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USAID/EGYPT: MINI UNIVERSITY FINAL REPORT

IMPROVING SYSTEMS, CHANGING LIVES: PUBLIC HEALTH IN EGYPT

DECEMBER 2010

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DISCLAIMER

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EXECUTIVE SUMMARY

MINI-UNIVERSITY OVERVIEW

The Mini-University was an interactive event designed for Egyptian professionals and students who are leaders in improving their country's health. During 16 interactive sessions, participants learned from experts and each other. Topics ranged from using mobile technology in health care to workforce planning and business partnerships in markets for health services. The abstracts and other background documents were made available on the Mini-University website prior to the event and distributed, along with the presentations, to participants on flash drives. Simultaneous translation was available in all sessions to foster communication.

Each session explained techniques that have been tested and refined by experts and provided tools for participants to use. Attendees were asked to play an active role in creating a rich, dynamic learning environment where all could benefit. All were expected to come prepared to participate, share ideas, ask questions, and be part of the future of high-quality public health services in Egypt.

Celebrating 30+ Years of Partnership for Healthy Families

The Mini-University also served as a celebration of more than three decades of partnership between Egyptians and Americans for healthier, planned families. It marked the successful completion of several USAID health projects led by the Johns Hopkins School of Public Health and Pathfinder International, and ongoing work in partnership with Health Systems 20/20 and the Egyptian Government.



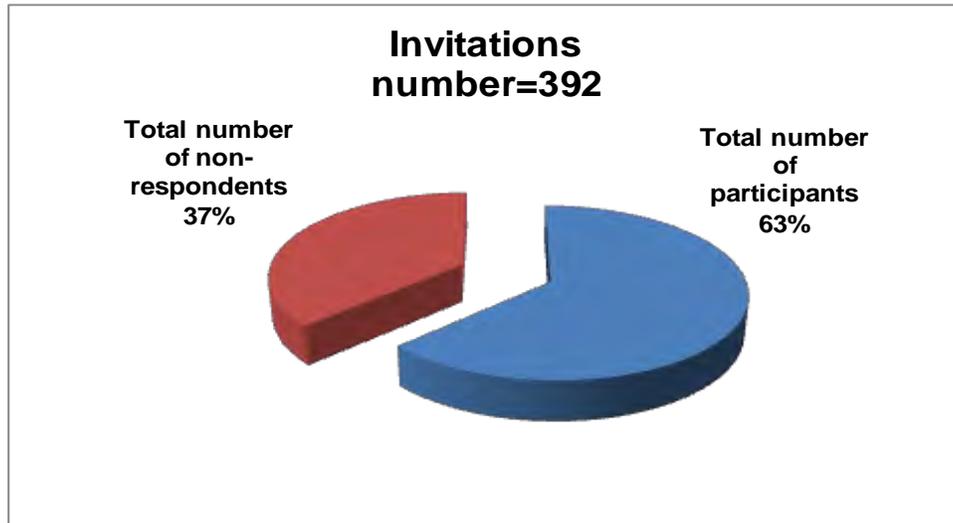
PARTICIPANT ANALYSIS

Approximately 200 people were expected to participate in the Mini-University. The total number exceeded that by almost 25%, reaching 247. The organizers estimate that this was due to several factors: personal invitations by USAID and the project staff, diligent follow-up by Health Care International, and the novelty of the event set-up.

Percentage Responding to Invitation

Table 1. Percentage Responding to Invitation

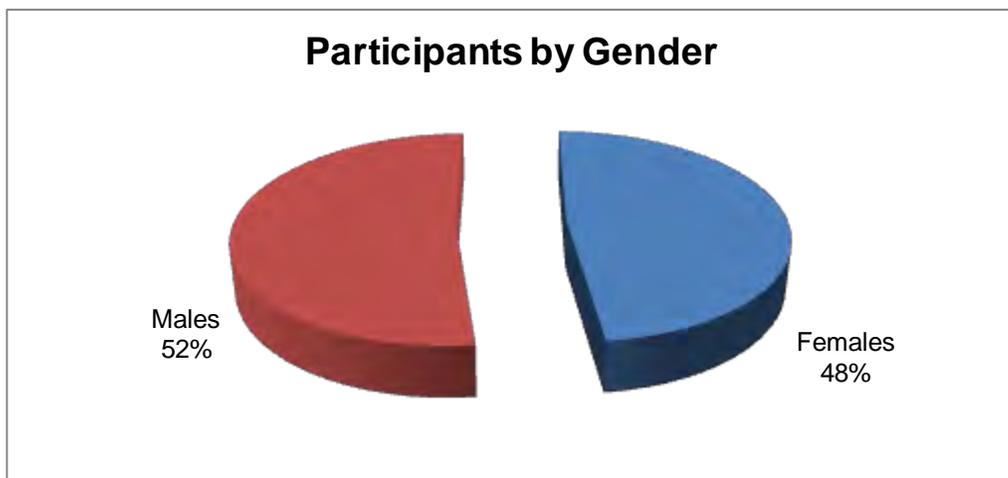
Respondents	Total number of invitees	392
	Total number of non-respondents	145
	Total number of participants	247



Participants by Gender

Table 2. Participants by Gender

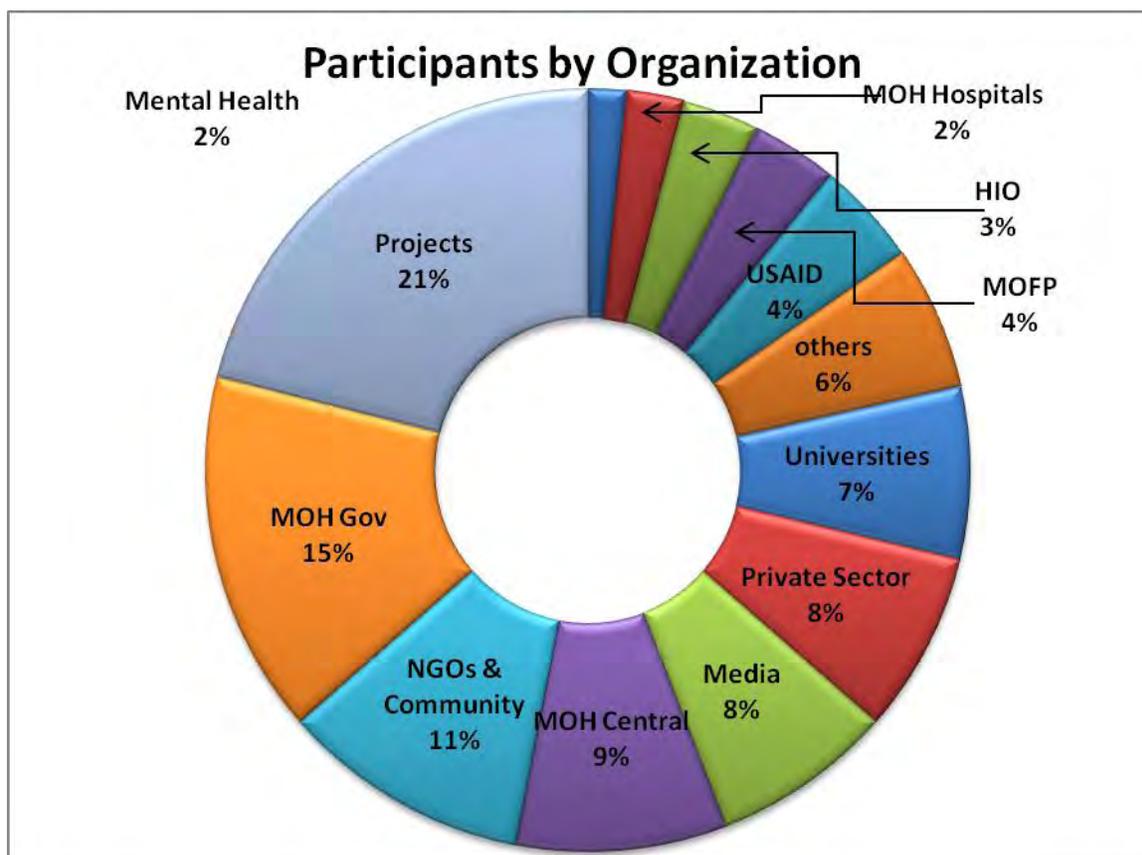
Gender	Females	119
	Males	128
	Total	247



Participants by Organization

Table 3. Participants by Organization

Participants by Organization		
Mental health	4	2%
Ministry of Health hospitals	6	2%
Health Insurance Organization	8	3%
Ministry of State for Family and Population	9	4%
USAID	11	4%
Others	15	6%
Universities	18	7%
Private sector	19	8%
Media	19	8%
Ministry of Health (central)	22	9%
NGOs and community	26	11%
Ministry of Health (governorate)	38	15%
Projects	52	21%
Total	247	



SESSION SUMMARIES

SESSION ONE

Mabrouk! Improving Health among Young Families Using the Life Stage Approach

Presenters:

- Dr. Samir Al-Alfy, Deputy Chief of Party, Communication for Healthy Living
- Dr. Nahla Roushdy, Ministry of Health
- Dr. Douglas Storey, Johns Hopkins University
- Beneficiaries: Young couple with baby

Public health research has shown that good health practices during antenatal care, safe delivery, and postpartum care result in improved health competence that guides healthy practices over the long term. Therefore, information surrounding childbirth is crucial for young families in determining their lifelong healthfulness. Recognizing the importance of those moments, the Mabrouk Initiative in Egypt addresses young families and seeks to inform them at turning points in their life stages. The Life Stage strategy recognizes that the household or family is the primary producer of health. In the Mabrouk Initiative, family health messages address the chain-of-life events likely to occur within the first three years of marriage. Experienced in implementing programs that focus on the young family cohort, Johns Hopkins University has developed techniques and tools that are customized to meet the needs of young families and are aimed at improving their health outcomes.

After an interactive discussion about the health needs of a fictional couple about to get married, presenters provided an overview of the Mabrouk Initiative and discussed its impact. A couple told the story of their own participation in the Mabrouk program.

Discussions emphasized the importance of media in transferring health messages and the use of health certificates for newly married couples.

During the last five years, the Mabrouk Initiative has contributed to the following:

- Increased medical assistance for those wishing to marry
- A trend toward smaller families
- Improved birth spacing statistics
- Growing use of family planning methods during the postpartum period

The presenters noted that birth spacing in Upper Egypt still needs more effort, according to indicators.

Social Network Approaches to Combat Viral Hepatitis

Presenters:

- Dr. Manal Hamdy Sayed, National Committee to Control Viral Hepatitis
- Marwa Kamel, Communication for Healthy Living

The field of communication – including health communication – has long recognized the power of networks, but is only now consciously using network strategies to increase health impact. New approaches integrating the use of mobile phones for mHealth now facilitate these network strategies. In this session, participants interactively explored the power of network communication and learned how network approaches, including the use of mobile phones to spread health messages (mHealth), have been used to improve health in Egypt's University Campaign against Viral Hepatitis.

After viewing a film on viral hepatitis, participants performed an exercise with their phones to see the power of network approaches for themselves.

During the presentations and group discussion, participants learned that Egypt has one of the world's highest prevalence rates of hepatitis C virus, with infections occurring in medical facilities as well as at home. Equipment is not properly sterilized and injections are unsafe. Transmission occurs through unsterilized needles, sharing of personal items in families, blood transfusions, and children born to infected families.

The campaign, directed at young people, focused on prevention, detection, and treatment, using TV, radio, pharmacy networks, and NGO partners. The effort was accompanied by outreach through universities, celebrity spokespeople, and sports programs.

The results included 90% of children getting immunized, 72% recall of the campaign in an omnibus survey (with TV the main source), and donations of 2.61 million LE in cash and in-kind resources.



Workforce Planning: Having the Right People in the Right Place

Presenter:

- Dr. Samir Mansour, Health Systems 20/20 Workforce Planning Technical Coordinator

One of the key challenges facing the Ministry of Health (MOH) in its reform efforts is ensuring that Egypt has the right workforce in place to roll out and sustain reforms. In this session, Health Systems 20/20 demonstrated how it has worked closely with the MOH to develop and implement a workforce planning model that can identify staffing shortages and surpluses and determine the required number of staff needed for optimal operation. Participants had the chance to try the workforce planning software for themselves to interpret workforce gap analysis results.

The presenters showed a video, called “The Beauty and the Beast,” about positive and negative staffing scenarios. Following the video, they presented the workforce planning tool developed through the project. Representatives of two hospitals shared some of the real life staffing challenges they had faced. Participants were then given staffing data to analyze, with one group having access to the planning tool and the other not.

During the discussion, officials from the Health Insurance Organization asked about optimal staffing for intensive care and neonatal intensive care units. Ministry officials requested that the tool be distributed to all hospitals and clinics in Egypt.

Contraceptive Security: It's Not about the Method

Presenters:

- Dr. Gamal El Khateeb, Takamol
- Dr. Amr Abdallah, Takamol Consultant

The focus of this session was on coordination and financing for contraceptive security. Special emphasis was given to forecasting, warehousing, inventory control, proper distribution, and systems development. Presenters discussed patient rights and counseling and provided insights into why capacity building makes such a difference. Officials from the Ministry of Health offered concrete examples of systems they have seen at work nationally or in their governorates.

After presentations on the topic and testimonials from the MOH, participants undertook an exercise to evaluate inventory control.

The presenters discussed the orientation and refresher courses given to the private sector to encourage them to offer high-quality, affordable family planning methods. They also helped develop standards and clear criteria in tenders that include a reference to reasonable pricing. Currently, the private sector provides 40% of family planning methods in Egypt.

The National Population Council currently collects data on private clinic services and assesses their needs. It was acknowledged that pharmacies are also important. Some suggested that the Council expand its role in assisting the private sector in providing new family planning methods.

The Ministry of State for Family and Population (MoFP) trains women in nine governorates to encourage family planning. The Ministry of Health assists in all MoFP work to provide quality service and gain access to small villages and low-income people. The challenge is to provide high-quality and affordable methods, which entails training for doctors and nurses on how to use the new methods.

SESSION TWO

People, Money, and Materials: Resource Tracking for Management

Presenters:

- Dr. Samir Mansour, Health Systems 20/20
- Dr. A.K. Nandakumar, Health Systems 20/20 Consultant and Professor, Heller School for Social Policy, Brandeis University
- Dr. Nadwa Rafeh, Health Systems 20/20
- Dr. Mahmoud Farag
- Dr. Hazem AbdelKerim

In an age of limited health care resources, regular tracking of financial, human, and material resources is vital to make sure resources are used in more efficient and equitable ways. The main purpose of resource tracking is to provide evidence that can be used to improve the efficiency and productivity of health organizations without compromising quality of care. The Ministry of Health, with assistance from USAID-funded Health Systems 20/20, has undertaken a systematic assessment of financial, human, and material resources used by hospitals. Participants in the session learned more about the different methods and techniques used to track resources through the experience of the MOH.

The presenters discussed how regular tracking of human, financial, and material resources is vital to the efficient use of resources, good management, and high-quality care. They introduced the techniques used to track resources, including costing tools. After undertaking a case study on resource allocation, using data from a fictional hospital, the participants analyzed the results, discussed resource gaps, and suggested areas for improvement.

Growing the Market for Health: Partnering with the Private Sector

Presenters:

- Ron Hess, Communication for Healthy Living

- Dr. Hassan Sheikh, Communication for Healthy Living
- Hanaa Helmy, Executive Director, EFG Hermes Foundation
- Dr. Nader Nassef, Takamol
- Mohamed Kafafi, CEO, Banque du Caire

Public health projects can engage the commercial sector as an active partner in addressing the public's needs for health information and services. USAID health projects have formed public-private partnerships with companies in Egypt, including broadcasters, manufacturers of products for household health and hygiene, information technology firms, pharmaceutical firms, distributors, and retailers. Partnerships have ranged from simple sponsorship, to cost-sharing, to revenue-generating social enterprise. Under USAID/Egypt's Communication for Healthy Living project, the AskConsult program has worked with partners to stimulate demand and supply for health products that support national health priorities and to extend the reach of communication campaigns that promote healthy behaviors. USAID/Egypt's Takamol project has increased awareness among both the public and private sectors of the importance of collaboration for sustainable development and has acted as a mediator to support partnerships.

The sessions began with presentations and were followed by a small group exercise in which participants selected a health priority and discussed which private sector partners they would approach and what their sales pitch would be.

USAID's health partnerships have included a range of partners and different partnership styles.

Difficulties in building successful partnerships include the following:

- Challenges in establishing direct contact between the parties
- Difficulties in building understanding of common goals
- Lack of transparency or sufficient flexibility in some parties
- Difficulties in making the link between health and other fields
- Lack of private sector interest in the health domain
- Attempts to work with too many companies

Lessons learned:

- Importance of taking community sensitivities into account
- Need to understand the nature of dealing with non-learners
- Importance of understanding that each project has many internal requirements
- Importance of increasing health awareness

Communities Empowering Communities: CDA-centered Health Programs

Presenters:

- Dr. Tawhida Khalil, Communication for Healthy Living
- Dr. Siham Yassin, Save the Children
- Dr. Mona Abdel Mougeth, Save the Children

"Healthy Families, Healthy Communities" has been the focal point for the Communication for Healthy Living (CHL), a USAID-funded project implemented in Egypt from 2003 to 2010. The project's community health component nurtured local leaders through a series of activities that contributed not only to reaching specific health behavior objectives, but also to building civil society by empowering participants to engage in a process to identify and solve problems in their communities. The core guiding

principle was to create capable community development associations (CDAs), which exist throughout Egypt to provide community services and local leaders using available resources. Through training and practical experience, CDAs are able to transfer their experience to other communities.

The session began with a small group exercise to identify positive and negative peer influences. The presenters then discussed how they used peer learning approaches in community health programs as well as how they built in sustainability.

With USAID's role now ending, the 168 villages where the project took place intend to continue the work by increasing the size of the program, slightly increasing the membership fee, and encouraging more community volunteers and donations. They also intend to use workshops and conferences to train others in the approach.

One particularly successful aspect of the project was women-to-women counseling, including two pre-marriage visits focused on the woman's health and any care she might need as she enters into the reproductive phase of her life.

Best Practices in Family Planning: Putting Communities in Charge of Their Health

Presenters:

- Manal Eid, Takamol
- Fatma Faisal, Outreach Worker, El Odysat Community Development Association, Luxor

Communities have a critical role as central players in family planning and reproductive health issues. This session focused on how a community mobilization strategy can support family planning. The primary actors are women, men, and youth, with participation the essential element. The strategy is aimed at raising awareness, changing behavior, and fostering the commitment of men, women, and youth. USAID's Takamol project trained community groups such as religious leaders, agricultural extension workers, literacy facilitators, women leaders, and youth groups to act as intermediaries in raising awareness and changing behavior toward better understanding and use of family planning. To sustain community mobilization efforts, these groups were linked to the existing community development association in each community. The associations will draw on the groups to support their extensive outreach programs. To help achieve these goals, Takamol built association capacity to serve as the main implementing arm and ensure local family planning issues are adequately addressed. Results of partnering with local community groups were reflected in the number of women referred to primary health clinics and an increase in clinic caseloads.



The presenters discussed the role of communities and personal outreach in family planning and facilitated a discussion with participants on their approach.

Participants asked why women were the focus of the program and not men. The presenters noted the importance of raising women's status in the family through education about family planning methods and pointed out that men were included through work programs and public awareness raising.

Trainers were taught how to work with village elders to encourage their support for the program. Reaching elders or anyone else in the community is best done through direct personal approaches.

Participants recommended that the Ministry of Health prepare a checklist for annual follow up to ensure the continuous provision of high-quality services.

SESSION THREE

Hitting a Moving Target: Risk Communication for Avian and Pandemic Influenza

Presenters:

- Marwa Kamel, Senior Communication Advisor, Communication for Healthy Living
- Doug Storey, John Hopkins University, Center for Communications Programs
- Dr. Mohamed Geneidy, Undersecretary for Preventative Affairs, Ministry of Health
- Community Development Association Volunteer

Even before the presence of H5N1 – the virus that causes avian influenza – was detected in Egypt in February 2006, the Communication for Healthy Living project was laying the foundation for an effective public health response. The main public health goals of this effort were to contain the spread of H5N1 in both animal and human populations, motivate rapid care-seeking by people if infection occurs, and support rapid diagnosis and treatment by health services. Two critical components of the national response were (1) the use of integrated risk communication, featuring mass media, print materials, clinic-based and pharmacy-based communication, community outreach, and advocacy, and (2) the consistent use of a risk and efficacy behavior change framework that balances emotional and rational response to a health threat. The result has been a case fatality rate of 30%, less than half the global rate of 61%, and a much smaller outbreak than models would have predicted.

The participants were given roles and challenges to address during a simulated pandemic flu outbreak. After discussing their reactions, the presenters provided a picture of their work in addressing avian influenza in Egypt.

An initial point was made that there was no difference in how they dealt with the avian and swine influenzas. The steps that need to be taken in both circumstances remain the same. The Ministry of Health's goals were to hinder a full pandemic, decrease the burden on hospitals and the health system as a whole, decrease related illnesses and deaths, and produce protocols for dealing with such outbreaks.

At the same time, they needed to provide accurate information to the Egyptian public. To do that, a focused communications campaign with effective messages was necessary.

Communities and Clinic Management: Why and How?

Presenters:

- Dr. Gamal El Khateeb, Takamol
- Dr. Mohammad Srour, Undersecretary of the Directorate of Health in Aswan
- Dr. Mervat Mansour, Director of Family Planning, Ismailia

Community participation in clinics builds a sense of ownership and the belief that the family health clinic is part of the community. Clinic boards, which consist of elected clinic staff and members of the community, are an important part of community participation in clinics. The session explained how community members are elected to the board, the challenges in carrying out an election, and the training new board members receive. The session also looked at the sustainability of this type of mechanism and other ways to encourage community involvement.

Presentations were followed by an interactive group discussion.

The presenters discussed how community participation in clinics builds a sense of ownership and the belief that the family health clinic is part of the community. Clinic boards, which consist of elected clinic staff and members of the community, are an important part of community participation in clinics.

At the same time, forming boards is not a guarantee that they will function properly and achieve what is required.

One lesson learned was that establishing sustainable community ownership requires a transparent, clear mechanism that supports the partnership. The session emphasized sustainability and other ways to encourage community involvement. District teams are essential for scale up and sustainability of the board's formation.

Measuring Performance through Medical Audits

Presenters:

- Dr. Monal Abdel Mongy, Health Insurance Organization, Quality Director of Cairo Branch
- Dr. Mona Lotfi, Health Insurance Organization Director of the Hospital Administration Department
- Dr. Samir Mansour, Health Systems 20/20
- Dr. Mahmoud Farag, Health Systems 20/20

In the near future, the Health Insurance Organization (HIO) will become strictly an insurance company contracting with providers for service provision to its beneficiaries. This will require the HIO to develop systems that will allow it to monitor contracted hospitals for the quality and efficiency of its services. Health Systems 20/20 supported the HIO in developing and implementing an important system – the “Medical Audit” system, which seeks to improve patient care through the systematic review of care against explicit criteria.

The session began with a talk show skit in which the presenters emphasized the importance of the new Health Insurance Organization medical audit system and explained how to use the audit guidelines.

Participants then carried out a mock medical audit using some of the checklists and standards. After getting first-hand experience with the checklists, some expressed concern about how long and time-consuming it was. Health Insurance Organization officials responded by saying the audit allowed them to monitor the quality and efficiency of services for which they were contracting. They also noted that they were not accreditation bodies and the criteria are only used for contracting purposes. Participants suggested it would be useful to link the audit process with accreditation procedures.

Improving the Quality of Mother and Child Health

Presenters:

- Said Eldib, Takamol
- Dr. Assem Anwar, Takamol

The purpose of the session was to explain how applying the continuous quality improvement concept improves maternal and child health services in primary health care facilities and hospitals. Continuous quality improvement is an endless process aimed at maintaining the best possible quality. Facility teams carry out continuous quality improvement in a collaborative fashion. Continuous quality improvement is comprised of several stages: the definition of service standards, assessment of actual performance, analysis of performance gaps, and development and implementation of self-improvement plans.

The session included a presentation, followed by a case study on what should be done for a newly pregnant woman on her first visit to the health center.

The discussion covered the challenges of maintaining standards and protocols. Quality improvement is an endless process of setting standards, measuring compliance, and taking corrective action.

SESSION FOUR

Monitoring and Evaluation in Improving Project Results and Health Communication

Presenters:

- Dr. Patricia David, Pathfinder International
- Dr. Tawhida Khalil, Communication for Healthy Living
- Dr. Hala Youssef, Takamol

Health services programs/projects are designed for the benefit of their related communities. Monitoring and evaluation frameworks clarify assumptions underlying program/project interventions. Accordingly, effective and efficient results are obtained with well-designed monitoring and evaluation plans using different tools. An evidence-based program is “Ready, aim, fire,” instead of “Ready, fire, aim.” To be effective, health communication projects must be based on research from the planning stage. The session identified how research and monitoring are used to carry out the following: set baselines, including analyze disease burden and audience; set, measure, and achieve key performance indicators; monitor program implementation; and track and evaluate process indicators.

Both Takamol and CHL provided related presentations on monitoring and evaluation, focused on their respective specialties. The participants were then given a case study with indicators and asked to assess indicators and report back to the larger group.

The session provided an overview of monitoring and evaluation, including a discussion of the distinction between the two. It emphasized the importance of having a performance management plan before carrying out a project and discussed how to develop output and outcome indicators. Presenters also talked about the uses of quantitative versus qualitative data.

Health and Literacy: A Vital Link

Presenters:

- Dr. Salah Abou El Eniein, Takamol
- Teti Moussa, RWE Dea
- Jacqueline El Boghdadi, Procter & Gamble

The session discussed how integrating a health-based curriculum into adult literacy classes promotes awareness of mother and child and reproductive and family planning health issues. The high percentages of students who pass, decreased course drop-out rates, and increased attendance rates in health-based literacy classes demonstrate the effectiveness of the curriculum in increasing literacy rates and knowledge retention of important health messages. Partnerships with businesses have made a sizeable contribution to expanding the materials available for literacy classes. Initially, though, it was a challenge to demonstrate the value of the health-based approach to companies primarily interested in education. The session explored these links and challenges, offering examples of how and why the approach is successful.

Following presentations by Takamol and its private sector partners, participants worked with a case study to help identify effective public-private partnership options.

Those classes with the health-based literacy curriculum had a passing percentage of 62%, compared to 41% in classes without the health curriculum; drop-out rates were 14% compared to 42% in the non-health-based classes. Students also showed an increased interest in class and attended more regularly because the classes provide students with the knowledge and skills needed for daily life.



One of the project facilitators talked about the program's personal benefits and the expansion of their abilities to communicate with participants, both men and women.

A literacy student told the audience about the great changes in her family life after passing the education and literacy classes, including better health and fewer false beliefs.

The Procter & Gamble management team is convinced of the success of the literacy and health approach and worked closely on the program with Takamol and the General Authority for Adult Education. The German petroleum company RWE Dea also saw the program's benefits and contributed resources in all the districts in which it operates.

National Health Accounts: Fostering Dialogue between Policy Makers and NHA Technicians

Presenters:

- Dr. A.K. Nandakumar, Health Systems 20/20 Consultant and Professor, Heller School for Social Policy, Brandeis University
- Dr. Meirvat Taha, Director General, Ministry of Health, Head of Department of Planning

The purpose of this session was to demonstrate the importance of National Health Accounts (NHAs) as a financial analytical tool and how NHA results can be used to highlight policy issues critical to the improvement of the health sector. It also aimed to emphasize the need for improved communication and dialogue between policy makers and the NHA team to ensure the results meet policy needs and are made part of the policy process.

Presenters provided an overview of National Health Accounts. The participants read a case study and then divided themselves into two groups: policy makers and NHA technicians. They discussed how to use the main findings of the 2007/2008 NHA, including the following:

- Investment in health care is crucial for Egyptians.
- Public spending remains a small proportion of total health spending.
- Egypt spends a smaller proportion of its GDP on health care compared to most other middle-income countries in the region.

- The burden of out-of-pocket household expenses remains high. The highest proportion of these expenses includes spending on pharmacies and private clinics.
- Ministry of Health spending is directed mainly at primary health care, yet out-of-pocket spending has increased.
- Health insurance organization coverage is not optimal in quality and quantity.

Policy makers and the NHA technical team recommended:

- Increasing public investment in health
- Improving Ministry of Health capacity in health policy and health economics
- Applying comprehensive structured health insurance system reforms
- Implementing pharmaceutical reforms
- Encouraging the private sector to move to a true service provision partner
- Capacity-building programs for Ministry of Health service providers to meet quality standards

Towards a Better Work Climate: Building Human Resources

Presenters:

- Dr. Gamal El Khateeb, Takamol
- Dr. Mohammad Sorour, Undersecretary-Directorate of Health in Aswan
- Ahmed Mustafa, Director of the Club Directorate of Aswan

This session explained the importance of work climate in productivity. Trust is the main factor in a positive work environment. The other three dimensions are clarity, support, and being challenged.

The panelists outlined the challenges in implementing work climate assessments, offering real-life examples from their work. In addition, panelists and participants discussed how managers and organizations could build on the baseline and analysis of the results, using sample family health and planning activities.

One key point made was that work climate accounts for 30% of results in the workplace because it directly affects employee motivation. The challenge model provides for planning, organizing, implementing, and monitoring the cyclical process of change in work climate.



CLOSING PLENARY

Knowledge Celebration

Throughout the day, participants were encouraged to write down comments and questions and leave them on boards placed in each room for that purpose. The consolidated list of comments is attached as Annex A. During the closing plenary session, Holly Fluty Dempsey, Director of USAID’s Office of Health and Population, wove among the tables discussing these “pearls of wisdom,” inviting additional feedback from the audience.

She then recognized the special guests, gathered on the stage, who were being honored for their contributions to public health in Egypt. The 10 honorees included students, a young couple, a literacy trainer, and several other public health specialists who had demonstrated outstanding commitment to their communities. The list of honorees is attached in Annex B.

Jim Bever, Mission Director of USAID/Egypt, handed each honoree a certificate and gave them the opportunity to say a few words. He then gave short remarks and noted that USAID is a results-oriented organization dedicated to working with Egyptians to improve health country-wide.

LESSONS LEARNED AND RECOMMENDATIONS

1. The main recommendation for similar events in the future is to increase the time allotted to each session. This would encourage longer interactive periods where participants can work in small groups and undertake case studies or simulations and other learning activities. For example, it might be a good idea to have 3 longer sets of 4 parallel sessions (a total of 12 in the day) instead of 4 shorter ones.
2. While the sessions were interactive in an overall sense, more planning time would have allowed us to provide more input into the presentations and fine-tune the interactive elements.
3. More planning time would have also enabled greater involvement of our private and public sector colleagues, who are key counterparts in all activities presented.
4. The format, which included going straight into the parallel sessions without an opening plenary, was successful and maximized the time allotted to the sessions. There were some initial concerns that this would be confusing, but that does not seem to have been the case.
5. Given the volume (i.e., four concurrent sessions), it would have been better to have two senior audio-visual representatives available during the morning set-up, as one was not sufficient.
6. It is important to send a reminder email the day before the event outlining all important elements that the presenters and projects should take into consideration.

ANNEX A. SCOPE OF WORK

Global Health Technical Assistance Project

Contract No. GHS-I-00-05-00005-00

(Revised: 11-02-10)

I. TITLE

Activity: USAID/Egypt: Mini University 2010 Assistance

Contract: Global Health Technical Assistance Project (GH Tech), Task Order No. 01

II. PERFORMANCE PERIOD

Dates: o/a November 8 – o/a end December 2010

III. FUNDING SOURCE

USAID/Egypt

IV. OBJECTIVES AND PURPOSE OF THE ASSIGNMENT

USAID/Egypt's Office of Health and Population (OHP) requests that GH Tech assist the OHP with conducting a full day Mini University (Mini U) in Cairo, Egypt on December 6th, 2010 (date may change depending on venue availability).

Objectives:

1. To build support at all levels for public health activities
2. To create a buzz around public health in Egypt
3. To generate a sense and desire for lifelong learning
4. To build knowledge and skills around planning, implementing, and evaluating successful public health programs
5. To celebrate memorable and creative public health projects
6. To increase awareness of Egypt's achievements/results in public health

V. BACKGROUND

USAID's Office of Health and Population has been supporting three successful projects aimed at improving the lives of the Egyptian people. To celebrate the successes of these projects and to disseminate important lessons learned, USAID – together with Communication for Healthy Living (CHL), Health Systems 20/20 (HS 20/20), and Takamol – will host a Mini-University in Cairo. The Mini-University will serve to communicate details about and underscore the value of models that were formulated by USAID projects. To do so, all three projects will highlight evidence-based best practices, share lessons learned, communicate technical information, and build skills of participants. In this manner, interest and capacity to implement similar models and best practices will be scaled up, thereby maximizing return on investment.

The Mini-University will employ adult-learning and participatory teaching methods to communicate information and engage participants. Multi-track sessions will be held, with a total of 15 sessions throughout the day. Session summaries and lessons learned will be showcased through an end-of-event “Knowledge Extravaganza.”

The overall theme for the Mini-University will be that of improving systems and changing lives through public health projects. The Mini-University will reflect the importance of public health and prevention in Egypt while creating a desire for lifelong learning and skills building. Ultimately, the sessions will serve to excite participants about public health, create new knowledge, and build skills to plan, implement, manage and evaluate successful public health interventions.

Desired Outcome:

- Increased excitement and appreciation for public health as well as a greater desire to be involved in public health activities
- Increased comprehension of public health topics and components necessary to achieve positive results
- Enhanced skills and self-efficacy to carry out successful public health activities

Proposed Participants (To be confirmed):

Approximately 200 participants will attend the event. Most participants will come from Cairo and the surrounding areas; however, some will be brought in from five governorates in Upper Egypt.

- Students and faculty from nearby universities; selected public health practitioners
- Ministry of Health (MOH), Ministry of Family and Population (MOFP), and Ministry of Agriculture and Land Reform (MALR) officials; NGO representatives, private sector partners
- Selected project beneficiaries
- USAID staff and partners, project staff
- Media representatives

VI. SCOPE OF WORK

GH Tech will recruit and hire one consultant to act as an Event Coordinator, and one local logistics firm, for this assignment.

The Event Coordinator will undertake the following tasks:

- Coordinate with and oversee local logistics firm to manage event support tasks, as outlined below
- Identify a suitable space for the Mini U that can accommodate approximately 200 persons in plenary, with four breakout rooms that can accommodate up to 35 persons each. All rooms should be able to accommodate simultaneous translation.
- Organize all Mini U logistics including invitations and confirmations, participant registration, breaks, lunch, sound system, materials and supplies, simultaneous translation and recording of sessions.
- At the conclusion of the Mini U, draft a report of the proceedings that includes participant feedback, related photographs and recordings, and provide a mechanism for participants to access materials, presentations and other helpful documentation and resources after the event.

The local logistics firm will undertake the following tasks, in close coordination with and under the direction of the Event Coordinator:

- Provide 2 individuals leading up to the event and 4-5 qualified individuals on the day of the event to:
 - Assist Event Coordinator in collation and production of event materials and handouts

- Assist Event Coordinator in preparation of flash drives for participants
- Act as note takers in the plenary and breakout sessions during the Mini U
- Assist Event Coordinator in arranging for 4 simultaneous translators to provide interpretation during the event
- Other tasks as needed

VII. LOGISTICS

GH Tech will provide the following logistics (via event coordinator and local logistics firm):

- Event space
- Food and Beverage for approx. 200 participants
 - Coffee/tea and pastries for light breakfast
 - Mid-morning and mid-afternoon coffee/tea breaks
 - Lunch
- Supplies - provide offices supplies for event, including notepads, pens and nametags; easels, flipcharts, markers; flash drives, etc. as appropriate
- Set up and operate a registration desk
- Signage
- A/V equipment
- Prepare participant materials and flash drives
- Ensure smooth running and troubleshooting of plenary and break-out room arrangements for presentations
- Collect and collate participant feedback forms

USAID/Egypt will provide the following:

- Materials to be provided in advance of the event
- Mini U agenda
- Participant list, speakers list, media invitee list
- Mini U handouts and participant materials to be packaged / distributed by the event coordinator
- Mini U completion certificates for participants (TBD)
- Additionally, USAID will provide
- USAID and Project staff to act as facilitators and timekeepers for each session
- Ushers
- USAID-branded website and corollary web resources for Mini U
- Prizes for Knowledge Extravaganza (TBD)
- Support and arrangements for travel and lodging for sponsored meeting participants if applicable

TEAM COMPOSITION, SKILLS AND LEVEL OF EFFORT

An illustrative table of Level of Effort

Activity	Event Coordinator: Estimated LOE	Period of Performance (dates may change)
Preparation Stage	24 days	o/a Nov. 7 – Dec. 5, 2010
Mini U Event	1 day	December 6, 2010

Debriefing Meeting with USAID/Egypt	1 day	December 7, 2010
Draft report writing	4 days	o/a Dec. 8-12, 2010
USAID/Egypt reviews draft report, provides comments	--	o/a Dec.19, 2010
Report revision / finalization	2 days	o/a Dec. 20-23, 2010
USAID/Egypt approves draft report	--	o/a Jan. 3, 2011
TOTAL	32 days	

**A six day work week is approved from this assignment due to time constraints.*

VIII. DELIVERABLES AND PRODUCTS

- One day Mini University for approximately 200 participants.
- Report of Mini U Proceedings, including summary of participant feedback. The report should not exceed 20 pages, not including executive summary and annexes.
- Flash drives/CD or other mechanism for distributing course documentation, materials and resources distributed to all participants at the conclusion of the one day event.

IX. RELATIONSHIPS AND RESPONSIBILITIES (USAID AND CONSULTANTS)

The consultant will coordinate all the logistics for the Mini U in consultation with USAID/Egypt OHP Staff members: Vikki Stein and Laura Campbell.

X. MISSION AND/OR WASHINGTON CONTACT PEOPLE/PERSON

- Primary Contact: Laura Campbell, Health Officer, Office of Health and Population
Email: lcampbell@usaid.gov
Phone: Office: (20) 25226872
Cell: 0181669963
- Vikki Stein, Deputy Director, Office of Health and Population
Email: vstein@usaid.gov
Phone: Office: (20) 25226870
Cell: 0129943096

XI. COST ESTIMATE

GH Tech will provide a cost estimate for this activity.

XII. ANNEXES (ATTACHED)

- Draft Mini U schedule
- Draft Timeline
- Draft Session Outlines
- Project Overviews

XIII. REFERENCES

- CHL Annual Report
- HS 20/20 Annual Report
- Takamol Annual Report

XIV. SCOPE OF WORK ANNEXES

DRAFT MINI U SCHEDULE

The United State Agency for International Development in Egypt presents

A “Mini-University”

Improving Systems, Changing Lives: Public Health in Egypt

Dec. 5, 2010, Cairo hotel TBD

Schedule

Session titles not finalized

8:30 a.m. -9:30 a.m.	Registration - Lobby <i>Orientation:</i> Which sessions should I attend? <i>Distributed:</i> Folder/case with description of USAID health interventions, the projects, sessions; Post-It Notes to note “pearls” of wisdom including optional name space; instructions to drop them in the lobby; they will be shared at Extravaganza.			
Parallel Sessions - Breakout Rooms Language: Slides will be English; comments may be in Arabic if preferred. Simultaneous translation provided. Coffee, tea and water available at rear of conference rooms				
9:30 a.m. - 10:15 a.m.	CHL: Mabrouk Initiative: The life stage approach	CHL : Viral hepatitis: Network approaches	HS 20/20: Resource Tracking for Better Planning & Management	Takamol: Contraceptive security: Coordination vs. financing
10:30 a.m. - 11:30 a.m.	CHL & Save the Children: Communities empowering communities to improve health: CDA-centered health programs	CHL & Takamol: Growing the market for health: Partnering with the private sector	HS 20/20: Workforce planning	Takamol: Middle management: Partners for improved FP and RH
11:30 a.m. - 12:15 p.m.	<p style="text-align: center;">Multimedia/Poster Session - Lobby</p> <p style="text-align: center;"><i>Items are accessible throughout the day but staffed during this period.</i></p> <hr/> <p style="text-align: center;">Posters</p> Takamol: Youth activities; or women’s SME; or all Takamol activities in I community HS 20/20:2 posters: 1) Assessment Methodology, 2) Workforce Planning Model, 3) What are National Health Accounts (NHA) CHL topic option 1: The Mabrouk Initiative; Option 2: Hepatitis C			
<hr/> Multimedia Displays				

	CHL: AWSO video profiles (loop) HS2020: Capacity Building in Medical Management Takamol: All projects: Project photos slideshow (with captions) via Flickr (loop)			
	Interactive			
	You're the Host: Interview a public health expert in an imaginary TV studio; keep the video.			
Parallel Sessions				
12:30 p.m. - 1:15 p.m.	CHL Avian/Pandemic flu: Risk communication	HS 20/20: The Use of Medical Audit to Assess Medical Performance	HS 20/20 Assessment of Preventive Sector	Takamol: Linking health with education incl. encouraging private sector
1:30 p.m. - 2:25 p.m.	Takamol: Community involvement in clinic management	CHL & Takamol: Monitoring and Evaluation	HS 20/20: Nat'l Health Accounts: Fostering Dialogue for Policy Application	Takamol: Involving men in RH
2:30 p.m. - 3:00 p.m.	Knowledge Extravaganza <i>Facilitator:</i> Holly Fluty-Dempsey, USAID <i>Proceedings:</i> Pearls of wisdom Post-It Notes deposited in the lobby have been grouped by theme by facilitators. (Attendees get one last chance to turn in pearls as they enter the Extravaganza). Facilitators leads interactive summary of pearls, calling names. <i>VIPs:</i> Limited high-level endorsement, not long comments which would prevent interactive event			
3:00 p.m. - 4:00 p.m.	Lunch Including recognition			

Why should you attend a Mini-University about public health?

“Public health is the science and art of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. ...Public health professionals try to prevent problems from happening or re-occurring through implementing educational programs, developing policies, administering services, regulating health systems and some health professions, and conducting research... It is also a field that is concerned with limiting health disparities, and a large part of public health is the fight for health care equity, quality, and accessibility.” – Association of Schools of Public Health

This Mini-University is aimed at Egyptian professionals and students who want to take leadership in improving the country's health. The sessions are designed to explain techniques that have been tested and refined by experts, thus providing concepts and tools to the participants. If you work or study in fields that involve planning and managing activities to improve the health of Egyptian families and communities, then we invite you to this event.

DRAFT TIMELINE

CATEGORY		Timeframe												
TASK GROUP		Sept	October			November				/Dec.	Dec.	Dec.		
<u>Task</u>	Week:	Wk4	Wk1	Wk2	Wk3	Wk4	Wk1	Wk2	Wk3	Wk4	Wk5	event	post	
Sub-task	* = see related task below	Date:	24-30	3-9	10-16	17-23	24-30	31-6	7-13	14-20	21-27	28-4	5	event
PLANNING														
Identify funding														
Estimate budget														
Review available funding sources														
Hire PR firm														
PR Firm In-brief meeting with USAID/OHP														
Secure venue														
Review avail. Sites: need central area (room for multimedia exhibits), breakout rooms														
Select site														
Reservation, contract, deposit														
Invitations														
Confirm date														
Confirm theme														

Draft/finalize list of guest speakers													
Draft/finalize list of attendees (institutions and individuals)													
Draft/finalize media invitees													
Draft/finalize invitation													
Print invitation													
Mail invitation													
Event schedule													
Draft schedule of events													
Finalize session topics and timing													
Assign breakout rooms													
Propose/decide recognition ceremony; if certificates, design and print													
Draft/finalize/print event schedule													
Venue: Advance preparations													
Become familiar with venue's security procedures, emergency medical and first aid plan, crisis management plan													
Design and produce signage													
List necessary audiovisual equipment (extra monitors for central area?)													
Identify available audiovisual equipment													
Design central area (registration, orientation, multimedia, interactive areas)													

Materials													
Design materials to be distrib. @ registration incl. final evaluation form													
Produce & assemble materials to be distrib. @ registration													
Deliver materials to site													
Procure prizes for Knowledge Extravaganza?													
Staffing plan													
Estimate needed event staff (ushers)													
Provide registrars													
Identify facilitators/timekeepers for each session													
USAID/projects assign staff													
If needed, ask student organization(s) to provide volunteers													
Brief partners/invite verbally													
Draft one-page event brief to show partners/supporters													
Brief GOE: MOH, MOFP, SIS, MALR, other													
Brief non-governmental counterparts (private sector, NGOs)													
Web pages													
Post event schedule and information online													
Create online slideshow of project photos													
Registration													

DRAFT SESSION OUTLINES

HL Sessions' Outlines:

"Mabrouk!" Improving Health among Young Families Using the Life Cycle Approach

Time: 9:30 a.m.-10:15 a.m.

Introduction: Ron Hess, Chief of Party, CHL.

Speakers: Nahla Roushdy, MOH. Samir Al-Alfy, Deputy Chief of Party, CHL. Beneficiaries: Young couple with baby

Description: Public health research has shown that good health practices during antenatal care, safe delivery, and post-partum care result in improved health competence that guides healthy practices in the long-term. Therefore, the information surrounding childbirth is crucial for young families in determining their lifelong healthfulness. Recognizing the importance of those moments, the Mabrouk Initiative in Egypt addresses young families and seeks to inform them at turning points in their life stages. The Life Stage strategy recognizes that the household, or family, is the primary producer of health. In the Mabrouk Initiative, family health messages address the chain of life events likely to occur within the first three years of marriage. Johns Hopkins University, as it has implemented programs that focus on the young family cohort, has developed techniques and tools customized to this group aimed at improving their health outcomes.

Key points:

- Benefits of the life stage approach
- Premarital counseling initiative

Objectives: Attendees to the session will gain an understanding of the Life Stage Approach to promoting family health communication; will be able to name the life stages and the “teachable moments” for key life events.

Interactive element: Activity that illustrates (1) planning around life stages and (2) how people are more receptive to messages about certain topics at key moments of their lives (teachable moments).

Network Communication Approaches and “m-Health” in Egypt’s Campaign against Viral Hepatitis

Time: 9:30 a.m.-10:15 a.m.

Panelists:

Dr. Manal Hamdy Sayed of the National Committee to Control Viral Hepatitis

Student volunteers

Marwa Kamel, CHL.

Description: The field of communication -- including health communication -- has long recognized the power of networks, but is now consciously using network strategies to increase health impact. New approaches integrating the use of mobile phones for mHealth now facilitate these network strategies.

Key points:

- Using student/volunteer networks
- Using “mHealth” technology
- Bottom-up policy change

Objectives: In this session, you will interactively explore the power of network communication and learn how network approaches, including the use of mobile phones to spread health messages (“mHealth”) have been used to improve health in Egypt’s University Campaign Against Viral Hepatitis.

Interactive: Participants will use their own mobile phones to demonstrate the power of virally promoting an event.

Joint Session: Growing the Market for Health: Partnering with the Private Sector

Time: 10:30 a.m.-11:30 a.m.

Introduction: Ron Hess, Chief of Party, CHL.

Panelists:

Dr. Hassan Sheikh, CHL. Representative, EFG Hermes Foundation. Private-sector partner TBD.

Dr. Nader Nassef Takamol project. Private-sector partner TBD

Description: Engaging the commercial sector as an active communication partner in addressing people's demand for health information and appropriate products) (Private partnerships for health have included alliances with media broadcasters, household health, hygiene and food product manufacturers, IT companies, pharmaceutical firms, distributors and retailers. Business approaches range from revenue-generating social enterprise models, to cost-shared partnerships, to simple sponsorships.)

Key points:

- The strength of partnerships; synergies

Objective: In this session, audience members will hear examples of how public-private partnerships serve the interests of both parties, and how they can extend the reach and sustainability of public health interventions.

Interactive: Audience members suggest public-private partnerships that could address real health problems in Egypt.

CHL/Save the Children: Communities Empowering Communities to Improve Health: A Case Study of CDA-centered Health Programs

Time: 10:30 a.m.-11:30 a.m.

Speaker(s): Dr. Tawhida Khalil, CHL

Save the Children: Dr. Siham Yassin (to discuss scale-up) and Dr. Mona Abdel Mougeth (to discuss woman-to-woman counseling)

Beneficiaries: Local volunteer from veteran CDA (to discuss building the capacity of a CDA) and village beneficiary

Description: “Healthy Families, Healthy Communities” have been the focal point for Communication for Healthy Living (CHL) USAID-funded project in Egypt (2003-2010). The project community health component nurtures local leaders through a series of activities that contribute not only to reaching specific health behavior objectives, but also to the building of a civil society through empowering participants to engage in a process of identifying and solving problems in their communities. The core guiding principle is to create capable community development associations (CDAs), which exist throughout Egypt to provide community services, and local leaders using available resources. Through

training and practical experience, these CDAs become competent of transferring their experience to other communities.

Key points:

- The CDA as main actor working with people and service providers to carry out activities
- The Living University approach: CDAs transfer experience

Objectives: Participants will learn an example of how mostly volunteer community associations were able, with limited financial resources, to improve health outcomes dramatically.

Interactive: Q&A ask village beneficiaries about CDAs helping CDAs.

Hitting a Moving Target: Lessons in Risk Communication from Egypt's Avian and Pandemic Influenza Campaigns

Time: 12:30 p.m.-1:15 p.m.

Introduction: Ron Hess, Chief of Party, CHL.

Panelists:

CHL experts Marwa Kamel, Mohamed Kamal, Abdelbary Bakr.

MOH expert Amr Qandil if available.

Description: Even before the presence of H5N1, the virus that causes avian influenza, was detected in Egypt in February 2006, the Communication for Healthy Living project was laying the foundation for an effective public health response. The main public health goals of this effort were to contain the spread of H5N1 in both animal and human populations, to motivate rapid care seeking by people if infection occurs and to support rapid diagnosis and treatment by health services. Two critical components of the national response were (1) the use of integrated risk communication, featuring mass media, print materials, clinic-based and pharmacy-based communication, community outreach and advocacy and (2) the consistent use of a risk and efficacy behavior change framework that balances emotional and rational response to a health threat. The result has been a case fatality rate of 30% that is less than half the global rate of 61% and a much smaller outbreak than models would have predicted.

Objectives: In this session, audience members will learn the principles of risk communication, including what principles public health officials should demonstrate during the response to a pandemic event. Attendees will learn that in a pandemic, the level of risk (real and perceived) is continually changing, so communicators must adjust.

Interactive: Simulated pandemic event. Audiences members will portray: the Ministry of Health; Ministry of Information; Ministry of Education; Ministry of Information; media; civil society; the public; schools; the transport sector; other. They will receive envelopes with instructions such as, "You have learned that there has been an outbreak in a grade school in Dakhaliya. The prime minister wants to close all grade schools in the country and is asking for your recommendation."

Joint Session: Monitoring and Evaluation in Communication Interventions

Time: 1:30 p.m.-2:25 p.m.

Speaker(s): Dr. Hala Youssef, Takamol project. Dr. Tawhida Khalil, CHL project. Fatma El-Zanaty, El-Zanaty & Associates.

Description: An evidence-based program is "Ready, aim, fire" instead of "Ready, fire, aim." To be effective, health communication projects must be based on research from the planning stage. The session will identify how research and monitoring are used to:

- link objectives to program design and implementation
- analyze the program environment including service delivery and policy environment
- set baselines including analyze disease burden and audience
- set, measure and achieve key performance indicators
- monitor program implementation; track and evaluate process indicators

Objectives: Participants will acquire an understanding and hands-on practice of various tools used in monitoring and evaluation using well defined key performance indicators (KPIs) as part of strategic communication which will help achieving their organization's communication goals and objectives. Participants will be able to differentiate outputs from outcomes; and define a "smart objective" (measurable).

Interactive element: Volunteers from the audience will come to the stage and perform an M&E exercise using real recent examples from Egypt such as breast cancer and avian influenza.

HS 2020 Sessions' Outlines:

Session 1: Resource Tracking for Better Planning and Management

- Overview of the importance of resource tracking to improve management.
- The use of financial cost tracking to improve efficiency.
- Workforce tracking to improve human resource allocation.
- Tracking use of medical services through the use of utilization review tools.
 - Presenters: Dr. Hazem Abdel-kerim, Head of Quality Department; Dr. Tarek Al-kholy, Director of Improvement Program in HIO; Dr. Dalia Ahmed, a member of MOH Taskforce Team

Session 2: Workforce Planning: Having the Right Staff in the Right Place

- Overview of the Workforce Planning Model
- How the Model utilizes personnel and workload data to identify workforce Gaps.
 - Facilitators: Workforce Team + MOH Taskforce Team
 - Panelists: 3 Hospital Directors (from Gharbia and Luxor)

Session 3: Assessment: Using Evidence to Strengthen Preventive Sector Programs

- Highlighting main findings of the assessment study for each of the three programs, and their implications for future policies.
 - MOH Facilitators/Presenters: Dr. Seham El-Sherif, Family Planning; Dr. Mohamed Nour, Mother & Child Health; Dr. Mohamed Abdel Fattah, Infection Control

Session 4: The Use of Medical Audit to Assess/Improve Medical Performance:

- Introducing medical audit system, why it is important, how we developed medical audit tool, how is it implemented.
 - Presenters: Dr. Manal Abdel-Mongy, Quality Director of Cairo Branch, HIO); Dr. Mona Lotfi, Director of Hospital Administration Department, HIO

Session 5: Nat'l Health Accounts: Fostering Dialogue for Policy Application

- Demonstrating the importance of NHA as a financial analytical tool and how it is utilized to highlight policy issues; emphasizing the need for fostering dialogue between policy-makers and NHA team necessary for policy applications.
 - Presenters: Dr. Nanda Kumar, HS2020 Int'l Consultant; Eng. Khaled Sharawy NHA-MOH Coordinator

Capacity Building: To be demonstrated through photos and statistics on conducted trainings.

PROJECT OVERVIEWS:

Communication for Healthy Living (CHL)

CHL activities are scheduled to end in February 2011.

Communication for Healthy Living is a cross-cutting communication program whose goals are to

- Improve health in the areas of:
- Family Planning
- Maternal and Child Health
- Infectious Disease such as avian influenza, HIV/AIDS, and hepatitis C
- Healthy Lifestyles such as diet and smoking cessation
- And increase the sustainability of Health Communication programs in the public, private, and NGO sectors in Egypt.

Communication for Healthy Living (CHL) is USAID/Egypt's principal vehicle for affecting broad scale behavior change across health areas; and for strengthening the sustainability of for health communication programs in Egypt. CHL pursues sustainability of four kinds – institutional, technical, financial and demand – and within in all sectors of society, governmental, commercial, and nonprofit/NGO.

CHL's support to the **Public Sector**, the State Information Service Center (SISC) and the Ministry of Health and Population (MOHP), is mainly in the form of focused technical assistance (TA) in planning and implementation of activities approved under the MOHP and SIS.

CHL support to the **NGO/CDA sector** takes the form of technical assistance in capacity building, planning, and implementation. In addition, CHL provides direct support for the production and dissemination of materials not covered through the public sector, as well as for community-based NGO/CDA activities. CHL partner Save the Children is the key player in coordinating and implementing activities at the governorate level.

CHL support to the **Private/Commercial sector** program includes TA for capacity building, planning, and implementation, as well as direct support for activities designed to strengthen and promote the "Ask-Consult" private sector marketing association. CHL works with local subcontractors to implement integrated marketing communication campaigns promoting the full range of SO 20 -related health products and services available through the affiliate network of "Ask-Consult" private pharmacies and doctors.

CHL operationalizes the family focus of the program through a Life Stage approach. The Life Stage approach segments the family according to the age- or stage-appropriate needs of each member, addressing the household as a key decision-making unit. At the same time, this approach addresses the needs of entire age cohorts in society (for example, 'Children under 6 years,' or 'Unmarried Youth'), allowing for message campaigns relevant to the population as a whole. While each life stage has specific behavioral objectives, the CHL conceptual framework acknowledges that every stage is transitional and operates within the context of the family and community as a whole. Good health behavior adopted at an early stage, or collectively, represents a positive health investment and will have a cumulative, sustainable impact on future health behavior.

Health Systems 20/20 (HS 20/20)

Health Systems 20/20 activities are scheduled to end in September 2011.

USAID/Egypt has requested technical assistance from USAID/Washington's global flagship project for health system strengthening - Health Systems 20/20. HS 20/20, led by Abt Associates, Inc. brings an international team of health system experts. HS 20/20 builds on ten years of USAID assistance to health reforms in Egypt through the PHR and PHRplus projects (1997 – 2006) which implemented the Family Health Model, Quality Accreditation (primary and hospital facilities), and the Family Health Fund that pays providers based on performance.

Based on discussions with the Ministry of Health, Health Systems 20/20 is working on the following specific technical areas:

- I. Develop tools and MOH capacity in **workforce planning and management**. Survey the current workforce supply and develop a workforce projection model that identifies gaps to inform a workforce plan. Help establish a sustainable workforce planning program.
 - a. August 22-23: USAID and HS2020 attended meetings at WHO in Geneva to discuss the Workload Indicators of Staffing Need model as it is being implemented in Egypt. Validated the current process and work done to date. There is global interest in the work being done in Egypt as it is being applied on a larger scale than in other countries. There is a potential to present the preliminary work done at a WHO human resources conference in Tunis in September, and for publishable journal articles and other public reports in the future.
 - b. Egypt-specific workload norms developed for 20 medical specialties, consultant staff and residents. Revisiting calculations for administrative staff and will adjust the reports produced to date accordingly.
 - c. Egypt-specific Access-based software in Arabic developed to manage data and produce reports. Focus has been on select hospitals prioritized by MOH, and Assuit, Gharbia, and Luxor governorates.
 - d. On-going support provided to governorate-level human resources taskforce teams.
 - e. Focus should transition to policy implications of workforce data, sustainability of the task force and technology to the MOH.

Integrated Reproductive Health Services Project (Takamol)

The U.S. Agency for International Development (USAID) has worked successfully with Egypt for over 30 years to slow population growth rates and improve the overall health of women and children. As a result, there has been a decrease in fertility rates, an increase in contraceptive prevalence rates, and a decrease in maternal and infant mortality rates.

Since 2006, USAID has been assisting the Egyptian Government to integrate Maternal-Child Health, Family Planning, and Reproductive Health (MCH/FP/RH) services. Technical assistance is being provided through the Integrated Reproductive Health Services Project (Takamol). Health services at the national, governorate, district, and facility levels are being strengthened through implementation of integrated policies, systems, and practices, and by increasing corporate and community social responsibility. The project works in 180 clinics in 11 Upper and Lower Egypt governorates, in poor urban areas in Cairo, Giza, and Alexandria, and in 21 district/general hospitals in Lower Egypt. \$37.7 million has been spent on the project so far. The project focuses on:

- Increasing the use, and improving the quality, of integrated services at the clinic and hospital levels;
- Mobilizing communities;
- Strengthening the Egyptian government's capacity to sustain program performance.

Integration of health services ensures that clients' needs are better met. For example, mothers who bring in their babies for vaccinations are also able to access services related to family planning.

Increase Use, and Improve the Quality, of Integrated MCH/FP/RH Services

Facility Renovation and Equipping: Takamol renovates and equips village-level clinics and relevant departments in hospitals (e.g., obstetric, gynecology, and neonatal wards).

Clinical Training: During renovations, physicians, nurses, lab technicians and outreach workers receive training to increase their capacity to provide integrated care and to ensure continuous quality improvement.

Referral System: Takamol strengthens referral systems between clinics and hospitals by training relevant staff on referral procedures/guidelines. This encourages proper use of clinic and hospital services and ensures better management and treatment of critical cases.

Coaching and On-the-job Training (OJT): OJT follows clinical training and lasts six to eight months after renovations are completed and clinics resume providing services. At the hospital level, OJT lasts 12 to 18 months after renovated departments resume operations. OJT strengthens the capacity of staff and ensures that supervisors obtain the organizational and clinical skills required for future OJT of staff once Takamol withdraws.

Community Mobilization

Community mobilization activities provide Egyptian families with knowledge of MCH/FP/RH messages and increase the ability of community members to disseminate accurate messages about healthier behaviors and practices, thereby transforming community norms and supporting behavior change.

Youth Activities: During clinic renovation, male and female youth leaders are selected from the community to attend a six day program that includes health education sessions with health professionals and Muslim and Christian religious leaders. The youth also engage in community cleanups and sports festivals. Trained youth encourage their families and communities to seek services offered at improved clinics. Other activities include provision of basic life skills and reproductive health information for youth, and establishment of peer educator groups at universities and youth centers.

Women's Empowerment: In close collaboration with local NGOs, Takamol holds workshops to empower women to change their communities and households. Workshops facilitate women's participation in reactivated clinic management boards, encourage attendance at literacy classes, strengthen couple communication, and promote gender equity.

Religious Leaders: Religious leaders are critical in village-level activities because of their influence on attitudes towards women's rights and gender roles. Takamol sensitizes groups of male and female Muslim and Christian religious leaders to MCH/FP/RH issues and trains them to disseminate health messages in venues and meetings in mosques and churches, as well as in counseling and awareness-raising sessions.

Agricultural and Irrigation Extension Workers: Takamol targets agricultural extension and irrigation workers by integrating its MCH/FP/RH messages with those of the Ministry of Agriculture and Ministry of Water Resources and Irrigation. These extension workers are considered reliable sources of information for rural men who are key decision makers in Egyptian families, especially in Upper Egypt which is mostly rural.

Community Development Associations: Takamol partners with Community Development Associations (CDAs) that are trusted by the community and are able to establish new community norms and sustain community behavior changes. CDAs organize and conduct awareness raising classes, home visits, community meetings, and integrate health messages into other activities such as literacy classes. Takamol provides pre- and post-project institutional capacity assessments, monthly activity monitoring, and CDA board member and outreach worker training programs.

Media Professionals: Takamol provides local media professionals with health messages and technical advice needed for MCH/FP/RH articles, stories, and shows. Gender issues are emphasized in order to

focus media attention on topics promoting women's equal status in decision making and male support for women and children's well-being. The project organizes monthly workshops for media professionals to ensure community and national message consistency.

Management and Sustainability

Takamol provides technical assistance to central, governorate, and district level health managers to increase their capacity to manage, supervise and maintain high quality, integrated MCH/FP/RH services.

Reactivating Clinic and Hospital Management Boards: Reactivated boards manage renovated facilities, generate local financial support, and assist in community mobilization activities. Board membership is composed of 50% community members and 50% facility staff

Clinic Management and Integrated Supervision: Physicians, nurses, community health workers, and other staff from intervention clinics participate in training programs with district supervisors on clinic management and integrated supervision. The training aims to teach them how to consistently improve and deliver quality health services.

Corporate/Social Responsibility: Takamol links public and private sector resources to support MCH/FP/RH services and, for sustainability purposes, works on establishing a Social Responsibility Unit (SRU) within the Ministry of Health & Population to advise, manage, and negotiate partnerships and mobilize private sector involvement in MCH/FP/RH at national, governorate, and local levels. Until the SRU is established and has the capacity to initiate successful partnerships, Takamol serves as a facilitator for these partnerships.

Provide Technical Assistance to the Ministry of Health (MOH): The Project provides technical assistance to the MOH to enhance and sustain its delivery of quality MCH/FP/RH services at the grass-roots level. This technical assistance includes:

- Developing and updating national level MCH/FP/RH curricula;
- Assisting in the integration of MCH/FP/RH services, standards of practice, supervision, and incentive systems;
- Establishing a Social Responsibility Unit in the MOH;
- Strengthening the NGO unit within the MOH;
- Strengthening supervision systems at the central, governorate, and district levels.

ANNEX B. PEARLS OF WISDOM

GENERAL COMMENTS AND RECOMMENDATIONS

- Increase the duration of mini-university to few days.
- Training venue was cozy and convenient.
- Repeat such knowledge transfer health event annually or biannually.
- Engagement of the students and recent graduates in health education and awareness activities was very helpful and advantageous.
- Interactive presentations were very interesting and created an atmosphere of highly respectful, well-organized, and efficient sessions.
- The selected workshop topics and presentations were very significant and relevant to our work, and I expect that this will have prosperous consequences on my career.
- Quick and immediate response of the organizers to participants' inquiries was highly professional, efficient, helpful, and cooperative.
- Distribution of workshop materials, especially the electronic subjects in the flash drive, was highly impressive and beneficial.

HIGHLIGHTED SESSIONS' QUOTES

CHL Sessions:

"I became aware of the health problems in Egypt including benefits of the life stage approach and premarital counseling initiative. I feel that I am carrying a great and heavy responsibility to save the community."



"In spite of the effort I made to attend this event, it was very beneficial to me. I became oriented to the power of network communication and learn how network approaches, including the use of mobile phones to spread health messages, have been used to improve health in Egypt's University Campaign against Viral Hepatitis."

“It was exciting to hear examples of how public-private partnerships serve the interests of both parties, and how they can extend the reach and sustainability of public health interventions in my beloved country.”

“The event answered a lot of my inquiries and added abundant knowledge about how mostly volunteer community associations were able, with limited financial resources, to improve health outcomes dramatically. It motivates me to lead the community awareness to seek support of community development associations.”

“The event clarified to me the critical components of the national response to Pandemic Influenza including the use of integrated risk communication, featuring mass media, print materials, clinic-based and pharmacy-based communication, community outreach and advocacy.”

“Are the key performance indicators considered a part of the strategic planning OR is it better to be developed in a separate project monitoring plan that helps achieving the organization’s goals and objectives?”

HS 2020 Sessions:

“How often we should consider Resource Tracking for human resources, financial cost and use of medical services? Is it only in the planning stage or it is a continuous process?”

“The Workforce Planning Model was very useful in matching personnel utilization with workload data to identify workforce gaps. Simply you put the right people in the right place and give them the opportunity to spread their wings.”

“I am fond of the medical audit concept, and I believe that it will help in improving the quality of care through standard setting, peer review, implementation of change and re-evaluation.”

“The benefits of this event were great and I become aware of the importance of national health account as a financial analytical tool and how this is utilized to support policy makers in precise decisions and taking actions.”

Takamol Sessions:

“Before coming to this workshop I was expecting that public sector and private sectors are two repellent poles of a magnet. Now I think that the demonstrated successful live example of partnership can be replicated to spread out enhanced health services.”

“The continuous quality improvement (CQI) concept had a great impact on improving the maternal and child health services in primary health care facilities and hospitals. How can we guarantee sustainability of CQI and compliance with evolving standards?”

“Partnership between health projects and the national Adult Education Agency to develop and integrate health-based literacy curricula can foster both sides of health and education. It is hitting two birds with one stone.”

“It was great to involve community in clinic management. How can one guarantee that clinic boards will function properly and achieve what is required? How can we establish a sustainable community ownership after the end of the USAID project?”

“After the discussion of contraceptives security and confirming that it is not just about availability but about having the service at a high quality and an affordable price. I remembered an old problem we were facing in the past about shortage of some contraceptive methods and how it was negatively affecting users’ continuity.”

ANNEX C. KNOWLEDGE CELEBRATION HONOREES

The following people were nominated for awards for their outstanding work and commitment to improving the health of Egyptian families.

Ms. Fatma Faisal: Ms. Faisal is a Community Development Association Manager and an “Egyptian Women Speak Out” trainer. She is an active advocate for women’s empowerment and self confidence in addition to positive health behaviors.

Ms. Hanan Fathy: is a literacy student who has been a leader in promoting literacy. She is also active in combating female genital mutilation.

Ms. Neama Mohamed: is a literacy teacher who feels so strongly about her work that she has continued to organize health-based literacy classes even after she completed her commitment to the USAID program.

Dr. Dalia Ahmed: Dr. Ahmed was the most energetic and resourceful member of the Ministry of Health Task Force team. She did an excellent job in managing the collection of the workforce data and assisted in training the governorate workforce teams. She made tremendous contributions to the progress of workforce planning activities.

Dr. Manal Abdel Mongi: Dr. Mongi is the Director of the Health Insurance Organization Quality Department. She provided extensive support in building the capacity of the medical management team at the HIO. She goes above and beyond her role as a trainer to ensure that all trainees fully comprehend the medical management coursework.

Dr. Kristin Samir: Pharmacist Kristin Samir is a member of the Assiut Workforce Planning team. She did an astonishing job in tracking workforce data and ensuring the accuracy and consistency of the data. She also led the workforce team in collecting data in Assiut and ensured that all workforce activities in Assiut were implemented efficiently.

Ms. Reem Waziry and Ms. Eman Ewais: The International Federation of Medical Students Associations, or IFMSA, has been a valuable partner for USAID’s projects. Since 2008, IFMSA has provided hundreds of volunteers for training and support in peer-to-peer communication. In addition to encouraging students to get vaccinated against hepatitis, IFMSA helped prevent the spread of H1N1 on campuses and adapted the Mabrouk Initiative into the Happy Marriage project. When USAID helped stage the first breast cancer Race for the Cure at the Pyramids, IFMSA sent more than 100 members from throughout the country at their own expense as well as recruited other schools and organizations to attend. Reem Waziry and Eman Ewais have been outstanding leaders in these efforts. Through their active participation in preparing and implementing these campaigns, they have given generously of their time and talents to make a healthier future for their generation.

Mrs. Hoda Ali Mohamed and Mr. Mosbah Darwish Mohamed: The Mabrouk initiative encourages Egyptians to realize that the decisions they make at key points in their lives will set the stage for health in later stages. Mrs. Hoda and Mr. Mosbah, a married couple from Minya, are wonderful examples of this spirit. Mosbah Darwish Mohamed and Hoda Ali Mohamed have been enthusiastic participants in the Mabrouk Initiative. They have taken part in newlywed counseling, counseling during pregnancy, and home visits after the birth of their first daughter, Samar. They waited 2 1/2 years before having their second daughter, Mai. Mosbah and Hoda have been very active, and spoke at the sessions about their participation in the Mabrouk Initiative. We want to thank them for sharing their story and for being positive role models.

For more information, please visit:
<http://resources.ghitechproject.net>

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