

APHA CONSULTANT'S REPORT

EGYPT

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1.0 Objective of Consultancy

The objective of the consultancy (according to the authorizing letter from Dr. Ferguson of TAB/H to Dr. Hood of APHA) was to assist USAID-Cairo in the development of its health program, and specifically to assist in:

- a) Preparing for the implementation of the rural health project;
- b) Analysis and design of proposed [urban] health activity relevant to AID's health objectives; and
- c) Analysis of the proposed field training program of the High Institute of Health.

2.0 Objectives of Report

This report is limited to comments on salient aspects of the various AID-financed health projects under development or consideration in Egypt. Much of the work accomplished with USAID-Cairo and the Ministry of health (MOH) during the consultancy is documented in cables and project documents (e.g., draft Project Identification Document for the proposed Urban Health Project and revised Request for Proposals for the Strengthening Rural Health Delivery Project). Some of the consultant's other activities in Egypt, especially those involved in the process of "preparing for implementation of the rural health project", were discussed at the AID-W debriefing on June 24, 1977, but documenting them here would serve no purpose.

3.0 Consultant's Activities and Principal Contacts

After a briefing at AID-W, the consultant spent the period from

April 4, 1977 through May 19, 1977 in Egypt, working at the USAID mission and the Ministry of Health, with one field trip to Minu-Fiyah.

The consultant's principal contacts were Dr. Shutt of USAID-Cairo (Health and Population Officer) and Drs. Mobarak and Nagati of the MOH (Project Director and Executive Director, respectively, of the Strengthening Rural Health Delivery Project).

4.0 Staffing of USAID-Cairo Health and Population Office (and Country Contracting)

A development assistance program as massive as the one being mounted by AID in Egypt requires a major Technical Assistance component in order to increase national absorptive ~~of~~ capacity and to potentiate the effects of capital assistance, in addition to providing the more direct benefits of technical assistance itself.

The Technical Assistance Division of USAID-Cairo is understaffed, considering the number, size and complexity of the projects which are being developed. The Health and Population Office, in particular has obviously been severely understaffed.

The addition of two additional officers to the staff in the coming months will alleviate some of the pressure on the Health and Population Officer, but if a similar situation of understaffing recurs, the development of the MOH-USAID health projects is likely to suffer serious setbacks.

The AID policy of maximizing country contracting seems likely to produce its intended benefits in the case of Egypt's MOH, judging from the consultant's observations of MOH responses in the early contracting phase of the Strengthening Rural Health Delivery Project. However,

country contracting is probably going to require that USAID provide constant attention and support to the recipient GOE agencies. The efforts of the Health and Population Office to provide such support will be facilitated if one of the additional Assistant Program Officers to be assigned to USAID-Cairo has experience in health project development and is allowed to provide most of the Program Office' support for health projects.

5.0 Actual and Potential AID-Supported Projects

5.1 Strengthening Rural Health Delivery Project

The Strengthening Rural Health Delivery Project will focus on improving support and functioning of the rural health system. The intention of the project is to increase the efficiency and effectiveness of the substantial existing rural health service infrastructure.

The project has the full interest and support of the MOH officials with whom the consultant worked most closely (Drs. Mobarak and Nagati), and their interest and that of the MOH in general clearly extends beyond the commodities to be provided and is concentrated on functional aspects of the system.

In the process of revising the Request for Proposals, the MOH eliminated some of the ambiguities and contradictions present in the Project Paper and in the Project Review Paper and other documents appended to the Project Paper. A large amount of planning still remains to be done, however. The proposals submitted are expected to provide greater detail for the early years of the project than for later years, and revision of the contractor's detailed work plans and schedules will undoubtedly

need to take place during the first months following the arrival of the technical assistance team in Egypt. At that time, full use should be made of all relevant information and experience available within the MOH, other GOE agencies, and USAID-Cairo, and of reports such as that produced by Dr. Lee Smith (U. S. P. H. S., December 1976) and those resulting from the current rural health services study directed by Dr. Paul Nutting.

The consultant, on the basis of his review while in Cairo of the 16 prequalifying submissions agrees with the MOH selection of the five firms invited to submit proposals. Each of the five firms' prequalifying submissions indicated probable capacity to develop an adequate proposal and to provide the required technical assistance and support. In one case, however, that capacity will depend upon support from a consortium of universities which was proposed but not strongly supported in the prequalifying submission.

The rating factors and weightings listed in the RFP are appropriate to the nature and requirements of the project and to the context within which the contractor will work in Egypt. The technical assistance mix required by the project may differ somewhat from that required in rural health projects in many other countries, due to peculiarities of the Egyptian Rural situation; these include high average population densities, a nondispersed population, predominance of large villages/towns, relatively short distances between settlements, presence of a substantial health facility and personnel infrastructure, and GOE Emphasis on provision of services by (and employment of) the many Egyptian physicians who have been or are now being trained.

Plans for evaluation of the project and for participation of the Technical Advisory Committee in the project's implementation and evaluation should be discussed and planned by the MOH and USAID-Cairo, then revised to incorporate the evaluation suggestions of the technical assistance contractor. The most critical times for evaluation and replanning will be at the end of each phase of the project.

5.2 Minu-Fiyah Project

The Minu-Fiyah project, directed by Dr. Sahad Gadalah of the American University at Cairo Social Action Research Center, appears to provide a firm base of experience for the proposed expansion of basic health and family planning services to other rural areas nearby. Use could also be made of that experience and of the group's social science expertise during the implementation of the Strengthening Rural Health Delivery Project.

5.3. Urban Health Project

The consultant and Dr. Shutt drafted a Project Identification Document for an Urban Health Project intended to improve the efficiency and effectiveness of urban health services. The project would increase the accessibility and acceptability of technically adequate health services in a selected area of Cairo. Both outpatient and inpatient facilities would/involved. Activities to be financed under the proposed project would probably include: training, technical assistance and commodities for the improvement of health service management and operations and of support systems; efforts to improve utilization of nonhospital ambulatory/care facilities; and physical improvement in health care facilities. A facilities survey being done by Mr. Perry Tennison and Mr. Joseph Salvo

had not been completed when the consultant left Egypt, but the survey team's report is expected to contain preliminary recommendations for selection of health care facilities for renovation. The schedule of project development inputs included in the draft PID will need to be modified, in view of recent changes in the AID project development process.

The Emergency Medical Services Project's plans and activities in Cairo should be coordinated with Urban Health Project planning.

5.4 Emergency Medical Services Project

The Emergency Medical Services (EMS) Project thus far seems to have a highly technological focus and to lack a management systems focus which will be needed if functioning EMS systems are to be developed. There also appears to be a^a relative lack of GOE initiative with regard to the project, and little Egyptian activity related^{to} the development of the overall EMS plan which the project requires. During the development of the Urban Health Project, attempts should be made to coordinate the two projects.

5.5 East Alexandria Field Training Activity

The Alexandria High Institute of Public Health's proposal to establish a field training area using MOH facilities and communities in the East Alexandria district deserves AID's support. Review of USAID-Cairo files on the proposal and discussions with officials of the MOH and the Institute indicated that adequate field training is not included in the curricula of the Institute, but that a base of field training experience exists and faculty members are aware of the importance of field training to adequate practical application of what is learned in courses.

and seminars. The Institute is the only institution in Egypt which provides advanced training/^{specifically} for public health personnel, and the adequacy and applicability of the training provided there is therefore crucial to the success of the nation's public health programs, and especially to the improvement of public health administration.

It was not possible for the consultant and Dr. Shutt to visit the Institute during the consultant's stay in Egypt, but sufficient information seems to be available to make development of project documents relatively easy. At the request of the USAID-Cairo Program Office, the proposed project is being included with other projects as part of an overall family planning activity. Project documents will need to justify this arrangement and specify the full range of activities to be supported by the project (extending well beyond family planning), in order to avoid later problems which could endanger the continuation and success of general public health field training activities necessary for the improvement of GOE public health systems.

5.6 Training in Quantitative Social Science Techniques

The consultant and other observers have noted that the MOH and other GOE agencies in general lack personnel able to make full use of quantitative social science techniques in their analysis, planning and evaluation efforts. One way to alleviate this problem would be to develop Egyptian training capacity in this area. AID might consider funding the development of such in-country training activities, if a technically and organizationally adequate base for them is available. Because the same basic techniques could be applied in various GOE agencies, it might be best to develop such a program in an organizational location to which various ministries and units would be willing to send selected middle-level personnel for training.