Make any necessary changes in curriculum and materials.
- c. Produce course manuals and all other course-required materials necessary for up to 4,000 pharmacists.
- d. Select an agreed upon number of appropriately qualified individuals to teach the continuing education courses.
- Ensure professional credibility;
 - Ensure public speaking ability;
 - Ensure willingness to follow PSI strategy in teaching; and
 - Ensure availability as required over life of project.
- e. Develop appropriate training methods (role plays, lectures, question-answers, etc.).
- f. Provide training in course content and presentation techniques to all selected teachers.
- Ensure course information is known and accepted by all teachers;
 - Ensure subproject objectives are understood and accepted by all teachers;
 - Ensure that trainers understand training techniques;
 - Provide an agreed upon number of pilot class practice sessions for each teacher; and
 - Provide feed-back as necessary for any modifications in information provided or presentation techniques required.
- g. Identifying 3,000 to 4,000 pharmacists in the selected geographical areas for invitation to participate in the PSI continuing education initiatives.
- Select pharmacists to be invited on the basis of their sex (preference given to female pharmacists), their active participation in service provision, the location of the pharmacy in the selected geographic areas and their contraceptive sales volume;
 - Provide POP/FP III project staff with a schedule which shows the time and place for each of the required 55 to 60 continuing education sessions and the number of pharmacist participants anticipated at each;
 - Develop and produce invitations for each session/site; and
 - Ensure the timely distribution of invitations.

- h. Organize and implement 50 to 55 4-to-6-hour continuing education sessions of up to 65 - 70 pharmacists each (for a total of at least 3,000 - 4,000 pharmacists).
- Rent or otherwise arrange for suitable, comfortable meeting location(s) at each site;
 - Select days and times when pharmacists are most likely to be able and willing to attend -- such as mornings from 9 am to 3 pm;
 - Provide lunch;
 - Ensure availability of trained teacher, necessary course materials, support staff, and any needed equipment at each session; and
 - Provide certificate of training to each pharmacist who participates in course.

2. Follow-up Course and Materials for Pharmacists

- a. In collaboration with (IG&S) PPC provided technical assistance consultants develop a strategy for follow-up with participating pharmacists.
- Develop a timetable for provision of a follow-up "refresher" course for all previously trained pharmacists and for periodic delivery of supporting materials. (The follow-up course should occur approximately 6 months after the initial continuing education course for each pharmacist¹. Consequently, some pharmacists may be receiving follow-up continuing education at the same time that other pharmacists are receiving their initial course. Distribution of follow-up materials should begin on a regular, periodic basis to each pharmacist after the initial continuing education course. Frequency of distribution will be decided as part of the timetable exercise.)
 - Develop a curriculum for a 3-hour "refresher" course which uses, for example, 1 hour to reinforce key contraceptive information points, 1 hour to review and/or practice client interaction techniques, and 1 hour to exchange experiences/ questions/issues which have arisen since the initial course.
 - Develop supporting materials for pharmacists which can be delivered periodically to them in order to maintain interest and to help ensure use of new knowledge and client communication techniques.

¹ The contractor will ensure that the last batch of providers will receive their "initial" course by the end of December 31, 1996. The last batch of "refresher" course will be held before April 30, 1997.

- b. Implement follow-up strategy with previously trained pharmacists.
 - Following the same procedures for training of teachers, pre-testing of materials, invitations to participants, and selection and preparation of course sites, implement a 3-hour follow-up refresher course for the 3,000 - 4,000 previously trained pharmacists.
 - Pre-test, produce, and distribute at the agreed upon intervals, supporting follow-up materials to each pharmacist receiving continuing education training.

3. Course for Pharmacy Assistants

- a. Develop curriculum and necessary supporting materials for training up to 4,000 pharmacy assistants.
 - Based on the results of the continuing education needs assessment, decide whether or not family planning/contraceptive technology education courses for pharmacist assistants is feasible and, if so, design an appropriate curriculum; and
 - Design a strategy for providing this education/information;
- b. Implement, if feasible, an educational course in family planning/contraceptive technology for the pharmacy assistants of the participating pharmacies in the subproject area.
 - Following the same procedures for training of teachers, pre-testing of materials, invitations to participants, and selection and preparation of course sites as outlined above, implement an appropriate continuing education family planning/contraceptive technology course for up to 4,000 pharmacy assistants. Preference will be given to female assistants that actively provide contraceptive services.

4. Course for Private Practice Physicians

The PSI Subproject will provide continuing education to up to 600 general physicians that are already providing family planning services. Preference will be given to female providers.

- a. Develop curriculum and necessary supporting materials for a 4-to-6-hour continuing education course in family planning and contraceptive technology for private practice physicians.
 - Work in collaboration with PPC provided technical assistance consultant(s);

- Conduct an assessment for verifying continuing education needs of physicians;
 - Stress information and communication techniques needed for physicians' support of consumers' correct, continued use of oral contraceptives and other temporary methods; longer-term use of IUDs; correct, continued use of injectable contraceptives; and the potential for mutually profitable networking with neighboring pharmacists;
 - Use, wherever effective and relevant to the Egyptian environment, previously developed materials; and
 - Liaise with appropriate RCT, THO, MOH/SDP staff to ensure consistency of information provided and to reduce duplication of materials development.
- b. Pre-test prototype curriculum and course materials for clarity, appropriateness, perceived usefulness for physicians, and ease of use in teaching.
- Pre-test curriculum and all course materials during pilot continuing education sessions which will be a part of the training process for course teachers; and
 - Make any necessary changes in curriculum and materials.
- c. Produce course manuals and all other course-required materials necessary for 450 to 600 private practice physicians.
- d. Select an agreed upon number of appropriately qualified individuals to teach the continuing education courses.
- Ensure professional credibility;
 - Ensure public speaking ability;
 - Ensure willingness to follow subproject strategy in teaching; and
 - Ensure availability as required over life of subproject.
- e. Provide training in course content and presentation techniques to all selected teachers.
- Ensure course information is known and accepted by all teachers;
 - Ensure subproject objectives are understood and accepted by all teachers;
 - Provide an agreed upon number of pilot class practice sessions for each teacher; and
 - Provide feed-back as necessary for any modifications in information provided or presentation techniques required.

- f. Identifying 450 to 600 private practice physicians in the selected geographical areas for invitation to participate in the continuing education subproject.
- Select physicians to be invited on the basis of their location in the selected geographic areas, their proximity to participating pharmacists, and their current provision of family planning services (with special emphasis given to female general practitioners.);
 - Provide PPC Private Sector Initiatives subproject staff with a schedule which shows the time and place for each of the required 20 to 30 continuing education sessions and the number of private sector physicians anticipated at each;
 - Develop and produce invitations for each session/site; and
 - Ensure the timely distribution of the course invitations.
- g. Organize and implement 20 to 25 4-to-6-hour continuing education sessions of up to 25 private practice physicians each (for a total of at least 450 physicians).
- Rent or otherwise arrange for suitable, comfortable meeting location(s) at each site;
 - Select days and times when physicians are most likely to be able and willing to attend;
 - Provide lunch;
 - Ensure availability of trained teacher, necessary course materials, support staff, and any needed equipment at each session; and
 - Provide certificate of training to each physician who participates in course.

5. Follow-up Course and Materials for Physicians

- a. In collaboration with PPC staff and technical assistance consultants develop a strategy for follow-up with participating private practice physicians.
- Develop a timetable for provision of a follow-up "refresher" course for all previously trained physicians and for periodic delivery of supporting materials. (The follow-up course should occur no longer than 12 months after the initial continuing education course for each physician. Consequently, some physicians may be receiving follow-up continuing education at the same time that other physicians are receiving their initial course. Distribution of follow-up materials should begin on a regular, periodic

basis to each physician after the initial continuing education course. Frequency of distribution will be decided as part of the timetable exercise.)

- Develop a curriculum for a 3-hour "refresher" course which uses, for example, 1 hour to reinforce key contraceptive information points, 1 hour to review and/or practice client interaction techniques, and 1 hour to exchange experiences/ questions/issues which have arisen since the initial course.
 - Develop supporting materials for physicians which can be delivered periodically to them in order to maintain interest and to help ensure use of new knowledge and client communication techniques.
- b. Implement follow-up strategy with previously trained physicians.
- Following the same procedures for training of teachers, pre-testing of materials, invitations to participants, and selection and preparation of course sites, implement a 3-hour follow-up refresher course for the 450 to 600 previously trained physicians.
 - Pre-test, produce, and distribute at the agreed upon intervals, supporting follow-up materials to each physician receiving continuing education training.

6. Liaison with Local Influentials

- a. Develop a strategy for appropriate PPC Private Sector Initiatives liaison at the governorate level with relevant influentials.
- In consultation with the Minister of State for Population and Family Population or his representative, the PPC management team will identify the individuals and/or groups within each selected geographical area who are relevant/influential to the Private Sector Initiatives activities; and
 - Develop a strategy for effective liaison (i.e., public relations) with the identified influential individuals/ groups.
- b. Implement the PPC/PSI public relations strategy.

C.1.2 Outputs of the Continuing Education Component

The outputs of the continuing education component of the Private Sector Initiatives Subproject are as follows:

1. Definition of activities for effective liaison with influential individual/groups in the Lower Egypt Governorates.
2. Curricula, course materials, and trained teachers for 4-6 hour initial continuing education courses and a 3 hour refresher course in family planning and contraceptive technology for pharmacists, private sector physicians.
3. 50 - 55 initial continuing education sessions for 3,000 - 4,000 pharmacists; 50 - 55 "refresher" courses for the 3,000 - 4,000 no longer than 12 month after completing the initial continuing education courses; 20 - 25 initial continuing education courses for a total of 450 - 600 private sector physicians; 20 - 25 refresher courses for physicians no longer than 12 months after completing the initial continuing education courses.
4. Assess the need and feasibility of family planning/ contraceptive technology education for pharmacists assistants.
5. 50 - 55 family planning contraceptive technology courses for up to 4,000 assistants to pharmacists attending the refresher course, if appropriate.

C.1.3 Inputs for the Continuing Education Component

The inputs required for the continuing education component of the Private Sector Initiatives Subproject are as follows:

- PPC Private Sector Initiatives staff responsible for the Private Sector Initiatives Subproject.
- Short-term technical assistance (approximately 9 person months) to work in collaboration with the sub-contractors;
- Funds for development and implementation of continuing education courses, development and production of necessary course materials, development and production of course follow-up materials, and materials distribution; and
- Technical Assistance from the Resident Research Specialist, NPC Management Specialist, RCT Training Specialist, SDP Management Specialist.

C.2 COMMUNICATIONS, MASS MEDIA, AND MARKET PROMOTION

Communications will play a critical role in supporting the commercial private sector initiative and meeting the private sector program goal/purpose and outputs. The objective of the communications, mass media, and market promotion component is to develop materials and messages for providers (participating pharmacists/physicians) and consumers that are designed to:

- support and reinforce provider continuing education activities, and enhance the role of participating pharmacist/physicians in providing family planning services to clients;
- support private sector program efforts to create linkages and strengthen pharmacy/physician referral networks related to family planning;
- promote private sector outlets among clients who can afford to pay for services; and
- improve contraceptive use among practicing couples.

The following strategies will be employed to implement the Communications, Mass Media and Market Promotion component of the Private Sector Initiatives.

1. Provider and Client Education

The project will develop method specific IE&C materials for providers and clients. These materials will be used on an interpersonal level to improve client understanding and facilitate more effective use of pills and the IUD. Specifically, IE&C materials will be designed to help reduce oral contraceptive failure rates associated with improper/inconsistent use; to expand/improve continuation rates and to limit premature removal/replacement of IUDs; and to support future introductions and use of the injectable.

2. Mass Media Promotion

Regional mass media advertising and public relations will be used to promote participating private sector pharmacies/physicians and to build demand and traffic in these participating outlets. Because the private sector initiative will be concentrated in geographic markets with regional media access, efforts will be made to maximize impact and visibility within the region while minimizing spill-over into non-program markets.

3. POP/FP III Inter-Agency Coordination

Private sector IE&C and promotion campaigns will be designed to minimize potential overlap and confusion and maximize the synergy offered through collaboration and coordination with the other POP/FP III communications programs. For example, SIS will be encouraged to develop method specific educational messages on the pill and IUD as part of their on-going mass media mandate. While the IE&C component of the MOH/SDP QIP project focuses on promoting family planning providers within the context of the public sector, the Private Sector Initiative will focus on promoting participating commercial private sector pharmacies and "partner" physician outlets within the designated program region. Finally, similar to the MOH/SDP, efforts will be made to find, use, and/or adapt existing appropriate method-specific IE&C materials, rather than duplicate efforts in the past. New materials will only be developed when existing materials either are not available or are deemed inappropriate for private sector use.

4. Private Sector Linkages

The concept of commercial private sector "linkages" between pharmaceutical companies, pharmacies and physicians will be explored during the planning, development and implementation of the IE&C and promotional campaigns. These might include exploring opportunities for:

- Pharmaceutical companies paying for advertising on the back of non-branded, method-specific leaflets as a way to offset and/or pay for printing costs;
- Pharmaceutical detailers delivering method-specific leaflets and other IE&C materials to participating pharmacies/physicians;
- Developing referral cards/materials or incorporating a referral box on method specific leaflets for both pharmacists and physicians to use in referring clients to each other;
- Developing and testing concepts and images and incorporating a "linkages" theme in mass media advertising (e.g. "Your neighborhood private pharmacy and private doctor... your partners in family planning" which might be carried into IE&C materials, continuing education certificates, and so on.

C.2.1 Key Implementation Activities

1. Develop effective communications materials and messages using a "Market-based" approach.

All materials and messages developed for the Private Sector Initiative will be planned, produced, implemented and evaluated using a proven, research driven, marketing-based communications in collaboration with the local private sector advertising/communications sub-contractor. This process, successfully adopted in Egypt using the JHU/PCS "P" process for communications development, will incorporate some or all of the following key steps:

- Program Analysis
 - review of existing (secondary) data
 - establishment of a baseline
 - formative research (when needed)
- Program Design
 - strategic program planning
 - development of a communication strategy
- Development and Pretesting
 - concept development and pretesting
 - message development and pretesting
 - message/material production and dissemination
- Implementation, Monitoring and Evaluation
 - program implementation
 - monitoring and mid-course corrections
 - program evaluation.
- Program Re-planning
 - factoring lessons learned into future interventions

2. Monitor and evaluate communication materials and messages.

Monitoring and evaluating both intermediate and outcome measures will provide the insights needed to make mid-course corrections and to plan future communications activities related to a future expansion and/or roll-out of the Private Sector Initiatives.

Specific communications measures will be designed to parallel the "hierarchy of effects" associated with behavior change programs and will include:

- awareness of private sector campaign/promotion messages;
- knowledge/understanding of messages and availability of private sector providers;
- attitudes and/or positive versus negative reactions to private sector messages;
- visits to participating private sector providers;
- experience regarding counseling and/or receiving IE&C information and materials;
- whether consumers talked with anyone about promotional messages and/or experience in visiting participating providers; and
- changes in knowledge due to promotional messages and/or experience with providers.

Communication monitoring and evaluation activities will be incorporated into the broader PSI Subproject evaluation program described in the Research, Monitoring, and Evaluation component.

3. Identify existing materials or produce new IE&C and mass media materials.

The final list of specific IE&C and mass media materials will be determined in conjunction with the development of the continuing education curriculum, the review of existing IE&C materials, and the bidding, and selection/negotiated contract with the private sector communication company. Depending upon the final outcome, these may include the following categories and types of materials:

- a. In-pharmacy/in-office IE&C materials to identify and designate participating private sector outlets and to encourage provider/client communications on effective use of contraceptives. These might include the following:
 - a specially designed "certificate" of completion from the continuing education program designed for posting on the wall (which includes images from the larger media campaign);
 - a window sticker and/or small outdoor sign identifying the private sector outlet as "certified" in completing the continuing education program;
 - a point-of-sale poster encouraging communications about family planning; and/or
 - other point-of-sale, non-branded, method-specific materials.

- b. IE&C materials for providers to use in communicating/counseling their clients.

These materials may include method specific counseling cue cards, a leaflet on common asked questions and answers for specific methods, family planning "partnership" referral cards for pharmacies to use in referring physicians and vice versa.

- c. Method specific materials for clients that can be distributed to clients through participating private sector outlets.

At least three method specific leaflets are anticipated; one each on the pill, IUD, and injectable. The subcontractor will also assess the need for information related to condom safety measures. Individual leaflets will address correct contraceptive use and appropriate management of possible side effects(what may happen, how to deal with it, what to do, etc.). The information will be consistent with and reinforce key messages taught to providers during the continuing education program. In addition, opportunities for incorporating referral information (open box on back cover, pharmaceutical company sponsorship, and direct links with mass media campaign messages/images) will be explored in developing these method specific leaflets.

4. Develop a mass media advertising and public relations campaign promoting the private sector outlets.

a. Advertising campaign

The central focus of the mass media campaign will be on advertising. This will include television and radio advertising on the regional television and radio stations in the Delta region. In addition, the use of outdoor advertising via billboards, Unipost road signs, local signage/posters, and street banners, in selected areas of the Delta will be explored. Specific media weights and schedules will be determined during negotiations with the selected advertising agency.

Advertising messages will emphasize both the private sector commercial pharmacist and physician as providers of family planning services. In addition, should the "partnership" concept prove viable, messages will include images and references that strengthen that relationship.

b. Public relation campaign

In addition to advertising, the selected communications company will be expected to develop a public relations campaign to further promote private sector participants while seeking additional opportunities for strengthening linkages among the private sector providers. These might include radio contests for consumers, community events for both pharmacy and physician providers (tied to follow-up continuing education programs,) community special events which include family planning leaflet distributions, etc. These will be determined during the contract negotiation following the bidding process.

C.2.2 Outputs of the Communications, Mass Media, Market Promotion Component

Outputs from the IE&C and promotion component of the private sector initiatives will include:

- Review and selection of existing IE&C materials for use in continuing education efforts and for medial campaigns and private sector outlet promotion.
- New communication mass media and promotion materials and messages to include a mix of:
 - IE&C materials that support continuing education courses of follow-up efforts;
 - IE&C and promotion materials for use in 3,000 - 4,000 pharmacies and 450 - 600 physician offices;
 - IE&C method-specific leaflets for private sector providers to use in communication with clients and to distribute to clients;
 - Television and radio mass media advertising campaigns in regional markets promoting private sector providers;
 - Public relations events and programs designed to strengthen the link between private sector pharmacists, physicians and clients.

C.2.3 Inputs to the Communications, Mass Media, Market Promotion

Inputs to the communications, mass media and market promotion component of the private sector initiative will require:

- Management oversight by the PPC Chief of Party/Private Sector Specialist in program implementation in collaboration with the PPC Research Specialist and the PPC IE&C

Specialist; and coordination of activities of the sub-contracts by the Private Sector Initiatives Coordinator;

- approximately 9 months of short-term technical assistance for the development of the RFP, private sector agency selection process, fixed price contract negotiation, and on-going development, implementation and monitoring at key points in the process; and
- a sub-contract financed by the I/G&S contract with a qualified communications company to develop and implement communications, media and promotional campaigns activities in the Delta region.

C.3 RESEARCH, MONITORING, AND EVALUATION COMPONENT

The objective of the research, monitoring, and evaluation component of the Private Sector Initiatives Subproject is to gather appropriate information to measure the impact of the continuing education and promotional/mass media interventions on the quality and quantity of private sector use by married women of reproductive age. The lessons learned from these evaluations will play a significant role into future private sector interventions in Egypt.

Although, continuing education and promotion components will have in-built monitoring and evaluation sub-components, the objective of this particular component will be to assess the overall impact.

The research, monitoring, and evaluation component will measure the impact of interventions on a wide range of process and outcome measures including private sector provider knowledge and skills, volume of customer/sales/client visits in participating outlets, knowledge about the correct use of pill among pill users, and satisfaction with contraceptive methods.

The research, monitoring, and evaluation component will be subcontracted to a local Egyptian research group. The impact of subproject interventions will be assessed using different data collection methods. Each method will collect a specific type of information. The results will help program managers to modify selected strategies if they are seen not resulting in desired outcomes. The monitoring and evaluation will use the following data collection methods:

Population-based surveys: Baseline, mid-term, and final surveys will be carried out to evaluate the changes in contraceptive prevalence rate. The surveys will also measure the use of private sector providers. The population-based surveys will be carried out among married women of reproductive age. Anticipated sample size of each survey will be around 1,500 respondents². The surveys will include the following indicators:

- knowledge about methods
- contraceptive use
- method mix
- source of contraception
- knowledge about providers
- satisfaction with current/past method
- satisfaction with current/past source
- willingness to pay
- type of information received for using a particular method
- quality of use (correct use of a method, particularly pills)
- use of private sector for health

Focus group discussions: Focus group discussions will be held with both the users and non-users of private sector providers. The purpose of the focus group discussions is to reveal perceptions of service quality and expectations from private service providers.

Participant Observation: Observations will be used to study the process of service delivery, particularly the interpersonal skills employed by family planning providers.

Interviews with service providers: Interviewers will ask family planning providers questions about what they do when they see a client who comes for a specific method. Responses from family planning providers will be cross checked with the “Standards of Practice” to see if they are being followed correctly.

In-depth interviews with clients of public and private providers: Three rounds of in-depth interviews will be conducted with the clients of public and private providers. Each survey

² The sample size will only allow analysis at aggregate level for most of these indicators, however.

will consist of no less than 200 respondents. The surveys will be essential for determining whether the PSI interventions had any impact on the quality of interaction and quality of contraceptive use among the clients of private providers who are participating in the program.

Mystery clients: Quality of care provided by private provider will also be assessed by using mystery clients, i.e., clients who while receiving a service also are made to assess critical aspects of the service.

C.3.1 Key Implementation Activities

The following major activities will be undertaken by the research, monitoring, and evaluation subcontractor:

1. Mapping of providers
2. Continuing Medical Education (CME) Needs Assessment
3. Baseline survey
4. Mid-term evaluations
5. Final evaluation
6. Contraceptive Distribution Database
7. Retail audits

1. Mapping of Providers

The monitoring and evaluation subcontractor will develop a list of family planning service providers³ (physicians and pharmacists) that provide services in the project area. The list will be developed in close consultation with the governorate chapters of the pharmacists and physicians associations. The subcontractor with the assistance of EPTC and other contraceptive suppliers will also identify the providers with high service volume .

³ The subcontract will explore the possibility of using existing databases on physicians and pharmacists. For example, Systems Research Egypt has developed Informedica database. The database contains information on 20,000 physicians with active clinics. The following information on each provider is included: name, specialization and sub-specialization, clinic address and phone number, home address and phone number. This database also contains information on 12,000 pharmacies.

2. Continuing Medical Education (CME) Needs Assessment

The training needs assessment will be carried out by the monitoring and evaluation subcontractor in close collaboration with the continuing education subcontractor. Besides reviewing the studies that have evaluated the impact of training on the private sector providers (CAPMAS⁴ evaluation of EJMDA, SPAAC⁵ study, etc.), the subcontractor will conduct a field-based study to assess the continuing education needs of physicians, pharmacists and pharmacy assistants. A small sample of up to 100 providers will be interviewed in each of these categories. Focus group discussions will be held with physicians and pharmacists to assess the substantive and functional needs of providers. This information will be used by the continuing education subcontractor for the design or modification of existing training materials for the initial continuing education courses.

- Develop a brief questionnaire for private physicians, pharmacists, and pharmacy assistants to identify areas that need strengthening. Develop additional questions for pharmacists concerning their use of pharmacy assistants, number of assistants, who serves the clients (pharmacists or assistants), kinds of questions asked by clients, types of routine information provided to customers, pharmacists' willingness to allow their assistants to be trained, length of employment (longevity) of assistants, job-functions, assigned hours during which they could be trained, consumer's use of assistants, ability of assistants to provide information and distribute materials if given to them, level of information needed by assistants, willingness of assistants to receive and use new information, pharmacists willingness to participate in joint training sessions with assistants, pharmacists willing to provide on-the-job training to pharmacy assistants if the assistants did not receive separate training, etc.;
- Administer questionnaires to a sample of private physicians, pharmacists, and pharmacy assistants in selected governorates
- Analyze data and prepare report
- Determine with the continuing education subcontractor whether pharmacy assistants should receive continuing education

⁴ "Situation Analysis of Private Physicians Family Planning Project." CAPMAS. April 1994. (funded by RMU/NPC)

⁵ "Study Profile of Clients of Different Providers of Family Planning Services." SPAAC. May 1994. (funded by the Population Council)

3. **Baseline client survey**

- a. A cross-sectional survey of about 1,500 married women of reproductive age (MWRA) will be conducted in the subproject areas. The survey will focus on contraceptive and source knowledge, current method used, source of method, quality of last interaction (information received about use, side effects, and follow-up care). Besides identifying existing client concerns about contraceptive methods, the survey will identify client expectations of private providers.
- b. **In-depth Interviews and Focus Group Discussions:** In-depth interviews will be conducted with private providers and MWRAs.
- c. **Mystery clients:** Mystery clients will be used to assess the quality of provider-client interaction.

The major tasks undertaken by the subcontractor during the baseline data collection will include:

- Work collaboratively with the PPC technical staff and PSI subcontractors while developing sampling frame, questionnaires, implementation schedule, etc.;
- pre-test materials;
- collect data;
- analyze data and prepare report in a such a way that results can be used for materials development by the continuing education and promotion/IE&C subcontractors

4. **Mid-term Evaluations**

- a. **Population-based Survey:** The survey will measure the impact of interventions on the following:
 - knowledge about private providers
 - exposure to sub-project supported messages and media campaigns
 - use of private providers: physicians and pharmacists
 - use of contraceptives: specific methods

Information thus generated will be essential for modifying any of the interventions, if deemed necessary.

- b. **Provider surveys:** The survey will measure changes in provider knowledge and behavior in selected governorates.
- c. **In-depth Interviews and Focus Group Discussions:** In-depth interviews and FGDs will be conducted with clients of public (MOH) and private providers to see differentials in quality of use for different methods. This will be essential to identify whether the PSI interventions have indeed improved the quality of use among the clients of private providers.
- d. **Mystery clients:** Mystery clients will be used to assess the changes in the process of service delivery.
- e. **Retail audits:** Retail audits will be carried out to determine the availability of methods in pharmacies.

5. Final Evaluation

For final evaluation, the subcontractor will assess the overall impact of interventions on knowledge and behavior of MWRA, private provider clients, private providers. The final evaluation will also determine the changes in the market share of private providers in the subproject areas. Quantitative and qualitative methods will be used for data collection.

6. Contraceptive Distribution Database

The PSI will not collect routine data on service provision from the private providers. However, routine data for wholesale distribution by EPTC and MEDTECH (available through the end of its CSMP contract, currently March, 1995, which may be extended until June 1996) will be maintained by the subcontractor.

7. Retail Audits

The subcontractor will conduct independent market surveys of retail outlets to assess the volume of contraceptives sold (by type). The retail audits will be done twice a year in the subproject area.

C.3.2 Outputs of the Research, Monitoring, and Evaluation Component

The outputs of the research, monitoring, and evaluation component of the Private Sector Initiatives will include:

1. Mapping of providers in subproject governorates
2. Continuing Medical Education (CME) needs assessment
3. Population-based surveys among MWRAAs and providers in up to 5 governorates during baseline, midterm, and at the end of subproject interventions
4. Retail audits
5. Mystery client surveys in 5 governorates
6. In-depth interviews and focus group discussions during baseline, midterm, and at the end of subproject interventions
7. Contraceptive Distribution Database

C.3.3 Inputs to the Research, Monitoring, and Evaluation Component

The following inputs will be required for the research, monitoring, and evaluation component of the Private Sector Initiatives:

- Coordination of activities between the continuation education sub-contractor and the research, monitoring and evaluation by the PPC Private Sector Initiatives Coordinator.
- Technical assistance from Resident Research Specialist and 4 person months of short-term consultants.
- A sub-contract financed by the I/G&S contract with a qualified local company to conduct population-based surveys, focus group discussions, mystery-client surveys, retail audits.

1V. MASTER IMPLEMENTATION PLAN AND SCHEDULE

MASTER 3 YEAR IMPLEMENTATION PLAN AND SCHEDULE

Task Name	1994				1995				1996				1997		
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3
Prepare 3.0 Implementation Plan	▶														
3.0 Year Implementation Plan	■ PPC/Consultants														
NPC/USAID Review															
Revise Plan															
USAID conditional approval															
PPC Revisions															
USAID final approval															
Prepare Annual Plan															
Draft First Year Plan															
NPC/USAID Review															
Revise and finalize First Year Plan															
Continuing Education															
Prepare & distribute RFPs, select contractor															
Develop materials for physicians and pharmaci															
Pretest materials															
Modify materials															
Train trainers															
Production of materials															

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MASTER 3 YEAR IMPLEMENTATION PLAN AND SCHEDULE

Task Name	1994				1995				1996				1997			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	
Logistics for continuing education								■ SUBCONTRACTOR								
Carry out continuing education									■ SUBCONTRACTOR							
Develop, pretest, and train trainers for PA traini								■ SUBCONTRACTOR								
Train Pharmacy assistants									■ SUBCONTRACTOR							
Distribute follow-up materials									■ SUBCONTRACTOR							
Develop strategy for follow-up of previously trai										■ SUBCONTRACTOR						
Develop materials, pretest, and train trainers										■ SUBCONTRACTOR						
Follow-up training											■ SUBCONTRACTOR					
Liaison/Public Relations																
Develop a strategy for influentials									■ SUBCONTRACTORS							
Initiate liaison										■ SUBCONTRACTORS						
Mass Media Promotion																
Develop RFP, select contractor					■ PPC											
Develop materials, pretest						■ SUBCONTRACTOR, PPC										
Distribute IE&C materials							■ SUBCONTRACTOR									
Launch promotion/PR activities									■ SUBCONTRACTOR							
Program Evaluation														■ PPC		

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VI. SUBPROJECT MANAGEMENT AND TECHNICAL ASSISTANCE PLAN

Private commercial sector activities will be managed by the PPC through contracts with appropriately selected local organizations. The PPC office will issue an RFP for each of the three components: continuing education; mass media and promotion; and research and evaluation. A combined response for the three components will be considered, if proposed by the offerors. If a combined response is received, each component will be judged on an individual basis by the PPC Selection Committee.

Subcontractors will be compensated for the production of deliverables according to the contracting mechanism employed. Each deliverable will have to meet a minimum technical specifications. For example, deliverables in the continuing education component will include the production of training materials, actual completion of training sessions, etc. Similarly, the deliverables in the research and evaluation component will include a baseline survey, x number of focus group sessions, etc. The technical specifications for component-specific deliverables will be finalized during the RFP preparation stage (task to be completed in January 1995).

1. Local sub-contracting

PPC procedures for soliciting, evaluating, negotiating and awarding local sub-contracts will be in accordance with USAID contract regulations.

As a policy, PPC will require competitive bidding procedures whenever possible, and ensure that each request for quotations, bids, or proposals for work to be performed under the POP/FP III Project is made to a minimum of three potential suppliers, unless fewer exist.

PPC follows Part 16 of the Federal Acquisition Regulations in selecting sub-contract types. As outlined in the three components of the PSI activities, each subcontract will be written based on a detailed scope of work and planned deliverables, the time period of performance, stability and/or variability of prices, technical specifications of the deliverables, a plan for technical collaboration with foreign technical assistance, and contract financial management requirements. For well defined activities, the firm fixed price sub-contract may be used as it provides the

maximum incentive for sub-contractors to control costs. A cost reimbursement sub-contract may be considered for extensive scopes of work covering a long period of time.

Following is a sequential list of the activities performed routinely by PPC in issuing a sub-contract.

- a) Identify a short list of potential local organizations to bid for the sub-contracts.
- b) Finalize the RFPs, including the evaluation criteria and the composition of the RFP Review Committee. The Review Committee will be chaired by the Chief of Party/PSS and composed of the PPC long term specialist(s) in the technical area of sub-contract outputs, short term consultant(s) who will be working with the sub-contractors and the PPC Finance and Administration Specialist.
- c) Distribute RFPs to competing sources or collect evidence of lack of a competitive environment. The invitation to bid will include the date and time for a meeting to clarify for all bidding agencies the technical and administrative scope of work to be included in the responses. The RFPs will only be available in English.
- d) Conduct the bidders meeting. The meeting will be in two sections: technical responsiveness and financial and administrative responsiveness to the requirements listed in the RFP.
- e) Receive proposals on the time and date specified in the RFP. Bids are addressed to the COP/PSS. Copy and circulate to the Review Committee members. Finalize date for the Review Committee meeting.
- f) Review Committee members will score the proposals individually and all committee members will confer on the results to achieve a consensus. The most appropriate organization is chosen from competitive results or as a sole source provider of the needed outputs.
- g) The COP/PSS contacts the selected firm and sets appointments for a technical specialist and the Finance and Administration Specialist to negotiate the specific terms of the prospective subcontract.
- h) The final negotiated scope of work and budget, and all supporting documentation giving evidence of the technical justification and the competitive process/analysis undertaken is prepared into a sub-contract by the Finance and Administration Specialist.

- i) The sub-contract draft is reviewed by the COP/PSS and the technical specialist and sent to the prospective sub-contractor and the PPC lawyer for comments. The sub-contract is finalized by the COP/PSS in collaboration with the F&A Specialist.
- j) The final sub-contract is sent to Pathfinder International headquarters for review and approval to submit it to the Contracts Officer. Requests for additional supporting information or changes in the sub-contract document are accommodated where required. The USAID provides consent to contract.
- k) Two originals of the sub-contract are signed by the COP/PSS and the sub-contractor.

2. Long-term Technical Assistance Plan

The technical assistance plan for October 1993 - July 1997 under the PPC Contract allocates 28.7 person months of long-term foreign technical assistance to support the Private Sector Initiatives (see Table 3). This LOE includes 10.7 months of the Chief of Party/Private Sector Specialist, 13.5 months of the Research Management Specialist, and 4.5 months of the IEC Specialist. The PPC Resident Technical Specialist for Finance and Administration will also provide active support to the PSI subproject. However, the LOE for the RTS for Finance and Administration is not included in the Table 2. The PSI subproject will receive 85 person months of local technical assistance. The specific responsibilities of each specialist are discussed in the next section.

The PPC resident technical specialists will have the following responsibilities on the Private Sector Initiatives Subproject:

Chief of Party/Private Sector Specialist (COP/PSS)

- Provide direct supervision to the subproject activities and subcontractors.
- Supervise the development of RFPs and selection of subcontractors.
- Coordinate the work of 3 subcontractors.
- Oversee the development and implementation of activities to strengthen pharmacists as family planning providers and then assess the effect of these efforts.
- Coordinate short-term technical assistance.
- Set up periodic meetings with the sub-contractors and the management team to review contractual and technical implementation progress.
- Make periodic site visits to observe the PSI program implementation.

TABLE 1
Long-term Technical Assistance Plan
(Level of Effort in Person Months)
(Oct 1993 - July 1997)

Specialist	Pre-Imp	Estimated			Total
		PY 1	PY 2	PY 3	
Long-term (foreign)					
Chief of Party/Private Sector Specialist	0.8	3.3	3.3	3.3	10.7
Research Specialist	1.5	4.0	4.0	4.0	13.5
IEC Specialist	0.5	1.0	1.0	2.0	4.5
Total (foreign)	2.8	8.3	8.3	9.3	28.7
Long-term (local)					
PSI Coordinator	0.0	5.0	12.0	12.0	29.0
PSI Deputy Coordinator	0.0	4.0	12.0	12.0	28.0
PSI Financial Analyst	0.0	4.0	12.0	12.0	28.0
Total (local)	0.0	13.0	36.0	36.0	85.0

Resident Research Specialist

- Participate in the development of RFPs and the selection of PSI subcontractors.
- Participate in the development of strategic interventions for expanding private sector family planning services
- Participate in the development of studies that assess the impact of PSI interventions.
- Manage the research sub-contractor and facilitate coordination between the research and continuing education sub-contractors.
- Manage all PSI studies to better target and evaluate assistance being provided to the private commercial sector.
- Manage the use of feedback from the monitoring and evaluation activities to adjust implementation of the program between Years 2 and 3.
- Manage the development of lessons learned to apply the PSI model to other geographic areas in Egypt.
- Monitor the submission and appropriateness of deliverables and reports by the PSI sub-contractors.

Resident IEC Specialist

- Participate in the design of strategic plans for the communications subcontractor and act as a resource in regard to appropriateness of deliverables.
- Oversee media promotion and materials development to promote use of the private sector channel and to ensure that it is complimentary to the media efforts promoting the public and NGO sector family planning services.
- Facilitate linkages with the SIS and IE&C Center.
- Function as a resource in regard to the appropriateness of reports by the PSI communication sub-contractors.

Resident Finance and Administration Specialist

- Participate in the development of RFPs and the selection of subcontractors.
- Develop financial monitoring procedures.
- Ensure that the financial and administrative procedures and guidelines are being followed by subcontractors.
- Supervise the Private Sector Financial Analyst.
- Manage the preparation of the subcontracts according to PPC contract guidelines.
- Depending on the type of contract to be awarded and the corporate capability statement of the subcontractor, conduct a pre-award financial review if it is indicated.
- Conduct bi-annual meetings with each subcontractor to discuss financial reporting issues.
- Assist the Research Specialist in analyzing the PSI model with respect to unit costs with the view to introducing the model in other geographic areas in the future.

The PSI project will also receive technical inputs from the following specialists:

Resident Management and Planning Specialist/IDP

- Manage the interface between the PSI and policy outreach initiatives by the IDP for the private sector.

Resident Training Management Specialist/RCT

- Resource for ensuring that no duplication of material development takes place.
- Provides inputs on training techniques

Resident Management Specialist/SDP

- Resource for ensuring that no duplication of material development takes place.
- Provides inputs on training techniques

The PPC will hire a Private Sector Initiatives Coordinator, a Private Sector Deputy Coordinator, and a Private Sector Financial Analyst for undertaking the following tasks:

Private Sector Initiatives Coordinator

The PSI Coordinator will report to the COP/Private Sector Specialist. The major responsibilities include:

- Responsible for overseeing the implementation of activities by the PSI subcontractors.
- Participate in the preparation of RFPs and the selection of subcontractors.
- Participate in the design of strategic plans by the subcontractors, including training and promotional materials.
- Monitor research, training, and marketing activities.
- Provide assistance in the design of surveys, data analysis and report preparation.
- Participate in the periodic review of subproject achievements and the subsequent modification of subproject interventions.
- Ensure that the 22 person months of technical assistance is adequately programmed.
- Identify implementation problems and refer to the management committee for resolution.
- Manage linkages between the physicians and the pharmacists.
- Supervise Private Sector Initiatives Deputy Coordinator and PSI Secretary

Qualifications: In order to carry out these responsibilities the Private Sector Initiatives Coordinator should be an Egyptian Citizen and have a minimum of ten (10) years experience in the private sector family planning. The Specialist should be conversant in private commercial sector family planning issues in general and preferably issues related to continuing medical education (CME) and/or private sector family planning IE&C and media promotion. Previous experience in research implementation is essential. A MD or doctoral degree in one of the allied health sciences is desirable, but a masters degree in business or public health is a must. Demonstrated cross cultural, leadership and teamwork skills required.

Private Sector Initiatives Deputy Coordinator

The PSI Deputy Coordinator will report to the PSI Coordinator. The major responsibilities include:

- Participate in the design of strategic plans by the subcontractors, including training and promotional materials.

- Assist in monitoring research, training, and marketing activities.
- Participate in the periodic review of subproject achievements and the subsequent modification of subproject interventions.
- Identify implementation problems and refer to the management committee for resolution.
- Manage linkages between the physicians and the pharmacists.

Qualifications: In order to carry out these responsibilities the Private Sector Initiatives Coordinator should be an Egyptian Citizen and have a minimum of ten (10) years experience in the private sector family planning. The Specialist should be conversant in private commercial sector family planning issues in general and preferably issues related to continuing medical education (CME) and/or private sector family planning IE&C and media promotion. A MD or doctoral degree in one of the allied health sciences is desirable, but a masters degree in business management, marketing, communication, or public health is a minimum requirement. Demonstrated cross cultural, leadership and teamwork skills required.

Private Sector Financial Analyst

- Assist in the preparation of RFPs, distribution of RFPs and the set up and the implementation of meetings for potential bidders for the private commercial sector agencies who express a willingness to respond to the three to four RFPs being issued for the PSI.
- Assist the Finance and Administration Specialist in the preparation of sub-contracts in keeping with sub-contract guidelines contained in the PPC Contract Management Manual.
- Monitor sub-contractor reports and liaise with the technical specialists to ascertain that all specifications are being met in a timely and competent manner.
- Assist the Finance and Administration Specialist in conducting initial pre-award financial review, if indicated, with each sub-contractor and set up and conduct bi-annual meetings with each sub-contractor to monitor financial management practices.
- Set up internal accounting system to track billings and payments to subcontractors
- Monitor the submission of sub-contractor progress and financial reports.
- Monitor the submission and appropriateness of deliverables and reports by the PSI sub-contractors.

Qualifications:

- Minimum Bachelors degree in accounting or equivalent
- Three years experience as financial analyst
- Demonstrated written and verbal skills in English
- Experience with USAID funded projects and requirements

3. Short-term Technical Assistance Plan

PPC will provide 22 person-months of short term technical assistance for the PSI activities (see Table 2). Nine person-months of short term technical assistance will be used for the continuing education component; ten person-months for the development and evaluation of mass media promotion and communication activities; and three person-months for the design and implementation of research and monitoring activities. The following pages describe the short-term technical assistance plan in detail.

Table 3
Short-term Technical Assistance Plan
(Level of Effort in Person Months)
(Oct 1993 - July 1997)

Area of Expertise	Actual Pre- Imp	Estimated			Total
		PY 1	PY 2	PY 3	
Assessment	1.6	0.0	0.3	0.0	1.9
Marketing Research	0.0	2.0	2.0	0.0	4.0
Marketing Strategy	0.0	2.0	1.0	0.0	3.0
Promotion Activities	0.0	3.0	1.0	0.0	4.0
Training plan	0.0	2.0	3.0	0.0	5.0
Evaluation	0.0	0.0	2.1	2.0	4.1
Total	1.6	9.0	9.4	2.0	22.0

3.1 Short-term Technical Assistance: October 1994-June 1994

The PPC provided a total 1.6 person months of short-term technical assistance for the PSI needs assessment and subproject design.

3.2 Short Term Technical Assistance (Year 1: July 1994-June 1995)

During Project Year 1, the PPC will provide 9 person months of short-term technical assistance in the following areas:

Market Research (2 months)

The consultants will assist in the design of Scopes of Work/RFPs for selection of sub-contractors. The consultant will also assist the subcontractors to construct a study that identifies the private commercial sector target market and the consumers perceptions and behavior toward physicians and pharmacists as family planning service providers.

Marketing Strategy (2 months)

The consultants will assist in the development of Scopes of Work/RFPs for the PSI, and in the preparation of an integrated private sector marketing strategy.

Promotion Activities (3 months)

The promotion activities consultants will:

- assist in the design of Scopes of Work/RFPs for PSI and the selection of subcontractors;
- assist the sub-contractor to target promotion activities for private providers that expand their client base and attract new acceptors;
- facilitate a coordinated marketing approach that ensures the private sector marketing initiative complements the public sector QIP marketing strategy; and introduce private sector family planning service marketing strategies that do not result in medical barriers to contraceptive acceptance at the governorate level.

Private sector training design and curricula development (2 months)

The consultants will assist the sub-contractor(s) to:

- assist in the design of Scopes of Work/RFPs for PSI and the selection of subcontractors;
- conduct a comprehensive review of prior training conducted for the providers, available evaluations and lessons learned;
- plan for the set up and design of cost effective approaches to contacting 4000 pharmacists and 600 doctors to provide information, continuing education and/or training to the providers in quality family planning care;
- identify and plan production of materials to be prepared for private physicians and pharmacists.

3.3 Short-term Technical Assistance Plan (Year 2: July 1995 - June 1996)

During Year 2, the PPC will provide 9.4 person months of short-term technical assistance during this period in the following areas:

Needs Assessment (0.3 month)

The consultant will assist the subcontractors in the private sector needs assessment.

Market Research (2 months)

The consultants will assist the sub-contractors to conduct market research to evaluate the effects of the PSI interventions.

Marketing Strategy (1 month)

The consultant will assist in the development of an integrated private sector marketing strategy.

Promotion Activities (1 month)

The consultant will assist in the design of promotional materials.

Private Sector Training Design and Curricula Development (3 months)

The consultant will assist the sub-contractors in the design of the training materials for refresher courses for family planning providers (doctors, pharmacists, and pharmacy assistants).

Post-Training Market Evaluation (2.1 months)

The consultants will assist the sub-contractors in the design of mid-term evaluation studies.

3.4 Short-term Technical Assistance Plan (Year 3: July 1996 - July 1997)

During Year 3, the PPC will provide 2 person months of short-term technical assistance during this period in the following area:

Post-Training Market Evaluation (2 months)

The consultants will assist the sub-contractors in the design of the final impact evaluation of the PSI interventions.

4. PSI Management and Supervision System

The COP/PSS will manage the private sector initiatives program through the structuring of a management team. Permanent members of the team include the Research Specialist, the Finance and Administration Specialist, the IE&C Specialist, the Management and Planning Specialist (IDP), the Private Sector Initiatives Coordinator and Deputy Coordinator, and the Private Sector Financial Analyst. The COTR or his/her representative will be invited to all meetings. The PPC Training Specialist for RCT and Management and Training Specialists for SDP will be invited to attend the meetings when issues related to the continuing education issues are being discussed. Short term PSI Technical Specialists will attend the meetings when they are in Cairo. It is expected that in year one, the meetings will take place twice a month. The COP will prepare the agendas for each meeting in consultation with the team members, and the agendas will be distributed prior to each meeting.

Program Advisory Team

The PSI program will be assisted by a bisectoral advisory team consisting of representatives from both the public and private sector to address program issues and monitor interventions. The members of the team will include senior subproject staff (3 subcontractors), a senior government representative (NPC/MOPFP), as well as one representative each from USAID, the pharmaceutical sector, pharmacists' and physicians' syndicates.

VII. PRIVATE SECTOR INITIATIVES MONITORING AND EVALUATION PLAN

The Private Sector Initiative aims to improve the quality of contraceptive use among the clients of private sector providers (pharmacists and physicians). The PPC office will develop a system to track the multiple indicators in the logical framework. These indicators will provide systematic information for subproject management as well as important inputs for the subproject's interim and final evaluations. The monitoring approach will be based on a "systems framework" to describe family planning program in such broad categories as: inputs (resources needed to carry out the program); outputs (the services or goods generated by the subproject and program); effects (the knowledge, attitude, and behavior changes that result, including coverage); and impacts (measured with changes in fertility). The impact and effect data will be collected by the Research, Monitoring, and Evaluation Subcontractor periodically. This will be entered into the PPC database. The training Subcontractor will maintain information on trainees by gender and location, type of training received, etc. The IE&C evaluation studies will gauge the extent to which the subproject interventions, particularly mass media campaigns, have caused behavioral changes in the desired direction.

1. Monitoring and Reporting

The PPC staff and consultants will provide on-going monitoring of subproject implementation activities against approved implementation plans and targets.

Each subcontractor will prepare Quarterly Subproject Financial and Activity Implementation Progress Reports covering all subproject activities. The content and format of these reports will be in accordance with guidelines provided by PPC and will include the requirement that planned targets and schedules will be compared to actual performance and any performance deficiencies explained. The PPC office will compile these reports and forward them to the USAID office.

At least once annually, NPC, USAID, and subcontractors will jointly conduct a thorough review of PSI implementation progress.

2. Interim Evaluation

A formative interim evaluation will be conducted by the research, monitoring and evaluation subcontractor between 16 and 20 months into the subproject. It will be used as the basis for modifying and amending PSI interventions, if needed. This interim will focus on the critical points of: relevance, efficiency, institutionalization and sustainability. These concerns include, but are not limited to:

- **Efficiency:** A major thrust of the interim evaluation will be to survey and analyze market segmentation to ensure that PSI resources are being used most effectively in pursuit of the subproject's goal.
- **Relevance:** The evaluation will examine the continuing relevance of the subproject interventions in achieving PSI goal and objectives.

The final evaluation will focus on documenting lessons learned over the life of the subproject and to establish priorities for any follow-up program for funding by the GOE or other donors.

3. Impact Evaluation

The Subcontractor will substantiate subproject impact through a population-based survey at the end of the subproject. This extensive survey will provide final impact information which follows the same exacting methodology as the baseline survey. However, new indicators will be included if there is a need. The final evaluation survey will measure achievement of the PSI goal and purposes.

4. Sub-contractor Financial Monitoring

PPC Subcontractor financial monitoring will include the following: 1) the subcontractor invoices will be examined and compared to the contract budgeted amounts prior to payments. Any unusual items will be followed up with the subcontractor before payment is made. 2) the subcontractor invoices will also be compared against performance, in terms of deliverables, in order to ascertain that the costs of the billing are consistent with the level of effort expended during the period and the terms of the contract. 3) PPC financial personnel will set up internal accounting tracking systems to ensure that all subcontractors are remaining within the amounts

negotiated in the contracts; 4) biannual meetings will be held with each subcontractor to discuss financial reporting issues.

APPENDIX A
LOGICAL FRAMEWORK MATRIX

LOGICAL FRAMEWORK MATRIX

Narrative Summary	Objective Verifiable Indicators	Means of Verification	Assumptions
<p>Goal: To assist the Government of Egypt in achieving the goal of lower fertility</p>	<p>Reduction in TFR from 3.9 in 1992 to 3.5 in 1997</p>	<p>Demographic and Health Survey</p>	<ol style="list-style-type: none"> 1. Availability of FP services high quality and accessible. 2. Availability of appropriate mix of contraceptives. 3. Age of first marriage remains consistent or rises. 4. Socio-political and economic conditions continue to favor lower fertility.
<p>Purpose: To contribute to an increase in the level and effectiveness of contraceptive use by improving the quality of services provided by a cadre of trained pharmacists and private physicians.</p>	<ul style="list-style-type: none"> • % eligible couples using contraceptive services • % eligible couples using private sector as a source for FP services • % private sector pill users using method correctly • % private sector users satisfied with their current method • % private providers giving correct information • % private providers reinforcing proper use • Volume of sales/clients 	<ol style="list-style-type: none"> 1. Demographic and Health Survey 2. Population-based surveys 3. Mystery clients 4. Focus group discussions 5. In-depth interviews 6. Retail audits 7. Site visits 	<ol style="list-style-type: none"> 1. Continued strong GOE policy support and mandate to strengthen private FP programs. 2. Willingness of physicians and pharmacists to participate in the program 3. Willingness among physicians and pharmacists to collaborate 4. Pharmacists and physicians willing to use the information received through continuing education 5. Willingness and financial ability among Egyptian family planning users to use private sector 6. Consumers able and willing to use correct information

Narrative Summary	Objective Verifiable Indicators	Means of Verification	Assumptions
<p>Outputs:</p> <p>1. Continuing education courses for physicians, pharmacists, pharmacy assistants</p>	<p>1. Definition of activities for effective liaison with influential individual/groups in the Lower Egypt Governorates.</p> <p>2. Curricula, course materials, and trained teachers for 4-6 hour initial continuing education courses and a 3 hour refresher course in family planning and contraceptive technology for pharmacists, private sector physicians.</p> <p>3. 50 - 55 initial continuing education sessions for 3,000 - 4,000 pharmacists; 50 - 55 "refresher" courses for the 3,000 - 4,000 no longer than 12 month after completing the initial continuing education courses; 20 - 25 initial continuing education courses for a total of 450 - 600 private sector physicians; 20 - 25 refresher courses for physicians no longer than 12 months after completing the initial continuing education courses.</p> <p>4. Pretest, produce, and prepare a timetable for distribution of and distribute support follow up materials for pharmacists and private sector physicians after attending the refresher course.</p> <p>5. Assess the need and feasibility of family planning/ contraceptive technology education for pharmacists assistants.</p> <p>6. 50 - 55 family planning contraceptive technology courses for up to 4,000 assistants to pharmacists attending the refresher course.</p> <p>Indicators:</p> <p># of providers trained by sex</p> <p># of training sessions held</p> <p>% providers who improve their knowledge/practices</p> <p># providers who received training materials</p>	<p>1. Subcontract records and reports</p> <p>2. Site visits/interviews</p> <p>3. Review of administrative and technical documents</p>	<p>1. Ability of subcontractors to work in coordination</p> <p>2. Timely identification of COP/PSS</p> <p>3. Timely identification of PSI Coordinator and Deputy Coordinator</p> <p>4. Ability to attract private providers to attend the training programs</p> <p>5. A well-defined geographic area</p> <p>6. A well-functioning MIS and other documentation</p> <p>7. Availability of TA</p>

Narrative Summary	Objective Verifiable Indicators	Means of Verification	Assumptions
<p>2. Promotional and IE&C materials for private providers</p>	<ol style="list-style-type: none"> 1. Review and selection of existing IE&C materials for use in continuing education efforts and for media campaigns and private sector outlet promotion. 2. New communication mass media and promotion materials and messages to include a mix of: 3. IE&C materials that support continuing education courses of follow-up efforts; 4. IE&C and promotion materials for use in 3,000 - 4,000 pharmacies and 450 - 600 physician offices; 5. IE&C method-specific leaflets for private sector providers to use in communication with clients and to distribute to clients; 6. Television and radio mass media advertising campaigns in regional markets promoting private sector providers; 7. Public relations events and programs designed to strengthen the link between private sector pharmacists, physicians and clients. <p>Indicators: # of IE&C materials developed by type # by type of method specific flyers developed and distributed # of signage posts distributed # of TV ads aired</p>	<ol style="list-style-type: none"> 1. Subcontract records and reports 2. Site visits/interviews 3. Review of administrative and technical documents 	<ol style="list-style-type: none"> 1. Ability of subcontractors to work in coordination 2. A well-defined geographic area 3. Ability of subcontractor to design and produce materials 4. Availability of air-time 5. A well-functioning MIS and other documentation 6. Availability of TA
<p>3. Research, monitoring, and evaluation</p>	<ol style="list-style-type: none"> 1. Population-based surveys among clients and providers in up to 5 governorates during baseline, midterm, and at the end of subproject interventions 2. Retail audits 3. Mystery client surveys in 5 governorates 4. Focus group discussions and indepth interviews during baseline, midterm, and at the end of subproject interventions <p>Indicators: # and types of surveys done # and types of reports completed on time</p>	<ol style="list-style-type: none"> 1. Subcontract records and reports 2. Site visits/interviews 3. Review of administrative and technical documents 	<ol style="list-style-type: none"> 1. Ability of subcontractors to work in coordination 2. A well-defined geographic area 3. Subcontractor's ability to field surveys and analyze data 4. A well-functioning MIS and other documentation 5. Availability of TA

APPENDIX B
CONTINUING EDUCATION COMPONENT
IN-COUNTRY SUBCONTRACT
SCOPE OF WORK

**(for illustrative purposes only, the detailed scope of work will be developed
during the RFP preparation stage)**

**CONTINUING EDUCATION COMPONENT
IN-COUNTRY SUBCONTRACT
SCOPE OF WORK**

The Population Project Consortium (PPC) will prepare a formal RFP following the USAID guidelines. The RFP will outline the required qualifications, scope of work, bidding requirements, evaluation criteria, and the selection process.

A short list of qualified training/education agencies, including those with previous experience in health and family planning, will be developed. The RFP will be sent to all these agencies and any other agency that is interested in bidding for this component.

A review committee consisting of selected PPC staff and consultants will be selected to review proposals and make the final selection decision. A representative from the USAID Office of Population and for the Minister of State for Population and Family Welfare will be invited to observe/participate in the review process, as appropriate.

The scope of work for the subcontracted agency will include the following major tasks:

1. Development of initial training materials for private physicians and pharmacists
2. Development of refresher courses for private physicians and pharmacists
3. Development of training materials for pharmacy assistants
4. Recruitment of providers (physicians, pharmacists, pharmacy assistants) and implementation of training courses
5. Evaluation of training
6. Liaison with influentials

These activities will be described in detail in the RFP. In addition, specific subcontracted activities will be managed and reviewed by the COP/PSS with frequent input and support from short term technical assistance by the training consultants.

Evaluation criteria for selecting the winning agency will include categories consistent with the scope of work including:

Criteria	Points
Plan for assessing training needs	15
Technical plan for material development	20
Plan for training implementation and evaluation	20
Staffing	15
Agency Background / Experience	20
Costs/Value	10
Total	100

APPENDIX C

**COMMUNICATIONS, MEDIA AND PROMOTION COMPONENT
IN-COUNTRY SUBCONTRACT
SCOPE OF WORK**

**(for illustrative purposes only, the detailed scope of work will be developed
during the RFP preparation stage)**

**COMMUNICATIONS, MEDIA AND PROMOTION
LOCAL SUBCONTRACT
SCOPE OF WORK**

Consistent with USAID Subcontract guidelines and requirements, a formal RFP will be prepared by a technical communications consultant, which outlines the required qualifications, scope of work, bidding requirements, cost considerations, evaluation criteria, and selection process.

A short list of qualified private sector advertising agencies, including those with previous experience working with health, family planning and other social issue communications will be finalized in conjunction with the development of the RFP. This short list will include full service Agencies such as AMA Leo Burnett Egypt, Impact/BBDO, Publi-Graphics, Americana, etc. No more than seven agencies will be asked to bid.

Bidders will be asked to develop a comprehensive response including a strategic advertising/public relations plan, detailed media schedules, speculative creative work, and detailed staffing, management, implementation and cost plans. To eliminate the risk of wide variations in costs affecting comparisons across proposals, the RFP will state a pre-determined fixed budget amount (based on realistic cost estimates of similar projects) against which participating agencies can develop their responses. Cost judgments will be replaced with value judgments, providing comparisons of what different firms can offer as a "maximum return," using the same resource parameters.

Selected agencies will be sent copies of the RFP and invited to attend a formal pre-bidders conference where the workshop and requirements will be reviewed.

A (maximum 6 person) review committee consisting of selected PPC staff and consultants will review proposals and make the final selection decision. A representative from the USAID

office of Population and for the Minister of State for Population and Family Population will be invited to observe/participate in the review process, as appropriate.

Submitted proposals shall be reviewed and scored individually by committee members using the criteria and point system outlined in the RFP. The committee will then meet with the top three qualifying agencies for oral presentations and questions and answers. Proposals will then be re-scored based on the oral presentations and a final decision will be made.

As is often the case, the winning proposal may not represent the most optimal final program. As such, after the winning agency is selected, the PPC communications short term consultant will develop the final program working closely with the selected agency and the PPC Finance and Administration Specialist to negotiate the final deliverables and costs for use in developing a fixed price subcontract with the winning firm.

The scope of work for the subcontracted agency will include a full range of support services including:

- Strategic program planning;
- Account management and program implementation including media planning/placement, materials production and distribution, public relations communications and events, and monitoring/evaluation/documentation of communications activities;
- Creative concept development, copy writing, art direction, design, pre-production and full production of all TV, radio and print production;
- Materials pretesting and refinement; and
- Fiscal management and reporting.

These activities will be outlined, in detail, in the RFP. In addition, specific subcontracted activities will be managed and reviewed by the COP/PSS with frequent input and support from short term technical assistance by the communications consultant.

Evaluation criteria for selecting the winning agency will include categories consistent with the scope of work including:

Criteria	Points
Strategic Plan and Approach (advertising & public relations)	20
Speculative Creative	25
Media Plan	10
Management and Implementation Plan	10
Agency Background / Experience	10
Qualifications of Assigned Account Staff	10
Costs/Value	15
Total	100

APPENDIX D

**RESEARCH, MONITORING, AND EVALUATION COMPONENT
IN-COUNTRY SUBCONTRACT
SCOPE OF WORK**

**(for illustrative purposes only, the detailed scope of work will be developed
during the RFP preparation stage)**

**RESEARCH, MONITORING, AND EVALUATION COMPONENT
IN-COUNTRY SUBCONTRACT
SCOPE OF WORK**

Consistent with USAID guidelines and requirements, a formal RFP will be prepared by a research consultant and a contracts specialist, which outlines the required qualifications, scope of work, bidding requirements, cost considerations, evaluation criteria, and selection process in detail

1. Mapping of Providers

The subcontractor will compile a listing of private physicians and pharamacists in the subproject governorates.

2. Needs Assessment

The subcontractor will conduct a continuing education needs assessment of private physicians, pharmacists, and pharmacy assistants. This information will be provided to the Continuing Education Subcontractor.

3. Baseline Surveys

The subcontractor will be responsible for conducting baseline, midterm, and final surveys to evaluate the changes in level and quality of contraceptive use delivered by the private family planning providers. The population-based surveys among married women of reproductive age (MWRA) will assess contraceptive use, source of contraception, and amount paid to receive methods. The surveys will also collect data on the socio-demographic characteristics of the respondents and the utilization of private and public health facilities for curative and preventive health care services. Major research questions to be answered in each survey will include: 1) what are the patterns of contraceptive use; 2) what is the relative distribution of public, private, and PVO sectors; 3) what is the quality of use for different methods; 4) what are method-

specific satisfaction rates; 5) what are the user satisfaction rates for private, PVO, and public providers.

The subcontractor will be responsible for the following activities:

- a) **Questionnaire design:** In close collaboration with the PPC technical staff, the subcontractor will develop questionnaires for each survey. The questionnaires will be pre-tested in subproject sites. Based on the pretest results, the questionnaires will be revised accordingly.
- b) **Sample Selection:** The subcontractor will utilize a probability-based sample. Anticipated sample size in each round of survey will be approximately 1,500 respondents.
- c) **Identification and training of Interviewers:** The subcontractor will use a reasonable number of interviewers for data collection.
- d) **Schedule the survey:** The subcontractor will develop survey management procedures to keep track of the number of respondents contacted, the number of call-back visits made, interviews completed, and so forth.
- e) **Collect the data:** The subcontractor will be responsible for collecting the data. The PPC staff will make supervisory visits to assure the quality of data collection.
- f) **Enter, verify, and tabulate the data:** The subcontractor will be responsible for data entry, editing, and tabulations. Validation and consistency checks will be made to assure the integrity of data.

Output: The subcontractor will submit the report and a clean data set to the PPC within the agreed timeline.

Time Schedule: For each survey, the subcontractor will complete the above process in no more than 60 days.

4. Provider Surveys

The subcontractor will conduct three rounds of provider surveys. Each survey will consist of no less than 150 respondents each for physicians, pharmacists, and pharmacist assistants. The survey will include both public and private physicians and pharmacists. Using structured interviews, data will be collected on provider attitudes and skills regarding family planning. Random sampling method will be employed for selecting respondents in each category. The major steps will be similar as above.

5. Indepth Private and Public Sector Client Surveys

The subcontractor will conduct three rounds of in-depth interviews with clients of public and private providers. Each survey will consist of no less than 200 respondents. The survey will include the clients of public providers and private providers to determine differences as well as changes in the quality of client-provider interaction over time. The interviews will also measure changes in the quality of pill use across public and private sector as well as over time.

6. Focus Group Discussions

The subcontractor will conduct 20-30 focus group discussions during the life of subcontract. The subcontractor will develop guidelines for FGDs, conduct FGDs, and finally prepare reports.

7. Retail Audits

The subcontractor will conduct quarterly retail audits in the subproject areas.

8. Mystery Clients

The subcontractor will use mystery clients to assess the quality of interaction among pharmacists and family planning clients.

9. Contraceptive Distribution Database

The subcontractor will maintain a contraceptive distribution database consisting of reports from EPTC, MEDTECH and other cooperating pharmaceutical and distribution agencies.

Selection Criteria: The subcontractor will be selected competitively based on the following criteria:

Criteria	Points
Technical Approach	15
Implementation Plan	30
Personnel for management and supervision	20
Past Experience	20
Cost	15
Total	100