

A.I.D. PROJECT EVALUATION SUMMARY: PART I

- A. REPORTING A.I.D. UNIT: USAID/Egypt
- B. WAS EVALUATION SCHEDULED  
CURRENT FY EVALUATION: YES  Delayed \_\_\_  
Ad Hoc \_\_\_
- C. EVALUATION TIMING: Interim \_\_\_ Final   
Ex Post \_\_\_ Other \_\_\_
- D. ACTIVITY EVALUATED: Subprojects Being Implemented by PVOs Under the Population/Family Planning II Project (263-0144):
  - a) Comprehensive Family Care (CFC) Subproject of the Coptic Association for Social Care (CASC);
  - b) The Upper Egypt Family Planning and Community Development Subproject of the Bishopric for Public, Ecumenical and Social Services (BPSS); and
  - c) The Rural-Based Family Planning Subproject of the Coptic Evangelical Organization for Social Services (CEOSS).

E. ACTION DECISIONS APPROVED BY THE MISSION DIRECTOR:	ACTION TAKEN	RESPONSIBLE PARTY	COMPLETE DATE
1. USAID should provide no-cost-extensions to CASC and BPSS to enable them to accomplish specific outputs agreed upon by the project and USAID.		USAID	
2. CASC, BPSS and CEOSS, with the assistance of CEDPA, should develop a plan to approach the international donor community.		CEOSS, CASC, BPSS & CEDPA	

(Continued)

F.a. CLEARANCE (initial and date)

PO/HRDC/P:MSchmidt *MS* 2/11/93  
 OD/HRDC/P:CCarpenter-Yaman *CC* 2/15/93  
 AD/HRDC:DMiller *DM* 2-17-93  
 EO:RParks *RP* 2/12/93  
 PDS/P/OD:JMalick *JM* 2/22/93  
 PDS/PS/AOD:BCypser *BC*  
 AAD/PDS:RJordan *RJ*

F.b. APPROVAL (initial and date)

DD:CCrowley *Christopher D. Crowley* 3/16/93

3. With the implementation of the Population/Family Planning III project, USAID and the Ministry of Health should develop a revenue agreement that would allow the Ministry of Health to continue providing A.I.D.-donated commodities to the organizations at no cost, and the organizations should continue to retain revenues from sales of the commodities.

USAID  
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#### G. EVALUATION ABSTRACT

The three subprojects evaluated are funded under the Population/Family Planning II project and implemented by church-related Egyptian private voluntary agencies. The subprojects include the Comprehensive Family Care subproject of the Coptic Association for Social Care (CASC); the Upper Egypt Family Planning and Community Development subproject of the Bishopric for Public, Ecumenical, and Social Services (BPESS); and the Rural Community-Based Family Planning subproject of the Coptic Evangelical Organization for Social Services (CEOSS). Each subproject has implemented a different approach to providing family planning services. The intent of the CASC approach was to feature family life education; the BPESS approach links women's development, literacy, and income generation with family planning and the CEOSS subproject provides family planning within a comprehensive community development framework. All three subprojects have been hampered in the achievement of their objectives and completion of deliverables by serious bureaucratic and financial delays. Despite these impediments, the subprojects were notable for their commitment to outreach and follow-up, and for their efforts to ensure client satisfaction through good services.

USAID/Egypt accepts five of the six recommendations proposed by the evaluators, the most critical being the provision of no-cost extensions to CASC and BPESS, and the development of a plan by the PVOs to approach the international donor community. Key lessons learned include: the need for project outputs to be realistic and achievable; the importance in project designs of specifying in detail the financial goals and recipient agency inputs when self-sustainability is an objective; and, in countries such as Egypt where there is a large and active family planning effort, it appears that small voluntary agency activities are less important in demographic terms than in countries with a weak public sector.

**H. EVALUATION COSTS**

EVALUATION TEAM	CONTRACT NO.	CONTRACT COST	SOURCE OF FUNDS
Joel Montague	POPTECH	\$81,587	POP/FP II
Mary Wright	No. 936-3024		(263-0144)
Dr. Nabil Younis			

## A.I.D. EVALUATION SUMMARY: PART II

Mission: USAID/Egypt  
Office: HRDC/Population  
Date of Summary: January 13, 1993

Title and Date of Final Evaluation of Three Family  
Full Evaluation Planning Subprojects under Population/Family  
Report: Planning II Project(263-0144)  
December 18, 1992 (Report No. 92-172-138)

### I. SUMMARY OF EVALUATION FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

#### EVALUATION PURPOSE AND METHODOLOGY:

The purpose of the evaluation was to determine the progress of each organization towards meeting its stated sub-project goals and objectives; to document the lessons learned from the approaches of each sub-project; and to review progress towards sustainability after USAID funding ends.

The evaluation consisted of a number of key activities: briefings by USAID; review of documentation; consultation with senior staff of the agencies to be evaluated; and field visits to project and service delivery sites, primarily in Upper Egypt.

The clinics visited were selected by program administrators based on geographical ease of access and availability of staff. Sites visited included 5 of CASC's 23 or 27 (it was not possible to ascertain exactly how many clinics are operating) clinical facilities; all 6 BPESS centers; and 4 of CEOSS's 7 clinical facilities, as well as a graduate partnership village. The team interviewed clinic staff members representative of all roles - physicians, fieldworkers, educators, and clinic directors; a few clients when available; and literacy and income generation teachers. In addition, some clinic activities were observed.

In order to generate comparable data from subproject service delivery sites, the team modified a series of non-copyrighted functional analysis service delivery evaluation questionnaires field tested by The Population Council: "Observation Guide for Interaction between Consenting Family Planning Clients and Service Providers"; "Community-Based Distribution (Fieldworker) Interview Schedule"; "Interview Schedule for Staff Problems Providing Family Planning at the Service Delivery Point"; "Program Manager Questionnaire (Self-Administered)"; "Inventory for Facilities Available at the Service Delivery Point and Summary of Service Statistics".

In addition, the evaluation team developed questionnaires for BPSS income generation projects and for CEOS family planning clients, and adapted a UNESCO literacy questionnaire for local use by personnel at the BPSS literacy sites. The team also developed a rating scale to facilitate the analysis and reporting of its findings.

### **1. Coptic Association for Social Care (CASC)**

The Comprehensive Family Care (CFC) subproject of the CASC operates as part of the BPSS and uses BPSS's administrative systems to carry out some of the project's work. The project activity had been implemented by BPSS and funded by Family Planning International Assistance (FPIA) until October 30, 1990. At that time, CASC, though legally constituted at an earlier stage, became functional as an MOSA-registered voluntary agency (within the Coptic Church) eligible to receive A.I.D. funds.

The subproject was designed to extend family planning activities to eleven governorates through a consolidated network of comprehensive family care clinics, mobile teams, and field workers. The CFC subproject was to serve 58,688 new and continuing clients from November 1, 1990 through October 31, 1992. CFC was to open two new clinics and one mobile unit to serve low prevalence villages and towns in Upper Egypt. CFC's objectives also included a mandate to strengthen its institutional capability through a training program designed to improve staff-skills. Finally, a new training program in Family Life Education (FLE) was to be implemented in order to educate women and youth leaders about the importance of small families for good family relations, with the expectation that this information would contribute to an increase in demand for family planning services.

There are currently 23 or 27 clinics in operation, along with three mobile teams in Beni Suef, Magaga and Tahta. The teams consist of a physician, a nurse, and a field worker who visits the villages three times a week. Outreach and basic community-based distribution activities carried out by fieldworkers are major subproject strengths. CASC clinics operate in areas where family planning services are plentiful, but few surrounding services offer outreach programs. In spite of field worker success, medical field managers reported that field worker turnover had been high during the project period. Low salaries and part-time work schedule account for much of the turnover, and has affected the workers' willingness to go out on their own to make visits. New acceptor statistics were available through March 1992. These statistics indicated that subproject

activities have attracted 10,570 new acceptors (52% of the target) with one month remaining in the project period. Continuing user statistics were available through June 1992 and indicated that 88,517 "visits" were made. It is not clear, based on the available information, whether the large number of continuing acceptors is related to the length of the subproject, to an emphasis on serving continuing acceptors, or to a combination of the two factors. Subproject goals to increase injectable and IUD use were not achieved.

One of the logframe objectives of the subproject was the development of resources (for training) for manuals for infection control. CEDPA provided a consultant who undertook a survey of infection control procedures in a sample of clinics and then provided program staff with guidelines and training in infection control. Another logframe objective was that comprehensive, skills-based training would be conducted for all staff. Due to administrative delays, most training objectives were not accomplished in the CASC program. In addition, the evaluators found that family planning clinical services did not appear to be a high priority at the service delivery level. Possibly, this tendency indicates that clinical activities are considered to be a diversion away from some of the major social welfare and religious interests of the Church.

CASC attempted to promote family life education as a mechanism to create demand for family planning services. Pamphlets and cassettes on marital harmony, understanding your mate, attitudes towards the opposite sex and attitudes towards your body were mailed each month for nine months to all CASC centers. The CASC centers would then teach the topic to groups in the area. While these efforts in family life education may have been useful, the curriculum only mentioned family planning as an aside. Moreover, there was little evidence of correlation between family life education and contraceptive acceptors.

Planning for future sustainability has not taken place. CASC relies entirely on USAID funding. Coordination and monitoring within CASC is problematic. The CASC system has no major sustainability component. However, a strength of the system is the decentralization and quasi self-sufficiency of some of its medical facilities. These facilities open and survive, to some extent, based on their ability to generate income from a variety of local resources including patient fees. In addition, contraceptive commodities are provided at a cost which varies from clinic to clinic, depending on the socioeconomic status of the community being served. A revenue fund agreement with USAID allows the subproject to retain its funds in order to subsidize

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project operations. Also, unlike the BPSS subproject, in which the clinical family planning facilities are entirely dependent on USAID funding, at least some of the local CASC centers may survive and continue to provide family planning services from their own resources after USAID funding stops.

**2. Upper Egypt Family Planning and Community Development Subproject of the Bishopric for Public, Ecumenical and Social Services (BPSS)**

The Upper Egypt Family Planning and Community Development Subproject is implemented by BPSS, the same unit of the Coptic Orthodox Church that supports the CASC subproject. Senior BPSS staff are virtually the same for both CASC and BPSS, and many of the systems in place for the CASC subproject are similar to, but perhaps less effective than those of the smaller BPSS activity.

The BPSS subproject targets Upper Egypt where contraceptive prevalence rates are very low and the issue of contraception is far more sensitive. Obstacles to family planning practice are addressed through an approach known as a "women's community development framework". Subproject design integrated four components: clinical family planning services, literacy training, income generation/practical skills, and outreach/health education. The subproject is funded through a USAID/Egypt buy-in to the Cooperative Agreement between the Centre for Development and Population Activities (CEDPA) and AID/Washington. Subproject work also emphasizes a long-term goal of financial self-sufficiency. According to initial plans, revenues collected from services and a small percentage of income from the income generating activities were to be placed in a special revenue fund.

At the design stage, it was estimated that 9,030 new family planning acceptors would have been served with an estimated 60% continuation rate by the end of subproject. Similar achievements were anticipated in female literacy and income generation. Approximately 405 women were expected to participate in literacy training.

In 1991, the program experienced a series of problems and it was decided to move the subproject office to Aswan and to terminate Kom Ombo staff entirely. This transition slowed down subproject activities during June and July of 1991.

By October 1990, all six clinics and field worker systems had begun operating. Clinic sites had been selected based on a set of criteria that maximized the program's potential impact (space availability, potential for service delivery activities, few existing services nearby, and potential for expansion within the targeted area). The clinics provide services five days a week, four hours a day. Additionally, field workers visit women in their assigned area to discuss family planning with potential clients, as well as provide non-clinical contraceptives and referrals. Field workers have had a difficult time in this subproject, with several reports of workers feeling unsafe when making home visits on their own. To alleviate the problem, field workers generally pair up for home visits. This necessarily reduces the program's productivity. If it is determined that the field workers should not go on home visits alone, the subproject will need to consider either expanding the number of field workers in order to meet the agreed targets for numbers of acceptors, or renegotiating the target figures.

A goal in the BPSS subproject was a survey of income generation potential of local women, as well as the creation of "Income Generation Activities" for 360 female participants. While an eventual 394 women participated in informal programs -- primarily in sewing -- the major investments needed to effectively provide new resources for women have yet to be made. A major factor that led to delays in subproject implementation was a conflict between focus group findings that sewing was an acceptable income generation activity and CEDPA and USAID's perception that the activity would not generate much additional income. It was eventually decided to allow each center to develop its own proposal. Funds would be provided incrementally to each center and evaluation indicators would be developed to track progress. As yet, the approval of proposals has not yet been completed and no activities have been funded.

BPSS also developed a literacy curriculum and literacy training programs at each center. At the time of the evaluation, training was being offered and women were actively participating in the program. Family planning was included in the curriculum and the class setting provided a group within which the women were able to openly discuss relevant issues. The average age of current participants is 27, with an average parity of 2. Further, of the total 195 students in the literacy program, 16 were acceptors on entry into the course; by the end of the course, 44 had accepted family planning. It is understood by program staff that upon completion of the two year curriculum, participants should be capable of passing a third-year literacy exam. Although most women do not take the exam, they have reached an educational level equivalent to those who have passed the third primary exam.

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A supervision and monitoring system has been conceptualized, but not yet formalized in a document. There are as yet no written guidelines for field visits in either the medical or administrative area. Evaluation systems are not in place. Training of most personnel was considered sufficient by the evaluators, with the exception of the field workers. Considering that the position serves as the foundation of the recruitment effort for family planning the relatively low level of training and experience should be a cause for concern. IEC materials for distribution, and for use in presentations by staff need improvement in all centers.

An anticipated output of the BPSS subproject was to be an overall plan to sustain quality family planning services in the absence of external funds following the three year (USAID) funding period. This expectation was found to be unrealistic, given the absence of start-up activities in income generation, which were meant to contribute to sustainability. Delays in the approval of income generation plans meant that these activities had still not begun at the time of the evaluation.

### **3. Rural-Based Family Planning Subproject of the Coptic Organization for Social Services (COSS)**

COSS began in December 1952 as an adult literacy project. In 1960, it was transformed into a comprehensive community social development organization. With headquarters in Cairo, it concentrated its services first in middle Egypt, then extended to the Cairo, Giza and Qualiubia governorates with 154 full time staff. Services presently include adult literacy, Bible Study for Christians, family life education, community health and family planning, agriculture, and economic development. Currently, 94 communities are being served, and the staff has expanded to nearly 400. The purpose of the Rural-Based Family Planning subproject is to increase the quantity and quality of contraceptive use, while also increasing income generation to sustain COSS family planning services on long-term institutionalized basis. COSS is regarded as more capable of financial sustainability than the other two subprojects.

In terms of logframe objectives, COSS has done remarkably well. Five villages were added to the 45 existing villages which receive COSS family planning services. Although clinic facilities could not be renovated or equipment purchased, the COSS approach has led to a 95% continuation rate. The method mix is divided almost equally between pills and IUDs, with condoms at 4.6% and other methods at 3.4%. Against a target of 12,314 new acceptors, 8,203 have been recruited with nine months left in the funding period.

The targets for conducting meetings were very nearly accomplished and included town meetings and meetings with mothers and grandmothers. The target for meetings with husbands was exceeded. CEOSS has emphasized outreach to women of reproductive age, youth, grandmothers, midwives, husbands, and pregnant women. All targets related to providing information in public meetings were met or exceeded, as this activity is considered essential to the community development educational effort. The quality of informational materials examined by the evaluators was deemed outstanding.

CEOSS has significant potential with regards to sustainability primarily because family planning is a high priority within the organization and the CEOSS approach has attracted the attention of a large number of international donors. Approximately LE 25,000 has been raised over the past six months through sales of medical, contraceptive and related services.

#### **4. Comparison of Project Approach**

Ultimately, good management and good clinical services are what works and in the case of the evaluated subprojects, funding and other constraints were so great that the evaluators hesitated to make broad generalizations about what worked and why. The design of complex comprehensive family planning subprojects in Egypt needs to express special needs and local characteristics (as in the CEOSS project). They require a longer duration to achieve their objectives, greater flexibility to change direction as changes and impediments occur, and a far more secure commitment of financial resources over a longer period of time than has been given in the past. Design should include the quantification of local inputs whether in cash or kind.

Additional emphasis needs to be given at all stages of the subproject design and implementation to the issue of "recurrent costs". While USAID has made sustainability a major focus of both the BPSS and CEOSS subprojects, it is obvious that the donor's concern was poorly understood. In the future, greater care must be taken to assure that USAID's priorities are well understood before subprojects are signed and this priority needs to be reiterated throughout the life of the project.

#### **Principal Recommendations**

1. Funding should be continued for CASC and BPSS until the end of May 1993, when the Population/Family Planning II Project comes to an end.

- a) USAID should provide no-cost extensions to CASC and BPES to enable them to accomplish specific outputs agreed upon by the project and USAID. Particular attention should be given to management development and implementation of training and supervision plans. CEDPA should coordinate and provide technical assistance.
  - b) CASC and BPES should demonstrate their commitment to the projects and enhance the likelihood of self-sustainability by making a significant contribution of personnel and funding in order to facilitate approval of the no-cost extensions.
2. To the extent possible, CASC, BPES, and CEOS, with CEDPA's assistance, should design reporting requirements to re-focus analysis of effectiveness on couple years of protection rather than the number of new and continuing acceptors in each program.
  3. CASC, BPES and CEOS with the assistance of CEDPA, should each examine and analyze the internal resources it can bring to support family planning. Concurrently, each agency should develop a plan to approach the international donor community, particularly UNFPA and The Population Council.
  4. With the implementation of the Population/Family Planning III project, USAID and the Ministry of Health should develop a revenue agreement that would allow the Ministry of Health to continue providing A.I.D.-donated commodities to the organizations at no cost, and the organizations should continue to retain revenues from sales of the commodities. The Ministry of Health would be responsible for monitoring compliance with the revenue agreement.
  5. CASC, BPES and CEOS, with CEDPA's assistance, should place more emphasis on improving the quality of medical services they provide, including documentation of client history, physical examinations, and adherence to the National Family Planning Guidelines for Egypt.
  6. BPES, with CEDPA's assistance, should implement income generation activities immediately in order to generate income to support the women participating and the program's clinical operations.

## II. LESSONS LEARNED

- Project outputs need to be carefully negotiated in order to assure that realistic, achievable deliverables and targets are developed.
- Where self-sustainability is an objective, it is important that project designs specify the financial goals and expectations and recipient agency inputs in detail -- and these should be adhered to during the life of the project.
- In evaluating the impact of family planning programs that are integrated into comprehensive community development or other programs, models for evaluation should be developed that take into account the multiple variables which support family planning activities.
- In countries, such as Egypt, with a large and active family planning effort, small voluntary agency activities are less important in demographic terms than they might be in other countries where the public sector is weak.

## III. MISSION COMMENTS

USAID/Egypt accepts five of the six recommendations proposed by the external evaluation team. However, we have highlighted only the most critical actionable recommendations (3) for the USAID monitoring system. The only recommendation NOT ACCEPTED is "to the extent possible, CASC, BPSS and CEOS, with CEDPA's assistance, should design reporting requirements to re-focus analysis of effectiveness on couple years of protection rather than the number of new and continuing acceptors in each program."

While USAID agrees with this recommendation of the evaluation team, the indicators for the umbrella Population/Family Planning II Project include "number of new acceptors." Further, the service statistics issue is broader than these three subprojects and USAID is working with the implementing agency which has primary responsibility for their enumeration to improve the national system. USAID also plans to revert to couple years of protection (CYP) as an indicator in the follow-on Population/Family Planning III Project.

A few comments are indicated here about the financial/funding situation. There were funding delays, especially with regard to availability of initial funding. However, both CASC and CEOS had revenue funds which had accumulated under FPIA projects. It was difficult and time consuming to get a full accounting of these funds which could be applied subproject activities. Further, the absence of timely submission of correct vouchers by CASC caused reimbursement delays for them.

The findings and conclusions reached by the evaluation team confirm USAID's strategy under the follow-on Population/Family Planning III Project. That is, the inclusion of specific subprojects for small Private Voluntary Organizations (PVOs) is not warranted at this time given the intensive input requirements and limited family planning outputs. All are better served if these small PVOs can continue to participate in Egypt's family planning efforts by continuing family planning as part of their general development projects. They could be supported by receiving free contraceptives and by being afforded training opportunities and participation in conferences.

IV. ATTACHMENTS

- 1) "Final Evaluation of Three Family Planning Subprojects Under the Egypt Population/Family Planning II Project (263-0144)," Report No. 92-172-138, Published December 18, 1992
- 2) Arabic translation of the Executive Summary of the final Report
- 3) POPTECH's "Report at a Glance"