

FINAL

IMPLEMENTATION PLAN (3.25 YEARS)

APRIL 1, 1994 - JUNE 30, 1997
FOR

THE REGIONAL CENTER FOR TRAINING IN FAMILY PLANNING AND
REPRODUCTIVE HEALTH
(RCT)

AIN SHAMS UNIVERSITY
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

IN COLLABORATION WITH
THE NATIONAL POPULATION COUNCIL
CAIRO - EGYPT

A GOVERNMENT OF EGYPT PROJECT
UNDER
USAID/CAIRO POPULATION / FAMILY PLANNING III PROJECT NO 263-0227

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ACRONYMS AND ABBREVIATIONS

CBR	Crude Birth Rate
CDSS	Country Development Strategy Statement
CPR	Contraceptive Prevalence Rate
CYP	Contraceptive Years of Protection
EOP	End of Project
FP	Family Planning
GOE	Government of Egypt
IEC	Information, Education and Communication
I/G&S	Implementation/Goods and Services Contractor
IUD	Intra-uterine Device
JHPIEGO	Johns Hopkins University Program for International Education in Reproductive Health
LE	Egyptian Pound
LOP	Life of Project
MOH	Ministry of Health
MOPFW	Ministry of Population and Family Welfare
NGO	Non Governmental Organization
NPC	National Population Council
OB/GYN	Obstetrics and Gynecology
OPTEL	Optical Teleconferencing System
OR	Operations Research
R&D/POP	United States Agency for International Development/Bureau for Research and Development/Office of Population
RCT	Regional Center for Training in Reproductive Health
SDP	Systems Development Project
SOW	Scope of Work
STC	Satellite Training Center
TA	Technical Assistance
TFR	Total Fertility Rate
THO	Teaching Hospital Organization
USAID	United States Agency for International Development Country Mission

EXECUTIVE SUMMARY

Background

Egypt's annual population growth rate of 2.18 percent in 1992 is among the world's highest, and this, combined with the concentration of its population of 56,984 million (CAPMAS July 1993) in Cairo and along the Nile River constrains the country's economic development and negatively affects the quality of life of its people. Despite substantial investment and modest progress in slowing the population growth rate, without further decreases Egypt's population will double over the next 30 years.

As part of its five year plan (1992-1997) and population policy the GOE has adopted the following fertility reduction goals:

- (1) long-term target of reducing the population growth rate to 1.8 percent and total fertility rate (TFR) to 2.7 by the year 2007
- (2) intermediate goal of reducing the population growth rate to 2.0 percent and TFR to 3.5 by 1997.

CAPMAS data indicate that Egypt recorded a crude birth rate of 29.2 in 1992 and a contraceptive prevalence rate of 47.1 percent. Recent DHS data indicate a TFR of 3.9.

The GOE, with USAID/Cairo support, seeks to increase the level and effectiveness of contraceptive use among married couples in Egypt. The POP/FP III Project aims to contribute to an increase in the contraceptive prevalence rate (CPR) from 47.1 percent in 1992 to 53 percent in 1997, and to a decrease in the extended-use failure rate, from 10 percent in 1992 to 7 percent in 1997.

In order to achieve these targets service volume must be increased; service quality and user knowledge must be improved; and policy makers must have improved information. The GOE will need to take a more strategic approach. This will entail greater attention to quality assurance in the delivery of FP services and training, improving provider effectiveness, and increasing the efficient use of FP resources by focusing on market segmentation and the roles of public, private voluntary and commercial sectors in FP programs.

Description of Implementing Agency

The Regional Center for Training in Family Planning and Reproductive Health (RCT) was previously called the Regional Center for Training in Family Planning. RCT is affiliated with the Department of Obstetrics and Gynecology, Faculty of Medicine, Ain Shams University.

The RCT was established to address the constraints of insufficient numbers of qualified family planning service providers and a lack of family planning training programs with standardized curricula, quality training materials and clinical training sites. It is considered an essential component of the national family planning program in Egypt.

During the period 1988 - 1993, the RCT emphasized training large numbers of family planning trainers and service providers. Over 6,000 people were trained under RCT auspices either at RCT or through its 15 satellite training centers. Almost all family planning organizations benefitted from RCT training resources. The impact of RCT training on service delivery provision is well-recognized within Egypt and was mentioned in the subproject's 1992 final evaluation under the POP/FP II Project. Service statistics in family planning clinics showed a correlation between training and increases in the number of IUD insertions. Operations research conducted by the MOH has also documented this relationship.

Donor Support to Date

While GOE policy initiatives are positive, substantial donor support will still be needed during the next three and a quarter years. A.I.D. has been the primary donor assisting the GOE in population and FP since 1975. USAID/Cairo's current Country Development Strategy Statement (CDSS) for Egypt will continue support to FP service delivery, training and information programs through the public and private sectors, with the POP/FP III project as the main vehicle for this assistance.

USAID/Cairo funding has supported the costs of establishing, operating and maintaining the RCT. Ain Shams University has provided in-kind contributions such as space, utilities and the family planning clinic. The RCT was originally funded (November 1988-October 1991) under the POP/FP II Project through a USAID/Cairo buy-in with the centrally-funded R&D/POP cooperative agreement with the Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO).

In June 1990, to support the formation of up to 15 satellite training centers and meet the increasing demand for family planning service providers, USAID/Cairo began direct funding to the RCT, with JHPIEGO continuing to provide technical assistance. Subsequently, for the period April 1, 1991 to May 31, 1993, support for the RCT and its STCs was transferred to the host country mother institution via a Letter of Agreement with the National Population Council a GOE implementing agency under the POP/FP II Project.

From 1988 until the present Ain Shams University has provided an institutional setting for the RCT.

POP/FP III supports the RCT sub-project for the period April 1, 1994 through June 30, 1997, continuing funding which was previously provided through the POP/FP II Project, with Pathfinder International as the Implementation, Goods and Services (I/G&S) contractor for POP/FP III.

Sub-project management and implementation strategy

The RCT program implementation strategy is consistent with the GOE national development plan and population policy, and also with USAID/Cairo's CDSS. The RCT's main strategy for POP/FP III will be to further build its capacity and reputation as a national and regional center of excellence for training in family planning, while serving the needs of continuing and graduated POP/FP II and III subprojects and taking steps to achieve self-sufficiency by the end of POP/FP III.

The RCT has planned and begun a reorganization during the POP/FP III pre-implementation period. This process will continue into the first quarter of the project. These changes are designed to fine-tune the responsiveness of the RCT to the requirements of POP/FP III. The RCT will continue to operate under the leadership of its Director and Executive Manager. In the fourth quarter of 1993 it adopted a structure with the following five units: Training, Clinical Services, IEC, Technical Assistance, and Administration and Finance.

PURPOSE AND MISSION STATEMENT

The RCT program aims at the removal of two supply constraints: provider knowledge and service quality. RCT provides a direct contribution to improvement in service quality and strengthening of provider knowledge through its programs. Under POP/FP III the RCT will play a crucial role in the introduction of Norplant^R into the Egyptian national family planning programs.

Mission Statement RCT

The mission statement of the RCT is "To be the center of excellence contributing to improved reproductive health in Egypt and the region by establishing and conducting high quality family planning training and education, and related technical assistance and research." (RCT Mission Statement March 1992).

The RCT subproject purpose is to provide quality clinical family planning training to physicians and nurses and other professionals providing, and/or training others to provide, family planning services in Egypt.

Achievement of this purpose will be measured by an increase in the number of physicians, nurses, and other service providers

trained in family planning at RCT from five-hundred and eighty-one (581) during the period 1988-1993 to 1,800 during the period April 1, 1994 - June 30, 1997.

Inputs: TA, training, commodities, budget support costs

A long term Training Management Advisor, supplemented by short-term TA, will be furnished through the I/G&S contractor to provide technical guidance to the RCT. This TA will monitor RCT's training approach, discuss technical contraceptive issues with faculty, conduct technical seminars, and monitor overall training conducted under the sub-project. USAID funds will support RCT trainee tuition costs and training materials as well as in-country travel and per diem. Administration, offices supplies, training and professional education supplies, and office equipment will also be covered. In addition, the project will provide short-term participant training opportunities which will focus on training management, training methodology, and clinical updates. These opportunities for short-term participant training and a limited amount of invitational travel will be available to RCT staff under the I/G&S Contract.

Expected Outputs

The Regional Center for Training in Family Planning and Reproductive Health (RCT) has played and will continue to have a key role in enabling the Government of Egypt (GOE), with USAID/Cairo assistance, to achieve the broad goals and purpose of the POP/FP III project. Building on the RCT's accomplishments, the project paper specifies the objectives it will support within the RCT. To fulfill its strategic functions, the RCT has adopted five outputs (end-states) for POP/FP III.

- (1) Improved Management Systems;
- (2) Enhanced Utilization of Professional Education capability;
- (3) Enhanced and Enriched FP Training Program;
- (4) Expanded Technical Support to FP Programs;
- (5) Achieved Institutionalized Status

Sub-project monitoring and evaluation systems

Within USAID/Cairo, responsibility for the subproject rests with the Office of Population in the Human Resources and Development Cooperation Directorate. An important function of the I/G&S contractor under the Project will be to design and develop an MIS to track activities by the Project's various implementing agencies (i.e., the subprojects). The I/G&S Contractor will implement its systems in order to gather, analyze, and evaluate data regarding the activities and impact of the program, as well as ensure the timely submission and analysis of necessary reports (e.g., revenue reports; quarterly statistics; training reports, etc.).

- The monitoring system will be used to track the multiple indicators in the logical framework and provide systematic information for operations management and strategic decision-making, as well as a data base for the sub-project's interim and final evaluations.

The RCT subproject will be part of the larger POP/FP III evaluation plan. This will include a formative interim evaluation after 18 to 24 months of implementation and a final evaluation toward the end of the sub-project period.

I. SUB-PROJECT DESCRIPTION

A. BACKGROUND AND RATIONALE

1. Demographics/Justification for Family Planning

Egypt's annual estimated (1992) population growth rate of 2.18 percent is among the world's highest, and this, combined with the concentration of its population of 56,984 million (CAPMAS July 1993) in Cairo and along the Nile River constrains the country's economic development and negatively affects the quality of life of its people. Despite substantial investment and modest progress in slowing the population growth rate, without further decreases, it is estimated that Egypt's population will double over the next 30 years.

According to the POP/FP III Project Paper, although Egypt has achieved notable successes in family planning, formidable challenges remain. Service volume must be increased just to maintain current contraceptive prevalence levels; service quality and user knowledge must be improved to increase contraceptive effectiveness; and policy makers must have improved information to benefit from Egypt's favorable sector mix in family planning and to reduce the large gaps in family planning indicators between urban and rural areas and between Upper and Lower Egypt.

To consolidate the gains from its Family Planning (FP) efforts, the Government of Egypt (GOE) will need to take a more strategic approach. This will entail greater attention to quality assurance in the delivery of FP services and training, improving provider effectiveness, and increasing the efficient use of FP resources by focusing on market segmentation and the roles of the public, private, voluntary and commercial sectors in FP programs.

2. Historical Background

a. Historical Background/GOE

While GOE policy initiatives are positive, substantial donor support will still be needed during the next three and a quarter (3.25) years. The U.S.A.I.D. has been the primary donor assisting the GOE in population and family planning programming since 1975. USAID/Cairo's current Country Development Strategy Statement (CDSS) for Egypt will continue support to FP service delivery, FP training, and information programs through the public and private sectors, with the POP/FP III project as the main vehicle for this assistance.

The GOE set targets for key population growth indicators. Among the targets established by the National Population Council in 1991 are the following:

- * Reduce the crude birth rate (CBR) to 27 per thousand by 1997 and to 26 per thousand by 2002;
- * Reduce the total fertility rate to 3.5 in 1997 and 3.1 by 2002;
- * Increase the contraceptive prevalence rate (CPR) to 53 percent in the year 1997 and to 59 percent in the year 2002.¹

Recent data from Egypt's Demographic and Health Survey 1992 indicate that Egypt had reached a crude birth rate of 29.2 in 1992, a TFR of 3.9 and a contraceptive prevalence rate of 47.1 percent.²

Evaluation³ of the relationships between service factors and utilization of family planning has shown a direct relationship between the quality of family planning services and the utilization of family planning services. It is reasonable to assume that more than 6,000 trained family planning service provider "graduates" of the Regional Center for Training (RCT) in Family Planning and Reproductive Health and its Satellite Training Centers (STCs) have contributed to this achievement.

b. Historical Background/RCT

The POP/FP II project contained 23 subprojects, generating a workload which exceeded the staffing complement of USAID/Cairo. To respond to this constraint, to consolidate its portfolio, and in recognition of the status of individual subprojects, the number of subprojects under POP/FP II is reduced to eight (8) under POP/FP III. The RCT is one of the eight subprojects targeted for support by USAID under POP/FP III for the period

¹ El-Zanaty, FH HAA Sayed, HHM Zaky, and AA Way, Egypt Demographic and Health Survey 1992. (Cairo: National Population Council, Calverton, MD: Macro International Inc. November 1993). p.1

² Ibid. p.5.

³ Seidman, M, M Brown and L Cobb. Evaluation of the Training Subproject of the Egyptian Population/Family Planning II Project, Population Technical Assistance Project, 1993, p.3.

April 1, 1994 through June 30, 1997.⁴

The Regional Center for Training in Family Planning and Reproductive Health (RCT), previously called the Regional Center for Training in Family Planning, is affiliated with the Department of Obstetrics and Gynecology, Faculty of Medicine, Ain Shams University. RCT was originally funded (November 1988-October 1991) through a USAID/Cairo buy-in with the centrally-funded R&D/POP cooperative agreement with the Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO). In June 1990, to support the formation of up to 15 satellite training centers (STCs) and meet the increasing demand for training family planning service providers, USAID Cairo began direct funding to the RCT, with JHPIEGO continuing to provide technical assistance. Subsequently, for the period April 1, 1991 to May 31, 1993⁵, support for the RCT and its STCs was transferred to a host country letter of agreement with the National Population Council. From 1998 until the present, Ain Shams University has provided an institutional setting for the RCT.

USAID/Cairo funding has supported the costs of establishing, operating and maintaining the RCT. Ain Shams University has provided in-kind contributions such as space, utilities and the family planning clinic. Technical assistance, initially provided to the RCT by JHPIEGO, was continued through Pathfinder International.

The RCT was established to address the constraints of insufficient numbers of qualified family planning service providers and a lack of family planning training programs with standardized curricula, quality training materials, and clinical

⁴ From January 1991 to December 1993, the RCT was funded through an agreement between USAID, the National Population Council (NPC) and Ain Shams University. The agreement supported the RCT to conduct clinical training for family planning trainers and service providers, and to continue to establish, support and operate fifteen Satellite Training Centers (STCs) in fifteen governorates of Egypt. The total funds obligated for this subproject were LE 2,471,308 for RCT central operations and LE 2,404,260 for satellite training center activities.

⁵ Extended from June 1, 1993 to December 31, 1993 by RCT Project Implementation Letter No. 29, amendment #8, and then through a subsequent no-cost amendment until March 31, 1994.

training sites. The objectives of the RCT during the period 1988-1993 under POP/FP II were to:

1. Upgrade the family planning services skills and knowledge of trainers, training managers and key service providers in the public and private sectors;
2. Emphasize the development of competency-based curricula and the introduction of concepts of adult participatory training;
3. Develop and disseminate standardized protocols and guidelines in all aspects of family planning;
4. Develop and disseminate training materials to facilitate the incorporation and teaching of family planning topics at appropriate education and training institutions;
5. Provide technical assistance to family planning training programs and service delivery projects in Egypt;
6. Develop and institutionalize a capability to identify and respond to emerging reproductive health needs, and to help other institutions to develop this capability.

As noted in the external evaluation of the RCT referred to in footnote 3 above (and in other consultant reports), the RCT has all the necessary elements of a training organization and has, together with its affiliated satellite training centers, trained 6,200 FP trainers and service providers. This is a major contribution to Egyptian national family planning efforts, particularly in view of the fact that the national program lacked a standardized approach to family planning training prior to the inception of the RCT subproject.

The evaluators (Seidman, Brown & Cobb-footnote 3 above) observed that the future need for trainers in the MOH and other FP organizations can be expected to diminish, and that the RCT's long-term viability as an institution and its value to the national family planning program will depend on the RCT's ability to reassess its structure and operations, adapt to emerging needs of the national FP program and become a "training center of excellence" recognized throughout the region.

c. Achievements of the RCT over the Past Five Years

RCT has made notable strides over the past five years in several areas: development of a training center infrastructure, establishment of a training outreach system via the STCs, improvement in management systems for training, and provision of

Family Planning training to a large number and variety of FP professionals.

Development of a Training Center Infrastructure - Training facilities at the RCT were substantially upgraded during POP/FP II. As a result, the RCT has two spacious, air-conditioned and well-equipped training rooms, a smaller clinical conference room which is also used for training, and an OPTEL⁶ room which is available for RCT teleconferences.

An integral part of its training infrastructure development is the RCT FP Outpatient Clinic (operated within the facilities of and in conjunction with Ain Shams University). This facility is considered one of the most distinguished specialized family planning service points in the region. The RCT FP Clinic serves approximately 300 new family planning acceptors per month and provides a broad spectrum of contraceptives available in Egypt. Moreover, the RCT FP Clinic has the capability to offer additional family planning services not yet adopted as part of the national program.

In addition to providing family planning services, the RCT FP clinic can serve as a model for RCT FP trainees in family planning clinic management, client assessment, record keeping, infection control, and RTI screening, as well as other family planning related services.

Establishment of a Training Outreach System - The RCT, through the mechanism of its Satellite Training Centers (STCs) participated in the formation of an effective family planning training network via the 15 centers in 15 Egyptian governorates. The RCT was instrumental in providing each STC with a well-equipped training room, administrative space, a participant lounge, a model clinic, training, and management and program technical assistance to the STCs. At the governorate level, each of the STCs was staffed with at least one physician trainer and one nurse trainer, with those staff continuing to benefit from staff development activities of the RCT.

The STCs are viewed as one of the major success stories of RCT under POP/FP II and are cited as a model approach for other countries in the region interested in initiating standards in FP training.

⁶ OPTEL refers to the Optical Tele-conferencing System at RCT which enables several sites to simultaneously exchange knowledge and experience through images and voice.

The OPTEL system at RCT also positions RCT to lead in the use of tele-conference as a training modality in family planning.

Improvement in Management Systems for Training - The RCT, under the leadership of its Director and Executive Manager, and with local and foreign technical assistance, has begun a program of reorganization. The RCT passed a USAID/Cairo Non-Federal Audit. The NF Audit found the administrative and financial systems at RCT capable of managing and controlling AID funds. The RCT demonstrated its ability to follow AID rules and regulations in renovating the Center's offices and clinic, and in commodity procurement. Each unit at the RCT prepared a procedures manual.

Provision of Family Planning Training - Since the establishment of RCT in 1988, the following numbers and categories of participants have been trained at the RCT or at the 15 affiliated Satellite Training Centers (STCs):

- *248 Physician trainers;
- *109 Nurse trainers;
- *3,427 Physician service providers;
- *2,847 Nurse service providers;
- *77 graduates of the Advanced Physician TOT course;
- *11 graduates of the Advanced Nurse TOT course.

At the central level of RCT more than thirty professional staff were trained to be master trainers. Twelve of them received training in the United States. Most of the staff had more than one opportunity to obtain some specialized training in Egypt.

The RCT developed and/or adapted a variety of training curricula for current and planned family planning and reproductive health courses. It also developed and utilized other training tools and instruments. Of special importance to the Egyptian national family planning program are the training packages developed by the RCT. The RCT has, so far, developed three training packages for family planning clinical training. They are:

- * Institutional Training Package (ITP) - This is a complete training kit developed for training institutions to use to conduct any of the RCT core family planning training courses. The ITP contains slides, text, reference and audio visual materials which support the institutional training effort. These materials coordinate with course documentation and notes but can also be used in a variety of institutional settings and presentation fora.
- * Physician Trainer Package (PTP) - This package is designed to meet the needs for training physicians in family planning. It is complemented by the ITP and the NTP (see below) and can be and is used in a variety of training settings.

- * Nurse Trainer Package (NTP) - This package is designed to meet the needs for training nurses in the Egyptian family planning program. It is complemented by the ITP and the PTP as well as by specific course materials.

All three training packages have been tested and used in RCT programs and have been the subject of participant as well as staff and client organization evaluation.

The RCT, in collaboration with the Ministry of Health, produced the English version of the National Family Planning Guidelines for Physicians and the Arabic version of the National Family Planning Guidelines for Nurses.

The RCT maintains a small professional library which includes a range of national and international books, journals, videotapes, and other reference materials. All the materials are available for use by the RCT staff and for RCT course participants. Moreover, RCT gained the capability to access POPLINE.

The RCT has, during the period 1988 to 1993, become an important component of the Egyptian family planning program. The RCT is formally linked to the National Population Council (NPC). It is well positioned in the Department of OB/GYN at Ain Shams University. Ain Shams professors offer training in the RCT and consistently participate in RCT workshops. The RCT Director maintains good relations with the leadership and faculty of the University, with the Ministry of Health, and with USAID-funded family planning subprojects.

The RCT is establishing itself within the Egyptian family planning program as the center of excellence in clinical training; a major source of contraceptive technology information updates; and a producer of up-to-date family planning training materials in both English and Arabic. It is an institution which seeks to respond to Egyptian FP training needs. The RCT has a staff of competent professionals and has the most capable training staff in family planning clinical training in the country.

3. Existing and Perceived Constraints

Despite its achievements, the RCT faces a number of constraints to continued progress in meeting previous objectives and to achieving its longer term objectives of greater institutionalization and self-sufficiency. These include:

- * Lack of formal institutionalization of the RCT within Ain Shams University;
- * Single-donor dependence (USAID/Cairo). RCT staff believe planning for, and achieving diversification of

support should be a priority;

- * Limited Computerization - Computer applications need to be expanded to support management decision-making, clinical training, training materials development, administrative and financial planning and reporting, and record-keeping requirements.

4. Available Resources/Strengths and Deficiencies to be Addressed

a. Resources/Strengths

The RCT views the following as its main resources and strengths:

- * Location within the OB/GYN Department of Ain Shams, Faculty of Medicine the leading Egyptian University in this field;
- * Affiliation with and close proximity to the Ain Shams family planning clinic -- one of the largest and most respected FP clinics in the region;
- * Strong leadership from its Director and Executive Manager;
- * Support from the Ministries essential to the implementation of the Egyptian national family planning program;
- * Motivated and qualified staff;
- * High demand for RCT services from Egyptian family planning organizations.
- * Continued support from USAID/Cairo including foreign and Egyptian technical assistance;
- * Work in family planning training, an area of critical importance to the success of the Egyptian national family planning program.

b. Deficiencies

The principal deficiency noted by RCT management and staff is the lack of a strong center management system which incorporates broad-based and participatory approaches to center-wide planning and decision making. The RCT staff and consultants under short-term T.A. to RCT during POP/FP II recommended that:

- * Staff development be more structured to ensure that managers and staff identify needs and upgrade skills in response to internal and external factors;
- * Foreign technical assistance be used better;
- * Center evaluation systems be developed;
- * Management systems developed be reviewed and, if necessary, revised;
- * Compliance with management systems and procedures be enforced.

5. Summary Justification/Relevance to National Strategy

The GOE recognizes the relationship between family planning and sustainable development. Egypt's Five Year Development Plan for 1992-1997 contains a National Population Policy, which was drafted by the National Population Council. The policy recommends that GOE address the problem of national population growth with a multi-faceted strategy, including increased contraceptive use (and reduced failure rates) and improved maternal and child health, status of women, literacy and population distribution. Significantly, the National Population Policy has the endorsement of not only Egypt's political leadership, but its influential religious leaders as well.

Although family planning activities in Egypt have attained substantial success in recent years, challenges remain: service volume must be increased to maintain contraceptive prevalence at the current level and to reach those women who are not currently using contraceptives but who want to; and service quality and user knowledge must be improved to increase contraceptive effectiveness.

Egypt, like other countries at its stage of population program development, must take an increasingly strategic approach. While continuing to increase the availability of trained family planning trainers and service providers, the country must pay more attention to assuring quality care, making the best use of existing resources, and improving provider effectiveness.

As part of its five year plan and population policy the GOE has adopted the following fertility reduction objectives:

- (1) Long-term - reduce the population growth rate to 1.8 percent and total fertility rate (TFR) to 2.7 by the year 2007;

- (2) Intermediate - reduce the population growth rate to 2.0 percent and TFR to 3.5 by 1997.

The GOE, with USAID/Cairo support, seeks to increase the level and effectiveness of contraceptive use among married couples in Egypt. The POP/FP III Project aims to contribute to an increase in the contraceptive prevalence rate (CPR) from 47.1 percent in 1992 to 53 percent in 1997, and to a decrease in the extended-use failure rate, from 10 percent in 1992 to 7 percent in 1997.

The RCT is considered an essential component of the national family planning program in Egypt. During the period 1988-1993, the RCT emphasized training large numbers of family planning trainers and service providers. Almost all family planning organizations benefitted from RCT training resources.

The impact of RCT training on service delivery provision is well-recognized within Egypt and was mentioned in the subproject's evaluation. Service statistics in family planning clinics showed a strong positive correlation between training and an increase in the number of IUD insertions. Operations research conducted by the MOH also documented this relationship.

USAID/Cairo will continue to support the RCT in providing high quality clinical family planning training to physicians, nurses and a reduced number of trainers. RCT activities will focus on training and support, including training to situate new methods such as NORPLANT[®] within the Egyptian family planning program; support for private physicians; professional education, information development and dissemination; and technical assistance to medical and pharmacy schools to develop and/or refine family planning curricula.

Under POP/FP III it is anticipated that continued A.I.D. support will facilitate the RCT's institutional development.

B. SUB-PROJECT GOAL, PURPOSE (END OF PROJECT STATUS) AND OUTPUTS

1. GOAL

The goal of the RCT subproject is to contribute to a reduction in the Egyptian population growth rate. This subproject, together with other family planning sub-projects, is designed to help the GOE to achieve its long term 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 an intermediate goal of reducing the population growth rate to 2.0 percent and the TFR to 3.5 by 1997.

2. PURPOSE

The RCT program aims at the removal of two supply constraints: provider knowledge and service quality. RCT provides a direct contribution to improvement in service quality and strengthening of provider knowledge through its programs. Under POP/FP III⁸ the RCT will play a crucial role in the introduction of Norplant[®] into the Egyptian national family planning programs.

Purpose

The RCT subproject purpose is to provide quality clinical family planning training to physicians, nurses, and other professionals providing, and/or training others to provide, family planning services in Egypt. This purpose reflects the RCT's mission statement.

Achievement of this purpose will be measured by an increase in the number of physicians, nurses, and other service providers trained in family planning at RCT from five-hundred and eighty-one (581) during the period 1988-1993 to 1,800 during the period April 1, 1994 - June 30, 1997.

Figure 1 on the following page depicts the roles of RCT's organizational units.

⁷ The mission statement of the RCT is "To be the center of excellence contributing to improved reproductive health in Egypt and the region by establishing and conducting high quality family planning training and education, and related technical assistance and research." (RCT Mission Statement March 1992).

⁸ During the period 1988-1993 trainees trained at RCT numbered 581. The breakdown by type of training for the 581 trainees was: FP TOT for physicians (267); ADTOT for physicians (68); FP TOT for Nurses (109); ADTOT for nurses (11); FP for physician service providers (48); and FP for social workers (78). Refer to the RCT training plan in Table 3 for details on training to be given at and by RCT by type of training and USAID subproject.

To achieve its purpose, and contribute to the achievement of the overall POP/FP III goals of reductions in CBR and TFR and increases in the CPR, RCT activities will focus on direct training; support for other USAID FP subprojects; information development and dissemination; and technical assistance to other USAID FP subprojects and to medical and pharmacy schools to develop and/or refine family planning curricula. Ain Shams University now offers a one year post graduate Diploma in Family Planning and RCT already contributed to the development of this diploma program.

a. RCT Purpose and its Strategic Planning Process

RCT staff perceives strategic planning as an activity intended to address the need for a clear vision of where it wants to be in the future.

During its strategic planning process RCT sought to address two questions:

- * What does RCT want to be and where is it headed?
- * How should it get there?

b. What does RCT want to be and where is it headed?

RCT wants to be a regional center for excellence in family planning and reproductive health training. To the RCT staff, important milestones in becoming a regional center for excellence are:

- * Attainment of the status of a USAID-approved participant-in-development family planning training center;
- * Diversification of its sources of funding;
- * Implementation of cost-recovery mechanisms;
- * Broadening of its client base to include other countries in the region.

c. How should RCT get there?

RCT staff believe that improvements in its management and training methodology systems are critical to becoming, and being recognized as, a center for excellence in family planning and reproductive health in the region.

To achieve its purpose RCT has adopted two general development strategies. The first aims at continuing improvement of RCT's institutional infrastructure to better support RCT's clinical

family planning training. The expected outputs are:

- * Improved management systems including improvements in the center's overall program management system, and the management information system.
- * Achieved institutionalized status including implementation of a self-sufficiency plan and of a plan to be fully institutionalized within the Ain Shams University.

The second general development strategy is to augment the training capacity and capability of RCT. The expected outputs are:

- * Improved utilization of RCT's professional education capabilities;
- * Enhanced and enriched FP training; and
- * Expanded technical assistance support.

3. OUTPUTS

With this approach to strategic planning, RCT has identified five outputs of its efforts under the POP/FP III RCT subproject.

a. Definition of Outputs

An output is a statement about the end-state of RCT upon completion of the POP/FP III project. In Section C of this 3.25 year implementation plan the RCT delineates its life of subproject objectives and activities, attainment of which will ensure RCT's production of its targeted outputs.

b. RCT POP/FP III outputs

The RCT has identified the following as its POP/FP III subproject outputs:

1. Improved management systems;
2. Enhanced utilization of RCT's professional education capability;
3. Enlarged and enriched FP training program;
4. Expanded technical support to FP programs;
5. Achieved institutionalized status.

4. SUB-PROJECT IMPLEMENTATION STRATEGY

The RCT approach is consistent with the GOE national development plan and population policy, and also with USAID/Cairo's CDSS. In summary, the RCT's main function for POP/FP III is to further build its capacity and capability as a center for training in family planning and reproductive health, while serving the needs of USAID continuing and graduated POP/FP subprojects and to achieve self-sufficiency by the end of POP/FP III.

RCT recognizes that regional training is important for its longer term self-sufficiency, however at this stage the RCT priority will be given to Egyptian family planning training needs, with participants from A.I.D. - supported projects receiving the highest priority. Private physicians and participants funded by other donor agencies may also be included, although at a lower priority, after RCT completes institutionalization and develops its self-sufficiency plan.

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RCT seeks to achieve self-sufficiency which is defined in the Project Paper as the "ability to attract revenues to cover only operating costs...The self-sufficient organization may still require outside support for capital costs, technical assistance, etc. In general, self-sufficiency is considered to be a more realistic objective than sustainability for the near term for health and family planning services in developing countries"...*"In financial terms, sustainability of any organization or program implies that all costs are covered by a secure source of revenue, including both capital and recurrent costs..."*Project Paper for Population/Family Planning III 263-0227 June 18, 1992 p. 160.

C. **DETAILED DESCRIPTION OF RCT SUB-PROJECT
OBJECTIVES AND ACTIVITIES**

1. **INTRODUCTION**

The purpose of this section is to provide a detailed description of RCT's objectives with respect to each of the five subproject outputs presented above. The narrative information contained here also appears in the form of a 3.25 year time line (see Gantt charts below by subproject output). The RCT logical framework is presented in Appendix A.

2. **OUTPUT PLANNING AND SPECIFICATION OF
OBJECTIVES**

a. **Planning Process**

The Regional Center for Training in Family Planning and Reproductive Health (RCT) will continue to play a prominent role in enabling the GOE, with USAID/Cairo assistance, to provide the training infrastructure necessary to the attainment of the goals of the Egyptian national family planning program.

The RCT formally began working on development of its POP/FP III 3.25 year implementation plan in late November 1993. The period December to present has witnessed some important changes in the Egyptian family planning program, and in USAID POP/FP III programing, which have directly impacted RCT planning for POP/FP III.

At the end of November 1993 RCT's plan called for training approximately 600 professionals at RCT in family planning. With the GOE approval of NORPLANT^R for introduction into the Egyptian program and the development of the January 30, 1994 Implementation Plan for the NORPLANT^R INTRODUCTORY PROGRAM IN EGYPT, the RCT had to conduct an absorptive capacity assessment¹⁰ to determine the extent of the contribution it could make to NORPLANT^R training during the life of the POP/FP III project. RCT determined that it has the capacity and the commitment to be the major training institution for situating NORPLANT^R in the national program.

In addition to increased need for its services driven by the NORPLANT^R program, RCT has worked with the POP/FP III

¹⁰ This assessment was conducted by the RCT starting mid-January 1994 in collaboration with its long term resident specialist. (RCT, *How to Assess the Absorptive Capacity of a Family Planning Training Center*. Cairo: RCT, forthcoming).

USAID-funded family planning subprojects, and the Office of Population, to identify the type, timing, and numbers of persons to be trained in family planning at RCT.

All of the above factors were taken into consideration in developing the detailed plan presented below.

b. Sub-project Objectives and Activities

There are five outputs (end-states) of the RCT subproject. Each is set forth with its accompanying detailed objectives:

OUTPUT 1. IMPROVED MANAGEMENT SYSTEMS

- Objective 1.1** Review during year 1¹¹ and, if necessary, Revise RCT organizational structure and staffing by the end of year one of the subproject to respond to the administrative, technical and support requirements of POP/FP
- 1.1.1 Review/revise RCT job descriptions, policy and procedures manuals, and RCT publications to reflect changes in structure, policy, and operations.
- 1.1.2 Train RCT staff using the revised policies and procedures manuals and establish clear monitoring and reporting mechanisms for compliance.
- Objective 1.2** Develop a formal process for reviewing and acting upon consultant (foreign and local) recommendations and reports, and incorporating these steps into the RCT implementation plans.
- Objective 1.3** Develop a plan for using teamwork approaches and processes within the RCT.
- 1.3.1 Train RCT staff in teamwork approaches and processes;
- 1.3.2 Establish specific work teams with specific responsibilities.

¹¹ The project periods are pre-implementation Oct 93 - March 31, 1994; April 1 - June 30, 1994 Start up year 1 July 1, 1994 - June 30, 1995; year 2 July 1, 1995 - June 30, 1996; year 3 July 1, 1996 - June 30, 1997.

- Objective 1.4** Review and augment the financial and accounting system of the RCT in years one and two of the project.
- 1.4.1 Develop and implement a cost accounting system at RCT so that RCT can handle multiple sources of funding and so that an indirect cost rate can be established.
 - 1.4.2. Use the new chart of accounts and incorporate it into the new automated MIS.
- Objective 1.5** Implement an automated (computerized) management information system by the middle of year two which gives the RCT accurate and timely reporting for decision-making, planning, evaluation, and unit management.
- 1.5.1 Prepare MIS user manuals for all levels of RCT staff
 - 1.5.2 Conduct training for all RCT staff in how to use the MIS to meet their needs.
 - 1.5.3 Introduce computers in all units and all aspects of the center operations over the life of the project.
- Objective 1.6** Establish a meeting mechanism and conduct regular RCT staff meetings and document discussions and decisions made.
- 1.6.1 Conduct a monthly all RCT staff meeting
 - 1.6.2 Hold a weekly RCT management meeting
 - 1.6.3 Have weekly unit staff meetings and weekly Institutionalization Task Force meetings.
- Objective 1.7** Make a staff development plan for the LOP during year one of the project and revise it annually.
- Objective 1.8** Strengthen RCT's planning capability by scheduling regular reviews of its implementation plan, of unit plans, and of funding agency planning and reporting requirements.

OUTPUT 2. ENHANCED UTILIZATION OF RCT'S INFORMATION, PROFESSIONAL EDUCATION, AND CONTINUING EDUCATION (IEC) CAPABILITIES

- Objective 2.1** Develop a plan during year one for expanding the utilization of the OPTEL system as a family planning training tool in Egypt.
- 2.1.1 Implement use of the OPTEL system as a means of providing continuing education to RCT graduates by the end of year two.
- 2.1.2 By the end of year two use the OPTEL as a technical assistance tool for USAID funded projects or projects graduated from USAID.
- Objective 2.2** Produce thirteen (13) editions of the RCT Family Planning Scope (quarterly) over the life of the project and distribute 2000 copies of each issue.
- Objective 2.3** Review the English and Arabic versions of the National Family Planning Guidelines annually and update them as needed in collaboration with the MOH.
- Objective 2.4** Plan the development of the Family Planning pocket Guidelines/Reference in year one.
- 2.4.1. Design and conduct a workshop during year one to plan the development of the "Family Planning Pocket Guidelines/Reference".
- 2.4.2 Develop and disseminate a "Family Planning Pocket Guideline Reference" which includes quality assurance procedures, infection control, and counseling steps in family planning using the RCT publication "National Family Planning guidelines for Egypt and other technical references developed under POP/FP II as a foundation.
- Objective 2.5** Design, develop and produce new packages for the NORPLANT training to be conducted under RCT auspices and update every year as and if needed.
- Objective 2.6** Translate audio visual materials; produce and distribute translated materials.
- Objective 2.7** Develop and thereafter update, and produce an RCT brochure.

OUTPUT 3. ENLARGED AND ENRICHED FP TRAINING PROGRAM

- Objective 3.1** Develop an annual training plan to be approved by the RCT Steering Committee based on the LOP of Project plan proposed in this 3.25 year implementation plan.
- Objective 3.2** Review/revise and update training curricula each year in light of the LOP plan.
- Objective 3.3** Develop new training curricula for the introduction of new courses and/or convert clinical curricula to clinical training curricula.
- Objective 3.4** By May of 1995 review and revise RCT training methodology and thereafter review and revise annually.
- Objective 3.5** Identify and respond to needs for new FP training over the LOP and develop the identification process during year one of the LOP.
- Objective 3.6** Annually review and revise the RCT master training plan presented in Table 3 of this 3.25 year implementation plan based on collaboration with the other subprojects and results of the previous year.
- Objective 3.7^{xx}** Train physicians, nurses, pharmacists and other in FP concepts, technology, techniques, counseling and TOT throughout the LOP. Refer to Table 3 for the numbers and types of persons to be trained, the types of RCT training courses, and the subprojects for which RCT will do the training over the LOP.
- Objective 3.8** Design and conduct NORPLANT^R symposia and workshops in years one and three of the LOP of the RCT sub-project.

OUTPUT 4. EXPANDED TECHNICAL SUPPORT TO FP PROGRAMS

- Objective 4.1** Develop a T.A. plan which is customer-oriented for the LOP; review and revise it every year.
- Objective 4.2** Assess T.A. needs of FP organizations yearly.

- Objective 4.3 Develop a plan to assess and provide T.A. to medical schools and schools of pharmacy based on their needs and requests.
- Objective 4.4 Develop a system for providing Egyptian consultant services from RCT to USAID funded family planning organizations in year one, begin implementation and monitoring in year two.
- Objective 4.5 By the end of year one develop a plan to monitor T.A. and consultant services provided.
- Objective 4.6 By June 1995 develop and implement a plan to publicize the RCT technical assistance capabilities.
- Objective 4.7 Develop a LOP plan to provide technical support for FP training and service delivery to the satellite training centers (STCs) and review and revise the plan during the annual implementation planning process.

OUTPUT 5. ACHIEVED INSTITUTIONAL STATUS

- Objective 5.1 By April 1995 complete a plan for RCT institutionalization.
- Objective 5.2 Develop a self-sufficiency plan for RCT by October 1995.
- Objective 5.3 Establish a task force to study institutionalization alternatives for RCT and implement a weekly task force meeting mechanism to do so.
- Objective 5.4 Institutionalize RCT at Ain Shams by June 1996.
- Objective 5.5 Achieve satisfaction of all conditions of USAID to become certified as a provider of third country training by December 1996.

Refer to the RCT 15 month (April 1, 1994-June 30, 1995) implementation plan submitted under separate cover for Activities associated with each of the objectives that RCT will reach in achievement of its five OUTPUTS.

3. MASTER 3.25 YEARS IMPLEMENTATION PLAN AND SCHEDULE

(please see schedule of Outputs and objectives which begins on the next page.)

OUTPUT (1.0) : Improved Management Systems

OBJECTIVE	1994			1995				1996				1997		Responsibility	
	2	3	4	1	2	3	4	1	2	3	4	1	2	Primary	Secondary
1.1 Review during year 1 or revise if necessary organizational structure and staffing.	x	x	x											Top Management	Unit Heads
1.2 Develop formal process for reviewing and acting upon consultant reports and revise annually.	x	x			x				x					Executive Manager	Units Heads
1.3 Develop a plan for teamwork approaches and process in the RCT and revise annually.				x			x				x			Executive Manager	Unit Heads
1.4 Review and augment the financial and accounting system of RCT in year 1 and follow up in year 2.	x	x	x	x	x	x	x							Fin. & Admin Unit	Project Dir Exec. Mgr
1.5 Implement an automated computerized management information system by the middle of year 2.	x	x	x	x	x									IEC Head	Fin. & Admin Unit Top Mgt.
1.6 Establish a meeting mechanism and conduct regular RCT staff meetings. Pilot the mechanism by the end of year 1 and review and revise annually.	x	x	x				x				x			Top Mgt	all units
1.7 Make a staff development plan for LOP and revise annually.	x	x	x		x				x					Training Unit	all units
1.8 Strengthen RCT's planning capability by conducting regular reviews of its implementation plan, unit plans, and funding agency planning and reporting.			x		x				x					Top Mgt	all units

OUTPUT (2.0) : Enhanced Utilization of RCT's Professional Education Capability

OBJECTIVE	1994			1995				1996				1997		Responsibility	
	2	3	4	1	2	3	4	1	2	3	4	1	2	Primary	Secondary
2.1 Develop a plan during year one for upgrading the utilization of OPTEL.	x	x	x											IEC	Top Mgt
2.2 Produce a quarterly publication - RCT Family Planning Scope.	x	x	x	x	x	x	x	x	x	x	x	x	x	IEC	all units
2.3 Review and revise the National FP Guidelines and update annually.			x			x				x				IEC	all units
2.4 Develop the family planning pocket guidelines/reference and update annually.	x	x	x				x				x			IEC	all units
2.5 Prepare new packages for the Norplant ^R training to be conducted under RCT auspices and update every year as and if needed.	x	x	x	x	x	x	x	x	x	x	x	x	x	IEC	all units
2.6 Translate audio visual material; produce and distribute translated materials.		x	x				x				x			IEC	all units
2.7 Develop and then annually update and produce an RCT brochure.		x	x				x				x			IEC	all units

OUTPUT (3.0) : Enlarged and Enriched FP Training Program

OBJECTIVE	1994			1995				1996				1997		Responsibility	
	2	3	4	1	2	3	4	1	2	3	4	1	2	Primary	Secondary
3.1 Develop an annual training plan to be approved by the Steering Committee.	x	x	x		x ²				x					Training Unit	all units IEC
3.2 Review/revise and update training curricula annually.	x		x	x	x		x	x	x					Training Unit	all units IEC
3.3 Develop new training curricula annually.	x		x				x				x			Training Unit	all units
3.4 Review and revise training methodology annually.			x	x	x			x	x	x				Training Unit	all units
3.5 Identify and respond to needs for new FP training annually.			x		x				x					Training Unit	all units
3.6 Review and revise the RCT master training plan annually.*			x		x				x					Training Unit	all units
3.7 Train physicians, nurses, pharmacists and others in FP concept, techniques, counseling, and TOT.	x	x	x	x	x	x	x	x	x	x	x	x	x	Training Unit	all units
3.8 Design and conduct Norplant ^R symposia or workshops.	x	x	x								x			Training Unit	all units

* refer to Table 3 in this plan for the detailed RCT training plan for the life of the project.

OUTPUT (4.0) : Expanded Technical Support to FP Programs

OBJECTIVE	1994			1995				1996				1997		Responsibility	
	2	3	4	1	2	3	4	1	2	3	4	1	2	Primary	Secondary
4.1 Develop a T.A. annual plan and schedule.	x	x	x		x	x			x	x				T.A. Unit	all units
4.2 Assess T.A. needs of USAID supported FP organizations yearly.		x	x		x				x					T.A. Unit	all units
4.3 Provide T.A. to medical schools and schools of pharmacy based on their needs and requests.			x				x				x			T.A. Unit	all units
4.4 Develop a system for providing Egyptian consultant services to USAID funded family planning organizations in year 1, and implement starting year 2.	x	x	x	x	x	x	x	x	x	x	x	x	x	T.A. Unit	all units
4.5 By the end of year 1 develop a plan to monitor T.A. provided.	x	x	x											T.A. Unit	all units
4.6 By June 1995 develop and implement a plan to publicize the RCT T.A. capabilities.				x	x	x	x							T.A. Unit	IEC
4.7 Develop a LOP plan to provide technical support for FP training and service delivery to the satellite training centers.		x			x	x			x	x				T.A. Unit	all units

OUTPUT (5.0) : Achieved Institutionalized Status

OBJECTIVE	1994			1995				1996				1997		Responsibility	
	2	3	4	1	2	3	4	1	2	3	4	1	2	Primary	Secondary
5.1 Develop a plan (by April 1995) for institutionalization	x	x	x	x	x ²									Top Mgt Exec Mgr	all units
5.2 Develop a self-sufficiency plan for RCT by October 1995.	x	x	x	x	x	x	x							Top Mgt Exec Mgr	Tech. Advisory Committee Task Force
5.3 Establish a task force to study institutionalization alternatives for RCT and implement a task force weekly meeting mechanism throughout the LOP.	x	x	x	x	x	x	x	x	x	x	x	x	x	Project Dir Exec Mgr	Tech. Advisory Committee Task Force
5.4 Institutionalize RCT within Ain Shams University by June 1996.	x	x	x	x	x	x	x	x	x					Steering Committee Top Mgt	Project Dir Exec. Mgr
5.5 Achieve satisfaction of all conditions of USAID/Cairo to become certified as a provider of third country training by December 1996.	x	x	x	x	x	x	x	x	x	x	x			Top Mgt	Tech. Advisory Committee all units

3. Training Plan

RCT staff will continue to need and benefit from targeted participant and in-country training opportunities.

a. Participant Training/Travel to International Conferences

A limited amount of short-term participant training will be available to RCT staff through the I/G&S contract. Among the needs identified by staff during the strategic planning process are: (1) Training methodology, (2) curriculum design, (3) contraceptive technology and (4) contraceptive counseling. **Table 1** shows the Life of sub-project participant (LOP) Training Implementation Plan for the RCT. Training locations and timing will be determined annually.

TABLE 1
 Life of Sub-project (LOP) Participant Training
 Implementation Plan
 (International Participant Training) *
 for RCT

No. of Trainees	Field of Study	Length of Course	Training Location	Year/ Qtr
2	Norplant ^R counseling (1) Infection control (1)	2-6 weeks	tbd*	1995
1	Norplant ^R insertion and removal	2-6 weeks	tbd	1995
1	Training Program Management	2-6 weeks	tbd	1996
4	Preceptorships: one-on-one work with a peer counterpart at US university sites which have training centers offering training in family planning and/or reproductive Health programs. Examples of Preceptorships for RCT are for (IEC, training center management, clinical updates)	2-4 weeks	tbd	1995 and 1996

* The training proposed here is for RCT professional and managerial staff.

Two (2) invitational travel opportunities for RCT are requested for the LOP. These will be identified annually and managed by the I/G&S contractor. The purposes of the two invitational travel opportunities are for RCT to present professional papers at international conferences and to share the RCT experience internationally. Paper topics will be identified at a later date. Such topics as "Situating Norplant in the Egyptian national program: The role of FP clinical training and the RCT" and "Achieving Institutionalization and Self-sufficiency: the RCT case" may be among an RCT proposed list to be developed annually during the implementation planning process.

b. In-Country Training

The proposed in-country training plan proposed for RCT staff development is shown in Table 2 below. (The in-country training plan will be reviewed/revised during the annual implementation plan process).

Table 2
Illustrative Proposed In-country Training Plan for RCT Staff
Over the 3.25 year LOP*

RCT Unit Staff	Field of Study	Duration	Location	Training Provided by
RCT staff	Workshop series: topics to be selected by the RCT workshop task force from the list developed by the LRS.	1-day workshops every other month	RCT	Long-term Resident Specialist
IEC Unit	<ul style="list-style-type: none"> - Computer network maintenance. - C++ - Marketing 	2 months/course 3 months/course 3 months/course	IBM Inter. AUC AUC	TBD
Outpatient Clinic	<ul style="list-style-type: none"> - Computer course: <ul style="list-style-type: none"> - DOS - Advanced WP - DBase - Hysteroscopy - Management - Advanced English 	2 weeks/course 2 weeks/course one month / course one month / course 3 months 2 months	IBM Inter. IBM Inter. IBM Inter. Ain Shams AUC AUC	TBD
Technical Assistance Unit	<ul style="list-style-type: none"> - Management - Business administration - Computer course: <ul style="list-style-type: none"> - Lotus 123 - DBase 	3 months 3 months 2 months 1 month 1 week	AUC AUC IBM IBM IBM	TBD
Training Unit	<ul style="list-style-type: none"> - Computer: DBase - Advanced English - Management 	one month one month one month	IBM AUC AUC	TBD
Administration and Fin. Unit	<ul style="list-style-type: none"> - English - Business Admin. - Computer: DBase 	one month one month one month	AUC AUC AUC	TBD

* Fields of study will be reviewed annually.

C. - RCT Training Plan for Family Planning Projects

The RCT, in line with its stated mission and purpose, will design, conduct, monitor and evaluate clinical FP training under POP/FP III. During the 3.25 years of its sub-project, the RCT plans to train 1,800 family planning service providers and/or FP trainers. The RCT is the pivotal institution to conduct Norplant³ training as this new technology is introduced into the Egyptian family planning program.

A variety of professionals will be trained under RCT auspices over the life of the sub-project including physicians, nurses, pharmacists, social workers, and other service providers. Table 3 below presents the details of the RCT training plan proposed for the LOP by course, institution, recipient, and course length. The RCT plan is based on the POP/FP III Project Master Training Plan. Course sizes are generally between 10 and 12 participants.

Table 3

RCT Training Plan For Family Planning Projects

Course	Course Length	LOP Year	SDP	THO	CSI	Other	Subtotal of # Trained	LOP Total Trained
FP TOT for Physicians, nurses	4 wks	YR 1 30	30				30	90
		YR 2 48	48				48	
		YR 3 12				12	12	
Management of Training Programs for Physicians and Nurses	2 wks	YR 1 30	30				30	60
		YR 2 20				20	20	
		YR 3 10				10	10	
FP Concepts, Contraceptives, and Contraceptive side-effects for pharmacists	1 wk	YR 1 60	30			30	60	80
		YR 2 20	20				20	
		YR 3 ---					---	
Norplant ^R for Ob/Gyn Physician Service Providers	1 wk	YR 1 58	20	20		18	58	540
		YR 2 162	142	20			162	
		YR 3 320	320				320	
Norplant ^R Counseling (nurses & social workers)	1 wk	YR 1 87	47	40			87	572
		YR 2 245	245				245	
		YR 3 240	240				240	

Course	Course Length	LOP Year	SDP	THO	CSI	Other	Subtotal of # Trained	LOP Total Trained
TOT for FP Counselors (Nurses)	1 wk	YR 1 16	16				16	48
		YR 2 16	16				16	
		YR 3 16	16				16	
TOT for multi scope workers	1 wk	YR 1 35			35		35	60
		YR 2 15			15		15	
		YR 3 10			10		10	
Scholarship Programs +Tailored Courses- USAID graduated programs and other	Based on request	YR 1 30				30	30	50
		YR 2 10				10	10	
		YR 3 10				10	10	
Ob/Gyn Specialist contraceptive technology	2 wks	YR 1 100	100				100	300
		YR 2 100	100				100	
		YR 3 100	100				100	
Grand Total RGT Training for FP Projects		YR 1 446	273	60	35	78	446	1,800
		YR 2 636	571	20	15	30	636	
		YR 3 718	676	---	10	32	718	

4. Commodity Procurement Plan

4. RCT Commodity Procurement Plan

COMMODITY PROCUREMENT JUSTIFICATION FOR THE RCT

a. Computer Hardware, Software and Supplies

Evaluations of RCT and consultant recommendations made during POP/FP II highlighted the importance of improving RCT's computer infrastructure. USAID's I/G&S Contract shows that the I/G&S contractor should procure 16 computer packages for the RCT. Of these three (3) will be paid out of the POP II funds and so are not included in the POP III RCT subproject budget. (Computer packages are defined by the I/G&S commodity procurement plan to mean computers, monitors, printers, software, peripherals, cables, surge protectors, spare parts, and supplies.)

Of the computer packages to be procured for RCT three will be used to complete the LAN set-up that RCT has already developed.

In addition, RCT has developed a tentative plan based on its proposed training load (see Table 3 of this implementation plan) and the RCT absorptive capacity assessment conducted in January 1994 to use ten additional computer packages. The tentative plan is to use the ten (10) computer packages for training, finance and administration, clinical services, and technical assistance based on actual computers needs after the LAN is fully operational. The plan and computer specifications presented below will be reviewed periodically to ensure that the commodities are used efficiently and effectively over the life of the project.

All computer software procured under the I/G&S contract should include tutorial software so that all RCT staff can train themselves on the use of the packages procured for RCT. Additionally, RCT's in-country training plan for staff development includes opportunities for computer software training, (see Table 2).

RCT, as the host country institutional grantee is directly responsible for receiving, maintaining, and repairing the equipment, and for computer and data security (including guarding against fraud and abuse of hardware and software, infringement of copyright and so forth). RCT is also responsible for any and all reporting to the I/G&S contractor and to USAID about the computer equipment, supplies, and software procured for RCT. Moreover, RCT will designate persons responsible for the above functions.

The following are the major program areas that require computerization:

1. Completion of LAN - To complete computer requirements for the LAN there is a need for three additional PCs.

2. MIS / Reporting requirements - In compliance with internal and project reporting requirements providing timely access to information for the purpose of decision-making and reporting will be greatly enhanced by upgraded computer capability throughout the RCT (i.e., all units and all staff).

3. Training Needs - In addition to the three units needed to complete the LAN programmed under POP II, during a review of RCTs training equipment needs, it was determined that there will be a need for at least two computers for each of the two training rooms. Therefore, it is proposed that a total of 4 computers be procured for training activities.

RCT's purpose is clinical training in family planning. Training requires different methodologies and tools than does the traditional teaching mode. In training the emphasis is on participation. An integral part of planning training sessions is to use tools which involve as many senses as possible to reinforce the learning experience. In the world of today, computers are recognized as an essential training room learning tool.

These training computers will be used extensively for various aspects of the training, including but not limited, to the following:

- * The computers will be used by the trainers as an interactive audiovisual training tool;
- * The trainers will also use the training room computers to do on-the-spot development of exercises for training sessions and for feedback to trainees.
- * Trainees will utilize these computers in their group work for developing training plans in the training management courses.
- * Trainees will use the computers in the training rooms during their small group sessions and in preparation of small group reporting.

4. Data Base Management - RCT requires the computer capability to generate a wide variety of reports from multiple data bases. Basic needs include: data entry, analysis and reporting.

5. Finance and Administration - As the program becomes more complex in its scope and in its administrative requirements, computerized accounting becomes essential. Functions that require computerization include: accounting, budgeting, and

financial management reporting.

6. Technical Assistance - RCT provides technical assistance to various USAID projects around the country. Hence, RCT requires the computer capability to input data, write reports, produce training materials, and produce other documents, especially when on the road doing follow-up visits to graduated trainees, when visiting RCT clients to conduct training needs assessment and/or to revise training and technical assistance proposals on site. There is, therefore, a need for a minimum of 2 computer laptop or notebook packages.

Information provided by RCT indicates that RCT's current inventory consists of 4 computers and 2 printers. In addition 3 computers and 2 laser printers are pending from POP II.

The specifications for the remaining computer packages to be procured by the I/G&S contractor for RCT are as follows:

Complete LAN:

- * Three (3) PCs (to complete the LAN) with the following specifications:
 - 486DX/33 Megahertz
 - System Includes:
 - 25KCache, Desktop Case,
 - 8MB 70ns RAM, 2 floppy (5 1/4 & 3 1/2) drives
 - VESA Local Bus IDE/IO Card, 125 MB Hard Disk
 - 101 Keyboard, 1MB VESA Local Bus Video Card (Arabic & English keyboards),
 - 14" .28 SVGA Monitor
 - Surge Protector, DOS/Windows/Mouse/Pad
 - Estimated price CIF Cairo: US\$1,950/ea.
- * One (1) tape drive for backup at an estimated price of US\$2,000.
- * Spare components/parts (2 monitors, 4 keyboards, 2 printer motherboards @ an estimated price of \$2,500
- * Four (4) UPSs at an estimated price of \$350 ea.
- * Dust covers for printers, keyboards, monitors and CPUs
- * Printer Cartridges - supply for all printers for LOP Black and White and for three printers also color

Tentative Plan:

- * Four (4) PCs (for finance and administration, data base management and clinical services) to be installed after the LAN is working with the following specifications:

486DX/50VESA Local Bus Computer
System Includes:
256K Cache, Desktop Case
8-16MB 70ns RAM (exp. to 64MB), 2 floppy (5 1/4 & 3 1/2) drives
VESA Local Bus IDE/IO Card, 210MB to 340MB Hard Disk
101 Keyboard, 1MB VESA Local Bus Video Card, (Arabic & English keyboards)
14" .28 SVGA Monitor
Surge Protector, DOS/Windows/Mouse/Pad
Estimated price CIF Cairo: US\$2,300/ea.

- * Four (4) PCs (for training) with the following specifications:

486 DX 33 megahertz
System Includes:
25K Cache, Desktop Case

8 MB 70ns RAM (exp. to 64MB), 2 floppy drives (5 1/4" & 3 1/2")
VESA Local Bus IDE/IO Card, 125MB Hard Disk
101 Keyboard, 1MB VESA Local Bus Video Card, Arabic & English keyboards
14" .28 SVGA Monitor
Surge Protector, DOS/Windows/Mouse/Pad
Estimated price CIF Cairo: US\$1,920/ea.

- * Two (2) Laptops (for RCT field technical assistance), one for immediate delivery, with the following specifications:

486DX 30-50 Megahertz
8MB RAM
125 MB Hard Drive
Universal power modeules
Graphic & Color monitors
Extra batteries for ea.
DOS/Windows/Mouse/Pad
Carrying Case

- * Eight (8) Laser Printers - 2 for clinical services;
4 printers with a minimum of 4MB memory; at an estimated unit price of \$1,500 ea.

- * Two (2) Laptop Printers, (one for immediate delivery), at an

estimated price of \$350 each.

* Scanners - 4 scanners (for data entry, data base management, and curriculum development and revision, updating publications and reports). Two of the 4 scanners should be delivered as soon as possible.

* SOFTWARE as follows:

- . Financial Management Package (TBD)
- . Ten (ten) WordPerfect (English/Arabic)
- . Ten (10) Utility Programs
- . Ten (10) Lotus Spreadsheet programs
- . Three (3) dBASE packages
- . Two (2) Laplink packages
- . Two (2) SurveyMate packages
- . Three (3) EPIInfo packages
- . Three (3) EPIMAP packages
- . Harvard Graphics (10)
- . Print Shop Deluxe - Education

Because of the need for staff to prepare themselves to use the computers efficiently and effectively and because of the large numbers of trainees scheduled for entry into RCT courses it is highly recommended that the computer packages and software be procured by the I/G&S contractor as soon after the start of the project as possible so that the computer packages will arrive in-country early in the first year of the project. USAID's Project Management Specialist for RCT recommends that these commodities be introduced in stages with the first stage being immediate introduction of the 3 packages required to complete the LAN.

b. TRAINING EQUIPMENT

The RCT is the major clinical FP training resource in Egypt's POP III project. As such it requires the tools necessary to accomplishment of its objectives.

In order to fulfill its training obligations RCT will need a system that allows RCT to make and edit its own videos for:

- . Training of participants
- . Staff development
- . In-house production of RCT marketing videos.

Training equipment requirements also include photocopying capability and ready access. A review by the contractor of RCTs equipment showed that RCT has two old photocopy machines which are used by all departments and which will need to be replaced.

The training load of 1,800 participants over the life of the project drives the need for photocopying capability dedicated to

the production and implementation of training courses. With these needs in mind, RCT requests the purchase of one large multi-function xerox photocopier which has collating and stapling capabilities as well as the ability to have accounting codes programmed by user or cost center.

The I/G&S contractor is also scheduled to purchase a quantity of training videos and accompanying workbooks for RCT. A detailed list has been developed by the contractor and will be updated annually. The collection includes clinical videos and videos for staff and RCT center development.

Training activities for which materials and equipment will be required include:

- . TOT for Family Planning Clinical Trainers
- . TOT for Family Planning Counselors
- . OB/GYN specialist family planning and reproductive health training
- . Physician family planning service provider training
- . Nurse family planning clinical training
- . Pharmacist family planning training
- . Social workers/Nurses/Physicians/other health personnel NORPLANT counseling training.
- . Training for all cadres in all contraceptive methods including but not necessarily limited to:
 - .. IUD insertion and removal
 - .. NORPLANT insertion and removal
 - .. Injectables
 - .. Orals
 - .. Barrier Methods
 - .. Reproductive Health

The following specifications pertain to the training equipment and materials for RCT to be procured under the I/G&S contractor:

Specifications for Training Equipment:

- * One (1) Photocopy Machine at an estimated cost of \$33,250 (Xerox)
(Refer to I/G&S contractor reports for more details)
- * MEDIA SUITE PRO™ 2.0 system - The system is the first all digital desktop video system that produces finished video with professional quality images. The system requirements are Mackintosh Quadra 900,950 or higher 16 MB RAM, One Avid-approved 2 or 3 GB disk (5400 RPM, one multi-sync color monitor, pair of external speakers, CD-ROM drives, software, video, compression and audio boards, Sc51-2 disk controller, molded cable harness with S-VHS composite inputs and outputs, complete user documentation, video tutorial

and installation guide, Project-selectable 30 and 60 field resolution, EDL output. All servicing information, extra spare parts, supply of video tapes, dust covers, cleaning and maintenance supplies. The system is produced by AVID technology in the USA.

Estimated Price CIF Cairo: US\$ 25,000

* Training Models:

. NORPLANT ARMS*	70
. Pelvic Models*	24

* Training Videos and accompanying workbooks:

NORPLANT VIDEOS	10
Other FP Videos	10
Training Posters	16
FP Clinical and other	
Training videos with workbooks	24*
*includes videos and 50 accompanying workbooks with each video set	

Lists of videos, workbooks and other materials for training were prepared and submitted to the I/G&S Commodity Procurement Officer.

c. Contraceptive Training Requirements

RCT lacks supplies of contraceptives for the purpose of training. There should be a large stock of EVERY type of contraceptive used in the world today whether or not it is currently used in Egypt. This is a category that is separate from contraceptive commodities for client use. During the life of the project RCT estimates that it will be training 1,800 persons. Much of this training is going to be on family planning contraceptive technology. Hence, for training purposes, RCT needs to stock quantities of each type of contraceptive.

Contraceptives available in country come from the USAID and UNFPA so these will be obtained in country. Injectables and NORPLANT will be obtained from EPTC (see UNFPA new revenue agreement).

For those contraceptives not already in Egypt, the I/G&S contractor can procure amounts of such contraceptives needed for demonstration and training purposes but must only procure USFDA approved methods.

Table 4 below presents a summary of commodity procurement needs for the project by item and type of currency which will be used to purchase the item (i.e., local currency or US\$).

Table 4
RCT Anticipated Commodity Procurement Requirements

Item	Currency LE *	US\$ **
Computers		
Computer Packages (13 @ a maximum of \$9,650 each package)	-	\$125,450
Total Computer Packages		\$125,450
Training Equipment		
. Photocopy Machine Xerox @ 33,250		33,250
. Media Suite Pro™ 2.0 System- USA- AVID technology - USA		11,750
. NORPLANT ^R Models (training models-large) (70 @ \$192.50 ea)		13,475
. NORPLANT ^R ARMS-small (70 @ \$13 ea)		910
. Pelvic models- (24 @ \$495 ea)		11,880
. Motivational Training Posters		1,100
. Videos and Workbooks	-	36,135
. Laser Pointers (3 @ 335LE each)	1,005	-
. Slide Maker (1)	6,000	-
. Books, journals for technical library	9,000	-
Contraceptives for Training and Demonstration	-	1,500
Total Training Equipment	16,005LE	\$110,000
Other Equipment & Furniture:		
. Electric typewriter (English/Arabic)	LE3,200	-
. Electric Calculators (3 @ 200LE ea)	600	-
. Tables/desks (2 @ 500LE ea)	1,000	-
. Chairs (2 @200 ea)	400	-
. File Cabinets (2 @ LE500 each)	1,000	-
. Color Data Show	15,000	-
. Shelves and cupboards	2,000	-
. One 5-shelf bookshelf	500	-
. Fax autoswitches	300	-
Total Other E&F	24,000LE	-

* Local procurement through PIL

** Under I/G&S Contract

5. Technical Assistance Plan

The RCT will require local and foreign technical assistance. Local TA will be needed for STCs and other USAID/Cairo-supported FP projects and activities. Egyptian TA will be utilized when available, with a more limited amount of foreign TA anticipated. Foreign TA will be provided through the I/G&S contractor and thus its cost is not shown in the RCT budget.

TA needs will be reviewed at least annually and incorporated into each year's Implementation Plan. When satisfied with TA services received, the RCT and I/G&S contractor will attempt to utilize these same consultants for any necessary follow-up in order to benefit from continuity and the consultant's cumulative knowledge of the RCT.

The RCT will select and directly procure the services of Egyptian consultants, while the I/G&S will obtain USAID/Cairo (in addition to RCT) approval for foreign consultants. Tables 5 and 6 show estimated types and levels of effort requirements for foreign and local TA, respectively, to the RCT.

The local T.A. shown in Table 6 is illustrative for the LOP. A detailed local T.A. plan for RCT and other USAID supported sub-projects will be developed annually.

TABLE 5

ILLUSTRATIVE SHORT-TERM FOREIGN TECHNICAL ASSISTANCE

LEVEL OF EFFORT (P/M) **					
TYPE*	TOTAL	PRE-IMP	YEAR		
			1	2	3
<u>Training MGT</u>					
- Cost Accounting	2		1	1	
- MIS	1		1		
- Marketing of Training Services	1		1		
- Training Center Mgt	2		2		
<u>Training Methodology</u>					
- Curriculum Design/Review	3		1	2	
<u>Clinical Updates</u>					
- Norplant curriculum conversion	1		1		
- Other clinical updates	2			2	
Total	12		7	5	-

* The type and timing of the short-term foreign technical assistance are subject to modification. Table 5 is the plan approved by RCT during its work with the PPC Consortium members, (refer to Consortium Report of February 8, 1994).

** P/M = Person months; Twenty-two person days per person month.

TABLE 6
ILLUSTRATIVE SHORT-TERM TECHNICAL ASSISTANCE PLAN FOR RCT, STC'S
AND USAID SUB-PROJECTSS (LOCAL)

Type of Technical Assistance*	Level of Effort P/M				
	Total	93-94	94-95	95-96	96-97
1- Family Planning/ Contraceptive Tech. and Clinical Methods	20	2	6	6	6
2- Curriculum Revision & Development	13	1	4	4	4
3- MIS/LAN Design	8	2	4	1	1
4- Marketing	13	1	4	4	4
5- Management/ Planning and Cost Recovery	13	1	4	4	4
6- Other Local TA (tbd)	13	1	4	4	-4
TOTAL	80	8	26	23	23

* These categories of TA are subject to revision.

D. SUB-PROJECT MANAGEMENT PLAN/INFRASTRUCTURE

1. Structure

The RCT Director will continue to serve as the overall authority responsible for project management and implementation. He has overall responsibility for planning, directing and evaluating RCT operations. The Executive Manager is responsible for the daily operations of the RCT, including direct supervision of the unit heads and liaison with the I/G&S contractor. The Executive Manager will be the counterpart for the long-term Training Management Advisor from the I/G&S contractor. The Long-Term Training Management Advisor will serve as the principal point of contact between the RCT and the I/G&S contractor.

Management of project implementation will be based upon annual Project Implementation Plans and budgets, which RCT will prepare in accordance with USAID approved formats and requirements as specified in the Project Implementation Letter.

As shown in the RCT Organizational Chart, the RCT will retain two advisory bodies. The RCT Executive Board is renamed the Steering Committee and the Technical Advisory Board is renamed the Technical Advisory Committee. The detailed functions and composition of these bodies will be reviewed annually and revised as necessary.

Units and Functions

The RCT exists to provide high quality clinical family planning training. Its organizational structure appears in Figure 2, (see next page).

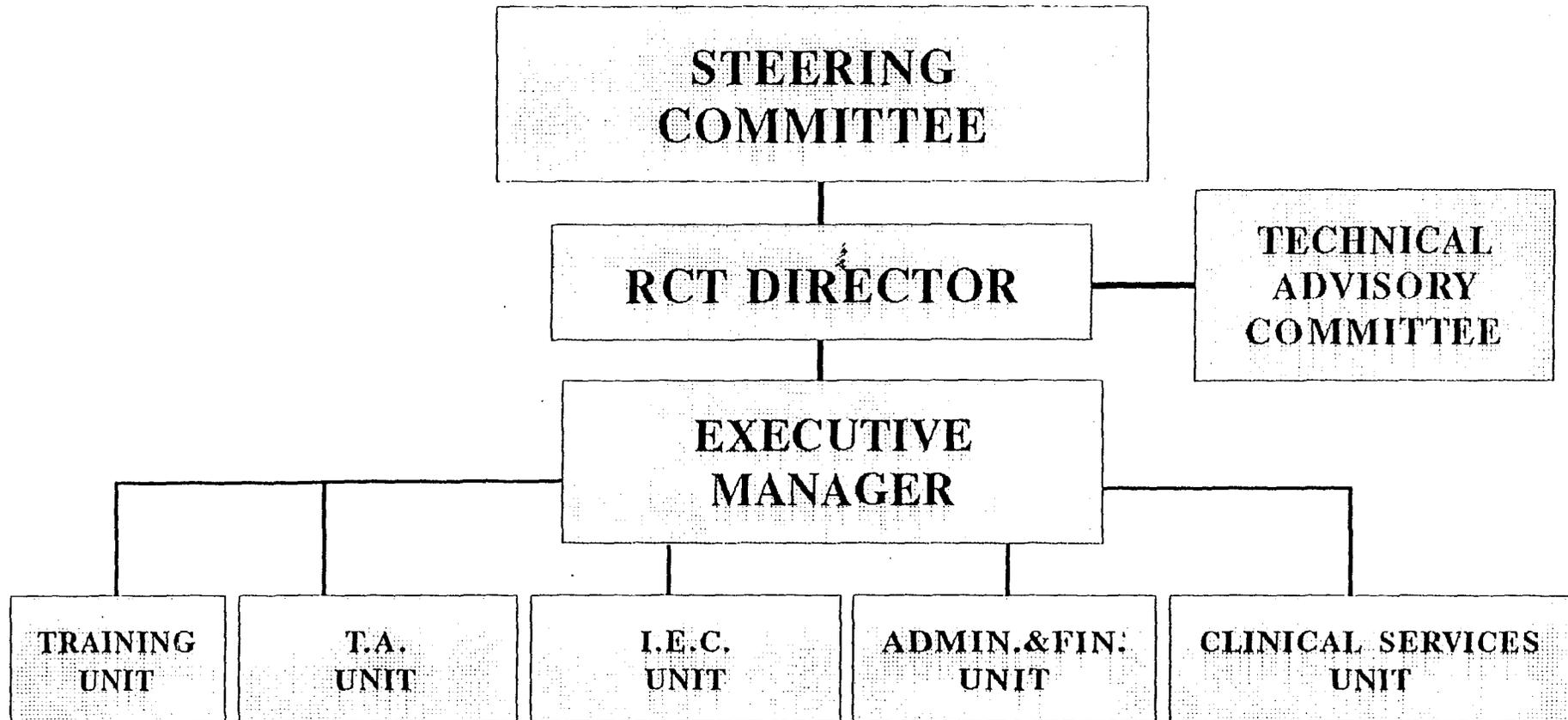
As a result of the transfer of responsibility for the STCs back to their parent organizations, the RCT has eliminated the STC Unit, reducing the number of units from six to five. Refer to Appendix E for RCT position descriptions.

2. Coordination/Collaboration with Other Agencies

The Letter of Agreement for implementation of the RCT subproject is, as previously, between the National Population Council (for the GOE) and Aïn Shams University (for the RCT). The NPC is mandated to serve as the principal policy, planning and coordination body for the GOE's population program.

As one of eight subprojects within the POP/FP III Project, the RCT will be expected to provide varying degrees of services to other subprojects. The RCT's primary purpose and obligation is to meet the training needs of the other subprojects and, to a lesser extent, to former subprojects which USAID graduated under POP/FP II or which may be graduated during the life of POP/FP III by USAID.

RCT STRUCTURE



TRAINING UNIT
 Head of unit
 Physician Trainer
 Physician Trainer
 Nurse Trainer

T.A. UNIT
 Head of unit
 Physician Trainer
 Physician Trainer

I.E.C. UNIT
 Head of unit
 Communication Officer
 Computer Operator

ADMIN.&FIN. UNIT
 Head of unit
 Chief Accountant
 Administrative Ass.
 Administrative Ass.
 Internal Auditor
 Accountant
 Executive Secretary
 Secretary (4)
 Storekeeper
 Janitors (2)

CLINICAL SERVICES UNIT
 Head of unit
 Physician Trainer
 Physician Trainer
 Nurse Trainer
 Nurse (4)
 Clinic Secretary (2)

EXECUTIVE MANAGER

Osama Refaat

DR. OSAMA REFAAT

PROJECT DIRECTOR

R. Ammar

DR. ROUSHDI AMMAR

OS

C. EVALUATION

The RCT subproject will be part of the larger POP/FP III evaluation plan. This will include a formative interim evaluation after 18 to 24 months of implementation and a final evaluation toward the end of the contract period. The interim evaluation will provide guidance for any needed modifications to the project design. It will focus on the critical points of: relevance, efficiency, service delivery, IEC, institutionalization and self-sufficiency.

The final evaluation will examine, in addition to the points covered in the interim evaluation, lessons learned over the LOP and future priorities for activities and funding by the GOE and USAID/Cairo.

Specialized evaluations or assessments of individual project components may be conducted by RCT staff or consultants in response to identified needs.

D. AUDITS

Consistent with project requirements for all implementing agencies, the RCT will have either a financial audit or assessment every year of the project.

IV. USAID CONDITIONS AND APPROVALS

A. CONDITIONS PRECEDENT

1. Contraceptive Commodities

Not required for RCT.

2. Overall LOP Implementation Plans

Prior to disbursement of Project funds for the implementation of subproject activities under the Project Implementation letter (PIL), with an implementing agency, each implementing agency, with assistance provided by the I/G&S contractor, must develop an overall LOP Implementation Plan for the entire grant period, with a Detailed Implementation Plan for the first year. This LOP Implementation Plan will include a detailed equipment procurement plan supported by the necessary specifications. No commodities will be procured under a subproject until USAID approves its Commodity Procurement Plan, unless A.I.D. agrees otherwise in writing. The LOP Implementation Plan will also include participant and in-country training plans for the relevant subproject in accordance with Mission Order 10-1. No training will be carried out under a subproject until USAID/Cairo approves its training plan, unless USAID/Cairo agrees otherwise in writing.

USAID Reporting Schedule - April 1, 1994 - June 30, 1997

Activity	1994										1995											
	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	
1. Monthly Expenditure Reports	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
2. Quarterly Service Statistic Report		for Jan-Mar			for Apr-June			for Jul-Sept			for Oct-Dec			for Jan-Mar			for Apr-June			for Jul-Sept		
3. Quarterly Training Statistic Report		for Jan-Mar			for Apr-June			for Jul-Sept			for Oct-Dec			for Jan-Mar			for Apr-June			for Jul-Sept		
4. Quarterly Revenue Reports		for Jan-Mar			for Apr-June			for Jul-Sept			for Oct-Dec			for Jan-Mar			for Apr-June			for Jul-Sept		
5. Quarterly Progress Reports		for Jan-Mar			for Apr-June			for Jul-Sept			for Oct-Dec			for Jan-Mar			for Apr-June			for Jul-Sept		
6. Semi-annual Commodity Reports					for Jan-June						for Jul-Dec						for Jan-June					
7. Annual Implementation Plan														for July'95- June'96								
8. Annual Host Country Contribution Report					for GOE FY'93-94												for GOE FY84-95					

USAID Reporting Schedule – April 1, 1994 – June 30, 1997

Activity	1996												1997							
	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.
1. Monthly Expenditure Reports	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
2. Quarterly Service Statistic Report		for Oct-Dec			for Jan-Mar			for Apr-June			for Jul-Sept			for Oct-Dec			for Jan-Mar		for Apr-June	
3. Quarterly Training Statistic Report		for Oct-Dec			for Jan-Mar			for Apr-June			for Jul-Sept			for Oct-Dec			for Jan-Mar		for Apr-June	
4. Quarterly Revenue Reports		for Oct-Dec			for Jan-Mar			for Apr-June			for Jul-Sept			for Oct-Dec			for Jan-Mar		for Apr-June	
5. Quarterly Progress Reports		for Oct-Dec			for Jan-Mar			for Apr-June			for Jul-Sept			for Oct-Dec			for Jan-Mar		for Apr-June	
6. Semi-annual Commodity Reports		for Jul-Dec						for Jan-June						for Jul-Dec					for Jan-June	
7. Annual Implementation Plan					for July '96- June '97														for FY96-97	
8. Annual Host Country Contribution Report								for GOE FY95-96												

3. Subsequent Detailed Implementation Plans

Prior to each subsequent year's disbursement of sub-project funds, RCT, with assistance from the I/G&S contractor, will develop a Detailed Annual Implementation Plan for that year's activities, for USAID/Cairo's approval.

4. GOE Premium Pay

Prior to each year's disbursement of sub-project funds, the implementing agency will present evidence, satisfactory to USAID, that the GOE has made available, through its resources, funds to cover normal GOE premium pay (AGR-IDAFI) for the relevant implementing agency management and technical staff (central, governorate, and district level as appropriate) in order to provide for smooth implementation of the family planning subprojects.

B. REQUIRED APPROVALS

USAID/Cairo approvals which are required prior to actions or decisions being taken by the RCT subproject include the following:

1. Changes in the appointment of the key RCT Project personnel and RCT organizational structure.
2. Annual Project Implementation Plans and Budgets.
3. Host country procurement actions requiring USAID approvals according to standard A.I.D. regulations.
4. Shifts in project budget line items exceeding 15%.
5. The initiation of new or discontinuation of existing training programs for specific categories of FP workers.
6. The receipt and use of revenues earned from trainee tuition fees, sale of training materials and aids, and technical assistance fees per the Draft Revenue Agreement attached as Appendix D.

APPENDIX A
LOGICAL FRAMEWORK

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POP/FP III Project # 263-0227
 Regional Center for Training in Family Planning and Reproductive Health
 Logical Framework

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>GOAL</p> <p>To assist the Government of Egypt in achieving the goal of lower fertility.</p>	<p style="text-align: center;">§ 2</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. Age at first marriage remains constant or rises due to greater adherence to law. 2. Breast feeding practice (extent, duration and prevalence remains constant. 3. Socio-political and economic conditions continue to favor lower fertility.
<p>PURPOSE OF THE RCT SUB-PROJECT</p> <p>To increase the level and effectiveness of contraceptive use among married couples through provision of high quality clinical family planning training.</p>	<p>Increase in the # of physicians, nurses, pharmacists and FP service providers trained in FP at RCT from 581 in the period 1988-1993 to 1800 by July 1997.</p>	<p>RCT implementation plans RCT and subproject statistics Evaluation reports</p>	<ol style="list-style-type: none"> 1. Population and family planning remain a high priority for GOE. 2. Continued GOE and USAID support. 3. Political unrest diminishes

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>OUTPUT I</p> <p>Improved Management Systems</p>	<ol style="list-style-type: none"> 1. Revised organizational structure and staffing. 2. RCT restructured and staffed to respond to the administrative, technical and support requirements of POP/FP III, to address evolving needs of Egypt's national family planning program and to ensure the RCT's long-term sustainability. 3. Procedures manuals, job descriptions, publications and brochures, and training materials prepared, reviewed and revised to reflect changes in structure, policy and operations. 	<ol style="list-style-type: none"> 1. Changes in structure and staffing; progress reports 2. Examination of relevant documents. 3. Minutes of meetings with NPC. 4. Manuals & Job descriptions 	<ol style="list-style-type: none"> 1. Population and family planning remain a high priority for GOE. 2. Continued GOE and USAID support. 3. Political unrest diminishes

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>OUTPUT I (cont'd)</p>	<p>4. Approaches and processes for teamwork and strategic planning institutionalized within the RCT.</p> <p>5. Strategic and implementation plans periodically reviewed and revised.</p> <p>6. New chart of accounts adopted, revised, and installed as part of the new automated MIS; system used to implement cost accounting.</p> <p>7. Automated MIS and Local Area Network (LAN) implemented to provide the RCT with accurate and timely data for purposes of decision-making, planning, evaluation and better management of training operations.</p> <p>8. Manual for the new MIS prepared and training conducted for all levels of RCT staff appropriate to their job descriptions.</p> <p>9. Job descriptions reviewed and revised in accordance with restructuring, installation of MIS and requirements of POP/FP III.</p> <p>10. Staff development plan prepared for all professional and support staff, which would include staff workshops, participant training outside Egypt, and consultation from local and foreign specialists in targeted areas.</p> <p>11. A formal process established for reviewing and acting upon consultant recommendations and reports, and incorporating these steps into implementation plans.</p> <p>12. Implementation plans monitored and evaluated; reporting requirements met.</p>	<p>4. Progress reports, meeting minutes.</p> <p>5. Revised plans, meeting minutes.</p> <p>6. Chart of accounts; cost accounting reports.</p> <p>7. MIS reports; progress reports and subproject evaluations.</p> <p>8. MIS manual; training records.</p> <p>9. Job descriptions.</p> <p>10. Staff development plan(s); progress reports.</p> <p>11. Documentation of process; progress reports.</p> <p>12. Meeting minutes, progress reports.</p>	<p>4. Funding and TA for MIS.</p> <p>5. Funding and TA for MIS.</p>

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>OUTPUT II</p> <p>Enhanced Utilization of RCT Professional Education Capability</p>	<ol style="list-style-type: none"> 1. Increased utilization of OPTEL. 2. Up-to-date family planning information developed, produced and disseminated. 3. English and Arabic versions of National Family Planning Guidelines reviewed and revised. 4. 13 editions (quarterly) of the RCT Family Planning SCOPE produced and 2,000 copies of each one disseminated. 5. Workshop conducted to plan the development of the "Family Planning Pocket Guidelines/ Reference." 6. "Family Planning Pocket Guidelines/Reference" developed and broadly disseminated, including quality assurance procedures, infection control and counseling steps in family planning, using the NFPG as a foundation. 7. Use of OPTEL system and other innovative approaches explored to expand mix of training materials available. 8. Videos translated into Arabic. 	<ol style="list-style-type: none"> 1. Reports of OPTEL usage 2. Revised NFPG. 3. Copies of SCOPE; distrib. records. 4. Workshop report. 5. Copy of pocket reference; distrib. records. 6. Progress reports, meeting minutes. 7. Copies of translated videos 	<ol style="list-style-type: none"> 1. NPC involved. 2. Client demand maintained. 3. GOE and USAID support.
<p>OUTPUT III</p> <p>Expanded and Enriched FP Training Program.</p>	<ol style="list-style-type: none"> 1. Existing curricula packages and training methodologies reviewed and revised. 2. Value of current curricula assessed during the first year of POP/FP III by surveying alumni; results incorporated into second year curricula. 3. Content and methodology of training evaluated; general RCT approaches adopted by the RCT for quality assurance, contraceptive technology and counseling, including assessment of the standards of graduated, reviewed. 	<ol style="list-style-type: none"> 1. Report of RCT alumni workshop; trip reports. 2. Field visits; trip reports from on-the-job training; consultant reports. 3. Meeting minutes. 4. Reports 	<p>Continued GOE and USAID support;</p> <p>Commodities, training materials and foreign and local short-term TA delivered.</p>

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
	<p>4. New curricula packages developed to respond to identified course needs.</p> <p>5. Quarterly meetings held with the MOH, MOSA, and other groups who receive graduates from the RCT, to discuss curriculum content, criteria and numbers for admission; training needs defined for the future 12 months.</p> <p>6. Annual workshop held with RCT graduates to assess relevance of RCT courses and provide a forum for sharing experiences and continuing education.</p> <p>7. Curricula designed for USAID scholarship new/tailored courses as requested.</p> <p>8. Physicians, nurses, pharmacists and others trained in family planning concepts, techniques, supervision and training of trainers.</p> <p>9. Training courses completed as per LOP RCT training plan for FP projects.</p>	<p>4. Workshop report.</p> <p>5. New curricula.</p> <p>6. Course records, progress reports.</p> <p>7. Progress reports, program changes.</p> <p>8. Syllabus</p> <p>9. Course records; participant evaluations; progress reports</p>	<p>Continued GOE and USAID support;</p> <p>Commodities, training materials and foreign and local short-term TA delivered.</p> <p>Continued GOE and USAID support;</p> <p>Commodities, training materials and foreign and local short-term TA delivered.</p>

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>OUTPUT IV</p> <p>Expanded Technical Support</p>	<ol style="list-style-type: none"> 1. Support provided for family planning training and service delivery at satellite training centers. 2. Relationships maintained between STCs (or groups of STCs) and the RCT following the shifting of STCs back to the control of their parent organizations. 3. TA support provided to 15 STCs. 4. TA visits made to STCs in the areas of clinical services and clinic management. 5. Linkages between the automated MIS of the RCT and the computers at the STCs established as and only if needed. 6. Capability developed and Egyptian technical consultation services provided to national and regional family planning organizations. 7. Automated system for mobilizing and overseeing the use of Egyptian technical consultants set up. 8. Availability of RCT consultant services publicized to potential clients. 9. TA services to appropriate organizations provided, monitored and evaluated. 10. TA provided to (1) medical schools to develop a population science and FP unit as an important component of the medical school curriculum, and (2) pharmacy schools to develop a unit on contraceptive use and client information for the pharmacy curriculum. 11. A national contraceptive technology update conference planned and implemented annually. 	<ol style="list-style-type: none"> 1. Trip and TA field visit reports. 2. Field visit reports, progress reports. 3. T.A. reports, progress reports. 4. T.A. reports 5. System reports; consultant records. 6. Workshop report/ brochures. 7. TA Unit & progress reports. 8. Meeting minutes; new curricula and courses; progress reports. 9. Workshop report. 10. Conference report. 11. Progress reports, new course curricula, meeting minutes. 	<ol style="list-style-type: none"> 1. Demand for support from STCs. 2. GOE and STC support. 3. GOE and USAID support. 4. GOE, STC and USAID support. 5. Political unrest diminished to permit travel. 6. Support from GOE and USAID. 7. USAID support. 8. USAID agreement. 9. USAID agreement. 10. Support from medical schools and Schools of Pharmacy. 11. GOE and USAID continued support.

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>OUTPUT V</p> <p>Achieved Institutionalized Status.</p>	<ol style="list-style-type: none"> 1. Formal relationship with Ain Shams Established. 2. Conditions met to become a provider for "third country training" by USAID/Cairo. 3. Self-sufficiency plan developed and implemented. 4. Cost accounting system established. 5. In-direct cost rate established. 6. Entry of fee paying participants into RCT FP courses. 	<ol style="list-style-type: none"> 1. Documentation of relationship. 2. USAID certification 3. Response to marketing 4. Progress reports 5. Financial reports 6. USAID approved in-direct cost rate 	<p>GOE and USAID continued support</p> <p>Demand for courses</p>

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Appendix B:

**RCT Life of Sub-project Budget
and Budget Justification**

April 1, 1994 - June 30, 1997

REGIONAL CENTER FOR TRAINING IN FAMILY PLANNING AND
REPRODUCTIVE HEALTH (RCT)

3.25 YEAR IMPLEMENTATION BUDGET FOR THE PERIOD APRIL 1,
1994 THROUGH JUNE 30, 1997

The 3.25 year budget presented here is based on the overall 3.25 year implementation plan of which this LOP budget and budget justification constitutes Appendix B.

The 3.25 year budget presented here is the 3/9/94 final budget submitted for approval and replaces all previous drafts. It is composed of the following schedules:

ITEM	PAGE NUMBER
. Total Proposed Budget for the 3.25 Year period....	1
. Line Item 1: Salaries - by unit and by position within each unit.....	1-3
. Line Item 2: Capital Purchases.....	4
. Line Item 3: Transportation and Per Diem.....	5-8
. Line Item 4: Purchase Expenses.....	9-11
. Line Item 5: General Administration.....	12-13
. Line Item 6: Technical Assistance (Local).....	14
. Line Item 7: Workshops.....	15
. Line Item 8: Training Courses.....	16-19

The 3.25 year budget presented in the following schedules is the local currency budget and is submitted for USAID approval for RCT's operating costs.

USAID provides additional support to the RCT sub-project through the I/G&S contractor. The I/G&S contractor provides RCT with foreign technical assistance (long and short-term), commodities (Computer packages and Training Equipment and materials), international participant training for RCT personnel as delineated in the 3.25 year implementation plan, and a limited number of opportunities for invitational travel.

USAID Office of Population/Cairo also supports RCT's needs for contraceptives for training purposes as well as for clinical services.

3.25 YEAR IMPLEMENTATION PLAN BUDGET JUSTIFICATION

Salaries (line item # 1)

All RCT staff are experienced professionals. It is through such human resources that the RCT meets its challenges. Because of the extensive workload and the extremely challenging objectives, the compensation package to RCT staff should reflect appreciation of their efforts. It is also necessary to maintain such professionals, preventing their search for employment elsewhere. In recognition of these facts the RCT proposes the following system for salary increases as reflected in the budget.

Regulation of salary increase:

10% is considered as salary increase due to estimated inflation which is paid on an annual bases. A one-month bonus is paid in April (as listed in the budget for RCT employees professional efforts) according to the following formula:

- 1) Bonus is paid as follows:
Bonus = $(\text{salary} \times \frac{\text{No. of employed months}}{12 \text{ months}})$
- 2) A bonus is ^{paid} according to monthly evaluation report recommendations.
- 3) A bonus must be approved by the Project Director.
- 4) To receive a bonus, employee must be employed more than 6 months @ the RCT.

Hence, an RCT monthly salary = current monthly salary + 10% annual increase when applicable.

A one month bonus is paid annually in April if warranted by employee annual evaluation.

Capital Purchase (line item # 2)

Some training equipment and materials as well as computer packages are being procured under the I/G&S Contract (refer to C.4 commodities procurement section of this document). Hence items shown for this line item represent only local currency purchases. Commodities, except for books and journals will be purchased in the first project year.

Transportation and Per-Diem (line item # 3)

This line item has been increased to reflect:

1. The impact of the increased number of participants over the life of the project.

2. The impact of scholarships to USAID-graduated programs for training at RCT.
3. RCT transportation and per diem needs are due to the technical assistance requirements as a result of increased demand for T.A. from other USAID funded family planning projects, and the STC's.

Purchase Expenses (line item # 4)

This line item is affected by the numbers of people to be trained. NORPLANT training affects the clinical supply category. Training course costs appear in line item 8.

General Administration (line item # 5)

Service contracts under this item are primarily administration due to service contract costs and repairs of computer packages and training equipment coming to RCT during the LOP from the I/G&S Contractor.

Institutionalization Task Force meetings will be held every week. Professional and legal fees include CPA and legal. Advertisements for placing in magazines and newspapers for administrative purposes are also in the G.A. line item.

Technical Assistance (line item # 6)

This line item refers to the local consultant costs. Local technical assistance is planned for RCT, STC's and USAID funded sub-projects under POP/FP III.

Workshops (line item # 7)

A number of workshops and conferences and/or symposia are proposed over the life of the project (the Expert Group Norplant Symposium in year 1 (10/94), and a Norplant conference in year 3 for Ob/Gyn experts to review the impact of Norplant training on the Egyptian program).

Training (line item # 8)

Training costs budgeted here are based on the cost to train a projected one thousand eight hundred (1,800) physicians, nurses, pharmacists and other service providers. All training will be done under the auspices of RCT and most training will take place at the RCT facility.

RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)

TOTAL PROPOSED BUDGET

#	LINE ITEM	PROPOSED BUDGET				
		Pre-implementation period April-June	FY 94-95	FY 95-96	FY 96-97	TOTAL
1	Salaries	183,016	654,120	719,537	791,492	2,348,165
2	Capital Purchases	32,000	43,000	0	0	75,000
3	Transportation and Per-diem	64,083	256,332	281,967	310,161	912,543
4	Purchase Expenses	118,695	321,758	392,139	431,048	1,263,640
5	General Administration	50,760	192,140	195,644	199,899	638,443
6	Technical Assistance	35,200	123,200	135,520	149,072	442,992
7	Workshops	63,500	215,100	236,610	260,271	775,481
8	Training Courses	72,800	533,850	720,840	669,720	1,997,210
	TOTAL	620,054	2,339,500	2,682,257	2,811,663	8,453,474

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RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)

LINE ITEM # (1):

SALARIES

POSITION	NO. OF STAFF	(*) MONTHLY SALARY	Pre-implementation period APR-JUN	Year 1	Year 2	Year 3	TOTAL
TOP MANAGEMENT:							
Project Director	1	3,325	9,975	43,890	48,279	53,107	155,251
Executive Manager	1	2,396	7,188	31,627	34,790	38,269	111,874
SUB-TOTAL:			17,163	75,517	83,069	91,376	267,125
ADMINISTRATIVE & FINANCE UNIT:							
Head of Financial and Administrative Unit	1	2,130	6,390	28,116	30,928	34,021	99,455
Chief Accountant	1	1,597	4,791	21,080	23,188	25,507	74,566
Administrative Assistant	1	1,331	3,993	17,569	19,326	21,259	62,147
Internal Auditor	1	1,200	3,600	15,840	17,424	19,166	56,030
Accountant	1	1,065	3,195	14,058	15,464	17,010	49,727
Administrative Assistant	1	1,331	3,993	17,569	19,326	21,259	62,147
Executive Secretary	1	1,100	3,300	14,520	15,972	17,569	51,361
Secretary (1)	1	1,065	3,195	14,058	15,464	17,010	49,727
Secretary (2)	1	859	2,577	11,339	12,473	13,720	40,109
Secretary (3)	1	800	2,400	10,560	11,616	12,778	37,354
Secretary (4)	1	859	2,577	11,339	12,473	13,720	40,109
Store-Keeper	1	859	2,577	11,339	12,473	13,720	40,109
Janitors	2	220	1,320	5,808	6,389	7,028	20,545
SUB-TOTAL:			43,908	193,195	212,516	233,767	683,386
TRAINING UNIT:							
Head of Training Unit	1	2,130	6,390	28,116	30,928	34,021	99,455
Physician Trainer (1)	1	1,815	5,445	23,958	26,354	28,989	84,746
Physician Trainer (2)	1	1,815	5,445	23,958	26,354	28,989	84,746
Nurse Trainer	1	1,452	4,356	19,166	21,083	23,191	67,796
SUB-TOTAL:			21,636	95,198	104,719	115,190	336,743

RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)

LINE ITEM # (1):

SALARIES

POSITION	NO. OF STAFF	(*) MONTHLY SALARY	Pre-implementation period APR-JUN	Year 1.	Year 2	Year 3	TOTAL
HEC UNIT:							
Head of Communication Unit	1	2,130	6,390	28,116	30,928	34,021	99,455
Communication Officer	1	1,500	4,500	19,800	21,780	23,958	70,038
Computer Operator	1	1,198	3,594	15,814	17,395	19,135	55,938
SUB-TOTAL :			14,484	63,730	70,103	77,114	225,431
TECHNICAL ASSISTANCE UNIT:							
Head of Technical Assistant Unit	1	2,130	6,390	28,116	30,928	34,021	99,455
Physician (TA Unit) (1)	1	1,650	4,950	21,780	23,958	26,354	77,042
Physician (TA Unit) (2)	1	1,500	4,500	19,800	21,780	23,958	70,038
SUB-TOTAL :			15,840	69,696	76,666	84,333	246,535
CLINICAL SERVICES UNIT:							
Head of Clinical Services Unit	1	2,130	6,390	28,116	30,928	34,021	99,455
Physician (1)	1	1,650	4,950	21,780	23,958	26,354	77,042
Physician (2)	1	1,500	4,500	19,800	21,780	23,958	70,038
Nurse Trainer	1	1,597	4,791	21,080	23,188	25,507	74,566
Nurse	4	200	2,400	10,560	11,616	12,778	37,354
Clinic Secretary	2	200	1,200	5,280	5,808	6,389	18,677
SUB-TOTAL :			24,231	106,616	117,278	129,007	377,132
BONUS PAYMENT (one month's salary, paid in April)			45,754	50,168	55,186	60,705	211,813
TOTAL RCT PERSONNEL :			183,016	654,120	719,537	791,492	2,348,165

* Monthly salary = Current monthly salary + 10% annual increase when applicable.

* 10% increased is proposed for budget purpose and will be negotiated with USAID annually.

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RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)

LINE ITEM # (2):

CAPITAL PURCHASES

#	ITEM	Pre- implementation period APR-JUN	Year 1	Year 2	Year 3	TOTAL
1. ADMINISTRATIVE & FINANCE UNIT						
*	electric typewriter (English and Arabic)		3200			3,200
*	electric calculators (3 ea. @ 200 LE)		600			600
*	tables/desks (2 ea. @ 500 LE)		1000			1,000
*	chairs (2 ea. @ 200)		400			400
*	file cabinets (2 ea. @ 500 LE)		1000			1,000
SUB-TOTAL ADMINISTRATIVE & FINANCE UNIT			6,200	0	0	6,200
2. IIC UNIT:						
*	Color Data Show		15000			15,000
*	shelves and cupboards		2000			2,000
*	fax autoswitches		300			300
*	font cartridges		1000			1,000
*	Slide Maker	32,000	0			32,000
SUB-TOTAL IIC		32,000	18,300	0	0	50,300
3. CLINICAL SERVICES UNIT:						
*	Hot air oven		3000			3,000
*	Autoclave		4000			4,000
*	Video		4000			4,000
*	Over head projector		3000			3,000
*	Slide projector		3000			3,000
*	Laser pointer (2)		1000			1,000
*	five shelf bookshelf (1)		500			500
SUB-TOTAL CLINICAL SERVICES			18,500	0	0	18,500
TOTAL		32,000	43,000	0	0	75,000

RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)

LINE ITEM # (3):

TRANSPORTATION AND PER-DIEM * (see Tables 3-1 and 3-2 for details)

NO.	ITEM	Pre- implementation period APR-JUN	Year 1	Year 2	Year 3	TOTAL
1	OUTSIDE CAIRO (Table 3/1)	61,698	246,792	271,473	298,618	878,581
2	INSIDE CAIRO (Table 3/2)	2,385	9,540	10,494	11,543	33,962
	TOTAL	64,083	256,332	281,967	310,161	912,543

* This Line Item does not include Workshop and Training Course participant travel
These are found under Line Items (7) and (8), respectively.

RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)

LINE ITEM # (3) :
TRANSPORTATION AND PER-DIEM

TABLE (3/1)
COST OF TRANSPORTATION AND PER-DIEM FOR FIELD VISITS (OUTSIDE CAIRO)

PURPOSE OF VISIT	UNIT	NO. OF VISITS PER QUARTER	Pre-implementation period April-June	Year 1	Year 2	Year 3	TOTAL
A- Field visits for Top Management.	Top Management	9	3,137	12,548	13,803	15,183	44,671
B- Follow up RCT graduated trainees.	Training	27	9,412	37,648	41,413	45,554	134,027
C- Participate in and support TA for STCs.	TA	30	10,457	41,828	46,011	50,612	148,908
D- Coordinate with STCs host organizations.	TA	9	3,137	12,548	13,803	15,183	44,671
E- Conduct on the job training for RCT graduates.	Training	27	9,412	37,648	41,413	45,554	134,027
F- Provide TA for FP organizations (non-STCs)	TA	30	10,457	41,828	46,011	50,612	148,908
G- Introduce and train STC staff in AV and computer system upgrades.	IEC	9	3,137	12,548	13,803	15,183	44,671
H- Administrative visits for workshop preparation.	Admin. and Fin.	27	9,412	37,648	41,413	45,554	134,027
I- Field visits for fin. and adm. supervision		9	3,137	12,548	13,803	15,183	44,671
TOTAL		177	61,698.00	246,792	271,473	298,618	878,581

* No. of One Day Trips = Total No. of Visits x 47% (Percent of One Day Trips To Total Trips).

* No. of Overnight Trips = Total No. of Visits x 53% (Percent of Overnight Trips To Total Trips).

* Estimated Cost = No. of One Day Trips x (Mid Point) + No. of Overnight Trips x (Mid Point).

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RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)

LINE ITEM # (3):
TRANSPORTATION AND PER-DIEM

TABLE (3/2)
COST OF TRANSPORTATION (INSIDE CAIRO)

NO.	UNIT	NO. OF VISITS PER MONTH	(*) RATE	Pre-implementation period April-June	Year 1	Year 2	Year 3	TOTAL
1	Top Management	10	15	450	1,800	1,980	2,178	6,408
2	Admin. and Finance	10	15	900	3,600	3,960	4,356	12,816
2	Training Unit	8	15	360	1,440	1,584	1,742	5,126
3	Technical Assistance Unit	8	15	360	1,440	1,584	1,742	5,126
4	IHC Unit	5	15	225	900	990	1,089	3,204
5	Clinical Services Unit	2	15	90	360	396	436	1,282
TOTAL		43		2,385	9,540	10,494	11,543	33,962

* Transportation cost inside Cairo is paid based on actual expenditure.
However, the rate used for budgeting purposes constitutes the maximum that could be paid per each round trip.

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RCT II ILLUSTRATIVE BUDGET (revised March 10, 1994)

LINE ITEM # (4):
PURCHASE EXPENSES (see Table 4-1 for Clinical Services Unit details)

#	ITEM	Pre- implementation period April-June	Year 1	Year 2	Year 3	TOTAL
1. ADMINISTRATIVE & FINANCE UNIT						
*	Forms and Records (400 LE/month)	1,200	5,280	5,808	6,389	18,677
*	Stationery (1500 LE/month)	4,500	19,800	21,780	23,958	70,038
*	Reports and Manuals Production (1000 LE/month)	3,000	13,200	14,520	15,972	46,692
*	Cleaning Supplies (200 LE/month)	600	2,640	2,904	3,194	9,338
*	Other (100 LE/month)	300	1,320	1,452	1,597	4,669
SUB-TOTAL ADMIN. & FINANCE UNIT		9,600	42,240	46,464	51,110	149,414
2. IEC UNIT:						
*	IEC Supplies (@ 1000 LE/month)	3,000	13,200	14,520	15,972	46,692
*	Technical Reference Materials	1,000	7,400	7,840	8,324	24,564
*	Newsletters	13,000	57,200	62,925	69,212	202,337
*	Training Packages	5,000	15,000	16,500	18,150	54,650
*	NI/PG (Arabic/English) development		25,000	27,500	30,250	82,750
*	Pocket Guidelines development		15,500	17,050	18,755	51,305
*	Norplant Training Packages		49,000	53,900	59,290	162,190
*	RCT Brochure development	35,000	0	38,500	42,350	115,850
*	Development of GTI Management Chart	30,000				30,000
SUB-TOTAL IEC		87,000	182,300	238,735	262,303	770,338
3. CLINICAL SERVICES UNIT:						
*	Clients Forms, Records and Files	6,189	27,232	29,955	32,951	96,327
*	Clinical Supplies	15,906	69,986	76,985	84,684	247,561
SUB-TOTAL CLINICAL SERVICES		22,095	97,218	106,940	117,635	343,888
TOTAL		118,695	321,758	392,139	431,048	1,263,640

RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)

LINE ITEM # (4) :
PURCHASE EXPENSES

TABLE (4/1)
CLINICAL SUPPLIES & PRINTED MATERIALS (OUTPATIENT CLINIC)
(Average Supplies Needed To Provide Service For 1,000 Clients)

#	ITEM	QUANTITY	UNIT	UNIT COST	TOTAL COST
CLINICAL SUPPLIES:					
1	Gauze	20.00	meter	4.40	88.00
2	Cotton	1.00	kg	6.60	6.60
3	Betadine	1.25	liter	22.00	27.50
4	Alcohol	1.25	liter	33.00	41.25
5	Dressing	1.00	kg	16.50	16.50
6	Paper Towel	65.00	rolles	6.60	429.00
7	Sterilization Paper	400.00	meter	1.10	440.00
8	Sterilization Tape	1.00	rolles	11.00	11.00
9	Chlorex	12.00	liters	3.30	39.60
10	Detergent For Instruments	16.00	liters	5.78	92.48
11	Detergent For Hand Washing	4.00	liters	5.78	23.12
12	Disposable Gloves	30.00	packages	5.50	165.00
13	Trash Nylon Bags	300.00	bags	4.40	1,320.00
14	Cotton Swabs	1.00	box	4.13	4.13
15	Slides and Cover Slides	1.00	box/each	11.00	11.00
16	Pledge	2.00	bottles	6.60	13.20
17	Pyrosol	2.00	bottles	3.03	6.06
18	Pregnancy Test Kit	3.00	box(10 units)	70.40	211.20
SUB-TOTAL CLINICAL SUPPLIES					2,945.64
PRINTED MATERIALS :					
1	Prescription Forms	12.00	book (50 forms)	6.05	72.60
2	Referral Forms	12.00	book (50 forms)	5.28	63.36

RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)

LINE ITEM # (4):
PURCHASE EXPENSES

TABLE (4/1)
CLINICAL SUPPLIES & PRINTED MATERIALS (OUTPATIENT CLINIC)
(Average Supplies Needed To Provide Service For 1,000 Clients)

#	ITEM	QUANTITY	UNIT	UNIT COST	TOTAL COST
CLINICAL SUPPLIES:					
3	Lab Investigation Forms	9.00	book (50 forms)	5.28	47.52
4	Client's Files (about 1/3 of the caseload is new clients)	350	file	2.75	962.50
SUB-TOTAL PRINTED MATERIALS					1,145.98
TOTAL SUPPLIES PER 1,000 CLIENTS					4,091.62

CLINICAL SUPPLIES AVERAGE COST PER (1,800) (*) CLIENTS	5,301.95
PRINTED MATERIALS AVERAGE COST PER (1,800) (*) CLIENTS	2,062.76

* RCT Outpatient clinic provide supplies and priforms for its 1,500 clients/month (as explained in the plan) + 300 clients served monthly by Ain Shams OB/GYN department.

RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)

LINE ITEM # (5):

GENERAL ADMINISTRATION

#	ITEM	Pre-implementation period April-June	Year 1	Year 2	Year 3	TOTAL
1	TOP MANAGEMENT			0	0	
	- Steering Committee (150 LE/member/quarter x 8 members)	1200	4,800	4,800	4,800	15,600
	- Technical Advisory Committee (150 LE/member/quarter x 8 members)	1200	4,800	4,800	4,800	15,600
	- Institutionalization task force (150 x 3 persons x 4 meeting/month)	5400	21600	21600	21600	70,200
	SUB-TOTAL TOP MANAGEMENT	7,800	31,200	31,200	31,200	101,400
2	ADMINISTRATIVE & FINANCE UNIT					
a.	Insurance					
	- Assets (800 LE/month)	2400	9,600	9,600	9,600	31,200
	- Fidelity (3 persons x 100 LE/mo/pers)	900	3,600	3,600	3,600	11,700
b.	Equipment/Maintenance					
	-Spare parts	2400	9,600	9,600	9,600	31,200
	-Maintenance services	8,760	35,040	38,544	42,399	124,743
c.	Communications					
	-telephone, OPTTEL sessions and other communications expenses) @ 2,000 LE/mo.	6000	24,000	24,000	24,000	78,000
	-mailing expenses (SCOPE and other promotional materials)	1000	3,600	3,600	4,000	12,200
	-mailing for R.D.of F.P. scope	1500	6,000	6,000	6,000	19,500
d.	Rental Space	0	0	0	0	0
e.	Utilities	0	0	0	0	0
f.	Professional fees (C.P.A + Legal)	6,600	26,400	26,400	26,400	85,800
g.	RCT brochure development	0	6,000	6,000	6,000	18,000
h.	Advertisement magazines and newspapers	900	3,600	3,600	3,600	11,700
i.	Other (pictures, video tapes)	1000	4,000	4,000	4,000	13,000
	SUB-TOTAL ADMINISTRATIVE & FINANCE UNIT	31,460	131,440	134,944	139,199	437,043

RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)

LINE ITEM # (5):

GENERAL ADMINISTRATION

#	ITEM	Pre-implementation period April-June	Year 1	Year 2	Year 3	TOTAL
3	STAFF DEVELOPMENT					
a.	In-country training courses and workshops (includes a plan of activities to increase technical and management skills of RCT staff-see Training Plan in Implementation Plan for details)	11,500	29,500	29,500	29,500	100,000
b.	Participant Training Outside Egypt [budgeted through I/GS contractor]	0	0	0	0	0
	SUB-TOTAL STAFF DEVELOPMENT	11,500	29,500	29,500	29,500	100,000
	TOTAL	50,760	192,140	195,644	199,899	638,443

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RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)										
LINE ITEM # (6) :										
TECHNICAL ASSISTANCE (for hiring local consultants*)										
ITEM	Pre-implementation period April-June		Year 1		Year 2		Year 3		TOTAL	
	Month	COST	Month	COST	Month	COST	Month	COST	Month	COST
1. Family Planning & Contraceptive Technology (200 LE/day)	2	8,800	7	30,800	7	33,880	7	37,268	23	110,748
2. Curriculum Revision & Development (200 LE/day)	1	4,400	4	17,600	4	19,360	4	21,296	13	62,656
3. MIS/LAN Development & Maintenance (200 LE/day)	2	8,800	5	22,000	5	24,200	5	26,620	17	81,620
4. Marketing/IEC (200 LE/day)	1	4,400	4	17,600	4	19,360	4	21,296	13	62,656
5. Management & Finance (cost recovery) (200 LE/day)	1	4,400	4	17,600	4	19,360	4	21,296	13	62,656
6. Other (200 LE/day)	1	4,400	4	17,600	4	19,360	4	21,296	13	62,656
TOTAL	8	35,200	28	123,200	28	135,520	28	149,072	92	442,992

- * Categories and timing of local consultants are estimated and subject to revision.
- * Specific T.A. requests will be received from USAID funded projects under POP III.
- * Specific T.A. requests will be received from graduated projects and satellite training centers and USAID approval will be obtained.
- * RCT plan for T.A. will be detailed in the annual implementation plan.

RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)

LINE ITEM # (7):

WORKSHOPS*

#	Workshop	Pre-implementation period April-June	Year 1	Year 2	Year 3	TOTAL
1	Annual Conference for RCT Graduates	63,500	63,500	69,850	76,835	273,685
3	Annual Training Needs Assessment		42,200	46,420	51,062	139,682
4	Family Planning Pocket Guidelines		32,600	35,860	39,446	107,906
5	Annual Technical Assistance Workshop		32,600	35,860	39,446	107,906
6	Nat. Contraceptive Technology Update		32,600	35,860	39,446	107,906
7	Workshop symposium Norplant		11,600	12,760	14,036	38,396
TOTAL		63,500	215,100	236,610	260,271	775,481

* Location and number of participants will be specified in the detail annual implementation plans.

RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)

LINE ITEM # (8) :

TRAINING COURSES (see Table 8/1 for details)

#	ITEM	Pre-implementation period APR-JUN		Year 1		Year 2		Year 3		TOTAL	
		No. of Courses	Amount in L.E.	No. of Courses	Amount in L.E.	No. of Courses	Amount in L.E.	No. of Courses	Amount in L.E.	No. of Courses	Amount in L.E.
1	Ob/Gyn Specialists (7 participants outside Cairo, 3 inside Cairo)	3		7		10		10		30	
a.	Transportation (50 L.E. outside Cairo)		1,050		2,450		3,500		3,500		10,500
b.	Per-diem & Lodging (100 L.E. X 14 days outside Cairo + 40 L.E. X 12 days inside Cairo)		33,720		78,680		112,400		112,400		337,200
c.	Supplies (100 L.E per person)		3,000		7,000		10,000		10,000		30,000
d.	Coffee Break (10 L.E. X 12 days)		3,600		8,400		12,000		12,000		36,000
e.	Guest Speakers (100 L.E. X 10 sessions X No. of courses)		3,000		7,000		10,000		10,000		30,000
	Subtotal		44,370		103,530		147,900		147,900		443,700
2	Physician & Nurse TOT (7 participants outside Cairo, 3 inside Cairo)	1		2		5		1		9	
a.	Transportation (50 L.E. outside Cairo)		350		700		1,750		350		3,150
b.	Per-diem & Lodging (100 L.E. X 28 days outside Cairo + 40 L.E. X 24 days inside Cairo)		22,680		45,360		113,400		22,680		204,120
c.	Supplies (100 L.E per person)		1,000		2,000		5,000		1,000		9,000
d.	Coffee Break (10 L.E. X 24 days)		2,400		4,800		12,000		2,400		21,600
e.	Guest Speakers (100 L.E. X 20 sessions X No. of courses)		2,000		4,000		10,000		2,000		18,000
	Subtotal		28,430		56,860		142,150		28,430		255,870

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RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)

LINE ITEM # (8) :

TRAINING COURSES (see Table 8/1 for details)

#	ITEM	Pre-implementation period APR-JUN		Year 1		Year 2		Year 3		TOTAL	
3	Management of Training			3		2		1		6	
a.	Transportation (50 L.E. outside Cairo)				1050		700		350		2,100
b.	Per-diem & Lodging (100 L.E. X 14 days outside Cairo + 40 L.E. X 12 days inside Cairo)				33,720		22,480		11,240		67,440
c.	Supplies (100 L.E. per person)				3,000		2,000		1,000		6,000
d.	Coffee Break (10 L.E. X 14 days)				3,600		2,400		1,200		7,200
e.	Guest Speakers (100 L.E. X 10 sessions X No. of courses)				3,000		2,000		1,000		6,000
	Subtotal		0		44,370		29,580		14,790		88,740
4	Norplant Insertion			6		16		32		54	
a.	Transportation (50 L.E. outside Cairo)				2100		5,600		11,200		18,900
b.	Per-diem & Lodging (100 L.E. X 6 days outside Cairo + 40 L.E. X 6 days inside Cairo)				29,520		78,720		157,440		265,680
c.	Supplies (100 L.E. per person)				6000		16,000		32,000		54,000
d.	Coffee Break (10 L.E. X 6 days)				3,600		9,600		19,200		32,400
e.	Guest Speakers (100 L.E. X 5 sessions X No. of courses)				3,000		8,000		16,000		27,000
	Subtotal				44,220		117,920		235,840		397,980
5	Pharmacists			3		1				4	
a.	Transportation (50 L.E. outside Cairo)				2,100		700				2,800
b.	Per-diem & Lodging (100 L.E. X 6 days outside Cairo + 40 L.E. X 6 days inside Cairo)				29,520		9,840				39,360

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RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)

LINE ITEM # (8):

TRAINING COURSES (see Table 8/1 for details)

#	ITEM	Pre- implementation period APR-JUN	Year 1	Year 2	Year 3	TOTAL
c.	Supplies (100 L.E. per person)		6,000	2,000		8,000
d.	Coffee Break (10 L.E. X 6 days)		3,600	1,200		4,800
e.	Guest Speakers (100 L.E. X 5 sessions X No. of courses)		3,000	1,000		4,000
	Subtotal		44,220	14,740	0	58,960
6	Family Planning Counseling for Nurses		1	1	1	3
a.	Transportation (50 L.E. outside Cairo)		800	800	800	2,400
b.	Per-diem & Lodging (100 L.E. X 6 days outside Cairo + 40 L.E. X 6 days inside Cairo)		7,800	7,800	7,800	23,400
c.	Supplies (100 L.E. per person)		1,600	1,600	1,600	4,800
d.	Coffee Break (10 L.E. X 6 days)		960	960	960	2,880
e.	Guest Speakers (100 L.E. X 5 sessions X No. of courses)		500	500	500	1,500
	Subtotal	0	11,660	11,660	11,660	34,980
7	Norplant Counseling	0	9	24	0	57
a.	Transportation (50 L.E. outside Cairo)		3,150	8,400	8,400	19,950
b.	Per-diem & Lodging (100 L.E. X 6 days outside Cairo + 40 L.E. X 6 days inside Cairo)		44,280	118,080	118,080	280,440
c.	Supplies (100 L.E. per person)		9,000	24,000	24,000	57,000
d.	Coffee Break (10 L.E. X 6 days)		5,400	14,400	14,400	34,200
e.	Guest Speakers (100 L.E. X 5 sessions X No. of courses)		4,500	12,000	12,000	28,500

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RCT ILLUSTRATIVE BUDGET (revised March 10, 1994)

LINE ITEM # (8):

TRAINING COURSES (see Table 8/1 for details)

#	ITEM	Pre-implementation period APR-JUN		Year 1		Year 2		Year 3		TOTAL	
	Subtotal		0		66,330		176,880		176,880		420,090
8	Multiscope Trainers			3		2		1		6	
a.	Transportation (50 L.E. outside Cairo)				1,050		700		350		2,100
b.	Per-diem & Lodging (100 L.E. X 14 days outside Cairo + 40 L.E. X 12 days inside Cairo)				66,720		44,480		22,240		133,440
c.	Supplies (100 L.E. per person)				3,000		2,000		1,000		6,000
d.	Coffee Break (10 L.E. X 12 days)				3,600		2,400		1,200		7,200
e.	Guest Speakers (100 L.E. X 10 sessions X No. of courses)				3,000		2,000		1,000		6,000
	Subtotal		0		77,370		51,580		25,790		154,740
9	Tailored or scholarship			3		1		1		5	
a.	Transportation (50 L.E. outside Cairo)				1,050		350		350		1,750
b.	Per-diem & Lodging (100 L.E. X 28 days outside Cairo + 40 L.E. X 24 days inside Cairo)				68,040		22,680		22,680		113,400
c.	Supplies (100 L.E. per person)				3,000		1,000		1,000		5,000
d.	Coffee Break (10 L.E. X 24 days)				7,200		2,400		2,400		12,000
e.	Guest Speakers (100 L.E. X 20 sessions X No. of courses)				6,000		2,000		2,000		10,000
	Subtotal		0		85,290		28,430		28,430		142,150
	Total	4	72,800	34	533,850	61	720,840	70	669,720	169	1,997,210

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Appendix C:
Agreements

**LETTER OF AGREEMENT
BETWEEN
MINISTRY OF HEALTH (MOH)
AND
THE REGIONAL CENTER FOR TRAINING (RCT)**

ARTICLE 1: PURPOSE AND GOALS

The purpose of this agreement is to provide for a collaborative working relationship between the Ministry of Health (MOH) and the Regional Center for Training (RCT) to provide training services for the Ministry of Health through support of the USAID Population/Family Planning III Project.

The goals to be achieved under provision of this agreement include the continuing development of institutionalized training capabilities of the RCT and, through training services to be provided by the RCT to the MOH, to facilitate the continued development of the Family Planning Program of the MOH.

ARTICLE 2: RCT TRAINING COURSES

It is mutually agreed that the RCT will plan and conduct the following training courses to exclusively satisfy the MOH needs:

1. Training of Trainers, for family planning physician trainers, 4-week duration.
2. Training Course in Family Planning Clinical Supervision for physician specialists (Ob/Gyn) with special emphasis on the MOH's Quality Improvement Program, 2-week duration.
3. Training of Trainers, for nurse trainers, 4-week duration.
4. Training of Trainers, for family planning counselors (nurses and others), 2-week duration.
5. Training Course in Training Management, for physicians and nurses involved in management of training, 2-week duration.
6. Norplant technology, for family planning Ob/Gyn specialists, 2-week duration.
7. Norplant counseling, for family planning nurses, 1-week duration.
8. Contraceptive technology, for pharmacists involved in family planning services, 1-week duration.

And such additional courses as may be determined necessary and mutually agreed upon in the future.

ARTICLE 3: ANNUAL TRAINING PLAN

Prior to the initiation of RCT training services, and prior to each subsequent implementation year, representatives of the RCT and MOH shall jointly prepare an annual training plan to fully meet the training needs requested by the MOH. This annual training plan shall include the training courses to be provided, the number and types of trainees to be trained for each course, the time schedule and location for each course, course objective and course completion requirements and other information required by RCT to effectively implement the training plan.

ARTICLE 4: CURRICULUM DEVELOPMENT AND/OR REVIEW

The MOH shall have the right to review and approve all course curricula prior to its use in the training of MOH personnel. For courses that require revised and/or new curricula, such curricula shall be developed in close collaboration with MOH personnel in order to insure relevance of the curricula to MOH requirements.

ARTICLE 5: COURSE INFORMATIONAL BROCHURES

The RCT shall prepare and provide for use by the MOH, descriptive brochures on each course to be offered to MOH personnel, in order that such information can be disseminated to potential trainees for the purpose of facilitating their participation in the training program. These brochures may also be utilized by RCT for other information dissemination and marketing purposes, if appropriate.

ARTICLE 6: SELECTION OF MOH TRAINEES

The MOH, in coordination with RCT, will select MOH trainees through application of the RCT trainee selection criteria for each course. These selection criteria shall be first reviewed and approved by the MOH before use.

ARTICLE 7: RCT RIGHT TO DISCHARGE TRAINEES

The RCT shall have right to discharge any trainee after 10% unexcused absentee days during a training course, or for other clearly defined and documented reasons involving failure of the trainee to perform adequately.

ARTICLE 8: COURSE REQUIREMENTS

Each course will have a set of criteria mutually agreed upon by the RCT and MOH, which clearly defines the successful completion of the course including skills performance.

ARTICLE 9: TRAINING CERTIFICATES

The RCT shall issue appropriate course completion certificates to all MOH personnel completing course requirements.

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ARTICLE 10: EVALUATION OF TRAINING

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The RCT shall conduct course evaluations of each MOH trainee, including skills performance evaluations, and provide the results of these evaluations to the MOH within two weeks of the end of course. End-of-course evaluations by trainees will also be conducted and results reported to the MOH. The RCT in collaboration with the MOH will also selectively conduct subsequent on-the-job evaluations of former MOH trainees to assess actual on-the-job performance. The results of these evaluations shall be shared between RCT and MOH, be utilized to make future improvements in RCT training activities, and assist the MOH in determining remedial training needs.

ARTICLE 11: FUNDING OF RCT ACTIVITIES

It is understood that all training activities of the RCT in support of the MOH shall be funded by USAID under the Population/Family Planning III Project, and such services of RCT shall be provided to the MOH without cost to the MOH. This shall include all costs of planning, designing, conducting and evaluating RCT training activities for the MOH, including the provision of training manuals and other materials to MOH trainees.

ARTICLE 12: INFORMATION EXCHANGE

The RCT shall regularly provide information on the numbers of MOH personnel selected for and completing each RCT course; performance of each trainee based on in-course evaluations; and other information determined by the RCT to be beneficial to the MOH in the selection of trainees and their subsequent follow-up. Similarly, the MOH shall provide to the RCT any evaluative information that the MOH gathers that may have a bearing upon training services being provided by the RCT to MOH personnel. On-the-job evaluation information will also be prepared and provided quarterly by RCT.

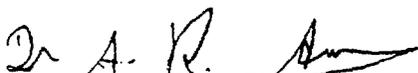
ARTICLE 13: TECHNICAL ASSISTANCE

The RCT shall provide technical assistance support for RCT graduated training centers and as requested in different areas of F.P. activities.

ARTICLE 14: QUARTERLY MEETING

Quarterly meetings will be conducted between RCT and MOH representatives to facilitate the implementation of this agreement.

APPROVED:



DR. ROUSHDIE AMAR
DIRECTOR
REGIONAL CENTER FOR TRAINING
IN FAMILY PLANNING
AIN SHAMS UNIVERSITY

DATE: 30/11/1993

APPROVED:



DR. HASSAN EL GEBALY
EXECUTIVE DIRECTOR
FAMILY PLANNING SYSTEMS
DEVELOPMENT PROJECT
MINISTRY OF HEALTH

DATE: _____

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D R A F T

AGREEMENT
RELATING TO THE CONDUCT OF FAMILY PLANNING
AND REPRODUCTIVE HEALTH TRAINING

BETWEEN

THE NATIONAL POPULATION COUNCIL (NPC)
DAR EL SALAM, MAADI
CAIRO, EGYPT

AND

THE REGIONAL CENTER FOR TRAINING (RCT) IN
FAMILY PLANNING AND REPRODUCTIVE HEALTH
FACULTY OF MEDICINE
AIN SHAMS UNIVERSITY
CAIRO, EGYPT

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Letter of Agreement
Between
The National Population Council (NPC)
and
The Regional Center for Training in
Family Planning and Reproductive Health
(RCT)
Faculty of Medicine
Ain Shams University
Number: _____

On this day (day), (month, day), nineteen hundred and ninety-four, we, as indicated below:

1. Name: Dr. Maher Mahran
2. Position: Minister of State for Population and Family Welfare and Secretary General of the National Population Council
3. Address: Dar El Salam, Maadi
Cairo, Egypt

as representative of the National Population Council, henceforth referred to as NPC, and

1. Name: Dr. Salah El-Din Zaki Eid
2. Position: Dean of Ain Shams, Faculty of Medicine
3. Address: Ain Shams, Faculty of Medicine
Abbassia, Cairo, Egypt

as representative of the Regional Center for Training Ain Shams University, henceforth referred to as the RCT, agree to implement this important cooperation to increase the success of the National Family Planning Program, particularly in the conduct of training of family planning service providers and trainers.

This cooperation will be implemented under the following conditions:

Article I

Aims of the Agreement

This agreement is aimed at supporting the Regional Center for Training (RCT) to conduct family planning and reproductive health training for family planning trainers and service providers.

Article II

Terms of the Agreement

This agreement will be implemented by the RCT in accordance with both the overall subproject 3.25 Year Implementation Plan which is attached as Annex I and the terms and conditions of this agreement. In the event of any inconsistency between any provisions in Annex I and any other provision of this agreement, the provision(s) of this agreement shall govern. This training activity is being carried out under the grant agreement between the Government of Egypt and the United States Agency for International Development (USAID) for the Population/Family Planning III Project (No. 263-0227). Accordingly, all activities under this agreement must be carried out in accordance with the terms of that agreement and all implementing documentation issued thereunder, the most significant provisions of which are set forth in Annex I (Overall RCT 3.25 Year Implementation Plan and Budget) and Annex II (PIL Number 7A, Sections 1,2,3,4) to this agreement and are hereby incorporated into and made part of this agreement.

This agreement shall become effective on the date when it is signed, and shall remain in full force until the subproject is completed, all services have been performed, and final payment therefor has been made to the RCT. At such time the parties hereto shall be mutually released from any obligations under this agreement that are not stipulated to continue beyond the term of this agreement.

Article III

Scope of the Subproject

As detailed in Annex I, training conducted under this agreement will fall into two basic areas: 1) training of trainers in family planning and reproductive health, and 2) training of family planning service providers. The RCT agrees to undertake the provision of training and provide all necessary services required to conduct the sub-project set out in Annex I attached. The RCT will be reimbursed for the costs of carrying out the training and technical assistance in accordance with the terms of this agreement up to a total amount not to exceed the maximum amount payable specified in Article VI.

Article VI

Commencement and Duration of the Subproject

The RCT agrees to commence the subproject on April 1, 1994, with an estimated completion date of June 30, 1997 for all subproject activities, and submission of the final report no later than June 30, 1997. The RCT agrees to carry out the subproject in accordance with the overall 3.25 year implementation plan as contained in Annex I. The RCT will develop detailed annual implementation plans for USAID approval. Funds will be committed on the basis of these detailed implementation plans.

Article V

Organization and Assignment of Key Personnel

This agreement between the NPC and the RCT will be under the overall responsibility of the Secretary General, NPC, currently Dr. Maher Mahran, Minister of State for Population and Family Welfare.

The key personnel for this agreement under the RCT includes Dr. Rushdi Ammar, Project Director, for overall policy guidance, and Dr. Osama Refaat, Executive Manager. These individuals are considered essential to the work of this agreement. No removal or replacement shall be made by the RCT without written consent of the Secretary General, NPC.

Article VI

Estimated Agreement Cost and Payment

The RCT will be reimbursed for the reasonable, allocable, and allowable costs incurred by it in carrying out the activities under this agreement in an amount not to exceed LE 8,453,474 for RCT central operations. The reasonableness, allocability, and allowability of costs for the purposes of reimbursement will be determined in accordance with the definitions and rules set forth in Chapter 4 of USAID Handbook 11, outlined in Section 2 of PIL No. 7A (Annex 2). The RCT is not entitled to reimbursement in excess of the maximum amount payable, nor is it obligated to continue performance and incur costs in excess of the maximum amount payable, unless this agreement is amended to increase that amount and such amendment is approved by USAID.

The RCT will develop detailed implementation plans for the following time periods: April 1, 1994 - June 30, 1995; July 1, 1995 - June 30, 1996; July 1, 1996 - June 30, 1997. Upon approval of these implementation plans by the NPC and USAID, USAID, subject to the availability of funds, will commit funds with a Project Implementation Letter (PIL).

It is the responsibility of the RCT to carefully monitor and be aware of at all times the total costs it has incurred to date in carrying out the implementation plans approved under this agreement. If, at any time, the RCT has reason to believe that the total cost of completing the work under the agreement will be greater than the maximum amount payable, the RCT shall notify the NPC to that effect, giving the revised estimate of the total cost for the performance of this agreement. The RCT will not incur costs in excess of the maximum amount then payable under the agreement. Egyptian pound advances to the RCT will be financed under a credit account established at the National Investment Bank (NIB). The RCT will use this credit account to disperse funds for eligible project expenses. USAID will replenish the credit account by paying back to NIB, for credit to RCT's account, the amount covered by acceptable certified financial statements. These financial statements must be submitted through and approved by the Secretary General of the NPC.

Article VII

Reporting

As detailed in PIL No. 7A, Section 1, the RCT will be expected to provide activity and financial reports on a monthly basis to Dr. Maher Mahran, Secretary General, NPC, and to the USAID Project Officer. Dr. Mahran, or his designee in case of his absence, shall be responsible for signing the Authorization for Payment form as set forth in Annex II, PIL 7A, Section 3. Dr. Rushdi Ammar, the RCT Director, or Dr. Osama Refaat, the RCT Executive Manager in case of his absence, will be responsible for signing the monthly invoice and cash reimbursement form as set forth in PIL 7A, Section 3 (Annex II). Detailed quarterly reports will be prepared during each implementation plan period to provide the basis for quarterly implementation reviews. An overall final report for the project will be submitted by July 31, 1997, one month after the project completion date of June 30, 1997.

Article VIII

Records and Audits

The RCT warrants that the representations made to the NPC at the time of entering into this agreement as to actual personnel compensation rates and other charges and cost to be paid or incurred by the RCT are true and correct to the best of the RCT's knowledge, and the RCT acknowledges that the NPC relies on this certification.

The RCT shall keep, in accordance with generally accepted accounting principles and practices consistently applied, books, records, and accounts with respect to all goods and services provided and costs incurred under this agreement in such form and detail as is necessary and sufficient to establish accurately that

such goods and services were provided, the cost of such goods and services, and that the costs for such goods and services have been duly incurred and paid by the RCT. The RCT shall maintain such records during the Agreement term and for a period of three years after final disbursement under the Project Grant Agreement between the Government of Egypt and the United States for the Population/Family Planning III Project. Authorized representatives of the NPC and USAID will be afforded the opportunity at all reasonable times to inspect the work being carried out under this agreement, and to inspect all books, records, and other documents which are required to be maintained by the RCT relating to this Agreement.

Article IX

Responsibilities of the NPC

The NPC hereby designates Dr. Maher Mahran, Secretary General, as its representative to act for and on behalf of the NPC with respect to this subproject. The representative of the NPC shall coordinate discussions and communications and shall endeavor to make prompt action upon all documents and other submissions made to the NPC by the RCT so as to facilitate the smooth and timely execution of the subproject.

The NPC will provide the RCT with full political and programmatic support and will encourage private and public sector family planning service delivery projects to utilize the RCT training resources. NPC audio-visual and information, education, and communication (IEC) equipment will be made available to the RCT as necessary. RCT staff may also be invited to attend courses organized by the NPC to improve their technical skills.

Article X

Change, Modification, and Amendment

The period for completion of the subproject shall not be changed except by mutual written agreement. If any mutually agreed changes will cause an increase or decrease in the estimated cost for the completion of the yearly implementation plans or of the subproject as a whole, or in the time required for its completion, an adjustment of the maximum amount payable and/or subproject completion schedule shall be made by mutual written agreement and this agreement shall be modified accordingly in a form of a Change Memorandum which shall become a part of this agreement. All changes in the period for completion or the maximum amount payable under this agreement shall not become effective until reviewed and approved by USAID.

Article XI

Subproject Budget

A budget showing the estimated costs of the subproject is set forth in Annex I hereto. The RCT may reallocate up to fifteen percent of the estimated budget line items of the study to meet the financial needs of the project. Reallocations greater than fifteen percent of the budget line items will be submitted to the NPC and USAID for approval.

Article XII

Pre-Agreement Costs

This agreement is effective as of the date of signature of both parties hereto and shall apply to commitments made by the RCT in furtherance of the subproject objectives of the agreement during the period April 1, 1994 and ending June 30, 1997. Costs incurred during this period but prior to the effective date of this agreement are allowable to the extent that they would have been allowable if incurred after the effective date of this Agreement.

Article XIII

Good Will

Whenever this agreement provides that the parties shall act, agree, approve, grant, request, or cooperate, they shall do so in a reasonable manner in the interest of the successful completion of the project.

FIRST PARTY

SECRETARY GENERAL
NATIONAL POPULATION COUNCIL AND
MINISTER OF STATE FOR POPULATION
AND FAMILY WELFARE

SECOND PARTY

DEAN OF AIN SHAMS
UNIVERSITY
FACULTY OF MEDICINE

DR. MAHER MAHRAN

DR. SALAH EL DIN ZAKI EID

DATE

DATE

REVENUE AGREEMENT

BETWEEN

THE UNITED STATES AGENCY FOR
INTERNATIONAL DEVELOPMENT (USAID)

AND

THE REGIONAL CENTER FOR TRAINING (RCT) IN
FAMILY PLANNING AND REPRODUCTIVE HEALTH

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REVENUE AGREEMENT
BETWEEN
USAID/EGYPT
AND
THE REGIONAL CENTER FOR TRAINING (RCT) IN
FAMILY PLANNING AND REPRODUCTIVE HEALTH

ARTICLE 1: PURPOSE AND GOALS

- 1.1 PURPOSE: This agreement covers the disposition and procedures for the generation or receipt of, use, expenditure and final disposition of all revenues generated from offering training courses, training materials in family planning or other services at the RCT at Ain Shams University or any of RCT's affiliates. The Project is supported by the United States Agency for International Development (USAID).
- 1.2 GOALS: It is the intent of the grantor, USAID, and agreed to by the grantee, RCT, that these revenues shall be used for the following objectives:
- 1.2 (a) To create a Revenue Fund which will be used to offset possible cash deficits from offering training courses at the RCT or any of its affiliates during the period and beyond the life of the RCT sub-project of POP/FP III in the attempt to attain self-sufficiency.
 - 1.2 (b) To pay for any non-USAID-provided contraceptives to be used for training purpose, which are not provided for under the Budget or the commodities being procured for RCT by the I/G&S contractor, (see Appendix B of the 3.25 Year implementation plan).
 - 1.2 (c) To pay for any actual project costs incurred by RCT or any of its affiliates during the life of the project that are not covered by USAID.
 - 1.2 (d) To pay for any other activities in support of the overall goals and specific objectives and activities of the RCT (e.g., expansion of training activities, production of IEC and/or training materials), with the mutual agreement of RCT and USAID.

ARTICLE 2: REVENUE FUND

- 2.1 The RCT at Ain Shams shall maintain a separate account for revenues. All the revenues generated from offering RCT services either at the RCT or at other sites shall be maintained in a single interest-bearing account by the RCT under the title of "RCT Revenue Account", and all expenditures shall be made from the Revenue Account.
- 2.2 All expenditures from the RCT Revenue Account shall be made only in local currency.
- 2.3 The revenue fund account shall be maintained separate and distinct from all other RCT financial accounts.
- 2.4 A revenue fund accounting system will be implemented by RCT and this system shall conform to USAID accounting standards related to grant financial management and subject to the reporting requirements of Article 3 below.
- 2.5 This agreement shall apply as long as USAID/Cairo provides support in any way to the development of RCT until the revenue funds are depleted.

ARTICLE 3: REVENUE FUND ACCOUNTING AND REPORTING

- 3.1 The Director of the RCT shall provide, as part of the quarterly reports to USAID, a status report on RCT revenue account.
- 3.2 This report shall include: (a) total to-date cumulative revenues collected that are associated with USAID funding, (b) quarterly revenue earnings, (c) expenditures during the quarter, (d) balance in the revenue account, (e) purpose of expenditures during the quarter, (f) projected use of revenues for the next quarter, including amounts, and (g) projected revenue for the next quarter.
- 3.3 The RCT Director shall provide USAID an annual revenue report including the items referenced in Article 3.2 above, along with an annual projection of amount of revenue anticipated and expenditures planned. These amounts shall be projected by quarter and by year.
- 3.4 Prior to the expenditure of any revenue funds for purposes not previously notified to USAID, RCT will inform in writing the USAID Population Officer and USAID shall notify RCT of any objections to the proposed expenditure.
- 3.5 The RCT agrees that it will not make an expenditure of revenue funds objected to by the USAID.

3.6 The RCT agrees that, for the life of the project and for three (3) years thereafter, USAID's authorized representative shall have access to examine pertinent books, documents, ledgers, property having to do with the revenue account after the revenue funds are exhausted.

ARTICLE 4: REVENUE FUND EXPENDITURES

4.1 The expenditure of revenues shall be projected and reported on a quarterly and annual basis as per Articles 3.2 and 3.3.

4.2 Once the RCT has notified USAID of its proposed expenditures and USAID has not stated an objection to a proposed expenditure, with written documents to follow, the RCT procedures for the release and use of funds shall apply.

4.3 Upon accumulation in the revenue account of revenues equal to more than six months of total operating expenses, the revenue funds in excess of six months shall be used to cover operating expenses of the subproject.

ARTICLE 5: GENERAL CONDITIONS

5.1 This agreement, shall become effective as of the date signed by the parties.

5.2 This agreement shall continue in force until canceled by the parties or until USAID discontinues all forms of support to the RCT and all revenues generated from USAID support are disposed of, in accordance with the mutual agreement of the parties.

5.3 Upon termination of the project, any funds remaining in the revenue account shall be used for purposes agreed to by the parties.

5.4 The law governing this agreement shall be the law of the Arab Republic of Egypt.

5.5 This document may be amended in writing by the joint concurrence of USAID and the RCT.

5.6 All notifications required under this agreement shall be sent to USAID and the RCT.

5.6 All communications required under this agreement shall be made in English.

ARTICLE 6: PROHIBITION AGAINST ABORTIONS AND INVOLUNTARY STERILIZATION

6.1 In accordance with U.S. Government regulations prohibiting use of funds for abortion and involuntary sterilization, the subject revenue shall not be used to pay for the performance of abortions or involuntary sterilization as a method of family planning or to motivate or force any person to practice abortion or involuntary sterilization.

DR. CAROL CARPENTER-YAMAN
DIRECTOR,
OFFICE OF POPULATION
USAID/EGYPT

DR. ROUSHDI AMMAR
DIRECTOR,
REGIONAL CENTER FOR
TRAINING IN FAMILY
PLANNING AND REPRODUCTIVE
HEALTH AIN SHAMS
UNIVERSITY

DATE

DATE

Appendix D
List of RCT Training Courses

Training Courses Provided by RCT

Courses conducted during the period 1988 - 1993

- Training of physician trainers
- Training of nurse trainers
- Training of advanced physician trainers
- Training of advanced nurse trainers
- Training of physician service providers
- Training of nurse service providers
- Training of social workers
- Training of physicians and midwife trainers for Lebanon

Courses proposed for the POP/FP III project (April 1, 1994 - June 30, 1997)

- TOT for family planning clinical trainers
- TOT for family planning counselors
- Ob/Gyn specialist FP and reproductive health training
- Physician service providers training
- Nurse FP service providers training
- FP training for pharmacists
- Norplant^R counseling training (physicians, nurses and social workers)
- Norplant insertion and removal training for Ob/Gyn physicians

APPENDIX E: RCT POSITION DESCRIPTIONS

Job Title : Director of RCT
Directorate : Top Management
Report to : Minister of Population and Family Welfare
Summary : The overall purpose of this job is to provide the overall directions to the RCT staff members to ensure the achievements of the RCT goals and objectives in conformance with the national population policy and strategy.

I. Planning Functions:

1. Review and approve the RCT strategic plan.
2. Review and approve the RCT implementation plan.
3. Review and approve the RCT budget.
4. Approve changes in the plan as necessary.
5. Approve the technical assistance plans local and foreign.
6. Negotiate the above mentioned plans with USAID.
7. Obtain approvals from the Minister of Population as necessary.

II. Organizing Functions:

1. Approve the RCT organizational structure.
2. Organize the RCT relationship with the Ministry of Population and Ain Shams University.
3. Organize the RCT relations with Pathfinder international.
4. Organize the RCT external relations.

- III. Staffing Functions:

1. Sign contracts for hiring RCT staff.
2. Terminate contracts if necessary for RCT staff.
3. Approve the RCT staff development plan.
4. Take corrective actions as necessary.

V. Controlling and Supervising

1. Monitor the implementation of RCT plans.
2. Approve all financial documents prior to submitting them to Ministry of population and USAID.
3. Conduct the finance and administrative audits on a regular basis to ensure compliance with Egyptian as well as USAID rules and regulations.
4. Final approval for the payment of staff salaries, incentives and benefits.
5. Supervise the overall performance of RCT staff members.

IV. Leading and Coordinating

1. Provide top management support for the implementation for the continuous quality improvement process.
2. Lead the RCT staff members to achieve the RCT goals and objectives.
3. Encourage the RCT staff to work as a team.
4. Coordinate with the executive manager with daily implementation tasks.

5. Coordinates the RCT relations with donor agencies.
6. Coordinates the RCT relations with policy makers.

VI. Evaluation

1. Approval the monthly RCT employee performance reports.
2. Arrange for internal and external evaluations.
3. Review the results of training courses evaluation.
4. Take corrective actions in response to the results of evaluation.

- Job Title : Executive Manager
Directorate : Top Management
Report to : Director of RCT
Summary : The overall purpose of this job is to ensure the proper application of RCT's policies and objectives for effective delivery of F.P services.

I. Planning Functions:

1. In collaboration with the heads of units of the Regional Center for Training in F.P. and Reproductive Health
 - Prepare RCT strategic plans
 - Prepare RCT Annual implementation plans
 - Prepare the life of the project budget and annual financial plan.
 - Prepare annual technical assistance plan.
2. Submit the above mentioned plans to the RCT director for approval.
3. Negotiate the plans and the budget with USAID and Ministry of Population.
4. Coordinate the technical assistance required for the planning process.

II. Organizing Functions:

1. Organize the RCT units to carry out the tasks to achieve the objectives of RCT plans.
2. Assist RCT units to establish their own objects in light of the overall RCT objectives.
3. Organize the relations between RCT units.

4. Organize RCT staff meetings.
5. Organize RCT steering committee.
6. Organize the committee meetings for the RCT marketing efforts.

III. Staffing Functions:

1. Identify RCT staffing needs.
2. Assist in RCT staffing process.
3. Develop RCT staff development plans.
4. Motivate staff to help them in carrying out their scopes of work.
5. Encourage team work among RCT staff.
6. Take corrective actions as necessary.

V. Controlling and Supervising

1. Ensure that the management operations of RCT are conducted according to the plan.
2. Approve all financial documents prior to submitting them to the RCT director for final authorization of payments.
3. Apply administrative rules and regulations as stated in the approved RCT by laws.
4. Supervise RCT staff to ensure high quality performance.
5. Review the reports prepared by units' heads prior to submitting them to RCT director.
6. Authorize the monthly payroll for all RCT staff prior to final approval from RCT director.

7. Approve the RCT travel plans prior to submitting them to RCT director.

IV. Leading and Coordinating

1. Implement the continuous quality improvement process.
2. Lead the RCT team to achieve the RCT goals and objectives.
3. Coordinate the relations between the RCT and external organizations.
4. Coordinate the relations between the RCT and USAID.

VI. Evaluation

1. Review and approve the monthly RCT employee performance prior to submitting them to the RCT director for final approval.
2. Review the results of the evaluation for each training course conducted in the RCT before submitting them to the RCT director.
3. Monitor and evaluate the performance of each unit to assess its achievements in conformance with the targets set in the implementation plan.

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- * Participates in creating and modifying marketing techniques that will help in positioning and marketing different RCT activities.
- * Participates in evaluating RCT staff performance.
- * Develops effective channels to provide the staff with information which monitors the employees relations climate and their contribution to the planned goal.
- * Solves problems that may occur.

INTERNAL AND EXTERNAL CONTACT:

- * Internal:
 - All Units
- * External:
 - Current officials government and local authorities, Hospitals, and all other related authorities.

QUALIFICATIONS AND REQUIREMENTS:

- * General:
 - Medical school graduate, Master degree and experience in F.P. training 5 years.
- * Technical:
 - High level of managerial skills.
 - Ability to plan, conduct effective meetings and to prioritized work.
 - Ability to coordinate the work of different units and functions as team leader.
 - Firm and dynamic personality.

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Job Title : Training Unit's Head

Unit : Training Unit

Directorate : Technical

Report To : Executive Manager

Summary :

* The overall purpose of this job is to:

- Design plan, and conduct training courses to achieve high quality of F.P. physicians, nurse trainers and service providers.
- Participate in providing courses in the STC's and to evaluate the trainees and trainers performance.

SPECIFIC DUTIES:

- * Prepares annual implementation plans for the RCT Training Unit.
- Participates with other unit's heads in assessing RCT budget.
- * Designs and conducts F.P. training courses to assure qualified physicians, nurse trainers and service providers.
- * Sets up overall guidelines for the topical contents of the training courses.
- * Assesses the training needs for the courses to be offered to collect information regarding the training requirements of the client organizations and the competencies participants need to acquire.
- * Participates in offering training courses at the STC's.

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- Sets up evaluation methods for the trainers and trainees.
- Prepares and submits to the executive manager quarterly and monthly progress reports.
- Supervises unit staff, scheduling their roles, keeps them well informed on unit activity and needs, evaluates their performance, and assists them to develop their skills.
- Collaborates with the Communication Unit in producing training manuals, materials, and aids.
- Follows up the graduated trainers from the RCT.
- Solves training problems which may occur during the training courses.
- Maintains liaisons with RCT Units Heads to gather information concerning the effectiveness of RCT in providing the required standard of training.
- Develops standards to be followed when implementing units activities. Variance in standards should be reviewed and approved by the RCT director.
- Performs other related duties as requested by the Executive Manager.

EXTERNAL AND INTERNAL CONTACTS:

- * **Internal:**
 - All RCT Units
- * **External:**
 - The Family Planning Projects funded by UNSAID (Clinical Services Improvement Project, Medical Doctors' association, Health Insurance Organization, Teaching Hospital Organization).

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JOB QUALIFICATION AND REQUIREMENTS:

* General:

- IB/OTM Specialist with practical experience 7 years in F.P.

* Technical:

- Demonstrates good teaching skills.
- Strong leadership and communication skills in dealing with others.
- Problem solving skills.
- Must have wide knowledge in F.P. policies and programs in Egypt.

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ADMINISTRATIVE AND FINANCIAL UNIT OPERATIONS MANUAL

Job Title : Physician Trainer

Unit : T.A. Unit, Out Patient Clinic Unit, Training Unit and STCs Unit.

Directorate : Technical

Report To : Head of His/Her Unit

Summary : The overall purpose of this jobs is to performs, F.P. training activities at the RCT and STCs.

SPECIFIC DUTIES:

- * Assesses F.P. training needs of service providers in collaboration with TA units.
- * Shares in setting up annual training plans for the RCT.
- * Performs family training activities in the RCT, STCs and other F.P. projects.
- * Prepares training materials for planed training courses.
- * Sets up evaluation forms for training courses, prepares evaluation reports and gives recommendations.
- * Provides technical assistance and guidance in the area of F.P. training activities to other staff members, F.P. projects and organizations.
- * Follows up visits to RCT graduates.
- * Monitors F.P. services offered in his/her unit.
- * Performs other related/duties as requested by his/her unit's head.

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EXTERNAL AND INTERNAL CONTRACT:

- * Internal:
 - All other units.
- * External:
 - All F.P. projects and related organizations.

JOB QUALIFICATION AND REQUIREMENTS:

- * General:
 - Medical school graduate or ob/gyn graduate for 5 years practical experience.
- * Technical:
 - Attended the course of training of trainers in F.P.
 - Attended advanced courses in teaching skills.
 - Attended management courses.

ADMINISTRATIVE AND FINANCIAL UNIT OPERATIONS MANUAL

Job Title : Nurse Trainer

Unit : T.A. Unit, training unit, STCs unit and out patient clinic unit

Directorate : Technical

Report To : Her unit's Head

Summary : The overall purpose of this job is to perform F.P. training activities in the area of nursing at RCT and STCs.

SPECIFIC DUTIES:

- * Participates in assessing training needs of nurses for F.P. programs and in developing annual plan.
- * Participates in preparing and implementing training courses.
- * Performs all F.P. training activities in the area of nursing in RCT & STCs.
- * — Prepares training materials for all planned courses.
- * Prepares evaluation forms analyses the evaluation report for each training courses programs and for other staff members.
- * Provides technical assistance and guidance in the area of F.P. education in different programs and for other staff members.
- * Supervises high standard infection control in F.P. clinic and conduct sessions about this topic.
- * Monitors F.P. activities offered in her unit.
- * Participates in the dissemination of F.P. training information for other projects through lectures and seminars.

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Performs all other related duties as requested by her unit's Head.

INTERNAL AND EXTERNAL CONTRACT:

- * Internal:
 - All other units.
- * External:

QUALIFICATION AND REQUIREMENTS:

- * General:
 - High institute of Nursing graduate with experience of at least 5 years.
- * Technical:
 - Demonstrate good teaching skill and personal commitment to group dynamic.
 - Communication and counseling skills.



ADMINISTRATIVE AND FINANCIAL UNIT OPERATIONS MANUAL

Job Title : T.A. Unit's Head

Unit : Technical Assistance

Directorate : Technical

Report To : Executive Manager.

Summary : The overall purpose of this job is to provide successful technical assistance to F.P. programs in Egypt.

SPECIFIC DUTIES:

- * Prepares and reviews the technical assistance plans in collaboration with RCT units heads and project directors. The plan should include an estimated budget. Participates with other Unit's Heads in assessing RCT budget.
- * Manages technical assistance unit and supervises unit coordinators.
- * Plans and oversees the conduct of training on consulting methods and practices for technical specialists new to consulting work.
- * Manages technical assistance in collaboration with RCT Units Heads, RCT Director, and Family Planning Projects Directors.
- * Recruits, evaluates, and selects technical specialists to meet the needs of the projects, monitors the process of providing technical assistance, and reviews compliance. Review all consultants' reports to ensure completion. Distributes reports to all parties involved.
- * Identifies and orients RCT and local consultants, local subcontractors to provide technical assistance to family planning service delivery projects in Egypt.

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ADMINISTRATIVE AND FINANCIAL UNIT OPERATIONS MANUAL

Selects, obtains, and oversees the work of technical assistance consultants, including logistical support arrangements, employment contracts, expense reimbursements, preparation and distribution of technical consultant reports. Evaluates consultants in collaboration with Family Planning Director and RCT Director.

- * Maintains liaison with the Project Directors and RCT unit Directors to gather information concerning the effectiveness of RCT in providing the required technical assistance for the previous time period.
- * Prepares technical assistance unit internal program reports for distribution to RCT Director and RCT units heads.
- * Provides technical assistance as necessary following the T.A. Unit criteria selection.
- * Collaborates with the communication unit to design and implement a system for the marketing of RCT technical assistance services and among Egyptian public and private sector agencies.
- * Performs other activities as requested by executive manager or deemed necessary to achieve successful performance by the unit.

EXTERNAL AND INTERNAL CONTACTS:

- * Internal:
 - All Other units.
- * External:
 - Governmental authorities.
 - Ministry of health.
 - Other agencies as requested.

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JOB QUALIFICATION AND REQUIREMENTS:

* General:

- Mb/SHN specialist with 5 years experience.
- Master trainer in Reproductive Health with minimum of 3 years experience or attended the course of training trainers in F.P.

* Technical:

- Management skills including program management.
- Excellent communication skills including negotiation skills.
- Problem solving skills.
- Demonstrates leadership skills.
- Must have knowledge on F.P. policies and programs in Egypt and all RCT devices.

ADMINISTRATIVE AND FINANCIAL UNIT OPERATIONS MANUAL

Job Title: Administrative and Financial Unit's Head

Unit: Administrative and Financial Unit

Directorate: Administrative and Financial

Report to: Executive Manager

Summary: The overall purpose of this job is to implement maintain administrative and financial policies, systems and procedures in the most efficient and professional level in order to achieve RCT goals.

Administrative Duties:

- Develops, updates and controls administrative policies and procedures to deep in line with USAID as well as Egyptian rules and regulations.
- Keeps personnel files, monitor time sheets and staff evaluation.
- Prepares legal documents to contract with the staff.
- Issue administrative orders and monitor their implementation.
- Implements and controls salary, remuneration, allowances plans and procedures to ensure that staff are paid according to the results of their evaluation.
- Supervise office management procedures. Those include typing, secretarial services, mailing and maintenance services.
- Prepare legal documents to contract with suppliers.
- Supervise all procurement management in the center, This includes procuring, receiving, storing, distributing, record keeping, reporting and inventory of all RCT, and STCs warehouses.
- Supervise administrative and financial staff.

External and internal contacts:

- Internal
 - All unit's heads.
 - Governmental authorities and officials

- External:
 - Tax authorities, banks and auditors.

Job Qualification And Requirements:

- General:
 - University graduate with extensive experience in family planning project management with at least 7 years experience in administrative and financial management.

- Technical:
 - High level of managerial skills.
 - Knowledge of labor law, social insurance law and tax and other related regulations.
 - Wide banking relations and general communications with external officials.
 - Strong leadership, communication and problem solving skills.
 - Ability to make fair and sound judgements.

Financial Duties:

- Prepares RCT annual budget to reflect the annual project implementation plan.
- Conducts financial management including accounting, book keeping and financial statements.
- Controls book keeping and accounting procedures.
- Plans and conducts internal and external financial audits.
- Supervise the cost accounting procedures, conducts cost affections studies and design a cost recovery system to attain financial self sufficiency of the RCT.
- Oversees, controls and manage all financial aspects of travel expenses for staff and consultants.
- Manage all financial aspects of training courses.
- Supervise the continuous quality improvement process for the financial processes.
- Coordinates activities of the financial controler, accountants, book keepers and administrators.
- Prepares all financial reports and submit them to the executive manager and the RCT director for review and approval.
- Prepares monthly and quarterly progress reports and submits them to the executive manager and the RCT director.
- Advise the executive manager on issues related to financial rules and regulation and assist in solving work related problems.
- Supervise all banking procedures related to the RCT.
- negotiate financial issues with USAID project officer when asked to do so.

ADMINISTRATIVE AND FINANCIAL UNIT OPERATIONS MANUAL

Job Title : Administrative Assistant
Unit : Administrative and Financial Unit
Directorate : Human Resources
Report To : Administrative and Financial Unit's Head
Summary : The overall purpose of this job is to perform administrative activities of the unit.

SPECIFIC DUTIES:

- * Maintains RCT staff files in proper way, check their leave times, time sheets, material and military status.
- * Prepares staff salary remuneration, allowances, payment procedures and record keeping.
- * Prepares and provides statistical information required by the management such as monthly deductions, overtime, bonuses, incentives, new hires, sick leaves and other related information.
- * Arranges for maintenance of RCT equipment and overseas inventory of supplies.
- * Ascertains requirements of all departments and studies them.
- * Prepares the purchase orders for approval from the Administrative and Financial Unit's Head.
- * Assists in preparation of specifications, prepares the request for proposals, and the comparison of offers.
- * Performs additional job related tasks when required.

P.S.:

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ADMINISTRATIVE AND FINANCIAL UNIT OPERATIONS MANUAL

The library's and stationary responsibility could be added to the duties of the A.A.

EXTERNAL AND INTERNAL CONTRACTS:

- * Internal:
 - All the RCT units.
- * External:
 - Labor offices.
 - Suppliers.

JOB QUALIFICATIONS AND REQUIREMENTS:

- * General:
 - University degree in commerce with experience of at least 5 years in administrative activities.
- * Technical:
 - Previous experience in administrative activities.
 - Public relation skills.
 - Attending job training courses - seminars.
 - Fair knowledge of English language.
 - Typing skills.

ADMINISTRATIVE AND FINANCIAL UNIT OPERATIONS MANUAL

Job Title : Chief Accountant
Unit : Administrative and Financial Unit
Directorate : Finance
Report To : Administrative and Financial Unit's Head
Summary : The Major Function of this job is to manage and perform financial activities in order to achieve the RCT's goals.

SPECIFIC DUTIES:

- * Supervises and follows up the daily financial accounting activities.
- * Prepares bank facilities and reconciliations, between ledgers and bank statements.
- * Examines and reviews the RCT's expenditure documents in order to review the taxes.
- * Prepares checks for signing by the Unit's Head.
- * Verifies vouchers attached with appropriate supporting documents.
- * Prepares the monthly and quarterly financial reports for approval from the Unit's Head.
- * Participates in preparing the annual budget of the RCT.
- * Provides financial information requested by responsible reasons.
- * Performs other related duties when requested by the Head of the unit.

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EXTERNAL AND INTERNAL CONTACTS:

- * Internal:
 - All other units.
 - All staff and workers.
- * External:
 - Suppliers.
 - Banks.
 - Tax authorities.

JOB QUALIFICATIONS AND REQUIREMENTS:

- * General:
 - University degree in commercial studies with at least 5 years practical Experience in accounting.
- * Technical:
 - Ability to solve work related problems.
 - Documentation skills.
 - Good command of English language.
 - Supervisory skills.

ADMINISTRATIVE AND FINANCIAL UNIT OPERATIONS MANUAL

Job Title : Accountant
Unit : Administrative and Financial Unit
Directorate : Finance
Report To : Administrative and Financial Unit's Head
Summary : The major function of this job is to record all banking entries and post them to the journal also, to report salaries and wages entries and taxation.

SPECIFIC DUTIES:

- * Makes entries and reports banking transaction in the journal.
- * Makes entries and reports monthly payroll in the journal.
- * Posts in master and subsidiary journal, accounts receivable and payable.
- * Makes annual tax reconciliation for each employee.
- * Handles all the RCT's accounting transactions.
- * Reports on daily cash inflow / outflow of cheque payments, cheque balance and cheques not yet collected.
- * Performs additional job related tasks when required.

EXTERNAL AND INTERNAL CONTACTS:

- * Internal:
 - Administration and Financial Unit.
- * External:

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- Banks.
- RCT's External auditor.
- Taxation authorities.

JOB QUALIFICATION AND REQUIREMENTS:

* General:

- University graduate, Faculty of commerce, Accountancy section.
- 3 years practical experience in accountancy practices.

* Technical:

- Ability to solve work related problems.
- Documentation skills.
- Attending work related courses and seminars.

ADMINISTRATIVE AND FINANCIAL UNIT OPERATIONS MANUAL

Job Title : Internal Auditor

Unit : Administrative and Financial Unit

Directorate : Finance

Report To : Administrative and Financial Unit's Head

Summary : The major function of this job is to conduct independent, protective and constructive work to review effectiveness of internal control systems, procedures, financial records and operations.

SPECIFIC DUTIES:

- * Inspects accounting and financial systems and procedures to determine their efficiency and protective value.
- * Reviews Banks reconciliation and settlements.
- * Audits and reviews data, regarding materials, assets, capital stock, liabilities, expenditure, sales, and clients petty cash funds extra.
- * Verifies journal and ledger entries of cash and cheque payments, purchases expenses and trial balance by examining inventory items.
- * Audits and reviews company payroll.
- * Performs additional job related tasks when required.

EXTERNAL AND INTERNAL CONTACTS:

- * Internal:
 - Administrative and Financial Unit.

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- * External:
 - External Auditor.

JOB QUALIFICATION AND REQUIREMENTS:

- * General:
 - University Graduate, Faculty of commerce, Accounting section.
 - Post Graduates Studies in Audit with 5 years practical experience in auditing and Financial fields.
- * Technical:
 - Good knowledge of Company's Financial Systems and internal procedures.
 - Ability to operate PC.
 - Good knowledge of English language.

ADMINISTRATIVE AND FINANCIAL UNIT OPERATIONS MANUAL

Job Title : Executive Secretary

Unit : Administrative and Financial unit

Directorate : Administration

Report To : Administrative and Financial Unit's Head

Summary : The major function of this job is to perform the secretarial duties and supervise the administration of the office.

SPECIFIC DUTIES:

- * Maintains the Executive office filing system including organizing the system and daily filing.
- * Supervises the secretaries in their work activities.
- * Takes minutes of the RCT's meetings, types and distributes them, follows-up actions to be taken.
- * Sorts mail, reads, makes photocopies if necessary, and handles distribution.
- * Types, reproduces and distributes agenda of meeting.
- * Notifies other Unit's Head, guests, ...etc of the meeting schedules.
- * Takes calls and appointments for the E.M.
- * Sets up conference room and manages for refreshment to be served.
- * Supervises the general appearance of the office.
- * Review daily local news, official announcement to present the important events.

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- * Writes routine correspondence, memos and circulars.
- * Types letters, reports, telexes, etc....
- * Receives the typing work from all the RCT's units distributes it to the secretaries and develops their efficiency.
- * Acts as librarian.
- * Controls the Stationeries.
- * Assists in preparing for training workshop requirements (schedules, stationeries).
- * Performs additional job related tasks when required.

INTERNAL AND EXTERNAL CONTACTS:

- * **Internal:**
 - Top Management.
- * **External:**
 - N/A.

JOB QUALIFICATIONS AND REQUIREMENTS:

- * **General:**
 - University graduates with at least 5 years practical experience in secretarial work including filing fax translation, communication and public relation.
- * **Technical:**
 - Good command of English language.
 - Excellent secretarial skills.
 - Ability to operate PC/s, fax, word processor, etc...

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- Well organized and initiative.
- Good communication skills.

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ADMINISTRATIVE AND FINANCIAL UNIT OPERATIONS MANUAL

Job Title : Out Patient Clinic Secretary

Unit : Administrative and Financial Unit

Directorate : Administration

Report To : Head of the Out Patient Clinic & Clinical Training Unit

Summary : The major function of this job is to perform all the Secretarial duties in the out patient clinic.

SPECIFIC DUTIES:

- * Maintains files and documents according to the system established for the Out Patient Clinic Unit.
- * Makes the Necessary follow-up with other units.
- * Types the annual and quarterly report on the computer.
- * Notifies the Out Patient Clinic Head of the scheduled date for meetings appointmentsetc.
- * Makes a daily - monthly statistics for the Out Patient formality planning clinic.
- * Records the name of the patients in the clinics' register.
- * Organizes the files of the patients so as to be easily followed.
- * Performs additional job related tasks when required.

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INTERNAL AND EXTERNAL CONTACTS:

- * Internal:
 - Head of the clinical unit.
- * External:
 - N/A.

JOB QUALIFICATIONS AND REQUIREMENTS:

- * General:
 - Moderate education certificate with a minimum of five years experience in secretarial.
- * Technical:
 - Typing and filing experience.
 - Ability to operate PC.
 - Well organized and hard worker.
 - Public relation skills.
 - Fair knowledge of English language.
 - Pleasant personality.

INTERNAL AND EXTERNAL CONTACTS:

- * Internal:
 - All other units.
- * External:
 - N/A.

JOB QUALIFICATIONS AND REQUIREMENTS:

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* General:

- University graduate with a minimum of three years experience in secretarial work.

* Technical:

- Typing and filing experience.
- Ability to operate PC.
- Pleasant personality.
- Good command of English language spoken and written.
- Typing speed of at least 45 words per minute - English and 30 words per minute - Arabic.

INTERNAL AND EXTERNAL CONTACTS:

* Internal:

- All other units.

* External:

- N/A.

JOB QUALIFICATIONS AND REQUIREMENTS:

* General:

- Moderate education certificate with a minimum of five years experience in secretarial work.

* Technical:

- Typing and filing experience.
- Pleasant personality.

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- Good command of English language spoken and written.
- Typing speed of at least 45 words per minute - English and 30 words per minute - Arabic.

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ADMINISTRATIVE AND FINANCIAL UNIT OPERATIONS MANUAL

Job Title : Store Keeper
Unit : Administrative and Financial Unit
Directorate : Administrative
Report To : Administrative Assistant
Summary : The major Function of this job is to receive, store, and deliver materials on time and according to the RCT's requirements.

SPECIFIC DUTIES:

- * Receives, stores, and issues tools, equipments and other commodities and maintains them.
- * Checks incoming commodities against demand notes.
- * Enters details of stock received in store room ledger and in record cards.
- * Insures that stock is placed in correct position in store.
- * Issues stock and makes requisitions for replacements according to instructions.
- * Periodically checks stock against store records and submits reports.
- * Carries out additional related duties when necessary.

EXTERNAL AND INTERNAL CONTACTS:

- * Internal:
 - The Administrative and Financial Unit, All the RCT Units.
- * External: